Women urgently require the best of wraparound midwifery care to support them...

What's Happening?

- Maternity services in Ireland, according to our national reports, continue to be centralised, institutionalised, almost wholly medically led, far from women-centred, have worrying gaps in provision and do not give value for money in their current configuration. (1)

- Having finally gained our first ever national framework in 2016, the National Maternity Strategy 2016-2026 (now entering its 5th year) has stalled, with its initial funding of €50m over 10 years now drastically reduced. Yet an integrated model of care was targeted to be in place by 2020. (2)

- Outreach community midwifery services which were due to be fully implemented by the first quarter of 2018 have also stalled and not a single midwifery-led unit has been built since the plan was commenced (3).

- Compared with our near neighbours Scotland and NI, we do badly. Scotland has 17 midwifery-led units. NI has 8 midwifery-led units. We have only two MLUs, established 16 years ago, even though they have proven capacity to deliver excellent outcomes cost-effectively. We have no comparable working national home birth support structure (4).

- Stressful working conditions and burnout have led to a critical deficit of midwives nationally, an estimated 2/3: problems of recruitment and retention in the three Dublin maternity hospitals alone in 2015 to just under €4 million being spent on agency staff to try to make up numbers. (5)

- Overall rates of interventions, many of them questionable or unnecessary, adding considerable costs as well as potential adverse consequences overall, continue to escalate: the national Caesarean section rate has leapt over the last 2 decades from 19% in 1999 to 33% in 2018, or one in every three women who gives birth, the number of women undergoing inductions of labour was 31.5% of all mothers in 2018. (6).

- Widespread dissatisfaction of women and their families with quality of care: Joe Duffy’s Liveline programme between 2nd and 11th April 2019 received over 1,000 calls and emails from women who reported receipt of indifferent to poor treatment to catastrophic outcomes. (7)

- Lack of informed consent with increasing evidence of differences in outcomes for women attending private versus public care with almost a doubling of interventions in the private care cohort with all of the associated cost and risks of increased morbidity to ongoing health. (8)

- Legal claims about poor obstetric care are escalating: over 349 million euro were spent on payouts and legal fees between 2007-2016. (9) These claims are the tip of an iceberg of morbidity and mortality for babies and women stemming from poor care with long-term/life-long consequences.

- Serious health inequalities, lack of breastfeeding support, patchy geographical access to termination of pregnancy services, mental health issues, domestic violence, obesity, diabetes, and adverse childhood experiences, alongside housing insecurity and homelessness, are ever-increasing realities for mothers and their newborn babies (10).

Women urgently require the best of wraparound midwifery care to support them when they are otherwise struggling with major life difficulties.
What must be done to change these dreadful circumstances?

- The urgency of a properly funded, mandated rollout of the National Maternity Strategy as intended cannot be stated strongly enough, the next Minister for Health must ensure the Strategy’s full implementation without any further delay.

- Implement immediately a BEST START model of care with midwifery as the core component of primary, secondary and tertiary maternity care. Proactively assess, plan and deliver on appropriately configured and safe midwifery staffing levels.

- Maternity services, beginning with properly developed community midwifery should be at the heart of all communities across the country. Optimising the quality of services and getting them right has vital immediate and long-term gains for women, babies, their families and our society at large.

- A fundamental shift in the organisation of our maternity services with greatly expanded MLUs for our 19 maternity units is an absolute economic and social priority.

FURTHER INFORMATION:
The Midwives Association of Ireland, a professional membership body, was formed in 2016.

We aim:
- To empower midwives in supporting women using evidence-based care.
- To promote, assist and provide access to further education for midwives through study days, conferences, etc.
- To advocate for the development of appropriate policies to enable midwives to provide individualised evidence-based care to all women
- To work in conjunction with women and advocacy agents in developing and proposing sustainable models of evidence-based care.
- To embrace the internationally accepted role of the midwife as defined by the NMBI.

For all enquiries contact:
https://midwivesireland.ie/
https://twitter.com/MidwivesIreland
https://www.facebook.com/midwivesireland/

Ensure full and ongoing engagement with women, families and healthcare practitioners to transform maternity services which meet individual needs across the community.

For full list of references, see http://midwivesireland.ie/manifesto2020