



Irish Nurses and Midwives Organisation
Working Together

National Maternity Strategy
Creating a Better Future Together
2016 - 2026

February 2018

Chairperson and Members of the Committee

In January 2017 The Irish Nurses and Midwives Organisation (INMO) appeared before this committee and 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 in respect of their care during pregnancy, supported by access to the correct level of care and support for their individual needs.

One year on, the progress in implementation is very slow. We have not developed any further midwifery led units despite the positive feedback surrounding this model of care. Likewise, the development of community midwifery services remains at planning stage, recommendation 41 of the strategy re: hospital outreach community midwifery service was due to be fully implemented in Q1 2018, this has not occurred.

Arising from a recommendation in the Report of Maternity Services in Portlaoise General Hospital: Directors of Midwifery have been 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 has a remit which spans both the maternity hospital and the adjoining community services in the context of implementing the Maternity Strategy. The INMO believes that the hospital group structure must provide for the same policy and governance at group level for midwifery services , as is the case for general services. Therefore the appointment of Group Directors of Midwifery are a necessary national driver for policy and governance changes. The implementation plan published in October 2017, which the INMO were briefed on, set out a plan for the establishment of a maternity network within each Group as a priority and stated specifically that by Q2 2018.

A Maternity network governance structure would be in place with a network manager, clinical lead, Midwifery Lead and quality and patient safety lead clearly identified.

Discussions have not taken place with the INMO yet in relation to the national governance model. The INMO believes that midwifery services would benefit from a national governance model like the way in which general hospital governance is enhanced by the national role of Group Directors of Nursing.

The INMO is becoming increasingly concerned at the slow pace of implementation of the strategy and with the low 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. The Strategy committed to the introduction of this ratio, over a number of years.

As part of the 2017 funded workforce plan the HSE committed to increasing the staff midwifery numbers from the December 2016 census figure by 96 Whole Time Equivalent (WTE) at December 2017. The most recent figures presented to the INMO by the HSE in late January 2018, show that the overall number of staff midwives have fallen by 16WTE in December 2017:

December 2016: 1,461 WTE - December 2017: 1,445 WTE

The HSE confirm that WTE 63 Midwives were recruited during this period, however the numbers leaving the service outpace recruitment significantly.

The reality is that our maternity services are severely understaffed and, from the experience of the INMO, there is a funding barrier to realistic workforce/manpower planning starting at undergraduate level and continuing at post graduate level, in all aspects of planning.

Midwifery is a profession which requires continuity of staffing levels and it is a concern that the highly pressurised environments in which midwives' work do not lend themselves to retention of staff. The pay for midwives is modestly low for the responsibilities held. The Public Service Pay Commission is currently looking at the barriers to recruitment and retention in nursing and midwifery in Ireland and we have

made a detailed submission to this body, demonstrating the fact that Ireland is currently the lowest paying country for nurses and midwives of the five main international recruiter competitors.

Ireland is currently unable to retain or recruit sufficient numbers of nurses and midwives to continue to provide safe levels of service to the current model of care delivery. A major improvement in relation to, pay and recruitment and retention planning, is required to improve midwifery staffing levels and provide sufficient numbers for the expansion and development of services such as those envisaged by this strategy.

Thank you for your time today and we are happy to answer any questions you may have.