



The HSE response to the findings of the

# **National Maternity Experience Survey 2025**



Listening, Responding and Improving

## Thank you

Thank you to all of the women who participated in the National Maternity Experience Survey 2025 (NMES 2025) and to their families. Without your support, this survey would not have been possible.

The findings of NMES 2025 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 in the participating Maternity Hospitals, the Public Health Nurses, the GPs and Practice Nurses in Primary Care for encouraging women to participate in the survey. Thank you also for your participation in the discussions, review of the feedback received and the development of the quality improvement plans presented in this response report.

The survey was overseen by a National Steering Group, an Advisory Group and Working Groups. We acknowledge the direction and guidance provided by the members of these groups.

The Quality Improvement Plans presented in this response report were developed by the staff and managers from each of the participating 19 Maternity Hospitals and the Community teams within each Health Region.

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# Message from CEO of the HSE

Thousands of babies are born in Ireland every year to women who will all have their own story to tell about their care during pregnancy, labour and birth, and at home with a newborn baby.

The National Maternity Experience Survey 2025 invited women across Ireland to share their experiences of maternity care. The survey offers a unique opportunity to understand women's perspectives on the care they and their babies received across Ireland's maternity services.

I would like to sincerely thank the women who took part. Their feedback and contributions provide us with valuable insights that are helping us to enhance and improve the maternity services care we provide. The survey included questions on the full pathway of maternity care, from pregnancy, through labour and birth, to care in the community after the birth. It identifies areas for improvement and strengths we are building on.

It's reassuring to me that the results show 83% of participants said they had either a good or a very good overall experience during pregnancy, labour and after birth. Most women who took part said that they were treated with respect and dignity, and had confidence and trust in staff. Participants spoke very highly of the midwives and staff who cared for them, both in hospital and in the community.

I'm also conscious that while most women reported positively on their experiences of maternity care, 17% did not. Some women said they didn't know how or where to provide feedback or make a complaint. Others spoke of not having a healthcare professional to talk to about worries and fears after birth. We have developed quality improvement initiatives in response to feedback. Our HSE Response report to the survey findings highlights examples of improvement initiatives already underway and outlines our plans for ongoing quality improvement.

Learning is central to delivering safe and effective healthcare. We learn by listening, responding, and improving – the core themes of this report. We remain committed to enhancing the quality of maternity services and the experiences of women and families.

Compared with the 2020 survey, women's overall experiences of maternity care have remained broadly consistent. Repeating this survey in future years will allow us to track progress and measure the impact of our improvement efforts.

I would like to thank all staff and managers involved in developing this response and for their continued commitment to improving women's experiences of maternity care across Ireland.

Finally, I wish to acknowledge our partners in the Health Information and Quality Authority and the Department of Health for their collaboration in the National Care Experience Programme – a partnership that continues to strengthen care for patients and our health services.



**Bernard Gloster**  
*Chief Executive Officer*  
*Health Service Executive (HSE)*

# Listening, Responding and Improving

Patient and Service User engagement and partnership is a priority for the HSE. We want to ensure that patients and service user's voices and their experiences have a real and meaningful impact. Their feedback and experiences influence how we design, deliver and evaluate health services.

I welcome the opportunity to listen, respond and work with colleagues to improve our maternity services based on the findings from the National Maternity Experience Survey 2025.

I want to sincerely thank the 3,354 women who took time out of a very precious and busy period in their lives to share their experiences of maternity care. Their feedback is invaluable; it highlights where care is working well and where we need to make improvements.

This is the second national maternity survey, and I am pleased to see continued strong engagement, with a 42% response rate. This year was the first time the survey used text invitations and reminders, with all responses submitted online.

The strong participation shows that women are eager to engage and play an active role in improving our maternity services. The survey identifies clear areas for improvement.

This HSE "Listening, Responding, Improving" report details the quality improvement initiatives already underway in maternity hospitals, units, and community settings across all health regions. Building on projects developed after the first survey in 2020, these initiatives continue to enhance the care experienced by women and their families. Examples of recently completed projects are highlighted by region in this report.

The 2025 quality improvement plans outlined here directly address the lower-scoring areas from this survey. These plans reflect our ongoing commitment to driving improvement—a key priority for maternity and community teams nationwide.

In my role within the health service, I am committed to ensuring that survey findings inform our quality improvement priorities and deliver tangible, measurable enhancements to maternity care. I am committed to working closely with patients, service users, and colleagues across the health system to strengthen patient and public involvement in the design, delivery, and evaluation of services.

Finally, I want to thank all health service staff across the HSE, maternity hospitals and units, community teams, the HSE Patient and Service User Experience Team, and our partners in HIQA and the Department of Health for their ongoing dedication to improving the experiences of women and families in every maternity service in Ireland.



**Joe Ryan**

*National Director, Public Involvement, Culture and Risk Management  
Health Service Executive (HSE)*

# The National Women and Infants Health Programme

The National Women and Infants Health Programme (NWIHP) welcomes the publication of the 2025 National Maternity Experience Survey (NMES). Established in 2017, The NWIHP leads the implementation of the National Maternity Strategy 2016–2026: Creating a Better Future Together. The NMES continues to play a vital role in shaping national maternity services, highlighting what is working well and where we must focus improvement.

Since 2016, we have achieved important progress, including:

- Establishing maternity networks across all Regions, supported by dedicated quality and safety structures;
- Expanding consultant-led and specialist services in obstetrics, gynaecology, anaesthesiology, perinatal pathology, and psychiatry;
- Investing heavily in midwifery to strengthen supported care, with approximately 25% of women now accessing midwifery-led community services;
- Introducing “home-away-from-home” delivery suites in 13 of 19 maternity units;
- Developing Postnatal Community Hubs to provide accessible, multidisciplinary postnatal care;
- Enhancing bereavement services; *and*
- Improving access to perinatal diagnostic supports, alongside universal access to dating and anatomy scans.

As we approach the conclusion of the current Maternity Strategy and works begins planning for its successor, the voices of women and families captured in this survey will be central to shaping the maternity care landscape in Ireland.

We are pleased to support this, the second national survey, building on our collaboration in developing and delivering the inaugural 2020 NMES. The 2025 findings provide invaluable insight into what matters most to women and their partners, complementing the robust clinical and quantitative data that inform service design and policy.

We are encouraged by the overall high levels of satisfaction reported in NMES 2025. The results reflect the dedication of maternity staff across the country and the continuing progress in implementing the Strategy’s Model of Care, which promotes informed choice through three care pathways: Supported, Assisted, and Specialised.

The feedback we receive from our service users provides motivation to reflect and to continually enhance the availability, accessibility, and acceptability of our national maternity services.

## **Responding to the 2025 NMES: Our Priorities and Actions**

The 2025 NMES reports an overall experience of care score of 8.1 out of 10, a modest decrease from 8.2 in 2020. While satisfaction improved in areas such as specialised care, hospital care after birth, and feeding support, the survey highlights a need for renewed focus on antenatal care and community-based postnatal follow-up.

The information below provides an overview of some associated projects and initiatives currently underway.

### **1. Antenatal Care and Access to Information**

The survey response demonstrated that women want clearer information and greater support regarding physical changes and nutrition during pregnancy. The lowest scoring question with regard to antenatal care related to communication between the GP and maternity services about care.

Antenatal education and training has been a priority for the NWIHP, for a number of years. While progress has been encouraging, we recognise that further development is needed. Currently, many classes remain online across sites, although 17 sites now provide some in-person classes. Class sizes vary and are influenced by delivery format (online vs. in-person).

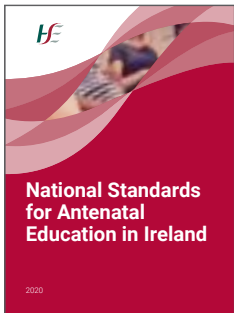
The Standards emphasise the importance of participatory, parent-led approaches, with classes delivered in small, interactive, and inclusive groups. Achieving this structure and consistency in the delivery of antenatal training and education will remain a key priority for the HSE going forward.

With the above in mind, the NWIHP is partnering with the HSE Digital Team and MyChild programme to enhance online and printed maternity information, including the My Pregnancy book and the HSE App. The work will focus on producing clear, consistent materials explaining maternity care pathways and available supports. In addition, the NWIHP is producing a number of National Midwifery Guidelines which include:

- Antenatal Care: Supported Care Pathway
- Postnatal Midwifery Care for Mother and Infant
- Care of Women using a Birthing Pool for Labour and/or Birth

A new Clinical Guideline for Intrapartum Care for Women on the Supported Care Pathway has recently been published and is available on the HSE website.

In responding to the survey, women noted that they valued antenatal education, however, highlighted variation in format and availability.



The NWIHP is continuing its focus on implementing the National Standards for Antenatal Education (2020) to ensure consistency and evidence-based content nationwide. A National Antenatal Education Resource Guide for standardised teaching content; and A Standardised Educator Training Programme to support skilled, interactive facilitation has been developed and rolled out nationally.

All maternity services are engaged in a three-year self-assessment programme which provides a useful opportunity to identify variation across services and opportunities for further development and improvement in antenatal care and access to information.

## 2. Care at Home and in the Community after Birth

The overall average experience score for care at home and in the community after birth decreased between 2020 and 2025 from 8.5 to 8.1. The lowest-scoring question was the time that the GP spent talking about physical health and recovery at the 6-week postnatal check-up which scored 5.9 out of 10.

The NMES 2020 reported that women felt a noticeable reduction in the standard and provision of care in the postnatal period in comparison to antenatal care. Disappointment with the lack of informational, practical, and emotional support from trusted and experienced healthcare professionals in a community setting was repeatedly expressed.

In response to the findings of the NMES (2020), and in line with National Maternity Strategy (2016) the National Women and Infants Health Programme (NWIHP) began to take action towards enhancing postnatal care through the development and launch of five Postnatal Community Hubs in Ireland. The Postnatal Community Hubs were envisaged as a comprehensive and multi-disciplinary suite of resources, which would build on and advance the capacity of midwifery-led services. The aim of the Postnatal Community Hubs was to extend the range of services available to women in the postnatal period in accordance with individual women's needs and to promote equitable access to healthcare services and professionals through a community-based service delivery. There are currently five Postnatal Community Hubs operational in Cork, Kerry, Kilkenny, Sligo and Portlincula – each of which operate across 2-5 community based footprints. The hubs offer multidisciplinary services such as breastfeeding support, birth reflection clinics, physiotherapy, and wound care.

Supported by the Maternity and Gynaecology Unit and the Women's Health Taskforce in the Department of Health, funding has been secured to expand to 13 hubs by 2026.

In relation to shared care and the Maternity and Infant Care Scheme (MICS). The MICS was initiated in 1954 and provides an agreed programme of care to an expectant mother and her new born baby. Under the scheme, the care is shared between the GP and the hospital/DOMINO services. There have been a number of significant policy and operational changes with regard to maternity services since the Maternity and Infant Scheme was initiated, including: The rollout of the First National Maternity Strategy, CREATING A BETTER FUTURE TOGETHER 2016-2026; and the development of an integrated model of maternity care, incorporating the Supported, Assisted and Specialised Care pathways.

In accordance with recommendations set out in the National Maternity Strategy, NWIHP is progressing a review of the Maternity and Infant Care Scheme. The review will consider the governance, operation and administration of the scheme. In doing so, it will give due cognisance and consideration to the changes in provision of maternity care since with introduction of the scheme, with specific focus on related actions incorporated in the National Maternity Strategy 2016-2026 and the associated implementation plan.

### 3. Infant Feeding

It is encouraging that improvements were noted in feeding support, with an increase in the overall average score from 7.7 to 7.9 between 2020 and 2025. The results however also highlighted that ensuring consistency of services and supports, needs to remain a priority.

All 19 maternity hospitals completed the 2023–2025 self-assessment cycle of the National Standards for Infant Feeding in Maternity Services (2022), guided by HIQA's framework. The results of the self-assessment demonstrated improved compliance with national standards, with Year-on-year increases in "green" ratings, with only one "red" site remaining in 2025.

2025 National Self-Assessment on Infant Feeding Standards

#### Key Findings

- Improved compliance: Year-on-year increases in "green" Judgement Descriptors ("Demonstrates Quality Improvement"), with only one red rating remaining in 2025.
- Service-user voice: Feedback from 243 women and 234 healthcare professionals highlighted progress in breastfeeding support and skin-to-skin care, with communication and postnatal education identified as ongoing challenges.
- Action planning: 65 local action plans submitted in 2025 focused on safe supplementation, training, and stronger feedback mechanisms.

#### National Actionable Initiatives:

19 National Actionable Initiatives (NAIs) were developed in response to the self-assessment findings, providing a national framework to address recurring challenges in infant feeding.

#### Standout Actionable Initiatives:

- Safe Skin-to-Skin (SSC): National audit work in 2025 promoted SSC health promotion campaigns and introduced WHO metrics for initiation and duration into the Irish Maternity Indicator System, strengthening measurement and accountability.
- Supplementation Subgroup: A national audit across seven hospitals identified overfeeding trends and significant waste in formula preparation. Recommendations now focus on parent education, responsive feeding, and sustainable procurement and waste reduction.  
<https://www.hse.ie/eng/about/who/climate-and-health/hse-climate-strategic-framework-greener-models-of-healthcare.pdf>
- Colostrum Harvesting Guidance: A national parent information leaflet and educational video were developed, with professional guidance in progress, ensuring safe antenatal expression and consistent messaging across sites.  
<https://www.hse.ie/colostrumharvesting/>
- New Infant Feeding Feedback Survey (2025): Developed with NPEC, this new national survey will capture real-time service-user experiences of infant feeding across maternity and community services. Co-designed with women and cultural partners, it will launch in October 2025 to provide a sustainable feedback system driving continuous quality improvement.  
<https://redcap.link/InfantFeedingSurvey>

The 2023-2025 cycle demonstrates measurable improvements in infant feeding practices and service-user engagement. With national metrics on skin-to-skin, system-wide work on supplementation and the launch of the Infant Feeding Feedback Survey, Ireland has strengthened its evidence base and embedded women's voices into ongoing service planning. These coordinated actions are driving measurable improvements in breastfeeding support, consistency of care, and women's experiences across maternity and community settings.

#### 4. Birth Reflections Service

The Birth Reflections service was developed in response to feedback from the National Maternity Experience Survey (2020), which showed that many women did not always feel they had the chance to talk through their labour and birth afterwards. Birth Reflections offers a safe and supportive space for women to share their story, ask questions, and better understand their experience.

The service is already available in several maternity hospitals and units, and is usually led by midwives. However, currently, access can vary depending on where a woman gives birth, with services sometimes offered only to those who experienced complications. Staffing, training, and resources can also affect how easily women can access the service. In addition, information about the service is mainly available in English, and not all sites have the same ways of reviewing and improving how the service works.

To make Birth Reflections more accessible to every woman, several improvements are recommended. These include:

- Ensuring the service is available to all women, not just those with more complicated births.
- Offering continuity of care, so that women can, where possible, speak with staff they already know and trust.
- Providing additional training for staff to support women who may have found their birth experience difficult or traumatic.
- Using the name Birth Reflections consistently across all services.
- Sharing information in multiple languages so it is accessible to everyone.
- Building in feedback and follow-up pathways to make sure women's needs are met.

By making these changes and developing national guidance on trauma-informed maternity care, maternity services can ensure that every woman has the opportunity to talk about her birth in a way that feels safe, respectful, and supportive.

#### 5. Perinatal Mental Health Supports-Model of Care for Ireland

Perinatal mental health is a vital public health issue that affects not only women but also their partners, babies, and wider families. Pregnancy and early motherhood can increase vulnerability to mental health difficulties, with up to one in five women experiencing such challenges during or after pregnancy. Early recognition and timely supports for all levels of need are essential to safeguard the wellbeing of mothers, babies, and families.

The inclusion of a new question on women's mental health in the 2025 National Maternity Experience Survey (NMES) is therefore greatly welcomed. It provides valuable insights into women's experiences of care.

Notably, women who received care from the National Home Birth Service reported particularly positive mental health outcomes, highlighting the benefits of continuity of care.



Since the publication of the Specialist Perinatal Mental Health Services Model of Care (2017), Ireland has made substantial progress in developing Specialist Perinatal Mental Health Services (SPMHS). Six multidisciplinary hub teams are now in place, supported by perinatal mental health midwives across thirteen spoke sites. Continued investment, including the recent appointment of two additional consultant psychiatrists, has strengthened the national service and reflects the priority placed on women's mental health.

The ongoing revision of the Specialist Perinatal Mental Health Services Model of Care presents an important opportunity to further enhance service capacity and equity of access. It is anticipated that future recommendations will support one full multidisciplinary team per 4,000 births, ensuring that both hub and spoke sites can meet women's needs effectively. Strengthening psychological supports, particularly for women experiencing trauma or pregnancy loss, remains a key focus of this next phase.

A central recommendation of the 2017 Model, the establishment of a Mother and Baby Unit, continues to be a national priority. International evidence demonstrates that MBUs provide the best outcomes for women with severe perinatal mental illness, enabling co-admission of mothers and babies and fostering the early mother–infant bond. Work is ongoing to progress this development within the broader women's mental health agenda.

Much excellent work is underway across hub and spoke sites, reflected in ongoing improvements in service quality and collaboration. In partnership with the National Oversight Implementation Group (NOIG), NMES results will inform local and national quality improvement initiatives. A key focus for SPMHS in the coming year is the expansion of education and training for maternity care professionals, supported by sustainable funding to maintain momentum and build capacity across the system.

## 6. Service User Involvement

The National Maternity Experience Survey provides invaluable feedback on our services, but it is equally important to embed service user perspectives into the everyday work of monitoring, evaluating, and designing new services.

### **The National Women and Infant's Health Programme Patient Public Involvement (PPI) Forum**

The Patient Public Involvement (PPI) Forum aims to ensure that PPI is a routine part of the National Women and Infants Health Programme (NWIHP) business and operational processes. By drawing on the expertise and experiences of its members, the forum supports a person-centred culture within the Women and Infants Health Services of the Health Service Executive (HSE).

Work to convene this forum commenced in November 2024. An expression of interest to join the forum was sent to all women's health interest advocacy groups and to people already working with NWIHP. Those interested in joining the forum were contacted personally, and the purpose of the forum and their interest in it were discussed.

The forum first met in February 2025, with members of the NWIHP senior management team (also members of the forum). The forum was given a presentation on NWIHP's work, and discussions were held on how the forum would function.

Members of the forum have been invited to participate in various work programs in 2025 spanning Maternity, Gynaecology, Neonatology and Sexual and Reproductive Health. The forum will continue to meet in 2026 and collaborate with the NWIHP team to ensure the patient's voice is represented in NWIHP's work.

If you would like to express your interest in joining the NWIHP PPI, please contact [ppp.nwihp@hse.ie](mailto:ppp.nwihp@hse.ie)



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

The Association for the Improvements in the Maternity Services (AIMS) in 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 model of care, (both the original committee and the Refresh committee), and the National Maternity Bereavement Experience Survey as well as the Unified Standard Maternal Postnatal Record. We offer confidential support to those using the Irish Maternity services, evidence-based information on maternity care and we carry out representative functions within the Irish Maternity Service at National Regional and Local level.

Maternity care occupies an unusual position in healthcare, as unlike most aspects of medicine and clinical care it does not deal with a cohort of sick and unwell people expressing pathology that requires management and treatment. Maternity care primarily deals with well people, undergoing a physiologically normal aspect of their lived experience. In that context, the patient and their family have choices in how they would like to become parents. There is no one set way to enter into childbirth or how to experience pregnancy or the postpartum. In an ideal world pregnant and birthing people navigate the choices in an atmosphere of partnership and trust with their caregivers and hopefully find pathways that enable them to have an optimal pregnancy birth and early mothering experience. The National Maternity Strategy 2016 – 2026 recognised this and emphasised the importance of choice in maternity care for women and their families. It also emphasised the importance of putting women at the centre of their care.

Unfortunately, choices as to care providers and care pathways still remain very limited in Ireland, with no progress made with respect to increasing the number of Midwifery Led Units since the National Maternity Strategy, either as “alongside” options or “stand-alone” options. Home birth services have also become more restricted and limited, with access to services still being significantly more limited in some geographical areas than others.

COVID had a significant impact on maternity services leading to more medicalised approaches becoming the norm. During COVID, appointments, and even labour and birth in some units, became bereft of partner or advocacy support, with women attending alone. Some vestiges of this legacy still remain in our maternity services with partners still being discouraged in some appointments and many aspects of care or education now happening online, or not in the woman’s home (in the postnatal period). It is worth noting that many of the parents who appear in this survey as second time parents may have had their first baby during the COVID maternity care restrictions and their experience in 2025 will be viewed in comparison to their previous COVID experience.

Evidence of our increasing medicalisation can be found in the monthly Maternity Patient Safety Statements released by each of our 19 maternity units. This is the go-to resource for women and their families. Here they can see first time parent c-section rates now approaching 45% in many units and induction of labour often averaging 60%, sometimes even exceeding 70%. Whilst not part of the MPSS, we know from work carried out in Ireland that our birth trauma rates are estimated at 18% and that the mental and emotional experience of pregnancy labour and birth and the postpartum have as much of an influence on challenging experiences as clinical presentation. This is the cultural, clinical and political environment that women now give birth in.

This 2025 survey informs the public on how people (i) who qualified for survey participation, (ii) who felt emotionally and mentally able to complete the survey, and (iii) who were willing to devote time to its completion, felt about their maternity care experience. Most of the data presented relate to participants assigning a number or a ranking to an aspect of their maternity care experience, but some categories are informed by the words people used to describe how they felt about things, and as such are a more precise and valuable reflection of lived experience. Taken as a whole, the survey will inform not just the HSE but also the public and service users as to how our maternity service is experienced; what is working well and what needs to be improved.

The inclusion of service user's viewpoints and opinions in evaluating a service offers a unique and valuable perspective on care that cannot be obtained from any other source. Service users also offer both a longitudinal and latitudinal perspective on their maternity care. Maternity care is boxed into individual parts for ease of service provision; antenatal care, postnatal care, intrapartum care, hospital care, specialist services, community care, obstetric care, midwifery care, care offered by students and care assistants and of course care offered in the community by GPs and PHNs. Each component performs their own particular task usually related to a particular point of the childbearing journey<sup>1</sup>.

However, the service user's experience is made up of the cumulative contributions of these many different areas of maternity care provision and many different care providers, fusing them together into an individual maternity care experience. Difficult experiences with one provider in one aspect of care, may be made up in another area or may be compounded. So, service providers in one aspect of care will only form part of the overall experience of the service user. Furthermore, maternity care experiences occur over nearly a year, so vary not just with respect to provider or location but with respect to time too.

This survey as did its predecessor, offers a unique opportunity to view and learn from the totality of service user experience and we hope that action will be taken by policy makers and managers alike to improve our maternity services so that it offers the safety and choice all those birthing in Ireland deserve.

Results surrounding postnatal care, community care and physical recovery, mental and emotional wellbeing after birth as well as aspects of breastfeeding support continue to be a challenge for respondents and some of these issues show a lower level of satisfaction than the last survey in 2020. However, we were pleased to see an improvement in the opportunity for debriefing labour and birth experienced by this cohort of respondents in comparison to those in 2020, with the score here rising from 5.5 in 2020 to 6.3 in 2025 even though this still a low score. Similarly, the lack of integration of community and hospital services was evident in the low score given to the new question asking about communication between GPs and hospital health care providers (5.4), and this is reflective of the pregnant person's overall experience in navigating both community and acute care.

Intrapartum care was generally very highly ranked both in terms of the care itself and the information surrounding the care given, but in many cases the scores were still slightly lower than 2020 which may warrant review.

Overall, there was an increase of 1.6% in people rating their overall experience as poor to fair (16.9%), which makes this category the equivalent of one in 6 people. For people to identify an experience as "poor to fair" in these types of surveys usually indicates extreme dissatisfaction as most people are generous in their overall reviews. This is the equivalent to 560 respondents and a lower score than in 2020 (when it was 15.3%). The percentage of people rating their overall experience as "very good" (the top category), in 2025 also dropped by 3% from 2020 to less than 50% of those surveyed at 48.6%. This means that of those people who responded to the survey in 2025 the majority of them did NOT regard their overall experience as being "very good", which in some respects is a disappointing overall result and one that begs thorough consideration and reflection.



**Dr Kyrsia Lynch**

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

<sup>1</sup>. There is minimal full continuity of care in Ireland. Currently the only option is with an SECM as part of the HSE homebirth service.

# The Irish College for General Practitioners



The Irish College of GPs welcomes the publication of the National Maternity Experience Survey (NMES) 2025, and extends sincere thanks to the 3,354 mothers who contributed their individual experiences to the survey.

The NMES examines community and hospital care in pregnancy, birth, and the postnatal period. It assesses diverse topics including patient choice, health & wellbeing, communication between healthcare professionals, and whether women felt they were treated with dignity and respect.

It is encouraging to see that GPs remain the first point of contact for the majority of women in pregnancy, with most women opting for antenatal care that is shared between their GP and maternity services. The importance of this model of care is underscored by women reporting high levels of confidence and trust in the healthcare professionals caring for them both antenatally and postnatally.

Conversely, there are areas where some women indicated that their care experience was suboptimal. Women felt that insufficient information was given regarding physical changes and nutrition during pregnancy. A need for improved communication between GPs and maternity services was also identified, as well as more dedicated time spent assessing maternal recovery and wellbeing at the six week postnatal check. Part of the mission statement of the Irish College of GPs is 'to ensure the highest standards of patient care', and the College are committed to highlighting the results of this survey to its membership as part of this mandate.

Findings from this survey support/highlight the need for an urgent and comprehensive review of the Mother & Infant Care Scheme. This was also identified a decade ago, in the National Maternity Strategy 2016-2026. The scheme as it currently exists does not reflect the complexities of modern obstetric and postnatal care – maternal co-morbidities are becoming increasingly common, and postnatal maternal care encompasses not only physical wellbeing and mental health, but also contraception, breastfeeding support and promotion of screening amongst others. The Mother & Infant Care scheme resourcing of GPs is wholly inadequate and diverges from other state-funded schemes in general practice. Suggested changes to the structure of the scheme outlined in the National Maternity Strategy include the provision of additional GP visits: a pre-conceptual visit, and a dedicated maternal visit at 3-4 months post-partum. These visits would address important issues mothers have clearly identified in the NMES, and provide women and their GPs with additional resourced time to discuss optimal health and nutrition pre-conceptually, as well as ensuring ongoing physical recovery and mental health support post-partum.

The Irish College of GPs is steadfast in our commitment to the provision of high-quality healthcare to pregnant women, new mothers, and their infants. The findings of the NMES will inform the future development of educational material in this area, ensuring all GPs and GP trainees have ready access to evidence-based learning. This will include signposting to patient resources and supports for expectant and new mothers.

In conclusion, The Irish College of GPs welcomes the findings of the 3,354 mothers who shared their experience with the NMES. This report highlights the need for an urgent and comprehensive review of the Mother and Infant Care Scheme. Together, all stakeholders can collaborate to incrementally improve the clinical care and lived experience of women.



**Dr Ciara McCarthy**

*Irish College of GPs/HSE GP Clinical Lead in Women's Health*

# National Complaints Governance and Learning Team - Your Service, Your Say



[Your Service, Your Say](#) promotes and supports the fundamental right for people to voice opinions, provide comments and to complain, with a focus on creating a positive environment and culture to encourage, welcome and learn from feedback, especially complaints.

The health services handled 16,400 complaints in 2024, an increase of 11% from 2023. Of these 75% were responded to within the legislative timeframe of 30 working days. Results from the National Maternity Experience Survey however indicate that 40.5% of respondents did not know how to give feedback or make a complaint. This highlights the need for greater effort to ensure that our patients and service users are signposted and supported to share their experience so that we can benefit and learn from it to improve our services.

The National Complaints Governance and Learning Team (NCGLT) is the national unit tasked with developing the systems and supports to deliver on the HSE's commitment to provide an enhanced service user feedback process that is accessible, flexible and responsive as well as the mechanisms that enable the stories and data from feedback to drive learning and quality improvement.

NCGLT continues to work to enhance and support access to and ease of providing feedback to our services. Some resources and initiatives are highlighted below.



- Dedicated 'Your Service, Your Say' national office providing information and advice
- Email: [yoursay@hse.ie](mailto:yoursay@hse.ie)
- New: Freephone 1800 424 555



- Addition of a QR code to YSYS posters to allow access to information in 24 different languages. Services can order posters from [healthpromotion.ie](http://healthpromotion.ie)
- [Easy Read versions](#) of the Your Service, Your Say process developed with Inclusion Ireland.



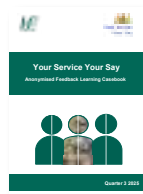
- Your Service, Your Say leaflets developed with NALA
- Available in [24 different languages](#) from the HSE website
- [Children's leaflet](#) designed in collaboration with the Youth Advisory Council
- Services can order leaflets from [healthpromotion.ie](http://healthpromotion.ie)



- [Online feedback form](#)
- Ongoing redesign of [complaints](#) section on the HSE website
- Development of video on how to make a complaint



- HSeLanD training modules developed to support staff to understand their responsibilities around feedback.
- New communications suite to support high quality and responsive communication within the process.
- New Complaints Handling Survey to allow patients to comment on the quality of the Your Service, Your Say process to support continued development.
- A memorandum of understanding with the [Patient Advocacy Service](#) to ensure their work is promoted and facilitated within the HSE.



- Quarterly online publication of [casebooks](#) that highlight and share the learning from individual anonymised complaints and positive feedback across the system.
- Expand and support the capture and analysis of anonymous aggregated complaints data on the Complaints Management System (CMS) to inform and drive quality and patient safety.
- Support best practice compliance with the Ombudsman's [Learning to Get Better](#) recommendations.

The HSE is committed to ensuring that hearing from, dealing sensitively with and learning from the experiences of those who use our services is a priority. We continue to promote and support a 'No Wrong Door' approach to feedback so that patients can provide feedback or make a complaint to any staff member who will try to assist or find the correct person to assist.

The results of the National Maternity Experience Survey 2025 puts a renewed focus on communication and access to information around feedback. We will continue to work with and support our colleagues across the Health Regions to deliver on their quality improvement plans and ensure that patients are aware of their rights and are encouraged and supported to provide feedback.



**Chris Rudland**

*Assistant National Director, National Complaints Governance and Learning Team*

# National Healthcare Communication Programme



## Purpose of the National Healthcare Communication Programme (NHCP)

The **NHCP intervention** may be viewed as the teaching and acquisition of a set of skills for application in the practice of healthcare. Nonetheless, its deeper purpose is to transform how healthcare professionals relate to the people who use our services – and to themselves.

This programme encourages a shift in how we engage not only with **patients**, but also with **colleagues** and **our own sense of professional identity**. At its heart, it promotes the idea that **how we show up in our work matters** – and that presence, awareness, and empathy are just as important as technical expertise.

## Why This Matters

While clinical knowledge and technical skills are essential to safe and effective care, the ability to communicate with care, compassion, and build trust are equally vital. Included in this expanded view is the capacity to:

- Be self-aware and reflective
- Build strong, respectful relationships with patients and colleagues
- Stay present and attentive during healthcare interactions
- Look after our own well-being to better care for others

These are not 'soft' skills – they are **core competencies** for delivering high-quality, relationship-centred care.

## A Transformational Approach

The NHCP supports the **integration** of communication skills into everyday clinical practice – not as a checklist of techniques, but as a **natural expression of who we are as practitioners**.

By engaging with this programme, participants are encouraged to:

- Reflect on how they communicate and connect
- Develop greater awareness of themselves and others
- Strengthen their ability to work collaboratively and compassionately
- Embed these practices into their clinical and professional identity

This approach leads to more meaningful interactions, healthier teams, and better outcomes for patients.

## Supporting Communication Resource Materials



**Core Communication Skills**  
<http://bit.ly/4nodsvn>



**Demonstrating Empathy**  
<http://bit.ly/47GIMBW>



**Motivational Interviewing**  
<http://bit.ly/4oAffhE>

## The Calgary-Cambridge Guide

The National Healthcare Communication Programme is based on the Calgary-Cambridge Guide. The Guide provides a clear structure for learning, practice, and reflection and is used across the Programme for all types of healthcare conversation. The Calgary-Cambridge Guide summarises the healthcare conversation as a sequential 5 step process; initiating the conversation, gathering information, physical examination, providing information and planning and closing the conversation. Providing structure and Building the relationship are two steps that continue throughout. Participant comments in response to the open questions in the NMES, map directly to the steps of the Calgary-Cambridge Guide outlined below.

Building the Relationship		
<b>Greetings and introductions</b>	<i>“The doctor who performed the section, I think came around the morning after the section and talked us through what had happened, apologising for not being able to introduce himself before surgery which I was very impressed with.”</i>	Introducing yourself by name and role is an important communication skill in healthcare. This is your opportunity to begin to build rapport, trust and confidence.
<b>Nonverbal behaviour</b>	<i>“I loved the smiling faces of the hospital staff. It made me feel secure and welcomed and well taken care of. Everyone felt like a family or friend to me.”</i>	Nonverbal communication skills can often convey the spirit of compassion better than verbal skills do. Our faces are very expressive. Keeping an open, warm facial expression can help to build rapport with the people who use our services.
<b>Involving the person</b>	<i>“My decisions were honoured throughout and as a 2nd time mother, my experience was honoured too as part of those decisions. I was encouraged, supported and felt in control of my labour and delivery.”</i>	Autonomy is respecting the freedom of others to decide. In healthcare, this means involving people in their care, sharing your thinking and asking permission for what you are doing.
<b>Demonstrating empathy</b>	<i>“The way the midwives spoke to me comforted me during labour and encouraged me through the tough moments, helping me feel cared for as a new mother. Sometimes those small acts of kindness &amp; reassurance mean the most. I truly felt seen, heard, and supported.”</i>	Empathy is a respectful acknowledgement of what other people are experiencing. Demonstrating empathy is our ability to be present to what a person is feeling in that very moment. We can empathise with silence, listening for emotions and reflecting back what we see and hear.
<b>Making connections</b>	<i>“Absolutely loved the cleaning staff, they were the highlight of my stay, and deserve more recognition and appreciation!”</i>	Support staff have a very important role to play in the care experience. Their communication skills, banter and positivity with patients and with each other help to normalise the care experience and build rapport with women and their families.
	<i>“The student midwife was very aware of the fact that I was breastfeeding, and she would sneak me in extra toast and tea in the middle of the night when my baby was cluster feeding. This was a really wonderful and kind thing to do.”</i>	Choose kindness. Kindness means connecting with people. Doing ordinary things with intention... pausing, making eye contact, sitting down for a few moments, listening, “how are you?”, “how can I help?”

## Initiating the Conversation

### Preparation

*“I found that I had to tell each medical professional that I met about the medication I was on and my medical history as most of them had not looked at my notes.”*

Getting off to a good start is the key to success in healthcare conversations. This involves familiarising yourself with the person you are about to meet, including reviewing the healthcare record and talking to other members of the team.

### Establishing initial rapport

*“The midwife during antenatal care was amazing. Absolutely brilliant. Took time to make me feel good. Answered all my questions. Felt personal as she remembered older child and husband’s name.”*

Using the person’s name is more than a common courtesy – it is essential to providing person-centred care. Extending this skill to family members in remembering and using their names acknowledges their role and promotes a sense of partnership.

### Identifying the reasons for the conversation

*“The midwife I was assigned to took time to focus on how I was feeling both physically and mentally. The appointments never felt rushed and always made sure she understood what I was most worried about.”*

Reflective listening includes nonverbal skills (eye contact), verbally using continuers (mm-hmm), reflecting the meaning (*sounds like...*) & avoiding expressing judgement or directing the person until they have had time to tell their story.

## Gathering Information

### Exploring the person’s problems

*“The support from my GP was fantastic, I really felt listened to and that she understood what I needed – whether it was to just voice my concerns or to ask questions.”*

Listening skills help us to... understand what is being said, gain insight into what is important to the other person, demonstrate care, and build rapport & trust. Listening enables us not only to hear the words but to begin to understand the feelings behind the words.

### Understanding the person’s perspective

*“Special shout out to the midwife who helped with every question and worry! Always felt so much lighter after our check ins. A great listener and a great help...”*

Reflective listening skills are vital for developing the therapeutic relationship. These skills encourage people to talk & help us understand their worries and concerns. Using these skills helps to build rapport and a better care experience.

## Providing Information and Planning

### Provide the right amount and type of information

*“I never felt unsure about what was happening. They explained everything prior to any procedure, answered any questions I had and they listened to me about the type of birth I wanted. They put consent to the forefront. They were kind, informed and calm. They made my labour a life changing experience.”*

Key skills for informed consent include using clear and simple language, actively listening to the person’s concerns and perspectives, and ensuring they have all the necessary information to make an informed decision.

### Aid recall and understanding

*“Everything was explained at each step and I had the opportunity to ask questions where needed. They were also answered in a manner in which we understood.”*

To aid recall and understanding, use easy to understand language, slow down, organise the explanation, summarise, repeat & check understanding.

## Providing Information and Planning (Continued)

### Incorporate the person's perspective

*"I was very nervous before the birth in the theatre and all the staff were excellent at keeping me calm, they were extremely reassuring and even had some humour to take my mind off it all while we were waiting. There were on top of my pain and my worries talking to me the entire time through the birth."*

The only way to understand the person's perspective is to ask them. If you can define care and treatment from the person's perspective, it will help you to approach the decision making part of the conversation in partnership with them.

### Shared decision making and planning

*"My wishes were met and, when it was not possible for them to be met, I was made to feel that I was a part of the decision, not just the recipient of it. I was treated like an informed individual, not just a carrier of the baby or a collection of symptoms that fit into pre declared guidelines."*

The skills we use to build rapport and listen are essential for the collaboration required for shared decision-making. Sharing information in a way that demonstrates we have listened to & heard the person's preferences builds trust & supports autonomy.

## Closing the Conversation

### Ensuring appropriate point of closure

*"In the hospital before going home, the midwife ran through a checklist in her folder of things to discuss with me. She had a checklist to tick off, I had to try and remember and retain all this information after having a baby, being sore and tired, and trying to learn how to care for a baby."*

Creating space for the person to ask questions at the end of the conversation is a simple and powerful way to improve the care experience and healthcare outcomes. When closing the conversation, use silence and encourage questions to ensure the person can understand & recall the information that they need.

### Forward planning

*"It is important to give some written information to the mother (including where to go for help) so she can refer to it at home when she gets a chance instead of being overloaded with information in a very short and rollercoaster few days."*

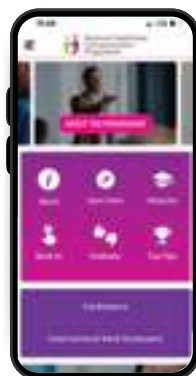
Effective closure of a conversation in healthcare is needed as a safety net for staff & people who use our services. If things do not go to plan, the person needs a clear direction about what to do next/where to go for further support should they need it.

## Conclusion

Communication is not peripheral to care – it **is** care. In the emotionally charged context of maternity services, the ability of staff to communicate with empathy, clarity, and presence has a lasting impact on women and their families. Improvements in this area are not only about enhancing the care experience but also about supporting the delivery of safe, effective, person-centred care.



**Patient story: Motivational Interviewing**  
<http://bit.ly/3WRElqf>



### Download our App

This app is a practical tool to help you to consistently use core communication skills in each and every encounter with the people who use our services.



[www.hse.ie/nhcprogramme](http://www.hse.ie/nhcprogramme)  
 @NHCProgramme



Download from Google Play & Apple store:  
<https://www.nhcprogramme.ie/download>

# Public Health Nursing (PHN)

## Reflection on the National Maternity Experience Survey

The recent National Maternity Experience Survey has been both affirming and thought-provoking for the Public Health Nursing (PHN) service. It was very encouraging to see such positive feedback from mothers about their experiences with the PHN service. The results clearly highlight the trust, compassion, and professionalism that PHNs bring to their work every day, and it is heartening to see that recognised nationally. This positive feedback is a credit to the dedication and commitment of PHNs who continue to provide high-quality, person-centred care to women and their families during the postnatal period.

At the same time, the survey has provided important learning. The questions on support with feeding and maternal mental health—while relating to all healthcare professionals including the PHN service – showed areas where mothers' experiences could be improved. The findings prompted reflection on how, as a service, we can strengthen our role in supporting mothers at these particularly sensitive times. In collaboration with the Directors of Public Health Nursing (DPHNs), we have developed two Quality Improvement Projects (QIPs) to address these areas. The feeding support QIP focuses on ensuring mothers receive consistent, evidence-based information and reassurance, while the maternal mental health QIP aims to enhance early recognition, supportive conversations, and timely referral for additional supports.

Since the last national survey, the PHN service has made significant progress in standardising postnatal care across the country. This work has included the development of an evidence-based, standardised national maternal postnatal record, an accompanying national guideline, e-learning educational modules, a multilingual mother's information leaflet available in 17 languages, and a sepsis prompt tool for Public Health Nursing Services. Together, these developments mark a major milestone for the service and demonstrate our commitment to delivering high-quality, consistent care grounded in evidence based best practice. The introduction of this project within the Public Health Nursing Service marks a historic advancement in the enhancement of postnatal care for women in Ireland. Registered Public Health Nurses (RPHNs) are mandated to conduct the primary visit within seventy-two hours of discharge from maternity services as part of the National Healthy Childhood Programme. Postnatal care is a vital component of the continuum of maternal, newborn, and child health – an area central to achieving the Sustainable Development Goals (SDGs) on reproductive, maternal, and child wellbeing.

PHNs are often, the first healthcare professionals to visit women and families after childbirth, they play a crucial role in ensuring the provision of evidence based high-standard care during this period. Prior to the development of the National Guideline for Postnatal Care and the standardised Maternal Record, practices varied considerably across geographical areas. It is widely recognised in healthcare that reducing unnecessary variation in practice strengthens quality, consistency, and outcomes.

The new guideline supports systematic assessment, planning, referral, and care provision for postnatal mothers, drawing on evidence and best practice from other jurisdictions, including the National Institute for Health and Care Excellence (NICE) in the UK. Importantly, the e-learning educational package created as part of this initiative enhances the knowledge, skills, and practice of RPHNs, supporting excellence in postnatal care nationwide. The recent introduction of the Primary Care and Child Health Metrics marks another important advancement for the PHN service. The emerging data provides a clearer picture of the extensive support PHNs deliver to mothers and children in the postnatal period, including many aspects of care that have not previously been captured. This information will be crucial for guiding service development, informing planning, and ensuring that future decisions reflect the real needs of families and the realities of frontline practice. Implementation of the metrics is now in progress, with full completion expected by Q2 2026.

Reflecting on this process, the PHN service is proud of the progress achieved and remains committed to evolving in response to evidence and feedback. The survey has reinforced the importance of listening – listening to the experiences of mothers and to the insights of PHN teams. Continuous improvement is not about identifying deficits, but about recognising opportunity: the opportunity to build on our strengths and to ensure that every mother feels supported, confident, and cared for throughout her postnatal journey.



**Gráinne Ryan**  
*National Lead for Public Health Nursing,  
Health Service Executive (HSE)*



## CARE AT HOME AND IN THE COMMUNITY

**AREA FOR IMPROVEMENT:** Were you given enough support for your mental health after birth of your baby?

**BACKGROUND:** The National Maternity Experience survey findings suggested that women are not given enough support for their mental health after the birth of their baby. Public Health Nurses (PHNs) and Community Midwives play a vital role in promoting emotional wellbeing, identifying early signs of distress, and providing timely support or referral. Enhancing visibility and consistency of mental health promotion during postnatal care is essential for early intervention and improved outcomes for mothers and families.

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Postnatal support	<p>A. Develop refresher information session for RPHN's and RM's working in the PHN service. 'Supporting Mothers' Mental Health: Empowering PHNs in the Postnatal Period'</p> <p>B. Develop a visual laminated prompt card to enable PHNs to:</p> <ul style="list-style-type: none"> <li>• Provide quick prompts for supportive conversations.</li> <li>• Include up-to-date contact details for local and national support services.</li> <li>• Serve as an easy visual reminder to promote mental health at every contact.</li> <li>• Encourage supervision and reflective practice.</li> </ul> <p>C. PHN's to complete infant mental health modules on HSELand.</p>	<ul style="list-style-type: none"> <li>• Increased staff confidence in discussing maternal mental health.</li> <li>• Improved visibility of mental health support in postnatal care interactions.</li> <li>• Higher rates of mothers reporting they received mental health support from their PHN/RM.</li> <li>• Improved Emotional Wellbeing for Women.</li> </ul>	Q1 2026
	<p><b>Objective</b></p> <p>The information session will:</p> <ul style="list-style-type: none"> <li>• Highlight the importance of maternal mental health promotion.</li> <li>• Refresh staff knowledge on key messages, screening questions, and referral pathways.</li> <li>• Encourage consistent, open discussion of emotional wellbeing during postnatal visits.</li> <li>• Promote reflective practice for RPHN's and RM's.</li> <li>• Provide guidance on using the prompt card to enable effective communication.</li> </ul>		Pilot phase - Q2 2026
	<p><b>Evaluate</b></p> <p>PLAN:</p> <ul style="list-style-type: none"> <li>• Develop the webinar and prompt card based on best practice guidance and feedback from PHN staff.</li> </ul> <p>DO:</p> <ul style="list-style-type: none"> <li>• Pilot the webinar and resource with one PHN team.</li> </ul> <p>STUDY:</p> <ul style="list-style-type: none"> <li>• Collect feedback on confidence, usefulness, and suggested improvements.</li> </ul> <p>ACT:</p> <ul style="list-style-type: none"> <li>• Refine the content and roll out to all PHN and Community Midwife teams across the service.</li> </ul>		
	<p><b>Sustainability</b></p> <ul style="list-style-type: none"> <li>• Service presented as part of quality improvement and patient safety initiatives along with results of National Maternity Survey Results 2025.</li> <li>• Explicit discussion of mental health should be a consistent part of all postnatal visits.</li> <li>• Providing a simple, visible prompt such as a laminated card can reinforce this practice.</li> <li>• The webinar can be incorporated into induction and annual update training for sustainability.</li> </ul>		Q4 2026- available for full rollout.

## FEEDING YOUR BABY

**AREA FOR IMPROVEMENT:** Did your healthcare professionals give you adequate support and encouragement with feeding your baby, shortly after your baby was born (either in the hospital or at home if you had a home birth)?

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Public Health Nurses (PHNs) and Registered Midwives (RMs) working in the PHN service will complete the National Infant Feeding Education Programme (NIFEP) by Q4 2027.	<b>Background</b> <ul style="list-style-type: none"> <li>Recent findings from the National Maternity Experience Survey highlight the need for enhanced, consistent, and evidence-based support for infant feeding during the postnatal period.</li> </ul>	<b>For Service Users</b> <ul style="list-style-type: none"> <li>Consistent, evidence-based, and compassionate feeding support from trained staff.</li> <li>Improved breastfeeding outcomes and parental satisfaction.</li> <li>Enhanced confidence in feeding choices and techniques.</li> </ul> <b>For Staff</b> <ul style="list-style-type: none"> <li>Strengthened professional knowledge and skills.</li> <li>Increased confidence in supporting parents with feeding challenges.</li> <li>Opportunities for continuing professional development (CPD).</li> </ul> <b>For the Service</b> <ul style="list-style-type: none"> <li>Improved compliance with national policies and standards.</li> <li>Demonstrable commitment to quality and safety in postnatal care.</li> <li>Positive contribution to national health outcomes.</li> </ul>	Q4 2027
	<b>1. This QIP aims to ensure the full implementation of NIFEP within the PHN service, thereby improving the quality and consistency of care, supporting national breastfeeding targets, and enhancing parent satisfaction.</b>		
	<b>2. Aim</b> <ul style="list-style-type: none"> <li>To ensure that 100% of Public Health Nurses (PHNs) and Registered Midwives (RMs) working in the PHN service will complete the National Infant Feeding Education Programme (NIFEP) by Q4 2027, resulting in improved quality of postnatal feeding support.</li> </ul>		
	<b>3. Objectives</b> <ul style="list-style-type: none"> <li>To provide all PHNs and RMs with equitable access to NIFEP training by Q4 2025.</li> <li>To achieve at least 50% completion of NIFEP by Q4 2026 and 100% completion by Q4 2027.</li> <li>To embed the principles and practices from NIFEP into routine postnatal care.</li> <li>To evaluate the impact of training on: <ul style="list-style-type: none"> <li>Staff confidence and competence.</li> <li>Parent satisfaction with feeding support.</li> <li>Breastfeeding initiation and continuation rates.</li> </ul> </li> </ul>		
	<b>4. Monitoring and Evaluations</b> <ul style="list-style-type: none"> <li>Percentage of PHNs and RMs who have completed NIFEP training.</li> <li>Self-reported confidence levels of PHNs/RMs (pre- and post-training).</li> <li>Parent satisfaction scores relating to infant feeding support.</li> <li>Local and national breastfeeding initiation and continuation rates.</li> </ul>		
	<b>5. Data Sources</b> <ul style="list-style-type: none"> <li>NHCP training database.</li> <li>Staff and parent surveys (infant feeding survey).</li> <li>National Infant Feeding data/Public Health Nursing metrics.</li> </ul>		
	<b>6. Evaluation Process</b> <ul style="list-style-type: none"> <li>Quarterly progress reports to the National NHCP Office.</li> <li>Annual review of impact and progress.</li> <li>Final evaluation report in Q4 2027.</li> </ul>		
<b>7. Sustainability</b> <ul style="list-style-type: none"> <li>Incorporate NIFEP into induction of all PHN's and RM in the PHN service.</li> </ul>			

# National Clinical Programme for People with Disability

As Clinical Lead, for the National Clinical Programme for People with Disability, I welcome the opportunity to comment on the National Maternity Experience Survey 2025. The overall response rate of 3354 indicates that participants rated experience of their care and care of their baby received during pregnancy, labour and birth and after the baby was born was 8.1, highlighting a generally positive experience overall. From a disability perspective, there are two examples from the survey I wish to highlight:

## Informing families that their child has a disability

It is unclear from the survey what a parent's experience is when learning their child has a disability and the process of informing families and offering support.

Research conducted by Harnett et al (2007) found that while 84.8% of parents found that the professional giving the news was direct, only 46.7% felt that they had been given the news with hope and positive messages. Parents prefer to be given a range of the possible outcomes rather than merely 'worst case scenario.'

Best practice guidelines informing families that their child has a disability, published in 2010 by the National Federation of Voluntary Bodies Providing Services to People with Intellectual Disability, should be incorporated into the maternity care practice and future survey design to understand the process of disclosure.

## Parents with Disability

In the National Maternity Experience Survey 2025, at a glance, these results appear positive, however when taking a closer look at the data, the numbers respondents are extremely low and their experience regarding information, communication and mental health support is less positive, depending on the person's difficulty at the start of their maternity journey. The data collected in relation to the experience of women with disability is limited in this survey and it is difficult to decipher as to the nature of the disability (e.g. physical, sensory, intellectual, and neurodevelopmental).

Article 1 of the United Nations Convention on the Rights of Persons with Disabilities defines disability as, "those who have long term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others" (United Nations, 2006, Article 1).

Given this, it is unclear, how services are responding adequately to supporting parents with disability, with the limited in-depth nature of this survey. The low numbers of respondents is concerning and questions survey design, accessibility and recruitment strategies.

A review by the National Disability Authority (2021) reported that women with disability often experienced disjointed maternity care, many feeling misunderstood. In addition, Collins et al (2023) highlight the importance of effective communication as core to promoting respectful maternity care for disabled women and understanding individualised needs given the nature of disability. Specific focus to enhance future surveys in line with the United Nation Convention on the Rights of Persons with Disability should consider:

- Accessible nature of the survey and recruitment strategy to engage participants with disability.
- Exploring how families are informed that their child has a disability based on best practice guidelines.
- Understanding the experience of women with disabilities accessing maternity services, capturing the diverse nature of disability, and how maternity services appropriately respond to ensure the experience, and outcomes for the parents and children is of good quality based on best practice.
- Maternity services should be accessible to all and individualised maternity care that meets the diverse nature of parents, children and families is key.

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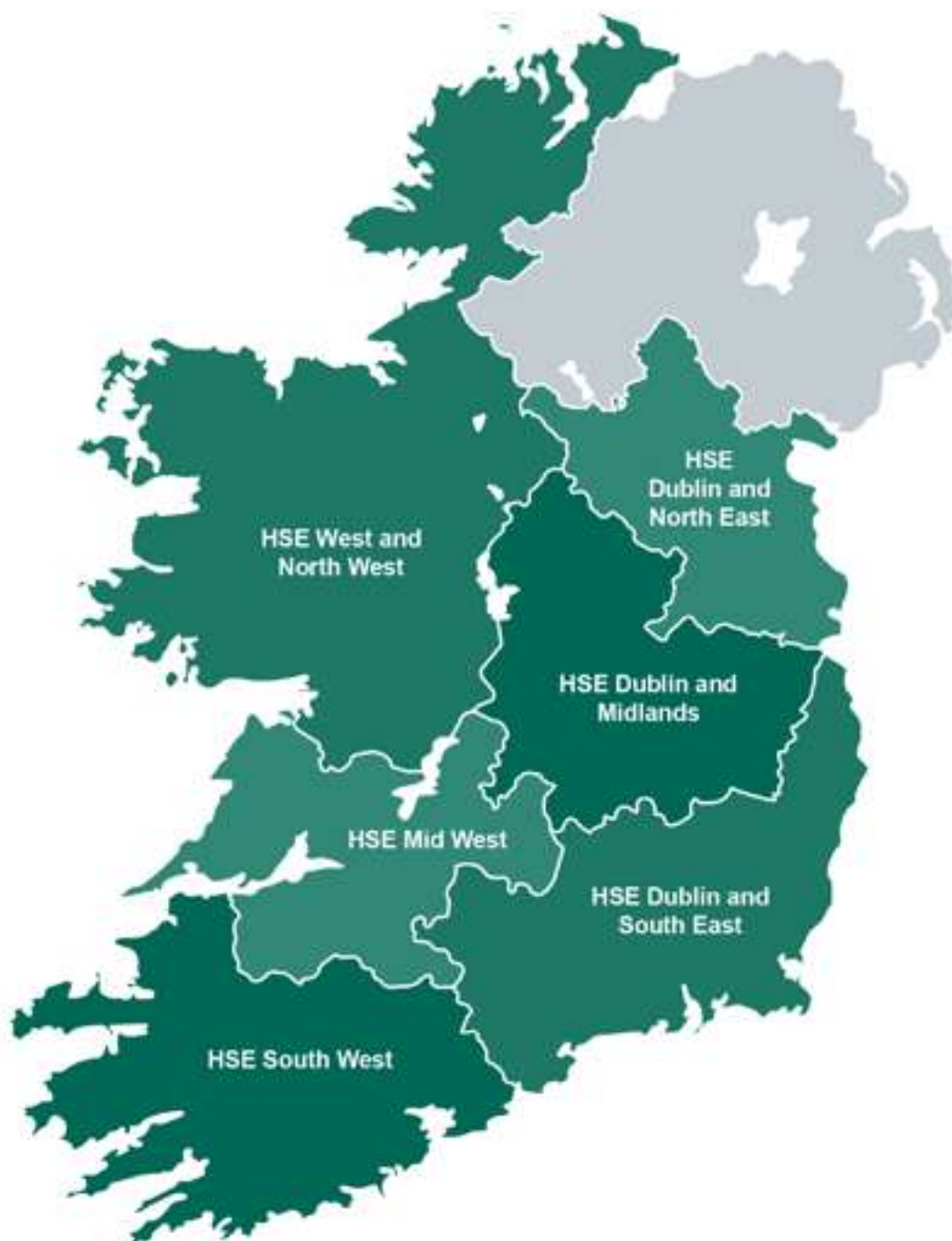


**Professor Rosie Gowran**  
*Clinical Lead*  
*National Clinical Programme for People with Disability*  
*Health Service Executive (HSE)*



**Ms Louise Moloney**  
*Programme Lead*  
*National Clinical Programme for*  
*People with Disability*  
*Health Service Executive (HSE)*

# HSE Health Regions



# HSE West and North West

- Letterkenny University Hospital
- Mayo University Hospital
- Portlincula University Hospital
- Sligo University Hospital
- University Hospital Galway



On behalf of the HSE West Northwest region I would like to sincerely thank all the women who took the time to participate in the second National Maternity Patient Experience Survey. This report represents an important milestone in our ongoing commitment to listening to women's voices and improving maternity services across our region.

The survey captures the real experiences of mothers and families who have engaged with our maternity services – from antenatal care through to birth, postnatal support and community settings. A total of 525 women who gave birth in this region in February and March 2025 participated in the survey. Their insights provide invaluable feedback that helps us understand what is working well and where we need to do better. We are committed to engaging with the survey results, listening to what the women have told us and responding to them.

Our goal is to ensure that every woman, every baby, and every family receives safe, compassionate, and person-centred care. This report not only reflects the dedication of our maternity teams but also highlights areas for learning, collaboration, and continued improvement. We recognise that there are a number of areas where we can improve and have commenced implementation of a detailed quality improvement plan to address the areas identified by women as needing improvement. We are committed to improving these services.

I would like to thank our staff across HSE West and North West who encouraged and supported the women to participate in this survey. The commitment and enthusiasm of our staff at the front line was integral. They promoted the survey process and encouraged women to participate, reviewed the survey findings and developed the hospitals improvement plans.

Finally, I would like to once again extend our sincere thanks to all of the women who have shared their view and experiences with us and assure them of our commitment to continuously strive to improve our services.



**Mr Tony Canavan**  
*Regional Executive Office,  
HSE West and North West Region*

## PROJECTS RECENTLY COMPLETED AND QUALITY IMPROVEMENT PLANS

### **HSE West North West Improvements since the 2020 survey**

We sincerely thank all the women and their families in HSE West North West who took part in the first National Maternity Patient Experience Survey.

The survey and direct feedback from women gave us valuable insight into what we do well and where we can improve. Based on these findings, we made several important service improvements in this region. Here are some examples:

#### **Improved Environment for labouring women**

In response to the feedback received from women and their families in the 2020 National Maternity, maternity units in HSE West North West made a commitment to improve the facilities and environment available to labouring women. This included developing pool rooms in three of our maternity units (Sligo University Hospital, Galway University Hospital, and Portiuncula University Hospital).

A home from home room with birthing pool opened in Sligo in 2022, a similar facility was opened in Portiuncula in 2023 and in GUH in 2024, these facilities extended the choice of water immersion as a form of pain relief to women in labour. Each of these suites are designed around a 'home from home' approach, the décor and atmosphere aim to create a relaxed and less clinical environment for women to give birth in. These facilities were developed with the support of the National Women and Infants Healthcare Programme (NWIHP).

#### **Enhanced Postnatal Care**

As a direct response to the 2020 survey, which highlighted a need for greater postnatal support, pilot Postnatal Hubs were established in Sligo University Hospital and Portiuncula University Hospital in collaboration with NWIHP in late 2023. The service aims to improve the service provided to mothers and babies following discharge from hospital by providing additional opportunities for contact with a health care worker.

All postnatal women are offered an appointment between days 10 – 14 in PUH and between days 10 – 20 in SUH. Each appointment is allocated 1 hour, with a second appointment offered. Women are offered flexibility with the timing of all appointments. All appointments are made prior to discharge from the maternity unit. In addition, women are provided with the number for a postnatal telephone hotline, which is available for 1 to 2 hours daily.

At the visit, each woman and baby is offered a full head to toe postnatal check for mum and baby, debriefing from the experience of pregnancy and delivery, as well as signposting to other specialist professionals as needed. The service is well-received and evaluated by the women.

#### **Birth Reflections services**

In the 2020 survey, women told us they would like to have the opportunity to discuss their labour and birth experience. In response to this, the Birth Reflections clinic has been established in Portiuncula University Hospital and Letterkenny University Hospital. The service is a confidential one to one midwifery service offered to women at their request, or referral, in their current pregnancy or at ten to twelve weeks following birth, after review with their obstetrician at six weeks.

The primary focus of this service is to support the woman reflecting on their previous experience of maternity care, talk about their concerns, and help them look back at the history of events surrounding their previous birth. It is not a counselling service, but there is the facility to refer women if deemed appropriate. Evidence suggests that providing women with the opportunity to make sense of their birth experience strengthens them psychologically. Women are also supported with strategies and evidence to support them in planning for their upcoming birth and subsequent pregnancies.

### **Established Maternity Service User Forums**

In response to the feedback received by women in the 2020 survey, maternity units in HSE West North West established maternity Service user forum, which is designed to support a partnership between the units and women who have recently used the service. The measurement and evaluation of women's experience of maternity care is considered to be essential for informing an organisation to gain insight on their service in order to improve their understanding of the quality of their service and to shape service improvements. The forums meet three to four times annually they are committed to the principles of listening and responding, focusing on the needs of the women, and promoting effective communication.

### **Birth after Caesarean (BAC) Clinic**

In the 2020 survey women asked us to improve health care communication and increase involvement in decision making in labour. In response we progressed the development of a Midwife provided Birth After Caesarean clinic (BAC) which is a woman-centred pathway, which ensures that women receive high quality information, free from bias, with the opportunity to discuss their options and empower them to make the right choices for themselves, and their families. This information provided to women reflects current evidence, and acknowledge the need for individual assessment to be provided and delivered to support time for reflection, and decision- making. A BAC clinic has been established in each of our maternity units, the clinic is provided by the Advanced Midwife Practitioners. The clinic is positively evaluated in each of the units.

### **Antenatal Education**

We have improved the provision of antenatal education programmes and support in each of the maternity units in our region in response to the feedback we received from women in 2020. Our aim is 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 through the provision of comprehensive antenatal education programmes. Key to being able to progress this improvement was the appointment of Antenatal education midwives in each of our units and the launch of the National Antenatal Education Standards.

### **Established a supported care antenatal clinic at each site**

In the 2020 survey, women told us that they wanted to have access to a broader range of services for pregnant women who are normal or low risk in pregnancy. To respond to this, we developed midwifery-provided supported care antenatal services in each of the maternity units in HSE West North West. In each of our units, approximately 30% of women receive their antenatal care through the supported care pathway.

### **Support with Infant Feeding**

In the 2020 survey, women told us they wanted to have more assistance and support with infant feeding. To improve our capacity and capability to improve support available to women, we have increased the number of Breastfeeding specialists available to women in our maternity units and community settings with the support of funding from NWIHP. We have also proactively engaged with progressing initiative in the National Breastfeeding Action Plan, which included promoting skin to skin, breastfeeding initiation, standardising policies, expanding staff training through e-learning modules, and providing additional support through public health nurses and lactation consultants in the maternity units and hospitals.

### **Expanded the specialised Maternity services available for women**

In the 2020 survey, and in the National maternity strategy the need to have access to a broader range of services available for pregnant women who have complex pregnancies was identified. To respond to this, we have strengthened and expanded the service and the multi professional team available to women whose pregnancy is complicated by diabetes in each of our maternity units. In addition we have expanded the capacity of the Fetal medicine service in Galway University Hospital and have established satellite specialised Fetal medicine services in Mayo University Hospital and Sligo university Hospital which has improved access for women who require input from Fetal medicine specialists in their local units and in this region.

## OVERALL CARE

## AREA FOR IMPROVEMENT: Patient feedback and complaints

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Thinking about your overall care, if you wanted to give feedback or make a complaint, did you know how and where to do so.	<ul style="list-style-type: none"> <li>• Display clear and accessible information on how service users can give feedback or make a complaint in all clinical areas in maternity services.</li> <li>• Inform Women that 'Your Service, Your Say' programme is offered in multiple languages and digital resources.</li> <li>• Display QR code on all bedside lockers on laminated sticker. Code will link to 'Your Service, Your Say' submit comment/complaint/compliment webpage.</li> <li>• Have hard copies of patient feedback survey/ comment cards available in each of the clinical areas.</li> <li>• Introduce a system for the feedback forms to be given to all patients on admission to inpatient ward.</li> <li>• Educate staff on proactively informing women of their rights and the complaints, feedback process.</li> <li>• Ensure that patient feedback, complaints and compliments are discussed at ward and department meetings so staff are fully aware of patient experiences so changes and improvements can be generated.</li> <li>• Advertise the 'Maternity Voices Forum' so women are aware of the scheduled meeting time and venue.</li> </ul>	<ul style="list-style-type: none"> <li>• Women will easily access an online method of providing comments, complaints and compliments. These will be processed by PALS and Consumer Services as appropriate and fed back to the relevant staff. Feedback will continue to be analysed and presented on a monthly basis.</li> <li>• Women will have the opportunity to provided anonymous feedback and return the completed forms in the return box situated at the ward exit. Responses will be analysed and reported by PALS.</li> <li>• The results of feedback surveys and profile of complaints will be presented to staff and the Patient and Family Forum to identify possible areas of improvement. This will improve the culture of partnership with the woman and her family.</li> </ul>	Q1 2026

## CARE WHILE YOU WERE PREGNANT (ANTENATAL CARE)

## AREA FOR IMPROVEMENT: Information on diet and nutrition in pregnancy

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Thinking about the care you received during your pregnancy, did you receive enough information about nutrition during pregnancy?	<ul style="list-style-type: none"> <li>• Look at the most current and up to date evidence based information around pregnancy and nutrition and compare with current information given.</li> <li>• Consult with dietitians on recommended websites/ sources for patients.</li> <li>• Create posters and leaflets with up to date information, linking to trusted nutrition resources for pregnancy.</li> <li>• Display information posters in all waiting areas.</li> <li>• Include patient information leaflets for antenatal and postnatal education bundles for women. Have this information available in soft and hard copies.</li> <li>• Patients at combined diabetes-antenatal clinic and those with specialist dietary requirements, will be given the opportunity to speak with a dietitian.</li> <li>• Develop and deliver training and education sessions for Maternity staff in relation to nutrition in pregnancy.</li> <li>• The use of Making every contact count training to help staff have a conversation around diet and nutrition with each woman.</li> <li>• A number of healthy breakfast options will be displayed at the bedside to aid in women's choice.</li> </ul>	<ul style="list-style-type: none"> <li>• Improved access to reliable, evidence-based information on diet and nutrition for pregnant women.</li> <li>• Increased awareness and confidence in pregnant women regarding healthy diet choices in pregnancy.</li> <li>• Enhanced outcomes for those with complex nutritional needs through specialist dietetic support i.e. reduced rates of anaemia and healthier weight gain in pregnancy.</li> </ul>	Q2 2026

## LABOUR AND BIRTH

## AREA FOR IMPROVEMENT: Labour and birth

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Shortly after your baby was born, did you have the opportunity to ask the midwives or doctors questions about your labour and the birth?	<ul style="list-style-type: none"> <li>• Ensure every women has scheduled time during antenatal visits to discuss especially in the 3rd trimester, birth preference, pain relief options and possible interventions. This will be supported with written information.</li> <li>• Encourage all women to document a birth plan to discuss with Midwives and Obstetricians in the antenatal period.</li> <li>• Develop and implement a structured post-birth reflection conversation for all women before discharge from the postnatal service.</li> <li>• Provide staff training in shared decision making, communication skills and cultural competence</li> <li>• Develop a structured birth reflections tool/template which includes debrief prompts in postnatal discharge check list for all women.</li> <li>• Support Midwives and obstetricians to undertake Birth reflections training</li> <li>• Provide staff education how to lead on birth reflections/debriefs.</li> </ul>	<ul style="list-style-type: none"> <li>• Women have an opportunities to ask questions about their birth.</li> <li>• Women will have a better understanding of events around their labour and birth. Being informed about what happened helps women feel more in control and respected.</li> <li>• Women's trust and rapport with healthcare providers will improve.</li> <li>• Women can learn what might have contributed to unexpected outcomes and how to prevent them in future pregnancies.</li> <li>• Women can process and make sense of their birth discussing fears complications or unexpected interventions can alleviate stress related to birth experience.</li> <li>• Encourages good open communication between the MDT and the women.</li> </ul>	Q3 2026

## OVERALL CARE

## AREA FOR IMPROVEMENT: Patient feedback and complaints

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<p>Improve visibility of how to raise concerns or compliments in all maternity areas.</p> <p>Promote staff confidence in supporting women who wish to make a complaint or raise a concern.</p>	<ul style="list-style-type: none"> <li>• Display clear and accessible information on how to give feedback or make a complaint. Areas to include antenatal clinic, ultrasound rooms, and all inpatient areas, 'Your Service, Your Say' programme is offered in multiple languages and digital resources.</li> <li>• Review current mechanisms to capture feedback in the unit.</li> <li>• Train maternity staff to proactively inform women of their rights and the complaints, feedback process.</li> <li>• Create patient support pack to include information on 'Your Service, Your Say', Patient Advocacy, Your Health Your Voice.</li> <li>• Introduce a comments cards feedback system to the maternity service.</li> <li>• Continue quarterly 'Maternity Voices Forum'. This forum provides an opportunity for women in the postnatal period to return to the maternity unit and share their experience as a service user.</li> <li>• Strengthen the process for reviewing and analysing patient feedback and complaints in to the management forums to spot trends, benchmark performance, and identify systemic issues.</li> </ul>	<ul style="list-style-type: none"> <li>• Enhance an environment where women and partners can easily access information on providing feedback and reporting their complaints.</li> <li>• Empower women with the knowledge and confidence on how to address complaints.</li> <li>• Having a systematic complaints process in place can identify areas and patterns for improvement which will benefit women's experience.</li> <li>• This will increase the level of engagement from the service with patient feedback and experience to drive quality and service improvements.</li> </ul>	Q1 2026

## LABOUR AND BIRTH

## AREA FOR IMPROVEMENT: Labour and birth

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<p>Shortly after your baby was born, did you have the opportunity to ask the midwives or doctors questions about your labour and the birth?</p>	<ul style="list-style-type: none"> <li>• Ensure every woman has scheduled time during antenatal visits to discuss especially in the 3rd trimester, birth preference, pain relief options and possible interventions. This will be supported with written information.</li> <li>• Encourage all women to document a birth plan to discuss with Midwives and Obstetricians in the antenatal period.</li> <li>• In the early postnatal period Midwives will facilitate a brief, supportive discussion reviewing key aspects of labour and birth, addressing any questions or concerns.</li> <li>• Develop a structured birth reflections tool/template which includes debrief prompts in postnatal discharge check list for all women.</li> <li>• Progress the development of enhanced postnatal care with the introduction of Postnatal hubs.</li> <li>• Support Midwives and obstetricians to undertake Birth reflections training and debriefing.</li> </ul>	<ul style="list-style-type: none"> <li>• Women have an opportunity to ask questions about their birth.</li> <li>• Women will have a better understanding of events around their labour and birth. Being informed about what happened helps women feel more in control and respected.</li> <li>• Women's trust and rapport with healthcare providers will improve.</li> <li>• Women can learn what might have contributed to unexpected outcomes and how to prevent them in future pregnancies.</li> <li>• Maternity staff will develop improved skills with debriefing women post-delivery.</li> </ul>	Q2 2026

**OVERALL CARE**

**AREA FOR IMPROVEMENT: Patient feedback and complaints**

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Thinking about your overall care, if you wanted to give feedback or make a complaint, did you know how and where to do so.	<ul style="list-style-type: none"> <li>• Display clear and accessible information on how to give feedback or make a complaint. Areas to include antenatal clinic, ultrasound rooms, and all inpatient areas, Your Service You Say programme is offered in multiple languages and digital resources.</li> <li>• Review current departmental feedback options and translated versions offered. Links to online platform through website or QR code.</li> <li>• Redesign comment cards to focus on key domains such as safety, communication and consent and are visually engaging and easy to complete.</li> <li>• Train maternity staff to proactively inform women of their rights and the complaints, feedback process.</li> <li>• Introduce a system for the feedback forms to be given to all patients on admission to inpatient ward.</li> <li>• Ensure that patient feedback, complaints and compliments are discussed at ward and department meetings so staff are fully aware of patient experiences.</li> <li>• Continue 'Maternity Voices Forum'. This forum provides an opportunity for women in the postnatal period to return to the maternity unit and share their experience as a service user.</li> </ul>	<ul style="list-style-type: none"> <li>• Enhance an environment where women and partners can easily access information on providing feedback and reporting their complaints.</li> <li>• Empowering women with the knowledge and confidence on how to address complaints.</li> <li>• Present the results feedback surveys and profile of complaints to staff and the Patient and Family Forum and identify possible areas of improvement. Hence fostering a culture of partnership with the woman and her family in quality improvement in the service.</li> <li>• Staff will have greater awareness of patients experience and will be better placed to plan future service delivery.</li> <li>• The 'Maternity Voices Forum' is an opportunity to hear direct feedback on women's experiences which will improve communication and information sharing between the service and service users.</li> </ul>	Q1 2026

**CARE WHILE YOU WERE PREGNANT (ANTENATAL CARE)**

**AREA FOR IMPROVEMENT: Nutrition advice and support during pregnancy**

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Thinking about the care you received during your pregnancy, did you receive enough information about nutrition during pregnancy?	<ul style="list-style-type: none"> <li>• Look at the most current and up to date evidence based information around pregnancy and nutrition and compare with current information given.</li> <li>• Consult with dietitians on recommended websites/ sources for patients.</li> <li>• Create posters and leaflets with up to date information, linking to trusted nutrition resources for pregnancy. With language options available.</li> <li>• Display information posters in all waiting areas.</li> <li>• Include patient information leaflets antenatal and postnatal education bundles for women. Have this information available in soft and hard copies.</li> <li>• Develop and deliver training and education sessions for Maternity staff in relation to nutrition in pregnancy.</li> <li>• Maximise the use of MECC training to help staff have a conversation around diet and nutrition with each woman.</li> <li>• Undertake quarterly audit on women's healthcare records for compliance with policy.</li> </ul>	<ul style="list-style-type: none"> <li>• Women will have improved access to reliable, evidence-based information on diet, nutrition and wellbeing for pregnant women.</li> <li>• Pregnant Women will have increased awareness and confidence in relation to healthy diet choices in pregnancy.</li> <li>• Increased staff awareness for health promotion during pregnancy.</li> <li>• Enhanced outcomes for pregnant women with complex nutritional needs through specialist dietetic support i.e. reduced rates of anaemia and healthier weight gain in pregnancy.</li> <li>• Empowering women to make good health choices for pregnancy and beyond.</li> </ul>	Q2 2026



**OVERALL CARE**

**AREA FOR IMPROVEMENT: Patient feedback and complaints**

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Improve visibility of how to raise concerns or compliments in all maternity areas.	<ul style="list-style-type: none"> <li>Promote staff confidence in supporting women who wish to make a complaint or raise a concern.</li> <li>Display clear and accessible information on how to give feedback or make a complaint. Areas to include antenatal clinic, ultrasound rooms, and all inpatient areas, Your Service You Say programme is offered in multiple languages and digital resources.</li> <li>Review current mechanisms to capture feedback in the unit.</li> <li>Train maternity staff to proactively inform women of their rights and the complaints, feedback process.</li> <li>Create patient support pack to include information on 'Your Service, Your Say', Patient Advocacy, Your Health Your Voice.</li> <li>Update current Sligo University Hospital Comment Card - to include content, distribution, QR code links etc.</li> <li>Continue two monthly 'Maternity Voices Forum'. This forum provides an opportunity for women in the postnatal period to return to the maternity unit and share their experience as a service user.</li> <li>Strengthen the process for reviewing and analysing patient feedback and complaints in to the management forums to spot trends, benchmark performance, and identify systemic issues.</li> </ul>	<ul style="list-style-type: none"> <li>Enhance an environment where women and partners can easily access information on providing feedback and reporting their complaints.</li> <li>Empower women with the knowledge and confidence on how to address complaints.</li> <li>Promotes a culture of women centred care.</li> <li>Systematic complaints process can identify areas and patterns for improvement which will benefit women's experience.</li> <li>Increase level of engagement with patient feedback and complaints to drive quality and service improvements.</li> <li>Ensure methods of gathering communication is varied and inclusive.</li> </ul>	Q4 2025

**CARE WHILE YOU WERE PREGNANT (ANTENATAL CARE)**

**AREA FOR IMPROVEMENT: Nutrition during pregnancy**

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Thinking about the care you received during your pregnancy, did you receive enough information about nutrition during pregnancy?	<ul style="list-style-type: none"> <li>Look at the most current and up to date evidence-based information around pregnancy and nutrition and compare with current information given.</li> <li>Create posters and leaflets with up-to-date information, linking to trusted nutrition resources for pregnancy.</li> <li>Display posters and leaflets in all waiting areas.</li> <li>Include patient information leaflets antenatal and postnatal education bundles for women. Have this information available in soft and hard copies.</li> <li>Develop and deliver training and education sessions for Maternity staff in relation to nutrition in pregnancy.</li> <li>Include facilitated discussions and small-group work on nutrition in all antenatal education sessions. Use visual aids and practical examples.</li> <li>Use Making every contact count (MECC) training to help staff have a conversation around diet and nutrition with each woman.</li> <li>Develop a business plan to increase the Dietician workforce to strengthen the services provided to women with specialist dietary requirements in pregnancy. (e.g., gestational diabetes, obesity, eating disorders).</li> </ul>	<ul style="list-style-type: none"> <li>Improved access to reliable, evidence-based information on diet and nutrition for pregnant women.</li> <li>Increased awareness and confidence in pregnant women regarding healthy diet choices in pregnancy</li> <li>Enhanced outcomes for those with complex nutritional needs through specialist dietetic support i.e., reduced rates of anaemia and healthier weight gain in pregnancy.</li> </ul>	Q2 2026



LABOUR AND BIRTH

AREA FOR IMPROVEMENT: Labour and birth

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<p>Shortly after your baby was born, did you have the opportunity to ask the midwives or doctors questions about your labour and the birth?</p>	<ul style="list-style-type: none"> <li>• Ensure every woman has scheduled time during antenatal visits to discuss especially in the 3rd trimester, birth preference, pain relief options and possible interventions. This will be supported with written information.</li> </ul>	<ul style="list-style-type: none"> <li>• Women have an opportunity to ask questions about their birth.</li> </ul>	<p>Q2 2026</p>
	<ul style="list-style-type: none"> <li>• Encourage all women to document a birth plan to discuss with Midwives and Obstetricians in the antenatal period.</li> <li>• In the early postnatal period Midwives will facilitate a brief, supportive discussion reviewing key aspects of labour and birth, addressing any questions or concerns. This will be documented in the postnatal notes and noted on discharge to the postnatal hub team, Public Health Nurse and General Practitioner to ensure continuity of care.</li> <li>• Develop a structured birth reflections tool/template which includes debrief prompts in postnatal discharge check list for all women.</li> <li>• Support Midwives and obstetricians to undertake Birth reflections training.</li> </ul>	<ul style="list-style-type: none"> <li>• Women will have a better understanding of events around their labour and birth. Being informed about what happened helps women feel more in control and respected.</li> <li>• Women's trust and rapport with healthcare providers will improve.</li> </ul>	
	<ul style="list-style-type: none"> <li>• Provide staff education how to lead on birth reflections/debriefs.</li> <li>• Develop a consultant-led postnatal clinic where women can discuss their labour and birth in detail, especially if they experienced complications, interventions, or distress. These clinics will operate 6 weekly or available by referral from the postnatal ward or from Postnatal Hub.</li> </ul>	<ul style="list-style-type: none"> <li>• Women can learn what might have contributed to unexpected outcomes and how to prevent them in future pregnancies.</li> <li>• Women can process and make sense of their birth discussing fears complications or unexpected interventions can alleviate stress related to birth experience.</li> </ul>	

**OVERALL CARE**

**AREA FOR IMPROVEMENT:** Patient feedback and complaints

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Thinking about your overall care, if you wanted to give feedback or make a complaint, did you know how and where to do so.	<ul style="list-style-type: none"> <li>• Display clear and accessible information on how service users can give feedback or make a complaint in all clinical areas in maternity services.</li> <li>• Inform Women that the 'Your Service, Your Say' service is offered in multiple languages and digital resources.</li> <li>• Display QR code links to 'Your Service, Your Say' comment/complaint/compliment webpage in clinical areas and on all bedside lockers on laminated stickers to ensure there are accessible to women.</li> <li>• Engage with communications team to review use of social media platforms to improve our engagement with younger demographic. Include messaging and links on how to provide feedback and or make a complaint.</li> <li>• Have hard copies of women feedback survey/comment cards available in each of the clinical areas.</li> <li>• Introduce a system for hard copy feedback forms to be given to all women on admission to all wards.</li> <li>• Educate staff on proactively informing women of their rights and the complaints, feedback process.</li> <li>• Ensure that women feedback, complaints and compliments are discussed at ward and department meetings so staff are fully aware of women experiences. This should inform corrective actions and improvement plans in the unit.</li> <li>• Advertise the 'Maternity Voices Forum' both Antenatally and postnatally so women are aware of the scheduled meeting time and venue.</li> </ul>	<ul style="list-style-type: none"> <li>• Women will easily access an online method of providing comments, complaints and compliments. These will be processed by PALS and Consumer Services as appropriate and fed back to the relevant staff. Feedback will continue to be analysed and presented on a monthly basis.</li> <li>• Women will have the opportunity to provide anonymous feedback and return the completed forms in the return box situated at the ward exit. Responses will be analysed and reported by PALS.</li> <li>• Present the results of feedback surveys and profile of complaints to staff and the Women and Family Forum and identify possible areas of improvement. This will foster a culture of partnership with the woman and her family in quality improvement in the service.</li> <li>• The 'Maternity Voices Forum' is an opportunity to hear direct feedback on women's experiences which will improve communication and information sharing between the service and service users.</li> <li>• Staff will have greater awareness of women experience and will be better placed to plan future service delivery.</li> </ul>	Q4 2025 and ongoing, monitored monthly

**CARE WHILE YOU WERE PREGNANT (ANTENATAL CARE)**

**AREA FOR IMPROVEMENT:** Information on diet and nutrition in pregnancy

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Response to comment feedback of long waiting times and overcrowding of Antenatal Clinic area in GUH.	<ul style="list-style-type: none"> <li>• Assess the new check-in process for women on trial within the Outpatient Department.</li> <li>• Review the current testing criteria for screening for Diabetes in Pregnancy to ensure the appropriate women are referred to the appropriate clinic.</li> <li>• Develop a business case to increase the resources for the Endocrine service.</li> <li>• Improve scheduling and patient flow by assigning named midwife to co-ordinate women attending.</li> <li>• Introducing satellite assisted care clinics led by the AMP's to decongest the main clinics and offer alternative location options for women.</li> </ul>	<ul style="list-style-type: none"> <li>• Shorter wait times for women and less crowding improve comfort and emotional wellbeing for pregnant women attending the Antenatal services in GUH.</li> <li>• Targeted specialised appointments support early detection and management of complications.</li> <li>• Improved Women Satisfaction, a smoother, more predictable experience enhances trust in maternity services.</li> <li>• Streamlined flow reduces bottlenecks and improves staff productivity.</li> <li>• Less crowding lowers infection risk and improves emergency response capacity.</li> <li>• Satellite Clinic locations offer more local options for receiving the obstetric care required for women.</li> </ul>	Q2 2026



## FEEDING YOUR BABY

## AREA FOR IMPROVEMENT: Feeding your baby

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<p>Did your healthcare professionals give you adequate support and encouragement with feeding your baby, shortly after your baby was born (either in the hospital or at home if you had a home birth)?</p>	<ul style="list-style-type: none"> <li>• Review current information on breastfeeding education provided to women in both the antenatal and postnatal period.</li> <li>• Update breastfeeding information as required.</li> <li>• Continue to roll out the new National Infant feeding training programme for all staff working in maternity services.</li> <li>• Prioritise uninterrupted skin to skin contact for newborns in all labour and delivery settings.</li> <li>• Increase Midwives focus on hands on help with feeding techniques and practical advice on feeding cues and observations.</li> <li>• Standardise assessment of breastfeeding by introducing the Breastfeeding observation assessment tool (BAT) tool to assist early identification of feeding issues.</li> <li>• Educate all clinical staff working in the maternity setting on the use of the BAT.</li> <li>• Ensure contact details for all services and supports available in the community are shared with women on discharge for continued support.</li> <li>• Refer women who require additional support to Community infant feeding coordinators.</li> </ul>	<ul style="list-style-type: none"> <li>• The use of the BAT tool will ensure standardised of assessments and support consistent advice being provided to new mother and improved documentation of this advice.</li> <li>• Increased satisfaction, Mothers will feel more supported and informed, leading to higher satisfaction and success rates.</li> <li>• Improved targeted education helps mothers feel more confident in breastfeeding, reducing anxiety and improving bonding.</li> <li>• Structured education and referral pathways streamline support, reducing ad hoc interventions and unnecessary referrals.</li> <li>• Having up to date information available on community supports will give women access to continued support.</li> </ul>	<p>Q1 2026</p>

# HSE Dublin and North East

- Cavan Monaghan Hospital
- Our Lady of Lourdes Hospital Drogheda
- The Rotunda Hospital, Dublin



The Maternity services within the Dublin and North East are provided by the Rotunda Hospital in Dublin, Our Lady of Lourdes Hospital in Drogheda and Cavan General Hospital in Cavan. On behalf of HSE Dublin and North East, I would like to thank all the women who participated in this survey, your voice and feedback will contribute greatly to service delivery. The feedback helps us understand individual experiences and to assess our performance against the expectations of service users.

The information in the Survey plays an important role in developing and improving maternity services in Dublin & North East.

The National Maternity Experience Survey offers eligible women who have recently given birth within Dublin & North East an opportunity to share their experiences of our maternity services – from antenatal to postnatal care. This provides us with an opportunity to interact with women about their experiences.

I am delighted to see that we are continuing to stay on par with providing services at a national standard. From the feedback received, we have demonstrated continuous improvements in many stages of care delivery. I also acknowledge that feedback has identified some areas in our services that require continuous focus. In response to this, detailed quality improvement plans have been developed from each of the maternity hospitals, which aim to enhance care service delivery and women's experience. Our staff in HSE Dublin and North East are committed to fully implementing these improvements.

I would like to sincerely thank all our staff across HSE Dublin and North East who encouraged women to participate in the Survey. Staff are central to the delivery of health care services, and their unwavering dedication is seen in their willingness to continuously implement the improvements highlighted by the experiences of women and service users. Again, my sincere thanks to all who participated and for providing feedback and identifying both areas of satisfaction and areas for improvement. I look forward to seeing the continued improvements to services over the coming months based on the findings from the Survey.



**Sara Long**  
*Regional Executive Officer,  
HSE Dublin and North East*

## PROJECTS RECENTLY COMPLETED AND QUALITY IMPROVEMENT PLANS

### Our Lady of Lourdes Hospital Drogheda

#### Implemented QIP from 2020 National Maternity Experience Survey Improved Environment for labouring women

The feedback received from our service users from the 2020 National Maternity Survey was instrumental in the improvements to the Delivery Suite environment and facilities in Our Lady of Lourdes Hospital in 2022-2023. This involved the reconfiguration of Birthing Rooms to include ensuite bathroom facilities and the addition of a birthing pool in a “Home from Home environment” with support from the National Women and Infants Health Programme (NWIHP).



This, in combination with the two existing birthing pools in the Midwifery-Led Unit, allowed service users on all care pathways to avail of water immersion for pain relief.

#### Re-introduction of Water Births

The re-introduction of water births, with our first water birth on the 1st April 2023 was a seminal moment in offering women on the Supported Care Pathway choice for birth. This was a huge collaborative effort from midwives, consultant obstetricians, paediatricians, anaesthetists, practice development, infection control, clinical engineers, maintenance departments and the voices of our service users. Utilising the Cross-Border Cooperation and Working Together (CAWT) agreement, we collaborated closely with our midwifery colleagues in Northern Ireland, learning from their clinical experience in water births. To date as of November 2025 there have been 205 water births within the maternity unit.





### Organisational Culture and Values

The importance of organisational culture and values in providing a quality and safe service has been recognised within the Maternity Unit of Our Lady of Lourdes Hospital. Values in Action is a behaviour and cultural change initiative to bring our values to life in how we engage with both colleagues and services users. Since 2023, we have been collaborating with the HSE Values in Action team to align HSE values of Care, Compassion, Trust and Learning, to all behaviours within the unit.



### Service Users' Voice

With the service users' voice of paramount importance, staff at the Maternity Unit of Our Lady of Lourdes Hospital held a workshop bringing together service providers with women and families to share perspective of maternity care within the unit through the use of a board game called "Whose Shoes". Maternity specific scenarios prompted discussion around the table. The discussions highlighted what works well locally and what may be improved. The feedback from this workshop resulted in further quality initiatives with a designated parents' room with soft furnishings that aims to create a relaxed and less clinical environment for parents in NICU.

As requested by services users through this workshop and surveys, there is a quiet time at night when mobile phones are not used within the ward.



**OVERALL CARE**

**AREA FOR IMPROVEMENT: Patient feedback and complaints**

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
The promotion of a culture of patient engagement, ensuring patients who want to be aware of how to provide feedback or complaints.	<ul style="list-style-type: none"> <li>Reintroduce a postnatal survey to be distributed to all women upon admission to the postnatal ward, capturing feedback on all aspects of care. Feedback will be reviewed weekly by the Assistant Director of Midwifery with associated actions if required.</li> <li>Display QR code at main Maternity desk directing women to 'Your Service, Your Say'.</li> </ul>	<ul style="list-style-type: none"> <li>To capture women's feedback on all aspects of their care experience</li> <li>To promote a culture of continuous quality improvement by systematically reviewing survey feedback on a weekly basis.</li> <li>To enable early identification of trends, strengths and areas for improvement.</li> <li>To ensure timely action and accountability with the Assistant Director of Midwifery reviewing results and implementing improvements as required.</li> <li>To enhance woman-centred care and patient experience, ensuring women's voices directly inform service development and quality initiatives.</li> </ul>	Q2 2026

**CARE WHILE YOU WERE PREGNANT (ANTENATAL CARE)**

**AREA FOR IMPROVEMENT: Antenatal Education**

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Did you receive enough information about physical changes in your body?	<ul style="list-style-type: none"> <li>Ensure all women are consistently signposted to antenatal education resources within the My Pregnancy Book at their booking &amp; additional visits within maternity services.</li> </ul>	<ul style="list-style-type: none"> <li>To improve women's understanding of physical changes &amp; nutrition in pregnancy</li> </ul>	Q2 2026
Did you receive enough information about nutrition during pregnancy?	<ul style="list-style-type: none"> <li>Discussion with women at all antenatal visits re understanding &amp; assessment of information with an opportunity for women to ask questions.</li> </ul>	<ul style="list-style-type: none"> <li>To ensure all women are provided with the opportunity to discuss, clarify &amp; confirm their understanding of information regarding their pregnancy.</li> <li>To enhance comprehension and retention of key health messages.</li> <li>Ensure women feel confident and well-informed throughout pregnancy.</li> <li>To identify and address any information gaps or health literacy needs or cultural/language barriers, ensuring equitable access to information for all women.</li> </ul>	Q2 2026
	<ul style="list-style-type: none"> <li>Offer &amp; encourage attendance for all primiparous women to the early pregnancy class.</li> </ul>	<ul style="list-style-type: none"> <li>To improve early antenatal education and engagement, supporting positive pregnancy health behaviours.</li> </ul>	
	<ul style="list-style-type: none"> <li>Add additional online early pregnancy class monthly.</li> </ul>	<ul style="list-style-type: none"> <li>Align with the National Maternity Strategy and woman-centred care principles, ensuring equitable access to education and support for all women.</li> <li>To increase accessibility and attendance &amp; enhance inclusivity and flexibility by offering an online option, meeting the diverse needs and preferences of women.</li> </ul>	
	<ul style="list-style-type: none"> <li>Continue to play relevant antenatal information on screens located in the waiting areas of the antenatal clinic.</li> </ul>	<ul style="list-style-type: none"> <li>To provide women attending antenatal clinics with accessible, evidence-based health education through continuous display of key antenatal information on waiting area screens.</li> <li>To reinforce verbal education provided during antenatal appointments, promoting understanding and recall of important pregnancy care messages.</li> <li>To ensure consistency and standardisation of information shared with all women across the maternity service.</li> <li>To contribute to improved patient experience and empowerment by utilising digital platforms to support ongoing health promotion and informed decision-making.</li> </ul>	



CARE AFTER BIRTH

AREA FOR IMPROVEMENT: Postnatal Care

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Women receive standardised, evidenced based postnatal care and education	<ul style="list-style-type: none"> <li>Clinical Skills facilitator to deliver structured training sessions for midwives &amp; relevant staff on postnatal care, education &amp; discharge advice for women &amp; babies.</li> </ul>	<ul style="list-style-type: none"> <li>Enable staff to recognise the physical, emotional &amp; psychological needs of women &amp; babies in the postnatal period.</li> <li>Enable staff to deliver consistent education and discharge advice aligned with the National Maternity Strategy and HIQA Standards for Safer Better Maternity Services.</li> <li>Support early recognition of complications and appropriate referral pathways.</li> <li>Provide woman-centred, individualised discharge education that promotes confidence and safety at home.</li> </ul>	Q2 2026
	<ul style="list-style-type: none"> <li>Introduce 'Skills &amp; Drills' sessions focusing on hands-on postnatal assessments</li> </ul>	<ul style="list-style-type: none"> <li>Standardise practice through simulation-based training.</li> </ul>	
	<ul style="list-style-type: none"> <li>Discharge planning to begin post-delivery through the implementation of a signed discharge information page to be initiated in labour ward and completed throughout postnatal stay covering all aspects of maternal and newborn information.</li> </ul>	<ul style="list-style-type: none"> <li>Promote early initiation of discharge planning post-delivery.</li> <li>Improve continuity of care and information transfer between multi-disciplinary team.</li> <li>Ensure all women receive comprehensive education &amp; advice prior to discharge, enhancing confidence and supporting safe transition to home.</li> <li>To support accountability and documentation confirming that essential maternal and newborn information has been communicated to women.</li> </ul>	
	<ul style="list-style-type: none"> <li>Physiotherapy department to deliver education sessions to midwives covering pelvic floor exercises, posture and mobility after Lower Segment Caesarean Section.</li> </ul>	<ul style="list-style-type: none"> <li>Enable midwives to provide consistent, evidence-based advice that promotes maternal comfort, recovery and long-term pelvic floor health.</li> </ul>	
	<ul style="list-style-type: none"> <li>Tissue Viability Nursing Team to deliver education on Lower Segment Caesarean Section wound care on maternity ward.</li> </ul>	<ul style="list-style-type: none"> <li>Enhance midwives' knowledge and confidence in wound assessment and management.</li> </ul>	

**OVERALL CARE**

**AREA FOR IMPROVEMENT:** Patient feedback and complaints

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Increased awareness of local and national complaints process.	<ul style="list-style-type: none"> <li>• Patient information leaflets on complaints including national 'Your Service, Your Say' information (in different languages) included in QR codes given at booking appointments and postnatal discharge.</li> <li>• Provide ongoing education/update sessions for all staff on feedback and complaints process.</li> <li>• Pulldown banner from National Patient Advocacy Service displayed throughout the hospital and on live TV display screen.</li> <li>• Continual complaints advocacy awareness sessions locally and online with hospital group.</li> <li>• Annual audit measuring compliance against YSYS policy.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased awareness of the feedback/complaints process with both service users and staff.</li> <li>• Improved patient experience.</li> <li>• Standardised knowledge around feedback/complaints from national 'Your Service, Your Say' office (in different languages).</li> </ul>	Q1 2026

**SPECIALISED CARE**

**AREA FOR IMPROVEMENT:** To improve the emotional support offered to women during their newborns's admission to the neonatal unit

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
To improve the emotional support offered to women during their newborns's admission to the neonatal unit.	<ul style="list-style-type: none"> <li>• To decorate the parent's breakroom with soft lighting, provide a watercooler, and light refreshments.</li> <li>• To encourage parents to use the facilities for rest breaks during their visits to NICU.</li> <li>• Once a week, a nominated staff member will host an informal Coffee morning with parents. Discussion will be parent driven.</li> <li>• Promote the use of VCREATE, a secure media portal, especially designed for parents to receive recordings and up to date information on their new-born.</li> <li>• Encourage parents to interact with their newborns through the Talk, Read and Sing to your Baby Scheme. Books are available on the ward in a choice of languages.</li> <li>• Facilitate parents to record a message/story/for their baby on the TONIE BOX. The recordings are played when parents are away from the NICU area.</li> <li>• Encourage rooming in for all parents prior to discharge home.</li> </ul>	<ul style="list-style-type: none"> <li>• To encourage a home from home atmosphere in the neonatal unit.</li> <li>• To encourage parents to meet with other parents to share experience, and prompt peer support. Parents have expressed they find it difficult to start conversations with others in the NICU area.</li> <li>• Encourage open conversation to reduce anxiety and stress within the NICU unit.</li> <li>• When parents are away from the neonatal area, VCREATE can help parents feel connected to their baby. Keeps families connected with meaningful and reassuring updates.</li> <li>• Reading offers significant benefits for both the baby and parents, fostering crucial parent-child bonding, promoting the baby's brain and language development, and providing a sense of normality for stressed parents.</li> <li>• Helps parents to become more comfortable with feeding, changing, and other care routines, making the transition from home smoother and reducing anxiety about bringing their baby home.</li> </ul>	Q1 2026



CARE IN THE HOME AFTER BIRTH

AREA FOR IMPROVEMENT: Postnatal period

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<p>To develop a hybrid postnatal multidisciplinary hub in the community that provides access to healthcare professionals for mother's &amp; babies during the first six weeks after birth.</p>	<ul style="list-style-type: none"> <li>• Plan: To create an integrated multidisciplinary group with key stakeholders including PHN's and GPs, and develop a clinical guideline to access the postnatal multidisciplinary hub.</li> <li>• Evidence: An available guideline to assess the postnatal multidisciplinary hub.</li> <li>• Plan: To secure premises and equipment/consumables.</li> <li>• Plan: To secure a multidisciplinary team of staff including midwives, physiotherapist and clerical staff.</li> <li>• Plan: To offer all postnatal women a 'face-to-face' postnatal appointment in the community at 3 weeks for individualised support.</li> <li>• Plan: To offer a telehealth call 1 week postnatal allowing for choice and circumstances driven by the women's needs.</li> <li>• Plan: To provide women with contact details for the postnatal hub to allow women to contact postnatal multidisciplinary team as required.</li> <li>• Plan: To provide appropriate signposting to specialty clinics for ongoing treatment and support.</li> </ul>	<ul style="list-style-type: none"> <li>• Will improve pathways to access a healthcare professional and support in the postnatal period, as required by women.</li> <li>• Will improve communication in providing contact details for the postnatal hub to facilitate women to contact a healthcare professional in the postnatal period such as a midwife or physiotherapist.</li> <li>• Will improve provision of information by signposting to specialty clinics for ongoing treatment and support.</li> <li>• Will improve choice for women by providing a hybrid of both telehealth and 'face-to-face' appointments in the postnatal period.</li> <li>• Will improve patient experience by providing an opportunity to ask questions regarding their birth experience and postnatal period.</li> <li>• Will improve patient experience in the postnatal period by providing additional care.</li> <li>• Will provide appropriate signposting to specialty clinics for ongoing treatment and support.</li> </ul>	<p>Commence Q4 2025 Metrics recorded quarterly and shared with NWHIP 2026</p>

**OVERALL CARE**

**AREA FOR IMPROVEMENT: Patient feedback and complaints**

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<p>Promoting patient engagement.</p>	<ul style="list-style-type: none"> <li>• Define the purpose clearly                             <ul style="list-style-type: none"> <li>– Determine what kind of feedback you want (e.g. care quality, cleanliness, wait times).</li> <li>– Tailor the message to encourage specific, useful responses.</li> </ul> </li> <li>• Use clear and simple language                             <ul style="list-style-type: none"> <li>– Avoid medical jargon or complex phrasing.</li> <li>– Use straightforward, polite wording like: “Tell us how we’re doing” or “Your feedback helps us improve.”</li> </ul> </li> <li>• Make it visually accessible                             <ul style="list-style-type: none"> <li>– Use large fonts, high contrast colours, and clear icons for readability.</li> <li>– Ensure signs are accessible for all</li> </ul> </li> <li>• Include multiple feedback options                             <ul style="list-style-type: none"> <li>– Provide QR codes for digital surveys, phone numbers, and physical suggestion boxes.</li> <li>– Ensure methods are anonymous and easy to use.</li> </ul> </li> <li>• Translate into common languages                             <ul style="list-style-type: none"> <li>– Offer signage in the primary languages spoken by your patient population (e.g., English and QR to translate)</li> <li>– This ensures inclusivity and higher engagement.</li> </ul> </li> <li>• Place signs strategically                             <ul style="list-style-type: none"> <li>– Position signs in high-traffic and relevant areas: waiting rooms, patient rooms, discharge desks, lifts.</li> <li>– Use repetition in placement to increase visibility and response rates.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Promotes a culture of transparency Encourages open communication between patients and staff, reinforcing trust.</li> <li>• Empowers patients Gives patients a voice in their care experience, fostering a sense of involvement and respect.</li> <li>• Identifies service gaps Uncovers areas in need of improvement that may not be visible to staff or leadership- track and trend.</li> <li>• Encourages real-time improvement Timely feedback allows for quicker response and on-the-spot problem solving for the Quality Department.</li> <li>• Enhances patient satisfaction Patients feel heard and valued.</li> <li>• Improves staff accountability Knowing that patients are encouraged to provide feedback may motivate staff to maintain high standards.</li> <li>• Supports HIQA standards Aligns with requirements from regulatory bodies like HIQA, which value patient engagement.</li> <li>• Highlights excellence Positive feedback helps identify high-performing individuals or departments for recognition.</li> <li>• Encourages diverse input Can capture feedback from a wide demographic, including those who may not complete surveys later.</li> <li>• Boosts communication channels Promotes use of QR codes, suggestion boxes, or phonelines, offering multiple ways to give feedback.</li> <li>• Fosters continuous improvement Keeps the hospital in a cycle of listening, acting, and improving.</li> <li>• Reinforces patient-centered care Signals to patients that their opinions matter in shaping care delivery.</li> <li>• Improves safety reporting Patients may flag safety concerns or near-misses that otherwise go unnoticed.</li> <li>• Demonstrates commitment to quality Visible signs show a proactive approach to quality care, enhancing the hospital's reputation.</li> </ul>	<p>Q4 2025</p>

CARE IN THE HOSPITAL AFTER BIRTH

AREA FOR IMPROVEMENT: Were you given enough support for your mental health after the birth of your baby?

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Postnatal support	<p>Birth Reflections Service:</p> <ul style="list-style-type: none"> <li>Midwifery-Led Birth Reflections Service valuable initiative that supports women and families in processing their birth experiences – particularly when those experiences were unexpected, traumatic, or emotionally complex. It also aligns well with Ireland’s National Maternity Strategy (2016–2026), which promotes woman-centred care and continuity of care.</li> </ul>	<ul style="list-style-type: none"> <li>Recommencing the Midwifery-Led Birth Reflections Service will lead to meaningful improvements for both patients and the hospital. This service has recommenced due to patient feedback and the findings of the National Maternity Survey.</li> </ul>	Q3-Q4 2025
Postnatal support	<p>Needs Assessment</p> <ul style="list-style-type: none"> <li>National Maternity Survey results 2020 and 2025</li> <li>Gaps in postnatal emotional support identified and reflection opportunities.</li> </ul> <p>Develop a clear service framework</p> <ul style="list-style-type: none"> <li>Define the purpose, scope, and criteria for accessing the service</li> <li>Consent and confidentiality protocols built in.</li> </ul> <p>Identify and train midwife facilitators (2)</p> <ul style="list-style-type: none"> <li>Experienced midwives with strong communication and empathetic skills.</li> <li>Provide specialist training in:                             <ul style="list-style-type: none"> <li>Birth trauma support</li> <li>Reflective listening</li> <li>Mental health first aid</li> <li>Perinatal mental health awareness</li> </ul> </li> <li>Encourage supervision and reflective practice for these midwives too</li> </ul> <p>Establish referral pathways and promotion</p> <ul style="list-style-type: none"> <li>Referred by postnatal midwife, GP or self</li> <li>Promote the service through:                             <ul style="list-style-type: none"> <li>Antenatal classes</li> <li>Discharge packs</li> <li>Posters in postnatal wards</li> </ul> </li> </ul> <p>Integrate with existing services</p> <ul style="list-style-type: none"> <li>Coordinate with:                             <ul style="list-style-type: none"> <li>Perinatal mental health teams</li> <li>Bereavement support</li> <li>Lactation consultants</li> </ul> </li> </ul> <p>Develop documentation and audit tools</p> <ul style="list-style-type: none"> <li>Design a standardised template for sessions (with space for clinical review and personal reflection).</li> <li>Ensure data collection for:                             <ul style="list-style-type: none"> <li>Number of referrals</li> <li>Types of birth discussed</li> <li>Outcomes (e.g., referrals to mental health services)</li> <li>Patient feedback</li> </ul> </li> </ul> <p>Sustainability</p> <ul style="list-style-type: none"> <li>Service presented as part of quality improvement and patient safety initiatives along with results of National Maternity Survey Results 2025.</li> <li>Aligned with HSE and National Maternity Strategy goals.</li> </ul>	<p>Improved emotional wellbeing for women</p> <ul style="list-style-type: none"> <li>Offers women a safe space to process and make sense of their birth experience</li> <li>Can help prevent or reduce postnatal depression, anxiety, or PTSD symptoms.</li> </ul> <p>Increased patient satisfaction</p> <ul style="list-style-type: none"> <li>Women feel heard, respected, and valued, even after difficult or unexpected births.</li> <li>Enhances their overall experience of maternity care, which is often remembered for life.</li> </ul> <p>Trust in the maternity service</p> <ul style="list-style-type: none"> <li>Honest, compassionate reflection builds transparency and trust between patients and healthcare providers.</li> <li>Women are more likely to return to or recommend the hospital for future births.</li> </ul> <p>Supports informed future decision-making/ autonomy</p> <ul style="list-style-type: none"> <li>Helps women understand what happened during labour/birth, leading to more informed choices in subsequent pregnancies.</li> <li>Reduces fear or reluctance to engage with the maternity system again.</li> </ul> <p>Early identification of mental health needs</p> <ul style="list-style-type: none"> <li>Trained midwives can spot early signs of distress and refer appropriately, improving access to timely mental health support.</li> <li>Reduces long-term psychological burden on women and their families.</li> </ul> <p>Enhanced continuity and personalised care</p> <ul style="list-style-type: none"> <li>Midwives providing reflective sessions will create a more personal, continuous care experience.</li> <li>Supports the woman-centred care model promoted by Ireland’s National Maternity Strategy.</li> </ul> <p>Valuable feedback for service improvement</p> <ul style="list-style-type: none"> <li>Women’s reflections offer insight into care quality, communication gaps, and systemic issues.</li> <li>Feedback can inform clinical audits, staff training, and policy updates.</li> </ul>	Q4 2025

CARE IN THE HOME AFTER BIRTH

**AREA FOR IMPROVEMENT:** Thinking about the care you received at the postnatal check-up, around 6 weeks after the birth, did the GP spend enough time talking to you about your own physical health and recovery?

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Complex postnatal clinic	<ul style="list-style-type: none"> <li>Consultant-Led Complex Postnatal Clinic for women 6 weeks after birth is an essential step in improving the continuum of maternity care, especially for those who experienced complications during pregnancy, labour, or birth.</li> <li>This pilot clinic ensures that medical, physical, and psychological issues are identified, addressed, and managed in a timely and holistic manner for example follow up after a postpartum haemorrhage.</li> </ul>	Key objectives for a Consultant-Led Complex Postnatal Clinic designed for women 6 weeks after birth:	Q4 2025
Postnatal check-up	<p>Clinic scope and inclusion criteria defined</p> <ul style="list-style-type: none"> <li>Identify which women will be referred: e.g., those who experienced:                             <ul style="list-style-type: none"> <li>Severe perineal trauma (3rd/4th degree tears)</li> <li>Postpartum haemorrhage (2 litre blood loss)</li> <li>Sepsis</li> <li>Complex medical or surgical histories (caesarean section)</li> <li>Maternal high dependency admissions</li> <li>Partners are welcome to attend</li> </ul> </li> </ul>	<p>To provide specialist follow-up for women with complex births</p> <ul style="list-style-type: none"> <li>Ensure women who experienced medical or obstetric complications receive expert, timely follow-up tailored to their individual recovery needs.</li> </ul>	Q4 2025
	<p>Consultant obstetrician with experience in postnatal care as clinical lead</p> <ul style="list-style-type: none"> <li>Links established with:                             <ul style="list-style-type: none"> <li>Physiotherapy (pelvic health)</li> <li>Perinatal mental health</li> <li>Anaesthetics</li> <li>Lactation consultant</li> <li>Midwives and GPs</li> </ul> </li> </ul>	<p>To assess and support physical recovery</p> <ul style="list-style-type: none"> <li>Identify and manage ongoing physical health issues such as:                             <ul style="list-style-type: none"> <li>Perineal trauma</li> <li>Wound healing (ref to wound management midwife)</li> <li>Pain, infection, or mobility concerns</li> </ul> </li> </ul>	
	<p>Referral pathways developed</p> <ul style="list-style-type: none"> <li>Create clear internal referral processes from:                             <ul style="list-style-type: none"> <li>Postnatal ward</li> <li>Community midwifery teams</li> <li>GPs or public health nurses</li> </ul> </li> <li>Use a standard referral form embedded on electronic medical record.</li> </ul>	<p>To support emotional and psychological wellbeing</p> <ul style="list-style-type: none"> <li>Screen for and respond to emotional distress, including signs of:                             <ul style="list-style-type: none"> <li>Birth trauma</li> <li>Postnatal depression or anxiety</li> </ul> </li> </ul>	
	<p>Clinic format and scheduling created consultant</p> <ul style="list-style-type: none"> <li>Decide on:                             <ul style="list-style-type: none"> <li>Frequency (e.g., weekly )</li> <li>Location (e.g., outpatient clinic – Hampson House)</li> <li>Appointment length (45 minutes)</li> <li>Flexibility for virtual or phone follow-ups also available</li> </ul> </li> </ul>	<p>To review and explain the birth experience</p> <ul style="list-style-type: none"> <li>A detailed explanation of the clinical events during pregnancy and labour is offered doctor helping women understand what happened and why – promoting closure and clarity.</li> </ul>	
	<p>Clinic documentation and communication processes designed by consultant</p> <ul style="list-style-type: none"> <li>Created templates for consultation notes, including:                             <ul style="list-style-type: none"> <li>Review of birth summary and complications</li> <li>Physical and emotional wellbeing</li> <li>Future pregnancy planning</li> <li>Advice on recovery, contraception, etc.</li> <li>Ensure letters are sent to GPs post-visit summarising findings and follow-up needs (this will be automatic and with consent)</li> </ul> </li> </ul>	<p>To provide guidance on future pregnancy planning</p> <ul style="list-style-type: none"> <li>Mode of birth next time (e.g., VBAC counselling)</li> <li>Recurrence risks (e.g., preeclampsia, haemorrhage)</li> <li>Any need for pre-pregnancy counselling</li> </ul>	

CARE IN THE HOME AFTER BIRTH (Continued)

**AREA FOR IMPROVEMENT:** Thinking about the care you received at the postnatal check-up, around 6 weeks after the birth, did the GP spend enough time talking to you about your own physical health and recovery?

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Postnatal check-up	Integrate with existing services <ul style="list-style-type: none"> <li>• Ensure smooth handover or escalation to:                             <ul style="list-style-type: none"> <li>– Mental health services</li> <li>– Gynaecology</li> <li>– Urogynaecology</li> <li>– Primary care</li> </ul> </li> <li>• Link to birth reflections or trauma-informed services where appropriate.</li> </ul>	To coordinate multidisciplinary postnatal care <ul style="list-style-type: none"> <li>• Refer to or liaise with relevant specialists such as:                             <ul style="list-style-type: none"> <li>– Pelvic health physiotherapy</li> <li>– Mental health services</li> <li>– Urogynaecology or general surgery</li> <li>– Primary care (GPs, public health nurses)</li> </ul> </li> </ul>	Q4 2025
	Pilot clinic in progress (postnatal support increased from patient feedback) <ul style="list-style-type: none"> <li>• Pilot clinic for 3-6 months to test demand, logistics, and satisfaction.</li> <li>• Collect data on:                             <ul style="list-style-type: none"> <li>– Attendance rates</li> <li>– Types of complications seen</li> <li>– Outcomes or onward referrals</li> <li>– Patient satisfaction</li> </ul> </li> </ul>	To empower women through education and support <ul style="list-style-type: none"> <li>• Promote self-care, physical recovery strategies, and offer guidance on:                             <ul style="list-style-type: none"> <li>– Contraception</li> <li>– Breastfeeding or infant feeding</li> <li>– Lifestyle and health promotion</li> </ul> </li> </ul>	
	Audit, report, and secure ongoing support <ul style="list-style-type: none"> <li>• Align with national standards such as Ireland's National Maternity Strategy and HIQA recommendations on postnatal care.</li> </ul>	To improve continuity and quality of maternity care <ul style="list-style-type: none"> <li>• Bridge the gap between hospital and community care, ensuring seamless, woman-centred postnatal care that supports Ireland's National Maternity Strategy goals and responds to our patient feedback.</li> </ul>	

# HSE Mid West

- University Maternity Hospital Limerick



The publication of the 2025 National Maternity Experience Survey (NMES) marks an important opportunity to reflect on the experiences of women who gave birth at University Maternity Hospital Limerick (UMHL). The survey forms part of the National Care Experience Programme, a partnership between HIQA, the HSE and the Department of Health and is by now firmly established as a key driver of quality improvement across our hospitals in Ireland.

This is the second time that the NMES has been conducted, and once again, it provides invaluable insights into what matters most to women and families during one of the most significant moments in their lives.

The NMES is much more than a report, it gives voice to mothers and families, helping us to identify both what we are doing well and where we need to do better. By listening to women's experiences, we can shape maternity services that are safer, more responsive, and more compassionate. The feedback gathered informs local and national policy, supports service reform, and strengthens the foundations of continuous quality improvement across our maternity units.

I would like to sincerely thank the 197 women who took part in this year's survey, each of whom gave birth in February or March 2025. Your openness and honesty make a real difference. I am heartened to see many positive findings, such as high levels of trust and confidence in our healthcare professionals (score 9.0), strong involvement of partners during labour and birth (9.5), and clear communication about post-discharge supports (9.2). These results reflect the dedication and compassion of our staff, who work tirelessly to provide safe and respectful care to every woman and baby.

At the same time, I want to acknowledge those whose experiences were less positive. Your feedback is deeply valued and will help us focus our improvement efforts where they are most needed.

At UMHL and across the HSE Midwest, we are committed to using these findings to inform staff education, service redesign, and policy development. Our staff take a keen interest in the results of the survey to help them to continue learning, improving, and delivering the highest standards of maternity care for women and families in our region. We are all looking forward to implementing the Quality Improvement Plans set out in this HSE response to the findings.



Thank you once again to everyone who shared their story and helped us to make meaningful, data-driven improvements for the mothers and babies of tomorrow.

**Sandra Broderick**  
*Regional Executive Officer,  
HSE Mid West*

## PROJECTS RECENTLY COMPLETED AND QUALITY IMPROVEMENT PLANS

### University Maternity Hospital Limerick

#### Completion of neonatal extension and refurbishment project at UMHL

During 2025 a milestone in the critical care of premature and seriously ill newborns was reached at University Maternity Hospital Limerick (UMHL) with the completion of the refurbishment of the hospital's Neonatal Intensive Care Unit (NICU).

Encompassing a two-storey extension and refurbished clinical space, the unit completely transforms the neonatal environment for critically ill and premature babies, their parents, and neonatal staff at UMHL.

Completed in two phases over the past five years with no interruption to NICU care, the project, representing an HSE investment at a total project cost of €9.7m, has attracted international attention.

Many non-clinical spaces in the original neonatal unit, including parents' accommodation, a lactation centre, a clinical engineering unit, and support facilities for staff and admin teams, are now housed in the two-storey extension. This has freed the space for a dramatic refurbishment and expansion of cot space in the intensive care, high dependency, and purpose-built isolation areas.

The new unit avoids crowding, enhances opportunities for skin-to-skin contact between preterm infants and parents, improves the breastfeeding rates of high-risk neonates, reduces the risk of infection outbreaks, and creates in-built provision for surge capacity. Our newly introduced mother-and-baby rooms for family-centred care and the unit-wide floral artwork offer calm and comfort amid critical care to parents and staff alike. Managed by HSE Capital & Estates the project has been executed to an evidence-based "blended design" concept, informed by all disciplines at UMHL, and parental input via interactions with the Irish Neonatal Health Alliance (INHA) and the GFCNI.

Multidisciplinary team at UMHL are thrilled to see the benefits offered by this project to the families of critically ill and premature newborn infants of the Mid West. We envisage that an evidence-based design and infrastructure, developed through our collective multidisciplinary effort and HSE's support, will complement the quality of neonatal care for years to come.

This refurbishment project is among a number of initiatives being undertaken to improve services at UMHL pending the eventual relocation of the maternity hospital to the University Hospital Limerick campus in Dooradoyle.



## Lactation Station

***“The core purpose of the National Infant Feeding Standards is to ensure that mothers and infants in Ireland receive timely and appropriate care... during their stay in hospital to enable the establishment of optimal feeding. Given the importance of breastfeeding and breastmilk feeding – the standards protect, promote and support breastfeeding.”***

In 2024, UMHL’s infant feeding team sought to develop an alternative means of providing breastfeeding support to mothers and infants during their postnatal stay in UMHL. Previously a member of the Infant Feeding Team would take report on each postnatal ward and aim to prioritise individual consultations at the bedside. This was time consuming, there was repetition of information imparted and mothers may have had a lengthy wait to be seen.



This resulted in an alternative support of a ‘drop- in’ infant feeding support service ensures that mothers can access expert support and advice in a timely manner at their own discretion.

Timely and appropriate breastfeeding support is now provided in a group setting each day Monday – Friday in a day room from 10 – 12.30 by the Infant Feeding Team.

High quality individualised breastfeeding care in a group setting allows for more efficient use of the time and resources of the Lactation Consultant.

Mothers attending *The Lactation Station* have an opportunity to practice breastfeeding skills, acquire new information, socialise with each other and with these shared experiences learn to get breastfeeding off to a good start.

*The Lactation Station* provides an improved ergonomic working environment for The Infant Feeding Team thus reducing the risk of musculoskeletal injury to staff. There is sufficient space to use appropriate breastfeeding chairs and stools for inpatients and for staff to move freely on the HAG Capisco chairs (ensuring optimum posture for the midwife).

The Infant Feeding Team continues to support and facilitate: Women who are unable to mobilise to ‘The Lactation Station’, Mothers and infants in NNU, Antenatal Inpatient Consults, Infant feeding clinics, Antenatal education & Staff education, and Telephone Support

From May 2024 to July 2025 an average of 57.4% of inpatient mums that initiated breastfeeding attended The Lactation Station for breastfeeding support. The Infant Feeding Team continue bedside support, antenatal consults and outpatient clinic reviews.

### Benefits to the mothers from the group setting:

- Normalises breastfeeding
- Opportunity to step away from the bedside and in a new environment gain a fresh perspective on the postnatal experience
- Positive supportive environment
- Mother share experience and advise – Multiparous mothers share their previous breastfeeding journey with primigravidas
- Encourage mothers to mobilize earlier thereby reducing the risk of DVT.

### Four themes identified through user survey:

- **Environment** – safe, comfortable, calm, friendly, nice, bright, non-judgmental, easy to access info and support, improved service
- **Access** – easy, daily support, drop-in, when I need it, lots of time, not rushed
- **Knowledge** – professional, range of solutions, positions, reduced pain, more effective feeding, reduced discomfort, info on expressing, back to basics.

### Advantages for the Infant feeding Team/Postnatal Ward Staff:

#### Timely support

- More effective and efficient use of time with improved streaming of workload
- Improved ergonomic working environment reducing the risk of injury to staff
- Reduces the need for repeating discharge information
- Shared working/learning environment
- Individualised support
- Postnatal Ward Midwives can identify mothers that may need additional support and direct them to the Day Room.
- Optimises support as mothers can 'drop in' when baby is showing feeding cues.

While in the 'Lactation Station' infants are usually actively breastfeeding. Paeds reviews, hearing screening, RSV, Physio and analgesia can all be facilitated in the Lactation Station thus reducing disruption to routine ward activities.

OVERALL CARE

AREA FOR IMPROVEMENT: Patient feedback and complaints

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Increased awareness among patients on how to provide feedback (complaints/compliments/comments) on the health service they are receiving in the University Maternity Hospital Limerick (UMHL).	<b>At Point of Contact</b> <ul style="list-style-type: none"> <li>• Provide training for all multidisciplinary staff on complaints management and resolution at the point of contact, in line with the 'Your Service, Your Say' (YSYS) policy.</li> <li>• Emphasise early resolution, empathetic communication, and consistent documentation of feedback and complaints.</li> <li>• Ensure all staff are aware of the escalation pathway, including timely referral to the senior manager on duty when required.</li> <li>• Incorporate refresher sessions and case discussions at regular staff meetings to reinforce learning and share best practice.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased patient awareness of how to provide feedback, complaints, or compliments.</li> <li>• Higher volume and quality of patient feedback, captured before discharge and through ongoing engagement.</li> <li>• Strengthened culture of openness, transparency, and continuous improvement within UMHL.</li> </ul>	<p>Q4 2025 ongoing</p> <p>Q1 2026</p>
	<b>Your Service, Your Say (YSYS)</b> <ul style="list-style-type: none"> <li>• Increase the number of Feedback Boxes in high-traffic and patient-facing areas throughout UMHL.</li> <li>• Ensure clear visible posters are beside each box, encouraging patients and families to share feedback and outlining the different ways to do so.</li> <li>• Provide YSYS leaflets and forms in multiple languages beside all feedback boxes and ensure availability on every ward.</li> <li>• Promote the online submission link (via posters, the hospital website, and QR codes displayed on noticeboards).</li> <li>• Communicate the value of feedback through staff-patient interactions, newsletters, and digital screens, reinforcing that feedback helps improve care for all families.</li> </ul>	<ul style="list-style-type: none"> <li>• Enhanced public trust and confidence in the hospital's responsiveness to patient experience.</li> <li>• Improved staff confidence and competence in managing feedback at the point of contact.</li> <li>• Feedback data used proactively to inform service development, training, and local quality improvement initiatives.</li> </ul>	<p>Q1 2026</p> <p>On-going</p>

## CARE WHILE YOU WERE PREGNANT (ANTENATAL CARE)

AREA FOR IMPROVEMENT: Communication and care in antenatal period

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
To improve the information available service users relating to types of antenatal care options available at UMHL.	<ul style="list-style-type: none"> <li>Provide clear, accessible information on supported, assisted, and specialised antenatal care pathways via a QR code displayed in antenatal clinics, waiting areas, and main reception, linking directly to the relevant section of the HSE website.</li> <li>Display posters and leaflets outlining maternity care choices and pathways of care in visible locations throughout UMHL (antenatal clinic, booking office, reception).</li> <li>Promote the 'What's Up Mum' app and other approved digital resources that explain antenatal care options and support women to make informed decisions.</li> <li>Ensure staff are familiar with the information provided so they can consistently explain the available options during booking visits and antenatal appointments.</li> </ul>	<ul style="list-style-type: none"> <li>Women will have a clearer, earlier understanding of available maternity care options.</li> <li>Information provided will be consistent, accurate, and easily understood by all service users.</li> <li>Improved confidence among staff in discussing care options.</li> </ul>	Q4 2025 On-going
To improve the communication about care in pregnancy between maternity services and GP's.	<ul style="list-style-type: none"> <li>Strengthen communication through the Maternal and Neonatal Clinical Management System (MN-CMS), enabling timely, two-way exchange of relevant clinical information between GPs, community midwives, and UMHL staff.</li> <li>Continue to refine workflows and permissions within MN-CMS to ensure safe, efficient communication of updates, test results, and care plans.</li> <li>Engage with GP liaison groups to gather feedback on information flow and address communication gaps.</li> <li>Provide staff education sessions on effective documentation and use of MN-CMS for inter-professional communication.</li> </ul>	<ul style="list-style-type: none"> <li>Enhanced coordination and continuity of care between community and hospital maternity teams.</li> <li>GPs and hospital staff will be better aligned in the woman's care pathway.</li> <li>Improved patient confidence and satisfaction through timely, accurate information sharing.</li> <li>Reduced duplication of communication and increased efficiency in managing shared care.</li> </ul>	Q4 2025 On-going
To improve the information about physical changes to body during pregnancy.	<ul style="list-style-type: none"> <li>Ensure all service users receive 'My Pregnancy Book', which includes comprehensive, evidence-based information on physical and emotional well-being during pregnancy.</li> <li>Incorporate physiotherapy-led antenatal education sessions (group or virtual) covering topics such as posture, pelvic floor, back care, sleep, and breast changes.</li> <li>Display educational posters and provide digital links (via QR codes) for reliable online resources about normal physical changes and self-care strategies.</li> </ul>	<ul style="list-style-type: none"> <li>Women will receive clear, consistent, and evidence-based information about expected physical changes in pregnancy.</li> <li>Improved understanding and reassurance regarding normal bodily changes.</li> <li>Women will feel more confident and empowered to manage physical symptoms and discuss concerns early with healthcare providers.</li> </ul>	Q4 2025 On-going
To improve the information relating to nutrition in pregnancy.	<ul style="list-style-type: none"> <li>Ensure all service users are provided with the 'My Pregnancy Book' section on nutrition and healthy eating in pregnancy.</li> <li>Promote attendance at antenatal education sessions with dietitian input, focusing on healthy diet, weight management, and safe supplementation.</li> <li>Maintain a clear referral pathway to dietetic services for women who require additional nutritional support (e.g., those with gestational diabetes or specific dietary needs).</li> <li>Promote the use of the education app for gestational diabetes, offering evidence-based nutritional guidance and self-management support.</li> </ul>	<ul style="list-style-type: none"> <li>Improved awareness among women of good nutrition and its impact on maternal and fetal health.</li> <li>Early identification and management of nutrition-related concerns.</li> <li>Increased confidence among women to make informed dietary choices during pregnancy.</li> <li>Strengthened collaboration between dietitians, midwives, and medical staff to provide consistent nutritional advice.</li> </ul>	Q4 2025 On-going

# HSE South West

- Cork University Maternity Hospital
- University Hospital Kerry



On behalf of South West Region, I have reviewed the results of the second National Maternity Experience Survey. I would like to sincerely thank the women who took the time to share their experience of their maternity journey in this region from antenatal care, labour and birth, through to postnatal care in the community. I will honour this feedback by using it to continually improve our services. The findings of this survey recognise areas of high-quality care and assists us to identify the further work required to improve the safety and quality of care to women and their babies.

We have made eight commitments towards building a health service that our Cork and Kerry communities can be proud of. One of these is working together to continually improve care across 7 days a week. I am pleased that our overall survey findings were above national average at 8.4. Cork University Maternity Hospital and University Hospital Kerry Maternity Unit rated very positive results for care during labour (8.5), care in hospital after birth (8.2) and specialised care (9.1) recognising the commitment and dedication of our staff to excellent patient care. These results reflect the significant improvements that have been delivered since the previous survey in 2020 such as:

- Enhanced antenatal care pathways
- The launch of Postnatal Hubs across the region enabling mothers and babies' access to care closer to home
- The establishment of the Birth Reflections service
- Digital antenatal education

In response to the survey findings, we have developed detailed quality improvement plans that focus on specific areas of care that need our attention. Feedback showed that we need to improve the provision of information and communication across key stages of pregnancy and antenatal care. We commit to improving the quality, consistency and accessibility of information and empower patients on how to provide feedback or make a complaint about their care. We will promote our resources available on physical changes during pregnancy and on nutritional advice and undertake regular evaluation of the interventions to establish their effectiveness.

I would like to thank all our staff for their unwavering dedication to improving the quality and safety of our services to women, babies and families and continuing to strive for excellence in care delivery.



**Dr Andy Phillips**  
*Regional Executive Officer, HSE South West*

**OVERALL CARE**

**AREA FOR IMPROVEMENT: Patient feedback and complaints**

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<p>Thinking about your overall care, if you wanted to give feedback or make a complaint, did you know how and where to do so</p>	<ul style="list-style-type: none"> <li>• Improve Visibility of Feedback Channels</li> <li>• Staff Engagement and Training</li> <li>• Digital Access and Simplification</li> <li>• Feedback Follow-Up</li> <li>• Culturally Sensitive Communication</li> </ul>	<ul style="list-style-type: none"> <li>• Increased Patient Confidence and Engagement: Women will feel more empowered to share their experiences, knowing their voices are heard and valued.</li> <li>• Enhanced Service Quality: Constructive feedback can lead to targeted improvements in care delivery.</li> <li>• Stronger Trust and Relationships: Transparent and responsive feedback systems foster trust between patients and care providers. Staff feel more connected to patient needs and motivated by positive feedback.</li> <li>• Better Compliance with National Standards: Aligns with HSE and HIQA expectations for patient-centered care and continuous quality improvement.</li> </ul>	<p>Q2 2026</p>
	<ul style="list-style-type: none"> <li>• Promote point of contact resolution: Encourage frontline staff to resolve concerns or issues at the time they arise</li> <li>• Increase visibility of Feedback Channels: Encourage patients, families and staff know how to provide feedback. This will involve clear signage in wards and waiting areas, QR codes linking to feedback forms and regular reminders in newsletters and on screens.</li> <li>• Staff Engagement and Training: focus on equipping staff with the skills to deliver excellent care and communication by workshops on handling complaints and feedback and hosting staff forums to share experience and ideas.</li> <li>• Increase awareness of Digital Access and hospital website Promote online resources for patients and families by updating website navigation, promote digital access via posters, discharge packs and social media.</li> <li>• Culturally Sensitive Communication: provide training to staff members for culturally awareness.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased Patient Confidence and Engagement: Women will feel more empowered to share their experiences, knowing their voices are heard and valued.</li> <li>• Enhanced Service Quality: Constructive feedback can lead to targeted improvements in care delivery.</li> <li>• Stronger Trust and Relationships: Transparent and responsive feedback systems foster trust between patients and care providers. Staff feel more connected to patient needs and motivated by positive feedback.</li> <li>• Adherence with National Standards: Aligns with HSE and HIQA expectations and standards for patient-centred care and continuous quality improvement.</li> </ul>	<p>Q2 2026</p>

**CARE WHILE YOU WERE PREGNANT (ANTENATAL CARE)**

**AREA FOR IMPROVEMENT:** Enhancing Antenatal Information & Communication in CUMH Maternity Services aims to improve the quality, consistency, and accessibility of information provided to women during the antenatal period, ensuring they feel informed, supported, and aware of available resources.

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<ul style="list-style-type: none"> <li>• Physical changes during pregnancy.</li> <li>• Nutrition during pregnancy.</li> <li>• Communication between services.</li> </ul>	<ul style="list-style-type: none"> <li>• We have made significant strides in enhancing digital antenatal education and outreach. These initiatives reflect our commitment to improving access, engagement, and continuity of care. However, the absence of national guidance continues to limit our ability to scale and unify these efforts across services.</li> <li>• To move beyond individual organisation efforts, we propose identifying and mapping our key stakeholders including maternity units, GPs, public health nurses, community midwives, and national bodies to:               <ul style="list-style-type: none"> <li>– Identify gaps in communication and resource sharing</li> <li>– Align messaging and educational content</li> <li>– Support the development of a national antenatal education framework</li> </ul> </li> <li>Continue to:               <ul style="list-style-type: none"> <li>• Increase awareness and utilisation of national and local antenatal education resources.</li> <li>• Improve communication between maternity services and primary care providers.</li> <li>• Advocate for improved access to dietetic support for pregnant women.</li> <li>• Ensure consistent, accessible antenatal education across all care touchpoints.</li> <li>• Resource Awareness &amp; Education Campaign</li> <li>• Hospital Website Promotion:                   <ul style="list-style-type: none"> <li>– Promote existing educational videos on physical changes, nutrition, and antenatal care</li> <li>– QR Code Posters and Leaflets..</li> <li>– Display in antenatal clinics, ultrasound departments, and GP practices</li> <li>– Links directly to hospital videos and national resources.</li> </ul> </li> <li>• Digital Outreach Continue to:                   <ul style="list-style-type: none"> <li>– Use hospital social media to share educational content including women’s health podcast - ‘Your Body, Mind and Baby’</li> <li>– Integration &amp; Promotion of National Resources                       <ul style="list-style-type: none"> <li>◦ MyChild.ie</li> <li>◦ HSE Health App</li> </ul> </li> <li>– Train staff to introduce the app during patient interactions.</li> <li>– Include app promotion at Antenatal appointments and in printed materials and digital communications.</li> </ul> </li> <li>• Addressing the Dietetic Gap                   <ul style="list-style-type: none"> <li>– We have developed a nutrition in pregnancy recipe book available on our website/social media and in print. This book has been shared nationally.</li> <li>– Advocacy &amp; Documentation: Continue to highlight the lack of dietetic support in internal reports and regional maternity networks.</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Women’s Understanding of Their Pregnancy               <ul style="list-style-type: none"> <li>– Improved knowledge of physical changes helps women feel more confident and less anxious.</li> <li>– Better awareness of nutritional needs supports healthier pregnancies and fetal development.</li> <li>– Empowerment through education leads to more informed decision-making and engagement in care.</li> </ul> </li> <li>• Access to Information               <ul style="list-style-type: none"> <li>– By promoting local and regional resources and channels such as website, social media, and patient information leaflets for preparation and enhancing her experience of her pregnancy journey in CUMH.</li> <li>– By promoting national resources like MyChild.ie and the HSE Health App, all women can access consistent, evidence- based information.</li> <li>– Multilingual and mobile-friendly content ensures inclusivity for diverse populations.</li> </ul> </li> <li>• Strengthened Communication Between Services               <ul style="list-style-type: none"> <li>– Clearer communication protocols between maternity teams and GPs reduce fragmentation and improve continuity of care.</li> <li>– Women benefit from more coordinated support, especially in complex or high-risk pregnancies.</li> </ul> </li> <li>• Visibility of Local Resources builds trust with families in our service by:               <ul style="list-style-type: none"> <li>– Promoting CUMH educational videos increases engagement with trusted, locally relevant content.</li> <li>– Women become more aware of what’s available to them within our service, reducing reliance on informal or inaccurate sources.</li> </ul> </li> <li>• Advocacy for Nutrition Support               <ul style="list-style-type: none"> <li>– Highlighting the lack of dietetic resources</li> <li>– Training midwives in basic nutrition helps bridge the gap until more formal support is available.</li> <li>– This can lead to better maternal health outcomes, especially in cases of gestational diabetes, anaemia, or obesity.</li> </ul> </li> <li>• Measurable Improvements in Patient Experience               <ul style="list-style-type: none"> <li>– Through surveys and feedback, CUMH can track improvements in: Satisfaction with antenatal information. Confidence in managing pregnancy. Perceived coordination of care.</li> <li>– Digital Analytics.</li> </ul> </li> </ul>	<p>Q1 2026: Stakeholder Mapping</p> <p>Q2 2026: Midwife nutrition training.</p> <p>Q3 2026: Continue dietetic advocacy.</p>



**CARE WHILE YOU WERE PREGNANT (ANTENATAL CARE) (Continued)**

**AREA FOR IMPROVEMENT:** Enhancing Antenatal Information & Communication in CUMH Maternity Services aims to improve the quality, consistency, and accessibility of information provided to women during the antenatal period, ensuring they feel informed, supported, and aware of available resources.

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<i>As per previous page</i>	<ul style="list-style-type: none"> <li>• Potential Collaborative Solutions:                             <ul style="list-style-type: none"> <li>– Explore partnerships with community dietitians or public health teams for shared antenatal clinics.</li> <li>– Midwife-Led Nutrition Education:                                     <ul style="list-style-type: none"> <li>– Provide training for midwives to deliver basic nutrition advice until more Dietetic resources are available.</li> <li>– Promote the evidence-based nutrition handouts and recipe book for distribution during visits.</li> </ul> </li> </ul> </li> <li>• Continue quarterly GP - Maternity networking, communication and education.</li> </ul>	<i>As per previous page</i>	<i>As per previous page</i>

**FEEDING YOUR BABY**

**AREA FOR IMPROVEMENT:** Maternal confidence in early feeding, infant health, and long-term breastfeeding outcomes.

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<ul style="list-style-type: none"> <li>• Were your decisions about how you wanted to feed your baby respected by your healthcare professionals?</li> <li>• Did your healthcare professionals give you adequate support and encouragement with feeding your baby, shortly after your baby was born (either in the hospital or at home if you had a home birth)?</li> <li>• In the days and weeks after your baby was born, did your healthcare professionals give you adequate support and encouragement with feeding your baby at home?</li> </ul>	<ul style="list-style-type: none"> <li>• CUMH is committed to advancing a culture of excellence in infant feeding support, grounded in respectful care, evidence-based practice, and equitable access to resources. In response to this feedback, we are developing the following targeted actions:</li> <li>• Strategic Actions &amp; Initiatives:                             <ul style="list-style-type: none"> <li>– Development of an Advanced Midwife Practitioner (AMP) Role</li> <li>– Expansion of Breastfeeding Support Resources</li> <li>– Enhanced Postnatal Support Pathways</li> <li>– Staff Training &amp; Education</li> <li>– Resource Allocation &amp; Advocacy</li> <li>– Feedback-Driven Improvement</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• In alignment with the Department of Health's national strategy to grow ANP/AMP roles, we are leading the development of a dedicated AMP in Infant Feeding across the Cork and Kerry region. This role will provide advanced clinical expertise, continuity of care, and leadership in breastfeeding support, particularly in complex feeding scenarios.</li> <li>• We are establishing a loan library of hospital-grade breast pumps for mothers, particularly those experiencing feeding challenges or whose babies require neonatal care. This initiative is part of our contribution to Healthy Childhood Ireland, ensuring that all families have access to practical tools that support breastfeeding success at home.</li> <li>• We are strengthening our community midwifery links to ensure seamless post-discharge support in our Early Transfer home scheme and postnatal hub development including home visits and virtual consultations focused on feeding. This will help bridge the gap between hospital and home, especially in the critical early weeks.</li> <li>• We are actively advocating for additional staffing and funding to support these initiatives, recognising that sustainable improvements require adequate resources. This includes proposals for an increase in WTE dedicated lactation consultants to meet the national benchmark for the service in CUMH. As a level 3 Maternity Unit with 6,500 births per year a WTE, 12 WTE is recommended, CUMH has 4.3WTE.</li> <li>• We will continue to monitor service user feedback through surveys and focus groups, using this data to refine our approach and ensure that every woman feels heard, supported, and empowered in her feeding journey.</li> <li>• We aim to raise this score further by ensuring every woman feels fully supported, respected, and encouraged in her infant feeding journey – whether in hospital or at home.</li> </ul>	Q2-3 2026



## OVERALL CARE

## AREA FOR IMPROVEMENT: Patient feedback and complaints

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Thinking about your overall care, if you wanted to give feedback or make a complaint, did you know how and where to do so?	<ul style="list-style-type: none"> <li>Develop a Maternity Specific campaign to ensure all women attending               <ul style="list-style-type: none"> <li>Ante-natal care</li> <li>Care during labour and Birth</li> </ul>               are provided information on UHK Feedback and Complaints process through the following steps;             </li> <li>Oversee focus points for availability of 'Your Service, Your Say' Posters/Digi screen with QR Codes to online platforms/leaflets and post boxes, in all Ante-natal clinics and all Maternity areas including outreach community services.</li> <li>Provide bedside information on admission to include 'Your Service, Your Say' pathways.</li> <li>Coordinate face to face engagement by Senior Midwife/Nurse Manager with patients prior to discharge utilising the verbal compliments and complaints/feedback log.</li> <li>Provide a link to the UHK feedback online platform on the University Hospital Kerry Maternity Website.</li> </ul>	<ul style="list-style-type: none"> <li>Improve information availability to provide understanding and knowledge of feedback and complaint process for Maternity Services.</li> <li>Increase availability and visibility of 'Your Service, Your Say' information and pathways available to provide feedback and complaints.</li> <li>Enhance the confidence and trust of women, to the continued commitment of Maternity Services in enhancing engagement and feedback.</li> </ul>	Q4 2025

## CARE WHILE YOU WERE PREGNANT (ANTENATAL CARE)

## AREA FOR IMPROVEMENT: Enhance information on physical changes during pregnancy

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Thinking about the care you received during your pregnancy, did you receive enough information about physical changes in your body?	<ul style="list-style-type: none"> <li>Develop an Information pack with a QR code to inform women of the 'My Pregnancy' online resources provided to all women presenting at book-in.</li> <li>Evaluate the bespoke information pack for all women attending antenatally to enhance information to include physical changes.</li> <li>Evaluate information on Physical changes currently provided.</li> </ul>	<ul style="list-style-type: none"> <li>Improve information availability to provide understanding and knowledge of the physical changes that occur during pregnancy.</li> <li>Increase availability and visibility of the 'My Pregnancy' website and information.</li> </ul>	Q1 2026

## FEEDING YOUR BABY

## AREA FOR IMPROVEMENT: Enhance information on nutritional advice during pregnancy

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Thinking about the care you received during your pregnancy, did you receive enough information about nutrition during pregnancy?	<ul style="list-style-type: none"> <li>Develop a bespoke information pack for all women attending antenatally to include nutritional advice during pregnancy.</li> <li>Develop a QR code and Patient Information Leaflet to include in the bespoke information pack to inform women of the 'My Pregnancy.ie' information resources.</li> <li>Evaluate information on Nutritional Information during pregnancy, provided in the antenatal classes.</li> <li>Coordinate a renewed campaign for a dedicated Dietician 0.5 WTE for Maternity Services.</li> </ul>	<ul style="list-style-type: none"> <li>Improve information availability to provide understanding and knowledge on nutritional advice during pregnancy.</li> <li>Increase availability and visibility of the 'My Pregnancy' website and information.</li> <li>Enhance dedicated expertise in Nutritional advice for women attending the Service.</li> </ul>	Q1 2026

# HSE Dublin and South East

- St Luke's General Hospital Kilkenny
- The National Maternity Hospital
- Tipperary University Hospital
- University Hospital Waterford
- Wexford General Hospital



As Regional Executive Officer (REO) of HSE Dublin and South East, I am pleased to respond to the findings of the National Maternity Experience Survey (NMES) 2025. The learning from the experiences of those availing of our services as highlighted in this survey is a key element in enabling us to continuously improve and enhance the quality and experience of the care we provide.

On behalf of HSE Dublin and South East, I would particularly like to acknowledge the 790 women and their partners from our Region who have engaged with this vitally important survey process, at what is a very busy time in their lives. Their contribution to the findings will provide valuable learning for staff working within our Maternity Departments and Hospitals in delivering safe, high quality, and compassionate maternity and neonatal care, and will enhance our services into the future.

The feedback outlined in the Report is particularly welcome in helping us to understand individual experiences and to assess our service performance against service user expectations. It provides us with an important opportunity to review our services from the service user perspective.

I have been pleased to hear the positive feedback regarding the care provided by our staff and I would like to thank them for the expertise, compassion and commitment which they demonstrate. Their efforts in encouraging women and their families to participate in the survey are testament to their commitment to enhancing the services we deliver. Several areas of strength within the region's maternity services were highlighted:

- **Supportive and Compassionate Staff:** Women consistently reported feeling supported, reassured, and listened to by midwives, doctors, and wider maternity teams. Many highlighted the professionalism, kindness, and compassion of staff, noting they felt cared for physically and emotionally throughout pregnancy, labour, and the postnatal period.
- **Labour and Birth Experiences:** Women emphasised the presence of skilled and attentive staff who provided guidance, encouragement, and reassurance. The dedication of multidisciplinary teams was reflected in the high satisfaction levels reported.
- **Postnatal Care in Hospital:** Women appreciated support in establishing breastfeeding, managing recovery, and adjusting to life with a newborn. There was a significant level of agreement that following discharge, questions were answered by the Public Health Nurse in a way that could be understood, and that when the need arose to contact a healthcare professional the help needed was provided.
- **Commitment to Safety and Quality:** Across the region, staff demonstrated a strong dedication to safe, coordinated, and personalised care, empowering women and their partners or companions to feel informed and involved throughout their care journey. In terms of their overall experience, service users indicated that decisions about their maternity care were respected by healthcare staff, and that they felt that they were treated with dignity throughout their pregnancy and afterwards. Importantly, they had confidence and trust in the professionals caring for them.

Results are particularly welcome on the aspects of care which fell below the expectations and needs of mothers and their partners, and assist us in identifying where further work is required. The survey highlighted a need to strengthen communication, information sharing, and coordination between maternity services and primary care. Ensuring seamless information flow between hospitals, GPs, Practice Nurses, and Public Health Nurses is vital to supporting shared care models and continuity of care. The maternity hospitals' quality improvement plans for our Region which follow here, are aimed at addressing these deficits, and their implementation will be monitored and supported by the Regions Senior Executive Team in collaboration with our hospital staff.

Prior to receipt of this report a number of quality improvement initiatives were in train across the Region, and these help to provide assurance on the commitment of staff to enhancing the experience of mothers and their families when attending our services. An example is the range of initiatives being delivered by the Specialist Perinatal Mental Health Team at the National Maternity Hospital:

### **Specialist Perinatal Mental Health Team services at the National Maternity Hospital**



**The Pregnancy After Loss group** is for women adjusting to a pregnancy after miscarriage, IUD or other loss. A virtual group programme run four times a year, involving four weekly sessions.

**Baby Massage** was launched to help develop bonding between mother and infant for women under the Specialist Perinatal Mental Health Team.

**The Birth Prep Group** run by the Mental Health Midwives, helps prepare women with perinatal mental illness for birth, and gain a sense of empowerment over their birth.

**The Postnatal Café** assists mothers to connect with other parents, benefit from peer support and receive education about perinatal mental health.

**The Back to Work Workshop** is a half day workshop, run 2-3 times per year for women who are planning a return to work, helping them to navigate the issues arising on returning to work after a period of perinatal mental illness.

As REO, I would like to once again thank all of the women and their partners who have shared their views and experiences with us. I am committed to improving our patients experience and wish to assure you that we will continue to work in partnership with parents to improve the quality of our Maternity services. We are looking forward to implementing the improvements outlined in our Quality Improvement Plans in the months ahead. Through ongoing collaboration, shared leadership, and continuous improvement, we aim to deliver the highest standards of maternity and neonatal care for all families across the region.



**Martina Queally**

*Regional Executive Officer,  
HSE Dublin and South East*

## PROJECTS RECENTLY COMPLETED AND QUALITY IMPROVEMENT PLANS

### Tipperary University Hospital



#### Tipperary University Hospital presents implemented QIP from 2020 National Maternity Experience Survey

Since our participation in the 2020 National Maternity Experience Survey significant advances have been made in the area of infant feeding.

The 0.5WTE Lactation specialist post has been replaced by 1WTE CMM2 Infant Feeding and Lactation in February 2023.

The CMM2 infant feeding and Lactation is present on the unit 4 days a week where she is available to support staff and mothers experiencing difficulties who are either breastfeeding, mixed feeding, expressing or formula feeding.

The CMM2 infant feeding and Lactation specialist accepts from both staff and service user referrals. Referrals can be made antenatally and/or postnatally via referral forms from staff or email and phone for service users.

The CMM2 infant feeding and Lactation liaises closely with the Community PHN Lactation specialists to ensure continued support to service users on discharge.

Monthly Antenatal Breastfeeding classes are available both online and in person. Evaluations from the classes have shown high levels of satisfaction from attendees. The CMM2 infant feeding and Lactation also offers 1:1 classes and support to mothers who have experienced previous difficulties with infant feeding or who have additional needs. Mothers can also be facilitated to attend the unit postnatally if they need assistance especially when the Community PHN Lactation specialist is not available. Formula feeding and mixed feeding information is provided prior to discharge on a 1:1 basis on the postnatal ward.

We have introduced new breastfeeding charts for use on the postnatal wards. These charts are used in collaboration with breastfeeding mothers to allow them to have input into breastfeeding assessments and easily access information relating to breastfeeding in the early days. A formula feeding chart is currently at the review stage and we hope it will be available for use before the end of the year. We have also developed Infant feeding resource sheets which are given to parents prior to discharge. These sheets provide essential information on both breastfeeding, mixed feeding and formula feeding, as well as discharge supports available. Infant feeding posters are on display throughout the wards & OPD.

A big undertaking this year was the development and roll out of a new guideline on the management of hypoglycaemia on the postnatal ward. Prior to January 2025 all babies of mothers with diabetes or gestational diabetes were routinely admitted to our SCBU for 24 hour blood glucose monitoring. Now following a huge collaborative effort between paediatrics, SCBU, Postnatal staff, Infant feeding and Diabetes CNS these babies are being monitored and managed on the postnatal ward. From January to October 2025 this has meant that out of 72 babies who would have previously been admitted to SCBU only 8 were admitted for blood glucose monitoring. This has had a significant impact on the mother and baby dads in respect of feeding, skin to skin contact, attachment and bonding, and reduces anxiety levels.

The National Infant Feeding Education Programme is up and running in partnership with the RCNME South East since early this year and staff are facilitated and encouraged to attend this programme. Ward Education sessions on infant feeding are regularly facilitated.

We have completed 3 annual cycles of NWIHP self-assessment of the Implementation of the National Infant feeding standards and have seen marked improvement in all areas and we are currently working on action plans to improve 2 further areas- improving conversations around infant feeding in the antenatal period and ensuring service users are aware of options to feedback their experiences of their care. Overall since 2022 we have seen a marked increase in both our breastfeeding initiation rates, which has increased by 6%, and our breastfeeding exclusively on discharge, which has increased by 11%.

## The National Maternity Hospital

### Pregnancy After Loss Support Group

The Pregnancy After Loss Support Group is a collaborative initiative between the Bereavement Specialists and the Perinatal Mental Health Team in the National Maternity Hospital. The group was developed in late 2022, in response to the unique emotional challenges faced by women who conceive following a previous pregnancy loss.

Pregnancy after loss often brings a complex mix of hope, fear, and heightened anxiety. Many women are referred to mental health services within the hospital during this time, not because they are experiencing a disorder, but because the experience itself evokes understandable psychological distress. This group aims to normalise these emotions, offering a safe, non-pathologizing space where women can share their experiences, gain psychoeducation, and learn evidence-based coping strategies to help them navigate their pregnancies with greater confidence and compassion.

Research has shown that women pregnant after loss are at significantly higher risk of experiencing anxiety and emotional distress throughout subsequent pregnancies (O'Leary et al., 2018). Psychoeducational and peer-support interventions have been found to reduce anxiety and improve emotional wellbeing by fostering understanding, connection, and self-efficacy.

By combining the expertise of bereavement care and perinatal mental health team, this group provides women with both emotional support and practical anxiety management tools to navigate the uncertainties of pregnancy after loss, ensuring that their care is compassionate, informed and empowering.

The Pregnancy After Loss Support Group is a virtual group offered four times a year and is run over four weekly sessions. Feedback from the group continues to be positive, with women noting the benefits of meeting other women who are navigating a similar experience. Affirmation cards have previously received very positive feedback from women attending other services in the National Maternity Hospital. With this in mind, the team are in the process of developing affirmation cards to support the unique needs of women who are pregnant following previous loss.



## St Luke's General Hospital, Kilkenny

Since the 2020 maternity survey report St Luke's Maternity unit has expanded its services and welcomed numerous innovations and quality development projects (and innovatively strived to improve the quality of the care we provide).

### **Mental Health**

A new perinatal mental health midwife started her role in 2020. As a testament to the wonderful impact of this role by 2026 the unit will expand to additional 0.5 WTE in area. Their primary role to promote parity between physical and mental health care within SLGH Maternity Services.

It is a key role in working with midwives and obstetricians at all levels from booking and review clinics to inpatient wards and postnatal services. This expert midwife will lead on ensuring that women with common perinatal mental health problems and their families receive prompt mental health care and support.

A guideline outlining the perinatal mental health pathways of care for all women attending St Luke's General Hospital Maternity Unit Services was developed at the end of last year this pathway development was pioneering not only within the DSSE region but amongst the other 19 maternity units – a first of its kind in the country. In 2024 the PMH midwife provided 464 one to one assessments.

### **Postnatal Hub development**

The Muma postnatal Hub commenced in November 2023. Muma which is an acronym for Minding You and Me Always is a ground breaking multidisciplinary support service for new mothers, and their partners. For the first time in Ireland a human centred design approach was adopted when developing a brand new service outlined in policy. The core hub is in St Luke's General Hospital Carlow – Kilkenny with satellites in the 2 counties.

The hub provides access to a midwife from 9am - 4pm everyday via a mobile phone number and social media presence alongside in person contact such as clinical assessment, listening sessions, birth debriefing sessions, feeding support and peer support through coffee mornings.

Feedback from a woman 'Muma makes women feel seen and heard it is vital for the mental health of the mothers'. The service is inclusive, open, and honest and real, a safe space that is accessible and provides genuine listening care and reassurance. It is also a complimentary service not duplicating other services, that offers additional support options that supplement the existing services, and fundamentally is woman (not baby) focused. It provides bespoke integrated care that women can self-navigate to their needs as much or as little may be required. In 2024 the service provided 3085 care interactions with women.

### **Complaints and Feedback**

SLGH Maternity services strives for a proactive approach when it comes to all comments and feedback both positive and negative. In order to manage and respond to complaints in an effective and transparent way a local complaints algorithm was developed between maternity and Complaints Manager/Consumer Affairs Department in 2024.

This ensures that all maternity staff know where to sign post women and the processes involved at each stage. Open Disclosure is a standing item on the Maternity Governance agenda and our compliance rate is reported on monthly through this forum.

A series of rolling locally ran National HSE Communication Programmes modules have been run monthly throughout 2025. A large percentage of maternity and neonatal staff attending at least one module within the year, staff are encouraged and released to attend with participation actively encouraged across the multidisciplinary skill mix. As part of the national research into the evaluation of the new postnatal hubs, women who availed of the Muma Postnatal Hub service were involved in mixed-methods approach qualitative and quantitative research piece ran by TCD, the feedback is overwhelmingly positive.

### Choice for women

We have a highly skilled pool of Specialist and advanced midwife roles. This has allowed for increased choice in midwifery led support and care. The expanded midwifery services we offer includes a Clinical Midwife Specialist in Diabetes offering 1 to 1 support for diabetic women in pregnancy. An Antenatal Education Midwife specialist allowing for tailored antenatal education options both in person and online.

In early 2025 a local 'Birth after caesarean' booklet for women and staff work through together throughout their pregnancy to review options, get more information and feel more empowered about their decisions.

SLGH Maternity have highly invested in our AMP led assessment and discharge within our Obstetric Assessment Unit department which currently sees approximately 7000 presentations per annum. This investment has led to a reduction in the overall inpatient admission rate to the unit and facilitating women to be being at home with their families.

Our work which began in 2018 offering Women midwifery led antenatal care, and early discharge home following the birth of their babies continues and has been highly commended.

In February 2022 the governance of homebirths moved under the remit of the acute hospital and in November 2022 we welcomed a designated midwifery Officer (ADOM) for home births. This additional governance, support and promotion of the SECM provided the homebirth service. It has been instrumental in significantly increasing the number of HSE homebirths booked with St Luke's Kilkenny and fundamentally choice regarding birthing options. Along with governance and support from the lead obstetric consultant in 2024; 23 women booked for homebirths, 20 of these women birthed at home-doubling the rate from the previous year.

### University Hospital Waterford

Since the last patient experience survey there has been a number of new services established based on the QIPs identified in 2020.

There is a full dietetic service in place with the diabetic team, referrals are accepted for women with hyperemesis and raised BMI. The dietician is based in the out-patient's department with easy access for advice.

A Video enabled care (VEC) project for diabetes with E health Ireland established in 2023. There has been a reduction in foot fall to the clinic the diabetic service by 60% since its establishment. Online education and management of blood glucose levels are managed through a digital health platform. This service has been successfully evaluated by the women.



50% of antenatal booking are online through TPRO our attend anywhere digital platform, this service streamlines the face-to-face interview reducing the time spent in the hospital.

Establishment of face-to-face classes in 3 outreach locations with ongoing online option for couples' codes allow the couples to book freely a date and location of their choice.

Opening of the alongside unit in 2023 offers water immersion for labour, waterbirth and the option of a 6-hour discharge. Referrals are made at booking with on ongoing risk assessment.

Early transfer home scheme was established in 2022 offering early discharge to mothers living within the city centre boundaries. There are plans to expand this service in 2026.



Birth reflections and a debriefing service are offered by the perinatal mental health midwife and registered advanced midwife practitioner. The plan with the postnatal hub is to offer all women a birth reflection appointment. Outreach appointments are available in our community HUBS.

Complex pregnancy CMM2 in place since January 2024, women with complex needs in pregnancy are offered a streamlined pathway of care. A Ferrinject clinic has been established offering a plan of care to maintain iron levels in pregnancy.

Basic Life support for newborns and children for new parents is offered monthly by our clinical skills facilitator at our outreach location. This service is always booked up and well received in the community.

## OVERALL CARE

## AREA FOR IMPROVEMENT: Patient feedback and complaints

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Thinking about your overall care, if you wanted to give feedback or make a complaint, did you know how and where to do so?	<ul style="list-style-type: none"> <li>All departments within the Maternity services are restocked with 'Your Service, Your Say' (YSYS), posters and leaflets.</li> <li>A web link/QR CODE is on the hospital website and on the hospital electronic boards in OPD and main concourse.</li> <li>Should a verbal complaint be escalated this can be done through the ward manager.</li> <li>YSYS leaflets and posters are available in all sub departments ie. Obstetric Assessment Unit, Labour ward, Cara Suite.</li> <li>Looking at the age group that scored lowest in this category develop a QR Code for this feedback process.</li> <li>On discharge, leaflet on YSYS are included in the discharge pack.</li> </ul>	<ul style="list-style-type: none"> <li>Leaflets /QR CODES are available at all contact points for the service user. Service users are experts in their own care journey, unless we receive and act upon feedback how can we truly say that we are providing patient centred care.</li> <li>Compliments also are fed back to staff at the front line.</li> </ul>	Q4 2025 - Q1 2026

## LABOUR AND BIRTH

## AREA FOR IMPROVEMENT: Labour and birth

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Shortly after your baby was born, did you have the opportunity to ask the midwives or doctors questions about your labour and the birth?	<ul style="list-style-type: none"> <li>Use of debrief form to become mandatory for all caesarean births, Instrumental births.</li> <li>On the day one post-natal check midwives\ CMM2 check in with patient regarding the opportunity /need to have a debrief/reflection.</li> <li>Train staff on communication skills to encourage open, non-judgmental discussion. Additional National HSE Communication workshops to be held in 2026 and an additional communication skills sessions to be incorporated throughout the year in maternity multidisciplinary meetings.</li> <li>Month of November as a focus for Birth Reflections/Open Disclosure.</li> </ul>	<ul style="list-style-type: none"> <li>Insights from reflective debriefs can highlight systemic issues or gaps in protocols, leading to better policies and processes.</li> <li>Number of staff working in maternity having communication training and thus communication skill set.</li> <li>Fosters a culture of safety, learning, and support, which ultimately leads to better care for mothers and babies.</li> </ul>	Q4 2026
	<ul style="list-style-type: none"> <li>From the first contact with the service, women are encouraged to seek clarity if unsure of a process or clinical decision.</li> </ul>	<ul style="list-style-type: none"> <li>Reflecting on patient feedback and experiences helps tailor care to meet individual needs and improve overall patient satisfaction.</li> </ul>	Q4 2025
	<ul style="list-style-type: none"> <li>Regular Review feedback and implement changes based on recurring concerns-item agenda every quarter on Maternity Governance.</li> </ul>		Q1 2026

**OVERALL CARE**

**AREA FOR IMPROVEMENT:** Patient feedback and complaints

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Improve staff training of the complaints process.	<ul style="list-style-type: none"> <li>New initiative 'Safety Stand Up' developed by the Quality, Risk and Patient Safety team. Each month a comprehensive overview of patient feedback, complaints recorded and themes will be discussed at local level with different departments across the hospital.</li> </ul>	<ul style="list-style-type: none"> <li>Staff awareness of the complaints process and how to signpost patients to provide feedback.</li> </ul>	Q3 2025 – ongoing
	<ul style="list-style-type: none"> <li>Face-to-face training for newly appointed Clinical Manager's regarding complaints handling (including listening and signposting patients).</li> <li>Continue to monitor patient feedback via NMH monthly patient experience survey (including awareness of how to make a complaint and advocacy services currently available in the NMH).</li> <li>Continue to monitor and update patient information screens, patient appointment letters and NMH website regarding the complaints process.</li> </ul>	<ul style="list-style-type: none"> <li>Staff more confident to resolve issues locally and listen to patients' concerns.</li> <li>Team will be able to monitor patients' awareness of the NMH Patient Advocacy Service and how to provide feedback regarding the care they received.</li> <li>Will improve patients' awareness and accessibility to provide feedback on the care they received whether positive or negative.</li> </ul>	Q4 2025

**FEEDING YOUR BABY**

**AREA FOR IMPROVEMENT:** Infant feeding support including breastfeeding, bottle-feeding, or mixed feeding as chosen by the mother/parent

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
To improve the consistency, accessibility, and effectiveness of feeding support for new mothers from antenatal education through to postnatal discharge into the community, ensuring optimal maternal confidence, satisfaction, and infant feeding outcomes (breastfeeding, bottle-feeding, or mixed feeding as chosen by the mother/parent).	<p><b>Improved antenatal education around feeding choices:</b></p> <ul style="list-style-type: none"> <li>Currently updating existing module on infant feeding on the elearning hub to be more user friendly.</li> <li>Video's on how to make bottle feeds to be added to elearning hub.</li> <li>Infant feeding is discussed in all antenatal classes (in person and online). Parents are encouraged to review material on elearning hub in advance to facilitate discussion in the class, which includes a class dedicated to 'preparing to breastfeed'.</li> <li>Parents signposted to safe feeding resources</li> <li>'Feeding My Baby at Home – The Early Days'. This is an online information session for parents with the baby dietician, lactation consultant and speech and language therapist.</li> </ul>	<ul style="list-style-type: none"> <li>Improved information for parents on how to feed their baby whether choosing breast, bottle or mixed feeding.</li> <li>In keeping with the National Antenatal Education guidelines the class content as is guided by what women/couples want.</li> </ul>	Q1 2026 – ongoing
	<p><b>Breastfeeding support in postnatal units</b></p> <ul style="list-style-type: none"> <li>Access to specialised lactation support.</li> <li>A 'Traffic Light' referrals system is currently being piloted to establish which mothers and babies require support from lactation consultants in the postnatal setting.</li> <li>Referral types have been categorised and colour coded depending on urgency:                             <ul style="list-style-type: none"> <li>Green referrals: Require midwifery support on the ward and are referred to ward based group breastfeeding class (Mon, Wed, Fri).</li> <li>Orange referrals: Require midwifery support and one-to-one lactation consultation but are NOT URGENT.</li> <li>Red referrals: Require midwifery support and urgent one-to-one consultation with lactation team.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>All parents can access this Q&amp;A session with specialists who cover topics such as responsive feeding, establishing breastfeeding, managing feeding issues, supplements and growth.</li> </ul>	Q1 2025 – ongoing
		<ul style="list-style-type: none"> <li>Will provide more timely assistance from the lactation consultant for mothers experiencing breastfeeding challenges.</li> <li>Midwives on the postnatal wards will continue to provide assistance with common early breastfeeding challenges - <i>difficulty positioning and attaching baby to the breast, sore nipples and maternal questions and reassurance.</i></li> </ul>	Q3 2025 – ongoing



**FEEDING YOUR BABY** *(Continued)*

**AREA FOR IMPROVEMENT:** Infant feeding support including breastfeeding, bottle-feeding, or mixed feeding as chosen by the mother/parent

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<p>To improve the consistency, accessibility, and effectiveness of feeding support for new mothers from antenatal education through to postnatal discharge into the community, ensuring optimal maternal confidence, satisfaction, and infant feeding outcomes (breastfeeding, bottle-feeding, or mixed feeding as chosen by the mother/parent).</p>	<p><b>Reintroduce face to face parentcraft</b></p> <ul style="list-style-type: none"> <li>• Structured parent craft classes to commence on the postnatal wards, focusing on practical new born care (specifically preparing infant bottle feeds, baby bathing and safe sleeping)</li> <li>• Delivered twice a week in the afternoons, led by a trained member of staff or maternity support worker.</li> <li>• Provide a short facilitator guide and checklist to standardise teaching.</li> <li>• Attendees to complete a short feedback form after the session.</li> <li>• After 8 weeks of full implementation team to review attendance, patient feedback, and impact to determine next steps or scaling.</li> </ul>	<ul style="list-style-type: none"> <li>• Will support parent confidence and competence in new born care.</li> <li>• Responding to patient feedback following discontinuation of parent craft sessions and indicating a gap in practical support in postnatal setting.</li> <li>• Enhances patient experience and satisfaction scores.</li> <li>• Attendance and feedback to be monitored monthly to assess uptake and satisfaction.</li> </ul>	<p>Q4 2025</p>
	<p><b>Care following discharge</b></p> <ul style="list-style-type: none"> <li>• Postnatal hubs are a new service currently being developed amongst the 3 Dublin Maternity Hospitals. This is a new initiative devised by the HSE and NWIHP.</li> <li>• Designed to provide new mothers, their partners, and newborns with compassionate care, practical guidance, and essential resources during the critical first six weeks after birth.</li> <li>• Hubs will be available Mon-Fri in a variety of community settings.</li> <li>• Women can attend any postnatal hub regardless of which maternity hospital they gave birth in.</li> <li>• Staffed by midwives with a physio linked to the hub.</li> </ul>	<ul style="list-style-type: none"> <li>• The primary goal of each hub is to ensure that both mother and baby are nurtured and supported, physically, emotionally, and socially through the early postnatal period.</li> <li>• The hubs will help families navigate this transformative time with confidence and connection.</li> <li>• The care will be evaluated through Metrics.</li> </ul>	<p>Q4 2025</p>

**OVERALL CARE**

**AREA FOR IMPROVEMENT: Patient feedback and complaints**

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Promotion of a culture of patient engagement, ensuring patients who want to, are aware of how to provide feedback or complaints.	<ul style="list-style-type: none"> <li>Review current materials on feedback and complaints.</li> <li>Print and distribute additional posters in public areas on feedback and complaints.</li> <li>Heighten staff awareness on encouraging patients to provide feedback.</li> <li>Encourage frontline staff to host a record of positive and locally resolved feedback.</li> <li>Include details for stakeholders to provide feedback in Hospital Laboratory Primary Sample Manuel which is also distributed to all GP's.</li> <li>Management to advise all staff to complete HSE LanD module on 'HSE Effective Complaints Handling'.</li> <li>Seek support from TippUH Patient Representative Service Users Forum to promote a culture of patient engagement, and assist with distribution of information on how to provide feedback or complaint.</li> <li>Continue current process of distribution of information regarding how patients can provide feedback within 'TippUH Patient &amp; Visitor information booklet'.</li> <li>Oversight of feedback reviewed at Obstetric &amp; Gynaecology Governance group.</li> </ul>	<ul style="list-style-type: none"> <li>Improve awareness for women, partners and family members on how to provide feedback &amp; make a complaint.</li> <li>Better Understanding of how patient feedback is used to improve patient experience.</li> <li>Improve timeliness of communications with women, partners and family members regarding issues identified.</li> <li>Greater involvement of all stakeholders in promotion of culture of patient engagement.</li> <li>Improved governance and review of feedback.</li> </ul>	Q4 2025

**CARE WHILE YOU WERE PREGNANT (ANTENATAL CARE)**

**AREA FOR IMPROVEMENT: Promotion of additional health & wellbeing during the antenatal period**

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Promotion of additional health & wellbeing during the antenatal period.	<ul style="list-style-type: none"> <li>Provision of face-to-face antenatal education classes for women and support persons in a more flexible and comfortable space with easy parking with tea and coffee making facilities.</li> <li>Multidisciplinary team approach incorporating: Perinatal Mental Health Midwife, Infant Feeding Specialist, Dietician and Physiotherapist.</li> <li>Antenatal Education sessions include bespoke information for attendees on Physical changes to the body, Practical Nutritional advice, Mental Health, Decision making in pregnancy, Pain relief options during labour pharmacological/non pharmacological, induction of labour process to include assisted deliver or emergency/elective caesarean section.</li> <li>Advice given supported by verbal and written information.</li> <li>Online classes also available for women to join 13-20 weeks gestation.</li> <li>Community mothers attend to outline the voluntary post-natal support available including home visits coffee mornings and follow up contact with consent.</li> <li>Classes provided by specialist trained and certified antenatal midwife educators.</li> <li>Ongoing promotion of classes at booking, antenatal clinic appointments and display posters.</li> <li>Attendance monitored and discussed at Obstetric &amp; Gynaecology Governance Committee meetings.</li> </ul>	<ul style="list-style-type: none"> <li>Women will be in an environment more conducive to learning where comfort for women and their partners is encouraged, no additional parking cost for women and partners to attend classes.</li> <li>Consistent approach, consistent facilitators, standardised topics interactive approach encouraged. Classes bespoke for TippUH.</li> <li>Women attending Cork or Waterford for their deliveries are also facilitated at antenatal classes hosted by TippUH.</li> <li>Ease of access also as classes available on line.</li> <li>Environment welcome relaxed with ease of access.</li> <li>Supportive documentation for women to refer to subsequent to classes.</li> <li>Overall monitoring of attendance to ensure best available options and Multi-Disciplinary Team members for providing classes monthly by Governance Group.</li> </ul>	Q4 2025



## LABOUR AND BIRTH

## AREA FOR IMPROVEMENT: Labour and birth

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<p>Promotion of awareness in Maternity Unit of the impact of an unplanned caesarean birth on the woman and her support person within the Multi- Disciplinary Team.</p>	<ul style="list-style-type: none"> <li>• Initial debrief and open disclosure by team caring for woman following unplanned caesarean birth.</li> <li>• Additional alert on handover sheet relating to women's understanding of unplanned caesarean birth and completion of debrief.</li> <li>• Additional debrief to facilitate the opportunity to ask questions about unplanned caesarean birth and discuss worries and fears pre discharge.</li> <li>• Alert recorded on midwifery and NCHD discharge paper work regarding women's understanding of her birth and delivery.</li> <li>• Signposting to additional support services if required.</li> <li>• 6 Week follow up OPD appointment scheduled.</li> <li>• Ensure all staff completed the mandatory training required for Open Disclosure.</li> </ul>	<ul style="list-style-type: none"> <li>• Immediate concerns and misconceptions that women may have post-delivery can be addressed at the earliest possible time.</li> <li>• Timely debriefing will empower staff.</li> <li>• Opportunity for women and their partners to ask questions at many stages during their care.</li> <li>• Awareness for staff and women to increase opportunity to discuss their fears and worries.</li> <li>• Early signposting to additional supports will facilitate support at timely interventions and give women the reassurance that the service is actively seeking critique and promoting a reflective culture.</li> <li>• Comfort and time for women to reflect after their delivery giving the opportunity for one to one meeting to explore their expectations and outcomes.</li> <li>• Team to provide feedback to improve the person centered care delivered at Tipperary University Hospital.</li> </ul>	<p>Q1 2026</p>

## OVERALL CARE

## AREA FOR IMPROVEMENT: Patient feedback and complaints

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
To ensure patients who want to are aware of how to provide feedback or complaints.	<ul style="list-style-type: none"> <li>All service users are provided with a booking pack at their first antenatal visit. The contact details for HSE 'Your Service, Your Say' will now be included as part of the booking pack.</li> <li>The midwifery team will also explain the details of the service, as they go through the content within the pack.</li> </ul>	<ul style="list-style-type: none"> <li>Increased awareness for the service user that there is a process by which they can provide feedback or to make a complaint.</li> <li>An acknowledgement by the staff to the service user of the service and advising that feedback is always welcome.</li> </ul>	Q4 2025
	<ul style="list-style-type: none"> <li>Increased signage regarding options for providing feedback/making complaints, displayed in all inpatient and outpatient clinical areas.</li> <li>Prominent display of 'Your Service, Your Say' feedback forms.</li> <li>Hospital booklets easily accessible in clinical areas.</li> </ul>	<ul style="list-style-type: none"> <li>Improved visibility of the service to patients.</li> <li>Process for feedback clarified.</li> <li>Positive promotion of the service.</li> <li>Will make feedback leaflets easily accessible to all users.</li> </ul>	
	<ul style="list-style-type: none"> <li>Install clearly identified 'Your Service, Your Say' boxes for collection of completed feedback forms in the outpatients' department and on the Maternity ward.</li> </ul>	<ul style="list-style-type: none"> <li>Positive promotion of the acceptance of feedback and or compliments/complaints.</li> <li>Will allow for confidential return of feedback forms.</li> </ul>	
	<ul style="list-style-type: none"> <li>Maintaining strong connections with the Patient Services Office in University Hospital Waterford.</li> </ul>	<ul style="list-style-type: none"> <li>This enables us to respond promptly and appropriately to feedback or complaints and concerns.</li> <li>Open transparency promotes positive engagement and can resolve issues without the need for a formal process.</li> </ul>	

**LABOUR AND BIRTH**

AREA FOR IMPROVEMENT: Labour and birth

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Shortly after your baby was born, did you have the opportunity to ask the midwives or doctors questions about your labour and the birth?	<ul style="list-style-type: none"> <li>Establishment of the Williamstown Post Natal Hub</li> <li>A scheduled post-natal appointment system will offer a dedicated time to all women, irrespective of delivery, risk category or care pathway, in the post-natal period to raise any questions or concerns that they have, such as:                             <ul style="list-style-type: none"> <li>Physiotherapy input</li> <li>Infant feeding</li> <li>Perinatal mental health</li> <li>Birth trauma resolution</li> <li>Pathways of care for future pregnancies</li> <li>Debriefing appointments</li> <li>Communications with GP/PHN</li> </ul> </li> <li>These appointments will be scheduled 2-3 weeks post-delivery to allow a settling period post delivery.</li> </ul>	<ul style="list-style-type: none"> <li>The following supports will be available to all:                             <ul style="list-style-type: none"> <li>Mother and Baby checks</li> <li>Lactation Consultant support and education</li> <li>Physiotherapy support and education</li> <li>Peri-Natal Mental Health Support</li> <li>Dietitian support and education</li> <li>Contraception advice</li> <li>Bereavement Support</li> </ul> </li> </ul>	Q1 2026
	<ul style="list-style-type: none"> <li>A text reminder system will be in place to support attendance and promote contact with all patients allowing an opt in opt out approach.</li> <li>The service will be open to communication from GP's or Public Health Nurses who feel a patient may require earlier intervention or benefit from more than one appointment.</li> <li>GP's will receive a discharge report at the end of the 6 week post-natal/partum period.</li> </ul>	<ul style="list-style-type: none"> <li>Communication.</li> </ul>	Q1 2026
Shortly after your baby was born, did you have the opportunity to ask the midwives or doctors questions about your labour and the birth?	<ul style="list-style-type: none"> <li>Satellite hubs, already in operation, will remain in place. All environments are dedicated to supporting women and creating environments where they feel comfortable and supported.</li> </ul>	<ul style="list-style-type: none"> <li>Access to those not in a position to attend the new post-natal hub.</li> </ul>	Q1 2026
	<ul style="list-style-type: none"> <li>Miscellaneous.</li> </ul>	<ul style="list-style-type: none"> <li>On-site parking</li> <li>Elevator to top floor</li> <li>Spacious lobby for buggies and prams</li> <li>Spacious waiting area to facilitate small group talks or information sessions</li> <li>Baby changing facilities</li> <li>Client W/C</li> <li>TV screen</li> <li>Refreshment making facilities</li> </ul>	Q1 2026

## OVERALL CARE

## AREA FOR IMPROVEMENT: Patient feedback and complaints

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Women wanted improved signposting to give feedback or make a complaint.	<ul style="list-style-type: none"> <li>As per the findings and actions from the National Inpatient Experience Survey (2024) a poster was designed which included a QR code, advertising how to submit feedback on care received in WGH.</li> <li>We will ensure that the poster is visible in all areas of the maternity department, in both inpatient and outpatient areas.</li> <li>Feedback forms also to be placed in the maternity chart, that woman carry throughout their pregnancy journey.</li> <li>Women will be advised on how to scan the QR code in the poster, to enable them to provide feedback.</li> </ul>	<ul style="list-style-type: none"> <li>Showcasing our process for receiving Feedback and/or complaints will demonstrate our openness to listening to women and their families.</li> <li>We strive to provide an excellent service, and continually look for ways to improve. Receiving feedback will only serve to enhance the improvement process.</li> </ul>	Q2 2026

## CARE WHILE YOU WERE PREGNANT (ANTENATAL CARE)

## AREA FOR IMPROVEMENT: Nutrition during pregnancy

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Women shared they did not receive enough information about nutrition during pregnancy.	<ul style="list-style-type: none"> <li>During the initial antenatal booking visit with the Midwife, nutrition in pregnancy is discussed with every woman in line with the Midwife's scope of practice. Women are then signposted to <a href="http://www.mychild.ie">www.mychild.ie</a> for further nutritional advice.</li> </ul>	<ul style="list-style-type: none"> <li>Improved access to information on diet and nutrition for pregnant women</li> </ul>	Ongoing
	<ul style="list-style-type: none"> <li>A local information leaflet is included in the maternity hand-held chart. All first-time mothers are given a hardcopy of the 'My Pregnancy' book, which contains healthy eating advice.</li> <li>It is the role of a dietician to provide bespoke nutritional advice. Currently the Maternity service does not have a dietician.</li> </ul>	<ul style="list-style-type: none"> <li>The results of the survey will be shared with the Local Dietetic Department as currently the Maternity Service does not have a dietician and it is the role of a dietician to provide bespoke nutritional advice.</li> </ul>	Q4 2025

# HSE Dublin and Midlands

- The Coombe Hospital
- Midland Regional Hospital Portlaoise
- Regional Hospital Mullingar



As REO of the Dublin and Midlands Region, I would like to extend my sincere appreciation to all who participated in the 2025 National Maternity Experience Survey. Your feedback provides invaluable insights into service user experiences, highlighting what matters most to women, babies and their families. Your input is essential in shaping our plans for public engagement and guiding quality improvements initiatives across our region.

We are pleased that our maternity hospitals received a strong overall rating of 8.1, consistent with the national rating, and I commend our staff for their dedication and commitment across each of the hospitals. The highest rating was received in Specialised Care (9.0) reflecting the exceptional expertise and compassion demonstrated in this area and Care during Labour and Birth (8.1). In addition, positive feedback was received consistently with women being treated with dignity and respect both in the hospital and in the community. The survey results did identify areas for further improvement in Antenatal care (7.1) and Feeding (7.7) with areas requiring further attention including mental health support, communication and more accessible feedback/complaint pathways.

We are committed to working collaboratively with staff across the region to drive the necessary quality improvements in these areas. Insights from the survey have been central in guiding improvements across our maternity services in the Dublin and Midlands Region. These findings reinforce our commitment to delivering safer, more efficient, and person-centred healthcare by actively listening to, learning from and responding to those we serve. As a region, we will endeavour to implement these improvements to ensure an enhanced service. This includes advancing supportive care pathways, strengthening community care and supporting the roll out the electronic health care record, all aimed at fostering integrated, collaborative, and patient-centred maternity services.

Healthcare improvement is a continual process, and the National Maternity Experience Survey remains a core foundation of our quality improvement efforts which will actively continue in our Hospitals; ensuring that those who use our services are heard and valued as we strive for quality improvements and excellence in care.



**Kate Killeen White**  
*Regional Executive Officer,  
Dublin and Midlands Region*

## PROJECTS RECENTLY COMPLETED AND QUALITY IMPROVEMENT PLANS

### Regional Hospital Mullingar

A series of key initiatives have been introduced to strengthen antenatal education, support informed decision-making, and enhance intrapartum care for women and families. The Antenatal Parent Education Standards have now been implemented, providing a structured and consistent framework for parent preparation. Virtual antenatal classes, originally established during the pandemic to ensure continuity of education, have been maintained to offer ongoing flexibility. These sessions continue to meet the needs of parents who may be unable to attend face-to-face classes due to work, childcare, health, or travel constraints.

To further improve accessibility and equity, a suite of antenatal and postnatal video-based educational resources has been developed in 11 languages. These recordings support culturally diverse families by ensuring that essential information on pregnancy, birth, and early parenthood is available in a format that is both understandable and inclusive.

Enhancements to labour care have also been prioritised. Transcutaneous Electrical Nerve Stimulation (TENS) machines are now available to all women, providing an additional non-pharmaceutical pain-relief option and removing the financial cost traditionally incurred by parents who purchased or hired their own devices. In addition, the procurement of Telemetry CTG machines has expanded fetal monitoring options for women with higher-risk pregnancies. These devices enable continuous monitoring while allowing women to remain mobile during labour, supporting comfort, autonomy, and the promotion of physiological birth.

These combined developments reflect a strong commitment to improving education, accessibility, and the overall quality of maternity care.



## The Coombe Hospital

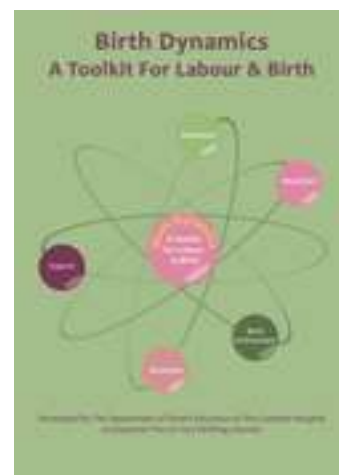
The National Maternity Experience Survey in 2020 highlighted a strong need for improved access to antenatal education and information, particularly in relation to maternal wellbeing, physical and emotional changes and nutrition in pregnancy. In response, The Coombe Hospital significantly expanded its educational offering to ensure comprehensive coverage of antenatal and postnatal topics, with a focus on accessibility and convenience.

As part of this enhancement, the hospital's Parent Education Department developed Birth Dynamics, a new antenatal education programme designed to support women in labour and promote optimal physiological experiences of childbirth. In addition, the hospital produced a suite of educational videos covering a broad range of topics – including pregnancy, postnatal care, newborn care, mental and physical health (including physiotherapy), emotional wellbeing and nutrition – all of which are available on the hospital website [www.coombe.ie](http://www.coombe.ie)

To further improve accessibility, the hospital introduced interactive virtual classes facilitated by a multidisciplinary team, with the option of 1:1 consultation when required. This comprehensive approach ensures that women can access timely, relevant and user-friendly education throughout pregnancy and beyond.

The hospital placed strong emphasis on educating clinical professionals about the content and delivery of effective antenatal education to ensure consistency in messaging and enhance the overall quality of education provided across the service.

Recent developments include establishing The Daisy Clinic to support homeless and internationally displaced women and a QIP on the Induction of Labour Pathway. Birth Dynamics for Healthcare Professionals is underway, and community based Postnatal Hubs are due to open in December 2025.



**Birth Dynamics**



**Parent Education**

## Midland Regional Hospital Portlaoise

Following feedback from the NMES 2022, a Parentcraft Coordinator has been established with responsibility for facilitating a comprehensive programme of antenatal education supported by ongoing patient feedback via survey. A diverse range of education options is provided, including community-based classes for women and their partners, virtual classes, and one-to-one sessions for women with complex pregnancies, poor obstetric histories, or previous birth trauma through the Parentcraft service. Virtual classes are offered as part of the Parentcraft Programme, providing flexibility and convenience, particularly for multiparous women seeking refresher education. Additional supports are available to pregnant and postnatal women as needed. A monthly postnatal programme, Healthy Mothers & Healthy Babies, is also delivered on site, facilitated by the Lactation Consultant, Physiotherapist, Dietitian, and Parentcraft Coordinator.

The National Infant Feeding Programme has been fully implemented, with comprehensive multidisciplinary education delivered across hospital and community teams, supported by weekly 30-minute toolbox sessions. A National Infant Feeding Referral Document now enables timely referral of mothers experiencing breastfeeding challenges to Lactation Consultants. Staffing has been strengthened through a shared Infant Feeding Specialist and a Community Lactation Consultant for Laois/Offaly, promoting integration across services. Midwives and SCBU nurses have been supported to undertake academic lactation studies. Before discharge, women are signposted to postnatal supports, including dedicated phone and email contacts, with Lactation Consultants providing telephone support five days per week and in-person review when needed. The Infant Feeding Group has expanded to include Senior Management, clinical leads, public health nursing, community groups, and the Community Lactation Consultant. Ongoing QI activity includes breastfeeding celebration events, multidisciplinary postnatal classes, a public tongue-tie clinic, advanced lactation practice, therapeutic modalities, and improved ward configuration.



**OVERALL CARE**

**AREA FOR IMPROVEMENT:** Patient feedback and complaints

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Active Participation of Women on giving feedback or making a complaint on their journey through the Maternity, Gynaecology and Neonatal Services in The Coombe.	<ul style="list-style-type: none"> <li>• Collaborative engagement of the women, families and healthcare providers.</li> <li>• Effective Information Sharing – clear, accessible and understandable information – utilise Websites &amp; QR codes for patient feedback.</li> <li>• Enhance Education &amp; Resources – website, videos.</li> <li>• Effective and clear communication – use of plain language verbal and written, provision of information material in multiple languages, patient portal technology – reminders and appointments.</li> <li>• Utilise suggestion boxes and social media listening for feedback.</li> </ul>	<ul style="list-style-type: none"> <li>• Create an environment where the women feel empowered, informed and supported throughout their journey.</li> <li>• Enhanced patient engagement- actively participate in their care, better understanding of their care.</li> <li>• Enhanced Patient Satisfaction and Quality Outcomes.</li> <li>• Meet value-based care objectives.</li> <li>• Greater understanding of the pathways in pregnancy and outcomes – i.e., Induction of Labour, Caesarean Section, Spontaneous Vaginal Delivery , Postpartum Haemorrhage.</li> </ul>	Q3 2026

**CARE IN THE HOSPITAL AFTER BIRTH**

**AREA FOR IMPROVEMENT:** Facilitating opportunity for women to ask questions and to be provided with information

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Post-natal Pain Relief	<ul style="list-style-type: none"> <li>• In collaboration with the Clinical Lead in Anaesthetics, Midwifery Management Team-Assistant Director of Midwifery &amp; Clinical Midwife Manager 2 &amp; 3, Quality &amp; Risk Management Team and the Pharmacy Lead.                             <ul style="list-style-type: none"> <li>– Pain Management Education for women and staff in the antenatal and post-natal period.</li> <li>– Pain Score.</li> <li>– Individualised Care for women in the post-natal period including non-pharmacological and medication Management.</li> <li>– Education support for women through The Coombe Hospital Website.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Ensuring effective pain relief, combining medication, non- pharmacological pain relief strategies and supportive care tailored to individual recovery after vaginal, instrumental or caesarean birth while also considering the safety of breast feeding.</li> <li>• Identify common types of pain:                             <ul style="list-style-type: none"> <li>– Perineal, uterine cramping, c-section incision, breast engorgement, back, abdominal and muscle discomfort.</li> <li>– Identify the non-pharmacological pain relief strategies:                                     <ul style="list-style-type: none"> <li>– Cold &amp; warm therapy, comfort positioning and support, breast care, hygiene and wound care</li> </ul> </li> <li>• Identify Pharmacological Pain Relief:                                     <ul style="list-style-type: none"> <li>– Medications – paracetamol, non-steroidal anti-inflammatories, opioids, combination therapy</li> </ul> </li> <li>• Specific Considerations &amp; Practical Tips:                                     <ul style="list-style-type: none"> <li>– Monitoring pain - pain scale</li> <li>– Manage pain regularly</li> <li>– Signs to seek medical attention</li> <li>– With careful pain management, women can experience a smoother postpartum recovery, maintain comfort while caring for their newborn and prevent complications such as Deep Vein Thrombosis, infection &amp; engorgement.</li> </ul> </li> </ul> </li> </ul>	Q1 2026

## OVERALL CARE

## AREA FOR IMPROVEMENT: Patient feedback and complaints

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Develop a Patient Experience Survey (using QR Code) for Maternity Ward, Antenatal Clinics and SCBU (Special Care Baby Unit) in addition to the placement of Your Service Your Say feedback boxes in prominent areas within the service.	<ul style="list-style-type: none"> <li>Experience Survey with questions specific to Ante-Natal Care, Care in the Maternity Ward and Care in the Special Care Baby Unit will be agreed.</li> <li>Develop QR code.</li> </ul>	<ul style="list-style-type: none"> <li>Feedback will be in real-time enabling Maternity Services to monitor women's experiences of care in a timely and responsive manner which will facilitate opportunity for further quality improvement and learning from women's feedback.</li> </ul>	Q1 2026

## CARE WHILE YOU WERE PREGNANT (ANTENATAL CARE)

## AREA FOR IMPROVEMENT: Facilitating opportunity for women make informed decisions, to ask questions and to be provided with information

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Review the Obstetric-Led Ante-Natal Care Pathway	<ul style="list-style-type: none"> <li>In collaboration with Consultant Clinical Lead and Midwifery Management Team, review the Antenatal Care Pathway, in line with the National Maternity Strategy. <ul style="list-style-type: none"> <li>Antenatal Booking Visits will be scheduled 2 days per week and Antenatal Recall Visits will be scheduled 3 days per week. Both clinics will be Multi-disciplinary Team (MDT) Consultant Led.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>It is envisaged that women's experience of care will be improved as: <ul style="list-style-type: none"> <li>at each visit to meet with the MDT during one episode of care rather than seeing multiple individual Healthcare Professionals at each visit</li> <li>there will be a reduction in waiting times</li> <li>in collaboration with the MDT, women will be offered choice and enabled to make an informed decision about the most appropriate ante-natal care for their needs</li> <li>women will have an opportunity to ask questions and receive information about their care</li> <li>women will be provided with the opportunity throughout their pregnancy to discuss their mental health and be directed to mental health supports.</li> </ul> </li> </ul>	Q4 2025
	<ul style="list-style-type: none"> <li>Appointment of a Clinical Midwife Specialist for Peri-natal Mental Health. The CMS will work in collaboration with the Consultant Peri-Natal Psychiatrist to meet mental health needs of women attending Maternity Services at MRHP</li> </ul>	<ul style="list-style-type: none"> <li>Women who require specialist mental health support will be referred to the CMS for Peri-Natal Mental Health to enable timely and prompt management of their mental health needs. This will enable the Consultant in Peri-Natal Mental Health to meet with women with more complex peri-natal mental health needs.</li> </ul>	
Commencement of Registered Advanced Midwifery Practitioner Antenatal Midwifery-Led Clinics in line with Supported Care Pathway.	<ul style="list-style-type: none"> <li>Commencing Registered Advanced Midwifery Practitioner (RAMP) Ante-Natal Midwifery-Led Clinics in January, 2026.</li> </ul>	<ul style="list-style-type: none"> <li>The Midwifery-Led Clinics will offer more choice for women regarding the types of maternity care available to them.</li> <li>This service will be in addition to the three Midwifery-Led Clinics which are already well-established in the Community.</li> <li>This will result in greater choices in ante-natal care available at the hospital, i.e. Obstetric-Led Clinics; Midwifery-Led Clinics in the Community; Midwifery-Led Clinics in the Hospital and Homebirth Options.</li> </ul>	Q1 2026
	<ul style="list-style-type: none"> <li>Develop a Patient Information Leaflet to signpost women to the types of maternity care available at MRHP.</li> </ul>	<ul style="list-style-type: none"> <li>Women will be aware of the different ante-natal care pathways available to them at MRHP.</li> </ul>	Q1 2026

## CARE IN THE HOSPITAL AFTER BIRTH

AREA FOR IMPROVEMENT: Facilitating opportunity for women to ask questions and to be provided with information

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Introduce a specific Post Natal Clinic and introduce a dedicated Miscarriage Clinic.	<ul style="list-style-type: none"> <li>• As a result of the change in the ante-natal care pathway there will be capacity to:               <ul style="list-style-type: none"> <li>– introduce a specific Consultant-Led Postnatal Clinic once per month.</li> <li>– Introduce a dedicated Miscarriage Clinic once per month for women who have experienced pregnancy loss.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• It is envisaged that women's experience of care will be improved as:               <ul style="list-style-type: none"> <li>– Women will be provided with an opportunity to discuss their experience of birth using a birth reflections type approach. It is envisaged that this quality improvement will provide women with opportunity to ask questions about their labour/birth experience.</li> <li>– women will have an opportunity to ask questions and receive information about their care. Further follow-up post-natal care will be facilitated, if required.</li> <li>– In line with the National Maternity Bereavement Standards, women who have experienced pregnancy loss will return to this clinic as opposed to returning to a Gynaecology Clinic.</li> </ul> </li> </ul>	Q4 2025
	<ul style="list-style-type: none"> <li>• Appointment of a Clinical Midwife Specialist for Peri-Natal Mental Health. The CMS will work in collaboration with the Consultant Peri-Natal Psychiatrist to meet mental health needs of women attending Maternity Services at MRHP.</li> </ul>	<ul style="list-style-type: none"> <li>– women will be provided with a continuity of care pertaining to their mental health in the post-natal period..</li> </ul>	

**OVERALL CARE**

AREA FOR IMPROVEMENT: Patient feedback and complaints

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Improve access to feedback and complaints by offering multiple platforms for timely feedback and prompt responses.	<ul style="list-style-type: none"> <li>Increase visibility of feedback and complaints processes (posters, leaflets, discharge information) by displaying clear signage throughout the hospital, including reception and all clinical areas, add to 'whatsupmum' platform and incorporating relevant information with discharge packs..</li> </ul>	<ul style="list-style-type: none"> <li>Parents are more aware of how to provide feedback or raise complaints.</li> </ul>	Q1 2026
	<ul style="list-style-type: none"> <li>Build awareness and reinforce the HSE 'Your Service, Your Say' policy through encouraging HSE LanD training and local briefings facilitated by line managers or Consumer Affairs. Train staff to proactively inform parents about feedback and complaints processes.</li> </ul>	<ul style="list-style-type: none"> <li>Staff confidence in signposting parents to the right channels.</li> </ul>	Q2 2026
	<ul style="list-style-type: none"> <li>Regularly review and publicise changes made in response to feedback ('You said, we did') via posters, noticeboards, "whatsupmum" platform and discharge information.</li> </ul>	<ul style="list-style-type: none"> <li>Parents trust that feedback leads to improvement.</li> </ul>	Q4 2026

**LABOUR AND BIRTH**

AREA FOR IMPROVEMENT: Creating protected time for debriefs, standardising the process, improving communication, and ensuring follow-up opportunities.

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Enhance and improve women's labour and birth experience and enhance postpartum.	<ul style="list-style-type: none"> <li>Introduce a structured debrief for all parents within 24-48 hours of birth (Pilot developed in the Coombe).</li> </ul>	<ul style="list-style-type: none"> <li>Mothers have the chance to ask questions and understand what happened during labour and birth.</li> </ul>	Q1 2026
	<ul style="list-style-type: none"> <li>Provide written information about the labour/birth experience in discharge packs, including who to contact for follow-up questions.</li> </ul>	<ul style="list-style-type: none"> <li>Mothers can revisit information and feel more supported after leaving hospital.</li> </ul>	Q1 2026
	<ul style="list-style-type: none"> <li>Train midwives and doctors in effective communication and debriefing skills (National Communications Programme).</li> </ul>	<ul style="list-style-type: none"> <li>Staff confidence in answering sensitive questions and supporting mothers.</li> </ul>	Q2 2026
	<ul style="list-style-type: none"> <li>Allocate protected time during ward rounds or discharge to address parent questions.</li> </ul>	<ul style="list-style-type: none"> <li>Mothers feel listened to and reassured, reducing anxiety or confusion.</li> </ul>	Q1 2026
	<ul style="list-style-type: none"> <li>Establish a follow-up phone call or clinic appointment within 2 weeks for unresolved questions.</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing opportunity for parents to clarify concerns.</li> </ul>	Q1 2026

## CARE IN THE HOME AFTER BIRTH

AREA FOR IMPROVEMENT: RHM needs to strengthen communication, staff training, proactive checks, referral processes, and peer/community support to ensure mother feel adequately supported with their mental health after birth.

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Enhance post partum care by prioritising perinatal mental health and wellbeing.	<ul style="list-style-type: none"> <li>Increase awareness of available mental health services (leaflets, posters, discharge packs, digital resources) by reviewing and updating current documentation and materials to ensure they contain relevant, accurate and accessible information for mothers and staff.</li> </ul>	<ul style="list-style-type: none"> <li>Mothers will know what support exists and how to access it.</li> </ul>	Q1 2026
	<ul style="list-style-type: none"> <li>Provide staff training in perinatal mental health awareness and referral pathways, facilitated by the Perinatal Mental Health midwives.</li> </ul>	<ul style="list-style-type: none"> <li>Staff confidence and consistency in supporting mothers.</li> </ul>	Q2 2026
	<ul style="list-style-type: none"> <li>Promote routine check-ins for mental health during postnatal visits.</li> </ul>	<ul style="list-style-type: none"> <li>Earlier identification of mothers needing support.</li> </ul>	Q1 2026
	<ul style="list-style-type: none"> <li>Strengthen and streamline referral pathways to specialist mental health services through engagement with Director of Public Health Nursing, ensuring staff are informed of available services and clear on the procedures for referring women requiring additional mental health support.</li> </ul>	<ul style="list-style-type: none"> <li>Faster access to appropriate care.</li> </ul>	Q2 2026
	<ul style="list-style-type: none"> <li>Develop peer support groups or link with community organisations.</li> </ul>	<ul style="list-style-type: none"> <li>Mothers will feel less isolated and more supported.</li> </ul>	Q2 2026

# Glossary

AMP – Advance Midwife Practitioner  
BAC – Birth After Caesarean  
CMM2 – Clinical Midwife Manager 2  
CNS – Clinical Nurse Specialist  
DPHN – Director Public Health Nursing  
HSE – Health Service Executive  
ICU – Intensive Care Unit  
MDT – Multi-disciplinary Team  
MLU – Midwifery-Led Unit  
NCEP – National Care Experience Programme  
NCPPN – National Clinical Programme for Neonatology  
NHCP – National Healthcare Communication Programme  
NICE – National Institute for Health and Care Excellence  
NIFEP – National Infant Feeding Education Programme  
NMES – National Maternity Experience Survey  
NWHP – National Women and Infants Health Programme  
OPD – Outpatient Department  
PALS – Patient Advice and Liaison Service  
PHN – Public Health Nurse  
PTSD – Post Traumatic Stress Disorder  
QIP – Quality Improvement Plan  
QPS – Quality and Patient Safety  
RAMP – Registered Advanced Midwifery Practitioner  
RCNME – Regional Centre for Nursing & Midwifery Education  
RM – Registered Midwife  
RPHN – Registered Public Health Nurse  
SCBU – Special Care Baby Unit  
SDG – Sustainable Development Goal  
VBAC – Vaginal Birth after Caesarean section  
YSYS – Your Service, Your Say







## Feedback

Provide feedback to Patient and  
Service User Experience

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