

CLINICAL AUDIT IN MATERNITY CARE:

A SHORT GUIDE

Understanding how maternity care is improved in real clinical practice.



**NATIONAL PERINATAL
EPIDEMIOLOGY CENTRE (NPEC)**

FOR STUDENTS & EARLY CAREER PROFESSIONALS

WHAT IS CLINICAL AUDIT?

A clinically led quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit clinical standards or clinical guidelines, followed by action to improve care when standards are not met. Based on: [HSE NCCA Practical Guide to Clinical Audit](#) and [HSE Quality Improvement Guide and Toolkit](#).

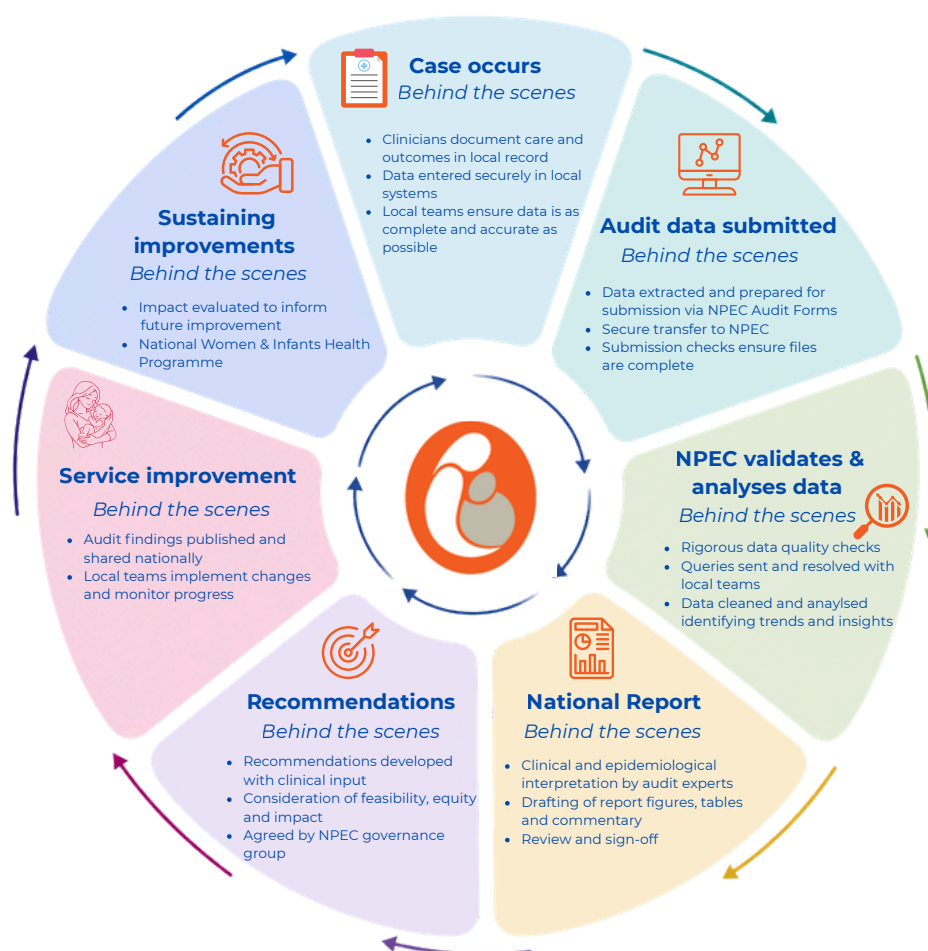
Clinical audit reports are often seen at the final stage, when findings, recommendations and national trends are published. Behind every report, however, is a careful process that begins much earlier — with local documentation, audit data submission, validation, analysis, interpretation and shared learning.

At the [National Perinatal Epidemiology Centre](#), clinical audit helps turn local data into national evidence. This process supports reflection, learning and improvement across maternity services.

The diagram below shows the [journey behind every national NPEC report](#):

From Local Data to National Impact

The journey behind every national report





WHY CLINICAL AUDIT MATTERS IN MATERNITY SERVICES?

Maternity services involve care for both mother and baby, often during rapidly changing and high-risk situations where decisions need to be made quickly. Because of this, even small improvements in practice can have a big impact on safety and outcomes.

Clinical audit is one of the key tools used to make sure care stays high quality. It works by checking what is actually happening in practice against agreed standards and guidelines, then using that information to improve care.

Clinical audit helps ensure that maternity care is:



Safe

Risks are identified early.



Effective

Aligned with evidence and national guidelines.



Consistent

Reducing unwarranted variations across units.



Person- centred

Improving women's experiences and outcomes.



5 THINGS **YOU** SHOULD KNOW

Clinical audit mindset shifts
that change everything.



It improves care → clinical audit checks real practice against standards to help make healthcare safer and better.



A continuous cycle → clinical audit is not a one-off activity that ends at results.



Students make a difference → Students are active contributors to quality improvement, not just observers in a clinical setting.



Data is available → clinical audits can use existing records and databases like the NPEC DataHub. No need to start from scratch.



Need data? We've got it! → If you are planning a research project, clinical audit, quality improvement, or service evaluation, NPEC data may be available to support your work.

Scan the QR code to request
data from NPEC





CLINICAL AUDIT: WHAT'S TRUE AND WHAT'S NOT

MYTH

FACT

Clinical audit is the same as research.

VS

Clinical audit and research have different purposes. Research generates new knowledge, while clinical audit examines whether current practice meets agreed standards and identifies opportunities for improvement.

Clinical audit is mainly about collecting data.

VS

Data collection is only one part of the audit process. The real value comes from analysing findings, developing recommendations, and supporting improvements in care.

Clinical audit is about finding who is to blame.

VS

Clinical audit focuses on learning, not blame. It examines patterns, systems, and processes of care to identify opportunities for improvement.

Local documentation does not affect national audit findings.

VS

Accurate local documentation is essential. National audit findings depend on the quality, completeness, and consistency of information recorded locally.

Missing data do not really matter.

VS

Missing data can significantly affect audit results. Incomplete information can limit analysis, hide trends, and reduce confidence in findings.

Once data are submitted, reports can be produced immediately.

VS

Producing reliable reports takes time. Data must be validated, checked, analysed, interpreted, and reviewed before findings are published.

Clinical audit only matters to senior staff.

VS

Everyone has a role in clinical audit. Students, clinicians, coordinators, managers, and audit teams all contribute to data quality, learning, and improvement.

One patient record cannot make a difference.

VS

Every record contributes to the bigger picture. National audit findings are built from individual records, helping identify trends and opportunities for improvement.

Remember:

Audit is not the end of the process—it's the starting point for improving care.



CLINICAL AUDIT: KEY TAKEAWAYS

01

Audit improves care → It is about learning, not blaming.

02

Standards matter → We measure practice against agreed guidelines.

03

Good data = good decisions → Inaccurate data leads to unsafe conclusions.

04

Audit is continuous → Change, re-audit, improve, repeat.

05

Maternity care is high-risk → Audits help prevent avoidable harm.

06

Governance ensures accountability → Someone is responsible for acting on results.

07

GDPR protects patients → Only collect what you need and keep it secure.

08

National audits (NPEC, VON) → Help us benchmark and improve care across Ireland.

09

Your documentation matters → Students contribute to national datasets.

10

Audit strengthens teamwork → Shared learning leads to safer care for women and babies.

Explore how clinical audit shapes the care you will deliver.



5 THINGS EVERYONE SHOULD KNOW



CLINICAL AUDIT
RESOURCES

01 IMPROVES PATIENT CARE

CLINICAL AUDIT checks real practice against standards to help make healthcare safer and better.

02 DATA IS AVAILABLE

Clinical audits can use existing records and databases like the **NPEC Data Hub** – No need to start from scratch.

03 STUDENTS MAKE A DIFFERENCE

Students are active contributors to quality improvement, not just observers in clinical settings.

04 A CONTINUOUS CYCLE

Clinical audit is **NOT** a one-off activity that ends at results. It is a structured cycle that ensures ongoing improvement in care.

05 NEED DATA? WE'VE GOT IT.

If you are planning a research project, clinical audit, quality improvement, or service evaluation, NPEC data may be available to support your work.

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