

Module 2: Antenatal Care

In March 2016, bump2babe sent a comprehensive survey to the 19 maternity hospitals/units and 2 midwifery-led units in Ireland. Responses were returned between March 2016 and May 2017 and can be found on the website www.bump2babe.ie. Private Midwives completed the same survey documents in May 2017 and we have presented them here.

The information provided here is as was provided to us Private Midwives but please check with your caregiver to see if there have been any recent changes to services, policies or practices.

Blank spaces indicate no information was provided.

	County	
	Unit or hospital name	Private Midwives Ireland
Person completing the survey	Name	Liz Halliday
	Title	Deputy Head of Midwifery
	Contact details and working hours (in case we need to contact you for clarification)	liz@privatemidwives.com
How do women access services?	Self referral	Yes
	G.P. referral	
	Other, please specify	
	Services provided for women in very early pregnancy (<12 weeks) - threatened miscarriage, history of miscarriage, medical conditions, hyperemesis etc.	
Midwife-led services available (please tick all that apply - please note the new definitions)	Midwifery-led unit (alongside)	
	Community midwives clinic - antenatal and postnatal care provided in woman's home or at outreach clinic with option for home birth or birth in hospital attended by a Community Midwife.	Yes
	DOMINO midwives clinic - antenatal and postnatal care provided in woman's home or at outreach clinic with birth in unit not necessarily attended by DOMINO team midwife.	Yes. We offer non-clinical support in hospital with hospital's permission.
	Public midwives clinic - antenatal care provided by midwives only	

	Other midwifery-led services, please specify	Counselling for miscarriage and birth trauma. Intensive breastfeeding support.
Obstetric-led services available (please tick all that apply)	Public clinic	
	Semi-private clinic	
	Private clinic	
	Other obstetric-led services, please specify	
Location of clinics (please provide details for those applicable)	Midwifery-led unit (alongside)	
	Community midwives clinic (as per definition above)	Women's own home or place of their choosing
	DOMINO midwives clinic (as per definition above)	Women's own home or place of their choosing
	Public midwives clinic (as per definition above)	
	Other midwifery-led services specified by you above	Women's own home or place of their choosing
	Public clinic	
	Semi-private clinic	
	Private clinic	
	Other obstetric-led services specified by you above	
Average gestation at a booking visit for the following clinics	Midwifery-led unit (alongside)	
	Community midwives clinic (as per definition above)	30 weeks (service available from 4 weeks to 36 weeks)
	DOMINO midwives clinic (as per definition above)	30 weeks (service available from 4 weeks to 36 weeks)
	Public midwives clinic (as per definition above)	
	Other midwifery-led services specified by you above	As required
	Public clinic	
	Semi-private clinic	
	Private clinic	
	Other obstetric-led services specified by you above	
Information noted at booking visit	Ethnicity	This is requested
	Religion	This is requested
	Marital status	This is requested
	Sexual orientation	
Do women have the option of carrying their own notes?	Yes/No	Yes
	Sometimes, please specify circumstances	
Continuity of carer in the midwifery-	N/A	N/A
	See the same person every antenatal visit	

led unit (alongside)	See one of team (8 people or less) every antenatal visit	
	May see a different staff member every antenatal visit	
Continuity of carer in the community midwives clinic - (as per definition above)	N/A	
	See the same person every antenatal visit	Yes
	See one of team (8 people or less) every antenatal visit	
	May see a different staff member every antenatal visit	
Continuity of carer in the DOMINO midwives clinic - (as per definition above)	N/A	
	See the same person every antenatal visit	Yes
	See one of team (8 people or less) every antenatal visit	
	May see a different staff member every antenatal visit	
Continuity of carer in the public midwives clinic - (as per definition above)	N/A	N/A
	See the same person every antenatal visit	
	See one of team (8 people or less) every antenatal visit	
	May see a different staff member every antenatal visit	
Continuity of carer in other midwifery-led services specified by you above	N/A	
	See the same person every antenatal visit	Yes
	See one of team (8 people or less) every antenatal visit	
	May see a different staff member every antenatal visit	
Continuity of carer in the public clinic	N/A	N/A
	See the same person every antenatal visit	
	See one of team (8 people or less) every antenatal visit	
	May see a different staff member every antenatal visit	
Continuity of carer in the semi-private	N/A	N/A
	See the same person every antenatal visit	

clinic	See one of team (8 people or less) every antenatal visit	
	May see a different staff member every antenatal visit	
Continuity of carer in the private clinic	N/A	N/A
	See the same person every antenatal visit	
	See one of team (8 people or less) every antenatal visit	
	May see a different staff member every antenatal visit	
Continuity of carer in other obstetric-led services specified by you above	N/A	N/A
	See the same person every antenatal visit	
	See one of team (8 people or less) every antenatal visit	
	May see a different staff member every antenatal visit	
Approximate length of consultation with carer (in minutes) for each woman at her booking antenatal visit in the following clinics (where applicable)	Midwifery-led unit (alongside)	
	Community midwives clinic - (as per definition above)	120 minutes
	DOMINO midwives clinic - (as per definition above)	150 minutes
	Public midwives clinic - (as per definition above)	
	Other midwifery-led services specified by you above	150 minutes
	Public clinic	
	Semi-private clinic	
	Private clinic	
	Other obstetric-led services specified by you above	
Approximate length of consultation with carer (in minutes) for each woman at a follow up antenatal visit in the following clinics (where applicable)	Midwifery-led unit (alongside)	
	Community midwives clinic - (as per definition above)	120 minutes
	DOMINO midwives clinic - (as per definition above)	120 minutes
	Public midwives clinic - (as per definition above)	
	Other midwifery-led services specified by you above	120 minutes
	Public clinic	
	Semi-private clinic	
	Private clinic	
	Other obstetric-led services specified by you above	

Average waiting times and facilities at the midwifery-led unit (alongside) if applicable.	N/A	N/A
	Waiting less than 30 minutes	
	Waiting more than 30 minutes	
	Play area for children	
	Nappy changing facilities	
	Sufficient seating for all women while waiting	
	Sufficient seating for all partners while waiting	
	Refreshments / drinking water	
	Food vending machine	
	Cafeteria	
Other, please specify		
Average waiting times and facilities at the community midwives clinic (as per the definition above) if applicable.	N/A	N/A
	Waiting less than 30 minutes	
	Waiting more than 30 minutes	
	Play area for children	
	Nappy changing facilities	
	Sufficient seating for all women while waiting	
	Sufficient seating for all partners while waiting	
	Refreshments / drinking water	
	Food vending machine	
	Cafeteria	
Other, please specify		
Average waiting times and facilities at the DOMINO midwives clinic (as per the definition above) if applicable.	N/A	N/A
	Waiting less than 30 minutes	
	Waiting more than 30 minutes	
	Play area for children	
	Nappy changing facilities	
	Sufficient seating for all women while waiting	
	Sufficient seating for all partners while waiting	
	Refreshments / drinking water	
	Food vending machine	
	Cafeteria	
Other, please specify		

Average waiting times and facilities at the public midwives clinic (as per the definition above) if applicable.	N/A	N/A
	Waiting less than 30 minutes	
	Waiting more than 30 minutes	
	Play area for children	
	Nappy changing facilities	
	Sufficient seating for all women while waiting	
	Sufficient seating for all partners while waiting	
	Refreshments / drinking water	
	Food vending machine	
	Cafeteria	
	Other, please specify	
Average waiting times and facilities at the other midwifery-led services specified by you above if applicable.	N/A	N/A
	Waiting less than 30 minutes	
	Waiting more than 30 minutes	
	Play area for children	
	Nappy changing facilities	
	Sufficient seating for all women while waiting	
	Sufficient seating for all partners while waiting	
	Refreshments / drinking water	
	Food vending machine	
	Cafeteria	
	Other, please specify	
Average waiting times and facilities at the public clinic	N/A	N/A
	Waiting less than 30 minutes	
	Waiting more than 30 minutes	
	Play area for children	
	Nappy changing facilities	
	Sufficient seating for all women while waiting	
	Sufficient seating for all partners while waiting	
	Refreshments / drinking water	
	Food vending machine	
	Cafeteria	
	Other, please specify	
Average waiting times and facilities at the semi-private clinic	N/A	N/A
	Waiting less than 30 minutes	
	Waiting more than 30 minutes	
	Play area for children	
	Nappy changing facilities	
	Sufficient seating for all women while waiting	

	Sufficient seating for all partners while waiting	
	Refreshments / drinking water	
	Food vending machine	
	Cafeteria	
	Other, please specify	
Average waiting times and facilities at the private clinic	N/A	N/A
	Waiting less than 30 minutes	
	Waiting more than 30 minutes	
	Play area for children	
	Nappy changing facilities	
	Sufficient seating for all women while waiting	
	Sufficient seating for all partners while waiting	
	Refreshments / drinking water	
	Food vending machine	
	Cafeteria	
	Other, please specify	
Average waiting times and facilities at the other obstetric-led services specified by you above if applicable.	N/A	N/A
	Waiting less than 30 minutes	
	Waiting more than 30 minutes	
	Play area for children	
	Nappy changing facilities	
	Sufficient seating for all women while waiting	
	Sufficient seating for all partners while waiting	
	Refreshments / drinking water	
	Food vending machine	
	Cafeteria	
	Other, please specify	
Is combined care with their G.P. an option for women using midwifery-led services?	Yes/No	Yes
	Additional comment	If GP is insured
Is combined care with their G.P. an option for women using obstetric-led services?	Yes/No	
	Additional comment	
Is hospital-only care an option for women?	Yes, with midwives	Yes
	Yes, with obstetricians	Yes
	No	

	Additional comment	We offer birth support in hospital and post-natal services
In the antenatal period, are mothers asked to state how they intend to feed their baby?	Always	Yes
	Mostly	
	Sometimes	
	Never	
	Additional comment	
	In the antenatal period, please describe in detail how mothers are informed about, encouraged and supported to breastfeed?	Breastfeeding is discussed with all clients throughout their antenatal care as appropriate to each client. Literature is provided if necessary and clients are encouraged to read The Womanly Art of Breastfeeding.
Does the unit identify groups of service users who are least likely to breastfeed?	Yes/No	N/A
	Additional comment (including how they are identified)	
	If service users are identified as least likely to breastfeed, how does the unit promote and support breastfeeding in those families during the antenatal period?	
Information leaflets provided	Antenatal blood tests	Yes
	Healthy eating	Yes
	Smoking cessation	Yes if appropriate
	Iron supplements	Yes if appropriate
	Folic acid	Yes
	HIV testing	Yes
	Toxoplasmosis	Yes
	Rhesus factor	Yes if appropriate
	Pelvic floor exercises	Yes
	Vaginal birth after caesarean	Yes
	Labour bag & hospital bag	Yes
	Signs of labour	Yes
	Labour and birth	Yes
	Pain relief options: pharmacological	
	Pain relief options: non-pharmacological	Yes
	Caesarean birth	Yes
	Breastfeeding	Yes
Infant feeding	Yes	
Postnatal depression	Yes	
Postnatal care	Yes	

	Car safety for babies	Yes
	Sudden Infant Death Syndrome	Yes
	Normal newborn characteristics	Yes
	Neonatal screening	Yes
	Antenatal classes provided by hospital/unit	
	Independent antenatal classes in the community (e.g. Cuidiú classes)	Yes
	Care plan (details of visits to GP and to chosen clinic)	Yes
	Contact details for support services - please give details	Yes – GP, PHN, Hospital, Nurture, Cuidiú, LLL, Mother and baby groups
	Other, please specify	Water birth, hypnobirthing, information sharing and data protection, indications for transfer, obstetric emergency information if required, home birth prep list
Routinely tested at booking visit	Blood pressure	Yes
	Urinalysis	Yes
	Weight	Yes
	Height	Yes
	Palpation / fundal height	Yes
	Fetal heart rate	Yes
	Ultrasound	No – we use hospital results
	Full blood count	No – we use hospital results
	Blood group & antibodies	No – we use hospital results
	Rubella	No – we use hospital results
	Chicken pox immunity	No – we use hospital results
	H.I.V.	No – we use hospital results
	Hepatitis B	No – we use hospital results
	Syphilis	No – we use hospital results
	Blood glucose	
	Hepatitis C	No – we use hospital results
Ferritin		
Other, please specify		
Is there a smoking cessation programme provided?	Yes/No	No
	Additional comment including details of availability, uptake and success rates	Referral if required

	What nutrition services are offered to women? (Please include details of information provided to women, any access to a nutritionist antenatally/postnatally, and whether all or only some women are offered these services.)	We discuss healthy eating. More specific dietary advice given for women struggling with weight or gestational diabetes. Referral to nutritionist if appropriate.
	Please describe any services offered to women related to physical activity (including information, any classes, how physical activity is promoted etc.)	Information on local classes in yoga and Pilates. Generally, information on safety of exercise in pregnancy – tailored to individual client.
Which of the following scans are offered routinely? Where appropriate please include gestation.	Early pregnancy scans (< 12wks)	
	Dating scans	No – we use hospital results
	Anatomy/anomaly scans	No – we use hospital results
	Scans at routine antenatal visits	
	Please indicate any differences in number/frequency of scans depending on the type or care/carer chosen	We don't offer scans, but do refer to hospital or private scan if required
What training do staff require to perform the following scans?	Early pregnancy scans (< 12wks)	
	Dating scans	
	Anatomy/anomaly scans	
	Scans at routine antenatal visits	
	What is the unit policy on scans at maternal request?	Encouraged to access through hospital or privately
Do ultrasound scanning staff have any special training in communicating information to parents?	Yes/No	N/A
	If Yes, please give details	
	Unit policy on changing due dates on the basis of ultrasound scanning of mothers	Dates may be altered based on a 10-12 week scan if the client is happy to do so. We don't change dates based on third trimester scans.

Antenatal tests		
Test for full blood count	Routine/Non-routine/Available at maternal request	Routinely taken at hospital booking. If necessary or at maternal request may be referred to GP/hospital or can be provided privately
	Additional information including indications and typical gestation where appropriate	Indications – clinical symptoms of anaemia, low Hb or platelets at booking, history of anaemia in pregnancy. Typically advised at 28 and/or 36 weeks.
Test for iron level	Routine/Non-routine/Available at maternal request	Routinely taken at hospital booking. If necessary or at maternal request may be referred to GP/hospital or can be provided privately
	Additional information including indications and typical gestation where appropriate	Indications – clinical symptoms of anaemia, low Hb at booking, history of anaemia in pregnancy. Typically advised at 28 and/or 36 weeks.
Test for blood group	Routine/Non-routine/Available at maternal request	Routinely taken at hospital booking. If necessary or at maternal request may be referred to GP/hospital or can be provided privately
	Additional information including indications and typical gestation where appropriate	
Test for antibodies	Routine/Non-routine/Available at maternal request	Routinely taken at hospital booking. If necessary or at maternal request may be referred to GP/hospital or can be provided privately
	Additional information including indications and typical gestation where appropriate	Indications for retest – antibodies present at booking. 36 weeks.
Test for rubella	Routine/Non-routine/Available at maternal request	Routinely taken at hospital booking. If necessary or at maternal request may be referred to GP/hospital or can be provided privately
	Additional information including indications and typical gestation where appropriate	
Test for varicella	Routine/Non-routine/Available at maternal request	Routinely taken at hospital booking. If necessary or at maternal request may be referred to GP/hospital or can be provided privately

	Additional information including indications and typical gestation where appropriate	
Test for hepatitis B	Routine/Non-routine/Available at maternal request	Routinely taken at hospital booking. If necessary or at maternal request may be referred to GP/hospital or can be provided privately
	Additional information including indications and typical gestation where appropriate	
Test for syphilis	Routine/Non-routine/Available at maternal request	Routinely taken at hospital booking. If necessary or at maternal request may be referred to GP/hospital or can be provided privately
	Additional information including indications and typical gestation where appropriate	If suspected and non-immune
Test for hepatitis C	Routine/Non-routine/Available at maternal request	Routinely taken at hospital booking. If necessary or at maternal request may be referred to GP/hospital or can be provided privately
	Additional information including indications and typical gestation where appropriate	
Test for HIV	Routine/Non-routine/Available at maternal request	Routinely taken at hospital booking. If necessary or at maternal request may be referred to GP/hospital or can be provided privately
	Additional information including indications and typical gestation where appropriate	
Test for sickle cell	Routine/Non-routine/Available at maternal request	Non-routine
	Additional information including indications and typical gestation where appropriate	Indicated if family history
Test for thalassaemia	Routine/Non-routine/Available at maternal request	Non-routine

	Additional information including indications and typical gestation where appropriate	Indicated if family history
Glucose tolerance test	Routine/Non-routine/Available at maternal request	Non-routine
	Additional information including indications and typical gestation where appropriate	Advised if risk factors present, or clinical signs indicate GDM. Usually after 27 weeks.
Test for thyroid function	Routine/Non-routine/Available at maternal request	Non-routine
	Additional information including indications and typical gestation where appropriate	Indicated at booking if family history. Advised if clinical signs present.
Test for liver function	Routine/Non-routine/Available at maternal request	Non-routine
	Additional information including indications and typical gestation where appropriate	Referred to hospital if concerns with liver function present
Urine test - dipstick	Routine/Non-routine/Available at maternal request	Routine
	Additional information including indications and typical gestation where appropriate	
Urine test - MSSU	Routine/Non-routine/Available at maternal request	
	Additional information including indications and typical gestation where appropriate	Advised if clinical indication and referred to GP or hospital.
Test for group B strep	Routine/Non-routine/Available at maternal request	Non-routine/available at maternal request privately
	Additional information including indications and typical gestation where appropriate	Discussed in depth. If indicated or client requests, available privately if not through hospital.

Palpation	Routine/Non-routine/Available at maternal request	Routine
	Additional information including indications and typical gestation where appropriate	
Electronic Fetal Monitoring	Routine/Non-routine/Available at maternal request	
	Additional information including indications and typical gestation where appropriate	Referred to hospital if indicated by abnormal fetal heart rate, change in fetal movement pattern, part biophysical profile after 42 weeks.
Fetal heart rate (other methods)	Routine/Non-routine/Available at maternal request	Routine
	Please specify method and any additional information	Pinard and doppler
Anatomy/anomaly scan	Routine/Non-routine/Available at maternal request	Advised to access through hospital or privately
	Additional information including indications and typical gestation where appropriate	20-22 weeks
Triple test	Routine/Non-routine/Available at maternal request	Non-routine/available at maternal request
	Additional information including indications and typical gestation where appropriate	
Amniocentesis	Routine/Non-routine/Available at maternal request	Non-routine, accessed through hospital at maternal request
	Additional information including indications and typical gestation where appropriate	
Chorionic villus sampling	Routine/Non-routine/Available at maternal request	Non-routine, accessed through hospital at maternal request
	Additional information including indications and typical gestation where appropriate	

	Other tests available	All blood tests are available privately at maternal request
	What immunisations are recommended to pregnant women and when? Who administers them?	Seasonal Flu and Pertussis are discussed Administered by GP, hospital or pharmacy
	In the antenatal period, is prophylactic anti-D routinely offered to Rh negative women? Please give details including gestation offered.	Recommended to access through hospital
Is there an antenatal emergency drop-in / phone-in support service available?	Yes/No	Yes
	If Yes, please give details	24-hour access to lead midwife by phone
	Unit policy/guideline in relation to diagnosed breech presentation during pregnancy (please include any use of external cephalic version, moxibustion or other techniques to turn babies and mode of birth)	Referral to hospital to confirm and request ECV if appropriate. Recommended optimal fetal positioning exercises, acupuncture, moxibustion, chiropractic treatment etc.
	Under what circumstances are breech babies born vaginally?	Transfer to hospital if diagnosed breech
Number of breech babies born vaginally in 2014 and in 2015. Please specify how many were singletons.	2014	1 singleton. Undiagnosed breech.
	2015	
	How are women who choose to have a vaginal breech birth supported in that choice?	Advised regarding practitioner who support breech vaginal birth in hospital. Supported in a non-clinical role in hospital.
What additional supports are available to women with specific needs? Please provide details.	Multiple pregnancy	Currently we're unable to provide home birth. Postnatal care provided.
	Previous Caesarean/VBAC	Counselling if required for previous experience. Obstetric review of notes available. VBAC policy discussed. Home birth is an option.
	Hypertension/previous PE	Home birth not recommended.

What additional supports are available to women with specific needs? Please provide details.	Assisted conception pregnancy	Counselling if required. Home birth is an option
	Older mothers	Individual assessment
	Obese mothers	Diet and exercise advice. Home birth is an option
	Diabetes / Gestational Diabetes	If diet controlled, home birth is an option.
	Hyperemesis	Counselling. Transferred to hospital if appropriate.
	Intellectual disabilities	Individual assessment
	Teenage pregnancy	Counselling and support
	Homelessness / other social issues including domestic violence	Referral to appropriate agencies. All of our midwives are trained in safeguarding level 3.
	Drug or alcohol abuse	Referral to appropriate support
	STDs	Individual assessment. Referral to appropriate support
	Other medical conditions	Individual assessment and support
	Other special needs (visual / hearing impairment, mobility issues)	Individual assessment and support
	Mental health issues or psychiatric disorders	Individual assessment and support. Referral to appropriate agency
	Non-English speaking or English as a 2nd language	Individual assessment. Depending on language we may assign a midwife who speaks their 1 st language, or an interpreter may be accessed privately.
	LGBT parents	Supported
	IUGR	Counselling, support and referral to appropriate agencies
	Preterm birth risk	Counselling and support. Referral to hospital
Stillbirth	Counselling and support	
Known fetal anomalies	Counselling and support. Referral to hospital	
	Please describe how a woman's mental well-being is supported antenatally.	Continuity of carer allows the client/midwife relationship to function on a deeper level so mental health issues are usually easily detected. Referral to appropriate support is advised
	What supports are there for women experiencing antenatal depression or other mood disorders?	Referral to appropriate agency
	Circumstances under which a woman would stay in hospital during the antenatal period	At hospital discretion.

	Under what circumstances would a woman's antenatal care be transferred to a tertiary centre?	At hospital discretion. Suspected sepsis is always transferred to tertiary care
	Unit policy/guideline on maternal request for caesarean birth	At hospital discretion
	Indications for birth by elective caesarean section	At hospital discretion
	In the antenatal clinic, how are women helped to understand and explore their options with regard to pharmacological and non-pharmacological methods of pain relief and methods of coping in labour?	<p>We work with women to discuss the available non-pharmaceutical coping strategies including movement, rebozo, aromatherapy, massage, acupuncture, water, hypnobirthing...</p> <p>We discuss the risks and benefits of pharmaceutical analgesia (Entonox, pethidine and epidural).</p> <p>We carry Entonox at every birth, but transfer is required if the client wishes to avail of pethidine or epidural.</p>
	Unit policy/procedure if a mother requests a second opinion during the antenatal period	The client may access a second opinion from our Head of Midwifery, GP or hospital.
	Unit policy/guideline on cervical sweeps (please include indications, contra-indications, gestation performed and by whom)	Full discussion of evidence around risks and benefits of membrane sweeps. Offered after 40 weeks at maternal request. Contraindicated with Placenta Praevia, high head. Performed by midwife after 40 weeks.
Unit policy/guideline on induction of labour for post-dates.	First-time mothers	Risks and benefits discussed around T+10/T+12 with a view to attending hospital at 42 weeks if IOL is indicated or client wishes to have IOL.
	2nd- & subsequent-time mothers	Risks and benefits discussed around T+10/T+12 with a view to attending hospital at 42 weeks if IOL is indicated or client wishes to have IOL.
	What are the options for women who decline induction for post-dates?	Each client is individually assessed. Clients who are healthy are advised to attend twice weekly biophysical profiles to assess fetal well-being and usually supported in waiting.

Indications for induction of labour (excluding post-dates)	First-time mothers	At hospital and client discretion
	2nd- & subsequent-time mothers	At hospital and client discretion
	What are the options for women who decline induction for the above indications?	
	Education that staff in all antenatal care services undergo to promote, support and protect breastfeeding (please list topics, course duration, frequency of updates and specify staff who undergo this training (doctors, midwives, nurses, care assistants etc.))	24 hr. lactation course. Yearly CPD on topics of midwife's choosing.
Percentage of antenatal staff that have been educated in this way	Doctors	
	Midwives	100%
	Nurses	
	Care assistants	
	Others	
Do antenatal staff rotate through all maternity services?	Yes, all do	
	Yes, most do	
	Yes, some do	
	No	
	Additional comment (including which staff rotate (doctors, midwives, care assistants etc.)	All of our midwives provide antenatal, intrapartum and postnatal care constantly.