



National Training Standards

for Obstetric Emergencies,
Fetal Monitoring &
Neonatal Resuscitation

2024

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Contact |

National Women and Infants Health Programme
2nd Floor The Brunel Building
Heuston South Quarter
Dublin D08 X01F

Phone | 01 795 9983

Email | Nwihp.corporate@hse.ie

Visit | www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/

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1.0 Abbreviations and Glossary

AAP/AHA	American Academy of Pediatrics/American Heart Association.
Doctors	<p>The term 'doctor' is used throughout the document. With reference to the following programmes, the term refers to:</p> <p>Obstetric emergencies: all grades of obstetricians and anaesthesiologists (non-consultant hospital doctors/consultants).</p> <p>Fetal monitoring: all grades of obstetricians (non-consultant hospital doctors/consultants)</p> <p>Neonatal resuscitation: all grades of paediatricians and neonatologists* (non-consultant hospital doctors/consultants).</p>
Neonate	Newborn infant up to and including 28 days of age.
Maternity service	The term 'maternity service' is used to describe any location where maternity care is provided to women and their babies from pregnancy up to six weeks post-birth.
Maternity service provider	This term refers to any person, organisation or part of organisation delivering maternity services.
Midwife	A Midwife whose name is entered in the Midwives Division of the Register of Nurses and Midwives maintained by the Nursing and Midwifery Board of Ireland (NMBI). The term 'midwife' is used throughout the document refers to all grades of midwives, clinical midwife managers/clinical midwife specialists, assistant director of midwifery/candidate and advanced midwifery practitioners, directors of midwifery.
Nurse	A nurse whose name is entered in the nurses division of the Register of Nurses and Midwives maintained by the Nursing and Midwifery Board of Ireland. The term 'nurse' is used throughout the document and refers to all grades of nurses who work in maternity theatre/ Special Care Baby Units (SCBU)/ Neonatal Intensive Care Units (NICU) and Gynaecology (in cases where women are admitted with obstetric complications).

1.0 Abbreviations and Glossary

Woman

This term should be taken to include people who do not identify as women but are pregnant or have given birth. The term 'woman' is used to refer to women using the maternity services and includes female children under 18 years of age. Similarly, where the term family is used this should be taken to include anyone who has a main responsibility for caring for a baby (NMBI Practice Standards for Midwives, 2022). In some cases, 'women and their babies' is used specifically where this is appropriate. Occasionally, the term 'women and their families' is used where appropriate. This is to reflect that it may not always be appropriate to involve the family and this should be done where the woman has indicated that she wishes for them to be involved, or for example where they may be involved through providing feedback or making a complaint. Where the term 'women and their families' is used, this is broadly intended to include women and:

- Their chosen partners
- Their partners, guardians, carers
- Their nominated advocates (HIQA, 2016)

2.0 Foreward

The National Women and Infant Health Programme are pleased to publish the National Training Standards for Obstetric Emergencies, Fetal Monitoring and Neonatal Resuscitation. The National Training Standards promote multidisciplinary team training for time critical incidents where effective team work is essential for a positive outcome for women, babies and their families.

This programme of work was undertaken by the National Women and Infants Health Programme on behalf of the National Neonatal Encephalopathy Action Group (NNEAG). NNEAG is a formal partnership between key stakeholders (National Women and Infants Health Programme, the Department of Health and the States Claims Agency) to deal with issues of joint concern related to the occurrence of neonatal encephalopathy in Irish maternity services.

We would like to extend our gratitude to the 19 maternity sites for their engagement and support in developing the National Training Standards. In particular, we extend our sincere thanks to the members of the Standards Development Groups who contributed their time and expertise to develop the National Training Standards. Members of the Development Groups can be found in Appendix 2.

3.0 Introduction

The National Women and Infant's Health Programme (NWIHP) is tasked with the implementation of Ireland's first National Maternity Strategy, *Creating a Better Future Together 2016 – 2026*¹, a strategic framework which identifies appropriate resourcing, governance and leadership, delivered by a skilled and competent workforce as a key priority. The maternity services have seen significant changes over the last seven years with the implementation of the National Maternity Strategy and the associated investment that has been made across our nineteen maternity services. However more work is needed to ensure the sustained provision of quality safe care to women and their babies.

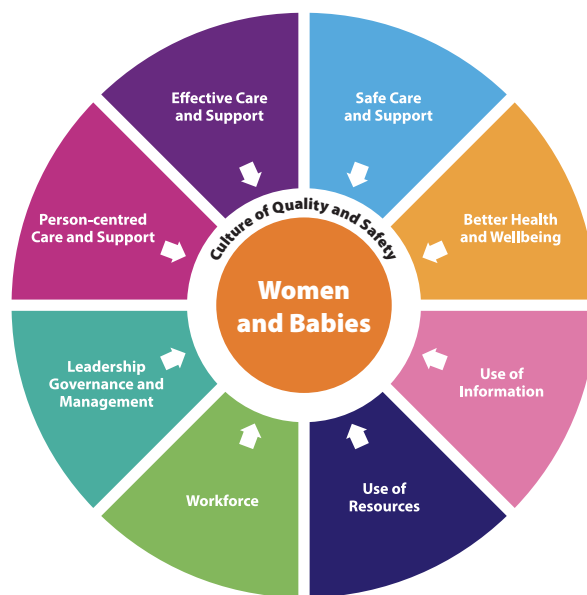
National and international maternity reviews have highlighted the need for national governance and a consistent approach to training, evaluation and audit to support a competent and appropriately resourced workforce^{2,3,4,5}. The maternity workforce across our nineteen maternity services have a crucial role in delivering a safe, high quality service and they need to be supported in doing this. Effective recruitment and workforce planning is required to ensure that members of this workforce have the necessary skills and competencies to deliver safe, high quality care to women and their families. The provision of multi-professional team training in obstetric emergencies, fetal monitoring and neonatal resuscitation have been associated with improvements in clinical outcomes^{6,7,8,9,10}, and are recommended strategies to ensure that the workforce has the competencies and training required to deliver safe, high-quality maternity care¹¹.

A key priority for the National Women and Infant's Health Programme is the provision of national standardised training in obstetric emergencies, fetal monitoring and neonatal resuscitation for all relevant staff working in maternity services. Recent reviews of training practices related to these critical areas identified the lack of uniformity in the existing training programmes^{12,13}. The baseline reviews highlighted the need to develop a suite of national training standards to ensure a nationally consistent approach to training and is in line with the Health Information and Quality Authority (HIQA) National Standards for Safer Better Maternity Services, standard 6.3¹¹.

4.0 Purpose

The purpose of the National Training Standards for Obstetric Emergencies, Fetal Monitoring and Neonatal Resuscitation is to enhance training across all the maternity services in the Republic of Ireland by ensuring a consistent evidence based approach to training. Standards act as drivers to improve healthcare service by informing the public and service providers about the level of service expected. They also guide service providers in their endeavours to provide a high quality and safe service¹¹.

The Training Standards should be considered in the context of the overarching National Standards for Safer Better Maternity Services as they provide an endorsed template for delivering standards within the healthcare services¹⁴. The National Standards for Safer Better Maternity Services are divided under eight separate themes, four of which relate to the quality and safety of the service, with the other four relating to the capacity and capability of the service.



These themes have been used to guide the development of the National Training Standards for Obstetric Emergencies, Fetal Monitoring and Neonatal Resuscitation. It is envisaged that the Training Standards will be a resource for both parents and professionals. The Training Standards intend to promote multidisciplinary team working within the maternity services. They have been designed so that they can be used by all maternity services, including the homebirth setting. Maternity services can use these Standards to improve the safety and quality of their care by assessing and managing the performance of their services, and those provided on their behalf.

Each training standard is broken down into three parts:

- Standard – describes the overarching outcome required to contribute to the quality of the multidisciplinary team training.
- Features – these, taken together, will enable progress towards achieving the standard.
- What this means for you as a woman using maternity services – this section provides guidance for women using maternity services on what they can expect from their chosen maternity provider.

Each Standard will address the shared features required for the three training programmes, obstetric emergencies, fetal monitoring and neonatal resuscitation. Specific training requirements for the individual training programmes will be highlighted in the document.

5.0 Training Programmes

Obstetric Emergencies

The management of obstetric emergencies require a highly co-ordinated team response to optimise the outcomes for mothers and babies^{15, 16, 17}. Maternity services who have implemented multidisciplinary team training in obstetric emergencies have improved maternal and neonatal outcomes^{7, 18, 19, 8, 20}. **Practical Obstetric Multi-Professional Training – PROMPT** is an evidence based multi-professional obstetric emergencies training programme that has been associated with improved birth outcomes^{6,21}, reductions in clinical error⁷ and sustainable improvements in perinatal outcomes¹⁸. PROMPT is presented as an example of best practice in multi-professional obstetric emergency training²¹.

Fetal Monitoring

The assessment of fetal wellbeing during labour is widely regarded as a fundamental component of intrapartum care to women^{23, 24, 25}. Intrapartum fetal monitoring aims to improve fetal outcomes by identifying fetuses at risk of compromise, allowing appropriate intervention and thereby increasing the likelihood of improved perinatal outcomes. Fetal monitoring continues to be a critical contributory factor where improvement in care may have prevented a poor outcome^{16, 26, 27}. Fetal monitoring training programmes that includes team and emergency response training have been associated with an improved safety climate and a reduction in adverse obstetric events²⁸. Multidisciplinary team training in CTG interpretation is endorsed by various agencies and reports^{11, 22, 27, 29}, and should be consistent with the evidence base for maternity training: local, multi-professional with integrated team working and support tools³⁰.

Neonatal Resuscitation

Ten percent of infants require help to begin breathing at birth, and one percent need intensive resuscitation³¹. It is recommended that every birth should be attended by at least one healthcare professional who is assigned, trained, and equipped to initiate resuscitation and deliver positive pressure ventilation. Additional personnel are necessary if risk factors for complicated resuscitation are present. In 2022, the resuscitation of the newborn was standardised across the nineteen maternity services with the implementation of the 8th edition of the American Heart Association (AHA)/ Academy of Pediatrics (AAP) Neonatal Resuscitation Program®. This is an evidence based programme and facilitates effective team-based care for healthcare professionals who care for newborns at the time of birth and subsequently³¹.

6.0 Scope

The Standards apply to the provision of obstetric emergencies, fetal monitoring and neonatal resuscitation training in the maternity services. These Standards are intended for use in conjunction with current clinical guidelines, professional codes of practice, government policy and relevant legislation. It is the responsibility of the service provider to ensure that these policies, guidelines and legislative provisions are met. A list of relevant guidelines, policies and pertinent legislation is available in Appendix 2.

The maternity services facilitate the provision of training in obstetric emergencies, fetal monitoring and neonatal resuscitation. To date, the term 'mandatory training' has been confined to training requirements set out in legislation¹ however, the National Women and Infants Health Programme recommend that multidisciplinary team training in obstetric emergencies, fetal monitoring and neonatal resuscitation are considered mandatory training requirements. Doctors, midwives and nurses are required to successfully complete the following training programmes (specific to their role).

- Obstetric emergencies
- Fetal monitoring
- Neonatal resuscitation

¹ An Introduction to Children 1st, HSE Open Disclosure, Dignity at Work, Safety, Health and Welfare in Healthcare, Manual and People Handling Training

7.0 Roles and Responsibilities

Employers (the Maternity Service):

It is the responsibility of employers to facilitate the maintenance of midwives and nurses professional competence by providing learning opportunities in the workplace³³. There is a legal obligation on employers to facilitate doctors' pursuit of professional competence³⁴.

Midwives and Nurses:

It is the responsibility of each midwife and nurse to maintain their own professional competence³⁵.

Doctors:

It is the responsibility of the registered doctors to maintain their own professional competence on an ongoing basis³⁶.

8.0 Implementation of the National Training Standards

The implementation of the Standards will be led by the National Women and Infants Health Programme (NWIHP) who will collaborate closely with all key stakeholders. In conjunction with the Standards, a range of supports for maternity services are being put in place to support the implementation of the Standards. This includes the provision of standardised training resources and a self-assessment tool. The self-assessment tool will enable maternity services to benchmark their practices against the National Training Standards for Obstetric Emergencies, Fetal Monitoring and Neonatal Resuscitation.

9.0 Summary of the National Training Standards for Obstetric Emergencies, Fetal Monitoring and Neonatal Resuscitation

Theme 1: Person Centred Care and Support	
Standard 1.1	There is a structured review and evaluation process in place for all multidisciplinary team training (MDT) programmes to ensure the use of best available evidence.
Theme 2: Effective Care and Support	
Standard 2.1	The MDT training programmes reflect the best available evidence of what is essential to achieve safe, high quality care for women and babies.
Standard 2.2	The MDT training programmes are provided in an environment which supports the delivery of a safe, high quality service.
Theme 3: Safe Care and Support	
Standard 3.1	The MDT training programmes actively support and promote the safety of women and their babies as part of a wider culture of safety and quality.
Standard 3.2	The MDT training programmes aims to protect women and their babies from the risk of avoidable harm through the appropriate educational design and delivery.
Theme 4: Better Health and Wellbeing	
Standard 4.1	The MDT training programmes promotes, protects and improves the health and wellbeing of women and their babies.
Theme 5: Leadership, Governance and Management	
Standard 5.1	Maternity service providers have formalised governance and accountability arrangements for assuring the delivery of safe high quality MDT training programmes.
Standard 5.2	Maternity service providers systematically monitor, identify and act on opportunities to improve safety and quality of their maternity services.

Theme 6: Workforce	
Standard 6.1	Maternity service providers plan, organise and manage their workforce to facilitate MDT training programmes. This is to ensure the delivery of safe, high quality maternity care.
Standard 6.2	Maternity service providers ensure their workforce have the MDT training required to deliver safe, high quality maternity care.
Standard 6.3	Maternity service providers support their workforce in delivering safe, high-quality maternity care with the provision of obstetric emergencies clinical skills and drills in the clinical setting.
Theme 7: Use of Resources	
Standard 7.1	Maternity service providers plan and manage the appropriate resources to provide high quality MDT training programmes.
Theme 8: Use of Information	
Standard 8.1	Maternity services utilise the training record database as a resource in planning, delivering and managing MDT training programmes.

10.0 National Training Standards for Obstetric Emergencies, Fetal Monitoring and Neonatal Resuscitation

Theme 1: Person Centred Care and Support

1.1	There is a structured review and evaluation process in place for all multidisciplinary team training (MDT) programmes to ensure the use of best available evidence.
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Features of a maternity service meeting this standard:

1.1.1	<i>Recommendations from national and international reports are utilised to inform the MDT training programmes, for example – Neonatal Therapeutic Hypothermia in Ireland, Irish Maternity Information System.</i>
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1.1.2	<i>Feedback from service users are taken into consideration when developing or revising MDT training programmes.</i>
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1.1.3	<i>The maternity service ensures that there is a formal review process in place for incorporating participant feedback to progress continuous improvement of the training programmes.</i>
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What this means for you as a woman using maternity services:

- Your views and suggestions will be listened to and responded to by your maternity service.
- There is a process in place to review and act on feedback and evaluations to continually improve on the quality of the MDT training programmes provided.

Theme 2: Effective Care and Support	
Standard 2.1	The MDT training programmes reflect the best available evidence of what is essential to achieve safe, high quality care for women and babies.
Features of a maternity service meeting this standard:	
2.1.1	<i>The maternity service ensures that the most current evidence is incorporated into MDT training programmes.</i>
2.1.2	<i>The maternity service ensures that the educational material used is in line with national and international clinical guidelines – where available.</i>
2.1.3 Specific to Obstetric Emergencies	<i>The maternity service ensures that core facilitators of the obstetric emergency programme have attended a Train the Trainers Programme.</i>
2.1.4 Specific to Obstetric Emergencies	<i>The maternity service ensures that facilitators have access to current PROMPT programme modules.</i>
2.1.5 Specific to Fetal Monitoring	<i>The maternity services supports facilitators to maintain their own CPD in fetal monitoring.</i>
2.1.6 Specific to N.R.P	<i>The maternity service ensures that NRP instructor candidates fulfil AHA/AAP instructor eligibility requirements including a current advanced provider e-card, pass the NRP instructor exam and co-teach 3 instructor-led events with the instructor mentor.</i>
2.1.7 Specific to N.R.P	<i>The maternity service ensures that NRP instructors maintain the AAP/AHA requirements of instructor status before their renewal date every two years. This includes providing evidence of passing the online NRP instructor exam and teaching or co-teaching at least 2 instructor-led events during the 2-yearly renewal period.</i>

Theme 2: Effective Care and Support	
Standard 2.2	The MDT training programmes are provided in an environment which supports the delivery of a safe, high quality service.
Features of a maternity service meeting this standard:	
2.2.1	<i>The maternity service ensures that the environment is an appropriate quality learning environment for participants and facilitators.</i>
2.2.2	<i>The maternity service ensures that the physical environment is fit for purpose and enables facilitators of the training programme to utilise teaching strategies to promote group interaction, discussion and which meet the learning needs of participants.</i>
2.2.3	<i>Training equipment should be of sufficient fidelity to enable participants to practice technical and non-technical skills.</i>
2.2.4	<i>Equipment and supporting materials used during MDT training programmes are safe, fit for purpose and in line with legislation and best available evidence.</i>
2.2.5	<i>All training equipment and consumables should replicate the equipment used in clinical areas.</i>

What this means for you as a woman using maternity services:

- The team caring for you and your baby will have the opportunity to practice their skills in a quality learning environment. This will provide them with the opportunity to acquire the skills and knowledge required to deliver safe, high quality care to you and your baby.
- The MDT training programmes reflect national clinical guidelines (where available)/ international guidelines. This will ensure that the care that you and your baby receive is evidence based and consistent regardless of where you live.

Theme 3: Safe Care and Support	
Standard 3.1	The MDT training programmes actively support and promote the safety of women and their babies as part of a wider culture of safety and quality.
Features of a maternity service meeting this standard:	
3.1.1	<i>The maternity service ensures that the MDT training programmes incorporate learning from national quality improvement programmes.</i>
3.1.2	<i>Appropriate arrangements are in place for the allocation of training resources for MDT training programmes.</i>
3.1.3	<i>Appropriate arrangements are in place for the evaluation of MDT training programmes.</i>
3.1.4	<i>There are clear accountability arrangements in place to ensure that all staff are aware of their responsibilities to ensure they are compliant with the national training requirements for MDT training programmes.</i>

Standard 3.2	The MDT training programmes aim to protect women and their babies from the risk of avoidable harm through the appropriate educational design and delivery.
Features of a maternity service meeting this standard:	
3.2.1	<i>Learnings from risk assessments, clinical safety incidents, clinical outcomes and maternity experiences surveys are incorporated into MDT training programmes.</i>
3.2.2	<i>Learning from local, national and international reviews/reports are incorporated into MDT training programmes.</i>

What this means for you as a woman using maternity services:

- Your maternity service places high value on safety and quality and this can be seen in the way they provide care to you and your baby.
- Your maternity service actively looks for ways to make the care they deliver safer – rather than reacting only if something goes wrong.
- The maternity service learns from the best available evidence to keep you and your baby safe.

Theme 4: Better Health and Wellbeing	
Standard 4.1	The MDT training programmes promotes, protects and improves the health and wellbeing of women and their babies.
Features of a maternity service meeting this standard:	
4.1.1	<i>The maternity service ensures that debriefing is incorporated into the MDT training programmes. This includes debriefing women and staff following an adverse or traumatic event.</i>
4.1.2	<i>The maternity service ensures that the mechanisms in place to support the emotional and psychological needs of staff, at both individual and team level are included in the MDT training programmes.</i>

What this means for you as a woman using maternity services:

- You and your baby will receive kind and compassionate care.
- The team caring for you and your baby have been trained on how best to communicate with you especially after you or your baby has required care that you were not expecting.

Theme 5: Leadership, Governance and Management	
Standard 5.1	Maternity service providers have formalised governance and accountability arrangements for assuring the delivery of safe high quality MDT training programmes.
Features of a maternity service meeting this standard:	
5.1.1	<p><i>There is an identified senior individual from the relevant disciplines who is responsible for the implementation the MDT training programmes.</i></p> <p><i>This should include the following:</i></p> <p>Obstetric Emergencies: Consultant Obstetrician, Consultant Anaesthesiologist and Senior Midwife</p> <p>Fetal Monitoring: Consultant Obstetrician and Senior Midwife</p> <p>Neonatal Resuscitation: Consultant Paediatrician/ Neonatologist and Senior Midwife/Nurse</p>
5.1.2	<i>Each maternity service has a structure in place to review MDT training programmes to ensure that the content reflects national standards, clinical guidelines and are in line with best practice.</i>
Standard 5.2	Maternity service providers systematically monitor, identify and act on opportunities to improve safety and quality of their maternity services.
Features of a maternity service meeting this standard:	
5.2.1	<i>The maternity service ensures that compliance to the MDT training programmes are fulfilled and is an agenda item on the Quality & Safety /Senior Management Team meetings.</i>
5.2.2	<i>The maternity service has a written policy in place on how to manage the non-compliance with the national training requirements.</i>
5.2.3	<p><i>Nationally agreed metrics on compliance with the training requirements are submitted to the HSE Health Regions at least every quarter.</i></p> <p>*Compliance is determined as follows:</p> <p><i>Fully compliant: 100%</i></p> <p><i>Partially compliant: greater than or equal to 90%</i></p> <p><i>Non-compliant: less than 90%</i></p> <p><i>*refer to appendix 3 for calculation of compliance</i></p>

What this means for you as a woman using maternity services:

- There is a senior management team in place to ensure the safety and quality of the maternity service you are using.
- The team caring for you and your baby have the appropriate skills and training to provide safe, high quality care.
- The team providing your care have a clear understanding of their role and responsibilities and who they report to within the service.

Theme 6: Workforce

Standard 6.1 Maternity service providers plan, organise and manage their workforce to facilitate MDT training programmes. This is to ensure the delivery of safe, high quality maternity care.

Features of a maternity service meeting this standard:

<p>6.1.1</p>	<p><i>The maternity service has designated senior individuals responsible for the co-ordination and facilitation of the MDT training programmes.</i></p> <p><i>This should include:</i></p> <p>Obstetric Emergencies: Clinical Leads in Anaesthesiology, Obstetrics and Director of Midwifery.</p> <p>Fetal Monitoring: Clinical Lead in Obstetrics & Director of Midwifery</p> <p>Neonatal Resuscitation: Clinical Lead in Paediatrics/ Neonatology & Director of Midwifery</p>
<p>6.1.2</p>	<p><i>Administrative support is in place to advertise and manage bookings, attendance records and certificates.</i></p>
<p>6.1.3</p>	<p><i>The maternity service has designated senior individuals responsible for the co-ordination and facilitation of the MDT training programmes.</i></p> <p><i>This should include:</i></p> <p>Obstetric Emergencies: Consultant Obstetrician, Consultant Anaesthesiologist and Senior Midwife</p> <p>Fetal Monitoring: Consultant Obstetrician and Senior Midwife</p> <p>Neonatal Resuscitation: Consultant Paediatrician/ Neonatologist and Senior Midwife/Nurse</p>
<p>6.1.4</p>	<p><i>Maternity services include the MDT training programmes into the annual service plan.</i></p>

Standard 6.2	Maternity service providers ensure their workforce have the MDT training required to deliver safe, high quality maternity care.
Features of a maternity service meeting this standard:	
6.2.1 Specific to Obstetric Emergencies	Obstetric Emergencies
6.2.1.1	<i>All grades of midwives, obstetricians and anaesthesiologists undertake Practical Obstetric Multi-Professional Training (PROMPT).</i>
6.2.1.2	<i>MDT training in obstetric emergencies is completed every two years.</i>
6.2.1.3	<p><i>Multidisciplinary team training in obstetric emergencies includes teamwork, communication, leadership roles and responsibilities and situation awareness.</i></p> <p><i>The following core topics are included in the hospital based MDT training in obstetric emergencies.</i></p> <p><i>Obstetric haemorrhage</i></p> <p><i>Eclampsia</i></p> <p><i>Shoulder dystocia</i></p> <p><i>Sepsis</i></p> <p><i>Maternal anaesthetic emergencies</i></p> <p><i>Maternal collapse</i></p> <p><i>Vaginal breech</i></p> <p><i>Impacted fetal head</i></p> <p><i>Cord prolapse</i></p>
6.2.1.4	<i>All midwives who provide intrapartum care in the community, including self-employed community midwives undertake obstetric emergencies training relevant to the homebirth setting.</i>
6.2.1.5	<p><i>The following core topics are included in the community based training in obstetric emergencies (homebirth setting)</i></p> <p><i>PPH</i></p> <p><i>Shoulder dystocia</i></p> <p><i>Vaginal breech</i></p> <p><i>Neonatal resuscitation skills in the homebirth setting</i></p> <p><i>Maternal collapse</i></p> <p><i>Cord prolapse</i></p> <p><i>Sepsis</i></p> <p><i>Communication with national ambulance service and maternity site to facilitate optimum transfer process</i></p>

<p>6.2.2 Specific to Fetal Monitoring</p>	<p>Fetal Monitoring</p>
<p>6.2.2.1</p>	<p><i>All maternity sites ensure that relevant staff undertake MDT training in fetal monitoring pending the development and phased implementation of the national curriculum for MDT training in fetal heart rate monitoring*.</i></p> <p><i>*The national curriculum for MDT training in fetal monitoring will be developed following the revision of the national clinical guideline for intrapartum fetal heart rate monitoring (currently under revision at time of publication May, 2024).</i></p>
<p>6.2.2.2</p>	<p><i>The interim standard for the frequency of MDT training in fetal monitoring is every two years*(May, 2024).</i></p> <p><i>*the frequency of training will be determined by the national curriculum for MDT training in fetal monitoring.</i></p>
<p>6.2.2.3</p>	<p><i>Fetal monitoring training programmes are multidisciplinary, interactive and include scenario based training.</i></p>
<p>6.2.2.4</p>	<p><i>The national MDT training programme for fetal monitoring includes an assessment of learning. This enables maternity services to support their staff in their learning.</i></p>
<p>6.2.2.5</p>	<p><i>All grades of obstetricians and midwives (including self-employed community midwives) undertake MDT training in fetal monitoring.</i></p>
<p>6.2.2.6</p>	<p><i>The maternity service ensure that all grades of obstetricians and midwives (including self-employed community midwives) have access to an e-learning fetal monitoring training programme to support their learning.</i></p>

<p>6.2.3 Specific to N.R.P</p>	<p>Neonatal Resuscitation</p>
<p>6.2.3.1</p>	<p><i>All grades of midwives (including self-employed community midwives), nurses and neonatologists/paediatricians undertake MDT training in neonatal resuscitation in line with AHA/APP neonatal resuscitation programme.</i></p>
<p>6.2.3.2</p>	<p><i>MDT training in neonatal resuscitation is completed every two years.</i></p>
<p>6.2.3.3</p>	<p><i>MDT in neonatal resuscitation should include teamwork, communication skills, leadership roles, responsibilities and situation awareness.</i></p>
<p>6.2.3.4</p>	<p><i>Core topics for community based neonatal resuscitation training skills in the homebirth setting should include the following:</i></p> <ul style="list-style-type: none"> • <i>Communication with national ambulance control</i> • <i>Communication with the maternity site</i>
<p>6.2.3.5</p>	<p><i>All participants have the opportunity to practice skills in a simulation based environment.</i></p>
<p>6.2.3.6</p>	<p><i>The maternity service ensures that study leave is allocated for the advanced provider completion on line and face to face instructor led event.</i></p>
<p>6.2.3.7</p>	<p><i>The maternity service ensures that study leave is allocated to NRP instructor candidates for exam completion on line and supervised co-teaching at three instructor led events.</i></p>
<p>6.2.3.8</p>	<p><i>The maternity service ensures that study leave is allocated to NRP instructors for meeting AHA/AAP maintenance requirements including renewal of instructor exam on line and co-teaching two instructor led events in the previous two years.</i></p>

<p>Standard 6.3 Specific to Obstetric Emergencies/ Neonatal Resuscitation</p>	<p>Maternity service providers support their workforce in delivering safe, high-quality maternity care with the provision of clinical skills and drills in the clinical setting.</p>
<p>Features of a maternity service meeting this standard:</p>	
<p>6.3.1 Specific to Obstetric Emergencies</p>	<p><i>The maternity service provides all midwives, obstetricians and anaesthesiologists with the opportunity to practice the skills required for the management of obstetric emergencies through skills and drills in the clinical setting.</i></p>
<p>6.3.2 Specific to Obstetric Emergencies</p>	<p><i>MDT obstetric emergencies skills and drills include scenarios that occur in maternity theatre as well as the antenatal, intrapartum and postnatal clinical areas.</i></p>
<p>6.3.3 Specific to Obstetric Emergencies</p>	<p><i>Obstetric emergencies skills and drills in the clinical setting are attended by all grades of obstetricians, midwives, nurses, anaesthesiologists and healthcare workers (as appropriate to the clinical skills scenario).</i></p>
<p>6.3.4 Specific to Neonatal Resuscitation</p>	<p><i>The maternity service provides all midwives, nurses, doctors with the opportunity to practice the skills required for the management of neonatal resuscitation through skills and drills in the clinical setting.</i></p>
<p>6.3.5 Specific to Neonatal Resuscitation</p>	<p><i>MDT neonatal resuscitation skills and drills include scenarios that occur in maternity labour wards and theatre as well as in neonatal and postnatal clinical areas.</i></p>
<p>6.3.6 Specific to Neonatal Resuscitation</p>	<p><i>Neonatal resuscitation skills and drills in the clinical setting are attended by all grades of doctors, midwives, nurses and healthcare workers (as appropriate to the clinical skills scenario).</i></p>
<p>6.3.7 Specific to Obstetric Emergencies and Neonatal Resuscitation</p>	<p><i>The maternity service has a structured process in place to share learning from skills and drills to the wider multidisciplinary team.</i></p>

What this means for you as a woman using maternity services:

- Your care team have the opportunity to attend training so that they have the skills, knowledge and expertise to provide safe, high quality care to you and your baby.

Theme 7: Use of Resources	
Standard 7.1	Maternity service providers plan and manage the appropriate resources to provide high quality MDT training programmes.
Features of a maternity service meeting this standard:	
7.1.1	<p><i>Maternity services provide the appropriate training equipment to enable the MDT training programme to meet the learning needs of participants and the service.</i></p> <p><i>The following equipment should be made available:</i></p> <p>Obstetric Emergencies: <i>Mama Natalie</i> <i>PROMPT Flexi</i> <i>Enhanced Caesarean Module – Prompt Flex</i> <i>Resus Annie* with pregnant abdomen (*or similar)</i></p> <p>Neonatal Resuscitation <i>Resuscitaire with the following:</i> - <i>a functioning T-piece (with piped medical gas/compressor)</i></p> <p>Resuscitator with the following: - <i>Access to a blender to simulate oxygen/air gas supply to display:</i> - <i>Peak Inspiratory Pressure</i> - <i>Positive End Expiratory Pressure</i> - <i>Continuous Positive Airway Pressure</i></p> <p><i>Term and preterm manikins with the following functions:</i> - <i>chest rise and anatomical airway for laryngeal mask airway and endotracheal tube insertion</i> - <i>insertion of an orogastric tube</i></p> <p><i>Electronic cardiac monitoring with 3-lead Electrocardiogram (ECG)</i></p>
7.1.2	<p><i>All training equipment is maintained in line with manufacturing requirements.</i></p> <p><i>Training equipment is examined regularly to ensure it is fit for purpose.</i></p>
7.1.3	<p><i>The maternity service ensures that there are adequate number of facilitators for MDT training programmes.</i></p>
7.1.4	<p><i>The provision of high quality MDT training programmes are included in the annual budgeting considerations.</i></p>

What this means for you as a woman using maternity services:

- Your maternity service make the best use of their available resources to get the best possible results for the women and babies using their services.

Theme 8: Use of Information

Standard 8.1 **Maternity services utilise the training record database as a resource in planning, delivering and managing MDT training programmes.**

Features of a maternity service meeting this standard:

8.1.1 *The maternity service undertakes a training needs analysis annually for all staff to inform the training requirements for MDT training programmes.*

8.1.2 *The maternity service utilise the training records to determine the training requirements on an annual basis.*

What this means for you as a woman using maternity services:

- Your maternity service learns from the information it collects to improve the safety and quality of your care and the care of your baby.
- Your maternity services uses relevant quality information to continually check the safety and quality of the care provided.

11.0 References & Bibliography

1. Department of Health Creating a Better Future Together: National Maternity Strategy 2016-2026 www.gov.ie/en/publication/0ac5a8-national-maternity-strategy-creating-a-better-future-together-2016-2/
2. Health Information and Quality Authority (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, including those provided in University Hospital Galway, and as reflected in the care and treatment provided to Savita Halappanavar [Patient-Safety-Investigation-UHG.pdf \(hiqa.ie\)](http://Patient-Safety-Investigation-UHG.pdf(hiqa.ie))
3. Health Information and Quality Authority (2015) Report of the investigation into the safety, quality and standards of services provided by the Health Service Executive to patients in the Midland Regional Hospital, Portlaoise [Portlaoise-Investigation-Report.pdf \(hiqa.ie\)](http://Portlaoise-Investigation-Report.pdf(hiqa.ie))
4. Health Service Executive (2018) External Independent Clinical Review of the Maternity Services at Portiuncula Hospital, Ballinasloe (PUH) and of 18 perinatal events which occurred between March 2008 and November 2014 [HSE Report Of Maternity Services In Portiuncula - Pregnancy & Infant Loss Ireland \(pregnancyandinfantloss.ie\)](http://HSE-Report-Of-Maternity-Services-In-Portiuncula-Pregnancy-Infant-Loss-Ireland.pregnancyandinfantloss.ie)
5. NHS England (2019) Saving Babies' Lives Care Bundle Version 2 [Saving-Babies-Lives-Care-Bundle-Version-Two-Updated-Final-Version.pdf \(england.nhs.uk\)](http://Saving-Babies-Lives-Care-Bundle-Version-Two-Updated-Final-Version.pdf(england.nhs.uk))
6. Draycott T, Sibanda T, Owen L et al. Does training in obstetric emergencies improve neonatal outcome? BJOG 2006; 113: 177–182
7. Draycott T, Crofts J, Ash J et al. Improving neonatal outcome through practical shoulder dystocia training. Obstet Gynecol 2008; 112: 14-20
8. Shoushtarian M, Barnett M, McMahan F, Ferris J (2014) Impact of introducing practical obstetric multi-professional training (PROMPT) into maternity units in Victoria, Australia. BJOG 2014 121; 1710-18
9. Bergh A, Baloyi S, Pattinson R (2015) What is the impact of multi-professional emergency obstetric and neonatal care training? Best Practice & Clinical Obstetrics and Gynaecology 29 (2015) 1028-1043 <http://dx.doi.org/10.1016/j.bpobgyn.2015.03.017> 1521-6934/
10. Weiner C, Collins L., Bentley S, Dong Y, Satterwhite C. Multi-professional training for obstetric emergencies in a U.S. hospital over a 7 year interval: an observational study. J Perinatal 2016; 36; 19-24
11. Health Information and Quality Authority (2016) National Standards for Safer Better Maternity Services [national-standards-maternity-services.pdf \(hiqa.ie\)](http://national-standards-maternity-services.pdf(hiqa.ie))

12. Biggs M, Dunne A, Dunworth M, Murphy J, McGinley J, Ryan E on behalf of the National Women and Infants Health Programme (2021) Baseline Report: Neonatal Resuscitation Training Programme
13. Rowland M, Biggs M, Dunne A, McKenna P, Murphy C on behalf of the National Women and Infants Health Programme (2022) Baseline Report: Obstetric Emergencies and Fetal Monitoring Training Programmes
14. Health Information and Quality Authority (2012) National Standards for Safer Better Healthcare. Dublin
15. Cantwell R, Clutton-Brock T, Cooper G. et al. Saving Mothers' Lives: reviewing maternal deaths to make motherhood safer: 2006-2008. The Eight Report of the Confidential Enquiries into Maternal Deaths in the United Kingdom. *BJOG*, 2011 118 (Suppl. 1): 1-203
16. Draper ES, Kurinczuk JJ, Kenyon S, editors, on behalf of MBRRACE-UK. MBRRACE-UK Perinatal Confidential Enquiry: Term, Singleton, Intrapartum Stillbirth and Intrapartum related Neonatal Death. Leicester: The Infant Mortality and Morbidity Studies, Department of Health Sciences, University of Leicester; 2017 ISBN: 978-09935059-7-3
17. Daniels K, Arafah J, Clark A, Waller S, Druzin M, Chueh J. Prospective randomized trial of simulation versus didactic teaching for obstetrical emergencies. *Simulation in Healthcare* 2010; 5(1):40-5
18. Crofts J, Lenguerrand E, Benthon G, et al (2016) Prevention of brachial plexus injury – 12 years of shoulder dystocia training: an interrupted time series study. *BJOG*; 123: 111-8
19. Phipps MG, Lindquist DG, McConaughy E, O'Brein JA, Raker CA, Paglia MJ. Outcomes from a labor and delivery team training program with simulation component. *American Journal of Obstetrics and Gynecology* 2012; 206(1):3-9
20. Fransen AF, van de Ven J, Banga FR, Mol BWJ, Oei SG. Multi-professional simulation-based team training in obstetric emergencies for improving patient outcomes and trainees' performance. *Cochrane Database of Systematic Reviews* 2020, Issue 12. Art. No.CD011545. DOI: 10.1002/14651858.CD011545.pub2
21. Siassakos D, Bristowe K, Draycott TJ, et al. Clinical efficiency in a simulated emergency and relationship to team behaviours: a multisite cross-sectional study. *BJOG* 2011; 118:596–607. 23
22. NHS England (2016) Better Births. Improving outcomes of maternity services in England. A Five Year Forward View for maternity care
23. Ayres-de-Campos D, Spong CY, Chandrachan E. FIGO consensus guidelines on intrapartum fetal monitoring: Cardiotocography. *International Journal of Gynaecology and Obstetrics* 2015; 131(1):13–24 <https://doi.org/10.1016/j.ijgo.2015.06.017>

24. International Confederation of Midwives (2017) Position Paper: Use of Intermittent Auscultation for Assessment of Foetal Wellbeing during Labour. www.internationalmidwives.org/assets/files/statement-files/2018/04/eng-use_intermittend_auscultation.pdf?msckid=a369aae8ba6d11ecb653745ab81bf3d7
25. National Institute for Health and Care Excellence (2017) Intrapartum Care for Healthy Women and Babies. www.nice.org.uk/guidance/cg190
26. Royal College of Obstetricians and Gynaecologists Each Baby Counts: 2015 Full Report. London: 2017
27. Ockenden Report (2022) Final Findings, Conclusions and Essential Actions from the Independent Review of Maternity Services at The Shrewsbury and Telford Hospital NHS Trust www.gov.uk/government/publications/final-report-of-the-ockenden-review
28. Pehrson C, Sorensen J, Amer-Whalin I. Evaluation and impact of cardiotocography training programmes: a systematic review. BJOG 2011; 118: 926-35
29. NHS Education for Scotland (2018) Core element of mandatory update training for midwives and obstetricians. www.gov.scot
30. Kelly S, Redmond P, King S, Oliver-Williams C, Lame G, Liberati E, Kuhn I, Winter C, Draycott T, Dixon-Woods M, Burt J. Training in the use of intrapartum electronic fetal monitoring with cardiotocography: systematic review and meta-analysis. BJOG 2021; 128:1408–1419
31. American Academy of Pediatrics (2020) Neonatal Resuscitation Programme 8th Edition Updates [NRP Busy People Update #1 December 2020 \(aap.org\)](http://www.aap.org/NRP/Busy-People-Update-1-December-2020)
32. Nurses and Midwives Act (2021) [Nurses and Midwives Act 2011 \(irishstatutebook.ie\)](http://www.irishstatutebook.ie/2021/en/act/pub/0025/sec0094.html#sec94)
33. Irish Medical Council (2019) Guide to Professional Conduct and Ethics for Registered Medical Practitioners (Amended) 8th Edition 2019 <https://www.medicalcouncil.ie/existing-registrants-/professional-competence/information-for-health-managers.html>
34. Nurses and Midwifery Board of Ireland (2021) Code of Professional Conduct and Ethics [NMBI - Code of Professional Conduct and Ethics](http://www.nmbi.ie/Code-of-Professional-Conduct-and-Ethics)
35. Medical Practitioners Act (2007) <http://www.irishstatutebook.ie/2007/en/act/pub/0025/sec0094.html#sec94>

12.0 Appendix 1: National Guidelines, Policy and Legalisation

Byrne B, Spring A, Barrett N, Power J, McKernan J, Brophy, D, Houston C, Faryal R, McMahon E, Manning C, Murphy P, Ni Ainle F. National Clinical Practice Guideline: Prevention and Management of Primary Postpartum Haemorrhage. National Women and Infants Health Programme and the Institute of Obstetricians and Gynaecologists, December 2022

<https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/clinical-guidelines/>

Department of Health (2008) Building a Culture of Patient Safety: Report of the Commission on Patient Safety and Quality Assurance

[gov.ie](http://www.gov.ie) - [Building a Culture of Patient Safety: Report of the Commission on Patient Safety and Quality Assurance \(www.gov.ie\)](http://www.gov.ie/publication/0ac5a8-national-maternity-strategy-creating-a-better-future-together-2016-2/)

Department of Health (DOH) (2014). National Clinical Guideline No. 5: Communication (Clinical Handover) in Maternity Services.

<http://health.gov.ie/national-clinical-guideline-no-5-communication-clinical-handover-in-maternity-services/>

Department of Health Creating a Better Future Together: National Maternity Strategy 2016-2026
www.gov.ie/en/publication/0ac5a8-national-maternity-strategy-creating-a-better-future-together-2016-2/

Department of Health (2019). IMEWS (NCEC National Clinical Guideline No. 4 Version 2). Available at:
<http://health.gov.ie/national-patient-safety-office/ncec/>

Department of Health (2020) Stratification of Clinical Risk in Pregnancy (NCEC National Clinical Guideline No. 23)

<https://www.gov.ie/en/collection/c9fa9a-national-clinical-guidelines/>

Health Information and Quality Authority (2016) National Standards for Safer Better Maternity Services.

<https://www.hiqa.ie/sites/default/files/2017-02/national-standards-maternity-services.pdf>

Health Service Executive. Your Service Your Say-The Management of Service User Feedback for Comments, Compliments and Complaints (2017).

<https://www.hse.ie/eng/about/qavd/complaints/ysysguidance/>

Health Service Executive (2019a) National Women and Infants Health Programme on behalf of the Fetal Heart Rate Monitoring Working Group, National Clinical Guideline for Fetal Heart Rate Monitoring: Ireland. Dublin: Health Service Executive

Health Service Executive (2019b) Learning & Development Policy

<https://www.hse.ie/eng/staff/leadership-education-development/leadership/>

Health Service Executive (2021) National Women and Infants Health Programme on behalf of the Fetal Heart Rate Monitoring Working Group, National Clinical Guideline for Intrapartum Fetal Heart Rate Monitoring: Ireland. Dublin: Health Service Executive

Irish Medical Council (9th ed., 2019). Guide to Professional Conduct and Ethics for Registered Medical Practitioners.

<https://www.medicalcouncil.ie/public/information/professional-conduct-ethics/>

Medical Practitioners Act (2007)

<http://www.irishstatutebook.ie/pdf/2007/en.act2007.0025.pdf>

Nurses and Midwives Act (2011).

<http://www.irishstatutebook.ie/pdf/2011/en.act.2011.0041.pdf>

Nursing and Midwifery Board of Ireland (2021). The Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives. [NMBI - Code of Professional Conduct and Ethics](#)

Nursing and Midwifery Board of Ireland (2015). Scope of Nursing and Midwifery Practice Framework. [NMBI - NMBI Scope of Practice](#)

Nursing and Midwifery Board of Ireland (2020) National Quality Clinical Learning Environment Professional Guidance Document. Guidelines on Key Points that maybe considered when developing a National Quality Clinical Learning Environment [NQCLE-Professional-Guidance-Document-\(2020\).pdf \(nmbi.ie\)](#)

Patient Safety (Notifiable Patient Safety Incidents) Bill 2019.

<https://www.oireachtas.ie/en/bills/bill/2019/100/>

Ryan G, Duggan J, Finnegan C, Morrison JJ. National Clinical Practice Guideline: Vaginal Birth after Caesarean Section. National Women and Infants Health Programme and the Institute of Obstetricians and Gynaecologists. January 2023.

<https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/clinical-guidelines/>

Appendix 2

Membership of the Obstetric Emergencies and Fetal Monitoring Training Standards Development Group.

The group was composed of multidisciplinary staff from the HSE Clinical and Corporate Services and Academic Staff.

Chair	
Ms Ann Donovan	<i>Former Group Director of Nursing and Chief Operations Officer, Ireland East Hospital Group</i>
Vice - Chair	
Ms Mary Rowland	<i>Project Co-ordinator for Fetal Monitoring & Obstetric Emergencies, National Women and Infants Health Programme</i>
Members	
Dr Niamh Murphy	<i>Consultant Obstetrician & Gynaecologists, The Coombe Hospital and on behalf of Institute of Obstetricians and Gynaecologists</i>
Dr Niamh Hayes	<i>Consultant Anaesthesiologist, Rotunda Hospital, Dublin on behalf of the College of Anaesthesiologists (Obstetric Emergencies)</i>
Dr Karn Cliffe	<i>Director of Nursing & Midwifery, Dublin Midlands Hospital Group</i>
Ms Ita Kinsella	<i>Director of Midwifery, Midland Regional Hospital Portlaoise</i>
Dr Sarah Murphy	<i>Specialist Registrar in Obstetrics & Gynaecology, Regional Hospital Mullingar</i>
Ms Triona Cowman	<i>Director of the Centre for Midwifery Education, Dublin</i>
Ms Aideen Quigley	<i>Quality & Safety Manager, National Women and Infants Health Programme</i>
Ms Joye McKernan	<i>Research Officer, National Perinatal Epidemiology Centre, Cork</i>

Membership of the Neonatal Resuscitation Training Standards Development Group

Chair	
Ms Ann Donovan	<i>Former Group Director of Nursing and Chief Operations Officer, Ireland East Hospital Group</i>
Vice - Chair	
Ms Margo Dunworth	<i>Project Co-ordinator for Neonatal Resuscitation Training, National Women and Infants Health Programme</i>
Members	
Mr Kevin Mulligan	<i>Neonatal Specialist Coordinator, Centre for Midwifery Education, Dublin</i>
Ms Anne O'Sullivan	<i>Advanced Nurse Practitioner, Neonatology, The Coombe Hospital</i>
Ms Dympna Wynne	<i>Clinical Nurse Manager 1, Special Care Baby Unit, Regional Hospital Mullingar</i>
Dr Carmel Moore	<i>Consultant Neonatologist, National Maternity Hospital, Dublin</i>
Ms Kate Madigan	<i>Neonatal Resuscitation Coordinator (CNM2), Cavan Monaghan Hospital</i>
Ms Edna Woolhead	<i>Advanced Midwife Practitioner, Neonatology, Rotunda Hospital</i>
Ms Áine Binchy	<i>Advanced Nurse Practitioner, Neonatology, University Hospital Galway</i>
Dr David Staunton	<i>Consultant Paediatrician, Mayo University Hospital</i>
Ms Theresa Hunt	<i>Neonatal Resuscitation Coordinator (CNM2), Portiuncula University Hospital</i>
Ms Breda Hayes	<i>Neonatal Resuscitation Clinical Skills Facilitator /Coordinator, Cork University Maternity Hospital</i>
Dr Daniel Onyekwere	<i>Consultant Paediatrician, University Hospital Kerry</i>
Ms Irene Beirne	<i>Advanced Nurse Practitioner, Neonatology, University Maternity Hospital, Limerick</i>

Appendix 3

Training Compliance

	Midwives (all grades) inc. SECM's	Obstetricians (all grades)	Anaesthesiologists (all grades)	Total no. of midwives, obstetricians, anaesthesiologists
Total Number				
Total number of current staff who have completed PROMPT in last 2 years				
Overall compliance (%)				

	Midwives (all grades) inc. SECM's	Obstetricians (all grades)	Total no. of midwives & obstetricians
Total Number			
Total number of current staff who have completed MDT training in Fetal Monitoring in last 2 years			
Overall compliance (%)			

	Midwives (all grades) inc. SECM's	Nurses (working in maternity services)	Neonatologists/ Paediatricians (all grades)	Total no. of midwives, nurses, neonatologists/ paediatricians
Total Number				
Total number of current staff who have completed MDT training in NRP (AHA/APP) in last 2 years				
Overall compliance (%)				

