Joint Committee on the Eighth Amendment of the Constitution

Meeting
Thursday 30th November 2017

Opening Statement
By

Liam Woods
Director, Acute Hospitals HSE
Good afternoon Chairman and members of the Committee. Thank you for the invitation to attend the Committee meeting. I am joined today by:

- Dr. Peter McKenna       Clinical Director NWIHP  
- Mr. Kilian McGrane     National Programme Director NWIHP  
- Ms. Angela Dunne        Director of Midwifery NWIHP  
- Ms. Janice Donlon       Sexual Health and Crisis Pregnancy Programme  

I have addressed the points raised by the Committee in correspondence with the HSE below.

*Improvements should be made to counselling and support facilities for pregnant women both during pregnancy and, if necessary, following a termination of pregnancy, throughout the country.*

Perinatal mental health features strongly in the National Maternity Strategy, recognising the potential impact it has on the mother, baby and the wider family. The NWIHP’s implementation plan sets out a series of actions aimed at identifying at risk women, and ensuring that they get the appropriate support throughout their pregnancy and during the postnatal phase. These actions include:

1. The appointment of clinical midwife specialists in each of the 19 maternity hospitals/units, to support and train midwives in identifying and supporting at risk women.
2. Recruitment of additional perinatal psychiatrists, so that each maternity network has a minimum of one perinatal psychiatrist.
In line with the perinatal mental health model developed by the HSE’s Mental Health Directorate, a hub and spoke model will exist within each maternity network, with the psychiatrist based in the tertiary facility accepting referrals from individuals units, and supported, as required by local liaison psychiatry.

3. The training of all staff working in maternity hospitals/units to identify women at risk at booking appointments, or throughout their maternity journey, and in particular those with a mental health history.

While these developments are resource dependent the implementation process will commence with the launch of the HSE’s implementation plan for the National Maternity Strategy. Perinatal mental health is a significant priority for the HSE’s National Women and Infants’ Health Programme. The actions in the implementation plan will focus on providing the necessary support and counselling to women who are showing signs of stress and anxiety at the lower end of the spectrum, as well as those who have a underlying history of mental illness in the higher risk categories. The pathway for women will depend on the risk classification from their assessment. The model of care for perinatal mental health is being launched today by the Mental Health Division of the HSE and we will arrange for information to be provided to the Committee on its content.

The Model of Care is based on the maternity networks recommended in the National Maternity Strategy.
This means the specialist perinatal mental health services will be aligned to hospital groups and developed in a hub and spoke format so all 19 maternity services are included in the model.

An allocation €1m has been made in 2017 to start 3 specialist perinatal hubs in Galway University Hospital, Cork University Maternity Hospital and University Maternity Hospital Limerick and to expand the small existing teams in the Dublin based maternity hospitals (Coombe; National Maternity Hospital; Rotunda). A further €2 million has been allocated for 2018 to complete each of these 6 hub teams. The Model of Care recommends the establishment of a National Mother and Baby Unit. This will require further investment.

In August 2016 the HSE launched the National Standards for Bereavement Care following Pregnancy Loss and Perinatal Death. These standards set out care that families can expect following a maternity related bereavement. An implementation team has been established, and a clinical lead and programme manager have been appointed. The implementation team are visiting all 19 units to support the implementation of the standards. In 2016 resources were secured to appoint a Clinical Midwife Specialist in Bereavement to all maternity hospitals/units that did not already have one. Recruitment to fill these important posts is currently underway.

The provision of services and supports to women and their families experiencing a crisis pregnancy is part of the remit of the Sexual Health and Crisis Pregnancy Programme (SHCPP). The SHCPP is one of a number of National Programmes led by the Health and Wellbeing Division of the HSE.
My colleagues Janice Donlon and Helen Deely presented to you in relation to the work of the Programme on 15th November 2017, and Janice is here today to provide any further inputs you may require. The SHCPP presented on the current provision of counselling services in Ireland as funded by them and the range of supports available to women both during a crisis pregnancy and following termination.

As you will be aware from their presentation the HSE SHCPP currently fund fifteen individual crisis pregnancy counselling services which operate out of 40 plus locations nationwide to provide free crisis pregnancy counselling, these services are in a mix of rural and urban locations. Details of these crisis pregnancy counselling services can be found on www.positiveoptions.ie.

Crisis Pregnancy Counselling and the provision of information on all three options; Parenting, Adoption and Abortion is provided under the legal framework of Regulation of Information (Services outside the State for Termination of Pregnancies) Act 1995. The Act sets out how information about legal abortion services outside Ireland may be given to individuals or groups in Ireland.

All women should have the same standard of obstetrical care including early scanning and testing. Services should be available to all women throughout the country irrespective of geographic location or socioeconomic circumstances

The National Maternity Strategy “Creating a Better Future Together” sets out the road map for ensuring that all women can access standardised high quality, safe care regardless of location.
The HSE has developed and published an implementation plan for the National Maternity Strategy, which seeks to address the current regional variations in provision of anomaly scanning as part of the overall approach. The implementation plan will be overseen by the HSE’s National Women and Infants’ Health Programme (NWIHP). The HSE’s maternity services will be managed through maternity networks, with larger tertiary centres working collaboratively with smaller regional centres.

The provision of a dating ultrasound in the late first trimester (12-14 weeks) followed by a detailed foetal (anomaly) scan at 20-22 weeks is a recognised component of good antenatal care. Currently only seven maternity hospitals/units offer 100% of women access to anomaly scans, and five units do not offer any access.

As part of the implementation plan for the National Maternity Strategy, the National Women and Infants’ Health Programme (NWIHP) have identified the need for an additional 52 sonographers to support the provision of both dating and anomaly scanning in all 19 maternity hospitals/units. In 2018 the priority will be on improving access for anomaly scanning, and funding for approximately 40 additional sonographers, subject to the approval of the HSE’s National Service Plan for 2018, will be provided. Sonographers are a difficult grade to recruit, and if suitably qualified personnel are not available, then existing staff will be trained to develop the required capacity. While this will take time, the recruitment of the additional staff will improve access.

*Further consideration should be given as to who will fund and carry out terminations of pregnancy in Ireland.*
In the first instance this will be a policy matter for the Department of Health in the event of any changes in the legislation being passed in the future, following which the HSE may be invited to submit additional service proposals for funding through the HSE’s annual Service Plan and Estimates processes.

This concludes my opening statement and together with my colleague we will endeavour to answer any questions you may have.

Thank you.