



INSTITUTE OF OBSTETRICIANS & GYNAECOLOGISTS

**ROYAL COLLEGE OF
PHYSICIANS OF IRELAND**

Opening statement

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The Institute of Obstetricians and Gynaecologists welcomes the opportunity to engage with the Committee in respect of the Implementation Plan for the National Maternity Strategy. The plan has 77 recommendations and 236 specific actions. While all of the recommendations are welcome I will concentrate on those which the Institute considers the most important.

Under the Health and Wellbeing strategic priority the commitment to prioritizing the recruitment of consultant perinatal psychiatrists and multi-disciplinary team members is essential (19.1 to 24.2 inclusive). There are currently only three perinatal psychiatrists in the country, only one of whom is full time, and all three are in the Dublin area. Women are badly served in this respect.

Under the Safety and Quality strategic priority the continued development of National Clinical Guidelines (28.1-4) and the emphasis on audit (29.1-10) using the IMIS data set (30.1-4) should improve the standard of care to women in pregnancy. There is a long tradition of audit in the Dublin maternity hospitals. A lot of work has already been done in the area of guideline development under the leadership of Professor Michael Turner, Clinical Lead in Obstetrics and Gynaecology. The involvement of the National Women and Infants Health Program in this area is welcome.

There is a well-recognized deficiency at national level in access to ultrasound services. The Institute regards correcting this as a high priority.

Under the Model of Care strategic priority it is critical that the development of the three pathways concept and associated changes does not cause divisions between midwives and doctors. Midwives and doctors working in the Irish health service have a long tradition of working cooperatively together. Such is not always the case in other developed nations, sometimes with tragic results. Teamwork and mutual respect are in the best interests of women.

Teamwork also refers to other healthcare professionals, such as pharmacists.

Development of special services such as early pregnancy assessment units (51.1-3), neonatal screening programs (54.1-3), perineal clinics (57.1-4), and perinatal pathology services (56.1) will require substantial increases in staff numbers.

Under the Governance and Workforce strategic priority the Institute welcomes the repeated emphasis on the importance of audit in maintaining patient safety and quality.

The Institute strongly supports clinical leadership in governance of the developing maternity networks within each group. The Maternity Lead (68.3) should be a senior clinician with both authority for implementation of the plan under discussion here today and accountability for the success, or otherwise, of implementation. Without authority however the Lead should not be held accountable. The Mastership model, as operated by the three Dublin hospitals, but with adaptation, could serve as a model for governance.

The deficiency in medical staff numbers is a cause of serious concern. It is well known that many consultant jobs are so unattractive that no applications are received. This is a major change from a decade ago and requires urgent and realistic action by the state.

Benign gynaecology gets no mentions in the national maternity strategy and this is serious deficiency which needs to be addressed.

Dr Peter Boylan is Chairman of the Institute of Obstetricians and Gynaecologists and is a former Master of the National Maternity Hospital (1991 to 1998). Dr Boylan has also worked in London and in the United States as well as in Dublin and has lectured extensively throughout the World.