

*Dé Céadaoin, 3 Bealtaine, 2017*  
*Wednesday, 3rd May, 2017*

2 p.m.

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**GNÓ COMHALTAÍ PRÍOBHÁIDEACHA**  
**PRIVATE MEMBERS' BUSINESS**

*Fógra i dtaobh Leasuithe ar Thairiscint : Notice of Amendments to Motion*

**108.** “That Dáil Éireann:

notes:

- that since 2011, maternity services in Ireland have been marked with investigations and, in some cases, alleged cover ups of maternal and child mortality or injury in Portlinculla as well as University Hospital Galway, Portlaoise, Cavan, and Drogheda;
- that Ireland has the lowest number of consultant obstetricians per 100,000 women in the Organisation for Economic Co-operation and Development and a consultant obstetrician in Ireland is responsible for 597 births per annum, compared to 268 in Scotland;
- that the three Dublin maternity hospitals are operating at a 17 per cent deficit in the number of midwifery staff needed to run the services;
- that most of the 19 maternity units do not offer foetal anomaly screening, as prenatal ultrasound assessments by qualified sonographers and foetal medicine specialists are not available outside larger units;
- that, despite the enactment of the Protection of Life During Pregnancy Act 2013, there is a dearth of perinatal psychiatrists and other specialists;
- the serious inequalities and absence of resources which exist within the Health Service Executive (HSE) to provide services to children with life-limiting and complex medical needs, and to those under palliative care; and
- that such shortcomings have directly led to tragic incidents involving mothers and children;

acknowledges and supports the findings of:

- the National Maternity Strategy, Palliative Care for Children with Life-limiting Conditions in Ireland – A National Policy by the Department of Health, the HSE National Standards for Bereavement Care following Pregnancy Loss and Perinatal Death, and the Report on End of Life and Palliative Care in Ireland by the Joint Committee on Health and Children in 2014; and

- the National Standards for Safer Better Maternity Services Report by the Health Information and Quality Authority submitted to the Minister for Health;

further acknowledges:

- that the Programme for a Partnership Government states it will implement the National Maternity Strategy and ‘invest in end of life care, including the provision of hospice and “end of life care” during the perinatal period, infancy, childhood and adulthood’;
- the need for continuity of care for women and parents during pregnancy, at the point of delivery and after birth, inclusive of where children have life-limiting conditions;
- the need to support bereaved parents in their transition out of hospital, with appropriate services and the availability of frontline bereavement counselling;
- that the above is best delivered by medical teams basing their decisions on best medical practice and not in any way beholden to any religious ethos; and
- the plans to move the National Maternity Hospital at Holles Street to new, modern facilities at St. Vincent’s Hospital campus; and

calls on the Government to:

- honour commitments in the Programme for a Partnership Government in respect of funding and implementing the National Maternity Strategy;
- ensure that the new National Maternity Hospital is built on the St. Vincent’s Hospital campus as quickly as possible, remains entirely within public ownership and has legally guaranteed independence from all non-medical influence in its clinical operations within the laws of the State;
- ensure swift approval, dissemination and implementation of the National Maternity Standards for Safer Better Maternity Services;
- ensure all maternity hospitals have access to foetal anomaly screening, with the requisite staff and equipment;
- work with nursing and medical unions in the recruitment and retention of medical staff, so that all maternity hospitals meet the Birthrate Plus standard for midwifery staffing, as well as international standards for consultant obstetricians and gynaecologists;
- establish an independent patient advocacy service; and
- implement the recommendations of the Report on End of Life and Palliative Care in Ireland by the Joint Committee on Health and Children in 2014, prioritising those parts relating to care for children with life-limiting conditions.” — *Louise O’Reilly, Gerry Adams, Pat Buckley, John Brady, David Cullinane, Seán Crowe, Pearse Doherty, Dessie Ellis, Martin J. Ferris, Kathleen Funchion, Donnchadh Ó Laoghaire, Martin Kenny, Mary Lou McDonald, Imelda Munster, Denise Mitchell, Carol Nolan, Jonathan O’Brien, Eoin Ó Broin, Caoimhghín Ó Caoláin, Aengus Ó Snodaigh, Maurice Quinlivan, Brian Stanley, Peadar Tóibín.*

*Leasuithe:*

*Amendments:*

1. To delete all words after “Dáil Éireann” and substitute the following:

“notes:

- that Irish maternity services compare favourably with those in other countries in terms of safety and patient outcomes;
- the publication, in January 2016, of Ireland’s first National Maternity Strategy (the

Strategy), which demonstrates a new and enhanced focus on maternity care at both policy and service delivery level and will fundamentally change how maternity care is delivered, improve the risk profile of the entire service and benefit the approximately 80,000 families who access it each year;

- the establishment of the National Women and Infants Health Programme to lead the management, organisation and delivery of maternity, gynaecology and neonatal services, strengthening such services by bringing together work that is currently undertaken across primary, community and acute care;
- the development of Maternity Networks to strengthen the operational resilience of smaller units such that they can provide safe quality services;
- the establishment of a new National Patient Safety Office (NPSO), located in the Department of Health, to prioritise work in this area and to work on a range of initiatives, including new legislation, the establishment of a national patient advocacy service, the measurement of patient experience, the introduction of a patient safety surveillance system and extending the clinical effectiveness agenda;
- the monthly publication of Maternity Patient Safety Statements by each maternity hospital/unit, as recommended by the Chief Medical Officer in his 2014 report on perinatal deaths in Portlaoise;
- the development of the Health Information and Quality Authority (HIQA) National Standards for Safer Better Maternity Services, which set out the key elements that a maternity service should strive to attain in order to promote the provision of safe and high quality services;
- the implementation of the Maternal and Newborn Clinical Management System, and the introduction of the electronic health record for mothers and babies which marks a very significant development in the delivery of maternity care and will support better, safer clinical decision-making and a more connected health service delivering improved health outcomes;
- the 2016 allocation of an additional €3 million for maternity services, as well as the increased funding of €6.8 million being provided in 2017, to allow for the continued implementation of the Strategy;
- the growing maternity workforce and the falling number of births, both of which are giving rise to improved staff to birth ratios;
- the highest ever number of consultant obstetrician/gynaecologists employed in Ireland at 142 Whole Time Equivalent (WTE), an increase of 26 WTEs since December 2010;
- the 1,583 midwife WTEs employed, and the recruitment of an additional 100 midwives in 2016, the allocation of which to individual maternity hospitals/units was informed by the needs identified by Birth Rate Plus, an evidence-based workforce planning tool;
- that one of the priority aims of the Health Service Executive (HSE) National Service Plan 2017, is the design and development of perinatal mental health services capacity;
- that anomaly scans are available in all Hospital Groups and the Strategy recommends that all women must have equal access to standardised ultrasound services;
- the publication of the HSE's National Standards for Bereavement Care following Pregnancy Loss and Perinatal Death, and the development of specialist bereavement teams;
- the very substantial implementation of the recommendations relating to children with

life-limiting conditions contained in the Report on End of Life and Palliative Care in Ireland by the Joint Committee on Health and Children in 2014;

- the range of services provided for infants with life-limiting conditions and complex medical needs; and
- that these developments represent key building blocks in the provision of high quality maternity services;

endorses:

- the proposed new model of maternity care set out in the Strategy, consisting of three care pathways – supported, assisted and specialised, meaning every woman will be able to access the right level of care, from the right professional, at the right time and in the right place, based on her needs;
- the Strategy’s recommendation that services should be woman-centred, and provide integrated, team-based care, while increasing choice to women and ensuring safety;
- the Strategy’s intention for a partnership approach to be taken, with women to be encouraged to maintain regular contact with maternity services throughout pregnancy and following birth, have access to all necessary information, all of which will be underpinned by the principles of informed consent;
- the intention to relocate all four stand alone maternity hospitals with adult acute hospitals and plans to build a world-class maternity facility, namely the National Maternity Hospital at Elm Park, which will have clinical, operational and financial independence without religious, ethnic or other distinction, and the submission in March 2017, of the strategic infrastructure planning application for the hospital to An Bord Pleanála;
- the Minister for Health’s intention to meet with both hospitals and consider further the legal mechanisms necessary to absolutely protect the State’s considerable investment in the hospital, and to report to Government and the Oireachtas on this project at the end of May 2017, including on the issue of ownership of the new facility;
- the plan for the National Women and Infants Health Programme to oversee the implementation of the National Maternity Standards for Safer Better Maternity Services and for HIQA to, in time, develop an appropriate monitoring programme in relation to these standards once they have been embedded in the healthcare system;
- the prioritisation by the National Women and Infants Health Programme of the provision of anomaly scans, to ensure that women will have equal access to standardised ultrasound services;
- the agreement reached recently, following engagement between the Departments of Health and Public Expenditure and Reform, the HSE, INMO and SIPTU nursing unions on a number of specific measures to attract nursing and midwifery graduates and to retain nurses and midwives;
- the resultant commitment given under that agreement to deliver the 2017 funded nursing and midwifery workforce plan, including 1,208 additional posts, 96 of which are additional midwives to support the implementation of the Strategy;
- the commencement of work by the NPSO on a Patient Safety Complaints and Advocacy Policy, the development of which will be informed by public consultation; and
- the intention to fully implement the recommendations of the November 2016 Evaluation of the Children’s Palliative Care Programme, to further improve the supports and services available both to children with life-limiting conditions and palliative care needs and their families; and

supports the commitment, as set out in the Programme for a Partnership Government and in the developments outlined above, to implement the National Maternity Strategy, which will be carried out on a phased basis over the lifetime of the Strategy and will ensure the provision of a safe and high quality maternity service for women and babies.” — *An tAire Sláinte*.

2. To delete all words from “ensure that the new National Maternity Hospital” up to and including “clinical operations within the laws of the State” and substitute the following:

- “— ensure that the new National Maternity Hospital is built on the St. Vincent’s Hospital campus as quickly as possible and has legally guaranteed independence from all non-medical influence in its clinical operations within the laws of the State, and that the investment of €300 million by the State is reflected in the ownership of the new hospital;
- negotiate a lien that will reflect the taxpayer’s investment in the new National Maternity Hospital and explore the possibility of a 999 year lease of the property;” — *Billy Kelleher, Bobby Aylward, John Brassil, Declan Breathnach, James Browne, Mary Butler, Thomas Byrne, Jackie Cahill, Dara Calleary, Pat Casey, Shane Cassells, Jack Chambers, Lisa M. Chambers, Niall Collins, Barry Cowen, John Curran, Stephen S. Donnelly, Timmy Dooley, Sean Fleming, Pat the Cope Gallagher, Seán Haughey, John Lahart, James Lawless, Marc MacSharry, Micheál Martin, Charlie McConalogue, Michael McGrath, John McGuinness, Aindrias Moynihan, Michael Moynihan, Eugene Murphy, Margaret Murphy O'Mahony, Darragh O'Brien, Jim O'Callaghan, Éamon Ó Cuív, Willie O'Dea, Kevin O'Keeffe, Fiona O'Loughlin, Frank O'Rourke, Anne Rabbitte, Eamon Scanlon, Brendan Smith, Niamh Smyth, Robert Troy.*

*Leasú ar leasú:*

*Amendment to Amendment:*

1. To delete all words after “ensure that the new National Maternity Hospital” and substitute the following:

- “is built on the St. Vincent’s Hospital campus as quickly as possible and has legally guaranteed independence from all nonmedical influence in its clinical operations within the laws of the State;
- ensure that the investment of €300 million by the State is reflected in the ownership of the new hospital through full public ownership;
- ensure that, if full public ownership is not possible without the handover of further public funds to the Religious Sisters of Charity Ireland, other options such as a lien that will reflect the taxpayer’s investment in the new National Maternity Hospital and a 999 year lease of the property at peppercorn rents are explored;
- initiate a review of all publicly funded hospitals not currently in public ownership, with a view to exploring options of divestment of such facilities to the State;” — *Louise O'Reilly, Gerry Adams, Pat Buckley, John Brady, David Cullinane, Seán Crowe, Pearse Doherty, Dessie Ellis, Martin J. Ferris, Kathleen Funchion, Donnchadh Ó Laoghaire, Martin Kenny, Mary Lou McDonald, Imelda Munster, Denise Mitchell, Carol Nolan, Jonathan O'Brien, Eoin Ó Broin, Caoimhghín Ó Caoláin, Aengus Ó Snodaigh, Maurice Quinlivan, Brian Stanley, Peadar Tóibín.*

3. To delete all words after “Dáil Éireann” and substitute the following:

“notes:

- that maternity hospitals are not just for supporting women through childbirth but should provide the full range of reproductive health services, with due respect to the bodily autonomy and human dignity of their patients, coordinated with primary care services and GPs and that this fact should be reflected in the hospitals written policies and their available services;
- the failure of the Religious Sisters of Charity Ireland to compensate victims of abuse and neglect in its residential Mother and Baby Homes and its continued failure to adequately fund the State Redress Scheme;
- the failure of health facilities run or under the influence of this religious order to provide services, products, procedures and operations required by citizens in the areas of reproductive health;
- that reproductive health services in publically funded hospitals should provide a spectrum of birth control services including information, contraception (including sterilisation), the morning after pill, early medical abortion and surgical abortion services, in addition to all other services currently available;
- that the quality of information made available should be a priority so as women can make informed decisions on their health;
- that since 2011, maternity services in Ireland have been marked with investigations and, in some cases, alleged cover ups of maternal and child mortality or injury in Portiuncula Hospital as well as University Hospital Galway, Portlaoise, Cavan, and Drogheda;
- that Ireland has the lowest number of consultant obstetricians per 100,000 women in the Organisation for Economic Co-operation and Development and a consultant obstetrician in Ireland is responsible for 597 births per annum, compared to 268 in Scotland;
- that the three Dublin maternity hospitals are operating at a 17 per cent deficit in the number of midwifery staff needed to run the services;
- that most of the 19 maternity units do not offer foetal anomaly screening, as prenatal ultrasound assessments by qualified sonographers and foetal medicine specialists are not available outside larger units;
- that, despite the enactment of the Protection of Life During Pregnancy Act 2013, there is a dearth of perinatal psychiatrists and other specialists;
- the serious inequalities and absence of resources, which exist within the Health Service Executive (HSE), to provide services to children with life-limiting and complex medical needs, and to those under palliative care; and
- that such shortcomings have directly led to tragic incidents involving mothers and children;

acknowledges and supports the findings of:

- the National Maternity Strategy, Palliative Care for Children with Life-limiting Conditions in Ireland – A National Policy by the Department of Health, the HSE National Standards for Bereavement Care following Pregnancy Loss and Perinatal Death, and the Report on End of Life and Palliative Care in Ireland by the Joint Committee on Health and Children in 2014; and
- the National Standards for Safer Better Maternity Services Report by the Health Information and Quality Authority submitted to the Minister for Health;

further acknowledges:

- that the Programme for a Partnership Government states it will implement the National Maternity Strategy and ‘invest in end of life care, including the provision of hospice and “end of life care” during the perinatal period, infancy, childhood and

adulthood’;

- the need for continuity of care for women and parents during pregnancy, at the point of delivery and after birth, inclusive of where children have life-limiting conditions;
- the need to support bereaved parents in their transition out of hospital, with appropriate services and the availability of frontline bereavement counselling;
- that the above is best delivered by clinical teams basing their decisions on best clinical practice and not in any way beholden to any religious ethos; and
- the plans to move the National Maternity Hospital at Holles Street to new, modern facilities at St. Vincent’s Hospital campus; and

calls on the Government to:

- ensure that the new National Maternity Hospital is built on the St. Vincent’s Hospital campus as quickly as possible, remains entirely within public ownership and has legally guaranteed independence from all non-clinical interference in its clinical operations within the laws of the State;
- issue a compulsory purchase order for the lands at St Vincent’s Hospital, in order to proceed with the building on this site of the National Maternity Hospital;
- declare that all State funded hospitals will provide all operations and procedures that may be required in the event of a change in abortion laws, including the recommendations of the Citizens’ Assembly;
- ensure the Religious Sisters of Charity Ireland, and any other religious organisation, is precluded from any control over, or any operational function in, the running of the new National Maternity Hospital;
- honour commitments in the Programme for a Partnership Government in respect of funding and implementing the National Maternity Strategy;
- ensure swift approval, dissemination and implementation of the National Maternity Standards for Safer Better Maternity Services;
- ensure all maternity hospitals have access to foetal anomaly screening, with the requisite staff and equipment;
- work with nursing and medical unions in the recruitment and retention of medical staff, so that all maternity hospitals meet the Birthrate Plus standard for midwifery staffing, as well as international standards for consultant obstetricians and gynaecologists;
- establish an independent patient advocacy service; and
- implement the recommendations of the Report on End of Life and Palliative Care in Ireland by the Joint Committee on Health and Children in 2014, prioritising those parts relating to care for children with life-limiting conditions.” — *Richard Boyd Barrett, Gino Kenny, Brid Smith, Mick Barry, Ruth Coppinger, Paul Murphy.*