



**Position Paper**

# Roadmap for improved maternal care in Ireland

Published 4 May 2021

[GreenParty.ie](https://www.greenparty.ie)





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## 1.0 Summary

The Green Party position paper sets out a number of priorities for the party over the next 12 months as the country and our health system recover from the pandemic and build on existing services:

### Proposal One - The Creation of a Road Map for Maternal Care after Covid 19

The coronavirus has presented a number of challenges to maternal care in Ireland. The roadmap back must place families and babies at the heart of decision making. Further to this there are a number of commitments in the programme for government which specifically refer to the health of families in the early years of a baby's life that must be actively progressed in the lifetime of this government including supports for perinatal mental health and expanding access to homebirth. Throughout the pandemic the effects of lockdown and reduction in services has impacted some groups more seriously than others- the road to good health for families and babies must give targeted support to vulnerable groups such as those in the Traveller Community and those living in Direct Provision

### Proposal Two - A Two Year Extension and Dedicated Funding Package for the National Breastfeeding Action Plan

The current national breastfeeding strategy comes to an end in 2021 with few of its targets reached and the uptake of breastfeeding in Ireland still too low. Ireland is far behind its European counterparts in breast feeding rates, our government must now make increasing breastfeeding rates a priority

### Proposal Three- Supporting the Milk Bank Scheme across Ireland

The current milk bank scheme in Ireland requires significant support and investment. Brexit has presented a significant challenge to the current milk bank and this vital service must be supported to continue providing nutrition to babies

### Proposal Four- A Commitment to Reproductive Rights based Healthcare

As the reproductive rights legislation begins its review before the end of 2021 and the agreements to build the new National Maternity Hospital are progressed a secular, human rights and person-centred approach to healthcare.

## 2.0 Introduction

The following position paper sets out the particular challenges facing new parents and babies during and following the Covid-19 pandemic and a number of proposals on the road back to best practice care for all. The end destination is not a return to business as usual because business as usual in Ireland was less than acceptable in standards of maternal care and breastfeeding. We believe that Ireland must now actively foster supports around pregnant people, babies and services providers to ensure that the experience of having a baby in Ireland and the caring for that baby in the first year of life is the best version of that experience it can be.

The Covid-19 pandemic has put immense pressure on health systems all over the world. The impacts of that pressure have been experienced by service users in both direct and indirect ways.<sup>1</sup> The focus of work must now be to 'build back better' and ensure we utilise the current situation to create a more progressive approach to breastfeeding and maternal care, one that is focused on rapid learning and adaptation, policy development, funding and scaling evidence-based best practice and delivery strategies which will be vital to offsetting the worst impacts of the pandemic while also future proofing the service more generally.

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Resource use during the pandemic has threatened more than those patients directly experiencing the coronavirus disease- it has also impacted the rate of progress in improving services that this and previous governments would have set out. This disruption in the normal development of healthcare services is not unique to Ireland and presents a particular challenge to service providers in the coming years, post pandemic.<sup>2</sup> The crisis has placed immense pressure on medical and supporting staff, supplies and facility capacity, limiting the ability of healthcare services to respond to the regularly changing demands of service provision.

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<sup>1</sup>Fore HH. A wake-up call: COVID-19 and its impact on children's health and wellbeing. *Lancet Glob Health* 2020;8:e861–2. doi:10.1016/S2214-109X(20)30238-2 pmid:<http://www.ncbi.nlm.nih.gov/pubmed/32405458>

<sup>2</sup>United Nations Sustainable Development Group. Policy Brief: The Impact of COVID-19 on children [Internet]. United Nations, 2020. Available: <https://unsdg.un.org/resources/policy-brief-impact-covid-19-children>

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## 3.0 Context

### Access to Services

During the Covid-19 crisis both the standard access to appointments pre and post birth and the surrounding supports of partners attending appointments has been disrupted. Social distancing requirements, secondment of staff outside regular duties, a legacy of inadequate or inappropriate buildings and healthcare space, travel restrictions and necessary changes to in-person community supports have resulted in a challenging experience for many families accessing maternal and newborn healthcare services.

### Breastfeeding

The National Breastfeeding Strategy has not achieved the important shift necessary in Ireland towards breastfeeding as the norm. Despite its launch in 2016, in 2019 only 60% of new mothers initiated breastfeeding in Ireland, a number significantly lower than rates in Britain (81%) and Australia (90%). By the time babies are three months old that number has dropped to 31.2%, one of the lowest in Europe.

The National Breastfeeding Strategy set a target to improve breastfeeding duration rates by 2% per year between 2016 and 2021 for both exclusive and non-exclusive breastfeeding. The HSE also set a target of 38% of all babies to be breastfed at three months of age, increasing by 2% per year.

The Programme for Government makes the following commitments in the area of Women's Health-

We will:

- Support the work of the Women's Health Taskforce, including the development of a Women's Health Action Plan, to tackle a wide range of issues impacting women's health outcomes in Ireland.
- Promote an increase in the number of new mothers breastfeeding by increasing support in our maternity hospitals and primary care centres, through access to lactation specialists and public health nurses.
- Fully implement the recommendations contained in Dr Scally's Reports of the Scoping Inquiry, and all other reports into Cervical Check.
- Support the CervicalCheck Screening Programme and promote the uptake of the HPV vaccine.
- Provide free contraception over a phased period, starting with women aged 17-25.
- Enact the Assisted Human Reproduction (AHR) Bill.
- Introduce a publicly funded model of care for fertility treatment.
- Extend BreastCheck to those aged 69.
- Implement the National Maternity Strategy, to support recruitment and training of additional key midwifery and medical staff, options for homebirth, access to dating and anomaly scanning in all maternity units and care pathway across the maternity network.
- Progress the planning, tender and design stages for the relocation of the Coombe Hospital to St James's, the Rotunda Hospital to Connolly, and Limerick University Maternity Hospital to University Hospital Limerick.
- Establish exclusion zones around medical facilities.
- Note the review as required under Section 7 of the Regulation of Termination of Pregnancy Act 2018 which will take place in 2021.
- Continue to resource the national roll out of the model care for Specialist Perinatal Mental Health, with the expansion of mental health supports to be made available to both parents and parents of adopted children.

## 4.0 Policy Proposals

### 4.1 Proposal 1

#### A post-Covid Maternal Care Roadmap

The pandemic has acted as a significant stressor to the current health service but this disruption has had a particular effect on pregnant people, their families and the first few months of a baby's life. We need a road map back to a better place for the provision of care- one that builds back better.

The Post-Covid Maternal Care Road Map must:

- Identify direct and indirect impacts of both the Covid crisis and existing gaps in the provision of care identify where existing plans such as the National Maternity Strategy and the National Breastfeeding Strategy must be adjusted to a post Covid service.
- A post-Covid road map for maternal and baby health must learn from international experience and seek to provide community-focused health services within the Sláintecare care model with a strong emphasis on data-driven and targeted supports, fairness and equity.
- A post-Covid road map must consider the full spectrum of maternal care, newborn care and breastfeeding supports, including disruptions to standard, childhood immunisation programmes, developmental checks, community supports etc.
- A renewed focus on perinatal mental health- While the need for suitable and properly funded perinatal mental health supports has long been needed in a Covid and post-Covid society families need particular support in the area of mental health. We propose that perinatal mental health services must be progressed in a regionally balanced and patient focused way.
- There are a number of severe pregnancy related conditions that if not treated appropriately can have detrimental impacts on both mother and baby, but often medications for these conditions are prohibitively expensive and not covered by the drugs payment scheme. We proposed that key medications for conditions such as hyperemesis gravidarum be made available on the drugs payment scheme without further delay.
- Pregnancy and childbirth can take a significant toll on a mother's body, which if left untreated can lead to life-long injuries and compromised physical health for mothers. Early access to routine physiotherapy check-ups and treatment positively impacts the long-term physical health and well-being of the mother. We propose expanding access to pre and post-natal physiotherapy services for mothers.
- The impact of Covid-19 has not been felt equally by all in society. Those in existing vulnerable or precarious situations were and are more susceptible to lack of supports and reduction in funding. It is imperative that any plan for maternal care and breastfeeding make specific provision for particular groups who may need targeted or tailored supports such as those in the Traveller community and those in Direct Provision.

## 4.2 Proposal 2

A 2-year Extension and Dedicated Funding Package for the National Action Plan Breastfeeding Strategy- the current, national breastfeeding strategy.

Despite the existence of a 5-year action plan to improve rates of breastfeeding in Ireland rates remain stubbornly low. The Green Party proposes a 2-year extension to the plan with a targeted funding package to achieve the strategies agreed actions. Some of those actions include:

- Develop governance structure for breastfeeding in primary care and acute hospitals divisions.
- Appoint Clinical Midwife/Nurse Specialist Lactation Consultants (IBCLC) within all Irish maternity hospitals and paediatric hospitals, according to a determined births-to support staff ratio, with dedicated CMS/CNS Lactation in NICUs.
- Appoint dedicated full-time Lactation Consultants (IBCLC) posts in each of the 9 Community Health Organisations (CHOs), according to population need.
- Establish breastfeeding committees, within each Hospital Group, to include maternity hospital, primary care, voluntary/community and service user representatives
- Provide breastfeeding training at undergraduate and postgraduate level across relevant disciplines.
- Develop a clear referral pathway for mothers requiring additional breastfeeding support before and after birth, to Lactation Consultants (IBCLCs).
- Ring-fenced funding for a public awareness campaign on the benefits of breastfeeding, both health and environmental.
- Improve online provision of information on accessing breastfeeding supports, including the promotion of voluntary groups such as LLL and Cuidiu.
- Provide access to suitable breast pumps, free of charge, to all mothers of preterm and hospitalised infants, and breastfeeding mothers hospitalised after maternity /paediatric discharge.
- Implement evidence informed programmes and initiatives to promote breastfeeding, provide support and address barriers for women least likely to breastfeed, with a particular focus on young mothers under the age of 18 and women in the Traveller community.

## 4.3 Proposal 3

### Supporting the Milk Bank Scheme in Ireland

The Milk Bank, the only one of its kind in the country, is based in the small town of Irvinestown, Co Fermanagh and is managed by the Western Health and Social Care Trust. For many babies the milk bank service offers a vital resource in providing breastmilk where a parent is struggling to do so. Milk banks rely on volunteers for stock.

A full medical history and blood samples are taken from every potential donor and all donor milk is checked for bacteria, protein and fat content. The Milk Bank issues pre-sterile bottles, on which donors record their name and the date the milk was expressed.

The milk bank operating in Ireland currently is an example of an All-Island initiative that though threatened by Brexit could be supported by Government to thrive in collaboration with local hospital providers.

Actions to support and expand on this vital service include:

- Funding for resources in the data and tracing technology and in transporting milk supplies to recipients.
- Funding to increase public awareness of the milk bank to encourage volunteers to contribute
- Carry out a scoping exercise to explore the possibility of replicating the service in the Republic with a view to working in collaboration and supporting the work of the existing Milk Bank in Irvinestown.

## **4.4 Proposal 4**

### **A Commitment to Reproductive Rights based Healthcare**

As the reproductive rights legislation begins its review before the end of 2021 and the agreements to build the new National Maternity Hospital are progressed a secular, human rights and person-centred approach to healthcare.

It is imperative that the review of the current legislation on reproductive rights is seen as an independent process that hears the experience of service users and stakeholders involved and affected by it.

It is vital that the new National Maternity Hospital be a publicly owned and secular institution.



