National Maternity Strategy Implementation Plan

Ireland's first National Maternity Strategy, "Creating a Better Future Together" provides a clear vision and direction as to how Irish maternity services will be developed, improved and made safer over the coming years. It will ensure that women are front and centre in all decisions about their care. The aim of the Strategy is to ensure that 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 need. Accordingly, it proposes a new model of integrated care comprising three care pathways – supported, assisted and specialised. Implementation of the Strategy will be led by the HSE National Women and Infants Health Programme. To progress this work, the Programme has developed this detailed Implementation Plan. The Plan is presented under the Strategy's four strategic priorities and details how each of the 77 actions will be implemented, on an incremental basis. The Plan represents another essential building block to provide a consistently safe and high quality maternity service.

No.	Recommendation	Ref	Specific Actions	Responsible	Start	End
Health and Wellbeing						
1	Ensure that a health and wellbeing approach underpins both maternity policy and service delivery.	1.1	Support policy alignment with other relevant strategies.	DoH Director Health and Wellbeing	Ongoing	
2	Engage with the education sector to ensure that a proactive approach to health and wellbeing begins early during school years.	2.1	Strengthen collaboration between the Health and Wellbeing Programme and the Department of Education and Skills, in partnership with the HSE and PDST (Professional Development Service for Teachers).	DoH Director, Health and Wellbeing with DES, HSE & PDST	Ongoing	
		2.2	Streamline and simplify current structures for the promotion of health and wellbeing in schools, including improving service alignment to support the delivery of SPHE and ensure the alignment of the Health Promoting Schools model with the Junior Cycle Wellbeing Guidelines.	DoH Director, Health and Wellbeing with DES, HSE & PDST	Ongoing	
3	Ensure that the WHO International Code of Marketing of Breast Milk Substitutes and subsequent relevant WHA resolutions are implemented.	3.1	Work closely with the HSE to implement the World Health Organisation International Code of Marketing of Breast Milk Substitutes.	DoH Director, Health and Wellbeing Programme & HSE	Ongoing	
		3.2	Develop a policy on the marketing of breast milk substitutes.	HSE Health and Wellbeing	Q2 2017	Q4 2018
		3.3	Enforce the Infant and Follow-on Formulae regulations by the FSAI in partnership with the HSE Environmental Health Officers.	Director, Health and Wellbeing, FSAI & HSE	Ongoing	
		4.1	Oversee the implementation of the HSE Breastfeeding Action Plan (2016 - 2021) and monitor progress in relation to breastfeeding targets; liaising with local breastfeeding committees, maternity hospitals, community health services and voluntary breastfeeding organisations.	National Breastfeeding Coordinator / Health and Wellbeing Division / NWIHP	Ongoing	
		4.2	Quantify the resource requirement to implement the Breastfeeding Action Plan, in conjunction with the National Breastfeeding Coordinator.	DOM NWIHP	Q4 2017	Ongoing

No.	Recommendation	Ref	Specific Actions	Responsible	Start	End
4	The Breastfeeding Action Plan 2016-20 is resourced and implemented.	4.3	Develop a maternity network plan to implement the Breastfeeding Action Plan, recognising the development of the new model of care and working with the national breastfeeding coordinator.	Group CEOs	Q1 2018	Q4 2018
		4.4	Prepare a baseline report on breastfeeding performance for each of the maternity networks.	National Breastfeeding Coordinator	Q1 2018	Q2 2018
		4.5	Implement the HSE Infant Feeding Policy for Maternity and Neonatal Services.	Group CEOs/CHOs	Q1 2018	Q3 2018
		4.6	Complete an Annual Report on implementation of the Breastfeeding Action Plan.	National Breastfeeding Coordinator	Q1 2019	Ongoing
5	Antenatal care encompasses a holistic approach to the woman's healthcare needs including her physical, social, lifestyle and mental health needs.	5.1	Develop a bespoke Make Every Contact Count (MECC) programme for maternity hospitals/units in conjunction with Health and Wellbeing Directorate (health promotion and improvement). This programme will focus on awareness and detection of issues associated with mental health, domestic violence, alcohol, tobacco, drugs and lifestyle.	BM NWIHP/Health and Wellbeing	Q4 2017	Q3 2018
		5.2	Roll out a MECC training programme for all staff in maternity hospitals/units.	Group CEOs	Q3 2018	Q4 2019
		5.3	Engage with Primary Care to see how the MECC training programme can be provided to GPs and PHNs with a view to ensuring consistency of approach across the shared model of care.	NWIHP/Primary Care	Q2 2018	Q4 2018
		5.4	Develop and roll out a standardised education programme for women and staff in each maternity network. The education programme will be developed in conjunction with the Nurture Programme.	NWIHP/Group CEOs/Nurture Programme	Q3 2018	Q4 2018
		5.5	Prepare and submit a business case for a minimum of one dedicated social worker for each maternity unit.	NPD NWIHP	Q3 2017	Q4 2018
6	Postnatal care promotes health and wellbeing for the new mother and baby, supports breastfeeding and identifies and supports those at risk with a particular emphasis on mental health.	6.1	As part of MECC training (5.2) all staff will receive training in promoting health and wellbeing as part of postnatal care.	NWIHP/Group CEOs/CHOs	Q3 2018	Q4 2019
		6.2	Establish a working group reflecting public health nursing, primary care and midwifery to ensure a coordinated approach to postnatal care. This approach will build on the experience of previous and existing collaborative arrangements for such care and will recognise regional variations.	NWIHP/Primary Care	Q1 2018	Q3 2018
		6.3	Mental health covered in actions 19 - 25.			
		6.4	Breastfeeding support actions 11 - 13 refers.			

No.	Recommendation	Ref	Specific Actions	Responsible	Start	End
7	Additional supports are provided to pregnant women from vulnerable, disadvantaged groups or ethnic minorities, and take account of the family's determinants of health, e.g. socio-economic circumstances.	7.1	Develop a plan to support vulnerable women and families antenatally and women, family and infants postnatally, in conjunction with the local social inclusion team.	Group CEOs	Q1 2018	Q3 2018
		7.2	Each maternity network will, through the newly appointed social workers (5.5), review the number of women who are supported through the new pathway and supply the information to the NWIHP. The data derived from the review will determine if the service needs to be expanded and/or revised.	Group CEOs	Q3 2018	Q4 2018
8	An on-line resource for maternity services is developed, to act as a one-stop shop for all maternity related information; any information provided will be understandable and culturally sensitive.	8.1	Develop a communication plan to advertise the implementation of the National Maternity Strategy, including timeframes for same. This will include details on where pilot initiatives are available, and how to access them. The existing HSE website will be used and updated as a matter of priority to explain the new model of care, in conjunction with other established web platforms.	BM NWIHP	Q4 2017	Q2 2018
		8.2	Establish a working group with representatives from birth healthcare professionals, communications, health and wellbeing (health promotion and improvement, public health) primary care, social inclusion and service users. The group will review international experience of "best in class" women and infants' websites, and produce a prototype. The working group will include representatives from the Nurture Programme to ensure alignment between the approaches.	BM NWIHP	Q1 2018	Q4 2018
		8.3	Develop a comprehensive online resource to empower women to make informed decisions about their care, including details of the pathways of care and best available information on outcomes, the normal nature of giving birth, risk, benefits and consequences associated with the different birth settings. The availability of services at each individual maternity hospital/unit/community setting will be clearly identified. The development of the online resource will dovetail with the Nurture Programme, which is developing a similar approach for 0-3 years, and similar platforms that are already operational. This will ensure consistency of approach and best use of resources.	NPD NWIHP/Nurture Programme manager	Q1 2018	Q4 2018
		8.4	Pilot prototype using a reference group to ensure comprehensive content and ease of use. This will include multi-lingual format, NALA approved etc.	BM NWIHP	Q3 2018	Q3 2018
		8.5	Develop a communications plan to ensure that the new website becomes recognised as a reliable source of quality information.	Comms Lead NWIHP	Q2 2018	Q3 2018
		8.6	Develop a social media strategy to support and underpin the website, and ensure maximum coverage and accessibility.	Comms Lead NWIHP	Q2 2018	Q3 2018
		8.7	Launch the online resource and communications plan. An evaluation mechanism will be developed as part of the project to assess effectiveness.	BM NWIHP	Q3 2018	Q3 2018
		8.8	A dedicated resource will be tasked with content management of the website and social media platforms.	Comms Lead NWIHP	Q3 2018	Ongoing
		9.1	As part of MECC training (5.2) all staff will receive training in identifying, raising and discussing domestic violence issues with women at ante-natal visits.	Group CEOs	Q3 2018	Ongoing

No.	Recommendation	Ref	Specific Actions	Responsible	Start	End
9	Midwives, obstetricians and GPs are alert to the heightened risk of domestic violence during pregnancy and postpartum. Women will be asked about domestic violence at antenatal and postnatal visits, when appropriate. This will be supported by appropriate training for frontline staff to ensure that all such enquiries and disclosures are handled correctly, and that referral pathways and support options for women who disclose domestic violence are clear.	9.2	Ensure implementation of HSE policy on domestic, sexual and gender based violence framework for health sector response to domestic violence in all maternity hospitals/units. All women are screened for domestic violence as part of their antenatal social history in line with HSE policy.	Group CEOs	Q1 2018	Ongoing
		9.3	A dedicated pathway will be developed, with access to a community-based social work team to support women and infants who are at risk of domestic violence. Social workers appointed under recommendation 5.5 will form a central part of the referral pathway.	DOM NWIHP	Q2 2018	Q4 2018
		9.4	Appropriate referrals are made in line with national guidelines and supported by the appropriate community team. This includes child protection (Children First refers).	Group CEOs	Ongoing	
10	A dietetic service is available in each maternity network, so that the needs of women with type 1, type 2 and gestational diabetes, as well as those with other nutritional issues, are addressed.	10.1	Review current capacity across the maternity networks regarding dietetic and endocrinology support.	BM NWIHP	Q1 2018	Q4 2018
		10.2	Develop a plan, in conjunction with the maternity networks and clinical care programme for diabetes, to ensure that an appropriate model of endocrinology/dietetics support is available to each network. Working with the relevant clinical specialists, the plan will consider the need for a clinical lead Endocrinologist in diabetes and pregnancy.	NWIHP/ Group CEOs/Clinical Care Programme Diabetes	Q1 2018	Q3 2018
		10.3	Prepare and submit a plan to the 2019 estimates process for any additional resources required to address the dietetic deficits identified at 10.1, at maternity network level.	NPD NWIHP	Q2 2018	Q3 2019
		10.4	Following the completion of 10.1 each maternity network will implement an interim solution, at network level, so that women with diabetes can access a service before the model at 10.2 is implemented.	Group CEOs	Q4 2018	Ongoing until necessary
11	Improved support for breastfeeding is provided both within the hospital and the community.	11.1	Build capacity by appointing a minimum of one CMS in lactation for each maternity hospital/unit. The CMS in lactation will ensure that the provision of breast feeding advice and support ante and post-natally, occurs in hospital and community settings in line with the new model of care.	NPD/DOM NWIHP & Group CEOs	Q2 2017	Q4 2018
		11.2	The role of the CMS in lactation will be to educate midwives across all departments and the community to promote and support breastfeeding. This role also involves auditing, data collection and research into breastfeeding.	Group CEOs	Q2 2018	Ongoing
		11.3	NWIHP will work with the Health and Wellbeing Directorate (health promotion and improvement) and Primary Care (GPs and public health nurses) to ensure that breastfeeding support spans the hospital/community continuum of care.	DOM NWIHP	Q1 2018	Q3 2018
		11.4	Capture breastfeeding rates at discharges, and as the new model of care is implemented, throughout the post-discharge phase. Breastfeeding rates will form part of the monthly review meetings with the NWIHP. The captured data will form part of the Annual Report (4.6).	Group CEOs	Q2 2018	Ongoing

No.	Recommendation	Ref	Specific Actions	Responsible	Start	End
12	All maternity hospitals/units comply with the WHO Baby Friendly Health Initiative.	12.1	Support the implementation of the WHO/UNICEF 10 Steps to Successful Breastfeeding using a model suitable for the promotion and support of breastfeeding in Ireland, in conjunction with the health and wellbeing (health promotion and improvement, public health) directorate. This approach will also examine the option of an all-island approach.	DOM NWIHP	Q1 2018	Ongoing
13	Breastfeeding promotion campaigns are tailored and targeted to help the wider community to play their role in improving Ireland's breastfeeding initiation and duration rates.	13.1	Appoint champions as spokespeople for breastfeeding, in conjunction with the Health and Wellbeing Directorate, and community and voluntary organisations. The champions will form part of a national campaign aimed at raising awareness.	National Breastfeeding Coordinator/DOM NWIHP	Q4 2017	Ongoing
		13.2	Develop new initiatives to support breastfeeding across the new model of care, in conjunction with the health and well-being directorate (health promotion and improvement). This will include lactation consultants, public health nurses and general practice.	National Breastfeeding Coordinator/DOM NWIHP	Q1 2018	Q3 2018
		13.3	Adopt a targeted approach to support breastfeeding with GPs, public health nurses and across the antenatal and postnatal journey for women in the community, in conjunction with the Primary Care Directorate and community and voluntary organisations.	DOM NWIHP	Q3 2018	Ongoing
		13.4	Develop a hospital/unit and community specific plan for improving breastfeeding rates, in line with the national approach and taking account of the specific challenges in a demographic group within the network.	Group CEOs	Q3 2018	Ongoing
14	Maternity hospitals/units are tobacco-free campuses and have an on-site smoking cessation service available for pregnant women.	14.1	Verify that all 19 maternity hospitals/units are tobacco-free campuses.	Group CEOs	Q4 2017	Ongoing
		14.2	Ensure that all maternity hospitals/units have smoking cessation programmes in place, or pathways for women to access such a programme, in conjunction with the Health and Wellbeing Directorate.	Group CEOs	Q2 2018	Q2 2018
		14.3	Ensure that all maternity hospitals/units have information available about harms to mother and baby from smoking, and how to access smoking cessation programmes in each location.	Group CEOs	Q3 2018	Q3 2018
		14.4	Capture data, at maternity network level, on the number of interventions with women who smoke, and what strategies are most effective, in conjunction with the Health and Wellbeing (health promotion and improvement, public health) Directorate.	Group CEOS	Q4 2018	Ongoing
15	Midwives and other frontline health care professionals have formalised and documented training in smoking cessation.	15.1	As part of MECC training (5.2) all staff will receive training in identifying, raising and discussing smoking cessation with women at antenatal visits.	NWIHP/Group CEOs/CHOs	Q3 2018	Ongoing
		15.2	Develop a register to ensure that all staff receive brief intervention training. NWIHP will ensure registers are developed in each maternity network.	Group CEOs/NWIHP	Q4 2018	Ongoing
		15.3	Undertake annual audit to assess the rate of intervention.	NWIHP/Health and Wellbeing	Q1 2020	Annual
		16.1	As part of MECC training (5.2) all staff will receive training in identifying, raising and discussing alcohol consumption with women at antenatal visits.	NWIHP/Group CEOs/CHOs	Q3 2018	Ongoing

No.	Recommendation	Ref	Specific Actions	Responsible	Start	End
16	Maternity hospitals/units strengthen their methods of detecting alcohol abuse and supporting women to reduce their intake.	16.2	Ensure that all elements of this training are incorporated into antenatal visits, regardless of the location of the visit.	Group CEOs/CHOs	Q3 2018	Ongoing
		16.3	Ensure that each maternity hospital/unit provides clear information that is based on best available evidence about the risks of alcohol consumption and substance misuse. In cases where alcohol consumption is, or may be an issue, a referral is made to the social work team (recommendation 5.5).	Group CEOs	Q4 2018	Ongoing
17	A consistent approach to informing women about the risks of alcohol consumption during pregnancy is developed.	17.1	Develop a dedicated pathway via a social worker (referred to in 5.5) either at hospital/unit level or maternity network for women who are identified as needing further support.	Group CEOs	Q4 2018	Ongoing
		17.2	Develop and implement National Guideline On Alcohol Use in Pregnancy / Foetal Alcohol Syndrome.	Clinical Care Programme Obstetrics and Gynaecology	Q1 2019	Q3 2019
		17.3	Disseminate all information/guidelines through the website and associated social media platforms (action 8 refers).	BM NWIHP	Q4 2018	Ongoing
18	The need to provide Drug Liaison Midwives and specialist medical social workers in all maternity networks is examined.	18.1	Review the requirement for a drug liaison CMS for each maternity network, in conjunction with the health and wellbeing directorate/social inclusion and in line with implementation of the National Drugs Strategy.	BM NWIHP	Q4 2018	Q1 2019
		18.2	Prepare and make a submission for the necessary skilled resources to be recruited at network level, if additional need is identified following implementation of the National Drugs Strategy.	NPD NWIHP	Q2 2019	Q3 2019
19	Access to mental health supports are improved to ensure appropriate care can be provided in a timely fashion.	19.1	Engage with the HSE's Clinical Care Programme on Mental Health and the HSE's Mental Health Directorate to determine and prioritise the recruitment of consultant perinatal psychiatrists and multi-disciplinary team members. The Mental Health Directorate has developed a plan along the "hub and spoke" model, aligned to the Hospital Groups, and the maternity networks. The NWIHP will continue to work with the Mental Health Directorate to finalise the plan, and determine resource requirements.	NPD/CD NWIHP	Q3 2017	Q2 2018
		19.2	Make arrangements for the provision of 19 Clinical Midwife Specialists with appropriate training in perinatal mental health, with a minimum of one per unit and with larger units requiring more.	NPD/DOM NWIHP	Q 3 2017	Q2 2018
		19.3	Ensure an appropriate triage system is in place, in line with 19.4 - 19.6, for women showing symptoms of distress, concern or having an underlying mental health issue.	Group CEOs	Q2 2018	Ongoing
		19.4	Develop a pathway for women, who are experiencing a level of distress, but not deemed at risk. These women will be seen within 5 working days.	Group CEOs	Q2 2018	Ongoing
		19.5	Women deemed at risk of significant harm will be seen by an appropriately skilled professional within 2 working days. CMS in mental health will be the primary point of referral.	Group CEOs	Q2 2018	Ongoing

No.	Recommendation	Ref	Specific Actions	Responsible	Start	End
		19.6	Those in need of more specialist support, will be referred into the hub and spoke model within 3 working days of 19.5 assessment.	Group CEOs	Q3 2018	Ongoing
		19.7	Develop a plan to implement mother and baby unit(s), building on the working of the Mental Health Directorate and Clinical Care Programme in Mental Health. The plan will assess the demand, and how that demand can be met within existing infrastructure or whether a proposal for capital is required.	NWIHP/CCP Mental Health	Q2 2018	Q4 2018
		19.8	Prepare and submit the capital and revenue requirements for 19.7 for the 2019 estimates.	NPD NWIHP	Q2 2019	Q3 2019
20	All health care professionals involved in antenatal and postnatal care are trained to identify women at risk of developing or experiencing emotional or mental health difficulties, including an exacerbation of previous mental health issues, in the Perinatal period.	20.1	As part of MECC training (5.2) all staff involved in the care of women will be trained to identify at risk symptoms.	Group CEOs	Q3 2018	Ongoing
		20.2	Women identified as at risk will be referred as at 19.3.	Group CEOs	Q3 2018	Ongoing
21	A multidisciplinary approach to assessment and support is adopted for women at risk of developing or experiencing emotional or mental health difficulties in the Perinatal period.	21.1	Clinical Care Programme/Mental Health Directorate model is multi-disciplinary in nature. All professionals involved in antenatal, labour or postnatal care will have received training as outlined at 5.2 and 20.1.	Group CEOs	Q3 2018	Q3 2018
		21.2	Ensure that all pathways for women with specific mental health requirements are multi-disciplinary.	Group CEOs	Q3 2018	Q3 2018
22	Women with a history of a mental health condition are identified early and midwives will work collaboratively with mental health and other services to ensure that the appropriate support is provided.	22.1	Actions 5.2, 5.6, 5.7, 19-25 apply.			
23	Mother-baby bonding is facilitated and supported at all times, and every effort will be made to keep the mother and baby together, if clinically appropriate.	23.1	Ensure all maternity hospitals/units have procedures in place to support and enhance the development of the mother baby relationship, including arrangements when, for medical reasons, the mother cannot hold or engage with the baby.	Group CEOs	Q1 2018	Q2 2018
		23.2	Examine issues such as infant mental health, and traumatic experiences in birth that can impact on the mother baby relationship, in conjunction with the Nurture Programme in order to inform 23.1.	BM NWIHP	Q1 2018	Q4 2018
24	Access to Perinatal psychiatry and psychology services is standardised, and as a minimum provided on a maternity network basis.	24.1	Seek funding through the annual Estimates process for the perinatal mental health model, as described in 19.1.	NPD NWIHP	Q3 2017	Q3 2017
		24.2	Implement hub and spoke model in each maternity network, following recruitment of resources to implement national model.	Group CEOs	Q3 2018	Q4 2018
		25.1	Establish a national group for the implementation of the Bereavement Standards.	NWIHP	Q1 2017	Q1 2017

No.	Recommendation	Ref	Specific Actions	Responsible	Start	End
25	Additional support is available for women who have experienced traumatic birth or the loss of a baby.	25.2	Appoint a clinical lead and programme coordinator for the bereavement standards and visit all 19 maternity hospitals units.	Bereavement Standards Implementation Group	Q2 2017	Q4 2017
		25.3	Maternity networks will ensure that all hospitals/units appoint a Clinical Specialist in Bereavement to support women and families following pregnancy loss, perinatal death or pregnancy complications.	Group CEOs	Q3 2016	Q1 2018
		25.4	Address any outstanding actions with the maternity networks, following receipt of quarterly reports from the implementation group. Reporting frequency will change once implementation has been established.	NWIHP	Q1 2018	Quarterly
		25.5	Ensure that all staff are trained in open disclosure, and that all relevant information is shared with the woman and her family.	NWIHP	Q2 2018	Ongoing
		25.6	Each maternity network will confirm the pathway for women who experience a traumatic birth.	Group CEOs	Q1 2018	Q1 2018
		25.7	Make referrals to CMS in mental health as necessary, with care continuing post discharge.	Group CEOs	Q2 2018	Ongoing
		25.8	Ensure all staff have training, knowledge of the importance of obtaining consent. Consent is giving of permission or agreement of intervention.	Group CEOs	Q1 2018	Ongoing
Safety and Quality						
26	The independent national model for patient advocacy and the national patient safety surveillance function includes maternity services.	26.1	Conduct stakeholder and public consultation on the development of a patient safety complaints and advocacy policy.	NPSO	Q2 2017	Q2 2017
		26.2	Draft patient safety complaints and advocacy policy.	NPSO	Q1 2017	Q4 2017
		26.3	Implement the patient safety complaints and advocacy policy across maternity services.	NPSO	Q2 2018	Q3 2018 and ongoing
		26.4	Scope NPSO surveillance function.	NPSO	Q4 2017	Q4 2018
27	An annual survey of women's experience in maternity services is undertaken by HIQA in partnership with the HSE.	27.1	Plan NPES for maternity services.	DOH/HIQA/HSE	Q4 2017	Q1 2018
		27.2	Schedule NPES for maternity services.	DOH/HSE/HIQA	Q2 2018	Q2 2019
28	The NCEC prioritises and quality assures National Clinical Audit and a set of National Clinical Guidelines for maternity services; guidelines on intrapartum care are a priority.	28.1	Appoint Guideline Development Group (GDG) Chair.	HSE	Q1 2017	
		28.2	Establish GDG.	GDG Chair	Q2 2017	
		28.3	Develop guideline on the assessment of risk in pregnancy in line with the three care pathways.	GDG	Q3 2018	
		28.4	Quality assure and publish GDG.	NCEC	Q4 2018	

No.	Recommendation	Ref	Specific Actions	Responsible	Start	End
29	Safety and quality capacity is developed across the maternity service to ensure that each network and service has a defined patient safety and quality operating framework.	29.1	Develop a central repository for all NCEC and Clinical Care Programme (Obs and Gynae) clinical guidelines and ensure guidelines are available to the maternity networks in a standardised format. (The process for updating guidelines remains outside the NWIHP).	BM NWIHP	Q2 2018	Ongoing
		29.2	Maternity networks will implement all guidelines as defined in 29.1 and will audit compliance in each hospital/unit.	Group CEOs	Q2 2018	Ongoing
		29.3	Review maternity networks audits on an annual basis.	NWIHP	Q1 2019	Annual
		29.4	Develop a job specification and qualification criteria for a dedicated, full time, Quality and Patient Safety Manager, in conjunction with HR/QAVD and QID.	BM NWIHP	Q4 2017	Q4 2017
		29.5	Prepare and submit business case for six Quality and Patient Safety Managers, one for each maternity network.	NPD NWIHP	Q4 2017	Q4 2017
		29.6	In line with national policy, develop a process whereby all incidents of maternal death, intrapartum death or hypoxic ischemic encephalopathy are notified to the NWIHP CD as soon as practicable. The NWIHP will then determine if the incident requires a review and the level of the review. If a review is required, reviewers from a panel of independent experts, comprising obstetricians, midwives, anaesthetists and neonatologists, will be selected to carry out an independent review of the incident. The review report, which will be completed within an agreed timeframe, will be provided to the local hospital/unit, the hospital group and the NWIHP. Learning from such reviews will be addressed as outlined in 29.8. All direct maternal deaths will be subject to a review external to the maternity network/hospital group.	CD NWIHP	Q1 2018	Q2 2018 & ongoing
		29.7	Establish a dedicated Serious Incident Management Forum for maternity. This team, comprising senior clinical personnel from all maternity hospitals/units within the hospital group, and supported by a dedicated Quality and Risk Manager, will review every serious incident/SRE report in the month, and determine whether a review is required. If a review is required, the team will determine the nature of the review. Each maternity network SIMF will have a senior representative from another maternity network providing an external perspective. The SIMF in each maternity network will meet monthly, and their reviews will be discussed at the monthly NWIHP meetings.	Group CEOs	Q1 2018	Ongoing
		29.8	Establish a central repository for all maternity related reviews. All maternity networks will send copies of their clinical reviews, regardless of the nature of the review, to NWIHP. The NWIHP is responsible for disseminating the learning from each review to the other maternity networks. Where recommendations are made in a review, the NWIHP will seek evidence from each maternity network that those recommendations are in place in each hospital/unit within their group and monitor implementation.	QPS NWIHP	Q1 2018	Ongoing
		29.9	Women and their families will be appropriately involved in reviews.	Group CEOs/NWIHP	Q4 2017	Ongoing
		29.10	Implement HIQA National Standards for the Conduct of Reviews of Patient Safety Incidents.	Group CEOs/NWIHP	Q4 2017	Ongoing
		29.11	Review work carried out by UCC on the current capacity for dating and anomaly scanning across the 19 maternity hospitals/units.	NWIHP	Q3 2017	Q3 2017

No.	Recommendation	Ref	Specific Actions	Responsible	Start	End
		29.12	Seek details from each maternity network on the resources required (ultrasonographers and ultrasound machines) to provide access for 100% of pregnant women to dating and anomaly scans.	NWIHP	Q2 2017	Q3 2017
		29.13	Seek the additional resources required to improve access to dating and anomaly scans.	NPD NWIHP	Q3 2017	Q3 2017
		29.14	Develop a plan to ensure that all maternity hospitals/units within their network provide all pregnant women with access to dating and anomaly scans. This will include a clearly defined referral pathway to an expert in foetal health medicine, where clinically indicated by a scan. It will also include the training and development of ultrasonographers.	Group CEOs	Q1 2018	Q3 2019
30	Measurement and analysis for quality improvement and safety occur at national, network and service level, based on an agreed minimum dataset.	30.1	Adapt the current Irish Maternity Indicator Suite, following consultation with relevant stakeholders. This work will support the data set meeting the actions within Safety and Quality section of the implementation plan.	NWIHP/CCP Obs Gynae	Q1 2018	Q2 2018
		30.2	Maternity networks will review the IMIS data for all hospital/units within their group at their monthly meetings.	Group CEOs	Q1 2018	Ongoing
		30.3	Review maternity networks IMIS data set at the monthly review meeting.	NWIHP management team	Q1 2018	Ongoing
		30.4	Review all quality and risk data at monthly meetings between NWIHP and maternity networks.	NWIHP	Q1 2018	Ongoing
31	Clinical leadership, support and resources are provided for the development and implementation of National Clinical Guidelines and National Clinical Audit.	31.1	Collaborate with the clinical care programme for obstetrics and gynaecology to ensure the optimal clinical involvement in national guidelines.	NWIHP/CCP	Q3 2017	Q3 2017
		31.2	Support the clinical care programme in developing detailed, costed, implementation plans for all guidelines.	NWIHP	Q4 2017	Q4 2018
		31.3	Establish a clinical audit function for maternity services in conjunction with QAVD NWIHP.	NWIHP	Q1 2019	Q3 2019
32	Building upon existing HRB funded research programmes, the evidence base for safe, quality maternity care is expanded, with promotion of research for maternity services and applied clinical research in obstetrics, midwifery, and health and social care professional fields for maternity patients.	32.1	Identify and prioritise important research questions within Irish maternity services from the perspectives of key stakeholders including women, clinicians, funders and policy makers, researchers and educators.	QPS NWIHP	Q3 2018	Q1 2019
		32.2	Develop a research strategy for Irish maternity services based on the findings of the prioritisation work.	QPS NWIHP	Q1 2019	Q3 2019

No.	Recommendation	Ref	Specific Actions	Responsible	Start	End
Model of Care						
33	Maternity services are integrated with a multidisciplinary and evidence-based approach across all care settings.	33.1	NCEC guidelines for maternity care are in development. NWIHP will be responsible for ensuring that these guidelines are implemented across the maternity networks. This will include audits, and reviews, and compliance with the guidelines will form part of the monthly meetings between the NWIHP and the maternity networks.	NWIHP	Q3 2017	Q4 2018
34	Women are empowered to make informed decisions about their care, in partnership with their healthcare professionals, across the trajectory of the care pathway.	34.1	All healthcare professionals involved in meeting women who are planning a pregnancy or at the early antenatal visits, including GPs and PHNs, will be in a position to inform women about the choices available, and how a woman can access their preferred pathway.	NWIHP/Primary Care	Q4 2017	Q1 2018
		34.2	The online resource (actions 8.1-8.8) will provide detailed, easily accessible, evidence-based information on the model of care. The online resource will advise women of the options available within each pathway, how to access that pathway and the details of the pathway in each maternity hospital/unit.	NWIHP	Q3 2018	Q3 2018
		34.3	The communications plan outlined in action 8.5 will include the process for advertising the model of care, and raising awareness with women on their available choices. The approach will also engage with the Nurture Programme.	NWIHP	Q3 2018	Q3 2018
35	Information is delivered in a readily understandable format and an assessment of the individual's level of understanding of that information will be considered good practice for all healthcare professionals.	35.1	Ensure that all information, verbal, written and electronic, is available in an easily accessible and understandable format. Support will be sought from agencies such as NALA, and also translation support to ensure that the information reaches the maximum number of women in the most accessible format.	NWIHP	Q3 2018	Q3 2018
36	Pregnant women are offered choice in the selection of an appropriate pathway of care, based on safety, risk profile and needs; individual risk/need profiles will be reviewed at each interaction with the maternity service.	36.1	Ensure that all hospitals/units within their network can demonstrate that women are offered choice at booking visit.	Group CEOs	Q3 2018	Ongoing
		36.2	Every woman presenting at a clinic will be assessed in accordance with the clinical guidelines for the model of care as set out in recommendation 28.	Group CEOs	Q3 2018	Ongoing
		36.3	All women will be offered a choice of approach, in line with their clinical assessment. Where a woman wishes to access a pathway that is not clinically indicated this will be explained in a sensitive, empathetic and easy to understand manner.	Group CEOs	Q3 2018	Ongoing
		37.1	Develop a plan for implementing the three care pathways across the network (related to actions 41.1 & 41.2).	Group CEOs	Q1 2018	Q2 2018
		37.2	Each network to have three care pathways operational in at least one hospital/unit.	Group CEOs	Q1 2018	Q2 2018

No.	Recommendation	Ref	Specific Actions	Responsible	Start	End
37	Three care pathways - *Supported Care, Assisted Care and Specialised Care* - are provided; all pathways will promote the normalisation of birth.	37.3	Network to have all three pathways in place and operational.	Group CEOs	Q1 2018	Q4 2018
		37.4	Establish direct access to the supported care pathway either from GPs or women who wish to self-refer, in each maternity hospital/unit within their network.	Group CEOs	Q4 2018	Q1 2019
		37.5	To start, offer a minimum of 20% of all presenting women at each maternity hospital/unit within their network access to the supported care pathway.	Group CEOs	Q2 2018	Q1 2019
		37.6	After the supported care pathway has been operational for a reasonable period of time, but not longer than 12 months, the NWIHP will increase the target to a minimum of 30%. Thereafter an annual review will take place until the maximum number of suitable women are being offered access to the supported care pathway in all 19 maternity hospitals/units.	DOM NWIHP	Q2 2019	Q3 2019 & Q3 annually
38	Care pathways are clearly defined, evidence-based and publicly available.	38.1	The care pathways will be underpinned by the guidelines (action 33.1), which will be developed in line with international best practice, subject to appropriate peer review and published on the website when complete.	NWIHP	Q2 2017	Q4 2018
39	A lead healthcare professional is responsible for the co-ordination of a woman's care.	39.1	Conduct an audit over a three month period of all women accessing services in the network, and indicate which women might be suitable for each care pathway.	Group CEOs	Q1 2018	Q2 2018
		39.2	Based on audit findings, determine who should have been the lead professional for the purposes of workforce planning for future service provision.	Group CEOs	Q2 2018	Q2 2018
		39.3	A lead professional will be assigned, in each of the respective care pathways by Q2 2018 and the lead professional for each woman will be clearly identified, including during transitions between care pathways.	Group CEOs	Q2 2018	Q2 2018 & ongoing
40	A 1:1 midwife to woman ratio applies during all stages of labour in all care pathways.	40.1	Commission an audit of the ratio of midwives to women while in labour in conjunction with the ONMSD.	NWIHP	Q1 2018	Q3 2018
		40.2	Assess audit findings against 2016 "Birth Rate Plus" report, which details current funded midwifery workforce.	NWIHP	Q2 2018	Q3 2018
		40.3	Any staffing discrepancies will be the subject of discussion with maternity networks and will form the basis of future staffing requests.	NWIHP	Q3 2018	Q3 2018
		41.1	Develop a plan for all hospitals/units within each network to establish a community midwifery service. These plans will reflect the different arrangements and different geographic challenges in each maternity network. The plans will align with the model of care, and clearly outline how transfer between care pathways will occur.	Group CEOs	Q1 2018	Q3 2018

No.	Recommendation	Ref	Specific Actions	Responsible	Start	End
41	A hospital outreach, community midwifery service is developed; this service will be provided by a team of midwives, within a broader multidisciplinary team, and will rotate between the community and hospital, offering continuity of care(r) that supports the woman through all stages of pregnancy, childbirth and postnatal care.	41.2	Ensure that responsibility for implementation of the community midwifery model is delegated to a senior midwife in each hospital/unit.	Group CEOs	Q1 2018	Q1 2018
		41.3	Assess progress on implementation of the community midwifery model. Based on that assessment NWIHP will introduce targets for each maternity network, relating to the number of women offered and provided a community midwifery service.	DOM NWIHP	Q3 2018	Q4 2018
		41.4	Review performance of the maternity networks, against community midwifery targets at monthly network review meetings.	NWIHP	Q1 2019	Monthly
42	A co-ordinated approach between the community midwifery team and the public health nursing and general practice services is in place, to support postnatal women and new babies in the community.	42.1	Establish a working group between primary care, including public health nursing and GPs, and other relevant stakeholders to develop an agreed approach that links with each of the care pathways. The model will reflect the regional variations. (related to action 6.2)	DOM NWIHP	Q1 2018	Q2 2018
		42.2	Roll out new approach in line with the new care pathways, ensuring change of approach is communicated widely.	NWIHP	Q3 2018	Ongoing
43	Each maternity network provides discrete Alongside Birth Centres, ideally contiguous to a Specialised Birth Centre. Where this is not feasible, in the case of some small size/low activity units, a designated space for ‘supported care’ birthing will be provided within the Specialised Birth Centre.	43.1	Establish working group with HSE Estates to review all 19 hospitals/units (through maternity networks) to assess capital requirements for alongside birthing units. The review will reflect the development control plans for each site. (action 48 refers also)	NWIHP/Estates	Q4 2017	Q2 2018
		43.2	Develop a capital plan submission, in conjunction with the maternity networks to ensure all 19 hospitals/units have an along side birth unit. (actions 49.2 & 51.3 refer also)	NDP NWIHP	Q2 2018	Q3 2018
		43.3	To start, provide at least one alongside birthing centre in each network, within a minimum of 10 nationally by Q3 2018.	Group CEOs	Q3 2018	Q3 2018
		43.4	Ensure that an alongside birthing unit is in place in each maternity hospital/unit. In units which have low levels of activity, a designated space for supported care birthing will be provided within the specialised birth centre.	Group CEOs	Q4 2019	Q4 2020
44	Each maternity network develops a plan for the provision of Alongside Birth Centres over the lifetime of this Strategy. In prioritising developments, there is a need to provide a reasonable geographic spread of Alongside Birth Centres.	44.1	Roll out alongside birthing centres in each network, informed by results of 43.1. This will take cognisance of the geographic distribution of the alongside birthing centres across the network, and the extent of development works required. At a minimum all maternity networks will achieve 43.3.	Group CEOs	Q1 2018	Q2 2018
45	In the medium term, the implementation of Alongside Birth Centres is evaluated; service users will have an input into this evaluation.	45.1	Evaluate the effectiveness of alongside birthing centres once at least two have been operational for at least 6 months. The evaluation will be led by a multi-disciplinary group similar to the strategy development group.	DOM NWIHP	Q4 2017	Q3 2019

No.	Recommendation	Ref	Specific Actions	Responsible	Start	End
46	Specialised Birth Centres have high-dependency or observation units for the critically ill pregnant woman.	46.1	Establish a review group to review high dependency capacity across the maternity networks, in consultation with the clinical care programme for critical care.	CD NWIHP/Group CEOs	Q4 2017	Q2 2018
		46.2	Determine the HDU requirements for each maternity network. The plan, which will be developed in consultation with the maternity networks and the clinical care programme, will address the pathways for all critically ill women intra-network and inter-network.	CD NWIHP/Group CEOs	Q1 2018	Q2 2018
		46.3	Prepare and submit a proposal to the 2019 Estimates based on the requirements identified in 46.2.	NPD NWIHP	Q2 2018	Q3 2018
47	All birth centres have an emergency team available to provide an immediate response to obstetric emergencies.	47.1	Maternity networks will confirm the emergency response pathway in each of their hospitals/units to the NWIHP.	Group CEOs	Q4 2017	Q4 2017
		47.2	Maternity networks will develop a register of the emergency response pathway, and escalation process for their maternity hospitals/units.	Group CEOs	Q4 2017	Q4 2017
48	For all care pathways, the physical infrastructure is of a high standard, providing a calm, relaxing and homely environment that will support a physiological process and respect the woman's dignity and need for privacy during childbirth; theatres will be baby friendly. Modern facilities including, where appropriate, birthing aids and birthing pools will be available.	48.1	Action 43.1 will assess also the appropriateness of the environment for this action 48.	BM NWIHP	Q1 2018	Q1 2018
		48.2	Develop a plan to address the environmental factors in all 19 maternity hospitals/units to inform the capital plan.	BM NWIHP	Q2 2018	Q2 2018
		48.3	Maternity networks will develop a prioritised multi-year plan, informed by 48.2, to ensure that all maternity hospitals/units within the network have an appropriate environment for each care pathway.	Group CEOs	Q3 2018	Q4 2021
49	Birth centres have appropriate settings for families to afford privacy when receiving news of, or experiencing, bereavement. The forthcoming HSE Standards for Bereavement Care following Pregnancy loss and Perinatal Death are implemented nationally.	49.1	Review the space available across each maternity network for communicating sensitive news to families.	Bereavement Standards Implementation Group	Q2 2017	Q4 2017
		49.2	Output of review included in the capital plan (action 43.2) to ensure that all maternity hospitals/units have appropriate settings.	NWIHP	Q4 2017	Q2 2018
50	The forthcoming HSE standards for Bereavement Care following Pregnancy Loss and Perinatal Death are implemented nationally.	50.1	Review progress on standards implementation at monthly review meetings with maternity networks (action 25.4 refers).	NWIHP	Q1 2018	Ongoing
51	All women have easy and appropriate access, in early pregnancy, to both emergency obstetric care and well-resourced Early Pregnancy Assessment Units, in all maternity units.	51.1	Establish a multi-disciplinary group to develop minimum standards for Early Pregnancy Assessment Units (EPAUs).	DOM NWIHP	Q4 2017	Q1 2018
		51.2	Request the maternity networks to review the Early Pregnancy Assessment Units in each maternity hospital/unit in their network in line with the newly developed standards (action 51.1).	Group CEOs	Q2 2018	Q2 2018
		51.3	Prepare and submit a revenue and capital plan (will link to 43.2) to address any capacity requirements identified between the standards for EPAU, and the outcome from 51.2.	NPD NWIHP	Q2 2018	Q3 2018

No.	Recommendation	Ref	Specific Actions	Responsible	Start	End
52	Home Birth services, integrated within the maternity network, are available in the Supported Care pathway, with care from the lead healthcare professional and the hospital-based community midwifery team, and in line with national standards.	52.1	Establish a stakeholder engagement process to inform the provision of home birth services as part of the new model of care in line with guidelines to be developed under 33.1. This process will aid the design of the home birth service within the supported care pathway.	DOM NWIHP	Q3 2018	Q4 2018
		52.2	Integrate existing home birth services into the newly established supported care pathway, informed by the output of 52.1. In developing the plan, the networks will also assess the level of demand for home birth services.	Group CEOs	Q4 2018	Q2 2019
53	Retrieval services for neonates and the clinically deteriorating woman, and in utero transfer services in the maternal and/or foetal interest, are available for timely and appropriate transfer; retro services to return neonates to their local hospital/unit will also be available.	53.1	Review current access arrangement in conjunction with the neonatal/paediatric clinical care programme and neonatal retrieval service.	BM NWIHP	Q1 2018	Q2 2018
		53.2	Review neonatal critical care capacity across the 19 maternity hospitals/units in conjunction with the CCP Neonates/Paeds.	NWIHP/CCP Neonates/Paeds	Q1 2018	Q2 2018
		53.3	Develop a plan for the 2019 estimates to address neonatal critical capacity, based on the output of 53.2 and the neonatal model of care.	NPD NWIHP	Q3 2018	Q3 2018
		53.4	Work with clinical care programme for critical care and Group CEOs to review current arrangements for transfer of clinically deteriorating women.	CCP Critical Care/Group CEOs/NWIHP	Q1 2018	Q2 2018
		53.5	Define a pathway for women with medical/surgical conditions (example cardiology, cystic fibrosis etc.) during pregnancy. The pathway will be within hospital group, where possible, but will align to agreed tertiary referral pathways.	Group CEOs	Q3 2018	Q4 2018
		53.6	In conjunction with the work done by CCP critical care, define the pathway for clinically deteriorating women, within hospital group where appropriate. The development of the pathways within each maternity network will involve the relevant medical/surgical specialists from the tertiary referral hospital. This pathway will align with 53.5.	CCP critical care/Group CEOs	Q3 2018	Q4 2018
		53.7	Develop a plan for the transfer of neonates, and this will be disseminated within the network. The agreed pathways will be highlighted on the comprehensive online resource (action 8).	Group CEOs/NWIHP	Q1 2019	Q2 2019
54	A national hip screening programme and a national screening service for retinopathy of prematurity is developed.	54.1	Develop screening programmes for hip, and retinopathy in conjunction with the clinical programme for paediatrics and neonatology.	CCP Paeds Neonates/NWIHP	Q2 2018	Q3 2018
		54.2	Establish working groups for both screening programmes, to engage widely with stakeholders, review international experience and develop bespoke programmes.	CCP Paeds Neonates/NWIHP	Q4 2018	Q3 2019
		54.3	Prepare and submit a proposal for Estimates 2020 to roll out the new programmes.	NPD NWIHP	Q2 2019	Q3 2019
		55.1	Action 5.4 will develop the content required to educate women about potential complications of pregnancy, whilst encouraging the normalisation of birth. The content will reflect the services available in each location, as well as generic information.	DOM NWIHP	Q4 2017	Q4 2018

No.	Recommendation	Ref	Specific Actions	Responsible	Start	End
55	Comprehensive and standardised antenatal education is provided to prepare women for any complications that might arise and for the transition to motherhood.	55.2	NWIHP and Nurture will develop an antenatal education programme, in consultation with ONMSD and service users, that provides easy to understand information, in line with action 5.4.	DOM NWIHP	Q4 2018	Q1 2019
		55.3	Each maternity network will develop a plan to ensure that all women accessing maternity services within their network, are offered access to the education programme developed at 55.2.	Group CEOs	Q2 2019	Ongoing
		55.4	NWIHP will work with Primary Care to ensure that the education programme (55.2) is provided to women throughout the appropriate primary care settings.	NWIHP/Primary Care	Q4 2018	Q1 2019
56	Each maternity network scopes the necessity for the development of enhanced services at network level including dietetics, Perinatal psychiatry, psychology, Perinatal pathology, endocrinology, drug liaison, physiotherapy and medical social work. Access to microbiology, haematology and laboratory services should be standardised.	56.1	NWIHP has identified the requirement for additional: Obstetricians, Pathologists, Psychiatrists, Midwives (including CMS and AMP posts), dieticians, social workers and quality and patient safety resources.	NPD NWIHP	Q3 2017	Q3 2017
		56.2	Actions in the implementation plan around developing diabetes services, perineal clinics, drug liaison specialists and other initiatives will inform the submission to future Estimates cycles.	NPD NWIHP	Q4 2017	Q3 2018
		56.3	Each maternity network will develop a plan, reviewing demand and capacity in relation to microbiology, haematology and laboratory services and proposing maternity network solutions to each service.	Group CEOs	Q1 2018	Q3 2018
57	A specialised Perineal Clinic is available within each maternity network, for the specialist assessment and treatment of women with obstetric anal sphincter injury. Onward referral pathways will be in place to specialist pelvic floor /colo-rectal clinics, with a full multidisciplinary team, where necessary.	57.1	Each maternity network will develop a plan to create a specialist perineal clinic at network level following a needs assessment.	Group CEOs	Q1 2018	Q2 2018
		57.2	NWIHP will assess the resource requirement from the plans, and make the necessary submission to the 2019 Estimates.	NPD NWIHP	Q2 2018	Q3 2018
		57.3	NWIHP will work with the Acute Hospital Division and Group CEOs, to develop referrals to tertiary centres from the specialist perineal clinics. Where appropriate referrals will remain within the hospital group.	NWIHP/Group CEOs	Q4 2018	Q1 2019
		57.4	Each maternity network will map the pathways for women, requiring specialised perineal care, at local, group and tertiary level. Information will also be on NWIHP website (action 8).	Group CEOs/NWIHP	Q2 2019	Q2 2019
58	Maternity services are integrated across both community and hospital for antenatal booking visits, antenatal care including health and social care professional input and antenatal diagnostics, so that antenatal care is provided as close to home as possible.	58.1	Following action 42.1, NWIHP will engage with the Office of the Chief Information Officer (OoCIO) to evaluate an integrated booking system.	NPD NWIHP	Q1 2018	Q2 2018
		58.2	Evaluation at 58.1 will take account of the potential of MN CMS to provide the required information, and also to evaluate the timeframe for implementing MN CMS.	NWIHP	Q1 2018	Q2 2018
		58.3	Based on 58.1 NWIHP will develop a plan with the OoCIO to deliver an integrated booking system.	NWIHP	Q3 2018	Q1 2019

No.	Recommendation	Ref	Specific Actions	Responsible	Start	End
59	The Maternal and Newborn Clinical Management System is implemented across all maternity hospital/ units as a priority and extended to the community as early as possible.	59.1	Complete phase 1 of MN-CMS.	MN CMS Project Board	Q1 2018	Q1 2018
		59.2	Commence phase 2 in 2018, and phase 3 and 4 in 2019 & 2020 respectively.	MN CMS Project Board	Q1 2018	Q4 2020
		59.3	Evaluate potential to increase speed of rollout in consultation with the OoCIO, after phase 1 is complete. The resource overhead of increasing the rollout will be assessed.	MN CMS Project Board	Q1 2018	Q2 2018
60	HIQA Standards for Maternity Services, when finalised, are implemented.	60.1	Each maternity network will conduct a gap analysis of their maternity hospitals/units, against the HIQA standards. This analysis will occur only after the implementation plan is operational for a minimum of 12 months.	Group CEOs	Q2 2018	Q4 2018
		60.2	NWIHP will review performance of the maternity networks, against HIQA standards at monthly review meetings.	NWIHP	Q1 2019	Ongoing
61	Standards for Maternity Services are finalised; specific service issues raised during the public consultation, e.g. the need for specific appointment times, will be considered in the context of the development of the Standards.	61.1	National Standards for Safer Better Maternity Services published December 2016.	HIQA		
62	Women continue to have the option to receive their antenatal care as part of a shared model of care with the GP under the Maternity and Infant Care Scheme and will be encouraged to avail of this scheme.	62.1	NWIHP will review the Mother and Infant Care Scheme, in conjunction with the Primary Care Directorate.	NWIHP/Primary Care	Q1 2018	Q2 2018
		62.2	HSE Primary Care will engage with ICGP, as required, on any proposed changes to the scheme.	Primary Care	Q3 2018	Q4 2018
		62.3	Once any revisions to the scheme are in place, access to the scheme will form part of the NWIHP information campaign (actions 8.5 and 34.2).	NWIHP	Q1 2019	Q1 2019
63	A review of the Maternity and Infant Care Scheme is undertaken, and any necessary adaptations made, to reflect the new Model of Care proposed in this Strategy.	63.1	As at 62.1.			
64	Any review of the Maternity and Infant Care Scheme considers the feasibility of extending coverage to include a preconception consultation and postnatal check at three to four months and/or additional postnatal GP visits where further pregnancy related needs have been identified.	64.1	Recommendation will be incorporated into 62.1.			
65	The reimbursement of GPs under the Maternity and Infant Care Scheme is centralised in the Primary Care Reimbursement Service in line with other fee payments under the funded health sector contracted	65.1	Recommendation will be incorporated into 62.1.	Primary Care		

No.	Recommendation	Ref	Specific Actions	Responsible	Start	End
66	A detailed national standardised dataset is introduced, to support the effective monitoring and evaluation of the Maternity and Infant Care Scheme.	66.1	NWIHP will request the Primary Care Directorate to capture and share an agreed dataset on the Mother and Infant Care Scheme.	Primary Care	Q3 2018	Q4 2018
		66.2	Based on the submitted data, NWIHP will establish a stakeholder forum to assess the effectiveness of the scheme, from a mother and infants perspective.	NWIHP	Q1 2019	Q3 2019
Governance & Workforce						
67	Provide strategic direction and leadership, drive improvement and foster a learning culture in maternity services that focuses on quality and patient safety.	67.1	Meet each maternity network on a monthly basis.	NWIHP	Q4 2017	Ongoing
		67.2	Standard agenda will include: IMIS dataset; SIMF report; Incident review update; implementation plan update. Monthly review meetings will be learning events, with sharing of practice from units across the country.	NWIHP	Q4 2017	Ongoing
		67.3	Rotate meetings across the individual hospitals/units within each network, to ensure NWIHP visits each hospital/unit.	NWIHP	Q4 2017	Ongoing
		67.4	Account for the performance of all maternity hospitals/units within the network.	Group CEOs	Q4 2017	Ongoing
		67.5	Escalate any arising issues of non-conformance in line with the Performance and Accountability Framework.	NWIHP	Q4 2017	Ongoing
		67.6	Disseminate learning from incident reviews and ensure all recommendations are implemented nationally (action 29.8).	NWIHP	Q4 2017	Ongoing
68	Oversee the establishment of maternity networks within each Hospital Group as a priority; networks will have robust governance arrangements, clear roles and responsibilities and a strong accountability framework.	68.1	Develop a governance model for the maternity networks in consultation with the Acute Hospital Division, Primary Care and the Department of Health. The agreed model will ensure responsibility for women and infants services are clearly defined at hospital/unit level, maternity network level and nationally.	NWIHP/DoH/ AHD/Primary Care	Q4 2017	Q1 2018
		68.2	Ensure that a maternity network governance structure is in place with a Network Manager, Clinical Lead, Midwifery Lead and Quality and Patient Safety Lead clearly identified. A Business Manager post should be included, once the maternity networks are properly established.	Group CEOs/NWIHP	Q4 2017	Q2 2018
		68.3	Appoint a Maternity Lead to drive implementation of the Maternity Strategy at maternity network level. The Maternity Lead will report within the Hospital Group and will have a working relationship with the NWIHP.	Group CEOs	Q1 2018	Q1 2018
		69.1	Set clear targets to facilitate the rollout of the supported care pathway (actions 37.5 & 37.6 refer).	NWIHP	Q2 2018	Ongoing
		69.2	Name a lead person to champion implementation of the Strategy in each maternity network and individual hospital/unit (action 68.3 refers).	Group CEOs	Q2 2018	Ongoing

No.	Recommendation	Ref	Specific Actions	Responsible	Start	End
69	Ensure that the new model of maternity care is implemented in each network within the context of robust evaluation and clinical governance frameworks.	69.3	KPIs and evaluation of the operation of the model of care and maternity networks will be considered at monthly meetings with the NWIHP. Monthly meetings will commence in Q4 2017, and as other actions are completed, the process of assessment will become more evidence-based.	NPD NWIHP	Q4 2017	Ongoing
		69.4	Establish multi-disciplinary working group to develop performance indicators to measure implementation and effectiveness of the model of care. Once developed these indicators will be reviewed at the monthly meetings.	DOM/CD NWIHP	Q2 2018	Q3 2018
70	Scope out the multi-professional staffing requirement arising from the new model of care, and prepare a workforce plan to build capacity and a training needs analysis to build capability to deliver the new model of service; a review of obstetric anaesthesia staffing will be undertaken as a priority.	70.1	Establish a working group, including National HR, to develop a multi-disciplinary workforce plan for the new model of care. The HSE's Midwifery Workforce Planning Report, using the Birth Rate Plus model, will be the basis of the midwifery section. The workforce plan conducted by the clinical care programme for obstetrics and gynaecology for obstetricians, endorsed by the Institute of Obstetrics and Gynaecology, will form the basis of the consultant work force plan. The model of care for neonatology will inform the neonatologist demand. Work carried out on models of care by various clinical programmes will also be included.	BM NWIHP	Q1 2018	Q1 2019
		70.2	Working with the clinical care programme in anaesthesia, a plan will be developed to provide dedicated obstetric anaesthetic call for all maternity units that do not currently have this service.	NWIHP	Q3 2017	Q1 2018
		70.3	Ensure that each maternity hospital/unit has a Maternity Clinical Practice Co-Ordinator along with a minimum of one Clinical Midwifery Skills Facilitator. Larger units will require more than one.	Group CEOs	Q3 2018	Q2 2019
		70.4	Review existing models of education and develop a national standard approach. This review will include the Centre of Midwifery Training CME which provides professional development, skills training including CTG training to the three maternity hospitals in Dublin and be carried out in conjunction with ONMSD.	DOM NWIHP	Q2 2018	Q1 2019
71	Ensure that an evidence-based methodology is used to determine staffing requirements for the new model of care.	71.1	Action 70.1 will be evidence based. The birth rate plus methodology underpinning the midwifery workforce planning, is supported by a significant research base. The working group for the workforce plan, will build on the developments in workforce planning in the HSE and Department of Health.	NWIHP	Q1 2018	Q3 2018
		72.1	Promote a culture of openness and transparency, as set out in the quality and patient safety actions 28 - 32. All learning will be disseminated through the NWIHP Office.	NWIHP	Q1 2018	Ongoing

No.	Recommendation	Ref	Specific Actions	Responsible	Start	End
72	Promote a culture of learning. The Programme will develop and deliver, either solely or in partnership with key bodies, relevant multidisciplinary undergraduate and postgraduate training, and on-going professional development including patient safety and quality.	72.2	Host an annual national multi-disciplinary conference, bringing professionals from across the country, and with international speakers, to support professionals and promote a culture of inclusiveness.	NWIHP	Q4 2018	Annual
		72.3	Engage with all relevant training and education institutes to review programmes to enhance the multi-disciplinary nature and quality and safety focus.	NWIHP	Q4 2018	Q4 2019
		72.4	Ensure that multi-disciplinary training takes place at each hospital/unit within their network.	Group CEOs	Q3 2018	Q4 2018
		72.5	Consider the potential for rotation of staff within their networks. The benefits of this approach will be considered in the context of HR challenges.	Group CEOs	Q3 2018	Q4 2018
73	Within six months of the date of publication of this Strategy, develop a detailed implementation plan and timetable for the delivery of this Strategy, including the assignment of responsibility for required actions.	73.1	Plan developed June 2017.			
74	Develop and monitor key performance indicators, against which progress on implementation can be measured.	74.1	Every recommendation in the National Maternity Strategy is included in implementation plan. Each recommendation has specific action(s), or cross references to other specific action(s). Every action has a start and end date, and a responsible individual or group. NWIHP will publish a progress report twice yearly on the website, clearly indicating progress against target. Where an action is behind target, the reason for deviation will be clearly stated, and remedial action, where necessary, will be outlined. Specific indicators for the model of care will be developed as per action 69.4.			
75	Submit an annual report to the Minister on the progress of the implementation of this Strategy.	75.1	Submit annual report to Minister by end April each year.	BM NWIHP	Q2 2018	Q2 Annually
76	Publish the annual progress report on the Department of Health's website.	76.1	Publish annual report on DoH website.	AHPU3 and Press Office, DoH	Q2 2018	Q2 each year
77	Commit to providing annual development funding for this Strategy.	77.1	Develop a detailed Estimates submission.	NPD NWIHP	Q2 2017	Q2 Annually