

An Irish maternity service fit for purpose

As part of our series on the UK and Ireland's midwifery policy, Susan Kent, Deputy Chief Nursing Officer, Ireland, discusses the strengths and challenges of maternity care in the country.

Irish maternity services, with the exception of a few pockets of midwifery-led units and home birthing midwives, are a hospital-based consultant obstetric-led service. Availability of choice within this service is extremely limited and development of pathways of choice of care is dependent on consultation with the obstetric team. This differs from the early 20th century where most midwifery practice was community-based. Changes to the public health nurse eligibility for training, removing midwifery qualification as a requirement, highlights this void within the community. In recent years with the advances in media reporting and recording of hospital metrics, there have been some notable events resulting in maternal and fetal deaths and catastrophic injury to babies resulting in life-long disabilities.

Within current Government, plans to explore the maternity services and develop appropriate safe services for Irish women were identified early. Delays to the development of these services and additional adverse events in maternity services added impetus to the establishment of a group of experts in this area of practice. The Minister has asked the group to ensure within the parameters of safe care that women's choice in maternity services remains central to the thoughts of the group. The National Maternity Strategy Steering group was convened and has met for a second time. This development is long overdue and exciting for an Irish contemporary culture that is forward-thinking in so many other areas of life. The Minister has also decided to establish a National Women and Infant Health Programme, to address and improve maternity services across the country. This

programme will span the delivery of maternity services across primary, acute and community care. It will provide the leadership and have the authority to deliver the strategy and to drive reform and standardise care across all the Irish maternity units. We have a forward-thinking Irish population recently seen with the referendum on 'The 31st Amendment of the Constitution (Children) Act 2012', and globally observed, the referendum passed on 'The 34th Amendment of the Constitution (Marriage Equality) Bill 2015'. Both are changes to the constitution and herald a 'New Ireland'.

Creating pathways of maternity care for Irish mothers, will not be sufficient enough to promote choice in childbirth. Many mothers will want give birth in hospital settings and have obstetric care and others will want midwifery care outside and away from the hospital setting. What we need to ensure is that we have a workforce that is fit-for-purpose to safely fulfil the wishes and desires of our mothers. If we are to offer choice then we need a workforce that is confident and competent to offer the choice with safe, kind, compassionate care. If our midwives have been embedded in obstetric-led care for many years, it will take some time to re-educate, re-skill, and remove practice from the hospital mindset of maternity care. Midwifery training is such that midwives become qualified with a set of skills that ensures they are skilled as autonomous practitioners. Their practice and global mobility either enhances or restricts this practice. Confidence in practice is dependent on the availability of opportunities and case management of women throughout the continuum of pregnancy. Therefore, there has to be a leap of faith from the midwives to decide to want to practice that profession for which they have been trained. This is a tough decision, particularly within the tense climate of maternity services in Ireland at the moment. This transformation can only

be facilitated with the help of the obstetrical and managerial teams also taking a leap of faith. This is where the leadership in practice becomes visible. Many of our midwifery leaders have been restricted because of financial, professional or legislative protocols in recent years. A collaborative approach to offering safe options to mothers during maternity care is required. To achieve a collaborative shared vision we need to work together and not look for any particular group to take the credit.

The Nurses and Midwives Act (2011) has placed midwifery practice firmly as a separate profession to nursing. Segments of the Act have been commenced and other areas in relation to competency have not been developed as yet. Within an Irish context, midwifery has been reportable and accountable to nursing and other disciplines for many years. This legislation, in addition to the *Practice Standards for Midwives* (Nursing and Midwifery Board of Ireland, 2015), will facilitate the development of a competency framework that will ensure high standards of midwifery practice with individual responsibility and accountability. This will support the development of confidence and competence in midwifery practice and firmly place it in the professional sphere that it belongs. This in combination with the collaboration of obstetricians and management will ensure choice is available to mothers. Midwives have always been autonomous from the day of graduation and have been frontline leaders in practice. Now, with the development of the National Maternity Strategy and the National Women and Infant Health programme, a buzz of excitement is felt in midwifery in Ireland. Stand-alone midwifery care may now be a viable option for mothers.

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Nursing and Midwifery Board of Ireland (2015)
Practice Standards for Midwives. NMBI, Dublin

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