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04/04/2024

Deputy Smith
Dáil Éireann,
Leinster House
Dublin 2

PQ 11711.24: To ask the Minister for Health to establish a clear clinical pathway for assessment of babies with suspected Pierre Robin sequence between the maternity hospitals and the ENT teams in the paediatric hospitals to ensure children with Pierre Robin sequence are rapidly identified and treated; and if he will make a statement on the matter.

Dear Deputy Smith,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Questions, which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position on the various areas and issues you raised.

Infants with or suspected to have Pierre Robin Sequence present with symptoms at birth or shortly after birth. The baby usually has a small lower jaw and a cleft palate. Anatomically this brings the tongue back into a position that restricts or significantly reduces the nasopharyngeal space; disrupting breathing and feeding.

In terms of the clinical pathway for the care and management of these infants, CHI have developed and have in place a defined escalation and admission protocol that sets out the pathway to be followed between maternity services and CHI services.

As per this admission guideline, in circumstances whereby maternity service identify infants with Pierre Robin Sequence, the maternity service should contact the cleft co-ordinator in CHI to register the infant with cleft services. The maternity service should then make arrangements to transfer the infant to CHI for MDT assessment. If deemed clinically required, the infant will then be admitted to under the care of neonatology in CHI with combined care being given by ENT, respiratory medicine & plastics where applicable. The protocol for CHI is for a Consultant to Consultant transfer of care with the admission pathway being overseen and triaged by the Neonatal team in conjunction with the respiratory/ENT team.

I trust this clarifies the matter.

Yours sincerely,

MaryJo Biggs, General Manager, National Women and Infants Health Programme