Guidelines and Statistics in Midwifery

Nursing & Midwifery Subject Support Librarians
Updated by Clíona Ní Shúilleabhéin
2016
Class Objectives

Guidelines
- What are guidelines?
- Why do we need / use guidelines in nursing & midwifery?
- How are guidelines created?
  - Review of some case studies which have had an affect on the creation of guidelines and legislation
- How do you find guidelines?
- What are the pros and cons of using guidelines?

Statistics
- What are statistics?
- Why do we use statistics in Midwifery?
- Where do you find statistics?
What are guidelines?

Recommended practice that allows some discretion in interpretation, implementation or use.

The [Royal College of Obstetricians & Gynaecologists (UK)] produces guidelines as an aid to good clinical practice. The guidelines present recognised methods and techniques for clinical practice, based on published evidence, for consideration by obstetricians / gynaecologists and other relevant health professionals.
“Normal practice”, “Expected behaviour” = Guidelines?

- “There were no guidelines, no systems in place, everything was dictated by unwritten policies and most of the time you just didn’t know where you stood—they said that’s the way we do it around here and you just had to accept practice.”
  - The Lourdes Hospital Inquiry [Drogheda] January 2006.

- [The] Institute of Obstetricians and Gynaecologists (IOG) has said it is highly unlikely any miscarriage misdiagnosis errors would not have been reported immediately. In a statement it confirmed that in the event of such a situation it is “clearly expected” that a nurse, doctor or any other hospital staff member would immediately inform their line manager.
  - Miscarriage misdiagnosis crisis, August 2009. Irish Times
# Pros and Cons of Guidelines

## PROS
- Set out recognised methods and techniques of clinical practice, based on published evidence
- Efficiency improves when uniform solutions can be used
- Help clinicians meet the standards set by regulatory bodies
- Enable people to be confident in the care offered, knowing they will be cared for in a consistent, evidence-based approach
- They provide a clear set of rules to follow

## CONS
- Not every patient or situation fits neatly into a guideline.
- A guideline will not cover every eventuality, each patient's circumstance needs to be taken into consideration when a treatment is decided upon.
- Some doctors are critical of guidelines arguing they are too restrictive in their recommendations.
- Some guidelines are controversial – may have been developed with a bias?

The most important limitation of guidelines is that the recommendations may be wrong (or at least wrong for individual patients). [...] The promotion of flawed guidelines by practices, payers, or healthcare systems can encourage, if not institutionalise, the delivery of ineffective, harmful, or wasteful interventions.


http://www.bmj.com/content/318/7182/527
How do you find Guidelines?
Guidelines in Ireland

- HIQA Health Information and Quality Authority
- HSE Health Services Executive
- Lenus, The Irish Health Repository
- Rian.ie Irish research harvester (incl. Lenus)
- NMBI Nursing and Midwifery Board of Ireland
- INMO Irish Nurses & Midwives Organisation
- RCPI Royal College of Physicians of Ireland: Institute of Obstetricians and Gynaecologists

- National Clinical Guidelines in Obstetrics and Gynaecology
HIQA

• The independent Authority established in May 2007 to drive continuous improvement in Ireland’s health and social care services.
• Develops standards, monitors compliance and supervises regulation, i.e., registration, oversight and scrutiny of designated health and social care services

• **Catalogue of National Health Information Sources**

• **HIQA Guidance Documents**
The HSE provides all of Ireland's public health services, in hospitals and communities across the country.

**Obstetrics and Gynaecology Guidelines**
- [Fetal Growth Restriction - Recognition, Diagnosis and Management](#) (May 2014)
- [The Management of Second Trimester Miscarriage](#) (July 2014)
- [Guidelines for the Critically Ill Woman in Obstetrics](#) (August 2014)
- [Parvovirus B19 Exposure / Infection during Pregnancy](#) (September 2014)
Lenus, the Irish Health Repository

- Lenus (the repository) is Ireland’s foremost repository for health services research and grey literature. It was launched in 2009 and is managed by the Regional Library & Information Service in Dr Steevens’ Hospital, Dublin.

- Lenus makes available the research output of the many organisations providing healthcare in the Republic of Ireland, along with their administrative, clinical and regulatory publications which together provide the background and context for Irish healthcare.
Lenus, the Irish Health Repository
Rian: harvests the contents of the Institutional Repositories of the seven Irish university libraries and other Irish research repositories, e.g. Lenus, Teagasc, Marine Institute, All Ireland Public Health Repository.
NMBI
Nursing and Midwifery Board of Ireland
• Simple search: “guidelines”
  • produces a long list (1330 results, 7/1/16)

OR

• Search: (guidelines OR guidance) AND midwifery
  • (897 results, 7/1/16)

• Not all the results will be actual guidelines, some references are opinion pieces on guidelines, or simply contain the term in the text.
RCPI
Royal College of Physicians of Ireland

- National Clinical Guidelines in Obstetrics and Gynaecology

RCPI: Institute of Obstetricians and Gynaecologists

- *The Institute of Obstetricians and Gynaecologists aims to pursue excellence in the delivery of healthcare to women, and maintain high standards of practice in obstetrics and gynaecology.*

- *[The Institute of Obstetricians and Gynaecologists does not] register or license obstetricians and gynaecologists nor deal with complaints about individual doctors; this is the role of the [Medical Council].*
Guidelines in England, Scotland and Northern Ireland

The main UK organisations writing and publishing guidelines include:

- **NICE** - National Institute for Health and Clinical Excellence [London]
  - National Clinical Guideline Centre (ncgc.ac.uk)
- **SIGN** - Scottish Intercollegiate Guidelines Network / Health Improvement Scotland [Edinburgh]
- **GAIN** - Guidelines and Audit Implementation Network / Regulation and Quality Improvement Authority (RQIA) [Belfast]
- **Patient**: UK professional organisations and Royal Colleges
  - NHS Information
  - **RCOG**: Royal College of Obstetricians and Gynaecologists – guidelines [London]

* The main resources: NICE & RCOG
How to search for guidelines?

- Using NICE website
- Using Pubmed
- Using CINAHL
- Using Google
NICE

- NICE: National Institute for Health and Care Excellence
  - provides national guidance & advice to improve health & social care
  - aimed at NHS, Local authorities, Local & National organisations, private & voluntary sector
- Funds NCGC: [National Clinical Guideline Centre]
  - A multi-disciplinary health services research team
  - Produces evidence based clinical practice guidelines on behalf of NICE

NICE Guidance

- **Since 1 January 2015:** there has been single process to develop guidelines
  - the **unified process manual**

- **Pre 2015,** guidelines were produced in **5 areas of health**
  - **public health; medicines practice; clinical practice; social care; safe staffing**
NICE Evidence  https://www.evidence.nhs.uk/

- An online index of selected, authoritative and evidence-based information for health, public health and social care information

- Sources include: British National Formulary, British National Formulary for children, Clinical Knowledge Summaries, SIGN, the Cochrane Library and Royal Colleges, Social Care Online and GOV.UK.
NICE Guidance

- Use the NICE Guidance webpages to direct you to relevant guidelines
Search using the broad categories or lists

Find guidance
Choose a category to find guidance in your area:
- Conditions and diseases
- Health protection
- Lifestyle and wellbeing
- Population groups
- Service delivery, organisation and staffing
- Settings

NICE guidance
Lists of NICE guidance, including published guidance, in development and consultations
- All NICE guidelines
- Quality standards
- Clinical guidelines
- Technology appraisal guidance
- Public health guidelines
- Intervventional procedures guidance
- Social care guidelines
- Medical technologies guidance
- Safe staffing guidelines
- Diagnostics guidance
- Medicines practice guidelines
- Highly specialised technologies guidance
Example

- You could search for guidance documents based on a population group
- Infants and neonates
- You are then onto the guidance pages
You can then select which aspect of the guidance material you wish to use.

**NICE Pathways - mapping our guidance**

<table>
<thead>
<tr>
<th>Pathway</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antibiotics for early-onset neonatal infection</td>
<td></td>
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<tr>
<td>Bronchiolitis in children</td>
<td></td>
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<tr>
<td>Diet</td>
<td></td>
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<tr>
<td>Dyspepsia and gastro-oesophageal reflux disease</td>
<td></td>
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<tr>
<td>Maternal and child nutrition</td>
<td></td>
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<tr>
<td>Neonatal jaundice</td>
<td></td>
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<tr>
<td>Physical activity</td>
<td></td>
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<tr>
<td>Postnatal care</td>
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</tbody>
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**NICE support for commissioning**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Fever in under 5s (QS64)</td>
<td>July 2014</td>
</tr>
<tr>
<td>Jaundice in newborn babies under 28 days (QS57)</td>
<td>March 2014</td>
</tr>
<tr>
<td>Maternal and child nutrition (QS98)</td>
<td>July 2015</td>
</tr>
<tr>
<td>Neonatal infection (QS75)</td>
<td>December 2014</td>
</tr>
</tbody>
</table>

**NICE interventional procedure guidance**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Date</th>
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<tbody>
<tr>
<td>Balloon angioplasty of pulmonary vein stenosis in infants (IPG75)</td>
<td>July 2004</td>
</tr>
<tr>
<td>Division of ankyloglossia (tongue-tie) for breastfeeding (IPG149)</td>
<td>December 2005</td>
</tr>
<tr>
<td>Drainage, Irrigation and fibrinolytic therapy (DRIFT) for</td>
<td></td>
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</tbody>
</table>

**NICE guidelines**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronchiolitis in children: diagnosis and management (NG9)</td>
<td>June 2015</td>
</tr>
<tr>
<td>Gastro-oesophageal reflux disease in children and young people: diagnosis and management (NG1)</td>
<td>January 2015</td>
</tr>
<tr>
<td>Jaundice in newborn babies under 28 days (CG98)</td>
<td>May 2010</td>
</tr>
<tr>
<td>Maternal and child nutrition (PH11)</td>
<td>March 2008</td>
</tr>
<tr>
<td>Neonatal infection: antibiotics for prevention and treatment</td>
<td></td>
</tr>
</tbody>
</table>
NICE Pathways: guidance at your fingertips

Our online tool provides quick and easy access, topic by topic, to the range of guidance from NICE, including quality standards, technology appraisals, clinical, public health and social care guidelines and NICE implementation tools.
Use the search box and its results from the A-Z list to navigate to your area of interest: e.g. antenatal...
For this example we’re searching for: **Antenatal care**.
Use the search box at the top of the screen to find relevant headings quickly or scroll down until the heading is found in the A-Z list.
Click on this tab to view the heading’s subject ‘path’ or click on the right hand sidebar, see next slide.
Click on the sidebar labels to see the Antenatal care subject pathway.
See, for example, Quality Standards. These 4 tabs provide more resources and information.
Green-top Guidelines

Search for a guideline

By guideline type

Green-top Guidelines

By keyword

Enter search criteria

Sort results

Search Clear

Consultation documents
Comment on guidelines in development

Copyright
Searching for Guidelines using PubMed

- Searching PubMed for:
  - guidelines for midwives in Ireland

- Use the following PubMed search string:
Searching for Guidelines using CINAHL

- Searching Cinahl for:
  - guidelines for midwives in Ireland

- Use the following Cinahl search string:
  - (MH "Practice Guidelines") OR (MH "Guideline Adherence") AND (MH "Midwives") OR (MH "Nurse Midwives") OR (MH "Midwifery Service") 39,385 results

- Combine search using:
  - guidance AND (MH "Midwives") OR (MH "Nurse Midwives") OR (MH "Midwifery Service") 2,832 results
  - (MH "Ireland") OR (MH "Northern Ireland") 12,209 results
Searching for Guidelines using Google

- **Search within a specific site**
  - Precede query with "site:" for a specific site or type of site (.i.e.)
    
    For example, in the ordinary Google Search Box, type
    - site: hse guidance AND midwifery
    - site: inmo.ie guideline
    - site: dohc midwives
    - site: dohc guid* AND midwi*
    - site: guid* AND midwi* AND .ie

- **Find related pages / websites**
  - Use "related:" operator to find pages with similar content.
  - Type **related:** followed by the website address.
    - related:[insert URL] to locate similar websites.
Searching for Guidelines using Google Scholar

- Searching Google Scholar for:
  - guidelines for midwives in Ireland

- Use the following search string:
  - midwives Ireland guidelines
Cases prompting new guidelines

- Neary & Our Lady of Lourdes (2006)
- Redmond Baby Scan (2010)
- Savita Halappanavar (2012)
- Portiuncula Hospital, Ballinasloe (Jan 2015)
- Portlaoise Hospital – 20 Jan 2016
The Lourdes Hospital Inquiry. An Inquiry into peripartum hysterectomy at Our Lady of Lourdes Hospital, Drogheda.
Dept. of Health: January, 2006

From: INTRODUCTION AND OVERVIEW

1 HISTORICAL BACKGROUND LEADING TO THE HOLDING OF THIS INQUIRY

1.1 In September 2003 Dr. Michael Neary, a well respected, busy and popular consultant obstetrician and gynaecologist at Our Lady of Lourdes Hospital, Drogheda, was struck off the Medical Register following a lengthy hearing before the Fitness to Practise Committee of the Irish Medical Council.

1.2 [...] The process started in late October 1998. Two midwives working at the Maternity Unit of the Lourdes Hospital reported that it was their perception that Dr. Neary was carrying out an unusual number of caesarean hysterectomies and that some of his clinical practices were perceived as being out of date. Initial investigations confirmed that there was substance in the allegation that Dr. Neary had carried out a number of caesarean hysterectomies, some of them on very young women.
Cases prompting new guidelines
Neary & Our Lady of Lourdes (2006)

- Resulted in updated legislation - Medical Practitioners Act 2007

- The purpose of the Act is
  - to better protect and inform the public in its dealings with medical practitioners, by introducing measures to ensure the standard of education, training and competence of those practitioners and by adopting measures providing for their registration and control.
  - to restructure the Medical Council, increasing its public accountability and enabling it to investigate complaints against medical practitioners
  - to give further effect to Council Directive 2005/36/EC (on the recognition of professional qualifications)
  - to repeal and replace the Medical Practitioners Acts 1978 to 2002.

- Section 85 of the Act allows the Council to publish a transcript of all or part of the doctor’s professional misconduct enquiry after consultation with the Fitness To Practice Committee.

- The Fitness To Practice Committee established by the Medical Council is a requirement of the Act. It is the only Medical Council committee that is not required to have its membership consisting of a majority of medical practitioners, although at least one third (but less than half) of the membership must be practitioners.

- The Council itself has 25 members, appointed by the Minister, 3 of whom must NEVER have been medical practitioners.
Cases prompting new guidelines

Redmond Baby Scan (2010)

- Redmond Baby Scan misdiagnosis (2010)

**PARENTS SPEAK OUT:** THE FAMILY of a 13-week-old baby boy who were wrongly told by their hospital that he had died while in the womb have called for an independent investigation into the HSE’s handling of their case.

Miscarriage misdiagnosis

[Mr Redmond] said the hospital staff were in shock when they heard of the misdiagnosis and that a scan, using a different machine, was arranged. “In such a place as the early assessment unit you would expect the best of equipment [...]. It was an old machine. It gave grainy pictures and obviously it was faulty. **Irish Times 9 Jun 2010**
Cases prompting new guidelines

Redmond Baby Scan (2010)

- Immediate response by the HSE and the Department of Health & Children
  - All maternity facilities were advised to put the following measure in place:
    
    A Consultant Obstetrician must approve any decision to use drugs or surgical intervention with women who have had a miscarriage diagnosed.

- The longer term response (Apr 2011), the HSE set up the HSE Miscarriage Misdiagnosis Review, to examine cases within a 5-year period where
  - drug or surgical treatment was recommended when the diagnosis of miscarriage had been made, but
  - subsequent information demonstrated that the pregnancy was viable.

- Summary of Recommendations
  - The HSE should develop, disseminate and implement national guidelines for the management of early pregnancy complications. As of February 2011, such national guidelines have been developed by the HSE and are being implemented across all maternity sites.
Halappanavar (31) died in University Hospital Galway on October 28th, 2012, having been admitted a week earlier, miscarrying. It was her first pregnancy and was much wanted. She was 17 weeks pregnant. The unborn had no chance of survival, and after a day in labour, long before her life was threatened, Halappanavar made her first request for an abortion. This was turned down as there was a foetal heartbeat. A day passed and she asked again. Again her choice was not entertained due to the foetal heartbeat. She began to get ill.

Too many clinicians did not recognise, note or communicate to the correct colleague how gravely her condition was deteriorating. By the time her consultant obstetrician diagnosed chorioamnionitis – a serious infection of the amniotic fluid and the membranes around the fetus – she had a temperature of 39 degrees, a pulse of 150bpm and blood pressure of 30/60. She was finally taken to theatre for an abortion – more than two days after she first asked for one – where she spontaneously delivered a girl, who died. Four days later, at 1.09am on Sunday 28th, her body having been engulfed by sepsis, she died, too.
Cases prompting new guidelines
Savita Halappanavar (2012)

- 3 inquiries
  - Inquest, Galway, Dr Ciaran MacLoughlin, April 2013
  - HSE investigation, chaired by British obstetrician Sabaratnam Arulkumaran, report published June 2013
  - Inquiry by HIQA, published October 2013.

- Investigation into the safety, quality and standards of services provided by the Health Service Executive to patients, including pregnant women, at risk of clinical deterioration and as reflected in the care and treatment provided to Savita Halappanavar Report, HIQA: October, 2013
Cases prompting new guidelines
Savita Halappanavar (2012)

From: http://www.irishhealth.com/article.html?id=22428

MEOWS  V I-MEWS

• A HSE report on practice guidelines for the new system - The Irish Maternity Early Warning System (I-MEWS) says there were issues with the old [MEOWS] system. [...]

• Operation of [MEOWS], was not standardised from unit to unit and differed from hospital to hospital

• The MEOWS’ triggers to seek medical assistance may not have been sensitive enough

• The Arulkumaran report (2013) [Savita Halappanavar]
  • noted that the MEOWS system was to be replaced nationally by the new I-MEWS early warning score
  • suggested if the hospital's MEOWS guideline had been used in this case, it may have raised a 'red flag' about [Savita Halappanavar’s] deteriorating condition at an earlier stage.
I-MEWS, introduced in 2013, is a nationally agreed system developed for early detection of life threatening illness in pregnancy and the postnatal period.

- Work on the Irish Maternal Early Warning System (I-MEWS)
  - Commenced in 2012
  - Was published as an obstetrics and gynaecology clinical programme guideline in June 2013
  - Was updated to include a customised Sepsis 6 Box and to align it with other national EWS guidelines, and this revised version was published in July 2014
  - The Guideline was further developed and launched as a National Clinical Guideline assured by the NCEC in November 2014 [HSE site]
- Research was then carried out to assess whether the introduction of the I-MEWS in 2013 had improved the recording of vital signs among women with proven maternal bacteremia. The clinical article, published in the International Journal of Gynaecology and Obstetrics (Jan 2015), concluded that “among pregnant women with proven bacteremia, introduction of IMEWS has been associated with an improvement in the recording of vital signs, particularly respiratory rate”.

Cases prompting new guidelines
Savita Halappanavar (2012)
Six of seven maternity units have “deficits” in tests rolled out after Savita death

The I-MEWS system was established in the wake of the death of Savita Halappanavar.

THE HEALTH SERVICE Executive (HSE) says it can give “reasonable assurances” that a patient safety system that monitors pregnant women and their vital signs is operational in six of the seven hospitals it audited last year.

The warning system, established in the wake of the death of Savita Halappanavar is not being operated properly in six of seven maternity wards audited, the
In addition to the guidelines and training already mentioned

- A National Medication Programme for Obstetrics and Gynaecology is being developed and implemented. [Implementation of National Recommendations of HIQA Report into UHG (University Hospital Galway)]

- A clinical care pathway for the care of critically ill pregnant women has also been developed [HSE. Aug. 2014]

- National guidelines [Revised Apr 2015] have been developed on Preterm, Prelabour Rupture Of the Membranes (PPROM) by the Institute of Obstetricians and Gynaecologists, Royal College of Physicians of Ireland and the Directorate of Strategy and Clinical Care, Health Service Executive.

- Protection of Life During Pregnancy Act 2013
Cases prompting new guidelines
Portiuncula Hospital (Jan 2015)

- Review triggered when a spike in the number of new-borns referred to Dublin for “head cooling” was detected.
  - “Head cooling” is an established intervention designed to reduce the extent of brain injury in a baby found to have suffered hypoxia (a lack of oxygen) during delivery. [Irish Times, Jan 2015].
- 9-member review group was appointed by Saolta Hospital Group, the body responsible for running Portiuncula.
  - Chair: Professor James Walker, Professor of Obstetrics and Gynaecology, University of Leeds

The Portiuncula is examining:
- How doctors and midwives interpreted CTG tests and whether timely action was taken in response to abnormal readings.
- Whether certain drugs, administered to the mother to speed up labour, induced hypoxia. (A known risk.)
- If forceps deliveries were carried out according to established guidelines.

http://www.saolta.ie/ - Saolta operates Portiuncula: No information on the site (8 Jan 2016)
Cases prompting new guidelines
Portiuncula Hospital (Jan 2015)

- [...] a review of the care of seven infants who were born between February and November last year (2014) found that two of them died and five had evidence of oxygen deprivation during delivery. Journal.ie 23 Jan 2015.
- “Apparent deficiencies in intra-partum care were identified which included interpretation and review of CTG tracings; administration of drugs to accelerate labour; and instrumental delivery,” the hospital said. [Ibid]

Response:
- Helpline set up
- Independent team to carry out an investigation
- Enhanced monitoring was put in place as a result of the review
- Additional training for staff
- Findings of the review have been delayed and are not yet with the Minister, January 2016
Use the Library’s newspaper databases to find published reports of the cases, updates on the status of investigation and health authority report progress and statements, and the personal stories prompting moves towards better care.
Recent report: Portlaoise Hospital – 20 Jan 2016
A report (dated 2 November 2015) into the death of a baby at the Midlands Regional Hospital in Portlaoise has found "significant failings" in the care provided to him and his mother.

Baby Joshua Keyes died shortly after he was born at the hospital on October 28, 2009.

The report by the HSE into the death of Baby Joshua has raised a number of concerns.

They centre on the interpretation of the foetal heart rate monitor, the CTG, the absence of foetal blood sampling at the hospital, the delay in delivery, and the care and support provided to his parents Shauna Keyes and Joseph Cornally following his death.
Guidelines Reading List


2. Why we can’t trust clinical guidelines BMJ 2013; 346


Alternative Resources:
The Strengthening Midwifery Toolkit

What are statistics?

- A mathematical body of science that pertains to the collection, analysis, interpretation or explanation, and presentation of data.
Why do we use statistics in Midwifery & Nursing?

- Statistics, in a clinical setting, are normally used to help us provide context for why we perform certain actions or take certain decisions.

- In midwifery these could help inform decisions when looking at breastfeeding uptake, for example:
  - bump2babe.ie provides statistics on initial breastfeeding numbers and exclusive breastfeeding on departure from hospital.
  - ESRI and Healthcare Pricing Office – have additional breastfeeding statistics and longitudinal reports.
    - You can look at the factors surrounding these statistics, such as demography, age, location, to see whether these additional factors had an impact on the uptake of breastfeeding.
    - For example: [Maternal Country of Birth Differences in Breastfeeding at Hospital Discharge in Ireland](https://www.esri.ie/) (Journal article, ESRI)
Where do you find statistics?

- **What are national health information sources?**
  - A considerable amount of information is collected on a daily basis about our health and social care services in Ireland. This information is used for many purposes such as, examining how frequently certain diseases occur, measuring performance of health organisations, looking at how resources are used in the health system, and developing healthcare policies.

- **Catalogue of National Health and Social Care Data Collections** (HIQA)
  - Date of publication: 2014
  - These collections gather large volumes of data to provide information on Irish health and social care services, and this catalogue combines information about them in a single location. The Catalogue of National Health and Social Care Data Collections was first published in 2010 and included 97 data collections. This updated version includes 108 collections, reflecting a number of new additions, while others that appeared previously are no longer in operation.
  - The [catalogue](#) can be downloaded from the site.
Where do you find statistics?

- Health Information and Quality Authority (HIQA)
- Central Statistics Office - Births, Marriages, Deaths
- Health Service Executive (HSE) e.g. Live births registration
- Department of Health / An Roinn Sláinte
  - National Perinatal Reporting System. The National Perinatal Reporting System has as its principal aim the provision of national statistics on perinatal events. The NPRS collects information on approximately 70,000 birth records each year from 19 maternity units and all practicing self employed community midwives.
- Nursing and Midwifery Board of Ireland (NMBI) – links to statistical sources, some links are out of date
- Eurostat European statistics
- Bump2babe (from Cuidiú. An independent guide to maternity services in Ireland. Sponsored by Citizens Information, HSE and Pampers)
- Irish Social Science Data Archive. Contents: Datasets : ISSDA (UCD Library). A centre for quantitative data acquisition, preservation, and dissemination. Its mission is to ensure wide access to quantitative datasets in the social sciences, and to advance the promotion of international comparative studies of the Irish economy and Irish society.

*From 1st January 2014 the National Casemix Programme (HIQA) and the Health Research and Information Division at the ESRI became the Healthcare Pricing Office (HPO)
The CSO can provide general statistics on Births, Deaths and Marriages under the statistics tab.
HSE Statistics and Reports

Much of the reports and statistics produced by the HSE are buried within their website without meaningful headings so they can be hard to find. Here are two resources which can be helpful sources of Irish statistics. Birth numbers can be found at:

- **Nursing and Midwifery Services – Reports and Publications** *no longer working, 11/5/2016*
  - Publications and Reports on Nursing and Midwifery Services are available to read or download on this page

- **Health Stat**
  - (2016) Semi-hidden and suspended on the HSE site – no access to data here anymore. HealthStat was a comprehensive databank of performance information from Irish public health services. It provided detailed monthly results from 33 teaching, regional and general hospitals and 32 Local Health Offices (LHOs) responsible for providing health and social care services in the community.
  - It was under review, according to the Irish Medical Times, in 2012 by the SDU (Special Delivery Unit) and there is no easily-findable news on the site as to what happened to it.
These pages contain data and statistics on the health service and the health of the population. Statistics are divided up into topical areas.

1. Population and Life Expectancy
2. Health of the Population
3. Hospital Care
4. Primary Care and Community Services
5. Health Service Employment
6. Health Service Expenditure

Within these topics you will find lots of useful statistics which in most cases can be downloaded and shared. Links to external sources of data and other relevant information are also presented.
National Perinatal Reporting System

The National Perinatal Reporting System has as its principal aim the provision of national statistics on perinatal events. The NPRS collects data on approximately 72,000 birth records each year from 20 maternity units and all participating independent midwives.

Type of data collected includes:
- Type and place of birth
- Date of birth
- Sex
- Birth weight
- Period of gestation
- County of residence of both mother and father
- Nationality of mother and father
- Occupation of both mother and father
- Date of Birth of both mother and father
- Number of previous live births, children still living, stillbirths and spontaneous abortions as well as date of last birth
- Type of antenatal care received by mother during this pregnancy including date of first visit to hospital and doctor
Welcome to bump2babe! Welcome to bump2babe, the independent guide to maternity services in Ireland. The site is designed for you to find out as much information as possible about your local maternity services to help you make informed decisions.

We hope you enjoy your visit to bump2babe and return often. Happy Browsing!

This Week’s Top FAQs

Q. I would like to have a VBAC (Vaginal Birth After a Caesarean). What is my local unit’s policy?

Q. I am a wheelchair user. How accessible is my maternity unit?

Q. How does my maternity unit support women who have had miscarriages?
Why use statistics from the UK?

- Reasons why we use the UK rather than another country include:
  - Ireland’s population is too small for some studies to be meaningful
  - UK has a well established reporting system
  - Proximity
  - Similar practice
Where to find UK maternity statistics?

- Health & Social Care Information Centre
- ONS (Office for National Statistics)
- NHS England
- Which? Birth Choice, formerly UK BirthChoice
This website provides annual breakdown of the NHS maternity Statistics

England 2013-14 (Updated, 2 Nov 2015)

It provides a useful overview of key facts
This website provides statistical information on births and fertility. It also provides key information on births and stillbirths.
NHS England

Have their own website with information broken down by quarter for a detailed overview:

UK BirthChoice **NEEDS Updating**

- Which? Birth Choice, formerly UK BirthChoice
- UK BirthChoice provided a list of maternity statistics with an easy interface. These are broken down by England, Scotland, Wales and Northern Ireland.
- This has now changed
Other useful statistical data sources:

- Office for National Statistics - Filter by Health and Social Care
- BirthChoiceUK
- Dr Foster Good Birth Guide - Information on individual maternity units (2013)
- NHS maternity statistics
- Department of Health, Social Services and Public Safety (N.I. Statistics and Research Agency)
- HQIP (Healthcare Quality Improvement Partnership) CMACE and CEMACH reports
- Centre for Maternal and Child Enquiries: Improving the health of mothers, babies and children
- Centre for Maternal and Child Enquiries: CMACE Ireland (NAGP / HSE)
- The NHS Information Centre, IFF Research. Infant Feeding Survey 2010: Early Results Tables.
- WHO - World health statistics
- Unicef - Maternal mortality
- Scotland - Births in Scottish Hospitals Filter by Health topic: Maternity and Births
Statistics Reading List


- A. Symon, C. Winter, M. Inkster, P.T. Donnanv (2009), *Outcomes for births booked under an independent midwife and births in NHS maternity units: matched comparison study* BMJ, 338: b2060


Alternative Resources:


Surveys relating to midwifery on a number of topics: [http://www.rcm.org.uk/college/your-career/information-services/resources/](http://www.rcm.org.uk/college/your-career/information-services/resources/)