## **Module 9: Developments & Services**

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, polices 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
Please comment on the services the		
unit/hospital provides and/or any		
developments in each of the following		
areas:		
Capital expenditure planned		
(expansion, relocation, upgrading		
works etc.)		
Planned or mooted reduction or		No planned reduction in the service.
withdrawal of maternity services in the area		No planned reduction in the service.
Service user charter or similar		
document pertaining to the Patient		
Charter and/or the new Maternity		
Services Strategy		
Unit/hospital policy on Open Disclosure		
Participation in the HSE's 'Your Service, Your Say' scheme		No. We are not under HSE leadership
Mission statement		We aim to ensure that the best quality maternity service is available in partnership with women and their families. We believe in promoting choice, control and continuity of carer in a 1:1 caseloading model. We provide evidence-based care and encourage informed consent at all levels. Our care is truly woman-centred, and our midwives are committed to providing the highest standard of care to our clients.
Awards receive	ved in recent years	

		M/o are unable to moutisimate as use and asset as used
	Not participating	We are unable to participate as we are not considered an institution
Charles Col		an institution
Status of the	Certificate of	
Baby Friendly	participation /	
Hospital	membership	
Initiative and	Certificate of	
time frame	commitment	
for	Assessed and	
achievement	designated as a BFH	
	Timeframe for	
	achievement	
Training on and adherence to the		20-hour breastfeeding course and ongoing CPD. We are
International Code of Marketing of		committed to adhering to the code.
Breast Milk Sul		-
Breastfeeding		Antenatal education. Positive breastfeeding articles
promotional activities run by the unit		promoted on social media.
	I services: advice on	
1 -	/ fertility before	Yes
pregnancy		
Family planning		Discussed postnatally and before discharge
Genetic counselling		Referral if appropriate
Sterilisation		Referral is appropriate
Incontinence		Referral to hospital and recommendations regarding
incontinence		private services in the area
Consumer representation (please give		
details including committee titles)		
Is there a Maternity Service Liaison		
Committee? If so, what is the		No
proportion of recent service users (< 5		
years) on this o		
	rvices provided by the	Homebirths are facilitated and most of our clients avail
unit/hospital (	please give details)	of same.
		We provide antenatal and postnatal care for women
DOMINO care		who wish to birth in hospital, we can provide non-
		clinical support in hospital with permission from the
		hospital.
Early transfer h	nome	We are happy to support clients postnatally and to take
•		early transfer home if the hospital is supportive
Midwifery-led		All care
	ne direct entry midwifery	
programme, BS	<del>-</del>	We are happy to facilitate elective placements for all
1	gher diploma /	students
1	programme, return to	Stadents
midwifery programme etc.		
Postnatal depression/perinatal mental		24-hour support and referral to appropriate body
health		2.1 Hour support and referral to appropriate body
Publication of a widely available		We publish an annual report
consumer accessible annual report		
Participation in clinical audit (2011-		Clinical audit is performed on a yearly basis
2016)		The state of performed and jearly basis

Participation in research studies (2011-2016)	We are participating in a research study with UCD
Participation in clinical trials (2011-2016)	
Infection control	Clinical audit yearly, infection control guidelines are updated regularly
Continuing education for staff	Mandatory yearly and 2 yearly CPD on a variety of topics
Provision of full information for women	Our policy is for full informed consent of all care.
on benefits and risks of routine policies	Guidelines are available and midwives discuss current
and practices	evidence with clients
Review of clinical guidelines (by whom,	Guidelines are reviewed yearly, or with the publication
frequency, involvement of consumers	of reports such as EmBRACE, NICE guidelines or new
etc.)	evidence.
	All of our guidelines were updated in 2016 in line with
	new recommendations and evidence, including all
	routine care, VBAC, hypertensive disorders of
Please list changes made in 2011-2016	pregnancy, sepsis, anaemia, pre-labour rupture of
to clinical guidelines for routine care	membranes, Group B Strep, Gestational Diabetes,
and common conditions	prolonged pregnancy, breech, jaundice, hypoglycaemia
	of the infant, perineal trauma, meconium stained liquor,
	fetal growth, stillbirth, medications and informed
	consent.
Other relevant information	Ongoing audit and clinical governance structure.