

## Midwifery Association of Ireland (MAI)

### Coronavirus - COVID 19 (March 2020)

The MAI acknowledges the fluid and developing situation facing the health service in respect of Coronavirus and Covid 19. Therefore, we respectfully offer the following proposals to the HSE decision makers re Maternity Services for antenatal and post-natal care. These proposals are made with the intention of safer, cost effective and clinically effective care of women, babies and their families particularly, at this time. On the whole these proposals are in line with the National Maternity Strategy, evidence based, and very do-able with a will and commitment to adjust how we do things – nationally.

We have a duty of care to our population and to our staff and together we can help safeguard women and their babies, lighten the load on the health service and diminish the expected and inevitable hardship that this may bring if we work effectively together. We have the knowledge, skills and ability and we know that the human spirit is strong and viable and we will overcome this pandemic where we work together.

In offering these suggestions, we are conscious of our Code of Conduct, Practice Standards and Scope of Practice (NMBI) and we welcome the content of the recent NMBI statement in relation to these challenging times.

1. **Action:** Examine/assess how much antenatal care can be provided by midwives antenatally in community halls / centres, hotels or in the home – MAI suggest possibly up to 75%.

**Impact:** Continue to provide essential antenatal care but not in the hospital environment where pregnant women may be competing with ill patients attending for treatment, thereby freeing up space for those whose lives depend upon access to secondary and tertiary health services

Preparation for labour and postnatal care will be key to help reduce pressure on services during labour and postnatal when women are informed, prepared and know their carer, insofar as is possible.

2. **Action:** Prepare to have in place, standing orders or other mechanisms for midwives so that they are not dependant upon a doctor or a specific midwife prescriber for routine medication in the likely event that Epidural services may have to be curtailed significantly if the demand on anaesthetists requires them to prioritise life threatening conditions



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**Impact:** Women are not delayed or deprived of specific medications especially during labour and postnatally. E.g. Pethidine, anti-emetics, Entonox, paracetamol, laxatives, IV fluid, Syntocinon (with specific instructions re applicability).

- Action:** Invoke the use of Self-Employed Midwives to provide continuing care to women in labour (who may require transfer in from Hospital instead of continuing with a Home Birth) as their case Midwife; whether by issuing honorary contracts or not. Many of these midwives already provide services subcontracted by the HSE.

**Impact:** HSE makes best use of available resources, eases pressure within the system on other resources and staff and women who may be frightened and anxious get to have continuity of carer and so are much more likely to have better outcomes as a result.

- Action:** Review the need for postnatal care in hospital

Agree a simple algorithm to identify and select those suitable for 6-12 discharge hour (possibly up to 50%) and put in place the measures necessary to make this happen speedily. Consider use of Community Midwives and SECMS to be given a caseload of women and their babies every day to care for in the Community, including telephone support and selective visiting in the home.

Finally, we acknowledge that this is an extraordinary life event which is transforming society as we know it and the MAI are willing and available to assist decision makers in any way we can in relation to the organisation and provision of maternity services.

**On behalf of the Midwifery Association of Ireland (MAI)**

Patricia Hughes, MW & Chairperson, MAI