

Midwifery: a profession of quality

IN RECENT years a great deal of attention has focused upon the reform and reorganisation of the health service. Much of which is driven by the need to save money rather than improve quality, with much focus on management structures, trolley waits, elective waiting times and the continuing privatisation of significant areas of our health service.

Throughout this period, Ireland has continued to have the highest birth-rate in the European Union and the midwifery profession and individual midwives have endeavoured to continue to provide safe care, through best practice, while suffering a significant drop in staffing levels and other cutbacks.

It was for this reason that, at our annual conference earlier this year, delegates adopted a motion, proposed by the Executive Council, that our midwifery services be subject to review, by an independently chaired commission, to ensure best practice exists in all of our maternity hospitals/units across the country. The INMO has now written to the Minister in relation to this motion, asking that he would establish this commission, without delay, and immediately agree the terms of reference and a timeframe, with the Organisation, for this comprehensive examination of midwifery staffing and practice right across the country. This commission could form part of the wider review of maternity services recently announced.

It is a simple reality that, despite this supposed focus on reform, our health service

has refused to expand on the number of midwifery-led units, across the country. We continue to see the profession exist within a medical model of care that under utilises the skills, practices, expertise and excellence of our midwives. It is unforgivable that in 2013 we do not have more quality assured and cost effective midwifery-led units across the country providing accessible, professional and personal services to the low risk mother and baby.

We have examples of the excellence, of these midwifery-led services in such places as Cavan and Drogheda and it is imperative that similar type units are established in other areas of the country.

Recently midwifery, and in particular, independent midwifery, has come into public scrutiny arising from the findings of a coroner following an inquest. These recommendations need to be the subject of immediate discussion between the HSE, the INMO and our Midwives Section.

The State has an obligation to ensure that a mother, who is assessed as low risk, has the choice of a home birth, safe in the knowledge that the service provided to her is quality assured, stress tested and delivered by highly qualified midwives.

Our Midwives Section, in partnership with the Royal College of Midwifery in Northern Ireland, recently held their annual conference, with the theme 'Maternity Care - Everyone's Affair: Practices, Partnerships, Policies and Possibilities'. The conference, which had an excellent agenda and list of



speakers, was the 19th joint collaboration with our RCM colleagues.

The theme aptly sums up what needs to be done to maximise the potential of midwifery in this country. However, a cornerstone of high standards and a quality assured service is that there are adequate numbers of midwives across the country, and that is why this independently chaired review must commence its work immediately.

The new Nurses and Midwives Act legally recognises the independent profession of midwifery for the first time. This is long overdue and our midwives are ready to lead the way in ensuring innovative best practice, which is quality assured and cost effective. However the HSE must recognise the pressures on the system, at the moment, which cannot be ignored and must be addressed without delay.

Liam Doran
General Secretary, INMO



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WIN,
MedMedia Publications,
25 Adelaide Street,
Dun Laoghaire,
Co Dublin.
Tel: 01-280 3967
Fax: 01-280 7076
Email: nursing@medmedia.ie
Website: www.medmedia.ie

EDITORIAL

Editor: Alison Moore
Assistant Editor: Gillian Tsoi
Production Editor: Kennas Fitzsimons
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Editor-in-Chief: Liam Doran

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INMO Journal Co-ordinator: Ann Keating,
Tel: 046-954 9315 Email annkeating@eircom.net

INMO correspondence to:

Irish Nurses and Midwives Organisation,
Whitworth Building,
North Brunswick Street, Dublin 7.
Tel: 01-664 0600
Fax: 01-661 0466

Email: inmo@inmo.ie Website: www.inmo.ie