



Irish Nurses and Midwives Organisation
Working Together

Opening Statement
to
Joint Committee on Health
in relation to the
National Maternity Strategy 2016 - 2026

Mary Leahy, RGN, RM, RPHN
(INMO 1st Vice-President)

Mary Gorman, RGN, RM
(INMO Executive Council member
and
Member of the Maternity Strategy Steering Group)

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Chairperson and members of the Committee

The Irish Nurses and Midwives Organisation (INMO) has welcomed the launch of the country's first National Maternity Strategy *Creating a Better Future Together for the Period 2016 - 2026*.

Our Midwives Section has particularly welcomed the recognition, within the Strategy, of the need to give pregnant women appropriate, and informed, choices, supported by access to the correct level of care and support for their individual needs.

Our midwife membership also welcomes the recognition, within the strategy, of the role of midwives, in the natural childbirth experience. In particular, we welcome the recognition of midwives leading and delivering care, within the multi-disciplinary framework for delivering the care pathway, intended for normal risk mothers and babies (Supported Care). In that regard we would advise the committee that every audit of existing Midwifery Led Units (MLUs) confirm high quality performance and high levels of satisfaction felt by mothers. My colleague Mary Gorman, here with me, has experience of such a midwifery led unit as she works in Our Lady of Lourdes Hospital, Drogheda. She can provide further details with regard to the effectiveness and potential of this service model.

In this regard the publication of this Strategy, and more importantly its implementation, should herald a move away from the current overly medicalised models of care in existence across the country. It has long been the view of the INMO that current maternity services underutilise the potential of the Registered Midwife thus minimising the choices for the woman. It is imperative, through the implementation of this Strategy, that our maternity services utilise the expertise, and autonomous practice, of all health professionals, within the service, in the interests of optimising the quality of the service and to the supports to the mother and new-born.

In that context the Organisation also fully endorses the recommendations, within the strategy, for the development of a community midwifery service. This development, which will see hospital midwives coming out into the community, to provide ante and post-natal care, will represent a hugely positive development, for mothers and babies, bringing the service to them rather than requiring them to come into a hospital for care and support.

The INMO has also noted the intention to establish a National Women and Infants Health Programme to drive forward the implementation of the Strategy over the coming years. The Organisation is on record as looking forward to working with this programme to implement, in the shortest possible timeframe, all of the recommendations itemised leading to a positive transformation of this country's maternity services. However we are aware of difficulties in recruiting key personnel to lead this programme which has delayed the pace of progress to date. This leadership issue is pivotal and must be addressed without delay.

The INMO has sought a meeting, with the Department of Health, for the purposes of agreeing the necessary measures, particularly with regard to workforce planning, including an analysis of training needs, necessary to ensure we will have the

additional midwives required to facilitate the full implementation of this strategy. This meeting has yet to take place but we expect it shortly.

It is now almost one year since this Strategy was published and the INMO, notwithstanding its excellent potential and the positive response the Strategy has received from all stakeholders, is becoming increasingly concerned at the slow pace of implementation. A key example of this, which goes to the heart of all maternity care, is the midwife to birth staffing ratios which continue to exist in this country.

The accepted midwife to birth ratio, which arises from evidenced based practice, is one midwife to 29.5 births. In fairness the Strategy commits to the introduction of this ratio, over a number of years, as maternity services evolve through the implementation of the recommendations.

However, in the short term, it has proved extremely difficult to secure the additional midwifery posts necessary to improve the current ratio which, in some units, continues to be in excess of one midwife to 40 births with one midwife to 36 being the average across the country. The latest HSE Service Plan refers to the recruitment of 100 additional midwives. However we have yet to see this happen and, in particular, there is absolutely no certainty that even advertising these posts will secure the additional midwifery expertise required in hospitals/units across the country. In addition the Strategy will require increasing the number of midwifery posts, by 100, for each of the next four years but, again, nothing has been done to recruit and/or retain, midwives, in our health service, despite the current shortage and we have no sense of proactive planning.

The reality is that our current services are severely understaffed and, from the experience of the INMO, there is a complete absence of workforce/manpower planning as to how this critical staffing shortfall will be addressed and how we will ensure a supply, into the future, of midwives wishing to work within the Irish public health service. This committee must understand that the implementation of this strategy, which we believe everyone supports, is dependent upon an acceptance that as we remodel pathways of care and provide choice, for mothers, there will be staffing resource implications, particularly midwifery, which must be planned for, addressed and supplied.

A fundamental requirement, with regard to this workforce planning to realise, and maintain, this best practice ratio, is to increase the number of direct entry undergraduate midwifery places, by at least 25% (125), and, in addition, to expand the number of postgraduate midwifery places available across the country. The INMO believes this is self-evident but we are not aware of any plans to provide for this increase in supply. However it must be noted that, in recent years, a number of these postgraduate places have not been filled due to lack of applicants. This is yet another example of the service wide issue of recruitment and retention which must be addressed if we are to establish **and** maintain safe staffing levels.

On the more positive side the committee should note that, arising from a recommendation in the Report of Maternity Services in Portlaoise General Hospital, Directors of Midwifery have been, or are being, appointed to all maternity units/hospitals (19 in total). One important thing to note, about these appointments, is that

the post of Director of Midwifery will, in the context of implementing the Maternity Strategy, have a remit which spans both the maternity hospital and the adjoining community services. This is most welcome and is indicative of what should happen, as the Strategy is implemented, and will provide governance to the enhanced community midwifery services referred to earlier.

We believe this strategy, which was formulated after detailed discussions/debates involving all partners in maternity care, represents a step change in our approach to pregnancy and childbirth. The recommendations place the mother and child, at the centre of all services, and will require all members of the multi-disciplinary team to alter existing approaches to facilitate new models of care totally sympathetic to the mother and new-born baby. Implementation of the Strategy is also essential in recognition of the changing demographic with regard to the age with which women chose to have children. Maternity services will have to be capable of addressing the modern day realities, of pregnancy, including increasing levels of obesity, management of other chronic illnesses and the many issues which flow from modern work life balances. This requires our maternity services to be resourced, responsive and flexible which, in fairness, will result from the implementation of this Strategy.

We wish to acknowledge the dedicated work, of the steering group, leading to this forward looking strategy. The INMO, and particularly our Midwives Section, commits itself to work with all concerned to deliver upon the Strategy's recommendations. The collective goal must be to ensure excellent standards of care, in the environment chosen by the mother, based upon their needs and preferences.

The recognition of the role of midwives, within the proposed new pathways of care, is very welcome and our midwife members look forward to embracing this change and providing these new models of care and choice for women nationwide.

Thank you.