

Maternity Safety Statement

This is a monthly report, specific to the hospital named below setting out a range of information on the safety of maternity services.

| Hospital Name | Galway University Hospital | Reporting Month | March 2025 | | | |
|-------------------|--|--|------------|--|--|--|
| | This Statement is used to inform local hospital and hospital Group management in carrying out their role in safety and quality improvement. The objective in publishing the Statement each month is to provide public assurance that maternity services are delivered in an environment that promotes open disclosure. | | | | | |
| | other units or that statements national level. It assists in an e | It is not intended that the monthly Statement be used as a comparator with other units or that statements would be aggregated at hospital Group or national level. It assists in an early warning mechanism for issues that requi- local action and/or escalation. | | | | |
| Purpose & Context | It is important to note tertiary and referral maternity centres will can higher complexity of patients (mothers and babies), therefore clinic these centres will be higher and therefore no comparisons should be with units that do not look after complex cases. | | | | | |
| | | This Statement does not contain the entire suite of metrics used to measure safety in our maternity services. | | | | |

| Headings | | | 2025 | |
|------------------------------|-----|--|------------------|---------------------|
| | Ref | Information Areas | | Year to date |
| Hospital Activities | 1 | Total mothers delivered ≥ 400g (n) | 218 | 677 |
| | 2 | Multiple pregnancies (n) | 2 | 13 |
| | 3 | Total births ≥ 400g (n) | 222 | 692 |
| | 4 | Perinatal mortality rate – adjusted (per 1,000 total births) | 0.0 Per 1000 | 0.0 |
| | 5 | In utero transfer – admitted (n) | 3 | 16 |
| | 6 | In utero transfer – sent out (n) | 1 | 5 |
| Major Obstetric Events | 7 | Total combined rate (per 1,000 total mothers delivered) of major obstetric events for the following four obstetric metrics: Eclampsia; Uterine rupture; Peripartum hysterectomy; and Pulmonary embolism. | 0.0 Per 1,000 | 0.0 Per 1,000 |

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| Headings | 100 | | 2025 | |
|--|-----|---|-------|--------------|
| | Ref | Information Areas | Wareh | Year to date |
| Delivery Metrics | 8 | Rate of instrumental delivery per total mothers delivered (%) | 11.9% | 12.7% |
| | 9 | Rate of nulliparas with instrumental delivery (%) | 20.5% | 21.6% |
| | 10 | Rate of multiparas with instrumental delivery (%) | 6.2% | 5.8% |
| | 11 | Rate of induction of labour per total mothers delivered (%) | 39.4% | 39.6% |
| | 12 | Rate of nulliparas with induction of labour (%) | 50.0% | 47.3% |
| | 13 | Rate of multiparas with induction of labour (%) | 32.3% | 33.6% |
| | 14 | Rate of Caesarean section per total mothers delivered (%) | 44.0% | 42.4% |
| | 15 | Rate of nulliparas with Caesarean section (%) | 43.2% | 44.9% |
| | 16 | Rate of multiparas with Caesarean section (%) | 44.6% | 40.4% |
| Maternity Services Total Clinical Incidents | 17 | Total number of clinical incidents for Maternity Services (reported monthly to NIMS) (n) | 67 | 127 |

DEFINITIONS

(n) = Number

Nulliparas = Women who have never had a previous pregnancy resulting in a live birth or stillbirth (≥ 400g) Multiparas = Women who have had at least one previous pregnancy resulting in a live birth or stillbirth (≥ 400g) N/A = Not available

Multiparas = Women who have had at least one previous pregnancy resulting in a live birth or stillbirth (≥ 400g) N/A = Not available

The Maternity Safety Statement for Galway University Hospital provides up to date information for management and clinicians who provide maternity services in relation to a range of safety issues for March 2025.

The information in this Statement is a core element of clinical governance and management of maternity services within the above hospital and the HSE West and North West.

This Statement does not contain the entire suite of metrics used to measure safety in our maternity services.

REO/Designated IHA Manager:

Signature:

Maternity Network CD:

Insert Name

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Address

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Signature:

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Date:

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