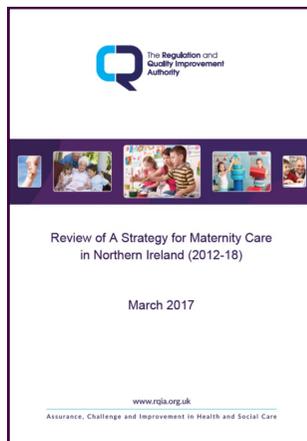


## Find Out More

You can read the full report of our findings and recommendations for improvement on our website, or by clicking on the image of the report.



Our reviews are undertaken as part of RQIA's Three Year Review Programme 2015-2018. Read more about the areas we are reviewing by visiting our website or by clicking on this image.

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## Review of Strategy for Maternity Care in Northern Ireland, 2012-18

March 2017



As part of its Three Year Review Programme 2015-18, RQIA has published the findings of its review of the Strategy for Maternity Care in Northern Ireland 2012-18.

We found that a wide range of health initiatives have been developed within trusts to promote healthy lifestyles, and to support women before and during their pregnancy. While significant progress has been made in antenatal care and for safe labour and birth, there is a need for the establishment of midwifery-led care at every obstetric unit in Northern Ireland, in addition to the freestanding midwifery-led units in some hospitals.

During the review, we found committed leaders and evidence of multi-disciplinary working. However, workforce issues have been highlighted in all aspects of the service, particularly in relation to the heavy reliance on locum staff and retirement of midwives, which has the potential to impact significantly on maternity services across Northern Ireland.

**This review makes 19 recommendations to support improvements in the implementation of The Strategy for Maternity Care in Northern Ireland, 2012-18.**



## Background

In March 2010, RQIA published the report of its Review of Intrapartum Care, which noted that no specific documented maternity service strategies existed at the time of the review in any of the five health and social care trusts. The review team also noted the absence of an overarching maternity strategy for Northern Ireland.

In response, in 2010, the Department of Health carried out a review of policy on maternity service provision in Northern Ireland, which focused on the best available evidence for the care and treatment of mothers-to-be; quality, safety and service sustainability; wider workforce issues; and professional roles and responsibilities. This resulted in the development of A Strategy for Maternity Care in Northern Ireland 2012-2018, published in July 2012, which aimed to promote a culture of normalisation of pregnancy and birth.

This review was conducted as part of RQIA's Three Year Review Programme 2015-18, and assessed progress to date on the implementation of the strategy and identified issues affecting its delivery.

RQIA's expert review team engaged with those commissioning and delivering maternity services, the Public Health Agency and the regional Maternity Strategy Implementation Group. We also held focus groups to hear GP views on the implementation of this strategy.

## Recommendations

RQIA's review makes 19 recommendations in relation to the implementation of the Maternity Strategy to support improvements in Maternity Services in Northern Ireland. These focus on:

- Major challenges remain in tackling inequalities in health, both in particular groups in society and also in particular areas of high deprivation.
- While recognising the work already being carried out with regard to preconceptual care, RQIA found that this was an area where additional focus is required in order to achieve the objectives of the strategy.
- RQIA considers that there have been developments in taking forward the outcome relating to safe labour and birth (intrapartum) care, but that it should remain a key area of focus.
- In relation to postnatal care, to date, there has been limited focus on the objectives relating to this outcome. RQIA was advised that work on this area will be taken forward by the Community Maternity Care Group during the remainder of this strategic implementation process.

Key recommendations include: reviewing the transfer arrangements for women between midwife-led units and consultant-led units; consideration of consultant obstetrician and anaesthetic cover in labour wards; and greater clarity around the role of GPs in supporting women making informed choices about their care, including referral to midwifery led units.