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Evaluation of the Postnatal Community Hubs in Ireland

Summary Report

December 2025



National
Women & Infants
Health Programme





Trinity College Dublin

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- The Directors of Midwifery who supported and encouraged the study in their respective areas.
- The Health Service Executive who funded this research.
- The National Women's and Infants Health Programme.

We are grateful to the healthcare professionals who completed the evaluation surveys and participated in interviews to share their expertise, experience, and insights with us.

Importantly, to the women who shared their experiences of, and insights on, the services provided by Postnatal Community Hubs as service users, through their engagement with the survey and one-to-one interviews, we thank you.

The Trinity Centre for Maternity Care Research (TCMCR) Research Group

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Foreword

This evaluation of the pilot Postnatal Community Hubs represents an important milestone in our collective efforts to transform postnatal care into a service that is equitable, woman-centred, and responsive. Through a robust mixed-methods approach, the evaluation provides compelling evidence that Postnatal Community Hubs are delivering meaningful improvements in postnatal care. Women using these services reported significantly higher satisfaction compared to the NMES baseline, particularly in areas previously identified as deficient—namely, the attention paid to women’s physical and mental health in the postnatal period.

The findings reaffirm the centrality of midwifery expertise, continuity of care, and community-based service delivery in improving women’s experiences and outcomes. Women repeatedly highlighted the value of one-to-one appointments with midwives and access to timely, compassionate, and expert postnatal support. Where available, phone-based services offered an additional layer of reassurance and responsiveness.

As we look to the future, this evaluation offers not only a validation of the Hub model but also a roadmap for its refinement and expansion. It highlights practical areas for development, such as ensuring equitable access irrespective of hospital of birth, improving visibility and awareness of services, and enhancing informational resources. It also underscores the continued need to place women’s voices at the heart of service design and delivery.

We are proud of the progress to date and committed to building on this momentum. The success of the Postnatal Community Hubs to date is a testament to the dedication of the healthcare professionals who have pioneered and supported these services. We extend our

sincere thanks to healthcare professionals and the women and families who participated in the evaluation, generously sharing their experiences to inform a better future for maternity care in Ireland.

We would also like to acknowledge and thank Dr Déirdre Daly and Dr Susan Hannon of Trinity College Dublin, our academic partners on this important body of work. Their leadership ensured the evaluation was rigorous, independent, and yielded actionable recommendations to guide the ongoing development of the Hubs.

The recommendations outlined in this report provide a clear direction for scaling and strengthening postnatal care. With sustained investment, collaborative implementation, and a continued focus on woman-centred care, we can ensure that all women in Ireland have access to the high-quality postnatal support they need and deserve.

Angela Dunne, Director of Midwifery, National Women and Infants Health Programme.





Introduction

The case for enhanced postnatal care

The provision of high-quality postnatal care is recognised internationally as an essential component of the continuum of maternity care for mothers and infants. The postnatal period is associated with increased risk for maternal and infant mortality and morbidity. Yet despite substantial evidence documenting the impact of experiencing poor health during this period and, importantly, of the personal, social, and economic benefits of ensuring that women may avail of reliable, high-quality postnatal healthcare, postnatal care services are often the under-resourced and underserved area of maternity care services.

When sufficiently resourced, maternity care services and healthcare professionals are uniquely positioned to provide expert and specialist care to support the short- and long-term health of mothers and infants. Extended postnatal care enables on-going health monitoring, and early detection and treatment of health complications. Continued contact with healthcare professionals during this period facilitates access to informational and emotional support, as well as to medical care. All cumulate to support women to positively adapt to motherhood, and to achieve good health for themselves and their children.

Developing the Postnatal Community Hubs as a response to women's postnatal healthcare needs

The Postnatal Community Hubs were a collaborative innovation of the National Women and Infants Health Programme (NWIHP), the Women's Health Taskforce (WHT)

and Irish maternity networks. The new, enhanced postnatal services were developed as a proactive, solution-based response to the publication of the Health Information and Quality Authority's (HIQA) National Maternity Experience Survey (NMES) 2020.

The NMES (2020) found that, while many women giving birth in Ireland have a positive experience with maternity care services, postnatal care was identified as an area requiring improvement. Women gave the lowest satisfaction scores to postpartum care and services, and these lower-scoring questions had a strong relationship with how women rated their overall experience of maternity care.

Women responding to the NMES (2020) expressed dissatisfaction with, and a keen awareness of, the marked reduction in the standard and provision of care in the postnatal period in comparison to the antenatal period. They also noted the absence of informational, practical, and emotional support from trusted and experienced healthcare professionals in a community setting. Overall, the NMES (2020) demonstrated that women have an appetite for, and would benefit from, enhanced and expanded one-to-one care, increased availability of midwifery-led services, support, and counselling, and debriefing services.

The goals of the Postnatal Community Hubs

The development of the Postnatal Community Hubs was underpinned by a desire to design and deliver postnatal care services that support and enable all women and their babies to thrive, through the provision of extended access to maternity health services that are specialised in providing tailored care in the postnatal period.



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The Postnatal Community Hubs were envisaged as a 'one stop shop' for all women giving birth in Ireland, regardless of their care pathway, pregnancy risk, or health insurance status. A place where women might access multiple services provided by a range of healthcare professionals operating from community-based locations.

The goal of the Postnatal Community Hubs was to ensure equitable access to a comprehensive and multidisciplinary package of postnatal resources, healthcare services, and professionals, driven by a woman-centred ethos.

Additionally, the project aimed to develop Postnatal Community Hub services that i) retained direct access to relevant emergency maternity services and ii) facilitate streamlined and effective referral services to appropriate specialists. Overall aiming to create flexible services, and service access, tailored to each woman's health and support needs.

The pilot Postnatal Community Hub sites

Through an application process, the first five pilot Postnatal Community Hub sites were identified. The five pilot Postnatal Community Hub sites are in:

- Cork University Maternity Hospital (CUMH) in County Cork
- St Luke's General Hospital in County Kilkenny
- University Hospital Kerry (UHK) in County Kerry
- Portiuncula University Hospital (PUH) in County Galway
- Sligo University Hospital (SUH) in County Sligo



The pilot Postnatal Community Hub services

The organisation and delivery of Postnatal Community Hub services is variable between the pilot hospitals. Service provision was developed with consideration for local birth rate, geographical spread, population demographics (*service needs*) and the feasibility of providing newly developed postnatal services with the funding and staffing available at each site, and the physical amenities available for use (*resource availability*). For this reason, the number of physical community-based clinics and the range of postnatal services offered, differ site to site.

Currently, the five pilot Postnatal Community Hubs operate between 2-5 community-based clinics in various locations within the catchment of their maternity hospital. Some



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pilot hubs have provision to offer women's health physiotherapy and lactation consultant services, as these roles were included in the pilot site's proposal application for which they subsequently received funding. Whereas other pilot hubs facilitate referrals to these services which are provided by the local maternity hospital.

Each Postnatal Community Hubs offers:

A one-to-one postnatal appointment with a midwife:

All pilot Postnatal Community Hubs offer a one-to-one appointment with a midwife in the postnatal period. This may be i) an optional, scheduled appointment, or ii) an optional, walk-in appointment facilitated at a community-based clinic. Appointments consist of a 45- 60-minute consultation with a midwife and involve a full physical check for the mother and her baby, and an informal consultation about her physical, emotional, and mental health, and social supports. Additionally, this appointment may provide women with the opportunity to obtain access or be referred to a birth debriefing service, health promotion/ education and feeding assessment, lactation consultant services, perinatal mental health services, women's health physiotherapy, acute services or other services as needed.

Expedited referrals

Each pilot Postnatal Community Hub supports the facilitation of referrals to other appropriate healthcare professionals where they are available, such as lactation consultants, women's health physiotherapy services, mental health services, as well as to acute hospital services.

Additionally, each Postnatal Community Hub includes one or more of the following:

A midwife facilitated education and peer-support meeting:

Education and peer-support meetings, hosted in community-based locations, typically involve a 15-minute education session delivered by the midwife on a topic relating to perinatal health or infant care, followed by a question and answers session. Attending parents (mothers and partners are welcome) are then encouraged to socialise and build new contacts with each other while the HCPs remain available for one-to-one support. This one-to-one (confidential) support may entail emotional and informational support, provide professional health consultation and advice, and facilitating referrals to other postnatal healthcare professionals and services (for mother and baby) as needed.

A phone line:

A dedicated phone line, with access to a qualified midwife during designated hours is a feature of postnatal care services offered at some pilot sites.

A 'What happened' session or Birth Reflection Service:

Some pilot sites offer a birth reflection service, sometimes labelled a 'What happened' session. This session is an 'opt-in' service that women may request with a midwife. A Birth Reflection appointment or 'What happened' session is a one-to-one appointment with an experienced midwife to provide women with the opportunity to go through their hospital notes, and to discuss and ask questions about their birth experience with a knowledgeable healthcare professional. These services are structured as an informal listening service and are not intended as a psychological intervention. However, referral to psychological services is facilitated in cases where the midwife observes that the woman may benefit from, and consents to, a referral.



The Evaluation

In April 2024, commissioned by the NWIHP, the Trinity Centre for Maternity Care Research (TCMCR) research group commenced a multi-strand, mixed-methods evaluation of the Postnatal Community Hubs. The evaluation entailed qualitative and quantitative data collection with women who used the Postnatal Community Hub services, and with the healthcare professionals (HCPs) who provide care at the Postnatal Community Hubs.

This summary report presents the overarching findings of the research. Additionally, the summary report outlines evidence-based recommendations emerging from the evaluation to address gaps and bring uniform standards to current service provision, and opportunities to support scaling-up/expansion of Postnatal Community Hubs to other national maternity hospitals are identified.

The evaluation objectives

The evaluation of the Postnatal Community Hubs sought to address the following questions:

- Are the Postnatal Community Hub services a useful and positive addition to women's postnatal journey?
- What services are most beneficial, and which should be expanded to other locales or discontinued?
- Are services delivered in a way that is accessible, effective and satisfactory for women and healthcare professionals?
- What aspects of the Postnatal Community Hub services work well, and what areas could be improved?

Evaluation design

The mixed-methods evaluation involved two strands, one with women/ services users and the other with the healthcare professionals providing services at the Postnatal Community Hubs. Each strand included a qualitative component (one-to-one online interviews) and a quantitative data collection component (an anonymous online survey).

Women's Strand

Qualitative Data Collection/ Interview Data:

- ❖ One-to-one, online, semi-structured interviews.
- ❖ Women's views and satisfaction with services received, interactions with healthcare professionals, facilitation of referrals, and overall value of the services to their postnatal recovery.

Quantitative Data Collection/ Survey Data:

- ❖ An anonymous online survey
- ❖ Women's satisfaction with the accessibility of services, quality of care, and interactions with healthcare professionals.

Healthcare professionals' Strand

Qualitative Data Collection/ Interview Data:

- ❖ One-to-one, online, semi-structured interviews.
- ❖ HCP satisfaction with their role, and opportunities for development, views on service operation and inter-professional relationship building.

Quantitative Data Collection/ Survey Data:

- ❖ An anonymous online survey.
- ❖ HCP satisfaction with service delivery and management, suggestions for improvement, and Job satisfaction questionnaire.



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Total Recruitment

	Women's Strand		HCPs' Strand	
	<i>Survey</i>	<i>Interviews</i>	<i>Survey</i>	<i>Interviews</i>
<i>Cork University Maternity Hospital (CUMH)</i>	24	4	5	4
<i>Portiuncula University Hospital (PUH)</i>	34	5	3	1
<i>Sligo University Hospital (SUH)</i>	89	11	4	2
<i>St Luke's General Hospital</i>	79	11	5	4
<i>University Hospital Kerry (UHK)</i>	66	7	6	6
Total	292	38	23	17



Summary of the main research findings

Women who use the Postnatal Community Hub services give high, positive evaluations of postnatal care

Overall, the qualitative and quantitative findings demonstrate that the Postnatal Community Hubs have been an effective solution to the shortcomings of postnatal care that were identified in the NMES (2020) and have achieved the goal of improving women’s satisfaction with postnatal care through provision of community-based, woman-centred, multidisciplinary healthcare resources.

Women who completed the Postnatal Community Hub evaluation gave a higher overall rating to postnatal services (8.7) in comparison to the overall rating found by the NMES (8.2). More women rated the postnatal care that they received from the Postnatal Community Hub as ‘Very Good’ (67.6%), than was found by the NMES (52%).

The overall rating found by the NMES (2020) and the overall rating found by the Postnatal Community Hub evaluation

	NMES	Hub Evaluation
	Overall Rating	Overall Rating
Poor-Fair	15%	11.30%
Good	33%	21.10%
Very Good	52%	67.60%
Overall Average	8.2	8.7

Overall, women describedⁱ the Postnatal Community Hubs in positive terms and viewed the services as beneficial and essential to their postnatal journey and recovery. In some instances, the Postnatal Community Hub bridged a critical gap in postnatal care that was absent or lacking in standard postnatal care, while others experienced the services as an essential component of complementary professional care and community support.

*I really do think it **helped in my recovery both mentally and physically** and I have nothing but praise for it. **Joyce***

*It was great. **I really was very grateful of the service.** **Ava***

*It's such **an empowering service** and it's just wonderful to see it. And I feel really fortunate that I got in on time. **Joyce***

Every single community in this entire country should have something like this** because I think- For moms to have it, it's just **invaluable** for so many people. [...] And my husband- literally every politician that came to the door, my husband's like, let me talk to you about the postnatal hub. So, he's invested, and he wants this to keep happening, this is important. **Eden

*I just found it so valuable and so amazing and having that- you know, not having it at my first, I really appreciated that it was there and that I could access those services really easily and at no cost. And you know and **have that really high level of care provided.** **Sophie***

*It was really, really good and **I am forever grateful for it.** **Paloma***

ⁱ Pseudonyms are used to present women’s and HCP’s qualitative excerpts



Comparison between the NMES (2020) rating and the Postnatal Community Hub evaluation rating

<i>Care at home after the birth questions</i>	NMES (2020) Rating	Hub Evaluation Rating
When you were at home after the birth of your baby, if you contacted a health care professional from the Postnatal Hub, were you given the help you needed?	8.6	9.3
Did health care professionals from the Postnatal Hub take your personal circumstances into account when giving you advice?	9	9.4
Did you feel that your questions were answered by health care professionals from the Postnatal Hub in a way that you could understand?	9.2	9.7
Did you receive help and advice from health care professionals from the Postnatal Hub about your baby's health and progress?	9.1	8.1
Thinking about the care you received at the Postnatal Hub, did the healthcare professionals spend enough time talking to you about your own PHYSICAL health?	6.1	9.1
Thinking about the care you received at the Postnatal Hub, did the healthcare professionals spend enough time talking to you about your own MENTAL health?	5.6	8.9
Since the birth of your baby, did you feel that you were adequately informed about vaccinations by healthcare professionals in the Postnatal Hub?	8.8	8.5
Thinking about the care you received from the Postnatal Hub; did you have confidence and trust in the health care professionals caring for you?	8.3	9.7
Thinking about the care you received from the Postnatal Hub; did you feel that you were involved in decisions about your health?	8.8	9.6
Thinking about the care you received from the Postnatal Hub; did you feel that you were treated with respect and dignity?	9.4	9.8

In comparison to the NMES (2020) questions on 'Care at home after the birth' the Postnatal Community Hub services received a higher evaluation rating for 8 of 10 of the comparable questions. Of note, were the questions asking if women felt that a healthcare professional spent enough time talking to them about their own physical and mental health in the postnatal period. The NMES (2020) results found that these statements had received the lowest endorsement. Whereas the Postnatal Community Hub evaluation found a substantial 3-point increase for both questions.

Additionally, the Postnatal Community Hub evaluation revealed increased endorsement for statements that indicate the women have confidence and trust in the healthcare professionals providing their care, that they felt involved in decisions, and that they were treated with dignity and respect. Qualitatively,

women's comments on their experiences with the Postnatal Community Hubs were overwhelmingly positive. Women described the appointments as comprehensive and pragmatic, covering physical and mental health concerns while providing practical advice for maternal recovery as well as baby care. Women were impressed that ample time was dedicated to their care, and that they received a thorough, and proactive, postnatal health check delivered in a sensitive and professional, yet informal manner.

*I remember thinking I was like, **whoa! that was, like, so thorough.** But again, in a really nice way. It felt like **she covered absolutely everything**, but in a very kind of... not in a really ultra-formal way that I felt like, you know, it was a very kind of routine scheduled appointment. It was still **lovely and informal.***
Annabel



Women value access to the expertise of a midwife in the postnatal period

Access to the expertise of a midwife through one-to-one appointments and telephone services were highly valued by women and were statistically associated with increased overall ratings of the Postnatal Community Hub services.

In the qualitative interviews, receiving a one-to-one appointment with a midwife was frequently highlighted by women as exceptionally beneficial to their postnatal recovery. These appointments offered women a unique opportunity to receive personalised, woman-centred care from an attentive and reassuring healthcare professional. Additionally, women valued that the healthcare professional in question was a midwife, a profession they recognised as having expertise in women's perinatal health.

*The way they checked in on me was very valuable. And I loved that she was specifically a midwife. So, she was very much in the zone of new-born babies and (perinatal health) because, you know, even the [health concern] like, some people wouldn't pick up on that, you know? [...] they knew straight away. **Aishling***

*To know that that appointment was there specifically with the midwife, if any questions had come up, I knew that I had that service there. **Audrey***

While all Postnatal Community Hubs offer a one-to-one appointment with a midwife, the structure of accessing this appointment differs from site to site and is capacity dependant. Some offer a scheduled appointment to all women giving birth at the associated maternity hospital, whereas others offer the appointment as a walk-in service provided at community-based clinics. This means that

some women are unaware that their local Hub offer an appointment and miss out on this valuable service. This issue was identified as an area for improvement

A phone line, with access to a midwife during designated hours is offered at some pilot Postnatal Community Hubs. Access to a phone line is a service provision factor that is associated with higher ratings of the Postnatal Community Hub services.

Data from the qualitative interviews found that women described the phone line as a tangible link to medical, informational and emotional support. Women were pleased with the responsiveness of midwives providing care via the phone line, which was perceived as a source of reassurance.

*I always got a call back. So, they were very like proactive and listened to whatever I needed, you know, like when they said they would call, they did call. **Paloma***

*Even just to have that reassurance and to know OK, I have the phone number now for the [...] hub. Like, again, there's always someone on. They were like, you can ring us with anything. **Eden***

*That was invaluable as well to know that there's a seven day a week phone line like that for the medical questions and the baby care questions. **Georgia***

From the HCP view, having a phone line and scheduled calls to women functions well in establishing a professional, and accessible, connection to women

*It was described as, which I think is brilliant, as having a professional friend, and I think that is a great way to describe it, (and) that the person at the end of the telephone was ringing into the hub should feel like they are phoning a professional friend, and I think that definitely filters through the hub. **HCP-Jn9***

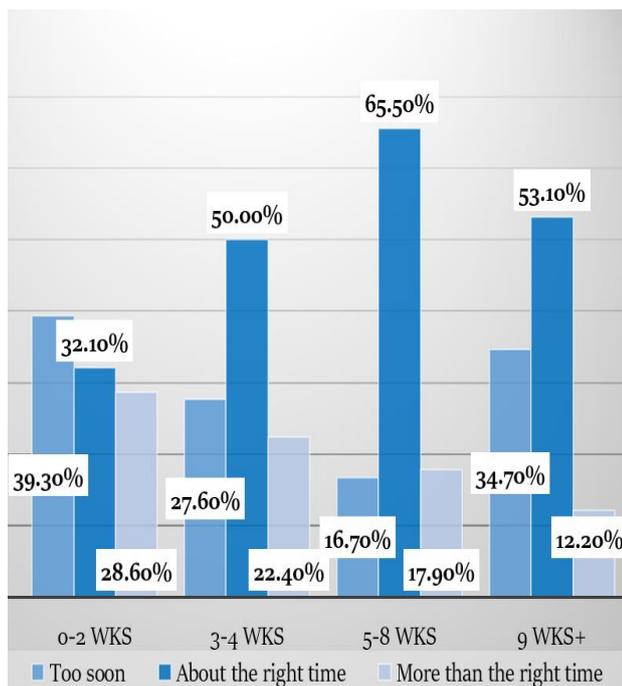


Flexible and extended postnatal care benefits women

The need for the provision of flexible postnatal services, which are considerate to women’s personal circumstances is relevant to the timing of appointments offered, and the conclusion of services. In-person appointments that are scheduled within 6-weeks postpartum may be inaccessible to women recovering from birth, and some women described having difficulty with being mentally engaged or present in the appointments in the early perinatal period.

For the first one (in-person appointment) I still wasn't really fully (mentally) there. I was so exhausted. So, I was a bit all over the place. So, then they just offered for me to return, which was cool, yeah. I really benefitted from the two visits. Charlotte

The timing of discharge from the Postnatal Community Hub services was associated with women’s ratings of the acceptability of service provision. Notably, the 5-8 weeks postnatal



time of discharge received the highest endorsement as occurring ‘about the right time’ (65.5%), indicating that this may be the optimal and most acceptable timeframe for offering the Postnatal Community Hub services.

Several women mentioned that flexibility with the timing or timeline of conclusion of services would be a useful to women. Women suggested that the Postnatal Community Hub services might consider an open-door approach, in which women could self-refer to the services if they found that they were experiencing physical or mental health issues in the later postpartum period.

I found there's quite a lot of changes around the three month point and maybe even a call with an offer of an appointment at about a three-month point [would be helpful]. Niamh

That's something maybe that they should consider, is the timing, because I do think a lot of things happen to us as new moms past six weeks [...] So, you know, it would be good to have, even if it's slightly more limited support, something like a number even, that you can call if just you need to chat with someone you know just in terms of like mental health... Because there are a lot of women who struggle. Eden

The need for flexibility in service provision and timeline was also highlighted by healthcare professionals providing services in the Postnatal Community Hubs as necessary to supporting women’s needs.

It should continue to be women-led. And that if a woman comes to us in six months and says, now I'm having issues, that we can still support her. HCP-Xa1



Integrated, multidisciplinary healthcare resources benefit women and services

The Postnatal Community Hubs were established with the aim that they would provide access to multidisciplinary healthcare resources, from a community-based facility for the duration of the postnatal period. The survey found that 33.8% of women received an appointment with a lactation consultant and 26.1% received an appointment with a Women's Health Physiotherapist facilitated through the Postnatal Community Hub.

Women's interview data provided strong examples of the positive impact that access to women's health physiotherapists and lactation consultants has for women's recovery and their ability to commence or continue breastfeeding. Additionally, women's accounts demonstrate that access to these services through the Postnatal Community Hub provides a much-needed alleviation from the financial burden that is associated with accessing these services privately. Similarly, some women were able to avoid lengthy public waiting lists for these services by availing of the Postnatal Community Hub facilitated access.

*I had a lactation consultant support, but **it was all the things together**. And if I didn't have those supports, like if I wasn't able gain access to a lactation and if I didn't have the [...] hub, there's no way I would have continued (breastfeeding). **Annabel***

*I was so engorged, and she (lactation consultant) just helped me. She showed me how to hand express. You know, she just did so much more than just [medical intervention]. It was unbelievable. **The service! I just couldn't get over it. It was amazing. Lydia***

However, low staffing was identified by both women and healthcare professionals as a barrier to accessing these essential services.

Midwives who took part in the interviews strongly advocated for the need to provide additional resources to women's health physiotherapist services in the Postnatal Community Hub. They shared that pelvic health concerns were a common issue that women disclosed during one-to-one appointments. Both midwives and physiotherapists noted that physiotherapy services were in high demand, occasionally operated longer than ideal waiting lists, and were, at times, impacted by insufficient cover for instances of sick leave, maternity leave, or absences due to professional development.

*The thing that I do feel is lacking locally is the attendance of the perinatal mental health, or the attendance of a physio. We don't have an allocated physiotherapist in our hubs yet. **HCP-Wy12***

Reducing demands on acute services was identified as a goal of providing the Postnatal Community Hub services. Some evidence of reduction of demand for GP and PHN services and diversion to the Postnatal Community Hub is found in both the women's and HCPs interview data.

HCPs interview data demonstrate further insight on the degree 'behind the scenes' relationship building entailed in developing inter-professional collaboration to establish a truly integrated and efficient multidisciplinary healthcare service for women. While women's data demonstrate the tangible and positive impact that these well-functioning relationships have on women's experiences of integrated care and support the conclusion that the Postnatal Community Hubs function as the 'one-stop-shop' that they were intended to be.



Women want access to and benefit from 'What happened'/ Birth Reflection Services

Women spoke of 'What happened' session or Birth Reflection services as being an invaluable resource that enabled them to process complex feelings concerning their birth experience, understand events that occurred during their labour and birth, and to reach a sense of closure. Women who accessed the services spoke highly of its benefits.

*I think it's a really good thing to go back through your notes and just kind of- it nearly for me- it was nearly... **Kind of (a) book-ending experience. Brigid***

*I think it (the appointment) was like **a turning point in how I was feeling**. The midwife was very empathetic. **I felt very at ease with the midwife**. I wasn't feeling that I couldn't ask questions. She was very kind and understanding. **She was very experienced. Hannah***

However, this service is not yet available in all Postnatal Community Hubs. Women for whom it was not available endorsed the inclusion of 'What happened'/ Birth Reflection Services in their locality.

HCPs reiterated the value of the 'What happened'/Birth Reflection service to women and noted its high demand among service users.

*I think it gives them a lot of peace of mind. And I suppose- I think- That probably kind of closes the door on it for them. **HCP-Gc6***

*A lot of women might come to their second pregnancy with trauma from a previous pregnancy that's not been dealt with and women we see often say that they've been traumatised by what's happened. **HCP-Op2***

HCPs spoke of the high demand for these services

*A huge number of referrals and not all, not all negative actually, by any means. There's some that just want to understand what happened [...] So, I think it's really important for women to have that and that's why the (birth reflection) service is completely blown up. **HCP-Sr5***

While HCPs were open to the development of a 'What happened'/Birth Reflection service in their area, they also identified that the availability of appropriate training required to provide this service is currently lacking within Ireland. Delivering a Birth Reflection service requires professional knowledge to differentiate between women who are suitable to receive the service and women who require the support of the Specialist Perinatal Mental Health Services. Therefore, formal training should be accompanied by the development of strong inter-professional collaboration, and established referral pathways, between midwives providing the 'What happened'/ Birth Reflection service and mental health professionals who provide psychological services.

*There are some women (who) are not suitable for birth reflections because they need perinatal mental health support. (Without formal education and training) I feel I would be putting the women at- it sounds very dramatic, but a bit more risk, I think. So that education is really important. **HCP-Gc6***

*It's an area that needs to be promoted. I haven't received any formal (Birth Reflection) training. There's nothing actually accredited in Ireland at the moment in regards to birth trauma training. So, I think that it's definitely something, going forward, that **I think that will definitely help all staff, not just staff working in the hub, but all staff working in maternity services. HCP-Xa1***



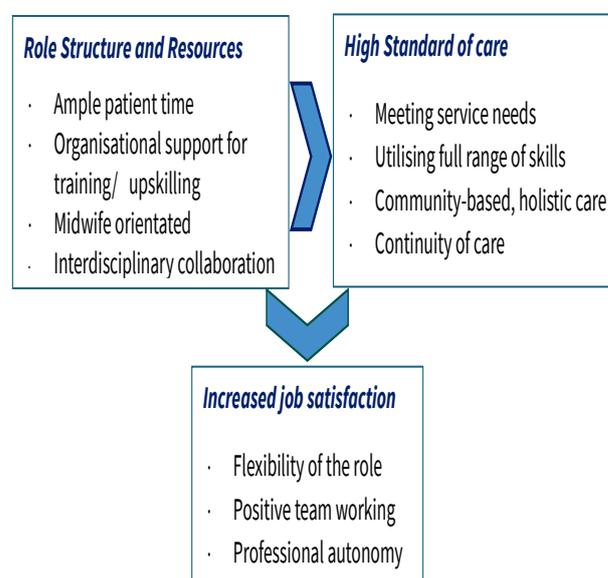
HCPs providing healthcare in the Postnatal Community Hubs have high job satisfaction

Midwifery is a physically and emotional demanding role (Rayment, 2015), involving management of organisational and clinical demands, in environments that are, at times, challenging and stressful (Carvajal et al., 2024). Midwives provide essential care for sexual, reproductive, maternal, newborn and adolescent health services, therefore addressing issues around the recruitment and retention of midwives is of critical importance. Poor job satisfaction is linked to higher rates of burnout (Uchmanowicz et al., 2019), and intentions to exit the midwifery profession (Jarosova et al., 2016). Whereas high job satisfaction is associated with increased likelihood that midwives will remain in their role (Bloxsome et al., 2019).

The Irish Nurses and Midwives Organisation (INMO) survey of 2023 found that 72% of respondents reported that they had considered leaving midwifery in the previous twelve months, with workplace stress and feeling undervalued provided as key reasons for this consideration. The survey also found that HCPs reported that they were unable to provide adequate time and attention to people in their care (80%).

The HCPs who took part in the Postnatal Community Hub evaluation reported high job satisfaction (M=79.89; SD=12.85), and they strongly endorsed statements that affirmed they were engaging in meaningful work (M=95.65; SD=9.68), that their work was appreciated and recognised (M=75.00; SD=30.15), and that they felt the Postnatal Community Hub makes a difference to women (Agree: 30.4%; Strongly Agree: 69.6%).

HCPs shared that the structure of the role (being able to provide ample time for women, engage in up-skilling, inter-disciplinary collaboration, woman-centred care), supports the delivery of high-quality care, which also enables HCPs to utilise their full range of skills. Additionally, being supported to provide high-quality care and subsequently being able to deliver high-quality care underpinned their job satisfaction in the Postnatal Community Hub role.



HCPs' endorsements that the Postnatal Community Hubs have a Compassionate Culture were also exceptionally high. For HCPs taking part in the interviews, the ethos of the Postnatal Community Hubs is suffused in a compassionate culture of woman-centred care, which is strongly aligned with their own personal ideals and standards for service provision. Strong alignment between care culture and personal values in turn strengthens professional morale.

Taken together, these integrated findings appear to mirror previous research which suggests that safe and respectful working conditions for midwives are linked to the provision of safe and respectful care for women (Carvajal et al., 2024).



The Postnatal Community Hubs offer opportunities to improve equitable access

The women who completed the survey and interview data collection were predominantly white-Irish, married or co-habiting, educated to university level, employed or on paid maternity leave, and paying a mortgage on their own home. Overall, these socio-demographic characteristics indicate that the women who opted to complete the research were socio-economically advantaged. While analysis found no statistically significant difference between participants' socio-demographic characteristics and their overall ratings of the Postnatal Community Hub services (indicating that the care provided by the Postnatal Community Hubs is regarded equally well across socioeconomic strata) the experiences of ethnically diverse women and women with differing socio-economic backgrounds may not be captured by the current evaluation's findings.

A comparison between the socio-demographic characteristics of the women who participated in the research and the socio-demographic characteristics of women accessing all Postnatal Community Hubs was not quantitatively possible for the scope of the current evaluation. However, qualitative and quantitative findings demonstrate that the Postnatal Community Hubs are a positive access solution to barriers to care that may be imposed by geography, financial costs, and healthcare professional availability.

Geographically isolated populations are typically considered populations that are hard to reach, and living in a rural area is a noted barrier to engaging in maternity care due to distance, lack of transport, poor public

transport, and travel costs (Miteniece et al., 2017). Though these issues were identified as challenges (and remain a barrier to accessing care), approximately 60% of the participants in both the survey and interview data collection strands lived rurally, which strongly indicates that the Postnatal Community Hubs are reaching populations beyond urban and semi-urban locations. Additionally, the use of community-based facilities was valued by women who appreciated the convenience of closer locations, less travel time and noted that this feature of service provision brought care to them.

Incomes levels were described as 'Less than enough' by 10% of women (n=30), 'Just enough' by 60% (n=175), and 'More than enough' by 30% (n=87). Accessing the services of lactation consultants and physiotherapists privately in Ireland incurs costs that are may be reasonably considered as well beyond the means of women whose income is 'just enough' or 'less than enough' to meet their own and their family's needs.

Several women described surprise and delight that they were able to access lactation consultant and physiotherapy care in a timely manner and free of charge. Additionally, some women stated that they would have had to shoulder considerable financial burden or gone without medical intervention and care without the services provided by the Postnatal Community Hub.



Recommendations

Expand the Postnatal Community Hub services to other localities

The Postnatal Community Hubs' services were highly rated among women who participated in the evaluation. The evaluation demonstrated that access to flexible and extended care, expedited referrals, and access to healthcare professionals such as lactation consultants, women's health physiotherapists as well as acute hospital services were greatly valued by women and benefited both their own and their infant's health and wellbeing.

- Therefore, to provide equitable access to beneficial and positively received postnatal care, it is recommended that Postnatal Community Hubs are developed and made available at other maternity hospitals to ensure that all women giving birth in Ireland are enabled to avail of high-quality postnatal care irrespective of where they give birth.

Embed valued aspects of care as standard service

❖ *One-to-one appointment with a midwife*

Facilitating uniform access to a one-to-one appointment with a midwife in the postnatal period may not be feasible in all locations, particularly in consideration of local geographical spread, population level, and resource availability. However, creating pathways where women may 'opt-in' to this service provision may ensure that those who wish to receive the service are enabled to avail of it, while ensuring that those who do not wish to use the service do not feel obliged to attend.

Additionally, it recommended that:

- Postnatal Community Hubs consider enabling women to avail of the in-person appointment

at a time that suits their recovery, including appointments scheduled for later in the postnatal period, a second appointment for women who need or request it, and later discharge from services. A flexible tailored approach enables women to engage in their care and avoids the unintentional exclusion of some women from the postnatal services.

- Postnatal Community Hub services may implement an open-door approach, in which women who have been discharged from the services are still enabled to self-refer to the services if they find that they are experiencing physical or mental health issues beyond the discharge period. It is important to note that this is not a suggestion for midwives to provide care beyond their profession knowledge or skill set. Rather, the Postnatal Community Hub may function as a *reassuring point of contact* where women may gain access or referral to appropriate healthcare professionals, services, and supports for up to one year postpartum.

In this way, the Postnatal Community Hubs might function as structured pathway of care consisting of the midwifery-led suite of resources available at individual location *and* as an accessible connection point to relevant healthcare pathways dependant on specific needs.

❖ *A phone line*

Similarly, though provision of 24/7 phone services are impractical for all locations, phone line services may be modifiable to local resource constraints.

- A phone line may be offered during specific days and times that align with (and scaled up or down to) staffing availability.
- A 'text and call back' feature may be useful for women's non-emergency queries. A phone



line for women to text their query or request a call back during staff working hours may provide a responsive resource, which is achievable for larger population numbers and occasions of reduced staffing.

❖ *Birth Reflection services*

Similar to the findings of the NMES (2020), the evaluation found that the desire for a ‘What happened’ session or Birth Reflection services were repeatedly mentioned as an invaluable resource. Women in the evaluation described the services as pivotal to processing complex feelings surrounding birthing experiences, to understanding events that occurred during labour and birth, and to facilitating a sense of closure. Women who received the service spoke highly of its benefits, and women, for whom it was not available, strongly endorsed its inclusion in their locality.

To facilitate the development of Birth Reflection services, it is recommended that:

- Appropriate training sources are identified and provided. The NWIHP may be best placed to identify experts in midwifery-delivered Birth Reflection services and coordinate the provision of education and training for staff in the Postnatal Community Hubs.
- Uptake of education or training must be voluntary for current and future staff. Delivering Birth Reflection services is an emotionally and time demanding role for the HCP providing the service. Therefore, this role should be filled by HCPs who self-nominate to commit to training and service development and delivery.
- Set up of Birth Reflection services should involve a formal planning and development stage. HCPs seeking to establish the service in their location may benefit from the advice and lessons learned by staff who established Birth Reflections services in other hubs.

The planning process should involve establishing a strong inter-professional relationship with SPMHS professionals providing care in each locality, to develop inter-professional confidence and referral pathways between the two services.

- Women’s care during labour and birth, and postnatally in the hospital may be enhanced through the development of a feedback mechanism from the established Birth Reflection services to hospital staff. Instances in which women experience less than optimal care, which are shared during Birth Reflection appointments, might be communicated (with women’s consent) back to hospital staff to promote learning and service improvement.
 - A pathway of communication, which centres a non-blame culture of constructive feedback has the potential to course correct care standards, and support women to feel seen and heard.
 - Some Postnatal Community Hubs with Birth Reflection services have established an informal feedback loop from women (with consent) to hospital staff. However, a formalised and evaluated procedure may be beneficial to ensure that the process i) has a defined purpose, ii) the purpose is maintained, and iii) is effective in supporting positive change.

❖ *Women’s Health Physiotherapy*

The need for Women’s Health Physiotherapy services was a recurring point for both women and HCPs. Women who had access to a women’s health physiotherapist greatly benefited from the professional expertise of these specialised healthcare professionals. Women, and the midwives and women’s health physiotherapists who took part in the interviews noted that there is currently a gap between women’s service needs and the ability of the Women’s Health Physiotherapy



services to address those needs. Some areas do not have the resources to provide Women's Health Physiotherapy services. In others, the services do not have the number of staff required to meet demands.

- The existing Postnatal Community Hubs may benefit from the provision of additional funding to:
 - Establish Women's Health Physiotherapy services.
 - Increase staffing to ensure promptly addressed waiting lists and provide cover for staff absences/leave.
- Future Postnatal Community Hubs may include Women's Health Physiotherapy as a core service provision.

Develop a national Postnatal Community Hub identity

Developing a national level Postnatal Community Hub identity through the provision of resources to support advertisement of the new services may serve to promote increased public awareness of the investments made to postnatal care in Ireland.

- Improved advertising of services may enhance women's awareness of, and therefore access to, the one-to-one appointments with midwives. The development of physical and digital Postnatal Community Hub informational material detailing the scope, purpose, access pathways, and services available, which may be distributed to, and by, antenatal services, PHNs, GPs and community contacts was previously identified as an area for improvement by the 'Establishing Postnatal Community Hubs in Ireland: A good practice guide based on lessons learned' report. This recommendation remains true for the current evaluation and is reinforced by the experiences of women who missed out on services (one-to-one

appointment with a midwife and birth reflections services) which they expressed interest in, if they had been aware of their availability.

- Existing Postnatal Community Hubs may be supported through modest supplementary funding and access to marketing advice to develop informational and promotional materials for their services. This will increase the visibility of the Postnatal Community Hub services, facilitate increased uptake, and benefit women and infants.

Consolidate woman-centred care as the defining ethos of the Postnatal Community Hubs

It is recommended that the Postnatal Community Hubs (existing and potential future locations) maintain a focus on woman-centred care as the ethos which underpins service development and provision. A strength of the services, which were positively received by women, is the emphasis they place on recognising, and providing for women's postpartum health needs, which women have previously identified as being under-recognised and underserved by maternity services. Both the survey and interview data support the conclusion that women benefit from and deeply value the woman/mother-health focus provided by the Postnatal Community Hubs. Particularly as postnatal care has previously been characterised as being baby-focused, with little support for maternal health and recovery.

Support the motherhood transition through wider informational support and access to experts

While women were very satisfied with the woman/mother-health focus of care provision they also described receiving positive practical and information support for infant health issues from the Postnatal Community Hub staff.



Additionally, women suggested areas where the Postnatal Community Hubs might offer added support or guidance to support them to feel informed and resourced in motherhood.

- For example, access to nutritionists or an infant sleep consultant. Stronger signposting to community supports, such as mother and baby groups or organisations that provide support to parents, were identified as a potential area for development.
- Existing and future Postnatal Community Hubs may be supported to develop informational resources on infant health and development, and vaccinations. Recent Irish data have shown that midwives and maternity services are effective pathways for promoting vaccination uptake, resulting in reduced illness burden at an individual and health systems level (Health Service Executive, 2024). The Postnatal Community Hubs, as midwifery-led services, may be leveraged to enhance public knowledge on vaccine safety and efficacy, thereby providing additional public health benefits.

Continued investment in the Postnatal Community Hub services and staff

Women and the HCPs who took part in the evaluation perceived the Postnatal Community Hubs as an exciting step towards establishing Ireland as the international leader in providing high-quality, woman-centred postnatal care. Continued investment and service improvements were acknowledged as essential to this aspiration.

- Low staffing and no cover for annual or sick leave remains a barrier to accessing lactation consultants and women's health physiotherapy services. Funding to add to, or support, these roles will ensure continuous

cover and be effective in reducing current wait lists.

- Similarly, continued investment in the midwifery role may be demonstrated by addressing existing short staffing issues for midwives. Additionally, investment may be made through the provision of education and up-skilling opportunities to support midwives to expand and develop the skills that benefit women and infants (e.g. this may include supporting midwives and nurses to engage in training to acquire qualifications in lactation consultancy, or in Birth Reflections training).
- The Postnatal Community Hubs may consider implementing a rotation system between the maternity hospital and the Postnatal Community Hubs, so that a greater number of midwives may gain experience in postnatal care provision and experience the morale lifting benefits which may support the retention of midwives to the profession.
- The Postnatal Community Hubs may consider including student placements for midwifery and nursing students so that healthcare professionals in training are exposed to this woman-centred care provision culture, with the aim that they may internalise these values as the norm and inspire and motivate future professionals.



Conclusion

What is a Postnatal Community Hub?

Services defined by an ethos of woman-centred, compassionate care

While there are differences in the number and type of services provided by each of the pilot Postnatal Community Hubs, what each of them share is a common ethos that underpins service provision.

The HCP survey data revealed that every item of the ‘Compassionate culture sub-score’, adapted from the NHS’s Staff Survey (2024) received an exceptionally high rating. Every item was scored positively with HCPs agreeing and strongly agreeing with statements that reflect a compassionate work and care culture.

The interview data from the HCPs demonstrated that they conceive of the Postnatal Community Hubs as driven by a woman-centred ethos, and by recognition that supporting women as mothers supports families. The focus of each Postnatal Community Hub has been to place women at the centre of care, to provide them with *reassurance, support, and access* to the care and resources that they need to *enjoy* motherhood and *thrive* in it. This ethos was spoken of as aligning with each professional’s personal and professional values.

Importantly, this motivation is evident to women; they perceived it in the tone and quality of the care that they received. Women recognised the efforts invested by the HCPs involved and they felt that they were centred,

nurtured and supported by them. In essence, *Women feel valued by services that value them.*

Differences in services are the reality of differing geographical catchments, population demographics, service demands, and resource (physical locations and staffing) availability. Though there are, and may continue to be, differences between the pilot Postnatal Community Hub services, they were also conceived to involve an iterative process of learning, adjusting, evaluating and learning again. This method of service development has also been underpinned by the woman-centred ethos; continuous improvement is grounded in meeting women’s needs, with an eye to the resources available to do so.

Therefore, the Postnatal Community Hub may be defined not only by the particular suite of services that are offered, but by the focal ethos that the Postnatal Community Hubs exist to serve women, to provide them with the best professional support possible in motherhood, and to be an international exemplar of what positive postpartum care can be.



References

- Bloxsome, D., Ireson, D., Doleman, G., & Bayes, S. (2019). Factors associated with midwives' job satisfaction and intention to stay in the profession: An integrative review. *J Clin Nurs*, 28(3-4), 386-399. <https://doi.org/10.1111/jocn.14651>
- Carvajal, B., Hancock, A., Lewney, K., Hagan, K., Jamieson, S., & Cooke, A. (2024). A global overview of midwives' working conditions: A rapid review of literature on positive practice environment. *Women and Birth*, 37(1), 15-50. <https://doi.org/https://doi.org/10.1016/j.wombi.2023.08.007>
- Health Service Executive. (2024). *New HSE RSV immunisation programme significantly reduces infections, serious illness and hospitalisations in babies*. Available at <https://about.hse.ie/news/new-hse-rsv-immunisation-programme-significantly-reduces-infections-serious-illness-and-hospitalisations-in-babies/>
- Jarosova, D., Gurkova, E., Palese, A., Godeas, G., Ziakova, K., Song, M. S., . . . Nedvedova, D. (2016). Job satisfaction and leaving intentions of midwives: analysis of a multinational cross-sectional survey. *J Nurs Manag*, 24(1), 70-79. <https://doi.org/10.1111/jonm.12273>
- Miteniece, E., Pavlova, M., Rechel, B., & Groot, W. (2017). Barriers to accessing adequate maternal care in Central and Eastern European countries: A systematic literature review. *Social Science & Medicine*, 177, 1-8. <https://doi.org/https://doi.org/10.1016/j.socscimed.2017.01.049>
- Rayment, J. (2015). Emotional labour: how midwives manage emotion at work. *Pract Midwife*, 18(3), 9-11.
- Uchmanowicz, I., Manulik, S., Lomper, K., Rozensztrauch, A., Zborowska, A., Kolasińska, J., & Rosińczuk, J. (2019). Life satisfaction, job satisfaction, life orientation and occupational burnout among nurses and midwives in medical institutions in Poland: a cross-sectional study. *BMJ open*, 9(1), e024296. <https://doi.org/10.1136/bmjopen-2018-024296>

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