



Pregnancy Loss Research Group

Joint Committee on Health

OPENING STATEMENT

Issues relating to the National Maternity Strategy 2016-2026
(including progress in its implementation)

By Professor Keelin O'Donoghue

Lead, Pregnancy Loss Research Group, University College Cork^{1*}

12 February 2026

***Additional roles:**

- Consultant Obstetrician and Maternal-Fetal Medicine Sub-Specialist, Cork University Maternity Hospital | Ireland South Women and Infants Directorate
- National Implementation Lead – National Standards for Bereavement Care following Pregnancy Loss and Perinatal Death²
- Clinical Lead – National Clinical Practice Guidelines in Obstetrics and Gynaecology Programme, National Women and Infants Health Programme³
- Expert Advisor, Cross-Party Oireachtas Group on Pregnancy and Infant Loss

¹ <https://www.ucc.ie/en/pregnancyloss/>

² <https://www.ucc.ie/en/pregnancyloss/impact/nationalbereavementstandards/>

³ <https://www.ucc.ie/en/pregnancyloss/impact/nationalclinicalguidelines/>

Introduction

Good morning, Cathaoirleach and members of the Committee. Thank you for the invitation to meet with you today to discuss issues relating to the National Maternity Strategy (2016-2026)⁴.

I lead the Pregnancy Loss Research Group (PLRG), which is co-located between the Department of Obstetrics and Gynaecology and the INFANT Centre at University College Cork and Cork University Maternity Hospital. At the PLRG, we lead policy and practice-relevant national research across all forms of pregnancy loss and pregnancy endings.

I am joined today by my colleague Marita Hennessy, Senior Researcher. I also wish to acknowledge Féileacáin, also presenting today, with whom we collaborate.

The National Maternity Strategy and associated National Standards for Bereavement Care following Pregnancy Loss and Perinatal Death ('the Bereavement Standards')^{2,5} were developed within the context of the publication of several reports that highlighted significant deficits within maternity services.

I wish to highlight **three areas** in my opening statement to the Committee:

- **There have been many improvements** since introduction of the Maternity Strategy and Standards,
- **There is still more to do** to fully implement recommendations, sustain and scale up,
- **There are opportunities to do much more** in the next iteration of the Strategy.

1. The Maternity Strategy delivered a strategic framework and, along with the National Standards for Bereavement Care following Pregnancy Loss and Perinatal Death, has resulted in several improvements

Perinatal death statistics and pregnancy loss feature at length in the Strategy's opening chapter. However, while many actions within the Strategy are relevant, only five explicitly relate to pregnancy loss. These actions state that the HSE's National Women and Infants Health Programme (NWIHP) will implement the Bereavement Standards, provide additional supports and appropriate spaces, access to early pregnancy units and enhanced perinatal pathology services (see Box).

⁴ <https://www.gov.ie/en/department-of-health/publications/national-maternity-strategy-creating-a-better-future-together-2016-2026/>

⁵ <https://pregnancyandinfantloss.ie/hse-national-standards-for-bereavement-care-following-pregnancy-loss-and-perinatal-death-implementation-report/>

Actions from the National Maternity Strategy

- Additional support...for women who have experienced traumatic birth or the loss of a baby (Action 25, p113)
- Birth centres have appropriate settings for families to afford privacy when receiving news of, or experiencing, bereavement (Action 49, p115)
- HSE Standards for Bereavement Care following Pregnancy loss and Perinatal Death are implemented nationally (Action 50, p115)
- All women have easy and appropriate access...to well-resourced Early Pregnancy Assessment Units, in all maternity units (Action 51, p115)
- Each maternity network scopes the necessity for the development of enhanced services at network level including...perinatal pathology (Action 56, p115).

The Bereavement Standards (2016; 2022) established a national framework for compassionate, equitable and multidisciplinary care, driven by collaboration among key interest holders. A 2021 evaluation highlighted 40 recommendations to enhance implementation⁵. NWIHP's structures and support have kept the Standards work operational.

Key achievements:

- Clinical Midwife/Nurse Specialist in Bereavement & Loss posts (in all 19 maternity hospitals/units⁶)
- Expansion of Perinatal Pathology services
- National pregnancy loss website⁷ (collaboration between the PLRG and Irish Hospice Foundation)
- Education programmes (e.g. HSELand-recently funded, TEARDROP-PLRG)
- Counselling and support services (HSE-Sexual Health Programme)
- Audits of the 19 maternity units/hospitals highlight gaps and focus priorities.

The work of NWIHP's Clinical Guideline Programme has enhanced the work of the Bereavement Standards, through the development of key guidelines in pregnancy loss³.

PLRG research has guided implementation and service improvements (key example – HRB-funded RE:CURRENT⁸ project), education needs and information resources (booklets⁹, multi-lingual videos¹⁰, websites^{7,11}, case studies of hospital spaces¹², 'Meet the Staff' videos¹³).

A review of Bereavement Standards implementation is underway; we will share that report with the Committee when complete (April 2026).

⁶ <https://pregnancyandinfantloss.ie/bereavement-teams/>

⁷ <https://pregnancyandinfantloss.ie>

⁸ <https://www.ucc.ie/en/pregnancyloss/researchprojects/recurrent/>

⁹ <https://pregnancyandinfantloss.ie/patient-docs/>

¹⁰ <https://www.youtube.com/@pregnancylossresearchgroup346>

¹¹ <https://www.corkmiscarriage.com/>

¹² <https://pregnancyandinfantloss.ie/case-studies-hospital-spaces/>

¹³ <https://pregnancyandinfantloss.ie/meet-the-staff/>

2. There is ongoing work that needs sustained support

We know from our research and evaluation of the Bereavement Standards implementation that more needs to be done, with variation nationally^{5,14,15}. In HIQA's maternity bereavement experience survey and in our national study on recurrent miscarriage, 1 in 4 people rated their care as 'poor'. Bad communication, lack of follow-up and lack of dedicated spaces were consistent findings^{16,17}.

In addition, while many inquiries into baby deaths have happened, recommendations have not been consistently implemented, and the same issues persist¹⁸. The approach to reviewing perinatal deaths is not uniform or transparent¹⁹, and bereaved parents are often not involved^{20,21}.

We need to:-

- Ensure Clinical Midwife/Nurse Specialists in Bereavement and Loss roles are protected
- Provide additional supports – resource new specialist midwifery roles for early pregnancy and pregnancy after loss (Rainbow clinics)
- Implement the model of miscarriage care informed by the RE:CURRENT project²²
- Resource clinical guideline implementation
- Achieve specialist perinatal pathology networks with appropriate workforce and facilities
- Develop and implement national standards for early pregnancy units.

These are elements that need national standardisation, despite regionalisation, to ensure people receive the best care, regardless of where they live or their means.

NWIHP should have the authority (and sufficient resourcing) to continue this work. Investment in information resources, staffing, training, infrastructure and research remains critical.

3. Where to from here? We can harness the opportunity to further integrate measures to reduce preventable baby deaths within the new National Maternity Strategy

Over the last decade, significant progress has been made through implementation of the Bereavement Standards. While ensuring that people receive the best care after pregnancy loss, we also have a duty to prevent avoidable baby deaths.

¹⁴ <https://imj.ie/a-national-evaluation-of-recurrent-miscarriage-care-services/>

¹⁵ <https://imj.ie/mapping-perinatal-bereavement-care-education-and-training-for-maternity-staff/>

¹⁶ <https://link.springer.com/article/10.1186/s12913-023-09347-1>

¹⁷ <https://yourexperience.ie/maternity-bereavement/national-results/>

¹⁸ <https://www.imj.ie/wp-content/uploads/2020/02/Irish-Inquiry-Reports-Relating-to-Perinatal-Deaths-and-Pregnancy-Loss-Services-1.pdf>

¹⁹ <https://imj.ie/characteristics-of-serious-incident-management-team-simt-reviews-in-maternity-units/>

²⁰ <https://onlinelibrary.wiley.com/doi/10.1111/hex.13645>

²¹ <https://journals.sagepub.com/doi/10.1177/13558196251395529>

²² https://www.ucc.ie/en/media/research/plrg/policybriefs/PLRG_PolicyBrief15-Apr2025_RECURRENENT_FINAL.pdf

Ireland's perinatal mortality rates have room for improvement, and minority ethnic groups are over-represented²³. Political leadership and targeted investment could reduce the number of baby deaths, but unlike other countries, Ireland has no action plan.

While there are costs involved, these must be weighed against the far greater costs (for all involved) of doing nothing, and any improvements bring wider benefits for maternity experiences and outcomes.

This month, we are finalising An Action Plan to End Preventable Baby Deaths in Ireland, developed in partnership with Féileacáin and the National Perinatal Epidemiology Centre²⁴. We will share this plan with the Committee; it should be included within the next National Maternity Strategy.

Our action plan complements existing national frameworks²⁵ and covers five key areas: (1) Public Awareness and Education, (2) Risk Awareness and Communication, (3) Best Care, Every Time, (4) Ongoing Review of Baby Deaths and (5) Driving Research Informed Care.

Conclusion

Cathaoirleach - While there have been many positive developments since publication of the National Maternity Strategy and Bereavement Standards, there is work to be done to sustain these and also further implement recommendations in key areas.

There is also an opportunity in the next Strategy, to sustain and scale-up improvements, enhance early pregnancy and pregnancy after loss care, and implement targeted measures to end preventable baby deaths.

²³ <https://www.ucc.ie/en/npec/clinical-audits/perinatalmortalitynationalclinicalaudit/annualreport2023/>

²⁴ <https://www.ucc.ie/en/npec/>

²⁵ Department of Health Statement of Strategy 2025-2028: <https://www.gov.ie/en/department-of-health/publications/department-of-health-statement-of-strategy-2025-2028/>; National Maternity Strategy 2016-2026: <https://www.gov.ie/en/department-of-health/publications/national-maternity-strategy-creating-a-better-future-together-2016-2026/>; National Standards for Safer Better Maternity Services: <https://www.hiqa.ie/reports-and-publications/standard/national-standards-safer-better-maternity-services>; Women's Health Action Plan 2024-2025: <https://www.gov.ie/en/department-of-health/publications/womens-health-action-plan-2024-2025-phase-2-an-evolution-in-womens-health/>; National Strategy for Women and Girls 2025 – 2030: <https://www.gov.ie/en/department-of-children-disability-and-equality/campaigns/national-strategy-for-women-and-girls-2025-2030/>; HSE Public Health Strategy 2025-2030: <https://about.hse.ie/news/hse-launches-new-public-health-strategy-2025-2030/>.