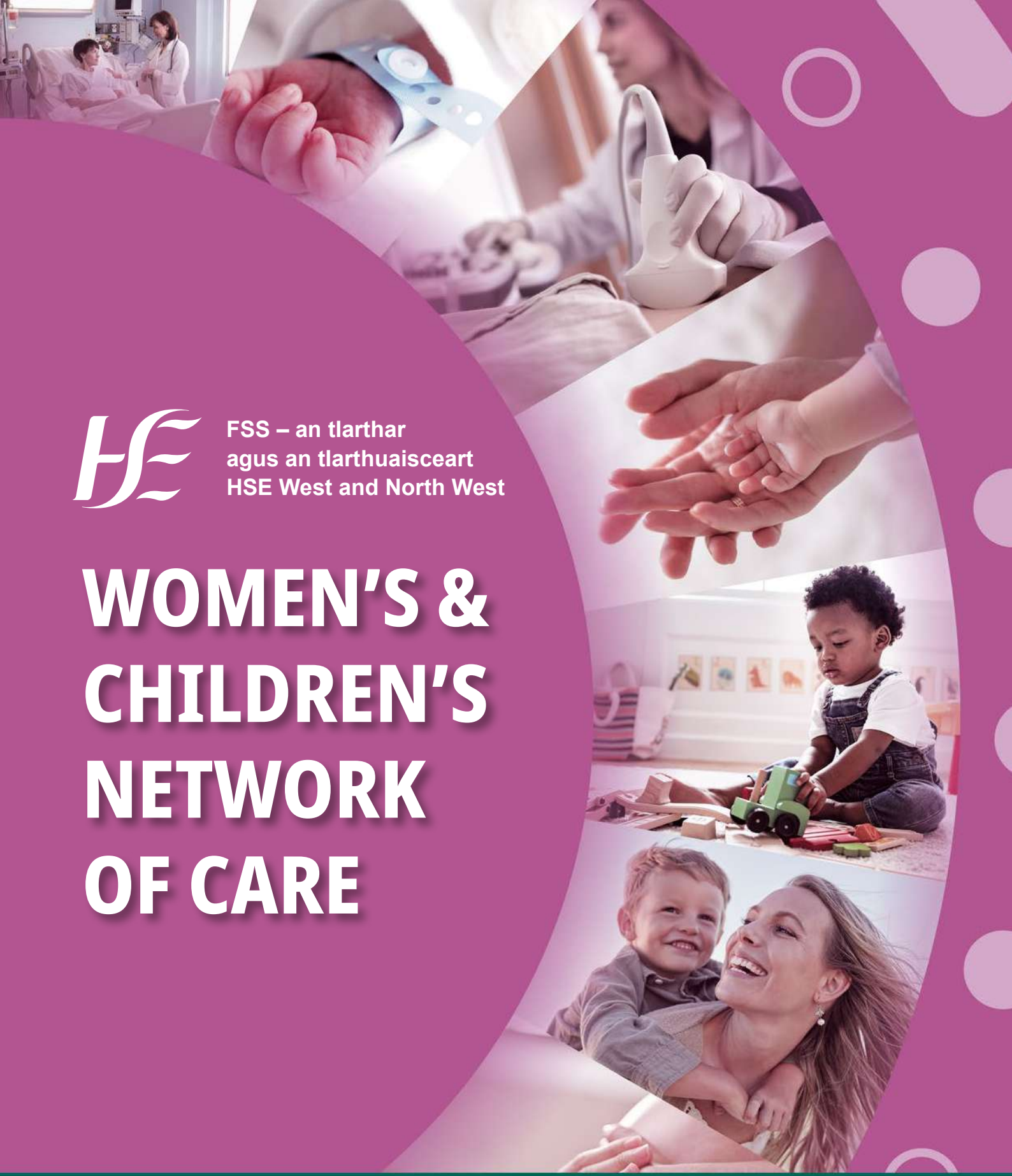

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HSE West and North West

WOMEN'S & CHILDREN'S NETWORK OF CARE

ANNUAL CLINICAL REPORT **2025**

Galway University Hospitals
Ospidéil na h-Ollscoile Gaillimh
UNIVERSITY HOSPITAL GALWAY
MERLIN PARK UNIVERSITY HOSPITAL

LETTERKENNY UNIVERSITY HOSPITAL

MAYO UNIVERSITY HOSPITAL

PORTIUNCULA UNIVERSITY HOSPITAL

SLIGO UNIVERSITY HOSPITAL

FSS – an tlarthar agus an tlarthuaisceart
HSE West and North West



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Foreword



This Annual Clinical Report describes the clinical activity of a number of specialty areas within the Women's and Children's Network of Care across the West and North West Regional Health Area (RHA) for the year 2025. In the broad sense these specialty areas include Obstetrics and a broad range of Maternity services, Gynaecology, Paediatrics, and Neonatology, Anaesthesia and Perinatal Pathology. This report addresses all of the various multidisciplinary sub-specialty areas within these specialties. For Obstetrics and Maternity services this includes High Risk Obstetrics and Feto-Maternal Medicine, Diabetes in Pregnancy, the Midwifery Supported Care Pathway, and a range of perinatal and postnatal supportive services. The figures are presented for general gynaecological services including Benign Gynaecology, Gynaecological Oncology, Reproductive Medicine and Subfertility, Ambulatory Gynaecology, Colposcopy, Pregnancy Options, Complex Menopause Services and Paediatric and Adolescent Gynaecology.

This report also outlines the data for the two Sexual Assault Treatment Units (SATU) within our RHA.

Similarly, for Paediatrics, this report includes the relevant data for general Paediatric Medicine in relation to scheduled and unscheduled care, and the sub-specialty services in Endocrinology, Cardiology, Respiratory and CF, Allergy Services, Neurodisability and others.

Clinical services in Neonatology within our RHA are provided in a Level 2 Unit at Galway University Hospital alongside Level 1 Units in our other four hospitals.

This report also includes the clinical activity of our Child and Adolescent Sexual Assault Treatment Service (CASATS) which is based in Galway.

All of these services are provided in our 5 hospitals across a large geographical region, and in the associated community hubs or sites. This clinical care is provided on a daily basis by a large number of multidisciplinary professionals who are not always readily apparent in a report of this nature. I would like to express gratitude to all who participate in this wide range of services in our region, and for the healthcare benefits provided to the women and children in the population we serve.

It is obvious that this report, in its entirety, is aimed at capturing a huge data set. Each section and chapter contains a large number of figures and tables. For many sections of the report the activity is reported separately for each of the 5 hospitals (Galway University Hospital [GUH], Letterkenny University Hospital [LUH], Mayo University Hospital [MUH], Portiuncula University Hospital [PUH] and Sligo University Hospital [SUH]), and additionally in a summative way for the RHA. I believe it is relatively easy to navigate and I am confident it provides reasonable data regarding a huge number of clinical episodes. Delivering a service that is of high quality, and is safe at the point of delivery is our aim. It is important for many reasons that we record the clinical activity we provide and oversee. However, it is inevitable, in a report of this nature, that there may be omissions of some important areas of service.

A large number of people have contributed to this report and I wish to thank them for their help, year on year, in generating it. A list of all contributors is included. I am especially grateful to the team in our Women's and Children's Network, West / North West RHA, for their efforts in collecting and collating the findings, and presenting the report in its current version. Over the years we have significantly reduced the printed format but the electronic version is readily available.

Professor John J. Morrison
Clinical Director
Women's and Children's Network,
West/North West RHA, HSE.



1

CHAPTER 1
OVERVIEW

1.1 Service overview

1.2 2025 at a Glance

1.1 Service overview

The Women's and Children's (W&C) Network is a group-wide clinical management structure under which women's and children's services are managed and organised across the HSE West and North West Region.

The W&C Network works collaboratively with hospitals and specialities to improve quality and outcomes for patients. Key areas of focus include developing and implementing strategy, managing risk, responding to quality and safety issues, learning from adverse events, facilitating group-wide policies and standardising clinical pathways.

The W&C Network of Care is supported by core services including HR, Finance, Quality and Patient Safety and Information Services and is committed to further integration in education, research and training to improve the recruitment and retention of staff and support the development of highly skilled multidisciplinary teams.

The W&C Network provides Maternity, Gynaecology, Neonatology and Paediatric Services on the following hospital sites:

- Galway University Hospitals
- Letterkenny University Hospital
- Mayo University Hospital
- Portiuncula University Hospital
- Sligo University Hospital

Galway University Hospital, as a Level 4 hospital, serves as the tertiary referral centre for many of the sub-speciality services. The other four hospitals are Level 3 hospitals and provide an extensive range of general services in addition to some speciality services. The clinical governance of these five hospital sites providing women's and children's services is the responsibility of the Women's & Children's Network of Care within the HSE West and North West Region.

HSE West and North West Regional Hospital sites are academic teaching hospitals in Ireland and are attached to the University of Galway (formerly NUIG) and have strong research, education and service delivery links with Universities across Ireland for medical staff, midwifery and nursing staff.

Central to our care is the close and productive relationship with our academic partners.

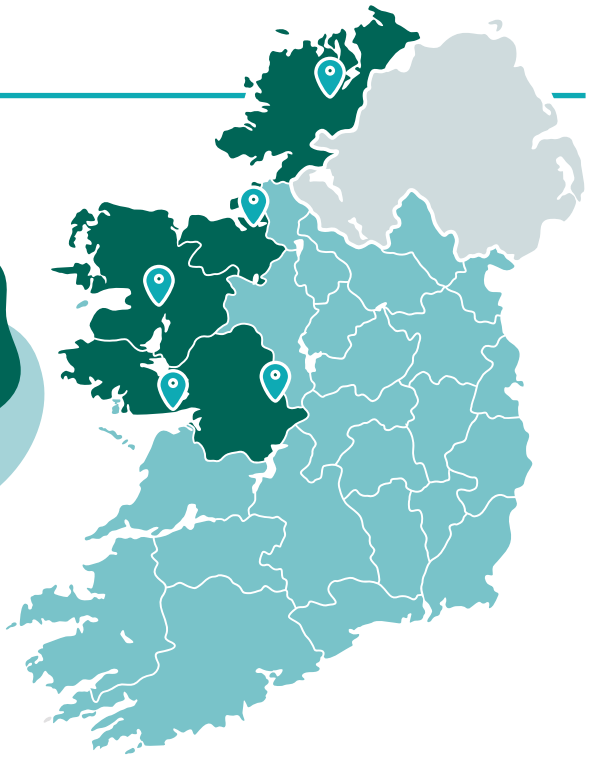


1.2 2025 at a Glance

Women and Children's Network:

- Galway University Hospitals
- Letterkenny University Hospital
- Mayo University Hospital
- Portiuncula University Hospital
- Sligo University Hospital





Mothers who gave birth
7,924

Babies Delivered
8,046

Neonatal Admissions
1,471

Paediatric ED Attendances
54,323

Day Case Admissions (All Specialities)
7,743



% Paediatric Attendance of overall ED attendance
20.4%

Paediatric OPD Attendances (Including RUH)
63,227

Inpatient Admissions (All Specialities)
13,562

Paeds Day Service Attendances
9,629

Gynae Surgical Procedures
5,890

Gynae Inpatient Admissions
2,706



Gynae Cancer Surgeries
108

Gynae Day Case Admissions
8,520

satu Sexual Assault Treatment Units

SATU Attendances
259

CASATS Attendances
131

Galway University Hospitals (GUH)

GUH is a Model 4 hospital providing 24/7 acute surgery, acute medicine and critical care. It also plays a leadership role in acute service delivery providing regional services for a wide range of specialities including Maternity, Gynaecology, Neonatology and Paediatrics and is also a designated supra regional centre for cancer and cardiac services serving a catchment area in the region of one million people along the West from Donegal to Tipperary North.



GUH at a Glance	2023	2024	2025
Mothers Who Delivered	2,562	2,582	2,677
Babies Delivered	2,607	2,630	2,743
Neonatal Admissions	424	447	453
Gynae Cancer Surgeries	162	136	108
Gynae procedures	1,774	1,751	1,110
Gynae Inpatient Admissions	655	634	590
Gynae Day Case Admissions*	2,325	2,607	1,348
Total Caesarean Sections	1033	1,095	1,211
Paeds ED Attendances	16,444	16,526	16,800
Paediatric Inpatient Admissions (All Specialities)	4,253	4,439	3,935
Paediatric Day Case Admissions (All Specialities)	1,999	2,785	3,271
Paediatric OPD Attendances (All Specialities)	25,080	26,516	22,249
Paeds Day Service Attendances	6,006	2,416	2,183
SATU Attendances	137	113	116
CASATS Attendances	90	96	131

** GUH changed how Ambulatory Gynae was coded in 2025 from an Inpatient daycase to an Outpatient attendance as per the HPO.*

Letterkenny University Hospital (LUH)

LUH is a Model 3 hospital delivering a wide range of healthcare services, inclusive of women's and children's services, to the people of County Donegal; serving a population of 167,000.



LUH at a Glance	2023	2024	2025
Mothers Who Delivered	1,576	1,447	1,510
Babies Delivered	1,557	1,469	1,488
Neonatal Admissions	337	298	286
Gynae procedures	2974	1,846	1,030
Gynae Inpatient Admissions	1,128	1,095	1,059
Gynae Day Case Admissions*	2,549	2,189	1,298
Total Caesarean Sections	646	615	655
Paeds ED Attendances	10,670	11,577	11,095
Paediatric Inpatient Admissions (All Specialities)	4,838	3,693	3,335
Paediatric Day Case Admissions (All Specialities)	1,661	1,869	1,085
Paediatric OPD Attendances (All Specialities)	8,981	10,151	10,262
Paeds Day Service Attendances	478	2,037	2,609
SATU Attendances	117	128	143

** LUH changed how Ambulatory Gynae was coded in 2024 from an Inpatient daycase to an Outpatient attendance as per the HPO.*

Mayo University Hospital (MUH)

MUH is a Model 3 hospital and is the only acute hospital in County Mayo. It meets the acute health care needs of >130,000 people living in the county and neighbouring counties. It has 354 beds, an outpatient department, theatres suite and ambulatory care suite. The hospital currently employs 1,516 WTEs with approximately 200 additional supplied through contract services.



MUH at a Glance	2023	2024	2025
Mothers Who Delivered	1,368	1,376	1,293
Babies Delivered	1,345	1,387	1,307
Neonatal Admissions	224	305	278
Gynae procedures	1,796	1,025	872
Gynae Inpatient Admissions	317	307	348
Gynae Day Case Admissions	2,910	2,856	3,175
Total Caesarean Sections	575	573	561
Paeds ED Attendances	8,869	9,892	9,354
Paediatric Inpatient Admissions (All Specialities)	2,318	2,565	2,146
Paediatric Day Case Admissions (All Specialities)	1,887	1,766	1,711
Paediatric OPD Attendances (All Specialities)	8,891	9,940	9,749
Paeds Day Service Attendances	1,172	1,208	1,444

Portiuncula University Hospital (PUH)

PUH is a Model 3 hospital providing 24/7 acute surgery, acute medicine and critical care along with Emergency Department and maternity services to adults and children in the catchment areas of East Galway, Westmeath, North Tipperary, Roscommon and Offaly.



PUH at a Glance	2023	2024	2025
Mothers Who Delivered	1,368	1,288	1,280
Babies Delivered	1,354	1,308	1,289
Neonatal Admissions	224	250	219
Gynae procedures	2,061	1,891	1,536
Gynae Inpatient Admissions	100	95	137
Gynae Day Case Admissions	930	985	882
Total Caesarean Sections	572	562	604
Paeds ED Attendances	8,212	8,564	8,393
Paediatric Inpatient Admissions (All Specialities)	2,274	2,274	2,200
Paediatric Day Case Admissions (All Specialities)	811	906	956
Paediatric OPD Attendances (All Specialities)	6,473	6,387	6,825
Paeds Day Service Attendances	1,876	2,185	2,273

Sligo University Hospital (SUH)

SUH is a Model 3 hospital provides high-quality healthcare to the people of Sligo, Leitrim, South Donegal and West Cavan. SUH provides Acute Inpatient, Outpatient, and Day Services as well as Regional Specialty Services in Ophthalmology and Ear, Nose and Throat Services.



SUH at a Glance	2023	2024	2025
Mothers Who Delivered	1,211	1,216	1,197
Babies Delivered	1,198	1,229	1,186
Neonatal Admissions	222	247	235
Gynae procedures	1,522	1,217	1,342
Gynae Inpatient Admissions	541	557	572
Gynae Day Case Admissions	2,235	1,768	1,817
Total Caesarean Sections	499	506	559
Paeds ED Attendances	8,217	8,559	8,681
Paediatric Inpatient Admissions (All Specialities)	2,159	2,261	1,946
Paediatric Day Case Admissions (All Specialities)	826	871	720
Paediatric OPD Attendances (All Specialities)	11,745	13,873	13,855
Paeds Day Service Attendances	1,094	1,107	1,120



2

CHAPTER 2
MATERNITY

2.1 Maternity – Obstetrics Statistics Report
2.2 Fetal Medicine Report 2025
2.3 Early Pregnancy Assessment Unit
2.4 Combined Obstetric and Diabetic Report
2.5 Anaesthetic Report
2.6 Perinatal Pathology Report 2025
2.7 Maternity – Breastfeeding Report
2.8 Perinatal Mental Health Service Report
2.9 Perinatal Bereavement and Loss Services Report
2.10 Antenatal Education Report
2.11 Supported Care Pathway Report
2.12 Enhanced Postnatal Service Report
2.13 Advanced Midwife Practitioner Reports
2.14 Homebirths Report 2025
2.15 Health and Social Care Professionals Report

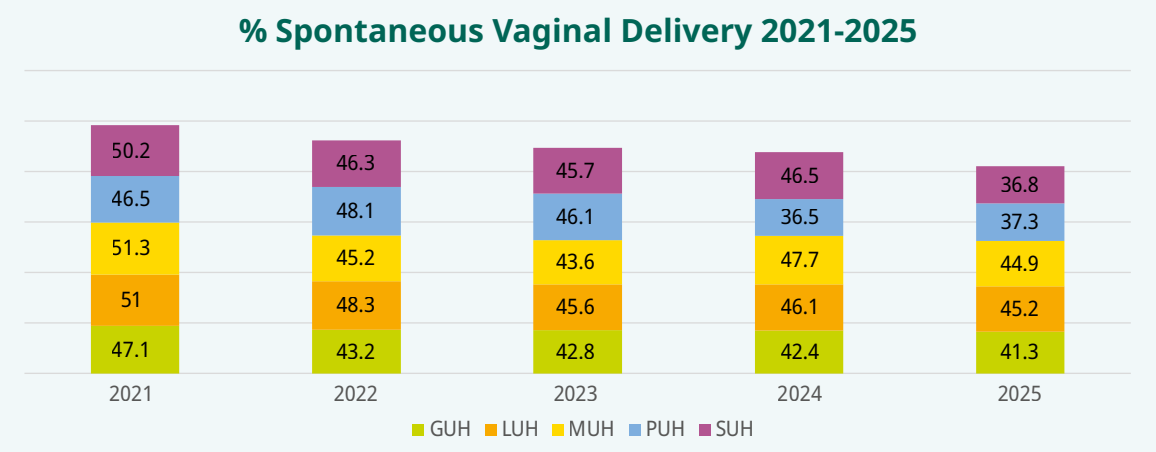
2.1 Maternity – Obstetrics Statistics Report

West and North West Regional Group Deliveries and Outcomes Summary 2025

	GUH	LUH	MUH	PUH	SUH	Total
Total Deliveries	2,743	1,510	1,307	1,289	1,197	8,046
Total Mothers	2,677	1,488	1,293	1,280	1,186	7,924
Spontaneous Onset	842	525	504	423	436	2,730
	31.5%	**35.3%**	**39.0%**	**33.0%**	**36.8%**	**34.5%**
Induction of Labour	1,006	562	444	477	433	2,922
	37.6%	**37.8%**	**34.3%**	**37.3%**	**36.5%**	**36.9%**
Epidural Rate	1,064	429	452	516	463	2,924
	39.7%	**28.8%**	**35.0%**	**40.3%**	**39.0%**	**36.9%**
Episiotomy	389	223	193	210	165	1,180
	14.5%	**15.0%**	**14.9%**	**16.4%**	**13.9%**	**14.9%**
Total Caesarean Section	1,211	655	561	604	559	3,590
	45.2%	**44.0%**	**43.4%**	**47.2%**	**47.1%**	**45.3%**
Elective Caesarean Section	655	306	290	273	235	1,759
	24.5%	**20.6%**	**22.4%**	**21.3%**	**19.8%**	**22.2%**
Emergency Caesarean Section	556	349	271	331	324	1,831
	20.8%	**23.5%**	**21.0%**	**25.9%**	**27.3%**	**23.1%**
Spontaneous Vaginal Delivery	1,106	673	581	478	436	3,274
	41.3%	**45.2%**	**44.9%**	**37.3%**	**36.8%**	**41.3%**
Forceps Delivery	86	30	65	37	18	236
	3.2%	**2.0%**	**5.0%**	**2.9%**	**1.5%**	**3.0%**
Ventouse Delivery	262	129	86	157	117	751
	9.8%	**8.7%**	**6.7%**	**12.3%**	**9.9%**	**9.5%**
Breech Delivery (Vaginal)	12	1	1	4	0	18
	0.4%	**0.1%**	**0.1%**	**0.3%**	**0.0%**	**0.2%**

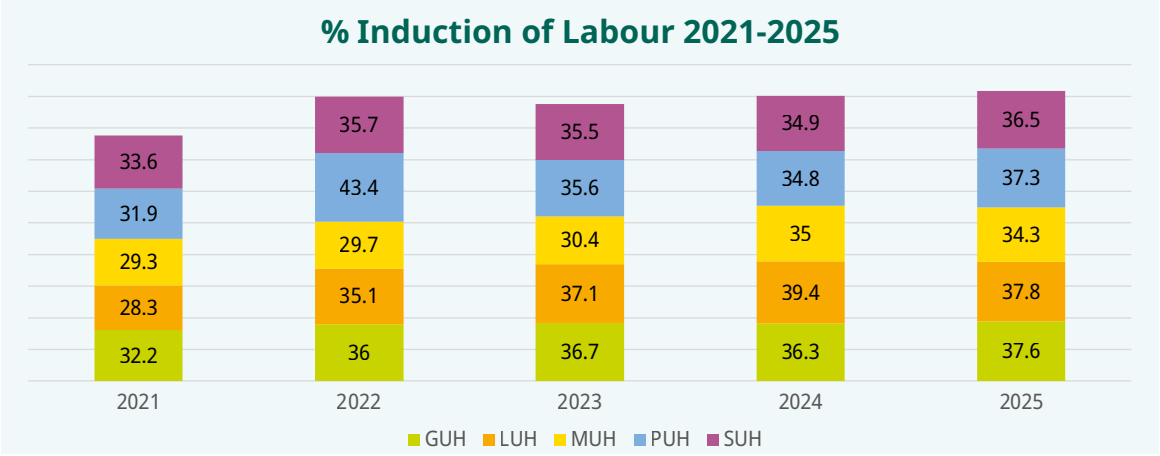
Spontaneous Vaginal Delivery trends 2021 to 2025 – 5 year treand

Site	2021	2022	2023	2024	2025
GUH	47.1 %	43.2%	42.82%	42.40%	41.3%
LUH	51.0 %	48.3%	45.6 %	46.1%	45.2%
MUH	51.3 %	45.2%	43.64%	47.7%	44.9%
PUH	46.5 %	48.1%	46.08 %	36.5%	37.3%
SUH	50.2 %	46.3 %	45.66 %	46.5%	36.8%
West and North West Regional Group	49.1 %	45.7%	44.47 %	43.7%	41.3%



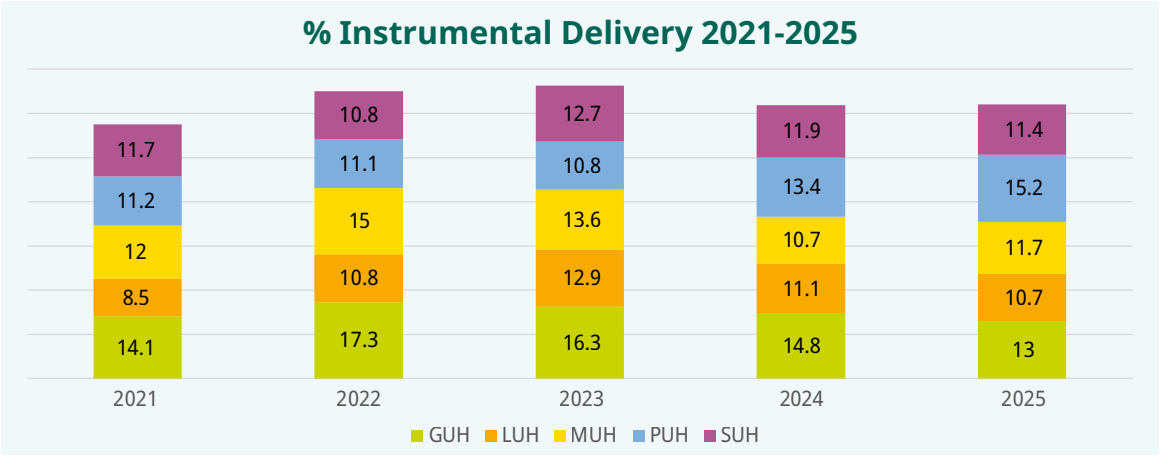
Induction of Labour trends 2021 to 2025-5 Year Trend

Site	2021	2022	2023	2024	2025
GUH	32.2 %	36 %	36.7 %	36.3%	37.6%
LUH	28.3 %	35.1 %	37.1%	39.4%	37.8%
MUH	29.3 %	29.7 %	30.4 %	35.0%	34.3%
PUH	31.9 %	43.4 %	35.6 %	34.8%	37.3%
SUH	33.6 %	35.7 %	35.5 %	34.9%	36.5%
West and North West Regional Group	31.2 %	33.7 %	35.3 %	36.2%	36.9%



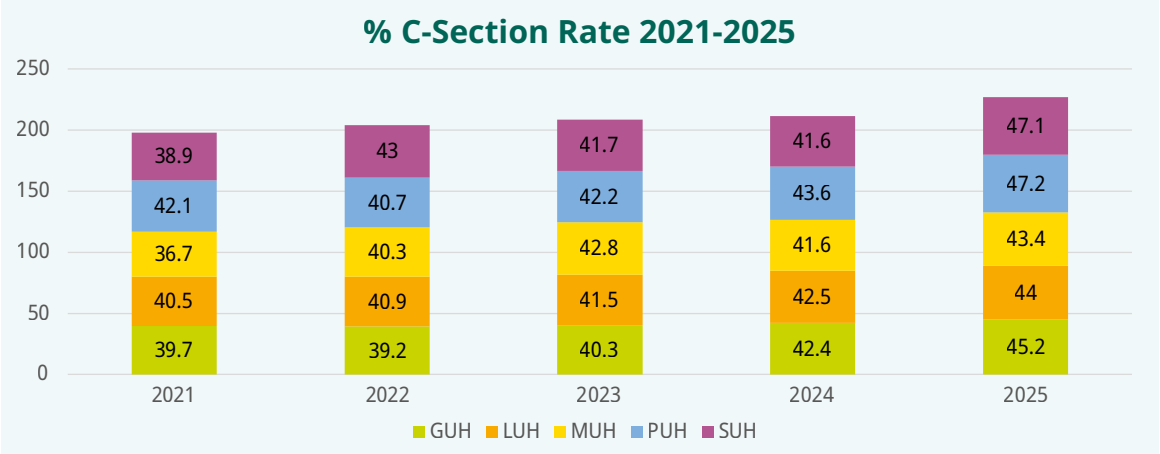
Instrumental Delivery trends 2021 – 2025- 5 Year Trend

	2021	2022	2023	2024	2025
GUH	14.1 %	17.3 %	16.3 %	14.8%	13.0%
LUH	8.5 %	10.8 %	12.9 %	11.1%	10.7%
MUH	12.0 %	15.0 %	13.6 %	10.7%	11.7%
PUH	11.2 %	11.1 %	10.8 %	13.4%	15.2%
SUH	11.7 %	10.8 %	12.7%	11.9%	11.4%
West and North West Regional Group	11.9 %	13.7 %	13.9 %	12.7%	12.5%



Caesarean Section rate trend 2021 – 2025- 5 Year Trend

	2021	2022	2023	2024	2025
GUH	39.7 %	39.2 %	40.3 %	42.4%	45.2%
LUH	40.5 %	40.9 %	41.5 %	42.5%	44.0%
MUH	36.7 %	40.3 %	42.8 %	41.6%	43.4%
PUH	42.1 %	40.7 %	42.2%	43.6%	47.2%
SUH	38.9 %	43 %	41.7%	41.6%	47.1%
West and North West Regional Group	39.6 %	40.5 %	41.8%	42.4%	45.3%
IMIS National Average %	36.6%	38.3%	39.4%	40.6%	42.3%



Perinatal Deaths Adjusted (Rate per 1,000) 2021 – 2025- 5 Year Trend

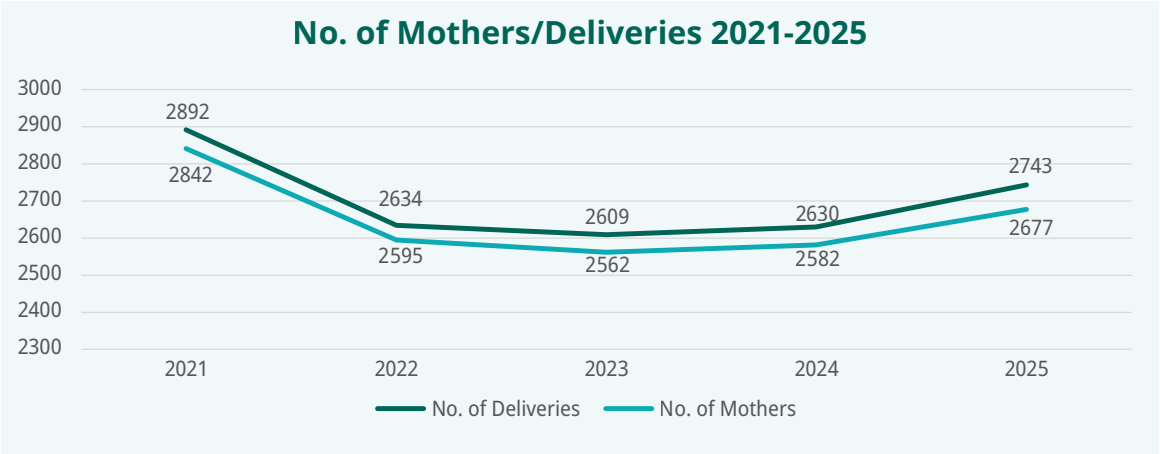
	2021	2022	2023	2024	2025
GUH	0.3	0.8	1.2	1.1	1.1
LUH	1.3	0.7	0.6	0.7	1.3
MUH	0.0	2.2	1.5	1.4	2.3
PUH	0.0	1.5	1.5	0.8	0.8
SUH	1.4	2.4	0.8	1.6	0.8
West and North West Regional Group	0.6	1.5	1.1	1.1	1.3
IMIS National Average per 1,000	0.83 per 1,000	1.14 per 1,000	0.83 per 1,000	1.0 per 1,000	1.2 per 1,000

Perinatal Deaths Overall (Rate per 1,000) 2021 – 2025-5 Year Trend

	2021	2022	2023	2024	2025
GUH	4.1	4.5	5.4	4.2	5.8
LUH	3.2	4.0	0.6	3.4	4.0
MUH	4.0	5.1	5.2	5.8	6.9
PUH	2.7	3.0	2.9	3.8	7.0
SUH	3.5	8.7	3.3	4.9	3.3
West and North West Regional Group	3.5	5.1	3.5	4.4	5.4
IMIS National Average per 1,000	5.1 per 1,000	5.5 per 1,000	4.8 per 1,000	5.4 per 1,000	5.5 per 1,000

GUH Statistical Summary Template 2025

Number of Mothers/Births	2021	2022	2023	2024	2025
Number of Deliveries	2892	2634	2609	2630	2743
Number of Mothers	2842	2595	2562	2582	2677



Obstetric Outcomes (Mothers) 2025	Primip	%	Multip	%	Total	%
Spontaneous Onset	366	31.7%	476	31.3%	842	31.4%
Induction of Labour	525	45.5%	481	31.6%	1006	37.6%
Epidural Rate	621	53.8%	443	29.1%	1064	39.7%
Episiotomy	317	27.5%	72	4.7%	389	14.5%
Caesarean Section	402	34.8%	809	53.1%	1211	45.2%
Spontaneous Vaginal Delivery	332	28.8%	774	50.8%	1106	41.3%
Forceps Delivery	74	6.4%	12	0.8%	86	3.2%
Ventouse Delivery	191	16.6%	71	4.7%	262	9.8%
Breech Delivery	7	0.6%	5	0.3%	12	0.4%
Total (Number)	1154	100.0%	1523	100.0%	2677	100.0%

Multiple Pregnancies 2025	Primip (n)	%	Multip (n)	%	Total (n)	%
Twins	27	2.3%	34	2.2%	61	2.3%
Triplets	0	0.0%	1	0.1%	1	0.03%
Quadruplets	1	0.1%	0	0.0%	1	0.03%

Multiple Births	2021	2022	2023	2024	2025
Twins	46	39	45	46	61
Triplets	2	0	1	1	1
Quadruplets	0	0	0	0	1
Total	48	39	46	47	63

Onset for Multiple Pregnancies 2025	Primip	%	Multip	%	Total	%
Induced	1	3.8%	9	25.7%	10	15.9%
Spontaneous	7	25.0%	4	11.4%	11	17.5%
No Labour	20	71.4%	22	62.9%	42	66.7%

Onset for Multiple Pregnancies 2025	Primip	%	Multip	%	Total	%
Elective C.S.	12	42.9%	11	31.4%	23	36.5%
Emergency C.S.	11	39.3%	14	40.0%	25	39.7%

Perinatal Deaths 2025*	Primigravida	%	Multigravida	%	Total	%
Stillbirths	3	0.3%	6	0.4%	9	0.3%
Early Neonatal Deaths	4	0.3%	3	0.2%	7	0.3%

Perinatal Mortality Rate (%)	2021	2022	2023	2024	2025
Overall PMR per 1000 births	4.1	4.5	5.4	4.2	5.8
Corrected PMR per 1000 births	0.3	0.8	1.2	1.1	1.1

Stillbirth & Neonatal Deaths	2021	2022	2023	2024	2025
Stillbirth Rate	0.21%	0.30%	0.43%	0.19%	0.33%
Neonatal Death Rate	0.21%	0.20%	0.31%	0.23%	0.26%
Total Rate	0.42%	0.46%	0.74%	0.42%	0.58%

Parity 2025	Number	%
0	1154	43.1%
1	903	33.7%
2	416	15.5%
3	123	4.6%
4	44	1.6%
5	26	1.0%
6	5	0.2%
7	3	0.1%
8	2	0.1%
9	1	0.04%
10	0	0.0%
11+	0	0.0%
Total	2,677	100.0%

Parity %	2021	2022	2023	2024	2025
0	37.33%	39.42%	41.88%	42.53%	43.11%
1,2,3	59.89%	57.41%	55.31%	54.76%	53.87%
4+	2.78%	3.17%	2.81%	2.71%	3.02%

2025 Age	Primigravida	%	Multigravida	%	Total	%
15-19yrs	15	1.3%	0	0.0%	15	0.6%
20-24yrs	86	7.5%	54	3.5%	140	5.2%
25-29yrs	190	16.5%	166	10.9%	356	13.3%
30-34yrs	488	42.3%	444	29.2%	932	34.8%
35-39yrs	276	23.9%	634	41.6%	910	34.0%
40-44yrs	90	7.8%	203	13.3%	293	10.9%
45>	9	0.8%	22	1.4%	31	1.2%
Total	1154	100.0%	1523	100.0%	2677	100.0%

Age At Delivery (%)	2021	2022	2023	2024	2025
15-19yrs	0.10%	0.80%	0.54%	0.74%	0.56%
20-24yrs	3.70%	5.20%	4.05%	5.50%	5.23%
25-29yrs	9.30%	13.30%	12.06%	13.05%	13.30%
30-34yrs	25.90%	31.10%	36.05%	33.58%	34.82%
35-39yrs	41.70%	38.50%	35.87%	34.90%	33.99%
40-44yrs	17.80%	10.10%	10.75%	10.96%	10.95%
45>	1.50%	0.90%	0.68%	1.28%	1.16%

County of Origin	2021	2022	2023	2024	2025
Galway County	53.50%	58.70%	58.27%	61.00%	60.66%
Galway City	38.50%	31.40%	31.92%	29.63%	28.13%
Mayo	3.70%	3.90%	3.82%	3.64%	3.92%
Roscommon	1.30%	2.00%	1.87%	1.78%	2.28%
Clare	1.60%	2.70%	2.65%	2.48%	3.03%
Others	1.40%	1.20%	1.44%	1.47%	1.91%
Non Irish National Births	2021	2022	2023	2024	2025
Number	675	599	662	691	778
%	23.80%	23.10%	25.90%	25.81%	29.1%

Gestation @ Delivery 2025	Primigravida	%	Multigravida	%	Total	%
<28 weeks	6	0.5%	5	0.3%	11	0.4%
28 - 31+6	16	1.4%	10	0.7%	26	1.0%
32 - 36+6	79	6.8%	87	5.7%	166	6.2%
37 - 39+6	648	56.2%	1050	68.9%	1698	63.4%
40 - 41+6	398	34.5%	368	24.2%	766	28.6%
42 weeks	7	0.6%	3	0.2%	10	0.4%
Total	1154	100.0%	1523	100.0%	2677	100.0%

Gestation @ Delivery	2021	2022	2023	2024	2025
<28 weeks	0.30%	0.20%	0.27%	0.23%	0.41%
28 - 31+6	0.80%	0.80%	0.86%	0.77%	0.97%
32 - 36+6	6.00%	5.20%	5.81%	5.38%	6.20%
37 - 39+6	50.40%	54.70%	56.09%	56.89%	63.43%
40 - 41+6	42.10%	38.70%	36.73%	36.33%	28.61%
42 weeks	0.40%	0.40%	0.24%	0.39%	0.37%

Birth Weights 2025	Primigravida	%	Multigravida	%	Total	%
<1,000gms	10	0.8%	5	0.3%	15	0.5%
1000-1499gms	14	1.2%	14	0.9%	28	1.8%
1500-1999gms	21	1.8%	21	1.3%	42	1.5%
2000-2499gms	65	5.5%	55	3.5%	120	4.4%
2500-2999gms	184	15.5%	180	11.5%	364	13.3%
3000-3499gms	383	32.3%	514	33.0%	897	32.7%

Birth Weights 2025	Primigravida	%	Multigravida	%	Total	%
3500-3999gms	381	32.2%	543	34.8%	924	33.7%
4000-4499gms	109	9.2%	203	13.0%	312	11.4%
4500-4999gms	16	1.4%	21	1.3%	37	1.3%
5000-5499gms	1	0.1%	2	0.1%	3	0.1%
>5500gms	0	0.0%	1	0.06%	1	0.04%
Total	1184	100.0%	1559	100.0%	2743	100.0%

Birth Weights	2021	2022	2023	2024	2025
<500gms	0.00%	0.00%	0.07%	0.00%	0.00%
500-999gms	0.30%	0.30%	0.30%	0.27%	0.55%
1000-1999gms	1.90%	1.90%	1.69%	2.09%	2.55%
2000-2999gms	13.70%	15.10%	16.36%	16.20%	17.64%
3000-3999gms	64.30%	67.50%	69.14%	68.40%	66.39%
4000-4499gms	16.50%	13.50%	10.96%	12.05%	11.37%
4500-4999gms	3.10%	1.60%	1.37%	0.95%	1.35%
5000-5499gms	0.20%	0.20%	0.15%	0.03%	0.11%
>5500gms	0.00%	0.00%	0.00%	0.00%	0.04%
Total Number of Babies	2892	2,634	2609	2630	2743

Induction of Labour	Primigravida	%	Multigravida	%	Total	%
2021	452	42.60%	462	25.90%	914	32.20%
2022	473	46.20%	462	29.40%	935	36.00%
2023	390	36.34%	559	37.54%	949	37.04%
2024	491	44.72%	445	29.99%	936	36.25%
2025	525	45.49%	481	31.58%	1006	37.58%

Perineal Tear/Episiotomy 2025	Primigravida	%	Multigravida	%	Total	%
Intact	26	2.3%	183	12.0%	209	7.8%
Episiotomy	317	27.5%	72	4.7%	389	14.5%
2nd Degree Tear	146	12.7%	323	21.2%	469	17.5%
1st Degree Tear	44	3.8%	168	11.0%	212	7.9%
3rd Degree Tear	27	2.3%	14	0.9%	41	1.5%
Other Laceration	44	3.8%	97	6.4%	141	5.3%

Incidence of Episiotomy	Primigravida	%	Multigravida	%	Total	%
2021	370	60.40%	115	10.20%	485	27.90%
2022	374	36.50%	104	6.60%	478	18.40%
2023	368	61.98%	84	8.95%	452	29.52%
2024	327	29.78%	81	5.46%	408	15.80%
2025	317	27.47%	72	4.73%	389	14.53%

B.B.A	Primigravida	%	Multigravida	%	Total	%
2021	1	0.10%	17	0.90%	18	0.60%
2022	1	0.10%	15	1.00%	16	0.60%
2023	0	0.00%	6	0.40%	6	0.23%
2024	0	0.00%	5	0.34%	5	0.19%
2025	0	0.00%	11	0.72%	11	0.41%

Home Births	Primigravida	%	Multigravida	%	Total	%
2024	1	0.1%	3	0.2%	4	0.2%
2025	0	0.0%	3	0.2%	3	0.1%

Shoulder Dystocia 2025	Primigravida	%	Multigravida	%	Total	%
Shoulder Dystocia	5	0.4%	14	0.9%	19	0.7%

Obstetric Risks and Complications 2025	Primigravida	%	Multigravida	%	Total	%
Maternal Sepsis	3	0.3%	3	0.2%	6	0.2%
Ectopic Pregnancy	10	0.9%	8	0.5%	18	0.7%
Eclampsia	0	0.0%	0	0.0%	0	0.0%
Peripartum Hysterectomy	0	0.0%	3	0.2%	3	0.1%
Pulmonary Embolism	0	0.0%	1	0.1%	1	0.04%
Perineal Tears	27	2.3%	14	0.9%	41	1.5%
Primary PPH Vaginal Deliveries	44	3.8%	31	2.0%	75	2.8%
Primary PPH CS Deliveries	61	5.3%	60	3.9%	121	4.5%
Miscarriage Diagnosis	0	0.0%	0	0.0%	0	0.0%
Retained Swabs	0	0.0%	0	0.0%	0	0.0%

Fetal Blood Sampling (n - babies) 2025	Primigravida	%	Multigravida	%	Total	%
PH < 7.20	1	0.1%	0	0.0%	1	0.04%
PH 7.20 - 7.25	5	0.4%	0	0.0%	5	0.2%
PH > 7.25	20	1.7%	10	0.6%	30	1.1%
Cord Blood Sampling (n - babies) 2025	**Primigravida**	**%**	**Multigravida**	**%**	**Total**	**%**
PH < 7.20	322	27.2%	235	15.1%	557	20.3%
PH 7.20 - 7.25	169	14.3%	178	11.4%	347	12.7%
PH > 7.25	361	30.5%	309	19.8%	670	24.4%

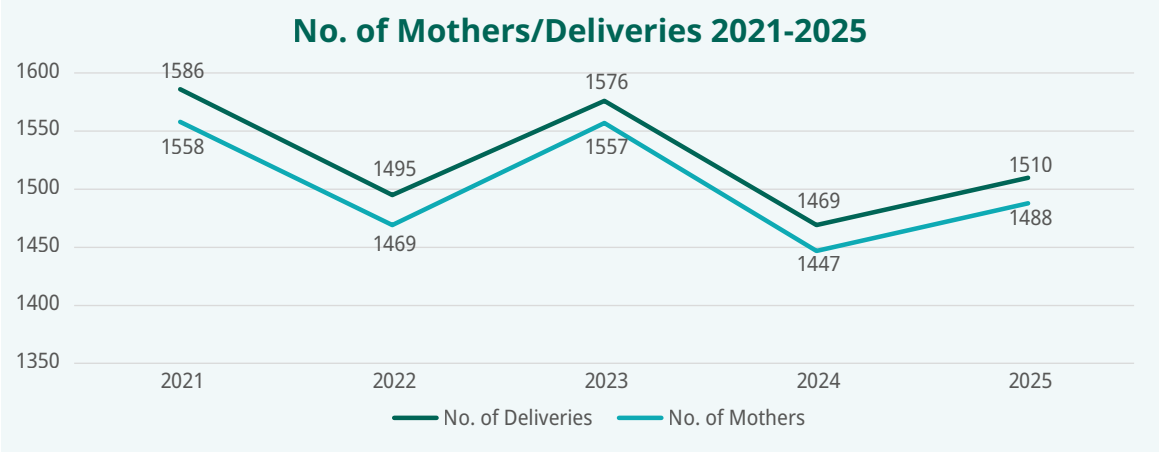
Caesarean Sections 2025	Primigravida	%	Multip	%	Total	%
Elective Caesarean Sections	198	17.2%	457	30.0%	655	24.5%
Emergency Caesarean Sections	204	17.7%	352	23.1%	556	20.8%
Total	402	34.8%	809	53.1%	1211	45.2%

Robson Groups 2025	Total LSCS	Total Women	Rate of CS in Group
Group 1 - Nullip Single Ceph Term Spont Lab	52	323	16.1%
Group 2 - Nullip Single Ceph Term Induced	364	654	55.7%
Group 2(a) - Nullip Single Ceph Term Induced	221	511	43.2%
Group 2(b) - Nullip Single Ceph Term pre-labour CS	143	143	100.0%
Group 3 - Multip Single Ceph Term Spont Lab	7	363	1.9%
Group 4 - Multip Single Ceph Term Induced	73	466	15.7%
Group 4(a) - Multip Single Ceph Term Induced	31	424	7.3%
Group 4(b) - Multip Single Ceph Term Pre-Labour CS *	42	42	100.0%
Group 5 - Previous CS Single Ceph Term	453	527	86.0%
Group 5 (1)- With one previous C.S. Single Ceph Term	322	396	81.3%
Group 5 (2)- With two or more Previous C.S. Single Ceph Term	131	131	100.0%
Group 6 - All Nullip Breeches	74	78	94.9%
Group 7 - All Multip Breeches	45	46	97.8%
Group 8 - All Multiple Pregnancies	48	63	76.2%
Group 9 - All Abnormal Lies	20	20	100.0%
Group 10 - All Preterm Single Ceph	75	137	54.7%
Total	1211	2677	45.2%

Vaginal Birth after Caesarean Section 2025	Number	%
Total No. Of Mothers who had 1 previous Caesarean Section	441	16.5%
No of Mothers who opted for an elective caesarean section after 1 previous Caesarean Section	322	73.0%
No of Mothers who went into spontaneous/induced Labour after 1 previous Caesarean Section	119	27.0%
Outcome of this Category:		
• SVD/Spontaneous Breech	56	47.1%
• Ventouse	19	16.0%
• Forceps	5	4.2%
Total VBAC	80	67.2%
Emergency C.S.	39	32.8%

LUH Statistical Summary Template 2025

Number of Mothers/Births	2021	2022	2023	2024	2025
Number of Deliveries	1586	1495	1576	1469	1510
Number of Mothers	1558	1469	1557	1447	1488



Obstetric Outcomes (Mothers) 2025	Primip	%	Multip	%	Total	%
Spontaneous Onset	184	33.0%	341	36.7%	525	35.3%
Induction of Labour	264	47.3%	298	32.0%	562	37.8%
Epidural Rate	200	35.8%	229	24.6%	429	28.8%
Episiotomy	161	28.9%	62	6.7%	223	15.0%
Caesarean Section	268	48.0%	387	41.6%	655	44.0%
Spontaneous Vaginal Delivery	170	30.5%	503	54.1%	673	45.2%
Forceps Delivery	24	4.3%	6	0.6%	30	2.0%
Ventouse Delivery	96	17.2%	33	3.5%	129	8.7%
Breech Delivery	0	0.0%	1	0.1%	1	0.1%
Total (Number)	558	100.0%	930	100.0%	1488	100.0%

Multiple Pregnancies 2025	Primip (n)	%	Multip (n)	%	Total (n)	%
Twins	7	1.3%	15	1.6%	22	1.5%
Triplets	0	0.0%	0	0.0%	0	0.0%

Multiple Births	2021	2022	2023	2024	2025
Twins	28	26	19	22	22
Triplets	0	0	0	0	0
Total	28	26	19	22	22

Perinatal Deaths 2025	Primigravida	%	Multigravida	%	Total	%
Stillbirths	1	0.2%	5	0.5%	6	0.4%
Early Neonatal Deaths	0	0.0%	0	0.0%	0	0.0%

Perinatal Mortality Rate (%),	2021	2022	2023	2024	2025
Overall PMR per 1000 births	3.2	4.0	0.63	3.40	3.97

Perinatal Mortality Rate (%),	2021	2022	2023	2024	2025
Corrected PMR per 1000 births	1.3	0.7	0.63	0.68	1.32

Onset for Multiple Pregnancies 2025	Primip	%	Multip	%	Total	%
Induced	0	0.0%	2	13.3%	2	9.1%
Spontaneous	2	28.6%	5	33.3%	7	31.8%
No Labour	5	71.4%	8	53.3%	13	59.1%
Elective C.S.	2	28.6%	6	40.0%	8	36.4%
Emergency C.S.	4	57.1%	3	20.0%	7	31.8%

Parity 2025	Number	%
0	558	37.5%
1	494	33.2%
2	271	18.2%
3	112	7.5%
4	36	2.4%
5	9	0.6%
6	4	0.3%
7	4	0.3%
8	0	0.0%
9	0	0.0%
10	0	0.0%
11+	0	0.0%
Total	1488	100.0%

Age 2025	Primigravida	%	Multigravida	%	Total	%
15-19yrs	10	1.8%	1	0.1%	11	0.7%
20-24yrs	74	13.3%	40	4.3%	114	7.7%
25-29yrs	144	25.8%	123	13.2%	267	17.9%
30-34yrs	196	35.1%	315	33.9%	511	34.3%
35-39yrs	110	19.7%	361	38.8%	471	31.7%
40-44yrs	22	3.9%	85	9.1%	107	7.2%
45>	2	0.4%	5	0.5%	7	0.5%
Total	558	100.0%	930	100.0%	1488	100.0%

Age At Delivery (%)	2021	2022	2023	2024	2025
15-19yrs	0.90%	0.60%	0.38%	0.62%	0.74%
20-24yrs	6.70%	5.70%	5.65%	6.84%	7.66%
25-29yrs	18.80%	14.30%	15.86%	18.11%	17.94%
30-34yrs	35.20%	32.80%	32.17%	36.42%	34.34%
35-39yrs	30.20%	34.20%	32.45%	29.03%	31.65%
40-44yrs	7.60%	11.40%	12.65%	8.43%	7.19%
45>	0.60%	1.00%	0.84%	0.55%	0.47%

Gestation @ Delivery 2025	Primigravida	%	Multigravida	%	Total	%
<28 weeks	1	0.2%	0	0.0%	1	0.1%
28 - 31+6	1	0.2%	5	0.5%	6	0.4%
32 - 36+6	30	5.4%	40	4.3%	70	4.7%
37 - 39+6	292	52.3%	590	63.4%	882	59.3%
40 - 41+6	233	41.8%	295	31.7%	528	35.5%
42 weeks	1	0.2%	0	0.0%	1	0.1%
Total	558	100.0%	930	100.0%	1488	100.0%

Gestation @ Delivery	2021	2022	2023	2024	2025
<28 weeks	0.20%	0.20%	0.19%	0.28%	0.07%
28 - 31+6	0.50%	0.60%	0.52%	0.21%	0.40%
32 - 36+6	4.90%	6.10%	6.35%	6.15%	4.70%
37 - 39+6	50.80%	55.70%	56.32%	58.33%	59.27%
40 - 41+6	43.50%	37.10%	36.48%	35.00%	35.48%
42 weeks	0.10%	0.30%	0.14%	0.14%	0.07%

Birth Weights 2025	Primigravida	%	Multigravida	%	Total	%
<1,000gms	1	0.2%	0	0.0%	1	0.1%
1000-1499gms	2	0.4%	1	0.1%	3	0.2%
1500-1999gms	5	0.9%	11	1.2%	16	1.1%
2000-2499gms	21	3.7%	39	4.1%	60	4.0%
2500-2999gms	111	19.6%	123	13.0%	234	15.5%
3000-3499gms	163	28.8%	311	32.9%	474	31.4%
3500-3999gms	188	33.3%	334	35.3%	522	34.6%
4000-4499gms	63	11.2%	108	11.4%	171	11.3%
4500-4999gms	11	1.9%	16	1.7%	27	1.8%
5000-5499gms	0	0.0%	2	0.2%	2	0.1%
Total	565	100.0%	945	100.0%	1510	100.0%

Induction of Labour	Primigravida	%	Multigravida	%	Total	%
2021	165	32.90%	276	26.10%	441	28.30%
2022	224	41.50%	291	31.30%	515	35.10%
2023	254	46.18%	324	32.17%	578	37.12%
2024	242	48.11%	328	34.75%	570	39.39%
2025	264	47.31%	298	32.04%	562	37.77%

Perineal Tear/Episiotomy 2025	Primigravida	%	Multigravida	%	Total	%
Intact	273	48.9%	530	57.0%	803	54.0%
Episiotomy	161	28.9%	62	6.7%	223	15.0%
2nd Degree Tear	79	14.2%	200	21.5%	279	18.8%
1st Degree Tear	13	2.3%	86	9.2%	99	6.7%
3rd Degree Tear	6	1.1%	0	0.0%	6	0.4%
Other Laceration	26	4.7%	52	5.6%	78	5.2%

Incidence of Episiotomy	Primigravida	%	Multigravida	%	Total	%
2021	117	35.90%	67	11.10%	184	19.80%
2022	156	28.90%	52	5.60%	208	23.80%
2023	157	50.64%	79	13.14%	236	25.90%
2024	155	30.82%	82	8.69%	237	16.38%
2025	161	28.85%	62	6.67%	223	14.99%

B.B.A	Total	% of Total Births
2021	5	0.3%
2022	4	0.3%
2023	10	0.6%
2024	3	0.2%
2025	2	0.1%

Shoulder Dystocia 2025	Primigravida	%	Multigravida	%	Total	%
Shoulder Dystocia	4	0.7%	3	0.3%	7	0.5%

Obstetric Risks and Complications 2025	Primigravida	%	Multigravida	%	Total	%
Maternal Sepsis	0	0.0%	0	0.0%	0	0.0%
Ectopic Pregnancy	-	-	-	-	22	1.5%
Eclampsia	0	0.0%	1	0.1%	1	0.1%
Peripartum Hysterectomy	1	0.2%	0	0.0%	1	0.1%
Pulmonary Embolism	0	0.0%	0	0.0%	0	0.0%
Perineal Tears	7	1.3%	0	0.0%	7	0.5%
Primary PPH Vaginal Deliveries	15	2.7%	13	1.4%	28	1.9%
Primary PPH CS Deliveries	45	8.1%	44	4.7%	89	6.0%
Miscarriage Diagnosis	0	0.0%	0	0.0%	0	0.0%
Retained Swabs	0	0.0%	1	0.1%	1	0.1%

Caesarean Sections 2025	Primigravida	%	Multip	%	Total	%
Elective Caesarean Sections	75	13.4%	231	24.8%	306	20.6%
Emergency Caesarean Sections	193	34.6%	156	16.8%	349	23.5%
Total	268	48.0%	387	41.6%	655	44.0%

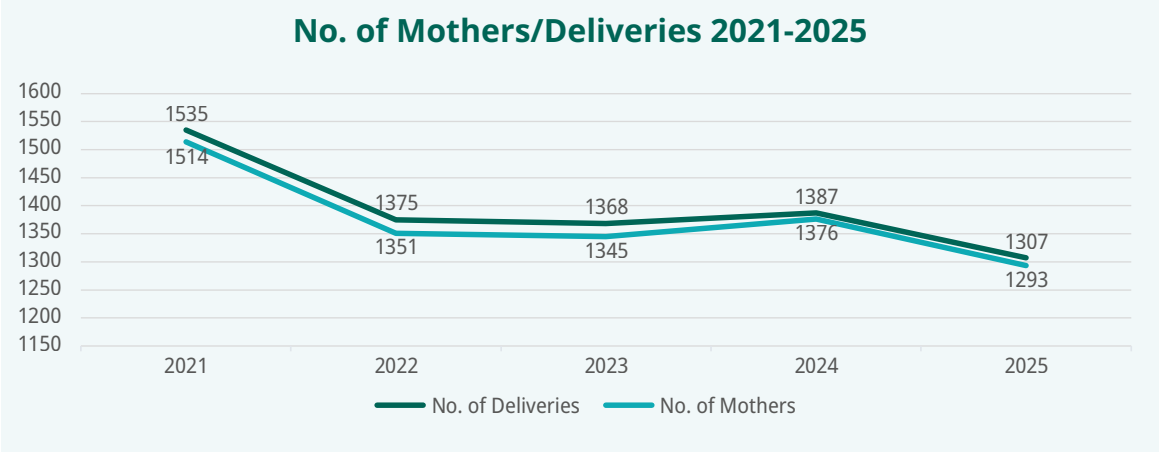
Robson Groups 2025	Total LSCS	Total Women	Rate of CS in Group
Group 1 - Nullip Single Ceph Term Spont Lab	37	166	22.3%
Group 2 - Nullip Single Ceph Term Induced	185	330	56.1%
Group 2(a) - Nullip Single Ceph Term Induced	118	263	44.9%
Group 2(b) - Nullip Single Ceph Term pre-labour CS	67	67	100.0%
Group 3 - Multip Single Ceph Term Spont Lab	8	254	3.2%
Group 4 - Multip Single Ceph Term Induced	53	277	19.1%
Group 4(a) - Multip Single Ceph Term Induced *	24	247	9.7%

Robson Groups 2025	Total LSCS	Total Women	Rate of CS in Group
Group 4(b) - Multip Single Ceph Term Pre-Labour CS *	29	30	96.7%
Group 5 - Previous CS Single Ceph Term	250	305	82.0%
Group 5 (1)- With one previous C.S. Single Ceph Term	171	226	75.7%
Group 5 (2)- With two or more Previous C.S. Single Ceph Term	79	79	100.0%
Group 6 - All Nullip Breeches	26	26	100.0%
Group 7 - All Multip Breeches	25	26	96.2%
Group 8 - All Multiple Pregnancies	15	21	71.4%
Group 9 - All Abnormal Lies	27	27	100.0%
Group 10 - All Preterm Single Ceph	29	56	51.8%
Total	655	1488	44.0%

Vaginal Birth after Caesarean Section 2025	Number	%
Total No. Of Mothers who had 1 previous Caesarean Section	257	17.3%
No of Mothers who opted for an elective caesarean section after 1 previous Caesarean Section	123	47.9%
No of Mothers who went into spontaneous/induced Labour after 1 previous Caesarean Section	108	42.0%
Outcome of this Category:		
• SVD/Spontaneous Breech	46	42.6%
• Ventouse	10	9.3%
• Forceps	2	1.9%
Total VBAC	58	53.7%
Emergency C.S.	50	46.3%

MUH Statistical Summary Template 2025

Number of Mothers/Births	2021	2022	2023	2024	2025
Number of Deliveries	1535	1375	1368	1387	1307
Number of Mothers	1514	1351	1345	1376	1293



Obstetric Outcomes (Mothers) 2025	Primip	%	Multip	%	Total	%
Spontaneous Onset	185	38.9%	319	39.0%	504	39.0%
Induction of Labour	214	45.1%	230	28.1%	444	34.3%
Epidural Rate	248	52.2%	204	24.9%	452	35.0%
Episiotomy	147	30.9%	46	5.6%	193	14.9%
Caesarean Section	214	45.1%	347	42.4%	561	43.4%
Spontaneous Vaginal Delivery	152	32.0%	429	52.4%	581	44.9%
Forceps Delivery	56	11.8%	9	1.1%	65	5.0%
Ventouse Delivery	53	11.2%	33	4.0%	86	6.7%
Breech Delivery	1	0.2%	0	0.0%	1	0.1%
Total (Number)	475	100.0%	818	100.0%	1293	100.0%

Multiple Pregnancies 2025	Primip (n)	%	Multip (n)	%	Total (n)	%
Twins	5	1.0%	9	1.1%	14	1.1%
Triplets	0	0.0%	0	0.0%	0	0.0%

Onset for Multiple Pregnancies 2025	Primip	%	Multip	%	Total	%
Induced	1	20.0%	1	11.1%	2	14.3%
Spontaneous	0	0.0%	2	22.2%	2	14.3%
No Labour	2	40.0%	1	11.1%	3	21.4%
Elective C.S.	2	40.0%	5	55.6%	7	50.0%
Emergency C.S.	2	40.0%	3	33.3%	5	35.7%

Multiple Births	2021	2022	2023	2024	2025
Twins	21	24	23	11	14
Triplets	0	0	0	0	0
Total	21	24	23	11	14

Perinatal Deaths 2025	Primigravida	%	Multigravida	%	Total	%
Stillbirths	1	0.2%	6	0.7%	7	0.5%
Early Neonatal Deaths	0	0.0%	1	0.1%	1	0.1%

Perinatal Mortality Rate (%)	2021	2022	2023	2024	2025
Overall PMR per 1000 births	3.96	5.1	5.2	5.8	6.9
Corrected PMR per 1000 births	0.0	2.2	1.5	1.4	2.3

Stillbirth & Neonatal Deaths	2021	2022	2023	2024	2025
Stillbirth Rate	1.32%	0.44%	0.52%	0.58%	0.54%
Neonatal Death Rate	2.64%	0.07%	0.00%	0.29%	0.08%
Total Rate	3.96%	0.51%	0.52%	1.01%	0.61%

Parity 2025	Number	%
0	475	36.7%
1	473	36.6%
2	236	18.3%
3	81	6.3%
4	22	1.7%
5	2	0.2%
6	3	0.2%
7	1	0.1%
8	0	0.0%
9	0	0.0%
>10	0	0.0%
Total	1293	100.0%

Parity %	2021	2022	2023	2024	2025
0	32.10%	36.50%	37.84%	33.43%	36.74%
1,2,3	63.60%	59.10%	57.76%	62.14%	61.10%
4+	4.30%	4.40%	4.38%	4.43%	2.17%

Age 2025	Primigravida	%	Multigravida	%	Total	%
15-19yrs	5	1.1%	1	0.1%	6	0.5%
20-24yrs	51	10.7%	33	4.0%	84	6.5%
25-29yrs	82	17.3%	89	10.9%	171	13.2%
30-34yrs	189	39.8%	239	29.2%	428	33.1%
35-39yrs	117	24.6%	351	42.9%	468	36.2%
40-44yrs	27	5.7%	101	12.3%	128	9.9%
45>	4	0.8%	4	0.5%	8	0.6%
Total	475	100.0%	818	100.0%	1293	100.0%

Age At Delivery (%)	2021	2022	2023	2024	2025
15-19yrs	0.90%	0.20%	1.18%	0.80%	0.46%
20-24yrs	4.80%	5.80%	6.17%	7.41%	6.50%
25-29yrs	13.30%	11.90%	14.94%	17.66%	13.23%

Age At Delivery (%)	2021	2022	2023	2024	2025
30-34yrs	31.40%	26.40%	33.01%	31.98%	33.10%
35-39yrs	37.60%	37.60%	33.82%	33.14%	36.19%
40-44yrs	11.60%	16.70%	9.96%	8.43%	9.90%
45>	0.60%	1.30%	0.89%	0.58%	0.62%

County of Origin	2021	2022	2023	2024	2025
Galway County	1.90%	1.30%	1.19%	1.09%	1.39%
Mayo	90.60%	92.90%	92.34%	93.30%	92.19%
Roscommon	5.60%	4.70%	5.42%	4.51%	5.18%
Sligo	1.80%	1.00%	0.96%	1.09%	1.24%
Others	0.10%	0.10%	0.07%	0.01%	0.00%
Non Irish National Births	2021	2022	2023	2024	2025
Number	36	311	333	365	396
%	2.40%	23.00%	24.75%	26.53%	30.6%

Gestation @ Delivery 2025	Primigravida	%	Multigravida	%	Total	%
<28 weeks	1	0.2%	3	0.4%	4	0.3%
28 - 31+6	1	0.2%	3	0.4%	4	0.3%
32 - 36+6	31	6.5%	34	4.2%	65	5.0%
37 - 39+6	244	51.4%	554	67.7%	798	61.7%
40 - 41+6	195	41.1%	224	27.4%	419	32.4%
42 weeks	3	0.6%	0	0.0%	3	0.2%
Total	475	100.0%	818	100.0%	1293	100.0%

Gestation @ Delivery	2021	2022	2023	2024	2025
<28 weeks	0.10%	0.00%	0.22%	0.29%	0.31%
28 - 31+6	0.00%	0.10%	0.29%	0.29%	0.31%
32 - 36+6	3.50%	4.80%	4.62%	4.51%	5.03%
37 - 39+6	52.80%	56.80%	54.94%	57.05%	61.72%
40 - 41+6	43.10%	38.20%	39.49%	37.86%	32.41%
42 weeks	0.50%	0.10%	0.44%	0.00%	0.23%

Birth Weights 2025	Primigravida	%	Multigravida	%	Total	%
<1,000gms	1	0.2%	4	0.5%	6	0.5%
1000-1499gms	1	0.2%	1	0.1%	2	0.2%
1500-1999gms	5	1.0%	7	0.8%	12	0.9%
2000-2499gms	21	4.4%	21	2.5%	42	3.2%
2500-2999gms	83	17.3%	85	10.3%	168	12.9%
3000-3499gms	154	32.1%	239	28.9%	393	30.1%
3500-3999gms	168	35.0%	327	39.5%	495	37.9%
4000-4499gms	42	8.8%	124	15.0%	166	12.7%
4500-4999gms	5	1.0%	18	2.3%	23	1.8%
5000-5499gms	0	0.0%	1	0.1%	1	0.1%
Total	480	100.0%	827	100.0%	1307	100.0%

Birth Weights	2021	2022	2023	2024	2025
<500gms	0.00%	0.00%	0.00%	0.00%	0.00%
500-999gms	0.10%	0.10%	0.20%	0.14%	0.46%
1000-1999gms	0.50%	0.50%	0.70%	1.01%	1.07%
2000-2999gms	13.90%	15.60%	16.10%	16.51%	16.07%
3000-3999gms	68.80%	67.10%	67.60%	65.39%	67.94%
4000-4499gms	14.10%	14.40%	15.10%	14.49%	12.70%
4500-4999gms	2.30%	2.00%	2.80%	2.40%	1.76%
5000-5499gms	0.30%	0.20%	0.07%	0.07%	0.08%
>5500gms	0.00%	0.00%	0.00%	0.00%	0.00%
Total Number of Babies	1536	1375	1368	1387	1307

Induction of Labour	Primigravida	%	Multigravida	%	Total	%
2021	205	42.70%	238	23.00%	443	29.20%
2022	206	41.80%	195	22.70%	401	29.70%
2023	198	38.89%	211	25.23%	409	30.40%
2024	236	51.30%	246	26.86%	482	35.03%
2025	214	45.05%	230	28.12%	444	34.34%

Perineal Tear/Episiotomy 2025	Primigravida	%	Multigravida	%	Total	%
Intact	14	2.9%	97	11.9%	111	8.6%
Episiotomy	147	30.9%	46	5.6%	193	23.6%
2nd Degree Tear	69	14.5%	186	22.7%	255	19.7%
1st Degree Tear	20	4.2%	84	10.3%	104	8.0%
3rd Degree Tear	3	0.6%	3	0.4%	6	0.5%
Other Laceration	8	1.7%	55	6.7%	63	4.9%

Incidence of Episiotomy	Primigravida	%	Multigravida	%	Total	%
2021	167	34.80%	59	5.70%	226	14.90%
2022	176	35.70%	57	6.60%	233	17.20%
2023	160	59.04%	65	13.02%	225	29.22%
2024	142	30.87%	60	6.55%	202	14.68%
2025	147	30.95%	46	5.62%	193	14.93%

Obstetric Risks and Complications 2025	Primigravida	%	Multigravida	%	Total	%
Maternal Sepsis	0	0.0%	0	0.0%	0	0.0%
Ectopic Pregnancy	9	1.9%	9	1.1%	18	1.4%
Eclampsia	0	0.0%	0	0.0%	0	0.0%
Peripartum Hysterectomy	0	0.0%	0	0.0%	0	0.0%
Pulmonary Embolism	0	0.0%	0	0.0%	0	0.0%
Perineal Tears	3	0.6%	3	0.4%	6	0.5%
Primary PPH Vaginal Deliveries	15	3.2%	8	1.0%	23	1.8%
Primary PPH CS Deliveries	32	6.7%	39	4.8%	71	5.5%
Miscarriage Diagnosis	0	0.0%	0	0.0%	0	0.0%

Obstetric Risks and Complications 2025	Primigravida	%	Multigravida	%	Total	%
Retained Swabs	0	0.0%	0	0.0%	0	0.0%

2025	Primigravida	%	Multigravida	%	Total	%
Birth Before Arrival	0	0.0%	10	1.2%	10	0.8%
Home Births	0	0.0%	1	0.1%	1	0.1%

Shoulder Dystocia 2025	Primigravida	%	Multigravida	%	Total	%
Shoulder Dystocia	0	0.0%	1	0.1%	1	0.1%

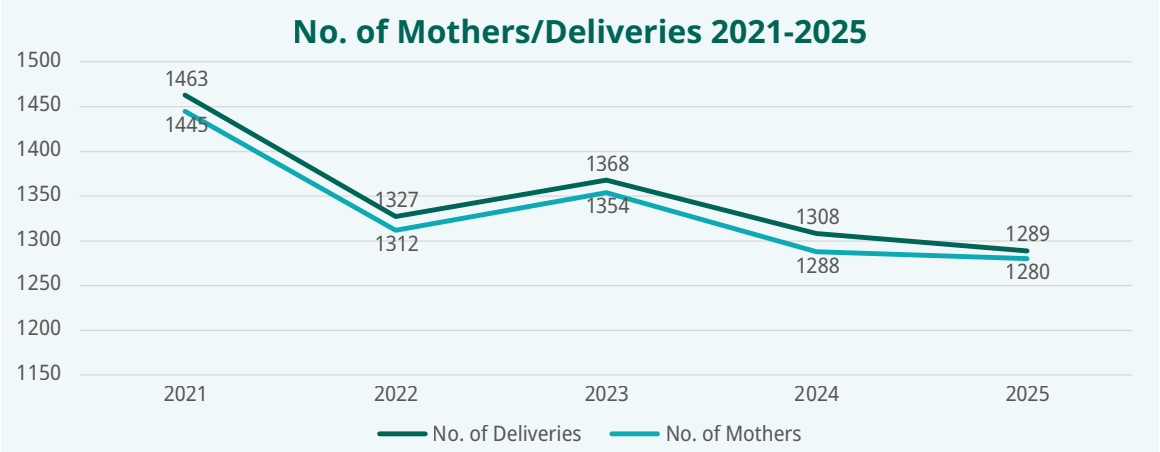
Caesarean Sections 2025	Primigravida	%	Multip	%	Total	%
Elective Caesarean Sections	58	12.2%	232	28.4%	290	22.4%
Emergency Caesarean Sections	156	32.8%	115	14.1%	271	21.0%
Total	214	45.1%	347	42.4%	561	43.4%

Robson Groups 2025	Total LSCS	Total Women	Rate of CS in Group
Group 1 - Nullip Single Ceph Term Spont Lab	39	163	23.9%
Group 2 - Nullip Single Ceph Term Induced	144	261	55.2%
Group 2(a) - Nullip Single Ceph Term Induced	94	211	44.5
Group 2(b) - Nullip Single Ceph Term pre-labour CS	50	50	100.0%
Group 3 - Multip Single Ceph Term Spont Lab	4	241	1.7%
Group 4 - Multip Single Ceph Term Induced	43	228	18.9%
Group 4(a) - Multip Single Ceph Term Induced *	16	201	8.0%
Group 4(b) - Multip Single Ceph Term Pre-Labour CS *	27	27	100.0%
Group 5 - Previous CS Single Ceph Term	252	287	87.8%
Group 5 (1)- With one previous C.S. Single Ceph Term	179	214	83.6%
Group 5 (2)- With two or more Previous C.S. Single Ceph Term	73	73	100.0%
Group 6 - All Nullip Breeches	19	20	95.0%
Group 7 - All Multip Breeches	16	16	100.0%
Group 8 - All Multiple Pregnancies	12	14	85.7%
Group 9 - All Abnormal Lies	4	4	100.0%
Group 10 - All Preterm Single Ceph	28	59	47.5%
Total	561	1,293	43.4%

Vaginal Birth after Caesarean Section, 2025	Number	%
Total No. Of Mothers who had 1 previous Caesarean Section	231	17.9%
No of Mothers who opted for an elective caesarean section after 1 previous Caesarean Section	137	59.3%
No of Mothers who went into spontaneous/induced Labour after 1 previous Caesarean Section	83	35.9%
Outcome of this Category:		
• SVD/Spontaneous Breech	32	38.6%
• Ventouse	6	7.2%
• Forceps	2	2.4%
Total VBAC	40	48.2%
Emergency C.S.	43	51.8%

PUH Statistical Summary Template 2025

Number of Mothers/Births	2021	2022	2023	2024	2025
Number of Deliveries	1463	1327	1368	1308	1289
Number of Mothers	1445	1312	1354	1288	1280



Obstetric Outcomes (Mothers) 2025	Primip	%	Multip	%	Total	%
Spontaneous Onset	147	31.2%	276	34.1%	423	33.0%
Induction of Labour	258	54.8%	219	27.1%	477	37.3%
Epidural Rate	288	61.1%	228	28.2%	516	40.3%
Episiotomy	159	33.8%	51	6.3%	210	16.4%
Caesarean Section	218	46.3%	386	47.7%	604	47.2%
Elective C-Section	38	8.1%	235	29.0%	273	21.3%
Emergency C-Section	180	38.2%	151	18.7%	331	25.9%
Spontaneous Vaginal Delivery	110	23.4%	368	45.5%	478	37.3%
Forceps Delivery	31	6.6%	6	0.7%	37	2.9%
Ventouse Delivery	109	23.1%	48	5.9%	157	12.3%
Breech Delivery	3	0.6%	1	0.1%	4	0.3%
Total (Number)	471	100.0%	809	100.0%	1280	100.0%

Multiple Pregnancies 2025	Primip (n)	%	Multip (n)	%	Total (n)	%
Twins	1	0.2%	8	1.0%	9	0.7%
Triplets	0	0.0%	0	0.0%	0	0.0%

Onset for Multiple Pregnancies 2025	Primip	%	Multip	%	Total	%
Induced	0	0.0%	0	0.0%	0	0.0%
Spontaneous	0	0.0%	2	0.2%	2	0.2%
No Labour	1	0.2%	8	1.0%	9	0.7%
Elective C.S.	0	0.0%	3	0.4%	3	0.2%
Emergency C.S.	1	0.2%	5	0.6%	6	0.5%

Multiple Births	2021	2022	2023	2024	2025
Twins	18	15	14	20	9

Multiple Births	2021	2022	2023	2024	2025
Triplets	0	0	0	0	0
Total	18	15	14	20	9

Perinatal Deaths 2025	Primigravida	%	Multigravida	%	Total	%
Stillbirths	5	1.1%	3	0.4%	8	0.6%
Early Neonatal Deaths	0	0.0%	1	0.1%	1	0.1%

Perinatal Mortality Rate (%)	2021	2022	2023	2024	2025
Overall PMR per 1000 births	2.7	3	2.9	3.8	7.0
Corrected PMR per 1000 births	0	1.5	1.5	0.8	0.8

Parity 2025	Number	%
0	471	36.8%
1	468	36.6%
2	223	17.5%
3	73	5.8%
4	24	1.9%
5	10	0.8%
6	4	0.3%
7	4	0.3%
8	2	0.2%
9	0	0.0%
10	0	0.0%
11	0	0.0%
12	1	0.1%
Total	1,280	100.0%

Parity %	2021	2022	2023	2024	2025
0	35.70%	37.30%	38.77%	35.87%	36.79%
1,2,3	60.80%	58.20%	57.45%	60.02%	59.67%
4+	3.50%	4.50%	3.76%	4.11%	3.52%

Age 2025	Primigravida	%	Multigravida	%	Total	%
15-19yrs	6	1.3%	2	0.2%	8	0.6%
20-24yrs	58	12.3%	35	4.3%	93	7.3%
25-29yrs	96	20.4%	91	11.2%	187	14.6%
30-34yrs	187	39.7%	243	30.0%	430	33.6%
35-39yrs	105	22.3%	332	41.0%	437	34.1%
40-44yrs	16	3.4%	100	12.4%	116	9.1%
45>	3	0.6%	6	0.7%	9	0.7%
Total	471	100.0%	809	100.0%	1,280	100.0%

Age At Delivery (%)	2021	2022	2023	2024	2025
15-19yrs	0.30%	1.40%	0.89%	1.16%	0.63%

Age At Delivery (%)	2021	2022	2023	2024	2025
20-24yrs	5.70%	6.40%	6.72%	7.69%	7.27%
25-29yrs	13.30%	16.40%	17.72%	14.60%	14.60%
30-34yrs	27.90%	31.30%	33.25%	32.45%	33.59%
35-39yrs	37.90%	32.70%	30.79%	33.07%	34.14%
40-44yrs	13.90%	11.40%	10.12%	10.56%	9.06%
45>	1.00%	0.40%	0.51%	0.47%	0.70%

County of Origin	2021	2022	2023	2024	2025
Galway County	33.90%	35.40%	37.97%	34.47%	35.63%
Westmeath	19.00%	18.40%	17.28%	19.18%	19.06%
Roscommon	23.80%	24.20%	23.78%	23.14%	23.44%
Clare	0.40%	0.50%	0.44%	0.78%	0.86%
Offaly	16.30%	16.10%	14.77%	16.69%	15.70%
Longford	1.50%	1.50%	2.14%	1.71%	1.64%
Tipperary	3.90%	3.40%	3.17%	3.26%	3.67%
Leitrim	0.00%	0.00%	0.14%	0.0%	0.0%
Others	0.40%	0.50%	0.29%	0.78%	0.0%

Non Irish National Births	2021	2022	2023	2024	2025
Number	264	287	315	330	326
%	18.30%	21.90%	23.26%	25.62%	25.47%

Gestation @ Delivery 2025	Primigravida	%	Multigravida	%	Total	%
<28 weeks	3	0.6%	1	0.1%	4	0.3%
28 - 31+6	2	0.4%	1	0.1%	3	0.2%
32 - 36+6	22	4.7%	30	3.7%	52	4.1%
37 - 39+6	238	50.5%	570	70.5%	808	63.1%
40 - 41+6	205	43.5%	207	25.6%	412	32.2%
42 weeks	1	0.2%	0	0.0%	1	0.1%
Total	471	100.0%	809	100.0%	1280	100.0%

Gestation @ Delivery	2021	2022	2023	2024	2025
<28 weeks	0.30%	0.00%	0.07%	0.08%	0.31%
28 - 31+6	0.20%	0.20%	0.15%	0.08%	0.23%
32 - 36+6	4.40%	5.30%	4.81%	5.36%	4.06%
37 - 39+6	55.30%	56.60%	57.90%	59.94%	63.13%
40 - 41+6	39.20%	37.60%	36.92%	34.39%	32.19%
42 weeks	0.60%	0.30%	0.15%	0.16%	0.08%

Birth Weights 2025	Primigravida	%	Multigravida	%	Total	%
<1,000gms	4	0.8%	1	0.1%	5	0.4%
1000-1499gms	2	0.4%	1	0.1%	3	0.2%
1500-1999gms	2	0.4%	2	0.2%	4	0.3%

Birth Weights 2025	Primigravida	%	Multigravida	%	Total	%
2000-2499gms	17	3.6%	29	3.5%	46	3.6%
2500-2999gms	66	14.0%	91	11.1%	157	12.2%
3000-3499gms	172	36.4%	294	36.0%	466	36.2%
3500-3999gms	163	34.5%	277	33.9%	440	34.1%
4000-4499gms	39	8.3%	109	13.3%	148	11.5%
4500-4999gms	7	1.5%	13	1.6%	20	1.6%
5000-5499gms	0	0.0%	0	0.0%	0	0.0%
>5500gms	0	0.0%	0	0.0%	0	0.0%
Total	472	100.0%	817	100.0%	1,289	100.0%

Birth Weights	2021	2022	2023	2024	2025
<500gms	0.00%	0.00%	0.00%	0.00%	0.00%
500-999gms	0.30%	0.20%	0.07%	0.07%	0.39%
1000-1999gms	0.80%	0.70%	0.58%	1.07%	0.54%
2000-2999gms	15.00%	16.60%	16.30%	16.28%	15.75%
3000-3999gms	64.90%	67.40%	66.88%	69.27%	70.29%
4000-4499gms	15.30%	12.90%	13.59%	10.93%	11.48%
4500-4999gms	3.50%	2.00%	1.53%	2.29%	1.55%
5000-5499gms	0.10%	0.30%	0.29%	0.07%	0.00%
>5500gms	0.00%	0.00%	0.07%	0.00%	0.00%
Total Number of Babies	1463	1327	1368	1,308	1,289

Induction of Labour	Primigravida	%	Multigravida	%	Total	%
2021	216	41.90%	245	26.30%	461	31.90%
2022	191	39.10%	201	24.40%	392	29.90%
2023	256	48.76%	226	27.26%	485	35.59%
2024	218	47.19%	230	27.85%	448	37.89%
2025	258	54.78%	219	27.07%	477	37.27%

Perineal Tear/Episiotomy 2025	Primigravida	%	Multigravida	%	Total	%
Intact	222	47.1%	465	57.5%	687	53.8%
Episiotomy	159	33.8%	51	6.3%	210	16.4%
2nd Degree Tear	57	12.1%	134	16.6%	191	14.9%
1st Degree Tear	13	2.8%	90	11.1%	103	8.0%
3rd Degree Tear	5	1.1%	4	0.5%	9	0.7%
Other Laceration	15	3.2%	65	8.0%	80	6.3%

Incidence of Episiotomy	Primigravida	%	Multigravida	%	Total	%
2021	152	29.30%	53	5.70%	205	14.10%
2022	132	27.00%	51	6.20%	183	13.90%
2023	164	57.95%	45	9.01%	209	26.72%
2024	157	33.98%	58	7.02%	215	16.69%
2025	159	33.76%	51	6.30%	210	16.41%

B.B.A	Primigravida	%	Multigravida	%	Total	%
2021	1	0.20%	11	1.20%	12	0.80%
2022	1	0.20%	5	0.60%	6	0.50%
2023	0	0.00%	5	0.60%	5	0.36%
2024	1	0.22%	9	1.09%	10	0.78%
2025	1	0.21%	2	0.25%	3	0.23%

Home Births	Primigravida	%	Multigravida	%	Total	%
2024	2	0.43%	2	0.24%	4	0.31%
2025	1	0.21%	5	0.62%	6	0.47%

Shoulder Dystocia	2021	2022	2023	2024	2025
Shoulder Dystocia	3 (0.2%)	5 (0.4%)	7 (0.5%)	10 (0.8%)	15 (1.2%)

Obstetric Risks and Complications 2025	Total	%
Maternal Sepsis	1	0.1%
Ectopic Pregnancy	18	1.4%
Eclampsia	1	0.1%
Peripartum Hysterectomy	0	0.0%
Pulmonary Embolism	1	0.1%
Perineal Tears	9	0.7%
Primary PPH Vaginal Deliveries	40	3.1%
Primary PPH C-Sections	79	6.2%
Miscarriage Diagnosis	0	0.0%
Retained Swabs	0	0.0%

Fetal Blood Sampling (n - babies) 2025	Primigravida	%	Multigravida	%	Total	%
PH < 7.20	1	0.2%	1	0.1%	2	0.2%
PH 7.20 - 7.25	2	0.4%	0	0.0%	2	0.2%
PH > 7.25	2	0.4%	6	0.7%	8	0.6%

Cord Blood Sampling (n - babies) 2025	Primigravida	%	Multigravida	%	Total	%
PH < 7.20	108	22.9%	119	14.6%	227	17.6%
PH 7.20 - 7.25	79	16.7%	113	13.8%	192	14.9%
PH > 7.25	234	49.6%	504	61.7%	738	57.3%

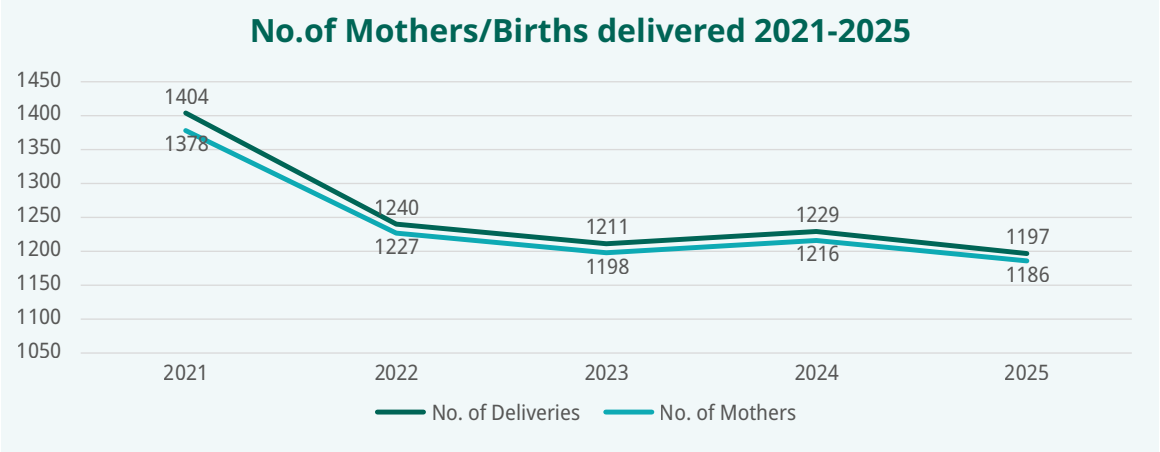
Robson Groups 2025	Total LSCS	Total Women	Rate of CS in Group
Group 1 - Nullip Single Ceph Term Spont Lab	29	134	21.6%
Group 2 - Nullip Single Ceph Term Induced	152	286	53.2%
Group 2(a) - Nullip Single Ceph Term Induced	119	253	47.0%
Group 2(b) - Nullip Single Ceph Term pre-labour CS	33	33	100.0%

Robson Groups 2025	Total LSCS	Total Women	Rate of CS in Group
Group 3 - Multip Single Ceph Term Spont Lab	1	211	0.5%
Group 4 - Multip Single Ceph Term Induced	54	233	23.2%
Group 4(a) - Multip Single Ceph Term Induced *	24	203	11.8%
Group 4(b) - Multip Single Ceph Term Pre-Labour CS *	30	30	100.0%
Group 5 - Previous CS Single Ceph Term	274	295	92.9%
Group 5 (1)- With one previous C.S. Single Ceph Term	193	214	90.2%
Group 5 (2)- With two or more Previous C.S. Single Ceph Term	81	81	100.0%
Group 6 - All Nullip Breeches	21	24	87.5%
Group 7 - All Multip Breeches	27	27	100.0%
Group 8 - All Multiple Pregnancies	9	9	100.0%
Group 9 - All Abnormal Lies	14	15	93.3%
Group 10 - All Preterm Single Ceph	23	46	50.0%
Total	604	1280	47.2%

Vaginal Birth after Caesarean Section, 2025	Number	%
Total No. Of Mothers who had 1 previous Caesarean Section	239	18.7%
No of Mothers who opted for an elective caesarean section after 1 previous Caesarean Section	138	57.7%
No of Mothers who went into spontaneous/induced Labour after 1 previous Caesarean Section	54	22.6%
Outcome of this Category:		
• SVD/Spontaneous Breech	14	25.9%
• Ventouse	8	14.8%
• Forceps	1	1.9%
Total VBAC	22	40.7%
Emergency C.S.	32	59.3%

SUH Statistical Summary Template 2025

Number of Mothers/Births	2021	2022	2023	2024	2025
Number of Deliveries	1404	1240	1211	1229	1197
Number of Mothers	1378	1227	1198	1216	1186



Obstetric Outcomes (Mothers) 2025	Primip	%	Multip	%	Total	%
Spontaneous Onset	158	34.9%	278	37.9%	436	36.8%
Induction of Labour	229	50.6%	204	27.8%	433	36.5%
Epidural Rate	253	55.8%	210	28.6%	463	39.0%
Episiotomy	124	27.4%	41	5.6%	165	13.9%
Caesarean Section	244	53.9%	315	43.0%	559	47.1%
Elective C-Section	38	8.4%	197	26.9%	235	19.8%
Emergency C-Section	206	45.5%	118	16.1%	324	27.3%
Spontaneous Vaginal Delivery	158	34.9%	278	37.9%	436	36.8%
Forceps Delivery	16	3.5%	2	0.3%	18	1.5%
Ventouse Delivery	92	20.3%	25	3.4%	117	9.9%
Breech Delivery	0	0.0%	0	0.0%	0	0.0%
Total (Number)	453	100.0%	733	100.0%	1186	100.0%

Multiple Pregnancies 2025	Primip (n)	%	Multip (n)	%	Total (n)	%
Twins	3	0.7%	10	1.4%	13	1.1%
Triplets	0	0.0%	0	0.0%	0	0.0%

Onset for Multiple Pregnancies 2025	Primip	%	Multip	%	Total	%
Induced	1	33.3%	3	30.0%	4	30.8%
Spontaneous	0	0.0%	0	0.0%	0	0.0%
No Labour	2	66.7%	7	70.0%	9	69.2%
Elective C.S.	1	33.3%	5	50.0%	6	46.2%
Emergency C.S.	2	66.7%	2	20.0%	4	30.8%

Multiple Births	2021	2022	2023	2024	2025
Twins	27	13	13	14	13
Triplets	0	0	0	0	0
Total	27	13	13	14	13

Perinatal Deaths 2025	Primigravida	%	Multigravida	%	Total	%
Stillbirths	3	0.7%	0	0.0%	3	0.3%
Early Neonatal Deaths	0	0.0%	1	0.1%	1	0.08%

Perinatal Mortality Rate (%)	2021	2022	2023	2024	2025
Overall PMR per 1000 births	3.5	8.7	3.3	4.9	3.3
Corrected PMR per 1000 births	1.4	2.4	0.8	1.6	0.8

Stillbirth & Neonatal Deaths	2021	2022	2023	2024	2025
Stillbirth Rate	0.30%	0.65%	0.33%	0.32%	0.25%
Neonatal Death Rate	0.10%	0.24%	0.00%	0.16%	0.08%
Total Rate	0.40%	0.89%	0.33%	0.48%	0.33%

Parity 2025	Number	%
0	453	38.2%
1	420	35.4%
2	204	17.2%
3	63	5.3%
4	26	2.2%
5	9	0.8%
6	4	0.3%
7	3	0.2%
8	2	0.2%
9	2	0.%
10+	0	0.0%
Total	1186	100.0%

Parity %	2021	2022	2023	2024	2025
0	34.20%	39.00%	39.49%	39.56%	38.20%
1,2,3	62.00%	57.10%	55.75%	56.58%	57.93%
4+	3.80%	3.90%	3.08%	3.86%	3.88%

Age 2025	Primigravida	%	Multigravida	%	Total	%
15-19yrs	6	1.3%	0	0.0%	6	0.5%
20-24yrs	46	10.2%	19	2.6%	65	5.5%
25-29yrs	95	21.0%	97	13.2%	192	16.2%
30-34yrs	183	40.4%	244	33.3%	427	36.0%
35-39yrs	94	20.6%	276	37.7%	370	31.2%
40-44yrs	25	5.5%	92	12.6%	117	9.9%
45>	4	0.9%	5	0.7%	9	0.8%

Age 2025	Primigravida	%	Multigravida	%	Total	%
Total	453	100.0%	733	100.0%	1186	100.0%

Age At Delivery (%)	2021	2022	2023	2024	2025
15-19yrs	0.20%	0.30%	0.25%	0.33%	0.51%
20-24yrs	5.50%	7.20%	4.42%	4.85%	5.48%
25-29yrs	10.80%	14.20%	14.77%	12.50%	16.19%
30-34yrs	30.20%	28.00%	29.38%	29.03%	36.00%
35-39yrs	37.50%	34.30%	35.73%	36.76%	31.20%
40-44yrs	15.20%	15.20%	13.62%	14.97%	9.87%
45>	0.60%	0.70%	1.83%	1.56%	0.76%

County of Origin	2021	2022	2023	2024	2025
Galway County	0.00%	0.01%	0.16%	0.25%	0.00%
Mayo	1.60%	3.20%	2.58%	2.22%	3.04%
Roscommon	12.70%	11.00%	11.26%	12.09%	11.47%
Sligo	54.80%	49.10%	55.50%	53.45%	52.11%
Donegal	8.00%	14.00%	11.26%	9.62%	12.23%
Longford	0.00%	0.00%	0.00%	0.00%	0.00%
Dublin	0.10%	0.00%	0.00%	0.00%	0.00%
Leitrim	22.00%	21.70%	18.03%	20.81%	20.00%
Others	0.90%	1.00%	1.16%	1.56%	1.18%

Non Irish National Births	2021	2022	2023	2024	2025
Number	266	266	308	335	336
%	19.30%	21.70%	25.70%	27.55%	28.33%

Gestation @ Delivery 2025	Primigravida	%	Multigravida	%	Total	%
<28 weeks	2	0.4%	0	0.0%	2	0.2%
28 - 31+6	0	0.0%	3	0.4%	3	0.3%
32 - 36+6	26	5.7%	37	5.0%	63	5.3%
37 - 39+6	207	45.4%	478	64.5%	685	57.2%
40 - 41+6	219	48.0%	220	29.7%	439	36.68%
42 weeks	2	0.4%	2	0.3%	4	0.3%
Unknown Gestation	0	0.0%	1	0.1%	1	0.1%
Total	456	100.0%	741	100.0%	1197	100.0%

Gestation @ Delivery	2021	2022	2023	2024	2025
<28 weeks	0.20%	0.30%	0.08%	0.24%	0.17%
28 - 31+6	0.30%	0.20%	0.08%	0.33%	0.25%
32 - 36+6	5.20%	6.50%	6.09%	6.02%	5.26%
37 - 39+6	53.90%	54.90%	53.23%	51.91%	57.23%
40 - 41+6	39.80%	37.90%	40.24%	41.25%	36.7%
42 weeks	0.60%	0.10%	0.28%	0.24%	0.33%

Birth Weights 2025	Primigravida	%	Multigravida	%	Total	%
<1,000gms	2	0.4%	0	0.0%	2	0.2%
1000-1499gms	2	0.4%	1	0.1%	3	0.3%
1500-1999gms	6	1.3%	8	1.1%	14	1.2%
2000-2499gms	9	2.0%	15	2.0%	24	2.0%
2500-2999gms	60	13.2%	96	13.0%	156	13.0%
3000-3499gms	129	28.3%	236	31.8%	365	30.5%
3500-3999gms	171	37.5%	277	37.4%	448	37.4%
4000-4499gms	66	14.5%	94	12.7%	160	13.4%
4500-4999gms	11	2.4%	13	1.8%	24	2.0%
5000-5499gms	0	0.0%	1	0.1%	1	0.1%
>5500gms	0	0.0%	0	0.0%	0	0.0%
Total	456	100.0%	741	100.0%	1197	100.0%

Birth Weights	2021	2022	2023	2024	2025
<500gms	0.00%	0.00%	0.00%	0.00%	0.00%
500-999gms	0.30%	0.20%	0.07%	0.32%	0.17%
1000-1999gms	0.80%	0.70%	0.58%	0.98%	1.42%
2000-2999gms	15.00%	16.60%	16.30%	15.22%	15.04%
3000-3999gms	64.90%	67.40%	66.88%	70.14%	67.92%
4000-4499gms	15.30%	12.90%	13.59%	11.63%	13.37%
4500-4999gms	3.50%	2.00%	1.53%	1.55%	2.01%
5000-5499gms	0.10%	0.30%	0.29%	0.16%	0.08%
>5500gms	0.00%	0.00%	0.07%	0.00%	0.00%

Induction of Labour	Primigravida	%	Multigravida	%	Total	%
2021	216	41.90%	245	26.30%	461	31.90%
2022	191	39.10%	201	24.40%	392	29.90%
2023	256	48.76%	226	27.26%	485	35.59%
2024	217	45.11%	207	28.13%	424	34.87%
2025	229	50.55%	204	27.83%	433	36.51%

Perineal Tear/Episiotomy 2025	Primigravida	%	Multigravida	%	Total	%
Intact	246	54.3%	406	55.4%	652	55.0%
Episiotomy	124	27.4%	41	5.6%	165	13.9%
2nd Degree Tear	68	15.0%	173	23.6%	241	20.3%
1st Degree Tear	13	2.9%	76	10.4%	89	12.1%
3rd Degree Tear	7	1.5%	0	0.0%	7	0.6%
4th Degree Tear	1	0.2%	0	0.0%	1	0.1%
Other Laceration	60	13.2%	90	12.3%	150	12.6%

Incidence of Episiotomy	Primigravida	%	Multigravida	%	Total	%
2021	152	29.30%	53	5.70%	205	14.10%
2022	132	27.00%	51	6.20%	183	13.90%

Incidence of Episiotomy	Primigravida	%	Multigravida	%	Total	%
2023	164	57.95%	45	9.01%	209	26.72%
2024	120	24.94%	29	3.94%	149	12.25%
2025	124	27.37%	41	5.59%	165	13.91%

B.B.A	Primigravida	%	Multigravida	%	Total	%
2021	1	0.20%	11	1.20%	12	0.80%
2022	1	0.20%	5	0.60%	6	0.50%
2023	0	0.00%	5	0.60%	5	0.36%
2024	0	0.00%	6	0.82%	6	0.49%
2025	0	0.00%	4	0.55%	4	0.34%

Home Births	Primigravida	%	Multigravida	%	Total	%
2024	0	0.0%	1	0.1%	1	0.1%
2025	0	0.0%	0	0.0%	0	0.0%

Shoulder Dystocia 2025	Primigravida	%	Multigravida	%	Total	%
Shoulder Dystocia	1	0.2%	1	0.1%	2	0.2%

Obstetric Risks and Complications 2025	Primigravida	%	Multigravida	%	Total	%
Maternal Sepsis	1	0.2%	2	0.3%	3	0.3%
Ectopic Pregnancy	-	-	-	-	19	1.6%
Eclampsia	0	0.0%	0	0.0%	0	0.0%
Peripartum Hysterectomy	0	0.0%	0	0.0%	0	0.0%
Pulmonary Embolism	1	0.2%	0	0.0%	1	0.1%
Perineal Tears	8	1.8%	0	0.0%	8	0.7%
Primary PPH Vaginal Deliveries	20	4.4%	14	1.9%	34	2.9%
Primary PPH CS Deliveries	33	7.3%	34	4.6%	67	5.6%
Miscarriage Diagnosis	0	0.0%	0	0.0%	0	0.0%
Retained Swabs	0	0.0%	0	0.0%	0	0.0%

Cord Blood Sampling (n - babies) 2025-Arterial	Primigravida	%	Multigravida	%	Total	%
PH < 7.20	130	28.5%	171	23.1%	301	25.1%
PH 7.20 - 7.25	94	20.6%	148	20.0%	242	20.2%
PH > 7.25	160	35.1%	316	42.6%	476	39.85
Unobtained/Insufficient Sample	68	14.9%	106	14.3%	174	14.5%

Cord Blood Sampling (n - babies) 2025-Venous	Primigravida	%	Multigravida	%	Total	%
PH < 7.20	33	7.2%	28	3.8%	61	5.1%
PH 7.20 - 7.25	42	9.2%	57	7.7%	99	8.3%
PH > 7.25	345	75.7%	583	78.7%	928	77.5%
Unobtained/Insufficient Sample	35	7.7%	76	10.3%	111	9.3%

Robson Groups 2025	Total LSCS	Total Women	Rate of CS in Group
Group 1 - Nullip Single Ceph Term Spont Lab	40	147	27.2%
Group 2 - Nullip Single Ceph Term Induced	166	256	64.8%
Group 2(a) - Nullip Single Ceph Term Induced	132	222	59.5%
Group 2(b) - Nullip Single Ceph Term pre-labour CS	34	34	100.0%
Group 3 - Multip Single Ceph Term Spont Lab	11	240	4.6%
Group 4 - Multip Single Ceph Term Induced	35	194	18.0%
Group 4(a) - Multip Single Ceph Term Induced *	18	177	10.2%
Group 4(b) - Multip Single Ceph Term Pre-Labour CS *	17	17	100.0%
Group 5 - Previous CS Single Ceph Term	211	235	89.8%
Group 5 (1)- With one previous C.S. Single Ceph Term	157	181	86.7%
Group 5 (2)- With two or more Previous C.S. Single Ceph Term	54	54	100.0%
Group 6 - All Nullip Breeches	19	19	100.0%
Group 7 - All Multip Breeches	16	16	100.0%
Group 8 - All Multiple Pregnancies	10	13	76.9%
Group 9 - All Abnormal Lies	17	17	100.0%
Group 10 - All Preterm Single Ceph	34	49	69.4%
Total	559	1,186	47.1%

Vaginal Birth after Caesarean Section 2025	Number	%
Total No. Of Mothers who had 1 previous Caesarean Section	206	17.4%
No of Mothers who opted for an elective caesarean section after 1 previous Caesarean Section	122	59.2%
No of Mothers who went into spontaneous/induced Labour after 1 previous Caesarean Section	50	24.3%
Outcome of this Category:		
SVD/Spontaneous Breech	21	42.0%
• Ventouse	5	10.0%
• Forceps	1	2.0%
• Total VBAC	27	54.0%
Emergency C.S.	18	36.0%

2.2 Fetal Medicine Report 2025

In this section of the report, the data relevant to ultrasound scans performed during pregnancy Fetal Medicine Services, and provision of specialised care to high risk pregnancies are presented. The number of ultrasound scans and attendances are listed for each hospital separately, and for the Group in total. Where relevant, comparisons are made with previous years.

The majority of Fetal Medicine and Specialised Obstetric Services for four of the five hospitals in the Group (GUH, PUH, MUH and SUH) are provided by the Fetal Medicine Service at a tertiary level in Galway University Hospital. There is a clear referral pathway with rapid access for appointments from all of these sites. These cases are managed jointly by the teams on both sites. In addition, there are regular Fetal/Neonatal multidisciplinary team meetings for planning of optimal obstetric care, site of delivery and Neonatal care. These meetings are well attended by Consultants in Obstetrics and Gynaecology/Fetal Medicine, Consultants in Neonatology, Clinical Sonographers, and Specialist Midwives in specialised care, Directors of Midwifery, and junior medical staff. There are also attended by Professionals in counselling and supportive care and in bereavement. Finally, as required, these meetings are attended by experts in Paediatric and Fetal Radiology, Clinical Genetics, and other subspecialty areas of Paediatrics.

Fetal Medicine Services	GUH	LUH	MUH	PUH	SUH	Total
Total number of scans preformed	17,926	8,771	4,944	5,830	6,669	44,140
Number of EPU scans	2,593	1,520	1,098	1,179	1,549	7,939
Number of Early Pregnancy Scans (inc EPAU & booking scans)	4,512	3,117	2,376	2,300	2,686	14,991
Number of detailed anomaly scans	2,571	1,498	1,236	704	1,217	7,226
Percentage of patients who had an anomaly U/S	99.0%	97.3%	100.0%	99.0%	100.0%	99.1%
Number of other clinically indicated scans	10,843	2,893	2,430	2,814	524	19,504
Number of twins*	103	22	21	30	13	189
DCDA	76	13	16	25	10	140
MCDA	31	9	4	8	3	55
MCMA	4	0	0	0	1	5
Triplets	1	0	0	0	0	1
Quadruplet Pregnancy (n)	1	0	0	0	0	1
Number of Amniocentesis or CVS	59	0	0	0	0	59
Fetal abnormalities diagnosed	313	44	37	38	43	475
Number of deliveries	2,743	1,510	1,307	1,289	1,197	8,046

A small number of cases from LUH are managed via the Fetal and Neonatal Services at GUH, but for practical and travel purposes the majority of cases from LUH are dealt with in other centres

**reflects no. of twins who attended the fetal medicine services for scanning, not the no. of twins delivered in 2025.*

The Fetal Medicine Services are linked to multidisciplinary services nationally to which we are also grateful. A number of our patients attend the specialised Fetal Cardiology/Echo Clinics run by CHI Crumlin and the Coombe Maternity Hospital. Similarly, a number of women every year attend the Fetal Neuro Surgery Clinic that is jointly held between CHI Temple Street and the National Maternity Hospital. We are grateful to the Paediatric Surgical Services at CHI Temple Street and Crumlin for their collaboration prenatally, and in the post-natal period, regarding infants who ultimately require surgery. Finally, we have had a number of collaborations with the Fetal Surgical Services in Leuven Belgium, related to cases of congenital diaphragmatic hernia.

No. of Twins	GUH	LUH	MUH	PUH	SUH	Total
2021	71	51	24	23	27	196
2022	80	44	44	23	13	204
2023	82	27	37	16	13	175
2024	89	24	30	26	14	183
2025	103	22	21	30	13	189

No. of Amniocentesis or CVS	GUH	LUH	MUH	PUH	SUH	Total
2021 * referred to GUH	47	0	0	*9	0	47
2022	50	0	0	0	0	50
2023	69	0	0	0	0	69
2024	59	0	0	0	0	59
2025	59	0	0	0	0	59

No. of Fetal Abnormalities	GUH	LUH	MUH	PUH	SUH	Total
2021	154	31	49	45	23	302
2022	238	34	40	51	60	423
2023	247	32	27	54	30	390
2024	237	46	32	30	52	397
2025	313	44	37	38	43	475

Ultrasound and Fetal Abnormalities Diagnosed 2025 per hospital site	GUH	LUH	MUH	PUH	SUH	Total
Cranial/ CNS/Neuro	**89**	**3**	**9**	**9**	**13**	**123**
Ventriculomegaly (n)	18	0	3	4	2	27
Moderate Ventriculomegaly (n)	7	0	0	0	0	7
Severe Ventriculomegaly (n)	6	0	0	0	0	6
Microcephaly (n)	1	0	0	0	0	1
Spina Bifida and Ventriculomegaly (n)	1	0	1	0	0	2
Ventriculomegaly & Echogenic Kidneys (n)	1	0	1	0	0	2
Arachnoid Cyst (n)	0	0	0	0	1	1
Anencephaly/Acrania and Anencephaly/Exencephaly (n)	11	2	1	1	1	16
Cystic Hygroma (n)	5	1	1	2	0	9
Hydrocephalus (n)	2	0	0	0	0	2
Porencephaly (n)	1	0	0	0	0	1
Hyperplastic Cerebellum (n)	2	0	0	0	0	2
Increased Cisterna Magna (n)	4	0	0	0	0	4
Increased Nuchal (n)	30	0	0	0	0	30
Cystic Hygroma and Trisomy 21 (on amino) (n)	0	0	2	0	0	2
Other (n)	0	0	0	2	9	11
Cardiac abnormalities	**68**	**22**	**2**	**8**	**5**	**105**
Hypoplastic right/ left heart	7	1	0	0	0	8
Transposition	3	0	0	0	0	3
DORV	3	0	0	0	1	4
VSD & AVSD	19	10	1	3	0	33
Tetralogy of Fallot	2	0	0	0	0	2
Interrupted aortic arch	3	0	0	0	0	3
Ventricular disproportion	5	5	0	0	0	10
Irregular rhythm	16	3	1	2	0	22
Pericardial effusion	2	0	0	0	4	6
Aortic Stenosis	2	0	0	0	0	2
Dextroposition	1	0	0	0	0	1
Pulmonary Atresia	2	0	0	0	0	2
Other	3	3	0	3	0	9

Ultrasound and Fetal Abnormalities Diagnosed 2025 per hospital site	GUH	LUH	MUH	PUH	SUH	Total
Abdominal defects/ GI malformations	**16**	**7**	**3**	**2**	**8**	**36**
Gastroschisis	3	0	0	0	1	4
Exomphalous	1	3	0	0	0	4
Abdominal cysts	2	0	1	0	6	9
Abdominal Ascites	1	0	0	2	0	3
Duodenal atresia	0	4	0	0	0	4
Omphalocele	0	0	1	0	0	1
Body Stalk abnormality	3	0	1	0	0	4
Other	6	0	0	0	1	7
Thoracic	**14**	**1**	**1**	**4**	**0**	**20**
Bronchopulmonary sequestration	1	0	0	2	0	3
Congenital cystic adenomatoid malformation	4	0	0	0	0	4
Pleural effusion	1	1	0	0	0	2
Diaphragmatic hernia	3	0	1	0	0	4
Segmental Bronchial Atresia	1	0	0	0	0	1
Other	4	0	0	2	0	6
Structural Facial Abnormality	**7**	**0**	**1**	**0**	**1**	**9**
Cleft lip/ Palate	7	0	1	0	1	9
Renal tract abnormality	**25**	**6**	**8**	**6**	**6**	**51**
Megacystis	2	0	1	0	0	3
Multicystic /Polycystic/ dysplastic kidney	5	0	1	0	0	6
Echogenic kidneys	1	0	0	0	1	2
Hydronephrosis	1	1	4	3	5	14
Megacystic bladder	0	2	1	0	0	3
Dilated Renal Pelvis	8	0	0	0	0	8
Pelvic kidney	0	0	0	1	0	1
Potters Sequence	1	0	0	0	0	1
Renal Agenesis	1	0	0	0	0	1
Other	6	3	1	2	0	12
Skeletal abnormality/ Limb abnormality	**27**	**1**	**4**	**1**	**2**	**35**
Talipes	11	0	1	1	1	14
Long bones <3rd centile	6	1	1	0	0	8
Arthyrogryposis	1	0	2	0	0	3
Skeletal Dysplasia	1	0	0	0	1	2
Kyphosis	2	0	0	0	0	2
Sacrococcygeal Teratoma	1	0	0	0	0	1
Body Stalk Anomaly	2	0	0	0	0	2
Limb Anomaly	3	0	0	0	0	3
Chromosomal abnormality- Genetic Abnormality	**35**	**3**	**2**	**1**	**8**	**49**
Trisomy 21	15	2	2	0	2	21

Ultrasound and Fetal Abnormalities Diagnosed 2025 per hospital site	GUH	LUH	MUH	PUH	SUH	Total
Trisomy 18	9	0	0	0	5	14
Trisomy 13	4	1	0	1	1	7
Kleinfelters	2	0	0	0	0	2
Noonans	1	0	0	0	0	1
FGFR3	1	0	0	0	0	1
Sickle Cell	1	0	0	0	0	1
Deletion of Chromosome 2 from q21.2-q24.1	1	0	0	0	0	1
Chromosome 8 Deletion	1	0	0	0	0	1
Placental	**20**	**0**	**1**	**2**	**0**	**23**
Placenta accreta	2	0	0	0	0	2
Placenta Previa	5	0	1	0	0	6
Vasa Praevia	3	0	0	0	0	3
Amniotic Band	9	0	0	0	0	9
Other	1	0	0	2	0	3
Miscellaneous	**12**	**1**	**6**	**5**	**0**	**24**

GUH Maternal Medicine Summary 2025

The Maternal Medicine Clinic commenced in University Hospital Galway in September 2025. It provides care for women with high risk conditions. Total numbers do not include number of scans as some women may have multiple scans in a month.

Reasons for Referral/Activity	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Total 2025
Cardiac Disease	4	4	6	7	21
Haematology	1	4	2	2	9
Gastrointestinal and Liver Disease	0	2	1	0	3
Neurological Disease	0	4	3	6	13
Respiratory Disease	0	0	1	1	2
Renal Disease	0	0	0	1	1
Rheumatological Disease	0	0	0	1	1
Other	4	3	4	4	15
Total	9	17	17	22	65

MUH Fetal Medicine Summary 2025

The Fetal Medicine Clinic in Mayo University Hospital was set up in January 2022. There are two sessions provided weekly, to accommodate fetal medicine and high risk obstetric cases on site in Mayo University Hospital. Both sessions are facilitated by Dr Gillian Ryan Fetal Medicine Specialist.

MUH Activity	2023	2024	2025
Total number of patients seen in Fetal Medicine Clinic	**93**	**112**	**138**
Fetal Medicine	84	81	114
Maternal Medicine	9	31	30

** 6 patients maternal and fetal medicine.*

MUH Fetal Medicine Diagnosis	2023	2024	2025
Huntingtons Disease	1	0	0
HHT	1	0	0
Wolf Parkinson white syndrome	2	0	1
Epilepsy	2	1	1
Hepatitis B	1	4	1
Discoid Lupus	1	1	0
Multiple Sclerosis	1	0	1
HIV	0	1	1
SLE	0	5	1
Sjorgens Disease Acute Transverse Myelitis	0	0	1
Trepomema Pallidium	0	2	0
Bipolar on Lithium	0	1	0
Rheumatoid Arthritis	0	2	1
CVA and VSD	0	1	0
Maternal Coarctation	0	1	0
Thalasaemia HBEe	0	1	0
Maternal Long QT syndrome	0	1	0
Elhors Danlos/POTS	0	2	0
Parvovirus	0	2	0
CMV	0	1	0
Chicken Pox	0	1	0
Preconceptual Visits	0	3	0
Patients with previous fetus with fetal abnormality	0	14	0

MUH Clinic Maternal Medicine Diagnosis	2025
Long QT Syndrome	1
Mitral Valve Prolapse	1
VSD	2
Mat Tachycardia	1
Cavernoma	1
Meningioma	1
Intracranial Hypertension	1
Myasthenia Gravis	1
Alports	1
Muli cystic Kidney Disease	1
Sickle Cell Trait	1
Thalassemia Trait	1
Addisons Disease	1
Bechets Disease	1
Epidermolysis Bullosa	1
Alpha Trypsin 1 Deficiency	2
Occipital Neuralgia	1
Liver Embolization Liver Haemorrhage	1
Lyme Disease	1
Breast Cancer 16 weeks Chemotherapy	1

2.3 Early Pregnancy Assessment Unit

The Early Pregnancy Assessment Units (EPAU) provide dedicated care to women in early pregnancy. In our region, we have units on each site with four to five sessions provided each week. EPAU are run by a multidisciplinary team, which includes a Consultants Lead, midwife, a midwife sonographer and clerical support. In addition, a bereavement midwife is available upon request as required. The service provides care, support and advice to women as required.

EPAU Clinical activity 2025

Activity/Diagnosis	GUH	LUH	MUH	PUH	SUH	Total
Total Attendances	2,594	1,520	1,368	2,103	1,547	9,132
New	1,668	682	688	589	950	4,597
Return	910	838	680	1,514	597	4,539
Viable Intrauterine Pregnancies	1,028	844	410	577	785	3,644
Complete Miscarriages	338	114	145	112	213	922
Incomplete Miscarriages	143	80	59	98	66	446
Missed Miscarriages	286	200	126	111	137	860
Medical Management	124	75	72	80	101	452
Surgical Management	89	84	39	85	71	368
Conservative Management	69	41	28	19	4	161
Ectopic Pregnancies	13	22	13	18	18	81
Pregnancies of Unknown Location	367	100	88	118	142	815
Molar Pregnancies	1	16	1	4	4	26
Pregnancies of Unknown Viability	288	167	142	138	178	913
BHCG Levels Recorded	970	-	74	450	515	2,009

Definition: Number of first visits to the Early Pregnancy Assessment Unit (EPAU) occurring during the current month (do not count the combined number of first and return visits).

Activity/Site	GUH	LUH	MUH	PUH	SUH	Total	National Rate IMIS
2021 EPAU 1st Visits and % per Delivered	1,611 56.7%	511 32.8%	637 42.0%	806 55.8%	826 60.0%	4,391 50.3%	36.8%
2022 EPAU 1st Visits and % per Delivered	1,560 60.1%	618 42.1%	650 48.1%	644 49.1%	866 70.6%	4,338 54.5%	53.7%
2023 EPAU 1st Visits and % per Delivered	1,552 58.1%	584 37.0%	648 47.8%	809 59.7%	891 73.5%	4,484 55.9%	41.1%
2024 EPAU 1st Visits and % per Delivered	1,576 59.9%	772 52.6%	590 42.9%	646 49.4%	904 74.3%	4,488 55.9%	38.7%
2025 EPAU 1st Visits and % per Delivered	1,668 62.3%	682 45.8%	688 53.2%	589 46.0%	950 80.1%	4,597 58.0%	42.0%

*** indicates where the number of first visits are above confidence indicator. (CI) 95% from IMIS National rate.*

2.4 Combined Obstetric and Diabetic Report

Diabetes in Pregnancy (DIP) is increasingly a public health concern, as rates of this condition continue to rise in our region nationally and globally. DIP includes both diabetes diagnosed during pregnancy termed Gestational Diabetes Mellitus (GDM) and pre-existing Type 1 Diabetes Mellitus (T1DM) and Type 2 Diabetes Mellitus (T2DM) & Maturity onset diabetes of the young (MODY).

Regional Summary Table 2025 – Combined Obstetric and Endocrine Service Report

Diabetic Pregnancies, Type and Treatment	GUH	LUH	MUH	PUH	SUH	Total
Activity						
Total number of mothers delivered	2,677	1,488	1,293	1,280	1,186	7,924
Total number of pregnancies complicated by diabetes	843	237	237	166	159	1,642
% of women delivered with pregnancy complicated by diabetes	31.5%*	15.9%	18.3%	13.0%	13.4%	20.7%
Classification						
Numbers of Type 1	17	6	0	1	3	27
Numbers of Type2	15	13	9	3	12	52
MODY	2	0	1	1	1	5
Numbers of Gestational Diabetes	808	218	227	161	143	1,557
3C Diabetes	1	0	0	0	0	1
Mode of Management						
Diet and exercise	405	57	62	61	65	650
Metoformin	112	31	50	0	28	221
Insulin	291	149	125	105	65	735

** In 2021, GUH introduced FC Mix tubes to collect blood for glucose analysis. The advantage of these tubes is that they inhibit glycolysis more efficiently than standard fluoride oxalate tubes. In fasting specimens (where the delay in transporting specimens to the laboratory is normally greatest), this commonly results in glucose levels approximately 0.2 mmol/L higher in our hospital than in other maternity hospitals. This has resulted in a higher rate of GDM diagnosis in our patient population than that seen elsewhere. After discussing the pros and cons of this, a decision was taken to reintroduce the fluoride oxalate tubes in 2026, which should see UHG GDM diagnosis rates align with those seen in other jurisdictions.*

Regional Activity	2021	2022	2023	2024	2025
No. of Pregnancies Complicated by Diabetes	1,204	1,502	1,410	1,514	1,642
% of women delivered with pregnancy complicated by diabetes	13.8%	18.9%	17.6%	19.1%	20.7%
Type 1	28	32	33	44	27
Type 2	17	25	29	31	52
MODY	2	0	0	4	5
Gestational Diabetes	1157	1445	1,347	1,435	1,557
Diet and Exercise	547	690	617	564	650
Metformin	158	123	97	206	221
Insulin	506	683	672	624	735

Combined Obstetric and Diabetic Service Report 2025	GUH	LUH	MUH	PUH	SUH
Total No. of Mothers Delivered	2,677	1,488	1,293	1,280	1,186
Total No. of Pregnancies Complicated by Diabetes	843	237	237	166	159
Classification of Diabetes					
Total No. of Type 1	17	6	0	1	3
Total No. of Type 2	15	13	9	3	12
Total No. of MODY	2	0	1	1	1
Total No. of Gestational Diabetes	808	218	227	161	143
Total 3C Diabetes	1	0	0	0	0
Mode of Management					
No. of Diet and Exercise	405	57	62	61	65
No. by Metformin	112	31	50	0	28
No. by Insulin	291	149	125	105	65
BMI Breakdown of Women with Diabetes					
No. of women <19	4	3	0	0	0
No. of women 19-24.9	162	40	44	19	3
No. of women 25-29.9	286	67	77	42	25
No. of women 30-34.9	171	70	57	44	45
No. of women = or >35	120	57	158	39	86
No. not recorded	100	0	1	22	0
Labour Onset of Women with Diabetes					
Spontaneous	208	31	50	23	29
Induced	344	124	86	86	64
No Labour	291	82	94	57	60
Delivered in Tertiary Centres	0	0	6	0	6
Delivery Type of Women with Diabetes					
SVD/Spontaneous Breech	340	94	97	60	47
OVD	84	18	19	26	10
Elective CS	231	66	88	34	47
Emergency CS	188	59	27	46	50
Infant Feeding Method					
Breast Alone at Discharge	516	131	86	49	55
Breast and Artificial at Discharge	56	10	62	58	52
Artificial at Discharge	263	96	79	58	46
NND	3	0	0	1	0
Nil orally (on discharge from GUH)	5	0	0	0	0
Transferred out, NPO on transfer, Miscarriage	0	0	10	0	0

2.5 Anaesthetic Report

The Anaesthetic team play a key role in the provision of maternity services, particularly in the management of pain, anaesthesia, sedation, management of the critically ill and the management of high-risk pregnancies.

Site	Rate of GA	2021	2022	2023	2024	2025
GUH	per total mothers delivered	2.0%	1.9%	2.1%	2.7%	1.5%
	per total CS	5.1%	4.9%	5.2%	6.3%	3.4%
LUH	per total mothers delivered	2.1%	2.0%	1.8%	2.8%	2.1%
	per total CS	5.2%	5.0%	4.48%	6.6%	4.7%
PUH	per total mothers delivered	2.3%	1.6%	2.0%	2.1%	2.1%
	per total CS	5.4%	3.9%	4.7%	4.8%	4.5%
MUH	per total mothers delivered	1.3%	1.6%	2.9%	1.7%	2.2%
	per total CS	3.0%	4.1%	6.7%	4.0%	5.2%
SUH	per total mothers delivered	1.2%	1.7%	1.3%	1.7%	1.7%
	per total CS	3.0%	3.9%	3.2%	4.2%	3.6%
National average (IMIS Data)	per total mothers delivered	1.5%	1.8%	1.9%	1.9%	1.9%
	per total CS	3.9%	4.6%	4.7%	4.8%	4.5%

GUH Maternity Anaesthetic Data 2025	Primip	Multip	Total
General Anaesthetic 2025			
GA per Total Mothers Delivered	21 (1.8%)	20 (1.3%)	41 (1.5%)
GA per Total Caesarean Sections	21 (5.2%)	20 (2.5%)	41 (3.4%)
Epidural in Labour 2025			
Epidural in Labour	621	443	1,064
Labour Onset in Women who received epidural in 2025			
Induced	398	283	681
No Labour	0	0	0
Spontaneous	223	160	383
Deliveries Post Epidural 2025			
SVD	176	330	506
Spontaneous Breech/Breech Extraction	3	4	7
Ventouse	174	52	226
Forceps	42	8	50
Elective CS	0	0	0
Emergency CS	204	47	251
Failed Forceps/ Ventouse	22	2	24
Mode of Anaesthetic for Elective CS			
Spinal	189	450	639
Epidural	0	1	1
Combined Spinal	6	3	9
General Anaesthetic	3	3	6
Mode of Anaesthetic for Emergency CS			
Spinal	150	149	299

GUH Maternity Anaesthetic Data 2025	Primip	Multip	Total
Epidural	128	25	153
Combined Spinal	56	13	69
General Anaesthetic	18	17	35
High Risk Obstetrics Anaesthetic Care Reason for Admission 2025			
Post-Partum Haemorrhage (Previa/Accreta/Percreta)	1	5	6
PPH/Secondary PPH	4	1	5
PPH(Previa/Accreta/Percreta)	0	2	2
PPH and Hysterectomy	0	1	1
Sepsis/Septic Shock	2	1	3
Cardiac Hx	1	1	2
Exacerbation of Asthma	1	0	1
Hypokalemia	0	1	1
Exacerbation Autoimmune Condition	0	2	2
Postpartum Bradycardia secondary to AKI	1	0	1
Orthopaedic/Spinal Issue	1	0	1

LUH Maternity Anaesthetic Report 2025

LUH Maternity Anaesthetic Data 2025	Primip	Multip	Total
General Anaesthetic 2025			
GA per Total Mothers Delivered	15 (2.7%)	16 (1.7%)	31 (2.1%)
GA per Total Caesarean Sections	15 (5.6%)	16 (4.1%)	31 (4.7%)
Epidural in Labour 2025			
Epidural in Labour	257	172	429
Labour Onset in Women who received epidural in 2025			
Induced	165	101	266
No Labour	0	0	0
Spontaneous	92	71	163
Deliveries Post Epidural 2025			
SVD	81	121	202
Breech Extraction	0	2	2
Ventouse	65	17	82
Forceps	15	2	17
Elective CS	1	0	1
Emergency CS	94	29	123
Failed Ventouse/Forceps	1	1	2
Mode of Anaesthetic for Elective CS			
Spinal	71	227	298
Epidural	0	1	1
Combined Spinal	1	1	2
General Anaesthetic	3	2	5

LUH Maternity Anaesthetic Data 2025	Primip	Multip	Total
Mode of Anaesthetic for Emergency CS			
Spinal	97	115	212
Epidural	57	14	71
Combined Spinal	28	13	41
General Anaesthetic	11	14	25
High Risk Obstetrics Anaesthetic Care Reason for Admission 2025			
Pre-eclampsia	13		
Sepsis Post Delivery	0		
Ruptured Ectopic	0		
Fast Afib +38/40 pregnant Cardiac arrest	0		
HELLP Syndrome/Severe Electrolyte Disturbance	1		
Other	89		
Reasons Seen in Anaesthetic Clinic 2025			
Epidural/Spinal Problem	28		
Raised BMI	77		
Cardiac	16		
Reaction to Local or GA	4		
Miscellaneous	5		
Minor Back Issue	21		
Other Orthopaedic Issue	4		
Scoliosis	6		
Major Back Issue	25		
Previous Post Dural Puncture Headache	1		
Jehovah Witness	0		
Coagulation	2		
Other	45		
Total	234		

MUH Maternity Anaesthetic Report 2025

MUH Maternity Anaesthetic Data 2025	Primip	Multip	Total
General Anaesthetic 2025			
GA per Total Mothers Delivered	13 (2.7%)	16 (2.0%)	29 (2.2%)
GA per Total Caesarean Sections	13 (6.1%)	16 (4.6%)	29 (5.2%)
Epidural in Labour 2025			
Epidural in Labour	250	202	452
Labour Onset in Women who received epidural in 2025			
Induced	142	119	261
No Labour	0	0	0
Spontaneous	108	83	191
Deliveries Post Epidural 2025			
SVD	83	154	237
Breech Extraction	0	0	0

MUH Maternity Anaesthetic Data 2025	Primip	Multip	Total
Ventouse	36	21	57
Forceps	48	8	56
Elective CS	0	0	0
Emergency CS	83	19	102
Failed Ventouse/Forceps	0	0	0
Mode of Anaesthetic for Elective CS			
Spinal	56	230	286
Epidural	0	0	0
Combined Spinal	0	0	0
General Anaesthetic	2	2	4
Mode of Anaesthetic for Emergency CS			
Spinal	64	87	151
Epidural	80	14	94
Combined Spinal	1	0	1
General Anaesthetic	11	14	25
High Risk Obstetrics Anaesthetic Care Reason for Admission 2025 (CCU/ICU & High observation room)			
Pre-eclampsia	2	1	3
Sepsis Post Delivery	0	0	0
Ruptured Ectopic	0	1	1
Fast Afib +38/40 pregnant	0	0	0
HELLP Syndrome/Severe Electrolyte Disturbance	2	0	2
PET	0	0	0
PPH	1	4	5
Other	1	1	2
Reasons Seen in Anaesthetic Clinic 2025			
Epidural/Spinal Problem	12		
Raised BMI	31		
Cardiac	4		
Reaction to Local or GA	11		
Miscellaneous	0		
Minor Back Issue	5		
Other Orthopaedic Issue	0		
Scoliosis	7		
Major Back Issue	9		
Previous Post Dural Puncture Headache	0		
Jehovah Witness	1		
Coagulation	1		
Neurological	7		
Respiratory	3		
Other	8		

PUH Maternity Anaesthetic Report 2025

PUH Maternity Anaesthetic Data 2025	Primip	Multip	Total
General Anaesthetic 2025			
GA per Total Mothers Delivered	6 (1.3%)	21 (2.5%)	27 (2.1%)
GA per Total Caesarean Sections	6 (2.8%)	21 (5.4%)	27 (4.5%)
Epidural in Labour 2025			
Epidural in Labour	288	228	516
Labour Onset in Women who received epidural in 2025			
Induced	189	129	318
No Labour	0	0	0
Spontaneous	99	99	198
Deliveries Post Epidural 2025			
SVD	72	157	229
Breech Extraction	0	0	0
Ventouse	91	38	129
Forceps	28	5	33
Elective CS	0	0	0
Emergency CS	97	28	125
Failed Ventouse/Forceps	3	0	3
Mode of Anaesthetic for Elective CS			
Spinal	36	229	265
Epidural	0	0	0
Combined Spinal	1	5	6
General Anaesthetic	1	1	2
Mode of Anaesthetic for Emergency CS			
Spinal	76	113	189
Epidural	67	21	88
Combined Spinal	21	8	29
General Anaesthetic	16	9	25
High Risk Obstetrics Anaesthetic Care Reason for Admission 2025			
Pre-eclampsia	1	0	1
Sepsis Post Delivery	1	0	1
Ruptured Ectopic	2	1	3
PPH Monitoring	3	2	5
Not Classified	3	2	5
Reasons Seen in Anaesthetic Clinic 2025			
Epidural/Spinal Problem	19		
Raised BMI	31		
Cardiac	14		
Reaction to Local or GA	10		
Miscellaneous	12		
Minor Back Issue	34		
Other Orthopaedic Issue	5		
Scoliosis	18		
Major Back Issue	5		
Previous Post Dural Puncture Headache	5		
Coagulation	6		
Total	159		

SUH Maternity Anaesthetic Report 2025

SUH Maternity Anaesthetic Data 2025	Primip	Multip	Total
General Anaesthetic 2025			
GA per Total Mothers Delivered	9 (2.0%)	11 (1.5%)	20 (1.7%)
GA per Total Caesarean Sections	9 (3.7%)	11 (3.5%)	20 (3.6%)
Epidural in Labour 2025			
Epidural in Labour	253	209	462
Labour Onset in Women who received epidural in 2025			
Induced	143	112	255
No Labour	0	3	3
Spontaneous	110	97	207
Deliveries Post Epidural 2025			
SVD	62	162	224
Breech Extraction	0	0	0
Ventouse	71	17	88
Forceps	9	2	11
Elective CS	0	3	3
Emergency CS	106	28	134
Failed Ventouse/Forceps	5	0	5
Mode of Anaesthetic for Elective CS			
Spinal	38	188	226
Epidural	0	3	3
Combined Spinal	0	0	0
General Anaesthetic	0	6	6
Mode of Anaesthetic for Emergency CS			
Spinal	110	88	198
Epidural	87	25	112
Combined Spinal	0	0	0
General Anaesthetic	9	5	14
High Risk Obstetrics Anaesthetic Care Reason for Admission 2025			
Pre-eclampsia	2	0	2
PPH	3	7	11
PE	1	0	1
PIH	0	3	3
Intervention Radiology	1	0	0
Motor weakness and Inability to Speak-CT Brain NAD	0	1	1
Reasons Seen in Anaesthetic Clinic 2025			
Epidural/Spinal Problem	3	30	33
Raised BMI	8	31	39
Cardiac	3	14	17
Reaction to Local or GA	1	1	2
Minor Back Issue	1	0	1
Other Orthopaedic Issue	1	1	2
Scoliosis	3	1	4
Major Back Issue	14	9	23
Coagulation	4	2	6
Other	14	35	49
Total	52	124	176

2.6 Perinatal Pathology Report 2025

Perinatal pathology services for the West North West Hospital group became centralised to Galway University Hospital in July 2020. Perinatal pathology services comprise Hospital group wide provision of Perinatal Post-mortem examinations and histopathology examination of placental specimens for Galway University Hospital. In addition, a Hospital group-wide consultation service is provided for placental pathology.

Placental pathology:

There has been a significant increase in placental specimens from 2024 to 2025. In 2024 the service analysed 528 placental specimens and in 2025 the number increased to 827 specimens. 2026 is seeing a further increase in demand for placental pathology analysis.

Placental Pathology:

From 1st of January 2025 until 31st of December 2025; a total of 827 placentas from deliveries at Galway University Hospital underwent histopathological investigation.

Of these, 777 cases were examined and reported at the histopathology department at Galway University Hospital. The remaining 420 placentas underwent macroscopic examination at Galway University Hospital and referral for external reporting at Eurofins.

Additional cases were received for second opinion and review from the wider hospital group. The most common identified pathologies follow the national and international incidence of acute chorioamnionitis followed by spectrum of changes associated with maternal vascular malperfusion and fetal vascular malperfusion, including umbilical cord related pathologies, as well as immune mediated conditions such as chronic villitis of unknown aetiology. Structural pathological findings including abnormal cord insertions, presence of two vessel umbilical cord, placental succenturiate lobation and abnormal membrane insertion were often suspected clinically and confirmed on histopathological examination with overall incidence similar to national and international statistics.

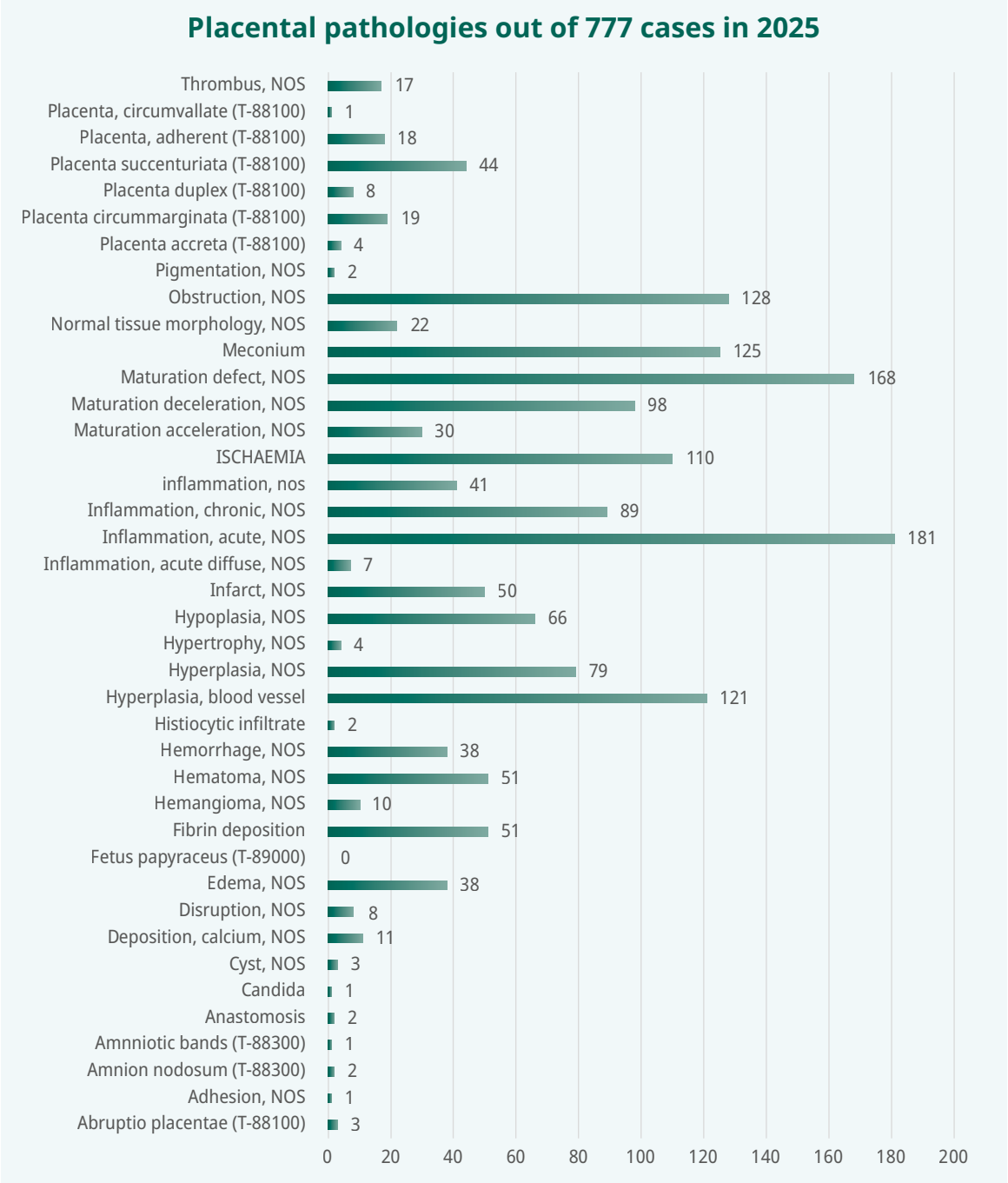
Placentas reported	Total	Reported at GUH	Reported at Eurofins
2025	827	777	
2024	528	236 (44.6 %)	294 (55.6%)

Placental pathological findings overview and breakdown of most relevant findings:

Placental pathologies are coded according to SNOMED codes allowing for subsequent retrieval of data for analysis. 777 specimens were reported and coded at GUH and these form the basis of the statistical analysis.

A breakdown of the most common and clinically significant entities are listed below

Range of coded pathologies at Galway University Hospital comprised



Specific pathologies are further grouped into;

- Inflammatory Conditions
- Maternal Vascular Malperfusion MVM
- FetalVascular Malperfusion FVM
- Structural Variations
- Other Pathologies

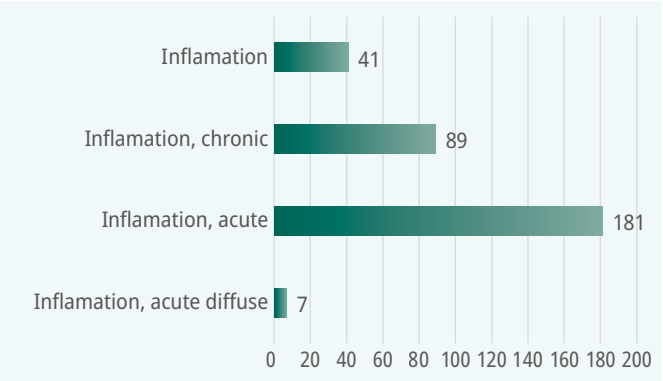
Inflammatory conditions of the placenta:

Out of the total of coded 777 placental specimens, 318 cases; 41% were involved by inflammatory pathologies.

Of these, 25% were involved by acute inflammation, representing acute chorioamnionitis/ascending infection, of which 1% were coded as very severe.

5.3 % showed histologically mild acute inflammation of uncertain clinical significance.

Chronic inflammation, was detected mainly in the form of chronic villitis of unknown aetiology VUE. Coding recorded 11.5 percent of the total placental specimens as being involved by High Grade Chronic villitis of unknown aetiology.

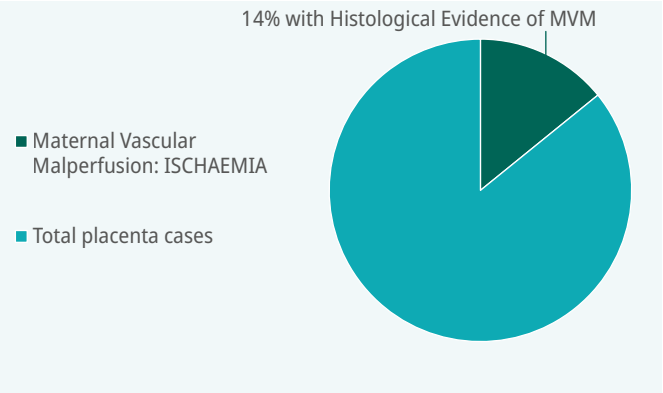


Placental Parenchymal pathologies:

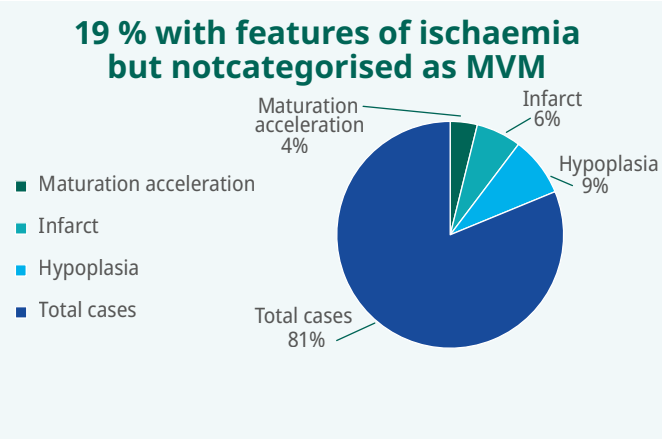
Placental vascular pathologies:

Maternal Vascular Malperfusion:

- A total of 14 percent of the analysed and coded placentas from live births showed histological and macroscopic findings categorized as Maternal Vascular Malperfusion as per Amsterdam consensus criteria.



Additional 19% of the total number of placentas, showed ischaemic changes, but features were not enough to be classified as Maternal vascular malperfusion as per Amsterdam consensus criteria.



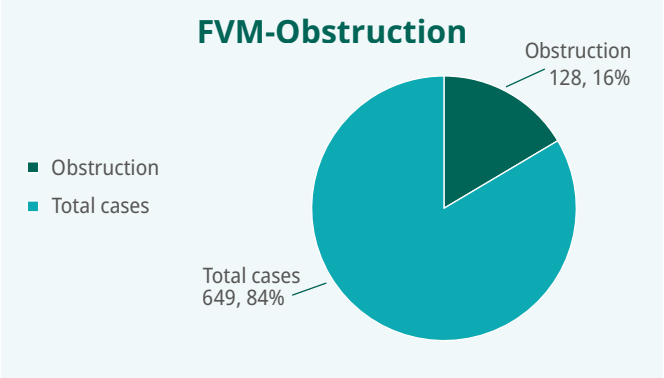
Fetal vascular malperfusion

Cases of fetal vascular malperfusion, (Old term fetal thrombotic vasculopathy) arise secondary to variation or obstruction in fetal placental circulation. Causes for this are multifactorial ranging from external obstruction of vessels, strictures etc, to thrombotic states and to inflammatory states. It manifests in fibrin thrombi in fetal placental vessels and as avascular villi in placental parenchyma. It may be linked with cord pathologies but often arise in the absence of recognized cord pathologies.The placenta can be affected by fetal vascular malperfusion in a low grade or high grade form, which reflects either the volume of the disc which is affected or the number and type of fetal placental vessels which are affected.

Mainly high grade cases were coded at reporting under snomed code of Obstruction NOS.

A total of 16 percent of reported cases from placentas from live births had as their main pathology high grade fetal vascular malperfusion.

(This excludes postmortem cases were fetal vascular malperfusion was the cause of fetal loss).



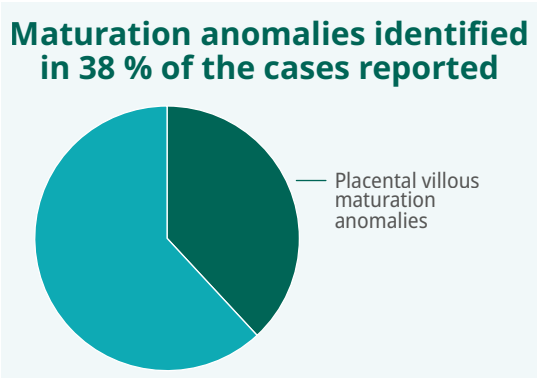
Chorionic Villous Maturation variation

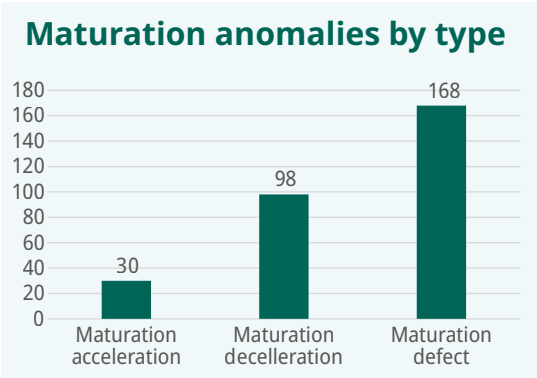
Appropriate maturation of Chorionic villi is essential for placental function and fetal perfusion. Villous maturation can become adversely affected by maternal medical conditions such as raised blood pressure, pre-eclampsia and in change in endocrine function such as in Hyper - or hypothyroidism, or with elevated blood sugars as in maternal diabetes, (Including Type 1, Type 2 and GDM) and on occasion with increased maternal BMI.

Placental function is impaired by both an acceleration of villous maturation and villous maturation delay. The maturation variations were coded according to the type of maturation defect which was observed. Cases with a variation in maturation alternating from either appropriate maturation to pathological maturation or between two different types of pathological maturation i.e from accelerated to delayed; were coded under Maturation defect.

A total of 38% of cases examined at Galway University Hospital showed evidence of maturation anomalies.

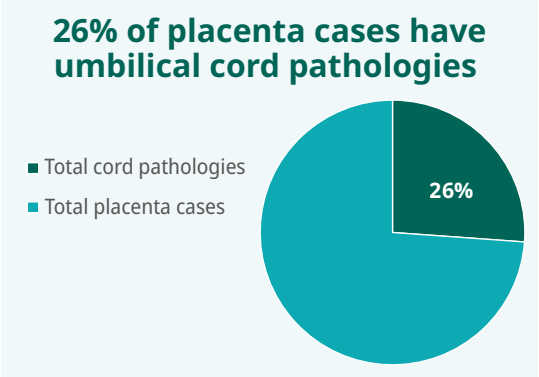
- 4 % of cases showed accelerated villous maturation without other features of maternal vascular malperfusion.
- 12 % of cases showed Delayed villous maturation
- 21.6 % of cases showed a variable maturation pattern.

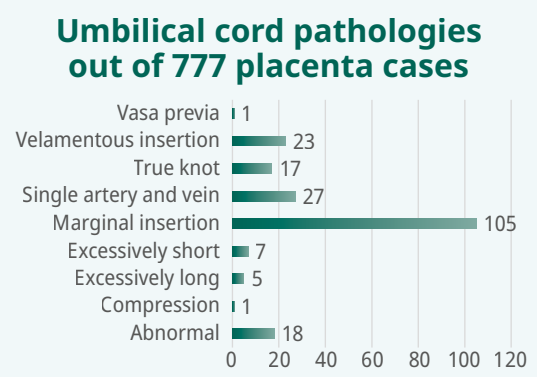




Umbilical cord pathologies:

Umbilical cord pathologies were identified in a total of 26 percent of analysed placentas from live births.



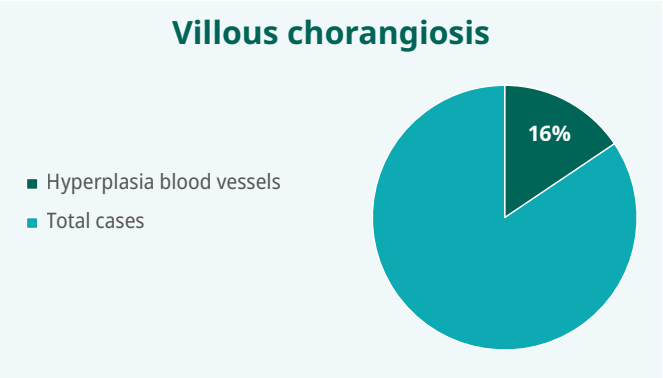


Other placental Pathologies

Additional pathologies which were analysed included presence of villous chorangiosis, which is generally considered to represent a reaction of vascular proliferation in response to hypoxaemia. It can also commonly be observed in cases of maternal diabetes and in the placentas from twin pregnancies.

16% of the total cases showed findings meeting the histological reporting criteria for villous chorangiosis.

Villous chorangiosis was most commonly seen in association with a history of maternal diabetes and gestational diabetes and commonly also in association with delayed villous maturation.



Conditions with high risk of recurrence and high risk of adverse outcomes;

Chronic histiocytic intervillositis and Massive Perivillous Fibrinoid Deposition are two conditions with a high risk of adverse perinatal outcomes, subfertility and risk of recurrence in a subsequent pregnancy. Patients diagnosed with these conditions in a placenta benefit from close clinical follow up preferably in a high risk setting in a subsequent pregnancy.

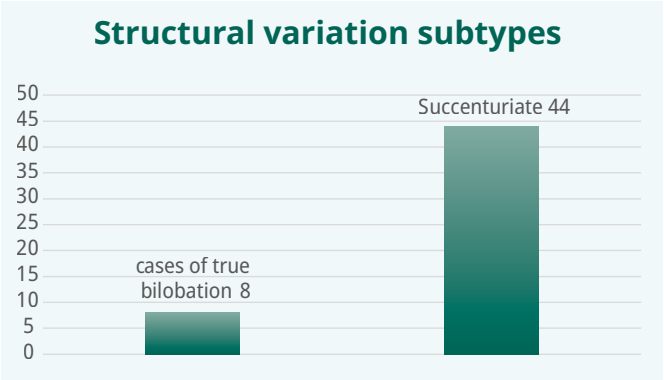
Pathologies with significant risk of recurrence:

- 0.7 percent of all examined placentas had findings of chronic histiocytic intervillositis in 2023 and 1.7 percent of all cases in cases in 2024
- 2025 had a similar number of cases.
- 2 percent of cases in 2023 met criteria for a diagnosis of Massive Perivillous Fibrinoid Deposition (MPFD) in 2023 and 3 percent in 2024.
  - 6 cases (1.4 percent) in 2023 were coded for fibrinoid deposition, which was borderline for MPFD
- Similar figures were seen in 2026.

Structural Variations observed in the placentas.

Structural variations of the placental disc were identified in 44 cases representing 7% of the reported placentas, with the commonest structural variation being a succenturiate lobe.

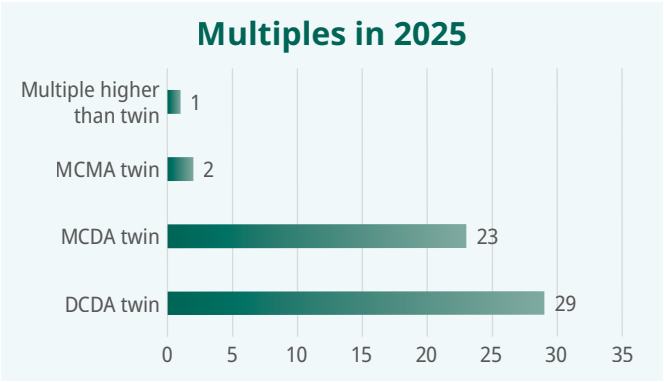
8 cases were true bilobed placentas.



Twins and higher multiples:

A total of 54 placentas from twin pregnancies were received for analyses. Of these 2 were Monochorionic Monoamniotic, 23 Monochorionic Diamniotic and 29 Dichorionic Dichorionic placentas were analysed.

One placenta from a quadruplet pregnancy was received.



Perinatal Autopsy services

Perinatal autopsy services provide for investigation into the cause of death for unexplained second and third trimester intrauterine fetal losses and for cases of early neonatal death. Services cover investigations for both the West North West Hospital group and the Coronial system.

In addition to the investigation into unexplained fetal and infant losses, perinatal autopsy examination also offers the option of performing detailed examination in cases with confirmed antenatal diagnosis of fatal fetal anomalies, genetic mutations or aneuploidies, if further information is required.

Between January and December 2025, a total of 46 cases of perinatal, early neonatal and sudden infant death autopsies were carried out at Galway University Hospital.

A breakdown per gestational age:

- Below 20 weeks gestational age: 14 cases
- 21-28 weeks gestational age:17 cases
- 28-38 weeks gestational age: 8 cases
- 39-40 weeks gestational age: 5 cases
- Sudden unexpected infant deaths: 2 cases

In addition limited external only examinations were performed mainly for second trimester losses, including placental examination and in consented cases review of plain film x-rays.

For all of the investigated perinatal and early neonatal deaths to date, a cause of fetal or infant demise has been identified, with the majority having occurred due to critical placental or umbilical cord pathology, ascending infection, with less common findings of aneuploidies and single gene defects and some associated mainly with fetal anomalies. A significant number of cases carried dual placental and fetal pathologies.

Following completed autopsy investigations, perinatal pathology input by consultant perinatal pathologist is also routinely available for discussion of autopsy findings with both clinicians and bereaved parents, should they wish to avail of the option.

2.7 Maternity – Breastfeeding Report

HSE West and North West Regional Breastfeeding Metric		2021	2022	2023	2024	2025
GUH	Breastfeeding initiation	71.6%	70.9%	72.9%	72.0%	73.6%
	Breastfeeding exclusively on discharge	43.5%	41.6%	40.7%	39.0%	40.2%
	Breastfeeding non-exclusively on discharge	21.3%	23.8%	27.9%	27.3%	30.4%
	Skin to skin contact	84.4%	85.2%	81.0%	81.2%	85.3%
LUH	Breastfeeding initiation	48.4%	54.0%	50.0%	53.7%	58.5%
	Breastfeeding exclusively on discharge	43.3%	35.9%	29.3%	33.7%	32.7%
	Breastfeeding non-exclusively on discharge	3.5%	13.1%	17.08	19.9%	25.9%
	Skin to skin contact	76.8%	77.9%	79.7%	79.0%	80.6%
SUH	Breastfeeding initiation	49.7%	49.2%	56.5%	61.0%	60.0%
	Breastfeeding exclusively on discharge	31.7%	33.0%	38.5%	40.3%	40.3%
	Breastfeeding non-exclusively on discharge	17.7%	22.2%	21.5%	24.3%	25.9%
	Skin to skin contact	84.2%	80.4%	87.3%	87.8%	88.5%
MUH	Breastfeeding initiation	59.6%	56.8%	55.0%	61.0%	64.5%
	Breastfeeding exclusively on discharge	44.6%	44.6%	47.0%	45.6%	46.2%
	Breastfeeding non-exclusively on discharge	17.1%	14.7%	14.2%	19.2%	18.1%
	Skin to skin Contact	80%	84.5%	80.8%	82.3%	86.8%
PUH	Breastfeeding initiation	62.6%	64.0%	63.9%	64.4%	63.8%
	Breastfeeding exclusively on discharge	35.0%	45.4%	36.1%	36.5%	34.7%
	Breastfeeding non-exclusively on discharge	16.8%	20.5%	23.0%	33.5%	33.6%
	Skin to skin Contact	78.3%	81.7%	82.12%	85.9%	83.3%
	IMIS Breastfeeding Initiation National Rate %	62.7%	63.6%	64.2%	65.2%	65.8%

2.8 Perinatal Mental Health Service Report

GUH Perinatal Mental Health Service Report

GUH Perinatal Mental Health Service Activity	2022	2023	2024	2025*
New Referrals	328	416	486	549
New Assessments	241	252	290	237
Reviews	1459	1635	1697	1799

Specialist Perinatal Mental Health Service – University Hospital Galway 2025

Service Overview

University Hospital Galway is a hub site for the Specialist Perinatal Mental Health Service (SPMHS).

They maintained a high level of multidisciplinary clinical activity, providing specialist assessment, intervention and ongoing support for women with perinatal mental health needs. Demand for the service remained high reflecting the ongoing need for specialist perinatal mental health care across the region.

The service expanded and strengthened its therapeutic offering through the introduction of additional evidence-based interventions, including but not limited to CBT, Couples work, compassion focused therapy, while continuing to deliver a wide range of psychological, group and family-focused supports. Ongoing antenatal, postnatal and parenting programmes promoted emotional wellbeing, resilience, parent-infant attachment and early intervention.

Significant progress was also achieved in practice development, education and national collaboration. The service contributed to workforce education, multidisciplinary simulation training and national service development, while continuing to embed compassionate, trauma-informed and family-centred care across all aspects of service delivery.

Priorities and aims for 2026

Key priorities for the coming year include continuing to enhance access to specialist perinatal mental health services, strengthening multidisciplinary assessment and intervention pathways, and responding to increasing service demand. The service will further develop evidence-based therapeutic, group and family-focused programmes to improve outcomes for women, infants and families.

A continued focus will be placed on workforce development, education and training, including strengthening clinical teaching, simulation and professional development opportunities. The service will also build on its national collaborative role, supporting ongoing implementation and development of the Specialist Perinatal Mental Health Model of Care while maintaining a strong emphasis on compassionate, trauma-informed and family-centred practice.

SPMHS Psychology Service Delivery

Clinical Psychology provision continued to make a significant contribution to the Specialist Perinatal Mental Health Service through the delivery of specialist interventions, clinical leadership, supervision, education and service development. During 2025, a new evidence-based parent–infant intervention was introduced to enhance attachment and infant mental health outcomes, while trainee clinical psychology placements increased service capacity and improved access to psychological care. The service also strengthened education, research and community partnerships, supporting improved accessibility and the ongoing development of specialist perinatal mental health services.

MUH Perinatal Mental Health Midwives Activity	2021	2022	2023	2024	2025
Total New Referrals	160	201	171	189	126
Total New Referrals seen Face to Face	-	-	-	148	55
Total New Referrals seen by Telephone/Virtual	-	-	-	22	70
Total Follow Up Appointments	262	369	262	294	215
Total Follow Up Appointments Face to Face	-	-	-	123	190
Total Follow Up Appointments by Telephone	-	-	-	177	25

MUH Reasons for Referral	2025
Birth Trauma	7
Anxiety and Depression	20
Anxiety	63
Depression	26
PTSD	3
Personality Disorders	2
Bereavement	2
With Community Mental Health Team (Liaison Support)	6

Other Activities	2025
Teaching Hours/Preparation	55
Peer Networking	30
Research	45

SUH Perinatal Mental Health Midwives Activity	2021	2022	2023	2024	2025
Total New Referrals	136	130	173 (Including 2 DNA)	171	125
Total New Referrals seen Face to Face	132	115	156	171	125
Total New Referrals seen by Telephone	4	14	15	0	0
Total Follow Up Appointments	199	308	396 (Including 1 DNA)	595	351
Total Follow Up Appointments Face to Face	181	421	286	407	198
Total Follow Up Appointments by Telephone	18	3	109	188	153

SUH Reasons for Referral	2025
Birth Trauma	31
Anxiety	316
Depression	77
Adjustment Difficulties	13
Fear of Childbirth	1
Couples Birth Trauma	7

SUH Other Activity	2025
Teaching Hours/Preparation	20
Peer Networking	20
Research	0

LUH Perinatal Mental Health Midwives Activity	2021	2022	2023	2024	2025
Total New Referrals	123	235	279	144	159
Total New Referrals seen Face to Face	120	155	158	125	147
Total New Referrals seen by Telephone	3	59	22	19	12
Total Follow Up Appointments	936	1228	1063	795	537

LUH Perinatal Mental Health Midwives Activity	2021	2022	2023	2024	2025
Total Follow Up Appointments Face to Face	531	155	769	537	293
Total Follow Up Appointments by Telephone	405	373	294	258	244
Birth Reflections	-	30	40	34	-

LUH Reasons for Referral	2025
Birth Trauma	25
Anxiety	85
Depression	47
Adjustment Difficulties	14
Pregnancy Specific Anxiety	2
Fear of Childbirth	2
Birth Planning Tour	6
Group Work	93
LUH Other Activity	**2025**
Teaching Hours/Preparation	50
Peer Networking	18
Meetings	0

2.9 Perinatal Bereavement and Loss Services Report

Perinatal bereavement care is an integral part of Maternity services, dealing with the loss of a baby or pregnancy can be a difficult and devastating time for parents and families and we endeavour to provide the services and supports in each of our units to meet these needs.

Clinical Midwife Specialists in Bereavement & Loss are key team members in the provision of perinatal bereavement care and support to women and their families to minimise additional trauma and stress to the bereaved woman, her partner and their family.

Perinatal Bereavement and Loss	2021	2022	2023	2024	2025
GUH					
1st Trimester (Miscarriage/TOP)	593	458	415	630	599
2nd Trimester (Miscarriage/TOP)	102	66	72	20	39
Still Birth	7	8	11	5	12
Neonatal Death	8	9 ENND, 1LNND	9	6	10
Total Telephone Consultation	175	384	382	368	327
Total Face to Face	90	160	158	230	217
Hospital Burials	-	-	-	9	10
Pregnancy Loss Clinics	-	-	-	14	13
Willow Support Group	-	-	-	2	12
Recurrent Miscarriage Clinic	-	-	-	-	6
LUH					
1st Trimester (Miscarriage/TOP)	361	335	429	389	309
2nd Trimester (Miscarriage/TOP)	11	15	15	14	14
Still Birth	3	6	0	6	6

Perinatal Bereavement and Loss	2021	2022	2023	2024	2025
Neonatal Death	2	0	1	2	0
Total Telephone Consultation	539	-	721	776	618
Total Face to Face	14	-	149	237	201
MUH					
1st Trimester (Miscarriage/TOP)	-	12	413	464	442
2nd Trimester (Miscarriage/TOP)	-	2	18	9	18
Still Birth	-	0	7	9	7
Neonatal Death	-	0	0	5*	1
Total Telephone Consultation	-	1	162	282	391
Total Face to Face	-	2	56	164	162
PUH					
1st Trimester (Miscarriage/TOP)	365	328	313	276	220
2nd Trimester (Miscarriage/TOP)	13	16	20	19	20
Still Birth	3	4	3	3	8
Neonatal Death	6	3	1	1	1
Total Telephone Consultation	-	-	418	338	239
Total Face to Face	-	-	319	169	241
SUH					
1st Trimester (Miscarriage/TOP)	254	352	342	91	231
2nd Trimester (Miscarriage/TOP)	16	15	17	22	20
Still Birth	4	8	4	5	5
Neonatal Death	3	3	2	4	2
Total Telephone Consultation	226	-	375	257	565
Total Face to Face	82	-	139	182	284

2.10 Antenatal Education Report

Antenatal Education aims to equip pregnant women and their partners with the knowledge and skills to negotiate their journey through pregnancy and to prepare them for childbirth and parenthood.

Activity	Total 2022	Total 2023	Total 2024	Total 2025
GUH Maternity Antenatal Activity				
Attendance at Antenatal Education Classes (Mothers Only) Virtual and In Person	2,491	1,936	2,711	3,735
Preparation for Birth and Parenthood	1,015	960	757	-
Attendance at Virtual Antenatal Programme	-	-	-	3,145
Attendance at Virtual Birth and Parenthood (including partners)	-	-	1,418	-
Attendance at Birth and Parenthood (Women Only)	-	-	-	809
Attendance at Hypnobirthing programme	-	125	278	528
Attendance At Virtual Early Pregnancy Class	-	310	292	372
Attendance at Weekday Sessions incl. partners	2,491	1,920	1,418	1,519

Activity	Total 2022	Total 2023	Total 2024	Total 2025
Attendance at Breastfeeding Webinar	629	600	820	-
Attendance at Virtual Refresher Breastfeeding Webinar	-	-	171	-
Attendance at Refresher Sessions	183	330	246	258
Attendance at Postnatal Reunions New Mums Wellbeing Hub	54	360	231	184
Pre-recorded Postnatal Classes	-	-	2,584	2,677
Attendance at Teen Class Sessions	18	10	14	16
Attendance at 1:1 Antenatal Classes	84	88	42	46
Attendance at Tours of the Maternity Unit (Virtual)	3200	2176	3,300	3,000
In Person Brazilian Class	-	-	11	-
Virtual Baby Basics Class	-	-	80	-

Activity	Total 2022	Total 2023	Total 2024	Total 2025
PUH Maternity Antenatal Activity				
Attendance at Antenatal Classes	92	668	711	939
Attendance at Antenatal Breastfeeding Classes	370	427	175	120
Attendance at Breastfeeding Webinar	N/A	N/A	199	179
Attendance at Birth and Parenthood Classes (Inc. Partners)	N/A	32	170	165
Attendance at Early Pregnancy Class (Inc. Partners)	N/A	219	67	91
Attendance at Hypnobirthing weekend workshop (Inc. Partners)	179	204	159	118
Attendance at Weekday Sessions (Inc. Partners)	N/A	N/A	318	802
Attendance at Virtual antenatal labour & birth preparation class	N/A	387	N/A	-
Attendance at antenatal & Birth preparation for Diabetics & Gestational Diabetics	N/A	20	35	-
Attendance at teen parent classes	N/A	2	13	16
Attendance at 1:1 Antenatal Classes	N/A	8	9	28
Attendance at Tours of the Maternity Unit (Virtual and In Person)	N/A	40	208	808
Attendance at Postnatal workshop	N/A	449	596	658
Attendance at 1:1 postnatal workshop	N/A	17	17	34
Attendance at Refresher Sessions	N/A	N/A	70	180

Activity	Total 2022	Total 2023	Total 2024	Total 2025
MUH Maternity Antenatal Activity 2023				
Attendance at Antenatal Classes ONLINE	281	286	378	542
Attendance at Antenatal classes In Person in the hospital	N/A	213	631	869
Attendance at Antenatal Breastfeeding classes	89	278	267	328
Attendance at Weekday Sessions (Inc. partners) (Virtual and In Person)	71	234	1615	2,680
Attendance at Evening Sessions	210	185	N/A	N/A
Attendance at 1:1 Antenatal Classes	72	21	20	32
Attendance 1:1 Postnatal Classes	N/A	N/A	488	496
Attendance at Tours of the Maternity Unit	40	65	631	694
Attendance at Postnatal Workshop	N/A	364	299	469

Activity	Total 2022	Total 2023	Total 2024	Total 2025
Early pregnancy class	N/A	27	29	32
Twin classes	N/A	10	9	11
Attendance at Teen Class Sessions	N/A	N/A	4	4
Attendance at Refresher Sessions	N/A	N/A	18	62
Attendance at Hypnobirthing Programme	N/A	N/A	253	334
Attendance at Birth and Parenthood Classes	N/A	N/A	356	372

Activity	Total 2022	Total 2023	Total 2024	Total 2025
LUH Maternity attendance Antenatal education				
Attendance at Antenatal Classes	443	489	195	159
Attendance at Antenatal Breastfeeding Workshop	362	377	195	185
Attendance at Weekday Sessions (Inc. Partners)	443	489	387	-
Attendance at Evening Sessions	266	350	-	-
Attendance at Refresher Sessions	68	92	93	120
Attendance at Postnatal Workshop	50	33	60	72
Attendance at Teen Class Sessions	9	8	9	9
Attendance at 1:1 Antenatal Classes	60	77	66	66
Attendance at twin specific class	N/A	6	4	-
Attendance at hypnobirthing workshop (partners inc)	N/A	144	228	247
Attendance at Birth and Parenthood Classes (Primups)	-	-	189	197
Attendance at Birth Companion Classes	-	-	192	-
Attendance at VBAC Classes	-	-	18	-

Activity	Total 2022	Total 2023	Total 2024	Total 2025
SUH Maternity Antenatal Activity				
Attendance at Antenatal Classes	456	690	1222	1590
Attendance at Antenatal Breastfeeding Workshop	158	280	264	281
Attendance at Twin Classes	N/A	N/A	6	17
Attendance at VBAC Classes	N/A	N/A	41	37
Attendance at Ukrainian Specific Cases	N/A	N/A	12	18
Attendance at Birth and Parenthood Classes	N/A	N/A	429	816
Attendance at Hypnobirthing Programme	N/A	N/A	270	192
Attendance at Weekday Sessions (Inc. Partners)	456	646	1501	1480
Attendance at Evening Sessions	2	32	N/A	-
Attendance at Refresher Sessions	76	325	114	63
Attendance at Teen Class Sessions	5	9	5	11
Attendance at Early Pregnancy Class	N/A	N/A	50	122
Attendance at 1:1 Antenatal Classes	15	29	31	33
Attendance at 1:1 Postnatal Classes	N/A	N/A	online	online
Attendance at Tours of the Maternity Unit	online	N/A	online	online
Attendance at Drop in Breastfeeding Clinic	12	N/A	N/A	N/A

2.11 Supported Care Pathway Report

Pathways of care are being developed for the pregnant women who is normal or low risk in pregnancy which is Midwife led within the multidisciplinary framework as recommended in the National Maternity Strategy (Creating a Better Future Together 2016-2026).

Supported Care Pathway Data

GUH Supported Care Pathway	2021	2022	2023	2024	2025
Midwives Clinic					
Total No. of Women who attended the Midwives Clinic	1218*	1027*	770*	772*	621*
% of total deliveries	47.5%	36.1%	27.7%	29.9%	23.2%
Onset of Labour for Supported Care Pathway Women					
Induced	402	67	137	277	238
No Labour	181	8	18	97	66
Spontaneous	635	150	253	398	317
Mode of Delivery Outcome Supported Care Pathway Women					
(Data not fully validated due to mothers transferring to different pathways such as Assisted Care or Consultant Led Care)					
SVD	645	144	246	408	331
Vacuum	177	36	68	105	75
Forceps	46	13	26	41	39
Elective CS	138	6	10	74	51
Emergency CS	212	26	58	144	125
Epidural	561	116	219	373	397
Reason for Transfer Out of Midwives Clinic Care					
Total No. Transferred Out (>/=3 Visits, </=5 visits)	376	572	286	408	1,048
Not Specified/Redirected to more appropriate clinic /Referred back to obstetric consultant on /before 41+0 weeks	-	241	163	170	50
Consultant Plan of Care/Requiring Consultant Plan of Care	-	-	-	10	194
Covid	-	206	-	-	-
Previous Caesarean on Delivery	-	-	-	40	
Various Maternal Morbidities (Hypertension, Gest Thrombocytopaenia, Placenta Previa/Low Lying Placenta, Cholestasis, Cardiac, APH, CA, ?PE, Renal Issues, Fibroids)	25	41	-	23	121
Gestational Diabetes	117	52	14	10	-
High Risk Clinic	-	20	-	14	-
LGA/Increased/Macrosomia	0	8	17	20	62
IUGR/SFD/Reduced/Fall Off in Growth	1	4	7	12	40
PIH/PET	-	-	34	31	11
Malpresentation/Unstable Lie	-	-	21	25	25
Fetal Anomaly	-	-	9	5	70
Polyhydramnios	-	-	7	12	15
Oligohydramnios	-	-	1	4	4
APH	-	-	2	3	-
Cholestasis	-	-	3	-	3

GUH Supported Care Pathway	2021	2022	2023	2024	2025
Maternal request for Caesarean section	-	-	7	9	7
DVT	-	-	1	-	-
IOL Discussion/Returned to Consultant 40/40	-	-	-	-	257
Hyperthyroid/Uncontrolled Hypothyroid	-	-	-	-	10
Anaemia	-	-	-	-	16
Maternal Age >40	-	-	-	-	10
Transfer of care	-	-	-	-	10
Maternal Request back to ANC	-	-	-	-	10

**GUH data includes women who are on the assisted care pathway*

LUH Supported Care Pathway	2021	2022	2023	2024	2025
Midwives Clinic					
Total No. of Women who attended the Midwives Clinic 2	484	388	390	228	455
% of total deliveries	31%	26.4%	24.7%	15.5%	30.6%
Onset of Labour for Supported Care Pathway Women					
Induced	57	63	47	97	91
No Labour	0	0	15	0	28
Spontaneous	225	201	153	131	206
Mode of Delivery Outcome Supported Care Pathway Women					
(Data not fully validated due to mothers transferring to different pathways such as Assisted Care or Consultant Led Care)					
SVD	205	162	144	157	192
Vacuum	37	52	29	31	45
Forceps	N/A	3	5	2	13
Elective CS	N/A	0	0	8	28
Emergency CS	40	47	37	30	47
Epidural	57	64	74	92	96
Reason for Transfer Out of SCP					
Total No. Transferred Out	202	139	153	171	130
Fetal Anomaly	0	1	5	0	22
Bleeding/Low Blood Pressure	-	0	20	0	3
LGA/Increased	-	18	36	28	19
IUGR/SFD/Reduced	-	7	18	7	14
PIH/PET	-	8	14	16	13
Gestational Diabetes	14	31	19	31	20
Malpresentation/UNS		519	14	10	12
Various Maternal Morbidities	-	-	-	0	0
Covid	-	-	-	0	0
Polyhydraminos	-	-	-	8	5
Oligohydraminos	-	-	-	3	4
APH	-	-	-	0	3
Cholestasis	-	-	-	2	4
Maternal Request for C-Section	-	-	-	18	3

LUH Supported Care Pathway	2021	2022	2023	2024	2025
DVT	-	-	-	0	0
Other	-	55	27	48	8

MUH Supported Care Pathway	2021	2022	2023	2024	2025
Midwives Clinic					
Total No. of Women who attended the Midwives Clinic 2022	305	388	345 (57 of this number EDD 2024)	447 (111 EDD 2025)	269
% of Total Deliveries	20%	28.7%	25.2%	32.2%	20.8%
Onset of Labour for Supported Care Pathway Women					
Induced	97	63	91	100	86
No Labour	3	0	14	6	20
Spontaneous	205	201	145	194	163
Mode of Delivery Outcome Supported Care Pathway Women					
(Data not fully validated due to mothers transferring to different pathways such as Assisted Care or Consultant Led Care)					
SVD	205	162	143	203	143
Vacuum	54*	52	32	30	30
Forceps		3	28	14	19
Elective CS	3	0	9	9	19
Emergency CS	43	47	38	37	53
Epidural	-	64	104	128	117
Reason for Transfer Out of SCP					
Total No. Transferred Out	-	139	38	38	49
Fetal Anomaly	-	1	0	1	0
Bleeding/Low Blood Pressure	-	0	0	0	0
LGA/Increased	-	18	6	5	8
IUGR/SFD/Reduced	-	7	3	0	1
PIH/PET	-	8	3	5	1
Gestational Diabetes	-	31	8	7	7
Malpresentation/UNS	-	19	4	4	7
Other	-	55	14	0	3
Polyhydraminos	-	-	-	3	1
Oligohydraminos	-	-	-	1	0
APH	-	-	-	2	1
Maternal Request for C-Section	-	-	-	1	4
Placenta Praevia	-	-	-	2	0
IUD	-	-	-	1	0
Low PLT's	-	-	-	1	0
Preterm Labour	-	-	-	1	1
PRPROM	-	-	-	1	3
Reduced FM	-	-	-	1	0
Incorrect Pathway	-	-	-	2	0
Smoker	-	-	-	-	3
Anaemia not responding to Tx/plt <150	-	-	-	-	4
T/F care another hospital/relocating	-	-	-	-	4

PUH Supported Care Pathway	2021	2022	2023	2024	2025
Midwives Clinic					
Total No. of Women who attended the Midwives Clinic	672	388	561	418	446
% of total deliveries	46.5%	29.6%	44.9%	32.0%	34.8%
Onset of Labour for Supported Care Pathway Women					
Induced	157	63	139	118	148
No Labour	0	0	24	16	20
Spontaneous	390	201	259	202	192
Mode of Delivery Outcome Supported Care Pathway Women					
(Data not fully validated due to mothers transferring to different pathways such as Assisted Care or Consultant Led Care)					
SVD	374	162	255	198	183
Vacuum	98	52	54	56	71
Forceps	4	3	18	14	13
Elective CS	0	0	4	10	9
Emergency CS	71	47	70	58	84
Epidural	U/A	64	231	174	189
Reason for Transfer Out of SCP					
Total No. Transferred Out	113	139	130	82	86
Fetal Anomaly	0	1	1	0	1
Bleeding/Low Blood Pressure	0	0	0	2	0
LGA/Increased	8	18	12	8	5
IUGR/SFD/Reduced	32	7	16	8	5
PIH/PET	17	8	23	15	8
Gestational Diabetes	33	31	45	22	30
Malpresentation/UNS	15	19	7	7	6
Various Maternal Morbidities	-	-	-	1	3
Covid	-	-	-	0	0
Polyhydraminos	-	-	-	3	2
Oligohydraminos	-	-	-	2	1
APH	-	-	-	0	0
Cholestasis	-	-	-	1	0
Maternal Request for C-Section	-	-	-	1	0
DVT	-	-	-	0	0
Other	8	55	26	10	5
Not Specified	-	-	-	2	5
Birthed Elsewhere	-	-	-	-	15
Home Births	-	-	-	-	6

SUH Supported Care Pathway	2021	2022	2023	2024	2025
Midwives Clinic					
Total No. of Women who attended the Midwives Clinic	131	180	231	255	256
% of total deliveries	8.65%	13.3%	19%	20.7%	21.6%
Onset of Labour for Supported Care Pathway Women					
Induced	14	25	38	62	75
No Labour	1	3	1	1	11
Spontaneous	74	73	84	130	130
Mode of Delivery Outcome Supported Care Pathway Women					
(Data not fully validated due to mothers transferring to different pathways such as Assisted Care or Consultant Led Care)					
SVD	54	63	79	127	124
Vacuum	18	16	19	24	30
Forceps	6	1	4	9	4
Elective CS	0	0	0	0	0
Emergency CS	11	21	25	33	58
Epidural	49	54	62	93	104
Reason for Transfer Out of SCP					
Total No. Transferred Out	42	79	102	62	40
Fetal Anomaly	0	0	5	4	2
Bleeding/Low Blood Pressure	0	3	3	0	0
LGA/Increased	2	3	11	2	5
IUGR/SFD/Reduced	2	9	11	2	2
PIH/PET	4	10	17	10	5
Gestational Diabetes	3	5	3	11	2
Malpresentation/UNS	4	7	6	5	5
Various Maternal Morbidities	-	-	-	2	2
Covid	-	-	-	0	0
Polyhydraminos	-	-	-	6	2
Oligohydraminos	-	-	-	0	0
APH	-	-	-	0	1
Cholestasis	-	-	-	2	2
Maternal Request for C-Section	-	-	-	0	0
DVT	-	-	-	0	0
Other	27	42	14	18	0
Not Specified	-	-	-	0	0
Reduced FM	-	-	-	-	1
Placenta Previa	-	-	-	-	2
Maternal request for Transfer	-	-	-	-	2
Moved out of Area	-	-	-	-	4
Requesting IOL	-	-	-	-	1
Disc problems/Backpains	-	-	-	-	1
Palpitations	-	-	-	-	40

2.12 Enhanced Postnatal Service Report

Enhanced postnatal care is a developing service in the HSE West and North West Region. Our focus with enhanced postnatal care is to improve the service provided to mothers and infants following discharge home. We currently have two postnatal hubs, one in Sligo and one in Portiuncula. Additional postnatal hubs will be developed as funding becomes available. In Galway university Hospital there is an early transfer home service.

PUH Enhanced Postnatal Clinics	2023**	2024	2025
Number of women offered an appointment:	257	1113 (86.4% of mothers delivered)	1082 (84.5% of mothers delivered)
Number of women who attended the Postnatal hub:	199	867	817
Number of women who declined an appointment to the Postnatal hub:	16	136	208
Number of DNAs:	45	113	302
Number of women offered a return appointment to the Postnatal hub:	8	104	62
Number of women discharged after 1st visit to Postnatal hub:	N/A	763	755
Number of women referred to additional services:	N/A	17	127

** *Service opened in November 2023*

SUH Enhanced Postnatal Clinic Activity	2023**	2024	2025
Number of women offered an appointment	-	1216 (100% of mothers delivered)	1184 (99.8% of mothers delivered)
Women were seen in the postnatal hub.	85	1063	1065
Number of women who declined an appointment to the Postnatal Hub	-	12	12
Women referred to additional services	21	108	503
Women offered a second appointment	8	79	337
DNA / CNA rate , all offered repeat apt	18	153	159
Number of women discharged after 1st visit to Postnatal hub	-	955	728

** *Service opened in December 2023*

GUH Early Transfer Home (ETH) Service

ETH Service expedites maternal and infant transfer to the community within 24 hours of deliver with midwives providing daily visits to women until day 5 postnatal.

GUH Early Transfer Home (ETH) Service	2021	2022	2023	2024	2025
Discharged to ETH Team	322	348	352	317	332
Number of Mothers	2844	2892	2652	2582	2766
% of Women delivered discharged to ETH	11.3%	13.4%	13.7%	12.3%	12.0%

2.13 Advanced Midwife Practitioner Reports

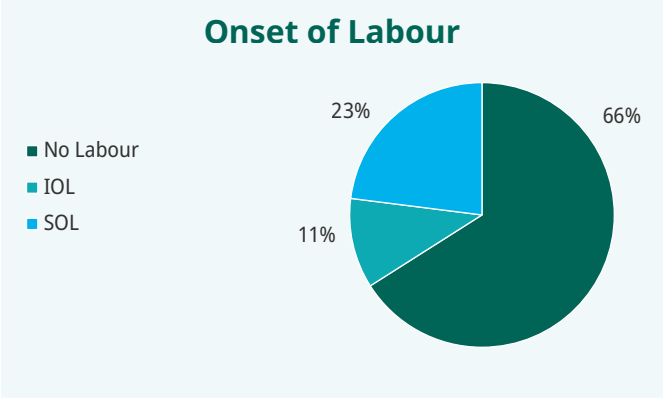
GUH AMP Report 2025

RAMP BAC Clinic

In 2025, 212 women attended the BAC clinic, 2 women delivered elsewhere and 3 had not delivered at the time of the report. There were 525 follow up phone calls after 36 weeks gestation until birth, providing ongoing support and clarification from the BAC clinic.

The onset of labour of the 207 women is depicted below as, No labour 137 (66%), IOL 23 (11%) and SOL 47 (23%).

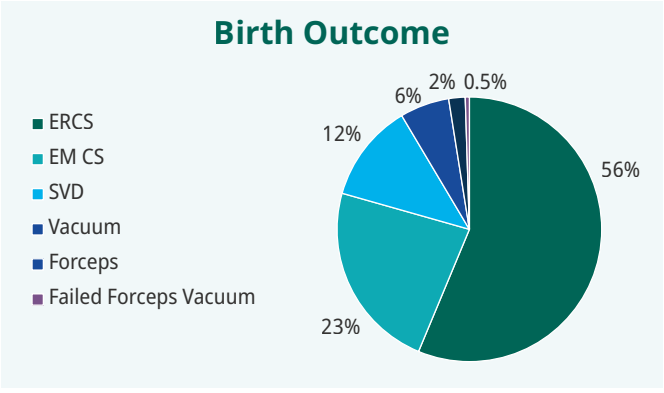
As 23 women had an IOL and 47 had a SOL this results in a 34% VBAC attempt rate.



Birth outcomes

Of the 207 women who attended the BAC clinic 115 (56%) delivered by ERCS, while the vast majority of these women elected for ERCS, there are a portion of women who delivered by ERCS due to Breech/unstable lie, not suitable for IOL or declining IOL with no SOL. 23% (47) of women delivered by emergency/unplanned caesarean section, 12% (25) had an SVD, 6% (13) had a vacuum delivery, 2% (5) had a forceps and 1 woman had a failed forceps – vacuum delivery.

These birth outcomes result in a 21% VBAC rate for the women who attended the BAC Clinic.



BAC clinic feedback

A survey was sent to 174 women who attended the BAC clinic in 2025 and 43 women responded – 25% response rate.

- 97% of respondents rated the BAC clinic as good/excellent.
- 97% of respondents found the BAC clinic beneficial and would recommend it to a friend.
- 100% of respondents felt the BAC clinic addressed all their questions and concerns.

Suggestions for improvement include, combined midwife/obstetric antenatal appointment review near term.

Multidisciplinary education sessions to ensure consistent use of the National Clinical Guideline on VBAC.

Achievements

The BAC virtual education class commenced in February 2025 and 52 women attended the online class.

Continued facilitation of Education sessions for the MDT in Prompt, Fetal Monitoring, National Communication Healthcare Programme, Deliberate Unassisted Birth and Water immersion and birth.

Engagement with Quality and Patient Safety forums weekly, preparation of Preliminary Assessment Reviews and participation with Serious Incident Management Team Meetings.

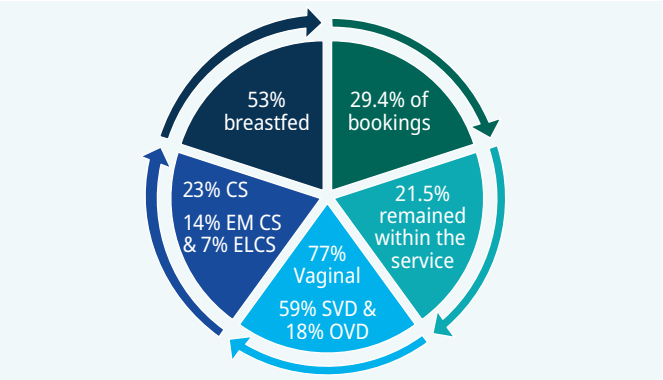
Organising public service user engagement forum.

Attendance and participation at monthly MDT caesarean section and perinatal morbidity meetings.

Continued professional development planning.

LUH AMP Report 2025

- The AMP and CMM2 in supported care work closely together to deliver safe and effective care. Continuity is crucial for patient satisfaction and allows for any deviations to be highlighted and referred appropriately.
- 2025 saw a steady increase in the antenatal referrals into the supported care service of suitable low risk women. 29.4% of bookings attended supported care clinics across our four site locations. Of these women 21.5% remained within the service until birth or received a minimum of three antenatal midwife appointments. Birth outcomes were positive i.e., 192 (59%) SVDs, (18%) OVDs, 47 (14%) Emergency C/S and 28 (7%) Elective C/S.
- 28% were transferred back to consultant led care for the varying clinical reasons as documented above.



- The VBAC clinic was introduced in 2024 and developed gradually over time. However, the service strengthened significantly in 2025, with 149 women attending the clinic, representing 9.7% of total bookings. Twenty-six eligible women declined referral to the VBAC service.
- Of the 149 women who attended the VBAC clinic, 80 women proceeded with a trial of labour after caesarean (TOLAC). Of these, 43 women (54%) had spontaneous onset of labour and 37 women (46%) underwent induction of labour. Birth outcomes for the TOLAC group included 31 successful SVDs and 8 OVDs, resulting in an overall successful VBAC rate of 48.8% (39/80). Forty-one women required Emergency Caesarean Section during labour. The remaining 69 women (46.3% of the total VBAC cohort) proceeded with Elective Repeat Caesarean Section (ERCS).
- Women attending the VBAC clinic received appointments with the AMP at 24 and 32 weeks' gestation. Previous birth history was reviewed in detail and plans for mode of birth were discussed collaboratively. In conjunction with the antenatal education coordinator, women were also offered additional education and birth preparation through dedicated VBAC antenatal classes.
    - 149 women Attended
    - 80 women attempted TOLAC
    - 54% spontaneous onset
    - 46% IOL
    - Successful VBAC 48.8%

MUH AMP Report 2025

MUH Supported Care Pathway	2025
Midwives Clinic	
Total No. of Women who attended the Midwives Clinic 2022	269
% of Total Deliveries	20.8%
Onset of Labour for Supported Care Pathway Women	
Induced	86
No Labour	20
Spontaneous	163
Mode of Delivery Outcome Supported Care Pathway Women	
(Data not fully validated due to mothers transferring to different pathways such as Assisted Care or Consultant Led Care)	
SVD	143
Vacuum	30
Forceps	19
Elective CS	19
Emergency CS	53
Epidural	117
Reason for Transfer Out of SCP	
Total No. Transferred Out	49
Fetal Anomaly	0
Bleeding/Low Blood Pressure	0
LGA/Increased	8
IUGR/SFD/Reduced	1
PIH/PET	1
Gestational Diabetes	7
Malpresentation/UNS	7
Other	3
Polyhydraminos	1
Oligohydraminos	0
APH	1
Maternal Request for C-Section	4
Placenta Praevia	0
IUD	0
Low PLT's	0
Preterm Labour	1
PRPROM	3
Reduced FM	0
Incorrect Pathway	0
Smoker	3
Anaemia not responding to Tx/plt <150	4
T/F care another hospital/relocating	4

PUH AMP Report 2025

2025 continued to be a busy year in the AMP in Supported Care Service, both in the provision of clinical care, supporting staff education and audit and meeting the needs of the service during our period of review. The role continues to focus on the needs of women and the service, responsive to local and national findings, progressing the Supported Care pathway, as per the National Maternity Strategy, and identified needs within the service.

The overall philosophy and role of the Advanced Midwifery Practice in Supported Care is to promote and progress midwifery led services, promote evidence based care in practice, foster a culture of support for normal physiological birth practices and strategies for optimal maternal and fetal health for women who may fall outside the scope of what is considered typically healthy and low risk in maternity care.

The role of the AMP in 2025 included:

- Weekly outreach Supported Care clinic for women who meet the eligibility criteria for SPC pathway - 708 appointments
- Weekly Birth After caesarean Clinic, available to all women who are referred or seek appointment - 262 appointments
- Weekly Birth Reflections clinics - 61 appointments
- Weekly shift on Labour ward
- NIPE and IBCLC support
- Audit and services development
- Education and training of midwives and NCHDs in PUH
- Representing the staff in PUH on the regional and local implementation teams
- Committee member on development of

    1. National Midwifery Postnatal PPPG
    2. NPEC HSE Homebirth Audit Development Committee

- Local PPPG development
- Antenatal education

    1. developed and deliver Birth After Caesarean antenatal education classes
    2. ongoing development and provision of Hypnobirthing antenatal education

- Professing the development of ETH service for roll out in 2026
- Staff learning needs assessment for the provision of, and education for, water immersion and waterbirth and provision of training
- Just Take 5 education initiative
- Supporting the PN hub services
- Ongoing professional training
- Peanut Ball learning tool development

Future service planning for 2026

- Pilot of Early Transfer Home services
- Ongoing progress to realise the home from home room with water immersion and birth services
- Audit

    1. BAC services and compliance with National PPPG
    2. PN hub services
    3. Reduced FM

- Complete Use of Peanut Ball training and implement local training session
- Developing more structured AMP meeting and research
- Ongoing education and training for midwives and NCHDs e.g. fetal monitoring, PROMPT,
- induction training
- Birth Trauma and delivery of Birth Reflection training to further enhance the service
- offering
- Responding to local needs and developing training and awareness around same
- Multidisciplinary support and relevant forums

Birth Reflections Services

The way a mother is treated during her pregnancy and birth can have a lasting impact on her, and her family. International evidence demonstrates that a large percentage of mothers have experienced disrespectful, and abusive, behaviours and care from maternity staff. One in three women report their birth as traumatic, 4-6% of

women will develop PTSD post birth. 1% of birth partners develop PTSD after birth. The birth does not have to be 'abnormal' in the eyes of the clinician for a woman to feel traumatised.

The Birth Reflections clinic at Portiuncula University Hospital is intended as:

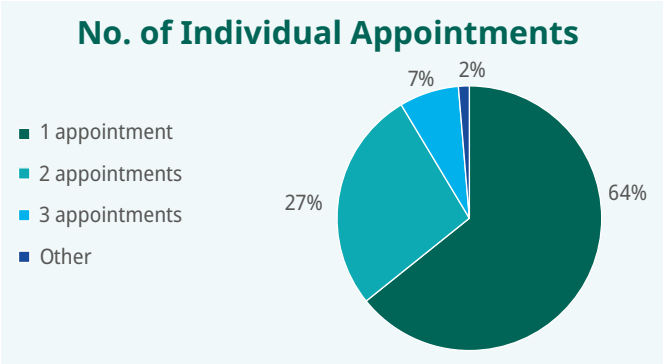
- a structured intervention that is intended to act as primary prevention to mitigate, or at
- least inhibit, acute stress reactions.
- a potential to reduce traumatic reactions for people experiencing trauma.
- an opportunity to gain clarity around what occurred as how a woman perceives her birth
- has an impact on her need to debrief.
- a pathway to further supports
- assistance in planning future pregnancy and birth decisions
- This service is for women, and partners, to attend voluntarily, as evidence suggests that providing women with the opportunity to make sense of their birth experience strengthens them psychologically. 65 women and their partners attended this service in 2025.

Feedback

Themes from this service were:

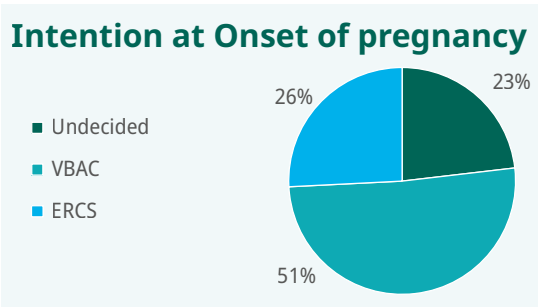
- inconsistent support and information in the antenatal clinics, particularly around Induction of labour and Birth After Caesarean in relation to what is supported in evidenc and practice
- Induction of labour being discussed too early, without enough information on the experience, and risks, in cases of postdates pregnancy
- Unclear communication
- Inadequate postnatal analgesia post LSCS
- Delay in skin to skin post LSCS, baby not been given to Mum immediately in the absence of concerns
- The themes and findings from this service are shared with staff to improve future care and experience of women through various mediums.

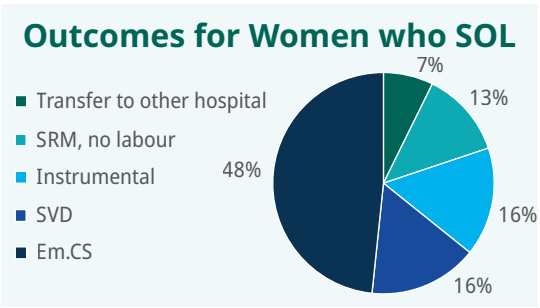
151 women attended the BAC clinic in their pregnancy. This clinic is available to all women with 1 previous LSCS with no absolute contraindications to VBAC. 90% of women would be considered eligible to plan for labour, and birth, following a previous LSCS. This clinic facilitates the sharing of information to support informed decision making, regardless of intended mode of birth. Typically, women are seen at 20 and 36 weeks, returning to Assisted Care Consultant clinic otherwise, with the option of additional appointments, as requested.



Additional Information:

- 45/151 women had complications which may have influenced intended mode of birth e.g. GIDDM/ malposition/IOGR/PET
- 12 women had IOL of ARM or Dilapan
- 14 women had ERCS at 40 to 41 weeks without option of IOL
- 63% initiated breastfeeding





SUH AMP Report 2025

A total of 1186 women birthed in Sligo in 2025. 225 (19%) women were referred for to the advanced midwife practitioner (AMP) service. Of those 189 (16%) women were cared for by the AMP from booking to postnatal discharge, with 1356 scheduled antenatal reviews. Another 36 women had some care from the AMP but for a variety of reasons were transferred back to consultant care antenatally. There was a total of 102 sweeps performed and 55 (29%) of the service users had their labour induced. The overall vaginal birth rate was 68% with an emergency caesarean section (EMCS) rate of 21%. There were a further 547 in patient reviews with 14 women returning postnatally for review. From the AMP service 416 blood tests and other specimens were sent to the lab. 51 prescriptions were written for a variety of reasons. There were 314 phone calls made to/from the AMP service with a further 2195 text messages. 3 women availed of the drop-in breastfeeding clinic.

During the year the AMP continued to undertake continuous professional development (Excel spreadsheet available) including ongoing learning via an in-depth online course into Birth trauma.

The AMP midwifery led journal club continued in 2025 with monthly sessions in person and online with recordings being available to avail of the learning if unable to attend live. Topics presented are detailed in table 1.

Table 1 AMP Midwifery led journal club 2025.

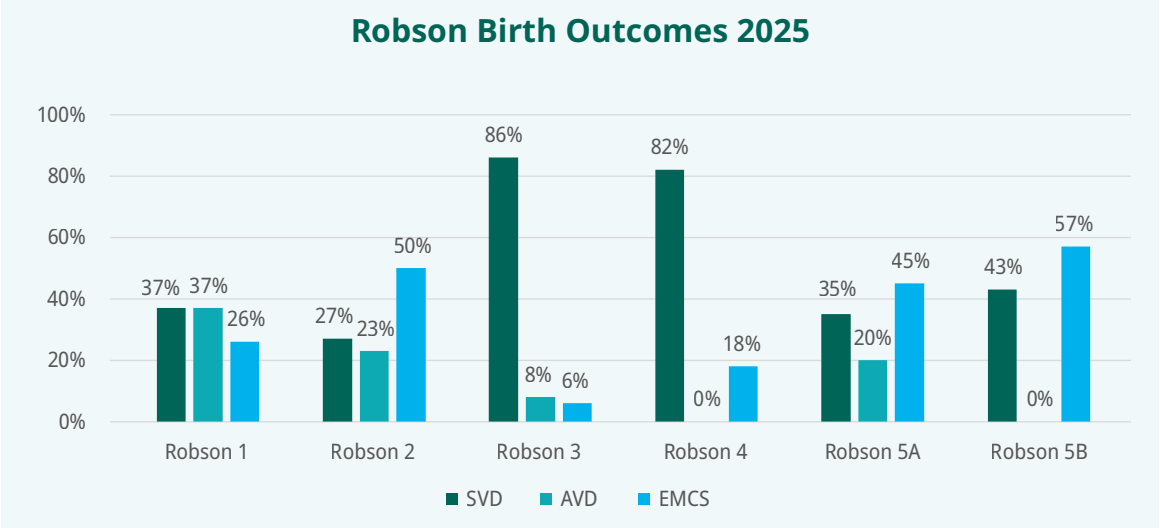
February	Trauma informed Care with Mairead Beirne, Perinatal Mental Health Midwife
March	Informed Consent with Elaine McCaughley and State Claims Agency
May	Hopscotch, biomechanics and RAMP care with Roisin Lennon
June	Postnatal Hub Update with Karlene Kearns
August	Neonatal hypothermia and NICU Update with Carmel Durkin
September	Unassisted Birth with Roisin Lennon
November	Unassisted Birth with Roisin Lennon

Audits into several topics were undertaken and completed:

1. The effect of antenatal education and ongoing encouragement to regularly engage in exercise, biomechanics and hopscotch onset of labour and birth outcomes
2. The impact of encouraging healthy eating and exercise in pregnancy and maintaining weight gain as per Institute of Medicine recommendations on birth outcomes, birth weight and maternal health
3. Ongoing service user feedback using Surveyhero online questionnaire
4. Audit commenced in November investigating ferritin levels and full blood count and their impact on antenatal haemoglobin.

Research in collaboration with Dr Linda Biesty (University of Galway) and Dr Margaret O'Hare (GP) "An exploration of GPs experiences of supporting women's decision-making in relation to vaginal birth after caesarean section" was completed in October and has been submitted to a peer-reviewed journal for consideration for publication.

As an adjunct lecturer of the University of Galway, several teaching sessions were undertaken over the year in Galway and with student midwives on placement in SUH.as well as one with the degree students in St Angela's ATU group.



2.14 Homebirths Report 2025

HSE West North West Health Region Homebirth Service 2025

The home birth service includes the provision of antenatal, intrapartum, and postnatal care (up to 14 days post-birth) by a midwife in the woman's home. For a woman to have a home birth, a second midwife must attend. Three Self-Employed Community Midwives (SECMS) facilitated the Homebirth Service in the HSE WN/W Health Region in 2025.

HSE West Northwest Home Birth Service				
	2022	2023	2024	2025
Total number of inquiries	87	62	35	47
Galway University Hospital	8	10	6	6 (37.5%)
Portiuncula University Hospital	12	8	6	10 (62.5%)
Total / Percentage booked	20	18	12	16
Total Number of Homebirths	**14 (70%)**	**13 (72%)**	**8/11 (72.7%)**	**9/16 (56.2%)**

Like previous years, the demand for a homebirth outstripped the supply, with forty-seven inquiries. This number is up from thirty-six inquiries in the previous year. These figures are based on inquiries made to the Designated Midwifery Officer, and do not include inquiries made directly to the hospitals in the HSE W/N/W Health Region. 34% 16 women were booked for a home birth in 2025. This number is up from the 12 planned home births in 2024. The majority of women booked into PUH, with the remainder booking into GUH.

- The transfer rate from homebirth service to consultant-led service is n=8 (8/16, 50%) for 2026; this is an increase of 8% on the 41.6% (n=5) transfer rate in 2024.
  - (62.5% (5 /8) were antenatal, with (3/8, 37.5%) for postdates at 42 weeks; the remaining (2/8, 25%) were for APH at 39+ weeks and PROM at 40+ weeks.
  - the intrapartum transfer rate was n=3 (37.5%), there was one retained placenta, with one transfer for delay in the first stage and one transfer for unstable lie.
- The birth outcomes for all transfers (n=8), the majority (6/8, 75%) having a normal birth and (2/8,25%) having a caesarean section. For three of the transfers (1 postdates, PROM and APH), an SECM provided intrapartum care in the hospital, and for the intrapartum transfer (delay in the first stage), the SECM remained with the woman, providing support as this woman was transferred to a hospital outside the HSE WN/W Health Region. All four women had a normal birth.
- The normal birth rate for the homebirth service is 87.5% (n=14, 14/16) and the CS rate for the homebirth service was 12.5% (n=2, 2/16) in 2025.
- The SECMs facilitated n=13 (13/16, 81.2%) of normal births across the home and hospital service in 2025.
- The majority of women laboured spontaneously n=14, 14/16, 75%). Of the 5 antenatal transfers, 4 required inductions. One woman who was postdates arrived at the hospital in labour. The woman transferred for APH at 39+ weeks was induced. Three had normal births (all multiparous women), and 1 (nulliparous woman) had a caesarean section.
- The homebirths were undertaken in counties Clare, Galway, and Westmeath. Similar to last year, the majority n= 6 (6/9, 66.6 %) of women resided within Galway County.
- The maternal age at booking varied between 31 and 41 years in 2025, with an average age of over 35 years.
- The majority were multiparous women (n=14, 14/11, 87.5%). There was a small decrease in nulliparous women planning a homebirth in 2025 (n=2) compared with those in 2024 (n=3) was seen.
- The majority (62.4%) of babies were born between 38-40 weeks and 40+1- 40+6 weeks (n=5 in each group).
- The remaining 37.4% n=6 babies, n=3 (in two groups) were born between 41-41-6 weeks and over 42 weeks.
- The smallest baby was 2.995kg and the largest 4.995Kg.
- All women received postnatal care at home from their midwife. This included the eight women who were transferred to hospital care. The number of visits varied from three to eight, depending on individual clinical needs. The average number of visits completed by SECMs was five.
- The day of discharge varied from day 9 to day 15, with the average day of discharge was day 13.

2.15 Health and Social Care Professionals Report

Physiotherapy Services Report

Physiotherapists are key members of the maternity multidisciplinary team and play a key role in preventing and managing physical problems which may present in pregnancy and postnatal period which are common due to the expected changes taking place in your body at this time.

GUH Physiotherapy Referrals	2022	2023	2024	2025
No. Referred from Antenatal Outpatients	877	1046	1050	1021
No. Referred from Postnatal Outpatients	238	234	241	253
No. Referred from Inpatients	645	573	806	740
Total Treatment Sessions	Average x3- 6 treatment sessions per patient referred	Average x3- 6 treatment sessions per patient referred	Average x3- 6 treatment sessions per patient referred	Average x3- 6 treatment sessions per patient referred
Treatments:				
Low Back Pain/Pelvic Girdle Pain			872	
Pelvic Floor Dysfunction				837
Other Musco skeletal Issues			162	187
Obstetric Anal Sphincter Injury	773	866	202	213
Other Pelvic Floor Muscle Dysfunction			26	44
			29	
187Group Education workshops	1399	1420	1512	1603
Maternity Inpatients	866	846	806	740

Service Overview 2025

- Physiotherapy inpatient service to antenatal, postnatal and gynae wards in UHG;
- 1:1 Physiotherapy Outpatient service for women with musculoskeletal issues during and after pregnancy, as well as women of all ages with gynaecological/pelvic floor conditions.
- Group-based workshops, providing education, advice and safe exercise for antenatal and postnatal women..
- Regular participation in in-service training sessions, national conferences, multidisciplinary meetings, interdepartmental meetings and gynae steering group meetings.

Service Achievements 2025

- Return of face-to-face group education workshops to antenatal women with pelvic girdle/ low back pain; Patients can now be given choice between virtual or face to face sessions.
- Involvement in developing, organising and presenting at the NWIHP conference on the role of Physiotherapist in managing Endometriosis
- 'Whats Up Mum' – Physiotherapy content created as part of gynaecology education video for screening in outpatient waiting areas.

Service Aims 2026

- Reduce current 6-month Physiotherapy waiting list.
- Further development of pessary service with training in insertion of more complex pessary options
- Update current maternity website information as part of departmental project
- Completion of a Multidisciplinary Obstetric Anal Sphincter Injury audit for 2025

LUH Maternity Physiotherapy Referrals	2022	2023	2024	2025
No. Referred from Antenatal Outpatients	-	-	40	68
No. Referred from Postnatal Outpatients	-	-	38	-
No. Referred from Inpatients	-	-	24	-
Total Referrals	-	-	102	-
LUH Maternity Physiotherapy Treatment Sessions	2022	2023	2024	2025
Low Back Pain/Pelvic Girdle Pain	-	49	40	-
Obstetric Anal Sphincter Injury	-	4	5	-
Pelvic Floor Dysfunction	-	-	-	-
Other Pelvic Floor Muscle Dysfunction	-	36	6	-
Other Musco skeletal Issues	-	-	4	-
Group Education workshops	68	97	0	-
Maternity Inpatients	932	1038	709	-
Other Pessary Review Patients (not treatments)	-	-	32	-
Total Treatment Sessions	-	-	333	543

Service Overview 2025:

The Senior post for pelvic health physiotherapy has been vacant since 2023. Total no. of appointments to pelvic health physiotherapy service provided to patients for year 2025 was 543 - this includes ALL patients - not just maternity service pts. as they have not been segregated into 2 different categories.

Service Achievements 2025:

Cover for this role is provided by the Urogynae Specialist in Urogynaecology Physiotherapy

Cover for inpatient maternity physiotherapy services was provided by the urogynae clinical specialist physiotherapist until end of 2024. Since Jan 2025 there is no pelvic health physiotherapist service for inpatient maternity.

Service Aims for 2026:

Education of GPs in relation to assessment and fitting of pessary for Pelvic organ prolapse.

MUH Maternity Physiotherapy Activity	2022	2023	2024	2025
Physiotherapy Referrals				
No. Referred from Antenatal Outpatients	17	373 (gynae and maternity combined)	22	84
No. Referred from Postnatal Outpatients	30	N/A	47	100
No. Referred from Inpatients	32	94 (gynae and maternity combined)	112	73
Total referrals	79	467	181	257
Physiotherapy Treatment Sessions				
Total Treatment Sessions	0	345	651	684
Low Back Pain/Pelvic Girdle Pain	17	48	18	50
Pelvic Floor Dysfunction	28	217	173	180
Other Muscoskeletal Issues	21	-	77	0
Obstetric Anal Sphincter Injury	17	17	32	15
Other Pelvic Floor Muscle Dysfunction	0	15	0	0
Group Education workshops	117	380	325	353

MUH Maternity Physiotherapy Activity	2022	2023	2024	2025
Maternity Inpatients	41	48	26	86

Service Overview 2025:

Continued Postnatal discharge class on maternity ward during vacant senior physiotherapy post. Maintained outpatient service to antenatal/postnatal clients

Service Achievements 2025:

Nov 25-Commenced screening of postnatal clients on Labour ward, those with a birth weight>4kg, instrumental delivery or grade 3 or 4 tear routinely screened by physio at 6 weeks postnatal.

Service Aims for 2026:

Audit of the effectiveness of the postnatal screening procedure, commence involvement of pelvic health physiotherapy within routine antenatal classes to improve women's knowledge of pelvic floor function, perineal massage techniques, breathing and positioning for labour.

PUH Maternity Physiotherapy Activity	2022	2023	2024	2025
Physiotherapy Referrals				
No. Referred from Antenatal Outpatients	680	454	248	414
No. Referred from Postnatal Outpatients	49	122	121	152
No. Referred from Inpatients	80	60	61	50

Portiuncula University Hospital Physiotherapy Department continues to provide a Women's Health (WH) service to both in patients and out patients, treating women with ante natal (AN), post natal (PN) and uro-gynaecological dysfunctions.

The significant change in 2025 was the November appointment of a Clinical Specialist Physiotherapist (CSP), Mary Coen, to the Post Natal Hub (PNH) bringing the services in line with the other established PNHs across the country. This service aims to see women in the post partum stage, either referred from the Ward before discharge, by a GP, or by a Midwife in the PNH, which whom the CSP works very closely.

The CSP works in clinics in Loughrea, Portiuncula, Ballinasloe and Athlone, though access to clinic space concurrent to the Midwives' clinic is a problem. There was little advertising needed to get the service off the ground and there is a healthy stream of referrals, increasing as the service becomes established.

With regard to out patient AN lists, we prioritise patients presenting with incontinence, severe low back pain +/- radiculopathy and those with significant pregnancy related pelvic pain. They are triaged, assessed and treated in a variety of ways, including telehealth, face to face and AN Classes. Physiotherapists continue to be involved in the classes at 18+ and 32+ weeks, which supports women in preparation for labour and birth.

In the year to November 2025, post natal referrals were seen by the WH or AN Senior Physiotherapists until the PNH post was established.

Physiotherapists are also involved in MDT education of NCHDs and midwives.

The following services are provided:

Ante Natal – 416 new referrals

- MSK physiotherapy for pregnancy related pain pelvic girdle and low back pain, carpal tunnel syndrome, back pain and other musculoskeletal conditions
- AN classes: 4 per month, delivered on line and in person
- Continence care – bladder and bowel

Post Natal – 152 new referrals

- Post natal ward based reviews (three times weekly) for OASI, back pain / MSK conditions, post LSCS issues, respiratory conditions and any issue preventing timely discharge
- OASI, while as an inpatient and followed up in out patients, as per national guidelines
- Scar management: LSCS, episiotomy and perineal tears
- Post natal continence advice and treatment

- Pelvic Organ Prolapse advice and treatment, including pessary fitting and self management
- Post natal MSK conditions, e.g., DRAM, pelvic girdle pain, log back pain
- Dyspareunia secondary to trauma, scars, muscle dysfunction, etc.

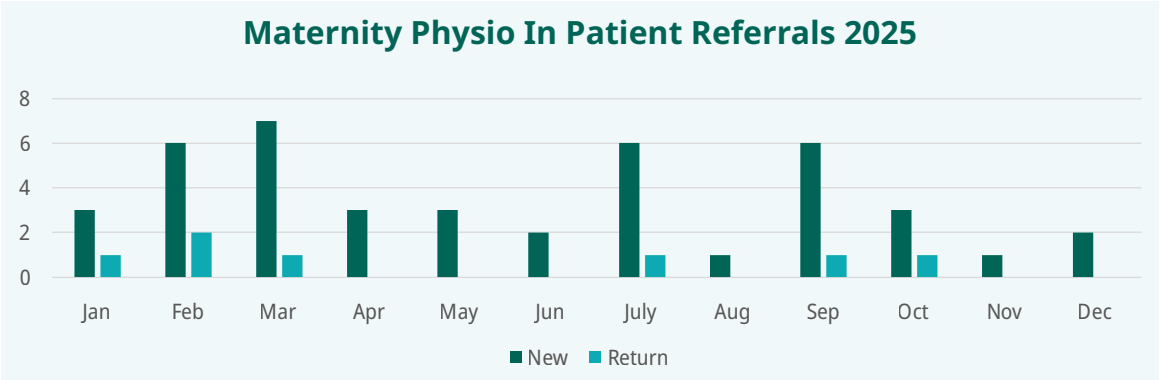


Figure 1: 2025 Maternity Related In Patient Referrals – New = 53, Return = 8

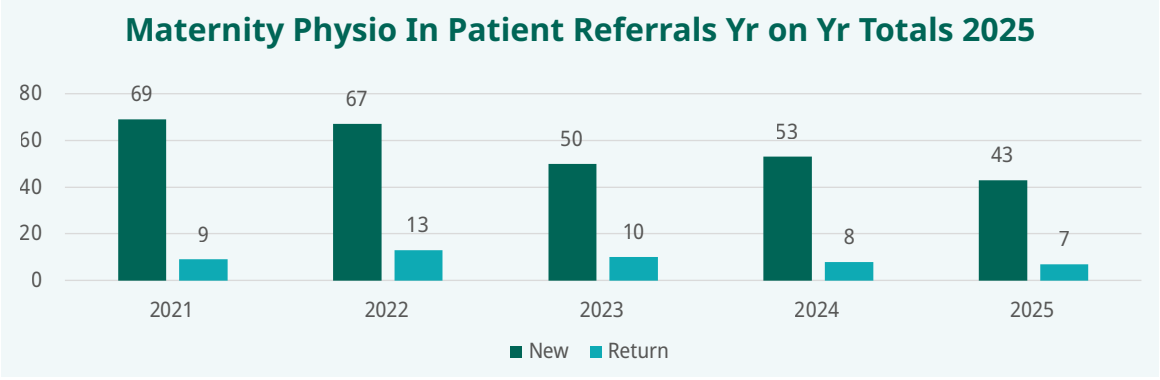


Figure 2: 2025 Maternity Physio In Patient Referrals Yr on Yr Totals New = 43, Return = 7

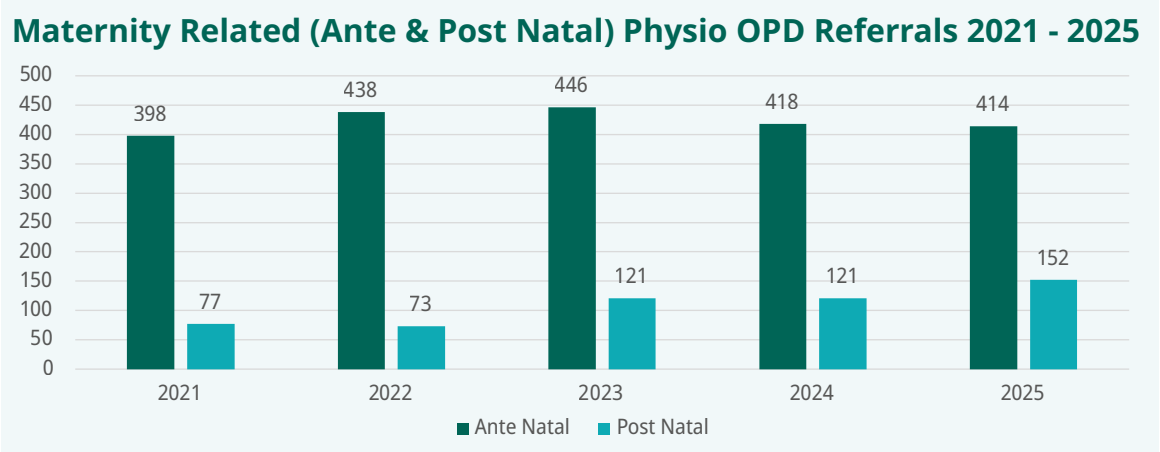


Figure 3: 2025 Maternity Related OPD Referrals – Ante Natal = 414, Post Natal = 152

SUH Maternity Physiotherapy Activity	2023	2024	2025
Physiotherapy Referrals	**156**	**117**	**72**
No. Referred from Antenatal Outpatients	106	45	30
No. Referred from Postnatal Outpatients	30	58	13
No. Referred from Inpatients	20	14	29
Physiotherapy Treatment Sessions			
Total Treatment Sessions	564	205	219
Low Back Pain/Pelvic Girdle Pain	92	72	82
Pelvic Floor Dysfunction	23	45	86
Other Muscoskeletal Issues	21	-	33

SUH Maternity Physiotherapy Activity	2023	2024	2025
Obstetric Anal Sphincter Injury	4	5	18
Other Pelvic Floor Muscle Dysfunction	5	-	0
Group Education workshops	22	6	23
Maternity Inpatients	1170	1109	1149

Service Overview 2025:

Maternity services were limited for 2025 due to a vacant women's health post. The rotating staff grade Physiotherapist under the guidance of the Ambulatory Physiotherapist delivered a comprehensive service to the inpatient maternity ward population.

Service Achievements 2025:

A new clinical specialist physiotherapist joined the postnatal hub team in December 2025.

Service Aims for 2026:

The vacant Senior Women's Health post was regraded to a clinical specialist physiotherapist (CSp) post in pelvic health and filled in April 2026.

Medical Social Worker Report

Medical social workers are key members of the multi-disciplinary team. The primary role of the service is to help women and their families with any psychological, emotional, social or practical difficulties that may arise during pregnancy and after the delivery of the baby including child protection and welfare.

GUH Maternity Social Work

Referral Activity 2025

Maternity Medical Social Work Team	Referrals in 2025
Maternity, Obstetrics and Gynaecology	101
Fetal Assessment Service	42
Teen Parent Support Programme	75
Sexual Assalt Trauma Unit	67
Total	285

Maternity Medical Social Work Service Overview

The Maternity Medical Social Work Department comprises 2.5 Senior Medical Social Workers (including one job share) and three Medical Social Workers providing services across maternity, obstetric, gynaecology, neonatal and paediatric services. The department also manages the Young Parent Support Programme (YPSP), delivered by a Project Leader and two Social Care Workers.

During 2025, demand continued to grow, particularly among women and families seeking international protection. Many required intensive advocacy and practical support related to housing insecurity, homelessness, access to services, and social welfare supports. The team also noted an increase in disclosures of domestic, sexual and gender-based violence (DSGBV).

A service review, commenced in late 2024 and ongoing throughout 2025, focused on capturing the increasing complexity of social work interventions, particularly in relation to:

- Domestic abuse and coercive control
- Homelessness and housing insecurity
- Termination of pregnancy
- Pregnancy and infant bereavement
- Child protection and pre-birth assessments
- Non-accidental injury
- Human trafficking and sexual exploitation

- International Protection Applicants, migrants and undocumented families

A key development in 2025 was the establishment of a dedicated Medical Social Work service within the Sexual Assault Treatment Unit (SATU), building on specialist NICU and Fetal Medicine services introduced in 2024.

Fetal Medicine Unit

A 0.5 WTE Senior Medical Social Worker provides support across the tertiary Fetal Medicine Service serving the region.

The role supports women and families following diagnoses of complex or fatal fetal abnormalities and contributes to the fortnightly Fetal-Neonatal MDT Forum.

Key Supports

- Emotional support and counselling
- Grief and bereavement care
- Crisis intervention
- Stress management and coping strategies
- Support with informed decision-making
- Advocacy and care coordination
- Referrals to specialist support organisations

The service supports families navigating complex diagnoses, pregnancy loss, and decisions regarding continuation or termination of pregnancy.

Sexual Assault Treatment Unit (SATU)

A dedicated 0.5 WTE Medical Social Work service commenced in April 2025, with a satellite service established in Donegal in July 2025.

The service is available to all adults attending SATU.

Four Core Areas

- Emotional support
- Advocacy
- Practical assistance
- Comprehensive care needs assessment

The role includes risk assessment, safety planning, psychoeducation and support and referral to longer-term supports to promote recovery following sexual assault.

Education and Training 2025

To respond to increasing referrals from people living within IPAS accommodation, staff prioritised training in refugee, migration and trauma-informed practice.

Key Training and Development

- Working with Trauma Survivors in the Asylum Context
- Housing Rights and Entitlements for Refugees
- Ruhama and MECPATHS training on trafficking and exploitation
- Tell It Right conference on supporting families following Trisomy 21 diagnoses
- Perinatal Bereavement Committee participation
- Training on the Health (Regulation of Termination of Pregnancy) Act 2018
- Critical Incident Stress Management (CISM) support for staff
- Support for bereavement and wellbeing initiatives

Impact

These activities strengthened expertise in:

- Trauma-informed care
- Refugee and migrant support
- Perinatal bereavement
- Safeguarding
- Staff wellbeing and support

Key Achievements 2025

Service Development

- Established the SATU Medical Social Work Service.
- Developed referral pathways and community partnerships.
- Supported the launch of the GUH Interagency Domestic, Sexual and Gender-Based Violence Committee.

Awareness and Advocacy

- Participated in the 16 Days of Activism Against Gender-Based Violence campaign with community partners.

Bereavement and Education

- Facilitated TEARDROP Bereavement Training.
- Continued delivery of the Willow Bereavement Support Group.
- Supported Paediatric NCHD induction and education.
- Medical Social Work provide a lecture yearly to NUIG nursing staff on the role of medical social work in maternity services.

Family-Centred Care

- Introduced NICU Parent Welcome Packs in partnership with Galway Sick Kids Foundation.

Overall Impact

These developments strengthened psychosocial support, improved multidisciplinary collaboration, enhanced bereavement services, and increased awareness of domestic and sexual violence across hospital services.

Young Parent Support Programme (YPSP)

Formerly the Teen Parent Support Programme, the service was rebranded in 2025 to better reflect the needs of young parents.

YPSP supports young people who become pregnant at age 21 or younger, from pregnancy until their child reaches two years of age.

Areas of Support

- Preparation for parenthood
- Parenting education and child development
- Housing and accommodation support
- Financial advice and budgeting
- Education, training and employment supports
- Emotional and relationship support
- Advocacy and interagency liaison
- Support is delivered through individual work, group programmes, outreach, home visits and referrals to specialist services.

Education and Training

- Staff completed a range of professional development activities, including:
- Parents Under Pressure (PUP) Programme
- Disclosure training (GRCC)
- Child sexual exploitation and trafficking training
- Parenting Support Champions Symposium
- Community and professional networking initiatives

Key Achievements

- Successful rebrand to Young Parent Support Programme.
- Expanded outreach across Galway City and County.
- Supported **15 young parents** to return to education or engage in upskilling opportunities.
- Continued parent and baby peer-support groups.
- Organised family activities and outings.
- Expanded access through a new Ballinasloe drop-in service.
- Registered with the Giving Tree Initiative, ensuring Christmas gifts for participating families.

- Continued provision of baby massage to support bonding and attachment.
- Contributed to DSGBV awareness and interagency initiatives.

Impact

The programme continued to provide holistic, relationship-based support to young parents, promoting positive parenting, educational progression, social inclusion, and improved outcomes for young families across Galway City and County.

LUH Maternity Social Work

LUH Maternity Medical Social Work	2022	2023	2024	2025
New Referrals	46	99	120	29
Total Attendances	46	99	-	29
Teen Parents Support Program				
New Referrals	9	10	-	
Total Attendances	9	10	-	

** Maternity services no longer have a MSW allocated to them. Paediatric MSW provided temporary cover for complex cases and safety planning in 2025. Recruitment of MSW in LUH for maternity services is the aim for 2026.*

PUH Maternity Social Work

PUH Maternity Medical Social Work	2022	2023	2024	2025
New Referrals	254	249	260	210
Teen Parents Support Program				
New Referrals	-	-	25	-

Service Overview 2025

The medical social work department in Portiuncula University Hospital operates from the rationale that addressing problems in a timely manner can prevent their escalation and serve to minimise the distress experienced by patients.

The medical social worker provides psychosocial, emotional, counselling, practical assessment and support to women, their partners and families attending obstetrical, gynaecological and neonatal services in Portiuncula University Hospital. Support is provided for a wide range of issues, such as crisis pregnancy, underage and teenage pregnancies, managing substance misuse in pregnancy, information on practical, financial and legal issues, domestic violence and coercive control, child protection and welfare, pregnancy loss, supports to parents with a baby in the neonatal unit, inclusion health, relationship difficulties, social supports, emotional support, a pregnancy with medical complications for mum and or baby, and dealing with trauma.

Social work support is made available to women attending for antenatal and postnatal care in the midwifery led outlying clinics in Poolboy Ballinasloe, Loughrea, Athlone and Roscommon.

During 2025, child protection and patient safeguarding referrals, including domestic violence and abuse continued to take priority. These cases represent a high percentage of the referrals that required an immediate medical social work intervention and early identification by multidisciplinary colleagues. Medical social workers continued to promote the importance of the 'Children First Act, 2015', and supporting other mandated reporters within Portiuncula University Hospital.

Where required, the medical social worker referred patients to Tusla, child and family agency, and other community services to ensure patients and their babies had appropriate supports in place.

The medical social worker works in partnership with parents, Tusla and other relevant agencies over a number of months to ensure a baby's safe discharge. Only in exceptional cases, should children be separated from their parents after all alternative means of protecting them have been exhausted.

The medical social work continued to work closely with COPE Galway domestic abuse services outreach support worker.

There was an increase in the number of referrals for women and families who had no access to stable home accommodation in 2025. These referrals included families who were homeless or were at immediate risk of homelessness and those seeking international protection, residing in emergency accommodation.

The cost of living crisis continued to have a significant impact on many of the women who engaged with the

department, and we continued to see a significant number of women who require practical support and assistance.

The medical social worker liaised closely with the drug liaison midwife, to provide a comprehensive service for patients with a history of substance or alcohol abuse.

The role of the medical social worker attached to the special care baby unit is to help families cope with the stressful experience of having a premature or sick baby. The social worker provides emotional support, information and practical assistance to parents while their baby is in the hospital and also after their baby has been discharged home.

Our close working relationship with various community services allows for a comprehensive service being made available to many women attending the maternity services in Portiuncula University Hospital, who face extraordinary challenges. The department works collaboratively with a range of community voluntary and statutory services and agencies such as GP's, public health nursing, mental health services, family and community resources centres, migrant support services, to meet the needs of the increasing number of mothers with complex medical, mental health and social issues.

During 2025 with the transfer of higher risk maternity care service from Portiuncula University Hospital to other maternity hospitals, the medical social worker engaged in consultation forums to put in place supports for these women to enable continuity of care.

The medical social work department continues to maintain strong working relationships with third level education providers, with senior medical social worker, providing a student placement to a postgraduate social work student. The medical social worker also provided various training to multidisciplinary colleagues throughout the year.

MUH Maternity Social Work

MUH Maternity Medical Social Work	2022	2023	2024	2025
New Referrals Total :	83	83	122	105
	22 Maternity ward	31 (Maternity Ward)	34 Maternity Ward	33 Maternity Ward
	61 Antenatal	84 Antenatal	61 Antenatal	51 Antenatal
	14 SCBU	19 SCBU	27 SCBU	21 SCBU

Service Overview 2025:

There are 1.5 Senior Social Work posts for the Maternity services.

Senior Medical Social Workers work as part of the multidisciplinary team in the Ante Natal, Maternity, Delivery Suite & Special Care Baby Unit, supporting parents emotionally and practically.

Senior Medical Social Workers also offer follow up check in on discharge and can meet the family again at outpatient appointments, to help support them on their journey through the service.

Senior Medical Social Workers can also link families in with community services to help support them further.

As parents stay significant periods with their babies while in the Special Care Baby Unit, the Senior Medical Social Workers can develop a relationship with parents and support them on their journey, which is often unplanned and which can brings setbacks and challenges.

Senior Medical Social Workers continue to receive referrals from International Protection Applicants seeking practical support with accommodation, transport to hospital and registering with General Practitioners. This has been a significant challenge in the last year given the shortage of GP's nationally.

Senior Medical Social Workers have met with the Social & Health Inclusion team to highlight this challenge for parents and there are now sessional GP's in place to support women and their babies both ante and post natally. Referrals from International Protection Applicants also include requests for emotional support in dealing with the significant trauma that they may have suffered in their home country requiring assistance in adjusting to their move to Ireland, while also becoming parents.

Education and Training 2025:

- All mandatory training has been completed by Medical Social Workers.
- Ongoing work with Tusla Duty Social Work and Maternity staff about reporting concerns to Tusla, in an effort to improve outcomes for Children and Families attending Mayo University Hospital by educating staff on their roles and responsibility under Children First Act 2015. This has improved the quality of the referrals received by Tusla, which assists them in responding in a more time sensitive manner, ensuring that children and families received the support they need.
- Senior Medical Social Workers have been involved in developing awareness within the hospital this year including,
  - Domestic Violence

- Maternal Mental Health Awareness May 6th,
- Infant Mental Health Awareness,
- Children's First Education.

- Senior Medical Social Workers have also presented at the Maternity Multi-Disciplinary Education Sessions on the Maternity ward.

Achievements 2025:

- Continuing to raise awareness of the role of the Medical Social Worker.
- Positive development of relationships with staff within the Maternity services
- Positive development of relationships with community supports for families attending Maternity services in Mayo University Hospital.
- Raising awareness of Infant Mental Health, through participation in the Mayo Infant Health Forum, hosting a stand in the foyer of Mayo University Hospital for Infant Mental Health Week and Maternal Mental Health.
- Medical Social Workers continue to develop the peer support group for Maternity Medical Social Workers in the RHA HSE West & North West.
- Continuing member of the inter agency steering group of Parenting For Life programme in Mayo delivered by Tusla and been involved in the same programme in Roscommon as they set up the programme.
- Senior Medical Workers are members of the Mayo Infant Mental Health Forum, which is a multi-disciplinary meeting which involves education sessions, raising awareness and networking.
- Senior Medical Social Workers attends the Complex Maternity Meeting monthly, to share information and offer advice on complex cases. This helps to ensure good communication both to enhance family's experience of the maternity service.
- Senior Medical Social workers has developed close working relationships with Tusla and this helps to ensure that there are safety plans in place for all babies and families on discharge from Mayo University Hospital where there is a Child Protection concern identified.
- Senior Medical Social Workers regularly refer families to TUSLA family support services.
- Senior Medical Social Workers have been involved in facilitating in reach Tusla education sessions in collaboration with the Children First Committee.
- Senior Medical Social Workers have access to the online Maternity chart, which ensures timely updates for all staff on progress in our work with families attending the Maternity Services.

Aims 2026:

- To widen our peer support Medical Social Worker group to include Maternity Social Workers throughout Ireland to share ideas and to ensure continuity of care for our patients.
- To develop our links with Social Inclusion workers in the community to ensure continuity of our pathway of care and support.
- To facilitate further training/workshops with other services in particular Mayo Women's Support Services, Ruhama, Spirasi, Treoir and Citizens Information.
- To continue to develop working relationships with our colleagues within the community and IHA. e.g. Community Mental Health Teams, Safeguarding, County Council and Disability Services.

MUH Pregnancy Counselling Service Overview: Input for Maternity Services 2025 Annual Clinical Report

Service Overview 2025:

The Pregnancy Counsellor operates as a 0.6 WTE post within the Maternity Services at Mayo University Hospital, serving patients across multiple settings including Labour & Maternity wards, EPU, and Antenatal Clinics — including outreach at Ballina since 2004.

In 2025 were 125 new referrals to the Pregnancy Counselling service from 9 different referral sources.

New Referrals	76 (Antenatal) 22 (Bereavement Midwife) 7 (Early Pregnancy Unit) 6 (Sonographer) 4 (Perinatal Mental Health Midwife) 4 (Medical Social Work) 4 (Maternity) 1 (GP) 1 (Self)
Total	125

Counselling in Pregnancy is offered in the area of:

1. **Bereavement Counselling:** Anticipatory & Bereavement Counselling in a dedicated space to support those navigating diagnosis of life-limiting conditions, pregnancy loss -a miscarriage, an ectopic pregnancy, a late stage pregnancy loss, a stillbirth, a termination, or perinatal death. Bereavement Counselling is also available where previous unresolved grief and loss in pregnancy is impacting on a person's experience of a current pregnancy.
2. **Difficult diagnosis:** Counselling for parents from time of diagnosis through pregnancy & beyond, with referral to long term community counselling if needed.
3. **Traumatic Birth:** Trauma-informed counselling in a safe space to support parents heal from a previous difficult birth experience that may be impacting their experience of their current pregnancy.
4. **Options Counselling:** Non-biased counselling on all options including parenting, abortion & adoption. Post-termination counselling available.
5. **Maternal Mental Health**: Counselling for expectant mothers who experience anxiety, low mood & depression in the antenatal stage, in partnership with the Perinatal Midwife in Mental Health.

Pregnancy Counselling Activities:

1. Counsellor was one of the founder members of the annual Service of Remembrance for Pregnancy and Child Loss serves as committee Chairperson of the Service that was established in 2003.

   Aprox 200 parents/ family members attended the annual service for pregnancy & child loss in 2025. Many of those in attendance were known to the counsellor who had supported them around the loss of a pregnancy or a baby due to difficult diagnosis in pregnancy or termination and all pregnancy loss situations in the last year.

   The service is a multi-professional approach to provide a reflective, spiritual and therapeutic space of acknowledgement of baby and child loss and support to families.

2. Presented on behalf of the Remembrance Committee for Pregnancy Loss at the European Grief Conference at Croke Park, hosted by the Irish Hospice Foundation in partnership with Bereavement Network Europe, RCSI & Danish National Centre for Grief. Presentation was on the re-designed of our annual service to meet the diverse needs of a multi-cultural population, supporting bereaved families regardless of religious or philosophical beliefs.
3. Continue strengthening links with hospital professionals and community services locally and nationally :
   - Presenting at Antenatal Education sessions.
   - Monthly Complex Perinatal Meeting attendance and presentation.
4. An active member of the following groups which meet regularly:
   - End of Life, Hospice Friendly Hospital Committee
   - Steering group of Parenting For Life Programme.
   - Support awareness campaigns:
   - Baby Loss Awareness
5. Maternal Mental Health & Infant Mental Health.
6. Continued collaboration with Specialist Services: Bereavement Midwife and Perinatal Mental Health Midwife
7. Continued support and counselling across all areas of maternity care.

SUH Maternity Social Work

SUH Maternity Medical Social Work	2022	2023	2024	2025
New Referrals	109	85	60	64
Total Attendances	572 (Direct contacts)	425 (Direct Contacts)	300	320
Teen Parents Support Program				
New Referrals	8 (under 20)	8 (Under 20)	No Allocated MSW due to staff shortages	No Allocated MSW due to staff shortages
Total Attendances	40	40	-	-

Service Overview 2025:

There is no social worker specifically allocated to the maternity services. Psychosocial service required is provided from the general medical social work department allocation. Due to current staffing demands, the social work service is unable to provide a full service. A dedicated social work post would meet all women and families requiring psychosocial support, would provide education, training, support teen parents programme and service development activities.

Nutrition and Dietetics

Dietitians assess patients' medical and nutritional needs, identify any areas of concern and offer support to help make diet and lifestyle changes when needed for women who have additional dietetic needs. Dietitians work as part of multidisciplinary teams and link with other health professionals.

GUH Maternity Nutrition and Dietetics 2025	
Referred from Inpatients	50
Referred from Outpatients	567
Total Referrals	617

GUH Service Overview: Maternity Dietetic Services (2025)

The maternity dietetic service provides evidence-based nutritional care across antenatal and postnatal pathways through group education, outpatient clinics, inpatient care, and digital support.

- Group Education & Health Promotion
- Early Pregnancy: Monthly nutrition talks at the Early Pregnancy Class.
- Gestational Diabetes Mellitus (GDM): Weekly virtual education sessions for newly diagnosed women.
- Postpartum Support: Monthly attendance at the New Mums Hub covering postnatal nutrition, Q&A sessions, and signposting to weaning classes.

Clinical & Outpatient Services:

- Outpatient Clinics: Three dedicated clinics per week targeting high-priority pregnancies as per referral protocols.
- Multidisciplinary Care: On-call service provided to the Wednesday Diabetes in Pregnancy clinic.
- Inpatient Care: Clinical assessments and nutritional interventions for acute admissions, including Hyperemesis Gravidarum (HG), GDM, and poor gestational weight gain.
- Service Continuity & Communication:
- Patient Support: Continuous management of patient queries and follow-ups via email and phone

Key Achievements (2025)

- Last year, the service focused on health equity, digital innovation, and strengthening multidisciplinary communication loops.
- Patient Safety, Health Equity & HIQA Compliance
- Culturally Appropriate Care: Commissioned the formal translation of four core GDM diet sheets into the most common non-English languages observed at UHG.
- Regulatory Compliance: Established these specialised maternity translation pathways in direct fulfilment of HIQA recommendations.
- Cross-Hospital Collaboration: Liaised with the Maternal Diabetes Ireland (MDI) group to successfully coordinate, distribute, and co-share translation costs across regional centres.
- Digital Health & Clinical Innovation
- Real-Time Remote Monitoring: Integrated Contour blood glucose monitoring technology into active service workflows, enabling real-time tracking of patient glycaemic logs and optimizing clinical decision-making.
- Integrated Care & Multidisciplinary Communication
- MDT Alignment: Enhanced the clinical pathway for GDM through tighter, structured communication loops with the Diabetes Nurse Specialist (CNS/ANP) and Endocrine teams.
- Ward-Level Food Service Safety: Delivered focused nutrition education to ward-level catering staff, improving their understanding of GDM restrictions and ensuring appropriate inpatient meal choices.
- Proactive Preventative Care, Targeted Micronutrient Screening: Increased active Vitamin D status checks among vulnerable and high-risk pregnant women presenting to the Outpatient Department (OPD).

Service Development & Quality Improvement Goals

In response to findings from the National Maternity Experience Survey (NMES) 2025 and evolving clinical data, the service will target the following strategic improvements:

- Workforce Education & MECC (Making Every Contact Count)
- Midwifery Training: Deliver targeted nutrition updates to midwives at ward level and within the OPD to ensure standardised, evidence-based dietary messaging.
- Undergraduate Integration: Explore opportunities to deliver dedicated maternal nutrition modules to student midwives within their college curriculum.
- Service Accessibility & Patient Experience (NMES-Driven)
- Antenatal Education Expansion: Scale the "Nutrition through Pregnancy" talks to increase capacity, opening attendance to a wider cohort of pregnant women.
- Postnatal Care Optimization: Review and restructure the Postnatal Hub talks to align with specific NMES recommendations, incorporating robust education on breastfeeding support.
- Targeted Vitamin D Screening and Correction
- High-Risk Maternal Screening: Implement a formal Vitamin D testing protocol for high-risk maternal groups (including women with high BMI and darker skin tones) to mitigate clinical risks and reduce subsequent healthcare costs to the HSE.
- Neonatal (NICU) Pathway Alignment: Establish a corrective pathway to test and treat mothers of infants admitted to the NICU with confirmed Vitamin D deficiency, ensuring maternal correction and supporting neonatal health.

Expected Clinical Outcomes

- Consistent Messaging: Increased confidence among midwifery staff, leading to standardized nutritional advice at all patient touchpoints and timely dietetic referrals.
- Patient Empowerment: Higher rates of health literacy among the general obstetric population regarding optimal gestational nutrition and increased future NMES satisfaction scores.
- Gestational Weight Management: Optimised gestational weight gain patterns through early, multidisciplinary intervention for high-BMI cohorts.
- Reduced Deficiencies & HSE Cost Savings: Early detection and correction of hypovitaminosis D in high-risk groups, reducing long-term treatment costs for severe infant vitamin D deficiency and optimizing breastmilk nutritional profiles for NICU infants

LUH Maternity Nutrition and Dietetics	2022	2023	2024	2025
Total New Referrals	124	128	254	243
Total Referred from Inpatients	5	5	4	3
Total Referred from Outpatients	119	123	250	240
Total Attendances	132	138	939	878
Total Attendances from Inpatients	6	10	16	5
Total Attendances from Outpatients	126	128	923	873

Service Overview 2025:

A general dietetic service is provided to the maternity ward as required. The only outpatient service is for those with diabetes

Service Aims 2026:

Continue to seek support for previously presented business case for dietitian to provide inpatient and outpatient service to maternal health as no service currently available from acute or community dietetics

MUH Maternity Nutrition and Dietetics	2022	2023	2024	2025
Total New Referrals	59	7	194	187
Total Referred from Inpatients	28	4	8	6
Total Referred from Outpatients	31	3	8	1
Total Referred from Gestational Diabetes	-	-	178	180
Total Attendances	59	13	194	294

MUH Maternity Nutrition and Dietetics	2022	2023	2024	2025
Total Attendances from Inpatients	28	10	8	20
Total Attendances from Outpatients	31	3	8	2
Total Attendances from Gestational Diabetes	-	-	178	272

Service Overview 2025:

With no dedicated dietitian senior for the maternity service, dietetic service provision is in a reactive fashion with no service development work feasible. A dietetic service is provided to gestational diabetes from the adult diabetes dietitian workforce. This includes a mix of one-to-one consults and talks tailored to meet the patient's needs.

Service Aims 2026:

Plan to continue with the current service in 2026.

SUH Maternity Nutrition and Dietetics	2022	2023	2024	2025
Total New Referrals (inc 99 attending weekly GDM* group sessions)	112	112	25pts + 113 attended group education session	14 pts + 144 GDM attended group education sessions
Total Referred from Inpatients	13	6	12	2
Total Referred from Outpatients	90 9 IDDM/NIDDM –	99 GDM* – 8 IDDM/NIDDM –	113 pts attended , 13 (8 IDDM+ 5 NIDDM) + weekly GDM 30 min group education group	12 (6 IDDM+ 6 NIDDM) + weekly GDM 30 min group education group – 144 pts attended .- with very limited dietetic follow up **– Other referrals not accepted**
Total Attendances	230	156	262	238
Total Attendances from Inpatients	48	11	24	3
Total Attendances from Outpatients	182	145	234	235

**Gestational diabetes myelitis*

Service Overview 2025 :

No funded dietetic service available to obstretics in SUH and consequently very limited service available. Priority based dietetic service available to in-patients (provided by general dietetic pool) with no out-patient follow up available.

Ladies with newly diagnosed gestational diabetes (GDM) are invited to attend a weekly 30 min group education session which provides an overview of the role of diet in management of diabetes. This is provided by a number of dietitians on a rotational basis.

Patients with type 1 / 2 diabetes are managed by the Senior diabetes dietitian. – who attends a joint Obs / DM clinic once per month There is no service for those pregnancy planning

No general out-patient ante / postnatal service available.

Achievements 2025:

On-going submissions, to both the speciality and general management, of risk assessments and business cases to support specialist dietetic service to the speciality.

Aims 2025:

Approval and recruitment of resources to support development of specialist maternal health dietetic service in SUH.



3

CHAPTER 3

Neonatology

3.1 Service Overview
3.2 Neonatology Activity
3.3 Developmental Dysplasia of the Hip
3.4 Advanced Nurse Practitioner (ANP) Neonatal Report
3.5 Health and Social Care Professional (HSCP) Reports

3.1 Service Overview

Neonatal services across the region provide a coordinated model of care spanning four Model 3 hospitals and the regional Neonatology Intensive Care Unit (NICU) Model 4 hospital at Galway University Hospital (GUH). This networked approach supports the delivery of neonatal care as close to home as clinically appropriate, while enabling timely access to higher levels of specialist and intensive care when required.

Portiuncula University Hospital (PUH), Mayo University Hospital (MUH), Sligo University Hospital (SUH) and Letterkenny University Hospital (LUH) provide Level 1 special care for infants born at greater than 31 completed weeks' gestation.

GUH, as the regional referral centre, provides Level 2 neonatal intensive care for infants born at greater than 26 completed weeks' gestation, including high dependency and intensive care for very premature infants and selected term infants requiring specialised neonatal care.

In 2025, 8,046 babies were born across the west and north west region, broadly consistent with the previous year (8,023 in 2024). Of these, 1,471 babies (18.3%) were admitted to a neonatal unit, representing a reduction of 76 admissions compared with 2024.

The continued collaboration across the regional neonatal steering group network remains central to supporting safe, effective and family-centred care, strengthening clinical governance and ensuring that pathways for escalation, transfer and repatriation are appropriately coordinated across the region.

Site based births and % admissions to Neonatology Units 2021 – 2025

2025	GUH	LUH	MUH	PUH	SUH	Total
Hospital Births	2,743	1,510	1,307	1,289	1,197	8,046
Neonatal Admissions	453	286	278	219	235	1,471
% Neonatal Admissions	16.5%	18.9%	21.3%	17.0%	19.6%	18.3%
2024	**GUH**	**LUH**	**MUH**	**PUH**	**SUH**	**Total**
Hospital Births	2,630	1,469	1,387	1,308	1,229	8,023
Neonatal Admissions	447	298	305	250	247	1,547
% Neonatal Admissions	17%	20%	22%	19%	20%	19%
2023	**GUH**	**LUH**	**MUH**	**PUH**	**SUH**	**Total**
Hospital Births	2,609	1,576	1,368	1,368	1,211	8,132
Neonatal Admissions	424	357	298	224	222	1,525
% Neonatal Admissions	16%	23%	22%	16%	18%	19%
2022	**GUH**	**LUH**	**MUH**	**PUH**	**SUH**	**Total**
Hospital Births	2,634	1,495	1,375	1,327	1,240	8,071
Neonatal Admissions	354	266	281	161	239	1,295
% Neonatal Admissions	13%	18%	20%	12%	19%	16%
2021	**GUH**	**LUH**	**MUH**	**PUH**	**SUH**	**Total**
Hospital Births	2,892	1,586	1,535	1,463	1,404	8,881
Neonatal Admissions	389	259	277	211	278	1,414
% Neonatal Admissions	13%	16%	18%	14%	20%	16%

3.2 Neonatology Activity

3.2.1 Neonatology Statistical Site Activity

Neonatology Statistical Site Activity						
Level of Neonatology Unit	**GUH**	**LUH**	**MUH**	**PUH**	**SUH**	**Total**
Number of births (23 weeks or >/= 500g)	2,743	1,510	1,307	1,289	1,197	8,046
Total number of Admissions	453	286	278	219	235	1,471
Admissions as a % of births	**GUH**	**LUH**	**MUH**	**PUH**	**SUH**	**Total**
Number of inborn infants	416	262	266	213	218	1,375
Number of outborn infants	22	24	11	6	17	80
SVD	105	67	68	42	52	334
Assisted VD: Vacuum or Forceps	66	35	43	44	17	205
C-Section: Elective or Emergency	282	184	167	133	166	932
Gestation of infant at admission	**GUH**	**LUH**	**MUH**	**PUH**	**SUH**	**Total**
>37 weeks	263	240	200	160	168	1,031
32-36 weeks	144	31	69	53	57	354
27-32 weeks	45	14	9	6	10	84
23-26 weeks	1	1	0	0	0	2
Weight of infant on admission	**GUH**	**LUH**	**MUH**	**PUH**	**SUH**	**Total**
>4000g	37	29	39	24	22	151
3000-3999g	177	141	127	108	108	661
2500-2999g	80	66	54	34	51	285
1500-2499g	121	46	51	50	49	317
1000-1499g	35	3	7	3	4	52
<1000g	3	1	0	0	1	5
Admission source	**GUH**	**LUH**	**MUH**	**PUH**	**SUH**	**Total**
Labour ward	209	74	60	44	37	424
Theatre	125	144	119	86	108	582
Postnatal ward	86	52	83	68	73	362
Referral from another hospital	32	16	16	21	17	102
Home births	0	0	0	0	0	0
Reasons for admission (often more than 1)	**GUH**	**LUH**	**MUH**	**PUH**	**SUH**	**Total**
Prematurity/Low birth weight (<37 wks/<2500g)	190	94	79	53	72	488
Respiratory Distress	257	175	179	99	100	810
Infection risk factors/symptoms	191	109	145	58	102	605
Hypoglycemia/at risk for Hypoglycaemia	98	30	76	6	95	305
Jaundice	49	25	42	21	37	174
Feeding problems	45	13	4	7	64	133
Congenital anomalies (including Genetic Disorders)	39	12	6	1	5	63

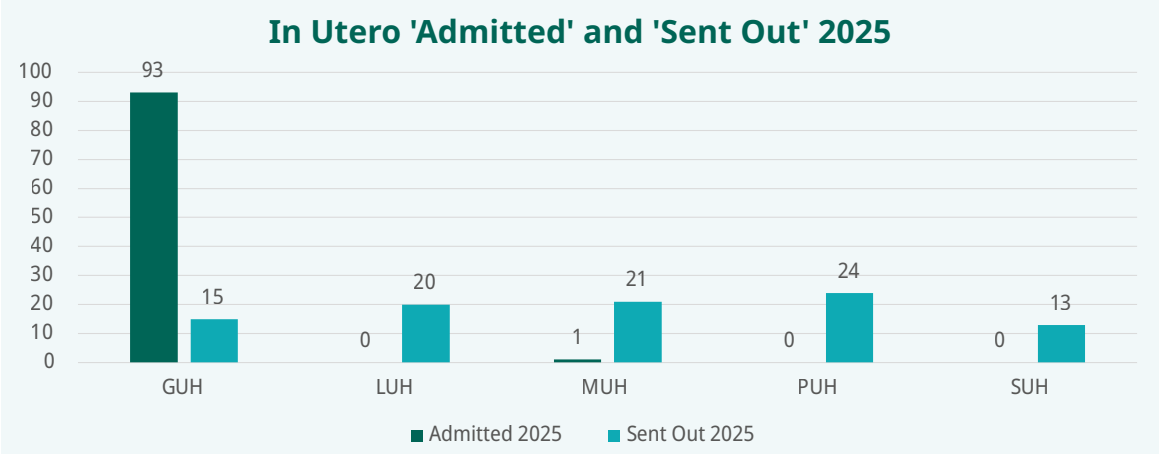
Neonatology Statistical Site Activity						
Post resuscitation care/low cord pHs/Abnormal neurological status	54	5	1	10	66	136
Social	20	35	4	9	14	82
Surgical diagnosis	13	0	1	0	3	17
Birth trauma/injury	37	6	0	5	12	60
Hypothermia	22	0	14	2	24	62
Other	37	35	1	0	28	101
Significant neonatal care	**GUH**	**LUH**	**MUH**	**PUH**	**SUH**	**Total**
Non-invasive ventilation: CPAP/BiPAP/HFNC	245	115	144	68	55	627
Mechanical ventilation	35	12	9	10	6	72
Surfactant administration	71	15	15	10	10	121
Pneumothorax needing needle aspiration/chest drain	13	2	1	1	0	17
Negative blood cultures	242	52	142	91	58	585
Early onset NN Sepsis <72 hours with positive blood culture	4	1	1	1	1	8
Late onset NN Sepsis >72 hours with positive blood culture	5	2	2	0	1	10
Antibiotic Treatment First Week of Life	243	130	129	109	67	678
Lumbar Puncture	17	7	8	1	0	33
Cranial Ultrasound Scan	101	12	11	5	9	138
Significant congenital heart disease	27	3	1	1	1	33
Echocardiogram	68	4	9	0	2	83
Central line inserted: UAC/UVC/PICC	72	2	9	5	4	92
HIE and transferred out for Therapeutic Hypothermia	13	1	0	2	2	18
Phototherapy treatment	105	50	42	38	37	272
Hypoglycaemia and IV glucose bolus	47	8	69	38	13	175
Total parenteral nutrition (TPN)	73	1	0	1	0	75
CNS Morbidity - IVH/NN stroke/PVL/Seizures/brain malformations	24	0	0	0	2	26
ROP Treatment (laser/Avastin)	1	0	0	0	0	1
ROP Screening	38	43	3	2	12	98
Necrotising enterocolitis	4	0	2	0	1	7
Neonatal Unit Deaths	3	0	0	0	0	3
Surgical Diagnosis requiring Intervention/Transfer/ Surgical OPD review	**GUH**	**LUH**	**MUH**	**PUH**	**0**	**Total**
CNS/ENT/Orthopaedic/GIT/GU/Cardiac/Respiratory/Plastics	54	19	6	2	14	95
Other	37	9	3	16	14	79

3.2.2 Transfer Data

3.2.2.1 In Utero 'Admitted' and In Utero "Transfers Sent Out'

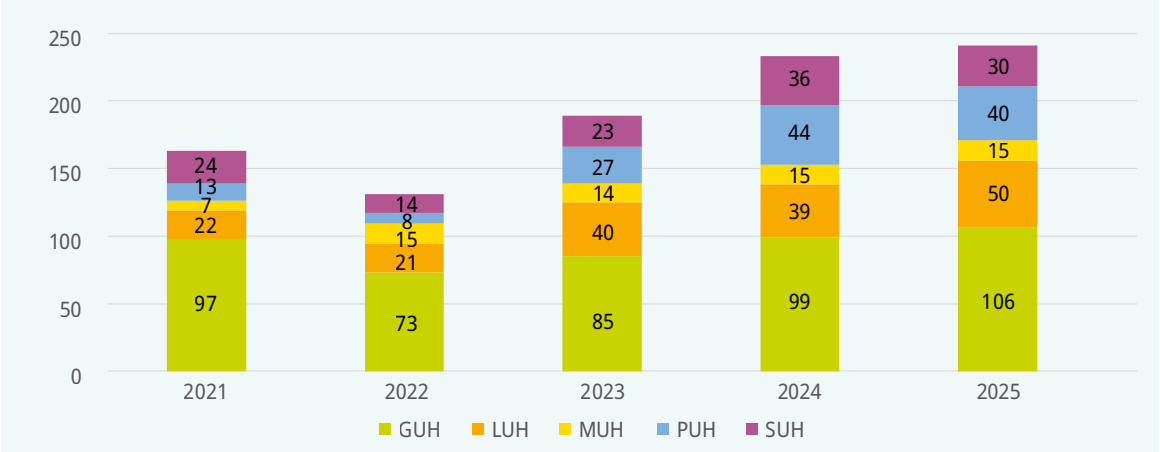
In utero transfer activity across the region is presented below, showing the number of babies admitted following an in utero transfer and the number of in utero transfers sent outside the region.

The table displays 94 babies were delivered following an in utero transfer, an increase from 66 in 2024 and 58 in 2023.



In Utero Transfers	Regional Data 2023	Regional Data 2024	Regional Data 2025
Admitted	58	66	94
Sent Out	100	105	93

3.2.2.2 Ex Utero Referrals and Transfer Activity



Breakdown of Ex Utero Referrals and Transfer Activity					
GUH	**LUH**	**MUH**	**PUH**	**MUH**	**Regional**
106*	50	15	40	30	241
Breakdown (106)					
Ex Utero received on site 48					
Ex Utero transferred /referred Out 58					

3.3 Developmental Dysplasia of the Hip (DDH)

Developmental Dysplasia of the Hip (DDH) affects approximately 4% of infants and, if undetected or untreated, can lead to pain and disability. Early identification and referral to orthopaedic services enables most infants with DDH to be treated successfully, often using a Pavlik harness, with a small number requiring orthopaedic surgical intervention.

Identification of infants requiring further assessment is through clinical examination and/or ultrasound examination for those identified as being at increased risk. Approximately 20% of infants are expected to require ultrasound assessment based on recognised risk factors. Infants with a breech presentation after 36 weeks' gestation or a family history of DDH are considered to be at greatest risk.

The regional pathway for the identification and management of DDH includes:

- Identification of risk factors for all infants at the time of, or shortly after, birth.
- Clinical hip examination of all infants within 72 hours of birth.
- Timely hip ultrasound screening with an abnormal clinical examination or identified risk factors.
- Referral to orthopaedic services for infants diagnosed with DDH.

The regional target is for 20% of all infants born to receive an ultrasound assessment by 6 weeks of age (adjusted), reflecting the expected proportion of newborns with identified risk factors.

Key Performance Indicator			
Site	**Total Babies Delivered**	**Total Babies Scanned**	**% babies scanned compared with birth rate**
GUH	2743	583	21.3%
LUH	1510	194	12.8%
MUH	1307	269	20.6%
PUH	1289	372	28.9%
SUH	1197	508	42.4%
Region	**8046**	**1926**	**23.9%**

3.4 Advanced Nurse Practitioner (ANP) Neonatal Report

Introduction

The Advanced Neonatal Nurse Practitioner (RANP) service within the Level 2 neonatal unit at Galway University Hospital continues to provide expert, autonomous, and highly specialised care. There are 2 whole time equivalent posts, shared by a team of 3 Registered Advanced Nurse Practitioners.

Clinical Service Activity and Scope of Practice

In 2025, RANP's provided direct clinical care across more than 1,200 patient care episodes, attending high-risk deliveries and assuming lead roles in neonatal resuscitation.

Complex airway management, including both elective and emergency intubations, remains a core clinical skill delivered directly by RANPs. Other key clinical skills fundamental to the role include, peripheral venous access, placement of central lines, lumbar punctures, chest needle aspiration, and chest drain insertion.

Leadership in Quality Improvement, Audit, and Research

Quality improvement remains a cornerstone of the ANNP role. In 2025, the ANNPs led multiple service audits

- Resuscitation audit: Compliance with NRP 8th Edition standards was continuously monitored.
- Intubation safety audit: Ongoing analysis of intubation outcomes demonstrated improved success rates following the introduction of video-laryngoscopy as standard practice.
- Delayed Cord Clamping (DCC): Audit findings allowed for education drive on improving rates of DCC in line with international guidance.

- Care bundles / safety pause checklists: Ensuring the use of care bundles for central line placements and safety pause pre intubation to ensure high quality safe care and documentation.
- NEWTT2: Audit of introduction of NEWTT2 in the post-natal period which is a safety framework observation chart to quickly detect clinical deterioration and allow for appropriate escalation.

The RANPs sit as core members of the NICU incident review and governance structures, contributing to the Preliminary Assessment Review System (PARS) and National Incident Management Team (NIMT), ensuring that learning from clinical incidents directly informs continuous service improvements.

Education, Training, and Workforce Development

The ANNP service continues to provide leadership in regional and national neonatal education. In 2024, the team:

- Delivered high-fidelity simulation training sessions utilising the ICAPSS simulation centre, supporting MDT education across nursing, midwifery and neonatology.
- Led regional HSE West/North-West education programmes including the Neonatal Ventilation (NEVIS) workshop, which brought together neonatal staff from multiple hospitals.
- Organised the 10th Regional HSE West/North-West Neonatal study day which was well attended by a variety of neonatal disciplines from the hospital network and beyond.
- Provided on-site training and education to the level 1 units in the network. This included skills training, teaching, adaptation of guidelines to both nursing and medical staff to standardise care in the hospital network.
- Delivered procedural skills training (e.g. IV cannulation, central line management, lung ultrasound) to both nursing and medical staff across network.
- Provided structured teaching and clinical supervision for neonatal specialist registrars, postgraduate nursing students, and undergraduate medical students.
- Continued their roles as adjunct lecturers in UG and Module Examiners with RCSI on the Postgraduate Diploma in Neonatal Intensive Care Nursing programme, contributing to curriculum delivery, assessment and academic supervision.

3.5 Health and Social Care Professional (HSCP) Reports

The following section highlights the activity and services delivered by principle HSPC disciplines in Neonatology and demonstrates their role in supporting the assessment, treatment, development and wellbeing of babies and their families throughout the neonatal journey.

3.5.1 Physiotherapy

Physiotherapy Service Neonatal and Neurodevelopmental Physiotherapy GUH

The Specialist Neonatal and Neurodevelopmental Physiotherapy Service at Galway University Hospital (GUH) supports infants across the neonatal inpatient service and specialist follow-up clinics, providing assessment, intervention and developmental surveillance for infants at increased risk of neurodevelopmental difficulties.

The service continued to support increasing demand for specialist neonatal and developmental physiotherapy, including the implementation of the Hammersmith Infant Neurological Examination (HINE) within neonatal follow-up clinics and further development of neurodevelopmental surveillance pathways.

Physiotherapy Service – GUH	2023	2024	2025
Inpatient neonates – NICU/HDU/SCBU	79	92	82*
Inpatient neonates – postnatal ward	13	10	—
Outpatients	80	94	55*
In-clinic neonates & infants	39	44	61*
Referrals to Community Children's Disability Network Teams	N/A	34	N/A*

** 2025 activity data may be subject to some inaccuracies following the iPMS upgrade, which disabled the existing data capture system. 2025 figures are therefore presented with this limitation noted.*

Admissions of infants born between 27 and 32 weeks' gestation increased by 45% in the year, while admissions of very low birth weight infants increased by 63%. These groups frequently require specialist physiotherapy input during their neonatal admission and ongoing developmental surveillance following discharge.

Achievements and Service Development

- Implementation of the Hammersmith Infant Neurological Examination (HINE) within neonatal developmental follow-up clinics to support early identification of neurodevelopmental difficulties.
- Development of a multidisciplinary pathway for infants presenting with reduced upper limb movement, in collaboration with neonatology and clinical education colleagues.
- Expansion of developmental surveillance to include selected infants born at 32–34 weeks' gestation who may remain at increased risk of developmental difficulties.
- Establishment of an electronic outpatient scheduling and patient tracking system through iPMS.
- Development of a dedicated neonatal physiotherapy follow-up register.
- Migration of approx 90% of outpatient physiotherapy documentation to the Evolve electronic patient record.

Quality Improvement

- The introduction of the HINE assessment and the development of standardised pathways for infants with neurological or musculoskeletal concerns represent key quality improvement initiatives during 2025.
- The service also continued to strengthen multidisciplinary working and integration with community children's disability services to support continuity of care following discharge.

Neonatal and Neurodevelopmental Physiotherapy MUH

The service provides physiotherapy input to neonatal inpatients, including premature and low birth weight infants and babies with neurological, developmental, orthopaedic or musculoskeletal concerns. Outpatient activity includes developmental assessment and follow-up of infants identified during their neonatal admission, referrals from paediatric clinics and HINE assessments.

Physiotherapy Service MUH						
Activity	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**
Inpatient Referrals	16	6	52	38	23	26
Treatments	16	12	71	53	38	88

Achievements and Service Development

- Completion of HINE training and establishment of HINE clinics for infants with neurological concerns, supporting earlier identification of developmental concerns and onward referral to Community Disability Network Teams (CDNTs) where required.
- Strengthened links with neonatal physiotherapy colleagues across Ireland through monthly meetings, case discussions and CPD opportunities.
- Development of links with Galway University Hospital (GUH) and Children's Health Ireland (CHI) Crumlin to support collaboration and shared learning.
- Strengthened collaboration between acute and community services through participation in three-monthly paediatric training days with Mayo PCCC and CDNT colleagues.
- Continued training and education of staff across relevant grades.

Planned service development 2026

- Developing an overlapping/curling toes pathway to reduce waiting times and the requirement for face-to-face appointments where appropriate.
- Completing Bayley-4 training to further support developmental assessment.
- Further developing HINE clinics and establishing clear referral and eligibility criteria.
- Strengthening the physiotherapist's role within SCBU, including positioning, prevention of complications such as head preference and plagiocephaly, and nursing education for the management of longer-stay infants.

Physiotherapy Service PUH

The Paediatric Physiotherapy Service at Portiuncula University Hospital (PUH) provides physiotherapy assessment and intervention for infants in the SCBU and maternity ward, including positional talipes, torticollis, plagiocephaly, orthopaedic and birth-related complications, asymmetries of movement and complex neurodevelopmental needs.

Physiotherapy Service PUH			
Activity	**2023**	**2024**	**2025**
SCBU New	6	16	18
SCBU Return	11	17	27
Maternity new	8	33	55
OPD Referrals	235	309	332

Achievements and Service Development

- Maintaining services to respond to increasing referrals and activity, with same-day assessment and intervention remaining an ongoing aim.
- Strengthened links with neonatal physiotherapy services across the region to support continuity of care for transferred infants and access to CPD, including peer supervision in Brachial Clinic in the CRC.
- Completion of Hammersmith Infant Neurological Examination (HINE) training in March 2025.
- Continued collaboration with community services and specialist brachial plexus services to support appropriate onward referral, management and follow-up.

Priorities

- Priorities include strengthening acute–community referral pathways, completing Prechtl General Movement Assessment (GMA) and Bayley Assessment training, and continuing to support early intervention and appropriate transition to community services.

Physiotherapy Service SUH

The Neonatal Physiotherapy Service at Sligo University Hospital (SUH) is delivered by a Clinical Specialist Paediatric and Neonatal Physiotherapist and Senior Paediatric Physiotherapist, providing inpatient and neurodevelopmental outpatient services for premature and high-risk infants across the region.

Physiotherapy Service SUH					
Activity	**2021**	**2022**	**2023**	**2024**	**2025**
Inpatient Referrals	30	27	34	32	27
Physiotherapy treatments	112	74	99	105	124

Achievements and Service Development

- Introduction of the Tiny Gym exercise programme for premature infants and their families, with seven families participating.
- Completion of training in advanced orthopaedic conditions, including developmental dysplasia of the hip (DDH).
- Continued support for Bayley developmental assessments across the region and contribution to the development of the neonatal Physiotherapy Model of Care.
- Ongoing participation in regional Neonatal Steering Group and NICU Nurture quality improvement initiatives.
- Continued development of the DDH service and clinical hip assessment training for NCHDs.

Priorities

- Priorities include strengthening the premature infant surveillance pathway, continuing the Tiny Gym programme, progressing NICU Nurture quality improvement work, and completing training in Prechtl General Movements Assessment (GMA) and Graf technique for DDH.

3.5.2. Nutrition and Dietetics

Nutrition is essential for the health of all infants but is particularly critical in the care of preterm and unwell neonates. Optimised nutrition is key for recovery and long-term outcome, impacting morbidity and mortality outcomes. The value of dietetics has been identified in the Model of Care for Neonatal Services in Ireland (HSE, 2015) and the National Maternity Strategy (HSE, 2016). Dietetic services have been identified as a priority for development in the National Women and Infants' Health Programme (NWIHP) implementation plan for the National Maternity Strategy (HSE, 2017).

Nutrition and Dietetic Service GUH

The neonatal dietetic service plays a pivotal role in optimising nutritional care for preterm and medically complex infants. The Nutrition and Dietetic service to Neonatology in UHG comprises an inpatient service to an expanding regional level 2 NICU and two neonatal Consultant led outpatient clinics per week.

Neonatology continued to account for the highest proportion of inpatient dietetic consultations within W&C in 2025, reflecting the intensive dietetic support required by this complex, long stay patient cohort.

Nutrition and Dietetic Service GUH					
Neonatal Dietetic Inpatient	**2021**	**2022**	**2023**	**2024**	**2025**
New NICU dietetic Referrals	46	59	52	54	92*
Total NICU Dietetic Consultations	493	914	712	710	1245*
Neonatal Dietetic Outpatient	2021	2022	2023	2024	2025
Outpatient New	41	25	10	3	N/A
Outpatient Contacts	226	233	100	72	144

Achievements and Quality Improvement

- The Senior Neonatal Dietitian in UHG continued to act as regional representative on the National Neonatal and Paediatric Parenteral Nutrition Expert Group and provided expert guidance at WNW group level to ensure evidence-based prescribing, administration and monitoring of PN in Neonatal units across the network.

Quality Improvements

- Prepared a submission for the 2nd Edition of the Model of Care Neonatal Services Ireland.
- Implemented revised Vitamin supplementation guideline to safeguard against risk of Hypervitaminosis D in preterm infants on substitute multivitamin preparations
- Developed Neonatal Nutrition Discharge resources.
- Delivered teaching sessions on Neonatal Nutrition to neonatal staff including biannual induction training to new NCHDs / SpRs on prescribing parenteral nutrition.
- Contributed to the 10th Neonatal Study Day with an educational stand.
- Provided dietetic support to clinical staff in West and North West level 1 units on request.
- Participated in training of UL Nutrition and Dietetic students on Clinical Placement.
- Collated the national PN Expert group audit and introduced a PN Audit Diary.

Priorities

- Neonatal nutrition guidance will continue to be developed and implemented including the Management of Metabolic Bone Disease and Feed Intolerance algorithms and a guideline on prescribing IV and PN fluids in neonates.

Nutrition and Dietetic Service LUH

A dietetic service is provided to the NNU to ensure optimum nutritional support of infants and the prevention of short- and long-term consequences of poor nutrient intake and growth.

Nutrition and Dietetic Service LUH		
Referrals	**2024**	**2025**
NICU Inpatient Referrals	10	22
NICU Inpatient Consultations	53	100

Nutrition and Dietetic Service MUH

The WTE for paediatrics dietetic service in MUH is 1.0, including a service to neonates, diabetes and general paediatric services.

Nutrition and Dietetic MUH		
Referrals	**2024**	**2025**
NICU Inpatient Referrals	51	53
Neonatal Outpatient Referrals	3	1
Total Referrals	54	54
Activity	**2024**	**2025**
NICU Inpatient Consultations	247	263
Neonatal Outpatients Contacts	59	57
Total Activity	306	320

Nutrition and Dietetic Service SUH

The Nutrition and Dietetic Service at Sligo University Hospital (SUH) is not specifically resourced to provide neonatal dietetic cover. A limited service is provided from general dietetic resources, with an on-call service available on request.

Nutrition and Dietetic Service SUH					
Referrals & Activity	**2021**	**2022**	**2023**	**2024**	**2025**
Referrals: Dietetic referrals Services	36	23	30	28	32
Activity: Number of treatment sessions or equivalent	104	73	98	85	116

3.5.3 Medical Social Work

Medical SW provides psychosocial, practical and emotional support to families during maternity and neonatal care, including support with bereavement, entitlements, discharge planning, advocacy and access to community services.

Medical Social Work Service GUH

Galway University Hospital (GUH) has a dedicated full-time Medical Social Work service within the NICU, established in December 2023. The service supports families experiencing premature birth, neonatal admission, bereavement and complex social or practical circumstances, working closely with the multidisciplinary team and community services.

Medical Social Work Services GUH					
Referrals	**2021**	**2022**	**2023**	**2024**	**2025**
Referrals to SMSW	50	50	71	147	158

Achievements and Service Development

- Establishment of the GUH Interagency Domestic, Sexual and Gender-Based Violence (DSGBV) Committee.
- TEARDROP bereavement training and continuation of the monthly Willow Bereavement Support Group.
- Participation in Neonatal Steering Gp, Neonatal Management, Perinatal Bereavement Committee meetings.
- Introduction of parent welcome packs in NICU in partnership with the Galway Sick Kids Foundation.

Priorities

- Priorities include implementation of an 8-week Circle of Security parenting programme, continuation of the Willow Bereavement Support Group and TEARDROP training, and re-establishment of the Tiny Gym programme subject to HSCP staffing capacity.

3.5.4 Speech and Language Therapy

Speech and Language Therapy (SLT) service provides specialist assessment and intervention to support safe feeding, early communication and neurodevelopment in vulnerable infants. The service works as part of the multidisciplinary team, supporting the transition to oral feeding, parent education, discharge planning and continuity of care.

Speech and Language Service Activity	
NICU Inpatient Consultations	242
Neonatal Outpatient Contacts	61
Videofluoroscopies	7
Total Activity	310

Achievements and Service Development

- Introduction of disposable teats and specialised bottles to support safer feeding and reduce feeding difficulties in preterm infants.
- Establishment of a neonatal library to promote early communication development.
- Delivery of education and training to nursing and medical staff on neonatal feeding practices.

Priorities

- Priorities include development of standardised feeding protocols for extremely preterm and medically fragile infants, introduction of oral stimulation and positive oral care using colostrum ("golden drops") for infants who are nil by mouth, development of an HSCP outpatient follow-up pathway for infants born before 32 weeks' gestation, and standardisation of feeding documentation.

3.5.5 Pharmacy

The Paediatric Pharmacy Service at UHG is resourced at 0.4 WTE Senior Pharmacist and provides specialist pharmacy support across the paediatric ward, Paediatric Emergency Department (ED), Paediatric Day Unit (PDU) and Paediatric Cystic Fibrosis (CF) service. The service supports safe and appropriate prescribing and medicines management, provides advice and education to medical and nursing staff, and contributes to the Paediatric CF multidisciplinary team.

Pharmacy Activity 2025	
Inpatient Referrals	566
Outpatient Referrals	36
Total Referrals	602
No. of Inpatient Contacts	1083
No. of Outpatient Contacts	36
Total Contacts	1,119

Achievements and Service Development

- Update of the Paediatric Resuscitation Tray.
- Update of intravenous potassium administration guidelines.
- Dispensing of trametinib for the first shared-care cardiology patient with CHI Crumlin managed through UHG.

Priorities

- Priorities include updating the Paediatric/Neonatal Drug Chart, developing Paediatric Prescription and Administration Records for insulin therapy and short-stay/PDU patients, and implementing a monthly drug-use review.



4

CHAPTER 4
GYNAECOLOGY

4.0 Gynaecology Services Overview
4.1 Gynaecology Surgical Report
4.2 Gynaecological Oncology Report
4.3 Regional Placenta Accreta Service
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4.8 Urogynaecology Report
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4.11 Health and Social Care Professionals Report

4.0 Gynaecology Services Overview

Gynaecology is the clinical area that focuses on the health of the female reproductive system and is offered in five of the sites across the HSE West and North West. A range of comprehensive services are offered for the investigation and treatment of benign gynaecological conditions including menstrual disorders, pelvic pain, prolapse and other gynaecological conditions.

Tertiary service for menopause, fertility and gynaecological cancer are provided in Galway University Hospital. These services are provided through outpatient, inpatient and ambulatory services by a multidisciplinary team.

4.1 Gynaecology Surgical Report

Gynaecological Surgery data for the five hospitals in the HSE West and North West Region are outlined below. The figures for each site are mainly presented in terms of numbers of procedures performed, and are self-explanatory. In a follow on section, the data relating to Gynaecology Oncology is also presented. Data is collated from HIPE Data and Theatre logs, due to this coding across the 5 sites for procedures may differ. Also, as part of a HPO directive all procedures performed in Ambulatory Gynaecology were to be changed from an Inpatient Day case attendance to an Outpatient Attendance. This will affect the number of procedures such as Hysteroscopy that would be coded by HIPE previously.

GUH Gynaecological Surgery Report 2025					
Gynaecology Procedure	**2021**	**2022**	**2023**	**2024**	**2025**
ERPC	135	142	187	152	164
Abdominal hysterectomy +/- BSO	21	47	32	28	24
Radical hysterectomy	5	7	4	5	3
TAH, BSO & PLND	12	14	16	15	17
TAH, BSO & omentectomy & appendicectomy +/- PLND *(*Please see Gynaecology Oncology Report)*	49	47	54	37	55
Omentectomy (Isolated procedure)	6	2	1	0	1
Ovarian debulking	9	11	2	9	5
Bilateral Salpingo Oopherectomy	2	0	0	0	3
Caesarean hysterectomy	2	4	3	3	1
Myomectomy	6	2	6	5	2
Laparotomy	26	11	21	23	13
.Diagnostic laparoscopy	26	14	29	37	24
Laparoscopy Hysterectomy/BSO/PLND	17	12	19	28	14
Laparoscopic hysterectomy +/-BSO	0	8	14	16	16
Laparoscopic BSO	19	21	29	28	19
Laparoscopic unilateral salpingo-oophorectomy	9	20	13	25	12
Laparoscopic tubal ligation	12	0	7	0	4
Laparoscopic ectopic	5	25	25	16	14
Laparoscopic dye hysteroscopy	13	34	34	16	7
Laparoscopic cystectomy	28	16	25	19	17
Hysteroscopy D&C	317	338	247	203	214
Hysteroscopy**	242	521	595	711	14
Mirena insertion	79	116	94	81	122
Endometrial ablation	14	9	13	34	8
Truclear	18	29	48	33	66

GUH Gynaecological Surgery Report 2025					
Gynaecology Procedure	**2021**	**2022**	**2023**	**2024**	**2025**
Vaginal hysterectomy	1	1	2	2	2
Vaginal hysterectomy and PFR	8	10	3	0	3
Pelvic Floor Repair + Colpoclesis	12	15	29	11	19
Vulvectomy	2	6	2	3	0
Cystoscopy	9	11	7	4	5
Examination under anaesthetic	24	28	27	17	14
Cervical Suture	11	7	2	7	8
Fentons procedure	1	4	3	0	2
Vulval biopsy	5	27	13	29	36
LLETZ	10	8	12	16	18
Bartholins	11	13	17	20	23
Instrumental delivery in theatre	14	47	29	33	42
Third degree tear repair	39	42	38	22	41
Manual removal of placenta	37	26	21	23	18
Excision of skin tag	16	0	2	0	1
PPH Bakri balloon insertion	2	3	1	1	1
Removal of mirena coil	5	14	1	11	4
Cervical smear under GA	4	4	3	4	18
Labiaplasty	4	3	0	0	0
Excision of labial cyst	8	3	5	1	1
Other	-	-	39	23	15
Total	**1295***	**1722**	**1774**	**1,751**	**1,110**

** GUH had off site theatre facilities in 2021*

*** Hysteroscopy number includes those performed in Ambulatory Gynaecology*

LUH Gynaecological Surgery Report 2025					
Gynaecology Procedures	**2021**	**2022**	**2023**	**2024**	**2025**
Total Abdominal Hysterectomy (TAH)	26	51	54	36	34
Bilateral Salpingo Oophorectomy (BSO)	55	30	44	93	80
Vaginal Hysterectomy	15	33	73	54	26
Pelvic Floor Repair	5	44	12	5	15
Hysteroscopy	937	1098	1217	315	322
Dilation & curettage of uterus (D&C)	441	323	238	143	92
Insertion/Replacement/Removal of intrauterine device (IUD)	381	383	533	675	252
Evacuation of retained products of conception (ERPC) *(2021 Surgical Management of Missed Miscarriages, figure could be higher due to incomplete miscarriages)*	114	41	53	82	82
Smear	6	10	9	-	-
Examination under Anaesthetic (EUA) Gynae	12	25	77	-	-
Large Loop Excision of Transformation Zone (LLETZ)	30	32	27	20	15
Trans cervical resection of the endometrium (TCRE)	0	0	0	0	0
Biopsy Gynae	125	174	168	54	-

LUH Gynaecological Surgery Report 2025					
Gynaecology Procedures	**2021**	**2022**	**2023**	**2024**	**2025**
Laparoscopy/Laparotomy	9	16	30	23	16
Colposcopy	34	42	21	23	17
Polypectomy	45	57	102	102	79
Other Procedures	291	184	320	221	-
Total	2,526	2,543	2975	1,846	1,030

Majority of data captured through HIPE

Gynaecology Procedures	**2021**	**2022**	**2023**	**2024**	**2025**
Total Abdominal Hysterectomy (TAH)	13	10	9	9	16
Bilateral Salpingo Oophorectomy (BSO)	23	20	23	21	13
Vaginal Hysterectomy	11	12	18	16	18
Pelvic Floor Repair	6	30	43	48	39
Hysteroscopy *	757	901	326	170	202
Dilation & curettage of uterus (D&C)	2	91	123	91	101
Insertion/Replacement/Removal of intrauterine device (IUD)	399	499	89	106	153
Evacuation of retained products of conception (ERPC)	33	50	82	79	61
Smear	9	11	12	10	16
Examination under Anaesthetic (EUA) Gynae	0	0	17	9	15
Large Loop Excision of Transformation Zone (LLETZ)	8	2	8	2	1
Trans cervical resection of the endometrium (TCRE)	0	8	8	2	7
Biopsy Gynae	23	6	5	135	95
Laparoscopy/Laparotomy	6	57	53	92	92
Colposcopy	0	0	0	2	1
Polypectomy	36	24	30	31	42
Endometrial Ablation	-	-	-	9	-
Termination of Pregnancy	-	-	-	11	-
Other Procedures	128	22	0	182	-
Total	1,454	1,743	1,796	1,025	872

*** Combination of Vaginal Hysterectomy and Laparoscopic assisted vaginal hysterectomy =/- removal of adnexa*

Majority of data captured through HIPE

**Hysteroscopy number includes those performed in Ambulatory Gynaecology*

Correction from previous publication

Gynaecology Procedures	**2021**	**2022**	**2023**	**2024**	**2025**
Total Abdominal Hysterectomy (TAH)	10	14	11	6	8
Bilateral Salpingo Oophorectomy (BSO)	10	0	7	10	13
Vaginal Hysterectomy	6	8	8	4	5
Pelvic Floor Repair	2	33	2	19	7
Hysteroscopy *	111	345	622	524	385
Dilation & curettage of uterus (D&C)	225	360	422	342	300

Gynaecology Procedures	2021	2022	2023	2024	2025
Insertion/Replacement/Removal of intrauterine device (IUD)	62	237	355	419	415
Evacuation of retained products of conception (ERPC) *(2021 Surgical Management of Missed Miscarriages, figure could be higher due to incomplete miscarriages)*	94	27	75	0	90
Smear	0	8	13	16	21
Examination under Anaesthetic (EUA) Gynae	1	0	2	1	1
Large Loop Excision of Transformation Zone (LLETZ)	1	0	0	2	1
Trans cervical resection of the endometrium (TCRE)	0	0	0	0	13
Biopsy Gynae	17	10	30	6	21
Laparoscopy/Laparotomy	10	9	34	7	19
Colposcopy	0	0	0	0	0
Polypectomy	27	82	112	126	13
Other Procedures	231	113	368	409	224
Total	807	1,246	2,061	1,891	1,536

Majority of data captured through HIPE

**Hysteroscopy number includes those performed in the Post-menopausal bleeding clinic*

Gynaecology Procedures	2021	2022	2023	2024	2025
Total Abdominal Hysterectomy (TAH)	11	17	25	34	19
Bilateral Salpingo Oophorectomy (BSO)	10	22	38	25	24
Vaginal Hysterectomy	1	4	19	12	11
Pelvic Floor Repair	0	3	17	19	17
Hysteroscopy *	249	279	352	300	332
Dilation & curettage of uterus (D&C)	294	326	316	262	302
Insertion/Replacement/Removal of intrauterine device (IUD)	109	120	190	130	161
Evacuation of retained products of conception (ERPC) *(2021 Surgical Management of Missed Miscarriages, figure could be higher due to incomplete miscarriages)*	97	75	70	84	71
Smear	16	35	35	16	26
Examination under Anaesthetic (EUA) Gynae	1	52	23	37	31
Large Loop Excision of Transformation Zone (LLETZ)	29	23	25	15	22
Trans cervical resection of the endometrium (TCRE)	0	0	2	0	0
Biopsy Gynae	20	50	56	42	43
Laparoscopy/Laparotomy	11	47	146	64	86
Colposcopy	2	28	7	4	10
Polypectomy	59	46	42	55	90
Other Procedures	170	96	119	118	74
Subtotal Hysterectomy	-	-	19	-	2
Ovarian Cystectomy	-	-	21	-	14
Unilateral Oopherectomies	-	-	-	-	7
Total	1,079	1,203	1,522	1,217	1,342

4.2 Gynaecological Oncology Report

The Gynaecological Oncology tertiary level service for the HSE West and North West Region is located in Galway University Hospital. Of note, women from Letterkenny diagnosed with Gynaecological cancer continue to be referred outside of the hospital group.

Galway University Hospital is a designated National Cancer Control Programme (NCCCP) referral centre for gynaecological oncology. Services provided include surgery, medical oncology, and radiotherapy with a multidisciplinary team of radiologists, pathologists, nurse specialists, psychologists, dieticians, physiotherapists and research nurses.

New/Recurrent Gynae Cancers Activity	2021	2022	2023	2024	2025
Diagnosed in the HSE West and North West Region and Treated in GUH	175	179	196	176	151
Diagnosed in LUH	**72** (72 seen in Dublin)	**48** (48 seen in Dublin)	**47** (42 seen in St James 5 seen in St Vincent's and Tallaght)	**54** (54 seen in St James in Dublin)	**61** (61 seen in St James in Dublin)
Diagnosed in MUH	**19** (19 seen GUH)	**33** (30 seen GUH) (1 seen Limerick) (2 seen in Dublin)	**47** (**46** referrals from MUH seen/treated in GUH **1** in the Mater)	**19** (19 seen in GUH)	**40** (37 seen in GUH, 3 referred to the Mater)
Diagnosed in SUH	**27** (15 seen GUH) (12 seen Dublin)	**28** (8 seen in GUH) (20 seen in Dublin)	**36** (**13** referrals from SUH seen/treated in GUH **23** to the Mater)	**23** (18 referred to the Mater and 5 seen in GUH)	**59** (52 referred to the Mater and 7 seen in GUH)
Total number Referred outside Group	84	71	71	72	116
Potential Gynae Cancers if all seen in GUH	259	250	267	248	267

Type of Cancer	<20-30 years old	31-40 years old	41-50 years old	51-60 years old	61-70 years old	71+ years old	Not Stated
Cervical	0	4	3	10	4	5	0
Vulval	0	0	1	0	2	1	1
Endometrial	0	1	3	8	16	17	0
Ovarian	0	3	8	15	18	17	14
Total	0	8	15	33	40	40	15

Type of Cancer 2025	No. Seen in GUH	No. for Chemotherapy	No. for Chemo-radiotherapy/ Radiotherapy	No. Treated with Coil and Hormones	No. for Immunotherapy	No. Suitable for Surgery in GUH	No. for Surgery Elsewhere
Cervical Cancer	26	1	21	0	0	4	0
Endometrial Cancer	45	2	2	1	0	40	0
Ovarian Cancer	75	12	0	0	0	61	2
Vulval Cancer	5	0	1	0	1	3	0
Total	151	15	24	1	1	108	2

Gynaecology Cancer Surgeries Performed 2025 – included the following procedures:

Type of Surgery	Total No. Performed in 2025
Endometrial Cancer Surgeries	**40**
Laparoscopic TLH BSO SLND	18
Laparoscopic TLH SLND	2
Laparoscopic TLH BSO SLND and omental bx	1
Laparoscopic TLH BSO	1
Laparotomy TAH BSO Pelvic Peritonectomy, Omentectomy and Ablation of Diaphragmic Disease	1
Laparotomy TAH BSO Left hemicolectomy, right abdo peritonectomy, omentectomy and appendicectomy	1
Laparotomy TAH BSO omentectomy and appendicectomy	2
Laparotomy TAH BSO anterior resection pelvic peritoneal bx, omentectomy and appendicectomy	1
Laparotomy TAH BSO omentectomy, appendicectomy, L SLND and RLND	1
Laparotomy TAH BSO SLND and PLND	1
Laparotomy TAH BSO PLND and omentectomy	3
Laparotomy TAH BSO PLND	2
Laparotomy TAH BSO PLND and adhesiolysis	1
Laparotomy TAH BSO pelvic and par aortic nodes	1
Laparotomy TAH BSO R LND	1
Laparotomy TAH BSO	2
Laparotomy TAH BSO SLND	1
Ovarian Cancer Surgeries	**61**
Laparotomy TAH BSO Omentectomy appendicectomy	13
Laparotomy TAH BSO Omentectomy appendicectomy and peritoneal bx	10
Laparotomy TAH BSO Omentectomy	6
Laparoscopic BSO	4
Laparotomy TAH BSO Omentectomy appendicectomy peritoneal bx and liver bx	1
Laparotomy TAH BSO Omentectomy appendicectomy PA LDN	1
Laparotomy TAH BSO Omentectomy splenectomy, small bowel resection, appendicectomy and peritoneal bx	1
Laparotomy TAH/BSO/Post pelvic peritonectomy, anterior bowel resection/reanastomosis, omentectomy, diaphragmatic resection and repair, appendectomy	1
Laparotomy TAH BSO bowel resection/reanastomosis, omentectomy, multiple biopsies & appendectomy	1
Laparotomy TAH BSO Omentectomy appendicectomy Pelvic lymph node dissection	1
Laparotomy TAH BSO Omentectomy appendicectomy sigmoidoscopy	1
Laparotomy RSO R hemicolectomy and omentectomy	1
Laparotomy BSO omental bx	1
Laparotomy BSO omental biopsies and appendix	1
Laparotomy TAH BSO	2
Laparotomy TAH BSO omentectomy appendicectomy and ureterolysis	1
Laparotomy TAH BSO Omentectomy appendicectomy small bowel resection, para-aortic node and pelvic node excision, cystoscopy and JJ stent on right	1
Laparotomy, anterior resection, right common iliac LN biopsy, left PA LN bx, ileal resection and reanastomosis, end colostomy	1
Laparotomy radical hysterectomy BSO appendix and omentectomy	1
Laparotomy radical hysterectomy BSO pelvic & para-aortic nodes and omentectomy	1

Type of Surgery	Total No. Performed in 2025
Laparoscopic BSO hysteroscopy D&C	1
Laparoscopic adhesiolysis	1
Laparoscopic omental biopsy	1
Laparoscopic omental and peritoneal biopsy	1
Laparoscopic TLH BSO omental biopsy	1
Laparoscopic BSO peritomnal biopsy and omental biopsy	1
Laparoscopic BSO hysteroscopy D&C and coli insertion	1
Laparoscopic RSO and myomectomy	1
Laparoscopic RSO	1
Laparoscopic biopsy and drainage of ascites	2
Vulval Cancer Surgeries	**3**
Left Vulvectomy and left groin resection	1
Bilateral groin sampling node dissection and anterior wide excision of vulva	1
Wide Left Excision of Labia and/or Vulva	1
Cervical Cancer Surgeries	**4**
Laparotomy Radical Hysterectomy, Bilateral Salpingectomy, PLND	1
Laparotomy Total Abdominal Hysterectomy SLND	1
Laparotomy Total Abdominal Hysterectomy Bilateral Salpingectomy SLND	1
Laparoscopic Hysterectomy Bilateral Salpingo-oophorectomy	1

Year	Number of Surgeries per Cancer Type				
	Endometrial	Ovarian	Vulval	Cervix	Total Surgeries
2021	44	52	8	8	112
2022	59	62	7	19	147
2023	64	84	2	12	162
2024	55	64	7	10	136
2025	40	61	3	4	108

Gynaecological Oncology Service Surgical Activity

****doesn't include benign surgical cases nor adjunct therapy patients****

4.3 Regional Placenta Accreta Service

The HSE West and North West Placenta Accreta regional service, based in UHG, is a multidisciplinary team specialising in the care of pregnancies complicated by uterine and placental disorders placenta accreta spectrum. This service is a collaboration between Obstetrics and Gynaecology services, Fetal Medicine, Specialised Obstetric Anaesthetist, the GUH blood and tissue establishment and interventional radiology.

Year	Number of Acreta	Elective	Emergency	Outcome Hysterectomy	Baby
2021	3	3	0	2	All live births
2022	5	5	0	4	All live births
2023	5	4	1	2	All live birth
2024	7	2	5	6-Hysterectomy 1-Subtotal Hysterectomy	All Live Birth
2025	2	2	0	2	All Live Birth

4.4 Uterine fibroid embolization Service

Uterine fibroid embolization (UFE) is a minimally invasive procedure used to treat fibroid tumours of the uterus which can cause heavy menstrual bleeding, pain, and pressure on the bladder or bowel. It uses a form of real-time x-ray, called fluoroscopy, to guide the delivery of embolic agents to the uterus and fibroids. These agents block the arteries that provide blood to the fibroids and cause them to shrink. The UEF service for Gynaecology is provided in the GUH site as shared care between Gynaecology and Radiology.

Uterine fibroid embolization (UFE) Activity				
2021	2022	2023	2024	2025
33	22	28	21	29

4.5 Termination of Pregnancy Service

The HSE West and North West Termination of pregnancy (TOP) service is regulated by the Health (Regulation of Termination of Pregnancy) Act 2018. Abortion is permitted in Ireland during the first twelve weeks of pregnancy, and later in cases where the pregnant woman's life or health is at risk, or in the cases of a fatal foetal abnormality.

	Year	Risk of Life or Health to the Woman (section 9)	Risk of Life or Health in Emergency to the Woman (section 10)	Condition Likely to Lead to Death of Foetus (section 11)	Early Pregnancy (section 12)	Total
GUH	2021	2	1	4	16	23
	2022	2	1	4	17	24
	2023	2	0	9	23	34
	2024	2	1	4	26	33
	2025	3	0	6	27	36
LUH	2021	0	0	0	0	0
	2022	0	1	4	0	5
	2023	0	0	0	0	0
	2024	0	0	0	10	10
	2025	1	0	2	14	17
MUH	2021	0	0	3	13	16
	2022	0	0	3	12	15
	2023	0	2	1	11	14
	2024	0	0	4	28	32
	2025	0	1	6	15	22
PUH	2021	1	0	4	0	5
	2022	0	0	2	0	2
	2023	0	1	2	0	3
	2024	2	0	2	9	13
	2025	0	0	1	18	19
SUH	2021	0	0	3	0	3
	2022	0	0	1	15	16
	2023	0	0	1	11	12
	2024	0	1	4	13	18
	2025	1	1	4	6	12

4.6 Ambulatory Gynaecology Report

Ambulatory gynaecology services are one-stop, see and treat clinics as they provide an important diagnostic and treatment facility for women. Internationally, these clinics have demonstrated improved patient safety and experience, minimised unnecessary hospital admissions, providing timely gynaecology care to patients referred as urgent and non-urgent.

Ambulatory Gynaecology Activity per site 2025						
Treatments	**GUH**	**LUH**	**MUH**	**PUH**	**SUH**	**Total**
Total Attendance	2,564	2,096	1,701	627	1,345	**8,333**
NEW	2,168	2,033	1,333	581	1,191	**7,306**
REVIEW	396	63	368	46	154	**1,027**
DNA	278	103	294	33	151	**859**
% Rate of DNA	10.8%	4.7%	15.0%	5.3%	11.2%	**9.4%**
Trans Vaginal USS	1,804	1,816	1,361	410	652	**6,043**
Hysteroscopy – Diagnostic	700	529	331	239	536	**2,335**
Hysteroscopy – Operative	151	78	2	46	29	**306**
Ring Pessary	52	50	29	-	16	**147**
Mirena – In	306	341	344	126	360	**1,477**
Mirena – Out	172	76	165	7	71	**491**
Bloods Taken	60	130	50	0	-	**240**

HSE West and North West Region Ambulatory Gynaecology Activity 2021 - 2025					
Treatments	**2021**	**2022**	**2023**	**2024**	**2025**
Total Attendance	2,217	3,197	5,141	6,663	8,333
NEW	1,875	2,814	4,505	5,845	7,306
REVIEW	342	384	596	818	1,027
DNA	379	594	562	612	859
% Rate of DNA	14.6%	13.5%	11.0%	11.1%	9.4%
Trans Vaginal USS	1,555	2,408	3,657	4,654	6,043
Hysteroscopy – Diagnostic	756	873	1,213	1,791	2,335
Hysteroscopy – Operative	128	173	250	296	306
Mirena – In	443	669	922	1,235	1,477
Mirena – Out	213	281	330	466	491

Treatments	2021	2022	2023	2024	2025
Total Attendance	536	1094	1772	2,055	2,564
NEW	478	1002	1528	1,724	2,168
REVIEW	58	92	244	331	396
DNA	44	130	170	222	278
Rate of DNA	7.6%	11.0%	11%	12.9%	10.8%
TVS	289	646	1048	1,231	1,804
Hysteroscopy – Diagnostic	210	408	462	565	700

Treatments	2021	2022	2023	2024	2025
Hysteroscopy – Operative	32	113	133	146	151
Mirena – In	61	62	208	253	306
Mirena – Out	20	29	59	99	60

Treatments	2021	2022	2023	2024	2025
Total Attendance	1,103	1, 335	1,508	1,533	1,701
NEW	821	1074	1,229	1,240	1,333
REVIEW	282	261	279	293	368
DNA	319	422	273	290	294
Rate of DNA	22.4%	24.0%		16.0%	15.0%
TVS	1042	1262	1,294	1,295	1,361
Hysteroscopy – Diagnostic	204	257	246	248	331
Hysteroscopy – Operative	46	7	3	6	2
Mirena – In	245	171	315	371	344
Mirena – Out	150	76	131	164	165

Figures include Family Planning service which is provided in the Ambulatory setting

LUH Ambulatory Gynaecology Service activity 2021- 2025					
Treatments	2021	2022	2023	2024	2025
Total Attendance	578	768	1662	2,010	2,096
NEW	576	738	1557	1,956	2,033
REVIEW	2	30	65	54	63
DNA	16	42	89		103
Rate of DNA	2.7%	5.5%	5%	6.1%	4.7%
TVS	224	500	1238	1,640	1,816
Hysteroscopy – Diagnostic	340	208	433	544	529
Hysteroscopy – Operative	50	53	104	131	78
Mirena – In	137	48	360	348	341
Mirena – Out	43	59	121	173	76

SUH Ambulatory Gynaecology Service Activity 2023-2025			
Treatments	2023	2024	2025
Total Attendance	199	1065	1,345
NEW	191	925	1,191
REVIEW	8	140	154
DNA	30	100	151
Rate of DNA	15%	9.4%	11.2%
TVS	77	488	652
Hysteroscopy – Diagnostic	72	434	536
Hysteroscopy – Operative	10	13	29
Mirena – In	39	263	360
Mirena – Out	19	30	71

PUH Ambulatory Gynaecology Service Activity 2023-2025				
Post Menopausal Bleeding clinic	2023	2024	Fully Operational Ambulatory Gynae Service from 2025	2025
Total Attendance	285	350	Total Attendance	627
New Attendance	285	350	NEW	581
TVS	258	283	REVIEW	46
Hysteroscopy- Diagnostic	135	215	DNA	33
Hysteroscopy- Operative	35	40	Rate of DNA	5.3%
Mirena- in	26	72	TVS	410
Mirena-Out	29	35	Hysteroscopy – Diagnostic	239
			Hysteroscopy – Operative	46
			Mirena – In	126
			Mirena – Out	7

4.7 Colposcopy Services Report

There are currently 4 colposcopy units located within the HSE West and North West Region, which are part of the National Cervical Screening Programme. Each of the colposcopy clinics have an identified Consultant lead and a small team of Nurse colposcopists working at specialist and advanced level. Services operate under a memorandum of understanding (MOU) agreed between the unit and Cervical Check Ireland. The clinical statistics for Colposcopy services, HSE West and North West.

Colposcopy Activity Summary 2025					
Activity 2025	GUH	LUH	MUH	SUH	Total
Total Attendance	4,160	1,334	807	2,316	8,617
New Referrals	1,485	476	406	634	3,001
Follow Ups	2,675	858	401	1,682	5,616

	2021	2022	2023	2024	2025
GUH	4,465	4,807	4,765	4,339	4,160
LUH	1,472	1,297	1,362	1,217	1,334
MUH	932	1,082	1,105	1,321	807
SUH	1,489	1,678	1,825	1,719	2,316

GUH Colposcopy Service Report 2025

GUH Colposcopy Report				
Colposcopy Clinic Activity	2022	2023	2024	2025
New Referrals	1,716	1,715	1,496	1,485
Follow Up	3,091	3,050	2,843	2,675
High Grade	147	130	100	103
Low Grade	955	1078	970	892
Non Attendance	7.3%	6.7%	325	317
LLETZ Treatments	339	361	300	300
Cervical Biopsy	2,258	2,173	2,309	1,925
Ablative Treatment	-	-	114	-

GUH Colposcopy Report				
Cold Coagulation	151	117	98	123
Diathermy Destruction	-	-	24	-

Histology Result 2025	Diagnostic Biopsy	Excision	Total
Cervical Cancer	16	3	19
Adenocarcinoma in situ / CGIN	3	6	9
CIN3	91	86	177
CIN2	147	39	186
CIN1	1,201	146	1,347
CIN Uncertain Grade	1	0	1
VAIN3	2	0	2
VAIN2	11	0	11
VAIN1	57	0	57
VIN3	8	1	9
VIN2	3	0	3
VIN1	11	0	11
HPV / cervicitis only	141	12	153
No CIN / No HPV (normal)	215	7	222
Inadequate	18	0	18
Other	0	0	0
Total	1,925	300	2,225

GUH Type of Cancer	No. of Cancers				
	2021	2022	2023	2024	2025
Cervical	23	29	24	15	16
Endometrial	2	0	0	0	0
Vulval	2	1	0	0	3

Activity:

During 2025, **4,160** women attended Galway Colposcopy Clinic, comprising **1,485** new attendances and **2,675** review appointments**.**

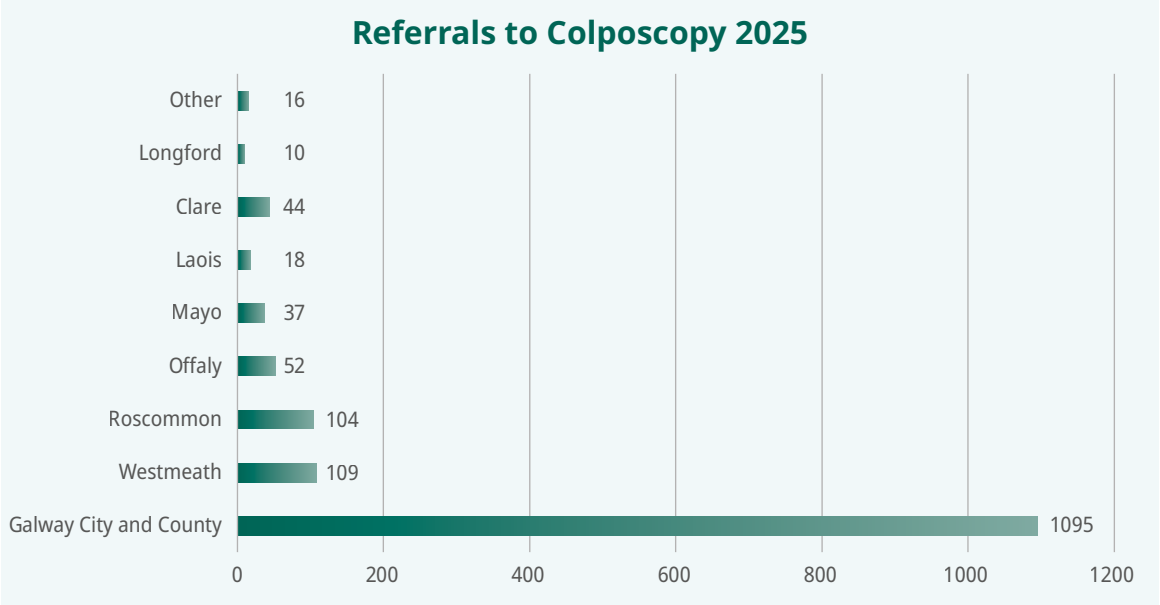
Consultants reviewed **926** women**,** many of whom presented with complex clinical needs. The nursing team reviewed **3,235** women, highlighting the important contribution of nurse-led clinics to the delivery of the colposcopy service.

Of the 1,485 new attendances:

- 103 women had high-grade cytology.
- 892 women had low-grade cytology.
- 194 women were referred following two positive HPV results with negative cytology.
- 296 women were referred on the basis of a clinical indication.

The clinic's non-attendance rate was **7.6%**, remaining below the CervicalCheck target of less than **10%**. Appointment reminders were issued by text message 10 days and again three days before the scheduled appointment. This approach supported attendance and contributed to maintaining the non-attendance rate within the required target.

A total of **1,485** referrals were received during 2025. The majority, **73%**, originated from Galway city and county, with most of the remaining referrals received from neighbouring counties and the Midlands region.



During 2025, **300** LLETZ procedures and **123** cold coagulation ablative treatments were performed. A total of **1,925** cervical biopsies were taken during the year.

The service met the CervicalCheck standard that more than **80%** of excisional specimens should demonstrate CIN on histological examination. High-risk HPV testing, with reflex cytology where indicated, was provided by Quest Diagnostics. Histology services were provided by the University Hospital Galway laboratory.

Vulvoscopy service

The consultant-led vulvoscopy clinic recorded **50** new referrals and **153** review attendances during 2025. Dr Astbury and Dr O'Leary each provide one clinical session per month to support the care of these women. Referral numbers to the vulvoscopy service have continued to increase. This trend may require consideration of an additional monthly clinic to support timely access and maintain service capacity

Cancer Summary:

There was a total of 19 women seen with a cervical/vulval cancer diagnosis. 3 of these women were diagnosed elsewhere and came to UHG for further assessment and treatment. Histology of cervical cancers reported invasive squamous cell carcinoma and invasive adenocarcinoma. There were 3 women diagnosed with squamous cell cancer of the vulva. Treatments for cervical cancer included LLETZ excision, hysterectomy (including radical hysterectomy) and radiation oncology/chemotherapy. The treatment for vulval cancer included vulvectomy.

Cervix cancer continues to be a problem in younger women**:** 4 of the women with cervical cancer were between 30-45 years of age. There were 11 women between 45-65yrs and 4 were 65+yrs. The 3 women with cancer of the vulva were between 50-70yrs, two of these women had no cervical screening history. Of note only 6 of the women diagnosed with cervix cancer had HPV screening, since it was introduced in 2020. The majority of cancer cases (13) had no screening history and 5 had a lapse in screening history for 5-10yrs highlighting the importance of attending for HPV cervical screening within the given timeframe according to age of the woman and screening history.

MDT:

Multidisciplinary team meetings between Colposcopy clinical staff, Quest and University Hospital Galway histology laboratory were held every second month using TEAMS software. Complex cases including glandular abnormalities, persistent disease and discrepancies between laboratory and clinical impression were discussed at these meetings and plans agreed.

Reporting:

Monthly, quarterly and annual report of activity (colp1) was generated and submitted to Cervicalcheck. During 2025 staff worked tirelessly to ensure standards were reached to see referrals within the specified timeframe as outlined in the QA guidelines for colposcopy clinics.

All clinical computer systems were upgraded to the Windows 11 operating system during the year. Funding was also secured to develop and implement a dedicated vulvoscopy dataset, which will support improved data capture and enable routine audit of clinic activity, attendance, and service utilisation.

LUH Colposcopy Clinic Report					
Colposcopy Clinic Activity	**2021**	**2022**	**2023**	**2024**	**2025**
New Referrals	616	577	593	501	470
Follow Up	856	720	769	716	858
High Grade	47	30	23	28	23
Low Grade	304	423	413	342	447
Non Attendance	64	92	84	114	157
LLETZ Treatments	123	102	81	84	61
Cervical Biopsy	617	440	511	772	701
Ablative Treatment	61	16	26	-	0
Cold Coagulation	0	1	19	10	1
Diathermy Destruction	0	0	0	-	0

Histology Result 2025	Total
Cancer	2
Adenocarcinoma in situ/CGIN	1
CIN3	36
CIN2	48
CIN1	369
CIN Uncertain Grade	0
VAIN3	0
VAIN2	0
VAIN1	0
VIN3	0
VIN2	0
VIN1	0
HPV/Cervicitis only	90
No CIN/No HPV (normal)	21
Inadequate	5
Other	147
Total	719

LUH Type of Cancer	No. of Cancers				
	2021	**2022**	**2023**	**2024**	**2025**
Cervical	3	3	3	2	2
Endometrial	0	0	0	0	0
Vulval	0	0	0	0	0

MUH Colposcopy Clinic Report 2023-2025			
Colposcopy Clinic Activity	**2023**	**2024**	**2025**
New Referrals	522	555	406
Follow Up	-	766	401
High Grade	109	34	18
Low Grade		281	257
Non Attendance	Over-All DNA 7.1%	60	71
LLETZ Treatments	113	80	65

MUH Colposcopy Clinic Report 2023-2025			
Cervical Biopsy	352	309	221
Ablative Treatment	0	0	0
Cold Coagulation	0	0	0
Diathermy Destruction	0	0	0

Histology Result 2025	Diagnostic Biopsy	Excision	Total
Cancer	2	0	2
Adenocarcinoma in situ/CGIN	0	0	0
CIN3	8	12	20
CIN2	9	10	19
CIN1	55	5	60
CIN Uncertain Grade	0	0	0
VAIN3	0	0	0
VAIN2	0	0	0
VAIN1	0	0	0
VIN3	0	0	0
VIN2	0	0	0
VIN1	0	0	0
HPV/Cervicitis only	40	1	41
No CIN/No HPV (normal)	34	5	39
Inadequate	1	0	1
Other	0	0	0
Total	149	33	182

MUH Type of Cancer	No. of Cancers				
	2021	2022	2023	2024	2025
Cervical	6	2	5	1	2
Vulval	0	0	0	0	0

SUH Colposcopy Clinic Report					
Colposcopy Clinic Activity	2021	2022	2023	2024	2025
New Referrals	601	737	607	584	634
Follow Up	888	887	1088	1138	1682
High Grade	65	103	62	97	86
Low Grade	425	625	439	487	549
Non Attendance	44	159	131	989	149
LLETZ Treatments	109	98	102	63	102
Cervical Biopsy	480	523	507	564	446
Ablative Treatment	N/A	N/A	N/A	0	0
Cold Coagulation	4	17	28	37	32
Diathermy Destruction	N/A	N/A	N/A	N/A	0

Histology Result 2025	Diagnostic Biopsy	Excision	Total
Cancer	7	2	9
Adenocarcinoma in situ/CGIN	2	2	4
CIN3	45	27	72

Histology Result 2025	Diagnostic Biopsy	Excision	Total
CIN2	83	10	93
CIN1	229	14	243
CIN Uncertain Grade	21	0	21
VAIN 3	2	0	2
VAIN 2	0	0	0
VAIN 1	3	0	3
VIN3	0	0	0
VIN2	0	0	0
VIN1	0	0	0
HPV/Cervicitis only	66	5	71
No CIN/No HPV (normal)	14	0	14
Inadequate	3	0	3
Other	2	0	2
Total	477	60	537

SUH Type of Cancer	No. of Cancers				
	2021	2022	2023	2024	2025
Cervical	2	2	3	6	8
Endometrial	0	0	0	0	1
Vulval	0	0	0	0	0
Vaginal	0	0	0	1	0

SUH

The service provided, on average, three consultant-led colposcopy clinics per week, together with four additional consultant clinics on alternate weeks. One half-day nurse-led screening clinic was also delivered each week. Timely diagnosis and treatment remain the key priorities of the service.

During 2025, **634** new patients were referred to the colposcopy service. A total of **2,870** appointments were offered, of which **1,504** were attended.

Treatment appointments

A total of **162** treatment appointments were offered, with **87** appointments attended. The remaining appointments were accounted for as follows:

- 10 patients did not attend, representing a non-attendance rate of **6.2%**.
- 43 patients cancelled and rescheduled their appointments, representing **26.5%**.
- 22 appointments were rescheduled by the clinic, representing **13.6%**.

Follow-up appointments

A total of **1,682** follow-up appointments were offered during 2025, of which **809** were attended. The remaining appointments were recorded as follows:

- 79 patients did not attend, representing a non-attendance rate of **4.7%**.
- 374 women cancelled and rescheduled their appointments, representing **22.2%**.
- 420 appointments were rescheduled by the clinic, representing **25.0%**.

Together, these figures demonstrate the level of activity required to support timely assessment, diagnosis, treatment, and follow-up within the colposcopy servicES.

Partnership Services

The service continued to work in partnership with Irisoft UK, which provides a patient management and audit software system known as Compuscope. The Coombe Hospital cytology laboratory as well as Quest Diagnostic cytology lab, continues to provide high-risk HPV and cytology testing services for the clinic.

Multidisciplinary team meetings were held at one- to two-monthly intervals and were facilitated by Dr Paul Hartel, Consultant Histopathologist,

Staff Development

We welcomed Mairead Crawford to our team initially as Colposcopy staff nurse and in December 2025 as CNS.

4.8 Urogynaecology Report

University Hospital Galway

GUH Diagnosis and Treatments

	2021	2022	2023	2024	2025
Total number of Urodynamic tests performed	40	51	56	71	62
Break down of diagnosis following Urodynamics					
Stress Urinary Incontinence:	12(30%	N/A	12	14	21
Mixed Urinary Incontinence:	6 (20%)	N/A	12	27	7
Normal	10 (25%)	N/A	6	10	8
Detrusor over activity	9 (22.5%)	N/A	25	17	21
Voiding dysfunction:	2(5%)	N/A	1	3	5
Cystistat: *for the treatment of painful bladder symptoms, non-specific cystitis and recurrent cystitis*	76	40	57	80	71

Letterkenny University Hospital

Urogynaecology Service Overview for 2025

The urogynaecology service is delivered by a multidisciplinary team comprising a urogynaecologist, a clinical specialist physiotherapist in urogynaecology, and a clinical nurse specialist in urogynaecology.

Referrals are accepted from gynaecology consultants and general practitioners in accordance with the Urogynaecological Service SOP and pathway for LUH. Referrals are triaged at a weekly multidisciplinary meeting, which also provides an opportunity to discuss complex cases and address operational issues affecting the service.

Urogynaecology clinics are held fortnightly. Each clinic provides appointments for five patients with the consultant and nursing team, and two patients with the physiotherapist. The physiotherapist may also review patients from the consultant and nurse-led clinic lists where clinically appropriate.

Following assessment, patients may be:

- followed up in the urogynaecology recall clinic for medical management;
- referred for physiotherapy follow-up, with access to the recall clinic if further medical management is required;
- referred to another service; or
- advised and discharged.

A combined urology–urogynaecology multidisciplinary meeting is held monthly to review urodynamic results and discuss complex cases, supported by input from the urology team

Service Achievements 2025

The LUH Urogynaecology Service has improved patient access to consultant-led urogynaecology, urogynaecology physiotherapy, and urodynamic assessment.

There is currently no waiting time for new patients triaged directly to the urogynaecology physiotherapist. Waiting times for physiotherapy review appointments and consultant-referred physiotherapy appointments are less than four weeks. Where medical management is required, the waiting time for review by the consultant following physiotherapy assessment is approximately four weeks.

Since January 2024, the pelvic health physiotherapy service has focused on managing the waiting list. This has stabilised the waiting list and prevented further growth, although reducing the overall waiting time remains challenging.

A patient information leaflet for the Urogynaecology Triage Clinic was finalised and printed in August 2025. The leaflet is now enclosed with all relevant patient appointment letters to support preparation and improve understanding of the service.

Service Aims 2026

The service aims to reduce the pelvic health physiotherapy waiting list to less than four months by:

- Referring routine pessary reviews to GPs, subject to GP agreement, to reduce the workload on the pelvic health service.
- Providing GP training in pessary insertion and removal to support a pathway for routine pessary changes following physiotherapy assessment.
- Supporting the steering group and the postnatal hub clinical specialist physiotherapist in establishing the new postnatal hub service.
- Developing staff expertise in endometriosis and chronic pelvic pain to meet increasing referral demand.
- Working with gynaecology consultants and other stakeholders to establish a multidisciplinary approach to the management of these patients.

4.9 Regional Fertility Hub Report

The HSE West and North West Regional fertility service opened in Galway University Hospital in May 2022. The service provides female and male fertility investigations including referral to private fertility services for publicly funded Advanced Human Reproduction services, In Utero Insemination and In Vitro Fertilisation. NWIHP in June 2025 extended the acceptance criteria for AHR IUI & IVF treatments to include couples who have had one child together.

Noted 19% increase in couples referred on for AHR treatments from 2024

Clinic Activity	2022 May - Dec	2023	2024	Change in returns of Metrics to NWHIP	2025
No. of Referrals	350	712	934	No. of Referrals	876
New Attendances	273	323	387	New Attendances	350
Review Attendances	294	606	738	Review Attendances	271
DNA Rate	89	85 (9%)	3.5%	DNA Rate	4.0%
No. of women requiring reproductive surgery	9	23	28	Semen Analysis	320
No. of men requiring endocrine therapy	0	1	1	AMH Bloods Drawn	408
No. of women requiring follicle tracking	9	28	26	Baseline Pelvic Scan	424
Ovulation Induction Cycles Undertaken	6	76	55	HSG Ordered	225
No. of Ovulation Induction Cycles Completed	9	54	45	Ovulation Induction Cycles Completed	41
No. of Ovulation Induction Cycles Cancelled	15	22	10	HyCoSY	0
No. of Semen Analysis Requested	240	276	427	Pregnancy Scans Undertaken	0
No. of Semen Analysis results completed	134	210	339	Patients Clinically Indicated for AHR Treatment	241
No. of Semen Analysis cancelled	30	9	-	Patients Discharged	56

4.10 Regional Complex Menopause Clinic Report

The HSE West and North West Regional Complex Menopause service opened in December 2022 and is one of the six in the country. It is a specialist clinic for assessment and individualised management of women with complex medical/surgical needs where standard menopause care might not be suitable. It provides a risk-benefit assessment for all women, with shared decision-making, always keeping the woman's choice central. The team work closely with GP's, other hospital specialties, dieticians, physio, counselling, exercise Programmes, cancer support and CBT providers. Their aim is to improve every woman's menopausal symptom with medication and a lifestyle approach.

The team was staffed by a GP Menopause Specialist, Consultant Obstetrician gynaecologist, a Clinical Nurse Specialist and an administration team. This is the clinical activity for the regional complex menopause service for 2025:

KPI No. and Description	2023	2024	2025
Activity/Accessibility			
KPI 1 : Number of Women referred	326	438	473
KPI 2 : Number of women waiting >3 months for a 1st appointment (n)	0	137	218
KPI 3: Number of new patients seen in the complex menopause clinic	121	159	103
KPI 4: Number of review patients seen in the complex menopause clinic	118	238	232
KPI 5 : Number of DNA's (n)	6	24	28
No. of Women Referred from:			
GP	304	391	430
Other	20	48	43
KPI 9: No. of Inappropriate Referrals	106	127	152
Outcomes			
Discharged to GP	71	113	66
For in person Review Appointment	119	137	47
For virtual follow up call	58	128	185

4.11 Health and Social Care Professionals Report

4.11.1 Physiotherapy

GUH				
Physiotherapy Referrals	**2022**	**2023**	**2024**	**2025**
Outpatient referrals	315	532	561	613
Inpatient referrals	-	-	173	152
Physiotherapy Activity 2023				
Urinary Incontinence	300	308	237	264
Pelvic Organ Prolapse	117	134	199	202
Faecal Incontinence	53	41	66	33
Pelvic Pain/Overactive Pelvic Floor	8	29	65	114
Musculoskeletal	68	-	-	-
Anal sphincter injury	50	-	-	-
Number direct from Urogynaecology Clinic	114	64	94	52
% Direct from the Urogynaecology Clinic	24%	21%	25%	12.0%

GUH Physiotherapy	2021	2022	2023	2024	2025
Urinary Incontinence	82	300	308	237	264
Pelvic Organ Prolapse	75	117	134	199	202
Faecal Incontinence	27	53	41	66	33
Pelvic Pain/Overactive Pelvic Floor	17	8	29	65	114
Urogynaecology Clinic *	63 (32%)	114(24%)	64 (21%)	94 (25%)	52 (12%)

**Urogynaecology clinic – direct referral to Physiotherapy from clinic, thus improving access to physiotherapy management*

Service Overview 2025

- Physiotherapy inpatient service to antenatal, postnatal and gynae wards in UHG;
- Urogynaecology Physiotherapy triage service (including a pessary-fitting service to patients presenting with prolapse or incontinence) ongoing where patients are assessed and treated by a Clinical Specialist Physiotherapist prior to medical review.
- Endometriosis Physiotherapy Service continued in UHG in 2025 for West/North West Group, in spite of lack of medical lead and multidisciplinary team
- Regular participation in in-service training sessions, national conferences, multidisciplinary meetings, interdepartmental meetings and gynae steering group meetings.

Service Achievements 2025

- Reduction of Consultant Urogynaecology waiting list by triaging 199 patients in physiotherapy, many of which could be discharged directly without subsequent medical review.
- Development of the Regional Endometriosis Workshops, with very positive feedback. A total of 93 Endometriosis related pain patients were referred to the service. Referral sources included Tallaght (36), GUH (24), Coombe (13), Sligo (12), Cork (2), Mayo (2), Portiuncula (1), Limerick (2). 51 attended the Endometriosis Workshops. 40 required subsequent 1:1 Physiotherapy.

Service Aims 2026

- Reduce current 6-month Physiotherapy waiting list.
- Statistical review of Physiotherapy Triage Service for Urogynaecology patients 2023-2025;
- Further development of pessary service with training in insertion of more complex pessary options
- Continuation of Physiotherapy service to women with chronic pelvic pain and endometriosis, with recruitment of recently vacated clinical specialist physiotherapy post
- Review physiotherapy service provision for patients post radiation oncology treatment of endometrial and cervical cancers.

LUH				
Physiotherapy Referrals	2022	2023	2024	2025
Outpatient referrals	234	56	94	97
Inpatient referrals	24	-	-	-
Physiotherapy Activity 2023		Total		
Urinary Incontinence	174	49	378	348
Pelvic Organ Prolapse	115	0	7	7
UI+POP	-	-	-	72
Faecal Incontinence	23	0	0	0
Pelvic Pain/Overactive Pelvic Floor	15	2	0	0
Total Outpatient Treatments	327	131	385	427
Number direct from Urogynaecology Clinic	N/A	56/61	-	97
% Direct from the Urogynaecology Clinic	N/A	91.8%	-	100.0%

MUH				
Physiotherapy Referrals	**2022**	**2023**	**2024**	**2025**
Outpatient referrals	234	373 (gynae and maternity)	1,088	276
Inpatient referrals	24	94 (gynae and maternity)	34	26
Physiotherapy Activity				
Urinary Incontinence	174	378	347	269
Pelvic Organ Prolapse	115	202	270	189
Faecal Incontinence	23	40	55	38
Pelvic Pain/Overactive Pelvic Floor	15	29	53	83
Total Outpatient Treatments	327	649	725	579
Number direct from Urogynaecology Clinic	U/A	25	71	76

Service Overview 2025:

Most of the year only CSP in post. Rotational staff grade physio 0.5 WTE started November 2025 and Senior physio role filled and commenced December 2025.

Non-urgent clients were waiting over 6 months for an appointment due to short staffing.

Service Achievements 2025:

- Two physiotherapy students did a part 8-week placement in WH with MSK placement.
- CSP clinic ongoing and successfully triaging and treating over 50% of clients with no need for consultant intervention.
- Combined Physio-Dietitian clinic treating women with constipation and defecatory disorders.

Service Aims for 2026:

- Reduce waiting time to access Women's Health service with improved staffing.
- Develop and implement a physio-led pessary service for prolapse.
- Improve community involvement through pelvic health education talks to community groups.
- Evaluate the effectiveness of the combined dietitian-physio clinic.

PUH Physiotherapy					
Year	**2021**	**2022**	**2023**	**2024**	**2025**
No of referrals	140	250	243	258	200

Portiuncula University Hospital Physiotherapy Department provides Women's Health physiotherapy for inpatients and outpatients, supporting women with antenatal, postnatal, and urogynaecological conditions.

The outpatient service supports women from South Roscommon and East Galway who are referred by consultants and GPs. In the absence of equivalent Women's Health services in some satellite locations, referrals are received from a wider catchment area. Where appropriate, patients are directed to local services in line with Sláintecare's principles to reduce the need to travel to Ballinasloe.

The service provides assessment and treatment for:

- Bladder and bowel continence, including stress, urge, and mixed urinary incontinence and constipation.
- Sexual dysfunction, including dyspareunia and vaginismus.
- Chronic pelvic pain and endometriosis.
- Post-radiation and post-operative complications.
- Painful bladder syndrome and overactive bladder.
- Urogynaecological post-operative care.
- Musculoskeletal conditions.
- Pelvic organ prolapse and pessary fitting.

Achievements and activity

The service received **200** new gynaecology referrals during the reporting period. Antenatal patients are prioritised according to clinical need, including incontinence, severe low back pain with or without radiculopathy, and significant pregnancy-related pelvic pain.

Patients are assessed and managed through a combination of face-to-face appointments, telehealth, and antenatal classes. Physiotherapists contribute to antenatal classes at 18 and 32 weeks, supporting preparation for labour and birth. They also contribute to multidisciplinary education for non-consultant hospital doctors and midwives.

The current urogynaecology allocation is 0.6 WTE and is planned to increase to 1 WTE by 2027. The antenatal allocation is approximately 0.5 WTE and is also planned to increase to 1 WTE by 2027.

Pelvic health physiotherapy referrals have decreased, partly due to the extended waiting list and the vacancy of the senior physiotherapist post, which has not been backfilled.

Aims and priorities

The service aims to:

- Increase Women's Health physiotherapy capacity in line with planned workforce allocations.
- Improve access to local services and reduce unnecessary travel for patients.
- Maintain timely triage and prioritisation of patients with the greatest clinical need.
- Strengthen antenatal, postnatal, and urogynaecology pathways across the wider catchment area.
- Continue multidisciplinary education and collaboration with maternity and medical teams.

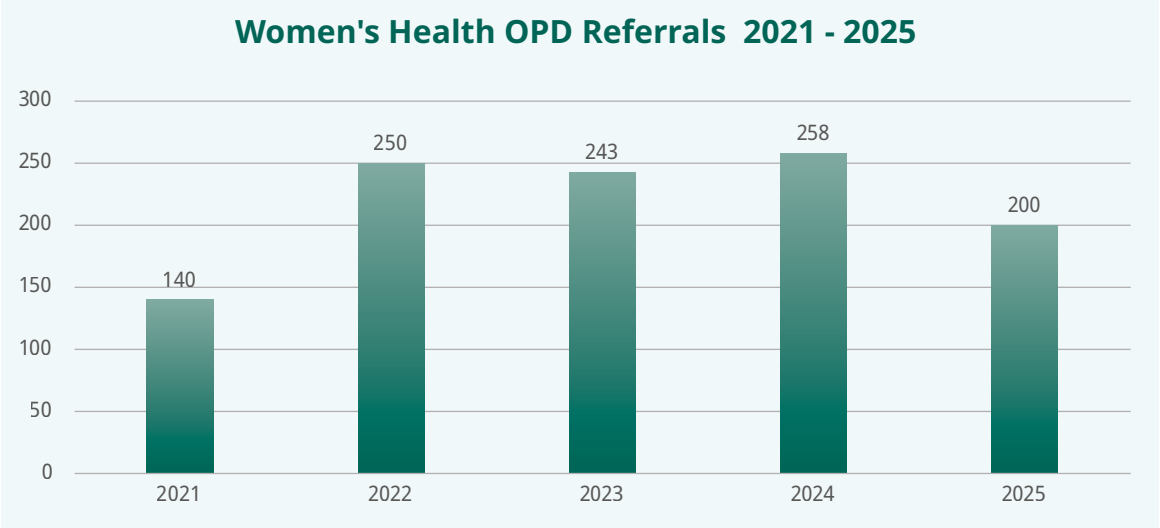


Figure 4: 2025 Gynae Referrals = 200

SUH				
Physiotherapy Referrals	**2022**	**2023**	**2024**	**2025**
Outpatient referrals	87	89	110	132
Inpatient referrals		-	-	-
Physiotherapy Activity 2023				
Urinary Incontinence	55	45	52	160
Pelvic Organ Prolapse	28	29	49	152
Faecal Incontinence	6	8	3	29
Pelvic Pain/Overactive Pelvic Floor	5	7	6	21
Total Outpatient Treatments	87	358	110	362
Number direct from Urogynaecology Clinic	64	58 (Since Sept 2023)	100	38
% Direct from the Urogynaecology Clinic	73%	68%	*	10%

**Note: Only Galway has a Urogynae clinic, SUH have Urology and Gynaecology Clinics, The urology referrals are sent to the integrated Continence care Urology service in primary care*

Service Overview 2025:

The CSp Physiotherapist in ambulatory gynaecology covered the vacant women's heath post in a limited capacity.

Service Achievements 2025:

A new clinical specialist physiotherapist joined the postnatal hub team in December 2025.

Service Aims for 2026:

The Ambulatory Gynaecology CSP post is currently vacant.

4.11.2 Nutrition and Dietetics

Dietitians assess patients' medical and nutritional needs, identify any areas of concern and offer support to help make diet and lifestyle changes when needed for women who have additional dietetic needs. Dietitians work as part of multidisciplinary teams and link with other health professionals.

GUH Nutrition and Dietetics:			
Gynaecology Activity	**2023**	**2024***	**2025***
New	18 patients. 11 new referrals	N/A	N/A
Review	34 review consults	N/A	N/A

**Staff resource issue in 2024/ 2025*

LUH Nutrition and Dietetics:			
Gynaecology Activity	**2023**	**2024**	**2025**
New	6	3	1
Review	6	3	4
Total	12	6	5

Service Overview 2025:

The nutrition and dietetic service for gynaecology is an inpatient service only; there is no outpatient service. There is no specialist or funded service for gynaecology.

4.11.3 Medical Social work

Mayo University Hospital

There is a Medical Social Worker on duty Monday-Friday, 9-5pm who screens referrals from all wards including the Gynaecology Ward.

The Senior Medical Social Workers covering Maternity will see patients on the Gynaecology ward following confirmation of early pregnancy, or pregnancy loss where the patient has requested support. We also receive referrals from the Early Pregnancy Unit.

The Senior Medical Social Workers work with the Multidisciplinary team on the ward to improve outcomes for patients attending the Gynaecology ward.

In 2025, there were 87 referrals from the Gynaecology ward.



5

CHAPTER 5
PAEDIATRICS

5.0 Introduction
5.1 Unscheduled Care Paediatric Report
5.2 Scheduled Care Paediatric Report
5.3 Network Report
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5.5 Children's Advanced and Specialist Nursing Report
5.6 Education
5.7 Health and Social Care Profession (HSCP) & Allied Health Professionals Report
5.8 Quality Improvement Report

5.0 Introduction

The HSE West and North West Health Area provides unscheduled and scheduled care, including specialist paediatric services, across five paediatric units comprising one regional and four local hospitals. These services provide care for approximately 160,000 children under 16 years of age across Galway, Mayo, Roscommon, Sligo, Leitrim and Donegal. The Roscommon Minor Injuries Unit provides care for children aged five years and over.

A further cohort of young people aged 16 to 18 years access paediatric services across the region, reflecting the continued provision of care for young people during the transition from paediatric to adult services.

CSO population figures for children under 16 years of age

Galway	Mayo	Roscommon	Leitrim	Sligo	Donegal	Total
57,254	28,202	15,103	7,689	14,327	36,565	**159,140**

5.1 Unscheduled Care Paediatric Report

Overview of Paediatric ED attendances as a % of total attendance to ED 2025

Emergency Department (ED)	Galway University Hospitals	Letterkenny University Hospital	Mayo University Hospital	Portiuncula University Hospital	Roscommon University Hospital	Sligo University Hospital	Total
Total ED Attendances	86,383	53,356	45,247	33,143	19,693	48,398	**286,220**
Total Paediatric ED Attendances	16,800	11,095	9,354	8,393	4,929	8,681	**59,252**
% Paediatric attendances	19.4%	20.8%	20.7%	25.3%	25.0%	17.9%	**20.7%**

Paediatric Emergency Department (ED) Attendance & Admissions under the care of a paediatrician 2025

Emergency Department	GUH	LUH	MUH	PUH	SUH	Total
Attendances	16,800	11,095	9,354	8,393	8,681	**54,323**
Admissions (All Specialities)	2,749	2,818	1,392	1,842	1,284	**10,085**
Admissions (Paediatric Medicine Only)	1,691	2,305	1,090	1,630	882	**7,598**
% Admission (All Specialities)	16.4%	25.4%	14.9%	21.9%	14.8%	**18.6%**
% Admission (Paediatric Medicine Only)	10.1%	20.8%	11.7%	19.4%	10.2%	**14.0%**

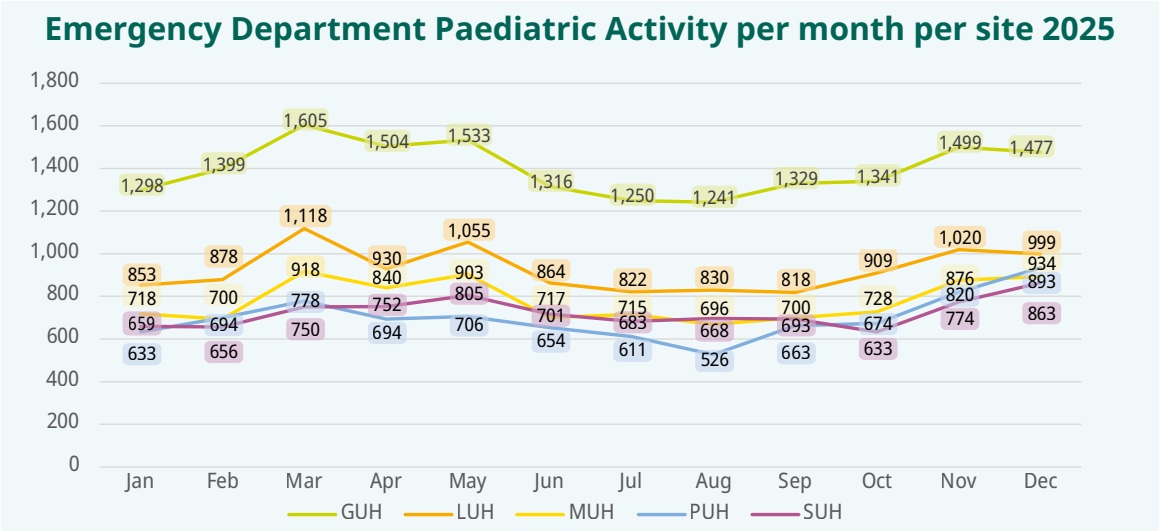
Total Paediatric Emergency Department (ED) Attendance Breakdown by PET Times 2025

PET Times	GUH	LUH	MUH	PUH	SUH	Total	% of Total
<6Hr PET	12,201	9,659	7,743	7,516	7,459	**44,578**	**82.1%**
6-9 Hr PET	2,924	1,109	1,195	740	965	**6,933**	**12.8%**
9-24 Hr PET	1,513	316	410	137	256	**2,632**	**4.8%**
24+ PET	162	11	6	0	1	**180**	**0.3%**
Total	16,800	11,095	9,354	8,393	8,681	**54,323**	**100.0%**

Total Paediatric Emergency Department (ED) Attendance Breakdown by Category 2025

Category	GUH	LUH	MUH	PUH	SUH	Total	% of Total
Cat 1 Triage	87	83	28	79	56	**333**	**0.6%**
Cat 2 Triage	2,841	2,593	1,934	1,640	1,500	**10,508**	**19.3%**
Cat 3 Triage	6,654	5,259	5,397	5,111	3,946	**26,367**	**48.5%**
Cat 4 Triage	5,802	2,972	1,567	1,297	2,505	**14,143**	**26.0%**
Cat 5 Triage	1,412	85	296	265	186	**2,244**	**4.1%**
Other Cat Triage	4	103	132	1	488	**728**	**1.3%**
Total	**16,800**	**11,095**	**9,354**	**8,393**	**8,681**	54,323	100.0%

Emergency Department Paediatric Attendance						
Year	**GUH**	**LUH**	**MUH**	**PUH**	**SUH**	**Total**
2021	13,129	6,900	6,969	5,964	6,614	**39,576**
2022	16,953	8,825	8,676	8,691	8,073	**51,218**
2023	16,444	10,670	8,869	8,212	8,217	**52,412**
2024	16,526	11,577	9,892	8,564	8,559	**55,118**
2025	16,800	11,095	9,354	8,393	8,681	**54,323**
% Increase 2021-2025	+28.0%	+60.8%	+34.2%	+40.7%	+31.3%	**+37.3%**



Emergency Department – Paediatric Admissions (All Specialities)						
Year	**GUH**	**LUH**	**MUH**	**PUH**	**SUH**	**Total**
2021	1,553	1,690	1,057	1,247	906	**6,453**
2022	1,396	1,660	2,502	1,424	1,483	**8,465**
2023	2,576	3,911	1,115	1,951	1,507	**11,060**
2024	2,659	3,126	1,789	1,913	1,433	**10,920**
2025	2,749	2,818	1,392	1,842	1,284	**10,085**

Conversion rate of attendance to admission from ED under the care of Paediatric Medicine						
Year	**GUH**	**LUH**	**MUH**	**PUH**	**SUH**	**Total**
2021	11.8%	24.5%	15.2%	20.9%	13.7%	**16.3%**
2022	8.2%	18.8%	28.8%	16.4%	18.4%	**18.1%**
2023	16.0%	33.1%	13.0%	24.0%	18.0%	**14.0%**
2024	10.2%	22.2%	15.2%	19.1%	12.4%	**15.3%**
2025	10.1%	20.8%	11.7%	19.4%	10.2%	**14.0%**

Paediatric Decision Unit (PDU) MUH

The PDU in MUH is located within the 'footprint' of the paediatric ward. While all paediatric patients are triaged after registration in the ED, 44.1% (4,127) of ED paediatric patient attendances were managed in the PDU in 2025.

The figure of 1,941 represents the total activity, scheduled and unscheduled care, for that clinical area for 2025. The PDU offers a rapid access pathway for children requiring urgent assessment, children including those with chronic disease or complex needs requiring expedient clinical review.

Roscommon Injury Unit (RIU) – Unscheduled care report

RIU is operational from 8am to 8pm, 365 days per year. It is located within the Urgent Care Centre at Roscommon University Hospital. The unit provides for the assessment, diagnosis and treatment of a range of injuries for adults and children over five years old. Patients are referred on for specialist care as required.

Year	New Attendance	Scheduled Return	Unscheduled Return	Ambulance Transfer
2021	1,811	204	8	3
2022	2,869	294	13	12
2023	3,776	272	19	1
2024	4,114	299	40	1
2025	4,639	269	21	-

Year	Total Attendances	Total Paediatric Attendances	% of Paediatric Attendances of Total
2021	9,155	2,026	22.1%
2022	12,733	3,188	25.0%
2023	15,042	4,068	27.0%
2024	16,351	4,454	27.2%
2025	19,693	4,929	25.0%

Year	Total Paediatric Attendances	Total Out of Protocol Paediatric Attendances	% of Attendances
2023	4,068	330	8.1%
2024	4,454	367	8.2%
2025	4,929	386	7.8%

Paediatric Admissions to Intensive Care Unit (ICU) 2025

Year	GUH	LUH	MUH	PUH	SUH	Total
2021	31	8	16	5	3	**63**
2022	41	12	18	13	10	**94**
2023	57	10	13	22	18	**120**
2024	52	10	14	16	16	**108**
2025	48	10	28	10	9	**105**

Age Breakdown	GUH	LUH	MUH	PUH	SUH	Total
Neonate <1 month	3	2	1	1	0	**7**
Infant <1 year	9	2	7	1	0	**19**
Preschool 1-4 years	15	0	5	2	1	**23**
Child 5-16 years	21	6	15	6	8	**56**
Total	48	10	28	10	9	**105**

Discharge Destination from ICU	GUH	LUH	MUH	PUH	SUH	Total
Other Hospital	23	10	7	10	4	**54**
Home	1	0	0	0	0	**1**
Paediatric Ward	23	0	21	0	4	**48**
Adult Ward	1	0	0	0	0	**1**
Deceased	0	0	0	0	1	**1**
Total	48	10	28	10	9	**105**

Admission Diagnosis to ICU	GUH	LUH	MUH	PUH	SUH	Total
Respiratory	31	9	7	9	3	**59**
Diabetes/Endocrine	3	0	7	0	1	**11**
Neuro/Seizures	3	0	7	0	2	**12**
Surgical/Post Op /Trauma	9	1	1	0	3	**14**
Cardiac	2	0	4	0	0	**6**
Polypharmacy overdose	0	0	2	1	0	**3**
Total	48	10	28	10	9	**105**

Paediatric Transfers 2025

Location of Transfer on Site						
Site	ED	Ward	ICU	Theatre	CHI	Total
GUH	0	55	26	0	1	**82**
LUH	2	62	2	0	0	**66**
MUH	41	39	28	1	0	**109**
PUH	25	59	10	1	0	**95**
SUH	10	34	5	0	10	**59**
Total	**78**	**249**	**71**	**2**	**11**	**411**

Transfer To Per Site										
Site	CHI Crumlin	CHI Temple St	GUH	LUH	MUH	PUH	SUH	Other	Not Stated	Total
GUH	54	26	1	0	0	0	0	1	0	**82**
LUH	34	23	3	0	0	0	3	2	1	**66**
MUH	25	8	12	0	1	0	0	61	2	**109**
PUH	47	18	15	0	0	0	0	1	14	**95**
SUH	22	20	2	0	0	0	14	1	0	**59**
Total	**182**	**95**	**33**	**0**	**1**	**0**	**17**	**66**	**17**	**411**

Reasons for Transfer	Total	%
Escalation In Care	95	23.1%
Speciality	166	40.4%
Investigations	15	3.6%
OPD Review	11	2.7%
PICU	38	9.2%
Ongoing Care	3	0.7%
Other	21	5.1%
Not Stated	62	15.1%
Total	411	100.0%

Ventilation Support per Site								
Site	High Flow	CPAP	Oxygen	Bipap	Intubated/Ventilated	None	Not stated	Total
GUH	8	6	0	0	16	52	0	**82**
LUH	2	1	2	1	2	31	27	**66**
MUH	1	0	0	0	5	45	58	**109**
PUH	10	7	2	0	6	70	0	**95**
SUH	4	3	0	0	4	48	0	**59**
Total	**25**	**17**	**4**	**1**	**33**	**246**	**85**	**411**

Transport Mode Per Site									
Site	Parents	Taxi	Ambulance	IPATS	NTTP	MICAS	Other	Not Documented	Total
GUH	6	0	54	19	3	0	0	0	**82**
LUH	3	7	49	5	0	0	0	2	**66**
MUH	0	4	44	3	0	0	0	58	**109**
PUH	13	3	59	7	1	0	5	7	**95**
SUH	2	1	51	3	0	0	2	0	**59**
Total	**24**	**15**	**257**	**37**	**4**	**0**	**7**	**67**	**411**

5.2 Scheduled Care Paediatric Report

Paediatric departments on all sites provide both general paediatric outpatient care and specialty outpatient clinics, as well as virtual clinics and outreach clinics in the community.

Play specialist support to clinics is provided where possible.

Demand for paediatric outpatient services is increasing year on year, with 2025 seeing an increase in referrals across the region of 31.4% in the last 5 years.

Inpatient Activity all specialties							
Year	GUH	LUH	MUH	PUH	RUH	SUH	Total
2021	3,334	4,113	4,295	1,542	2	1,681	**14,967**
2022	3,787	5,646	5,295	1,938	0	2,011	**18,677**
2023	2,578	4,817	2,378	2,237	-	2,113	**14,123**
2024	4,439	3,693	2,581	2,274	-	2,261	**15,248**
2025	3,935	3,335	2,146	2,200	2	1,946	**13,564**

This data includes both scheduled and unscheduled care admissions

Average Length of Stay (days) – Inpatient Activity					
Year	GUH	LUH	MUH	PUH	SUH
2021	2.68	1.25	2.87	1.92	1.91
2022	4.34	1.22	1.30	2.30	3.03
2023	2.05	1.55	1.96	1.52	2.67
2024	2.36	1.90	2.60	2.80	2.30
2025	2.59	1.99	1.99	1.57	2.22

Paediatric Day Case Discharges							
Year	GUH	LUH	MUH	PUH	RUH	SUH	Total
2021	1,442	1,119	1,742	1,035	13	717	**6,068**
2022	1,591	1,337	2,143	600	18	834	**6,523**
2023	1,837	1,742	1,888	781	-	444	**6,692**
2024	2,785	1,870	1,752	906	19	871	**8,203**
2025	3,271	1,085	1,711	956	22	720	7,765

This data reflects a mix of both paediatric and perioperative paediatric day case discharges

Paediatric Outpatient Attendances all specialties							
Year	GUH	LUH	MUH	PUH	RUH	SUH	Total
2021	19,963	6,612	6,684	4,421	239	10,388	48,107
2022	22,888	8,454	7,573	5,289	228	10,078	54,510
2023	25,080	8,981	8,891	6,473	348	11,745	61,508
2024	26,516	10,151	9,940	6,387	282	13,873	67,149
2025	22,249	10,262	9,749	6,825	287	13,855	63,227

Attendance numbers may exclude selected urgent referrals preferentially managed through rapid access pathway on sites. OPD attendances have increased by 31.4% from 2021 to 2025

New, Review and DNA OPD Activity (Paediatric Medicine Speciality Only) 2025										
Site	New Patients Seen 2024	New Patients Seen 2025	Review Patients Seen 2024	Review Patients Seen 2025	Total Paediatric Patients Seen 2024	Total Paediatric Patients Seen 2025	% DNA 2024	% DNA 2025	New to Review Ratio 2024	New to Review Ratio 2025
GUH	3,242	2,666	9,835	8,968	13,077	11,634	9.3%	10.8%	1:3	1:3
LUH	1,394	1,430	3,035	4,347	4,429	5,777	16.1%	14.0%	1:2	1:3
MUH	1,318	1,342	4,724	5,112	6,042	6,454	21.2%	18.6%	1:4	1:4
PUH	1,206	1,318	4,714	4,729	5,920	6,047	14.1%	12.9%	1:4	1:4
SUH	1,324	1,575	4,524	5,403	5,848	6,978	16.5%	12.0%	1:3	1:3
Total	**8,484**	**8,331**	**26,832**	**28,559**	**35,316**	**36,890**	**14.4%**	**12.0%**	**1:3**	**1:3**

This table includes children attending Medical Paediatrics OPD only and does not include other specialities across the group. The total attendances increased from the previous year by 4.5%

Paediatric Day Assessment Clinic/Ambulatory Care						
Year	GUH	LUH	MUH	PUH	SUH	Total
2021	3,049	298	1,379	1,075	1,689	7,490
2022	6,226	285	1,402	1,353	1,433	10,699
2023	6,006	478	1,172	1,876	1,094	10,626
2024	2,416	2,037	1,208	2,185	1,107	8,953
2025	2,183	2,609	1,444	2,273	1,120	9,629

Each site provides a day service. A mix of activity is reflected in the numbers above which is not comparable.

Shared care Patients (SCP) 2025	GUH	LUH	MUH	PUH	SUH	Total
Total	**99**	**110**	**27**	**53**	**16**	**305**
Breakdown of Speciality for SCP 2025	**GUH**	**LUH**	**MUH**	**PUH**	**SUH**	**Total**
Cardio Thoracic Surgery	0	6	0	0	0	6
Endocrinology	42	12	0	3	1	58
Haematology	3	12	6	4	6	31
Nephrology	0	15	0	3	2	20
Neurology	0	4	0	2	0	6
Cardiology	0	11	2	2	0	15
Gastro Enterology	14	20	8	10	7	59
Infectious Diseases	0	3	0	1	0	4
Oncology	20	12	8	12	0	52
Rheumatology	20	10	3	11	0	44
Metabolic	0	1	0	5	0	6
Dermatology	0	4	0	0	0	4

5.3 Network Report

5.3.1 Endocrinology; Children and Young Persons Diabetes Network:

2025 Current Network Numbers:

Hospital	Total No. Of Children with Type 1 Diabetes	Total No. of new diagnoses	Number of children On insulin pump therapy	Mean HbA1c
GUH	177	18	130 (73.4%)	7.6%
LUH	137	20	96 (76.2%)	7.2%
MUH	103	11	68 (66.0%)	7.6%
PUH	82	6	60 (73.1%)	7.7%
SUH	92	11	74 (80.0%)	7.2%
Region	**591**	**66**	**428 (72.4%)**	**7.4%**

West and Northwest Region Children and Young Persons Diabetes Network

There are 591 children with type 1 diabetes attending the West and Northwest Region Children and Young Persons Diabetes Network. We have made great strides in developing a network for the region. There is dedicated Paediatric CNS support on all sites (Letterkenny, Sligo, Portiuncula, Galway and Mayo). Four sites now have a Paediatric diabetes ANP service with a plan to develop this service on the 5th site (MUH) in 2026. Insulin Pump starts are provided on 4/5 sites with the aim to extend this to the 5th site in 2026 when there is ANP support in place. Patients attending MUH currently have access to insulin pump starts in GUH. The percentage of children on insulin pumps has increased significantly over the last few years from 54% in 2023 to 62.8% in 2024 to 72.4% in 2025 with >70% on insulin pump therapy on most sites. The Network has a set of objectives which they have worked towards achieving in the past number of years. The Network meets biannually as a group and the steering group meets bi monthly.

Integrated Paediatric Units:

1. **University Hospital Galway** outreach to Mayo and Portiuncula. (Dr Niamh McGrath)
2. **Sligo University Hospital** outreach to Letterkenny (Dr Sinead Glackin)

The Steering Group set out several prioritized clinical services improvement objectives (strategic priorities) during 2025 and these were aligned to the following work streams/themes, with a site lead identified for each work stream:

- **West and Northwest Region Paediatric Insulin Kardex** – Prescription & Administration Record for Children receiving Insulin (Now finalized)
- **Education** – Pump education booklet, newly diagnosed education checklist, Carbohydrate counting documents
- **School Education Programme** - Standardised Action plan & Care plan has been developed for students
- **Standardised Documentation** - Standardising Paediatric documentation discussed
- **Transition** - Successful transition pathways from Paediatric to Adult Service. Plan to improve follow up attendance, patient & parent satisfaction, knowledge and adolescent issues, promote self-readiness and self -management. Planned structured Transition clinics have now been established on 3 sites with a plan to develop this service on the two other sites in 2026/2027
- **Audit** – via KPI Metrics control and review and NOCA Audit Nationally

Robust transition pathways have been developed in some sites with a plan to standardise transition pathways across the group. The transition model, which has been in place in UHG, involves seeing patients jointly with young adult colleagues for two years (5th and 6th year).

Aims of the network for 2025:

Our aim for 2026 is to continue to strive towards meeting international best practice guidelines of target HbA1c of <7% (ISPAD 2022) by providing high-quality care to our service users –

- Continue to offer insulin pump therapy to patients in line with international best practice guidelines and continue to increase the number of patients on insulin pump therapy.
- Advocate for the development of psychology services.
- Establish robust transition onto adult services.
- Explore the development of child, young person and family engagement forum across sites.

5.4 Specialist Regional Reports

5.4.1 Cardiology Service

2025 Activity Data

Paediatric Cardiology OPD Activity	2024	2025
New Patient Seen	166	198
Review Patients Seen	234	346
Total Seen	400	544
Nurse led clinic reviews	467	429
Paediatric echocardiograms in GUH (including OPD, excluding NICU)	1030*	1229
NICU echocardiograms (Dr Ryan)	109*	69

The paediatric Cardiology service in GUH provides an inpatient service, a rapid access ambulatory care service, a NICU and postnatal ward echocardiography service and an outpatient cardiology clinic service. The service is supported by is a 1 General Paediatrician with Expertise in Cardiology (PEC),1 WTE CNS, 1 WTE dietician. There is shared care with the Children's Heart Centre in Crumlin for complex patients, Outpatient referrals are accepted from all hospitals within the HSE West and Northwest Region, with urgent referrals accepted on a case-by-case basis. A number of joint CHI / PEC clinics take place on GUH each year for complex cases and children with inherited cardiac conditions. An ECG interpretation service is provided to support Child and Adolescent Mental Health Services (CAMHS) physical monitoring clinic for children on psychotropic medication.

There is a paediatric Holter monitoring service and exercise stress testing (EST) available for older children. Paediatric echocardiograms are performed both in the cardiac investigations department and in clinic. There are currently seven outpatient slots available per month for Paediatric Cardiology; There is Cardiac Physiologist support available at one clinic per week.

5.4.2 Respiratory & CF Service

The Paediatric Respiratory Service accepts referrals from the HSE West and North West Region on a case by case basis The service provides in and out-patient care for patients with:

- Cystic Fibrosis
- Bronchiectasis
- Neuromuscular conditions including scoliosis
- Non-invasive ventilation
- Broncho-pulmonary dysplasia
- Tracheostomies,
- Complex Asthma
- Sleep medicine screening and ventilation titration.

There are significant increases in referrals particularly for sleep medicine and asthma. In 2025 a new sleep pathway was introduced incorporating questionnaire screening and local hospital oximetry. This has substantially reduced the number of admissions and bed days to UHG.

The catchment area population is approximately 850k with rapid expansion particularly in the Galway city area.

Staffing Respiratory Service Summary GUH 2025:

0.5 WTE	Consultant
0.5 WTE	CNS CF
1.0 WTE	CNS Respiratory
1.0 WTE	CF Physiotherapist
0.4 WTE	CF Dietician

CF Service:

GUH is one of 6 specialist paediatric CF centres nationally and sees patients from newborn diagnosis. Almost all patients are enrolled in the CF Registry of Ireland which enables data collection, benchmarking, and CF modulator therapy assessment. The CF consultant-provided service provides medical out-patient reviews, outpatient and in-patient care for 79 patients from the West and Northwest Region. Some of our patients share care with their local hospital. There is currently insufficient capacity for the provision of outreach clinics providing care closer to home. GUH is participating in the ENHANCE trial for CF, an international multi-centred trial to establish the natural history of CF in the era of modulator therapy.

Asthma Service

There is a consultant led monthly complex asthma clinic with acceptance referrals accepted from primary care or general paediatrics. All patients are provided with nurse-led education, technique checks, and written action plans and discharged back to primary care once stabilised. Nurse-led Spirometry with reversibility testing is available on a case-by-case basis.

General Respiratory and Asthma Service GUH 2021- 2025					
	2021	2022	2023	2024	2025
Asthma	335	310	282	313	220
CF	64	67	74	79	79
Sleep Medicine Admissions	58	80	100	120	80
NIV/Complex Respiratory	20	25	27	32	53

Achievements 2025

Achievements in 2025 include:

- Continuing staff training in Lung Clearance Index for pre-school lung function testing
- Establishment of a multi-disciplinary discrete “one-stop-shop” for complex respiratory patients with consultant provided service, dedicated physiotherapy, and a clinical nurse specialist. This has allowed increased expansion in the care of the very complex respiratory patients as indicated by the 66% increase in patient attendance for same in 2025.
- Ongoing participation in CF multi-centred trials ENHANCE and BUNNY together with the Clinical Research Facility to establish the first paediatric trial via the CRF in GUH
- Methods of microbiological surveillance comparator study results presented
- Continued engagement with MCAN to mitigate the risks of the service in particular the lack of access to Pulmonary Function Testing, Radiology MDT, or complex scanning for patients in GUH who also have denied access/timely access to CHI.

5.4.3 Paediatric Allergy Service

The allergy service at UHG is staffed by a 0.25 WTE paediatrician with special interest in Allergy and Immunology, and a 1.0WTE Clinical Nurse Specialist. Paediatric Allergy services at UHG include FA diagnosis through standardised proformas, skin prick testing and interpretation, AHP education, nursing and medical student education on all aspects of allergy care, sublingual immunotherapy, venom immunotherapy, oral food challenges, direct drug provocation testing, and graded drug challenges.

A community-based allergy clinic has also been initiated.

In Person Activity	2025
New	216
Review	287
Penicillin DPT Clinic	43
Nurse Led Clinic	**2025**
New	38
Review	31
Virtual Clinics	**2025**
New	88
Review	998

In Person Activity	2025
Community Clinics/Shantalla	**2025**
New	116
Review	3
PDU Activity	**2025**
Oral Food Challenges	33
Graded DPT	10
SLIT	3
SCIT	3
In Patient Review	2

Research Activity 2025:

Ms Olivia McIntyre CNS allergy, A Mixed-Method Review of the Nurse-Led Clinic in Paediatric Allergy. Masters in Paediatric Allergy, UCC

Dr Aoife Keane, BSACI poster presentation, Beyond The Label: Beta-Lactam Prescribing Patterns - De-Labelled Children in Primary Care.

Dr Naoimi Kenan, QI project: Understanding Paediatric Patient and Family Perspectives, Allergic Rhinitis: A Quality Improvement Project

5.4.5 Neurodisability Service

GUH Paediatric Neurodisability report

Children with disability have complex and continuing needs and are frequent users of the health service at all levels. The number of children with disability requiring paediatric care is in excess of the numbers of children requiring any other paediatric subspecialty. Clinical input is labour intensive due to the complexity of diagnosis among this patient cohort and the need for multidisciplinary working. Children may have a neurological, genetic or metabolic aetiology and the condition may be life limiting. There may be multiple associated functional limitations.

It is estimated that there are currently 2000 children across the disability teams in Galway. Approximately 800 children attend Early Intervention Teams, 800 school age teams and 250 children attend schools for children with a disability. This does not include children attending primary care with disability that is deemed not to be complex, for example autism without an intellectual disability or Cerebral Palsy GMFCS level I.

The role of the Neurodisability paediatrician encompasses the initial assessment, diagnosis and ongoing management of children with potential or established disability. Disability care in the community is delivered based on geographical location rather than the child's specific diagnosis.

Clinics

Neurodisability clinics include those both within and outside GUH. A spasticity management clinic occurs weekly in Enable Ireland with treatments scheduled in the paediatric day ward. Neurodisability clinics take place weekly in GUH. Medical review clinics for children with disability also occur across the CDNT teams and special schools. Outreach clinics are provided to CDNTs 4,5,6 and 7.

CDNT	410 children
School age	224 children
School age virtual	900 children
Special schools	126 children
GUH patient clinic	1420 children

The Spasticity management clinic provided assessment and intervention to 28 children with 10 of these children receiving botulinum toxin treatment in the paediatric day ward in GUH. In 2025 the SMC also provided an outreach clinic to Mayo CDNTs. The specialist OT from the SMC clinic continues to provide an upper limb splinting service to children in the region.

Our sensorineural hearing loss clinic continues with 2 clinics in 2025 providing a comprehensive service to children. In 2025 we were also joined by a speech and language therapist and audiologist who provided advice and support to families ensuring multidisciplinary support.

Neurodisability paediatricians continue to support Autism assessments for children with complex needs.

Paediatric Neurodisability Nursing

Our Clinical Nurse Specialist is a key part of the team who through communication between the acute hospital and disability network teams supports the child and family and coordinates the care of children with physical disability and those with disability and complex medical needs. A paediatric ANP post is required to further develop service provision.

Neurodisability NCHDs

Currently 3 Specialist registrars rotate through the Neurodisability service. Each receiving 6 months of protected training.

In 2025 we also applied for an Aspire fellowship with a Neurodisability fellow due to start in July 2026.

Education in Neurodisability

A disability seminar takes place monthly during the college academic year to provide education and training in neurodisability to medical students.

5.4.5 Neurology Specialist Report

Service overview:

The paediatric neurology service is resourced by a 1 WTE general paediatrician in paediatric neurology. There is a 1 WTE Clinical Nurse Specialist. The service provides an inpatient and out-patient service to neonates, children and adolescents. There is shared care for complex patients with CHI. There is a nurse led phone line for patient support and follow up nurse led reviews for education for newly diagnosed patients with epilepsy. Outpatient referrals are accepted from Paediatricians, GPs and other clinicians. Data activity: Approximately 600 patients attending neurology service, with approximately 300 active epilepsy patients. The Paediatric Neurology CNS plays a critical role in the delivery of specialised care for children with neurological disorders e.g. Epilepsy. This role integrates advanced clinical expertise with managerial responsibilities to oversee patient care, support nursing staff, and enhance overall service quality.

EEG activity

Year	Routine	Sleep deprived	Portable	Prolonged	Unable to tolerate	Cancelled	DNA	Total
2025	183	22	13	35	5	6	8	**253**
2024	271	24	7	30	3	11	10	**335**
2023	280	18	10	3	-	-	4	**343**
2022	262	20	34	18	-	-	5	**334**

EMG/Nerve conduction studies: 3 performed in 2025, otherwise performed in CHI if required

A general neurophysiologist (1 WTE for the WNW/Adult regional Model 4 hospital) provides routine sleep and non sleep EEG reports to children in addition (without ambulatory or telemetry recordings). GUH has been identified for a network centre for neurology the Galway Mayo Roscommon population.

5.5 Children's Advanced and Specialist Nursing Report

5.5.1 Introduction

In 2025 there was a strong focus on the delivery of safe, consistent care to children and families across the group. In particular there was a concentration on the recognition, assessment, management, escalation and transfer of the critically ill child. This was underpinned by a commitment from nursing staff in the development and standardisation of documentation, tools, pathways, simulation, education and training and across the group.

	LUH	SUH	MUH	PUH	GUH
RANP/CANP	3 x RANP 2 x CANP	1 x RANP 2 x CANP	1 x CANP	2 x RANP	2 x RANP 2 x CANP
CNS/CNM2	2	3	2	0	7
CSF	1	1	1	1.4	1
CNC LLC	1	1	1	1 Shared post	

5.5.2 Registered/Candidate Advance Nurse Practitioner Reports

GUH:

RANP Acute Paediatric Medicine

2025 ANP Activity report for a 5 day service

ANP Activity	2025
Total Presentations	664
Virtual Consultations	1271
Total	1935
Average Time from Triage to be seen	20 mins
Average Time from Triage to Discharge	2 Hours and 22 mins
Average Time from seen by ANP to Discharge	1 Hour 58 mins
Representations <48 Hours	2.6%

Education and Facilitation (25% of Team Activity)

- Medication Management Programme
- Care and Management of the Critically Ill Child
- Care of the Acutely Ill Child Programme – Adult Emergency Department Study Day
- Sim Instructor
- Skills and drills Organiser and facilitator

Instruction and Clinical Skills Training

- CPI Instructor
- APLS Instructor
- Venepuncture and Cannulation Instructor

For 2026

- 3rd ANP to be registered
- To become a 7 day service in 2026

LUH:

RANP Acute Paediatric Medicine Service Activity 2025

Children seen in ED in 2025 **Total =125**.

Category	No of Patients
Cat 2	33
Cat 3	70
Cat 4	20
Cat 5	02

- PET times from Check in to Discharge/Admission <6hrs=**123** 6-9hrs=**2**
- Average triage to seen times =**<24mins**.
- Average time from triage to discharge/referral**=<3hrs**
- Average time from seen by ANP to discharge/referral**=<3hrs**
- Only **2** represented <48hrs post discharge

Study days/ Education

- Referral for radiological procedures level 8
- Simulation Workshop
- Paediatric ANP National Conference
- Referral for radiological procedures webinar
- ANP Grand Rounds LUH
- West and North West Region Data Workshop Sligo

- Paediatric Skin issues webinar
- IPATS retrieval team study day

RANP Paediatric (Diabetes)

By the end of 2025, the Paediatric Diabetes service in Donegal had catered for the needs of an average of 131 young people with types 1 and 2 diabetes attending the Paediatric service, plus an average of 12 young people (MDI treatment or T2 Diabetes age 16-19years) attending the Transition clinic.

15 children and young people attended Insulin Pump start up services in SUH in 2025.

TOTAL PAEDIATRIC DIABETES CASELOAD at year end 2025	
Paeds Multiple daily Injections	30
Paeds Type 2 Diabetes	1
Paeds Insulin Pump	96
Transition Multiple Daily Injections	9
Transition Type 2	1
Transition MODY	0
TOTAL	**137**

PATIENT'S ATTENDING EXTERNAL INSULIN PUMP START UP SERVICE	
SUH	15
CRUMLIN	1
TSH	1
TOTAL	**17**

SHARED CARE CASELOAD (Consultant, RANP)	
Paeds Multiple daily Injections	26
Paeds Type 2 Diabetes	1
Paeds Insulin Pump	34
Transition Multiple Daily Injections	9
Transition Type 2	1
Transition MODY	0
TOTAL	**71**

AUTONOMOUS RANP PAEDIATRIC DIABETES SERVICE	
RANP Multiple Daily Injections	4
RANP Insulin Pump	62
TOTAL	**66**

**Children under 2years referred to Dublin Hospitals for Insulin Pump Assessment & Start up.*

Data Activity

RANP Paediatric Diabetes Patient Interactions 2025	Total number of Patient Review	Total Patient Contact (Including Phonecalls/ email contact)	Average Patient Contact per Month	Average Patient Contact per week
RANP Clinic Visits CSII	254		21.1	4.8 Clinic visits
RANP Clinic Visits MDI	26		2.1	0.5 Clinic Visits
No. of paediatric patients using CSII who required review between OPD appointments	555	1405	117	27 Follow up Reviews
No. of Paediatric patients using MDI who required review between OPD appointments	210	887	73.9	17 Follow up Reviews
No. of Transition patients who required review between OPD appointments	14	59	4.9	1.1 Follow up Reviews
No. of diabetic patients reviewed not part of LUH Paediatric diabetes service	61	123	10.2	2.3 Reviews

RANP Paediatric Diabetes Patient Interactions 2025	Total number of Patient Review	Total Patient Contact (Including Phonecalls/ email contact)	Average Patient Contact per Month	Average Patient Contact per week
Total patients reviewed by RANP	**1120**	**2474**	**229.2**	**52.7 Contacts**

CNS Paediatric Diabetes Patient Interactions 2025	Total number of Patient Review	Total Patient Contact (Including Phonecalls/ email contact)	Average Patient Contact per Month	Average Patient Contact per week
No. of paediatric patients using CSII who required review between OPD appointments	480	1461	121.75	28 Follow up Reviews
No. of Paediatric patients using MDI who required review between OPD appointments	435	1581	131.75	30.4 Follow up Reviews
No. of Transition patients who required review between OPD appointments	32	109	9.8	2.0
No. of diabetic patients reviewed not part of LUH Paediatric diabetes service	59	223	18.5	4.2
Total patients reviewed by RANP	**1006**	**3374**	**281.8**	**64.6 Contacts**

Combined CNS/RANP Activity 2025	
No. New Diagnosis	20
No. ED Reviews (Excluding new Diagnosis)	3
No. MDI reviews as inpatient (Excluding New Diagnosis)	7
No insulin Pump Pts reviewed as inpatient (Excluding New Diagnosis)	5

Paediatric Technology Upgrades 2025	
No Pump Starts at LUH	3
No Pump Upgrades	8
No Dexcom Starts	8
No Guardian Link 4 Starts	2
No Libre Starts	19

Monthly KPI Data Collection	
HbA1c KPI	**2025**
Mean HbA1c MDI	7.5%
Mean HbA1c CSII	7.1%
Mean HbA1c Total	7.2%
HbA1c ≤ 7.5%	
MDI	Average per month, 12 children (40%) had HbA1c ≤ 7.5%
CSII	Average per month, 68 children (71%) had HbA1c ≤ 7.5%
New MCAN KPI 31 Type 1 diabetic patients	
Number children seen at OPD this month who had HbAIc done	523 (Over 12 months)=Average 44/month
Number children meeting a target HBAIC of <7.5%	306 (Over 12 months)= Average 26/month
% of Children meeting a target HBAIC of <7.5%	59.0% (Over 12 months)

Education and Training

The RANP Paediatric Diabetes at LUH provides

- Annual lectures for The West North West Hybrid Higher Diploma Children's Nursing in conjunction with Trinity College Dublin and Children's Health Ireland.

- Annual lectures for Nutritional and Dietetic students attending the Atlantic Technological University situated in Letterkenny
- Continuous mentorship for Other members of the Diabetes Team both Nursing and Medical
- Education and training for HSE staff in conjunction with our local CNME
- Education and Simulations at ward level for staff in our local Paediatric and Emergency Department Units
- Ongoing structured and opportunistic support to school staff. The RANP & CNS have developed individualised school care plans and action plans, and provide bi annual education sessions for school groups, providing a resource and support for SNA staff and Teachers who care for children with diabetes at school. We also support schools with training when a child has been newly diagnosed with Diabetes in between the Bi Annual training sessions.

Achievements

- Initiation of Insulin Pump Start Service at LUH
- Maintenance of RANP Outreach Clinics, proving care closer to home for families who travel 1 hour or more to attend clinic at LUH. These clinics are held once a month in one of 2 offsite centres (Donegal Town or Buncrana, each site every 2nd Month)
- Continued participation in the Children and Young Persons Diabetes Steering Group, providing a network approach to standardising care and access to pump therapy across the HSE West North West.The Steering Group continues to work on a number of prioritised clinical services improvement objectives (strategic priorities)

MUH:

Candidate ANP Paediatric Emergency Medicine

The first candidate, ANP for Emergency Paediatrics, took up the post in October 2023. The candidate is based in the emergency department and also in the PDU on the paediatric ward. She works alongside the on-call paediatric team to support the care of patients accessing unscheduled care. Clinical Governance is shared between the Paediatricians and the Emergency Consultants.

The cANP has completed her MSc Advanced Practice and is undertaking Nurse prescribing for Radiological Procedures, which will be completed in January 2026.

She is registered with NMBI and will transition to RANP in Spring/Summer of 2026.

PUH:

Registered Advanced Nurse Practitioner General Paediatrics (Integrated Care)

Background

The General Paediatric (Integrated Care) Advanced Nurse Practitioner (ANP) service at Portiuncula University Hospital has been operational since October 2022, with full clinical supervision and competency completed in August 2024. The service provides safe, timely, evidence-based, nurse-led care to children under 16 years with low-acuity, common paediatric conditions, including:

- Constipation
- Recurrent abdominal pain (RAP)
- Atopic dermatitis
- Asthma
- Coeliac disease.

Activity and Access

ANP clinics operate two days per week across hospital, primary care, and virtual settings, with one dedicated virtual clinic per month. In 2025:

- **538 patients** were seen (122 new, 416 review), an increase from **406 in 2024**
- Virtual activity increased by **38%** (207 virtual appointments vs. 150 in 2024)
- Average waiting time from referral to appointment remained **under 4 months**, though this represents a deterioration compared with <3 months in 2024
- Increased demand occurred without additional staffing resources

Comparative Service Outcomes: 2024–2025

Constipation

Service Activity

Service demand remained stable, with 62 patients managed in 2024 and 61 in 2025, demonstrating sustained need for a specialist paediatric constipation service.

Case Complexity

The 2025 cohort reflected increased clinical complexity, with 79% presenting with chronic constipation (>3 months), 38% experiencing encopresis, and a proportion of children having neurodevelopmental disorders (e.g., ASD), requiring more intensive and prolonged management.

Clinical Outcomes

Excellent outcomes were maintained despite increasing complexity. Treatment response remained high (88% in 2024 vs. 84% in 2025), with no documented treatment failures in either year. The small reduction in response rate likely reflects the higher proportion of chronic, complex presentations rather than reduced service effectiveness.

Efficiency and Model of Care

Most children completed management within four months. During 2025, care shifted towards a hybrid model, with approximately one face-to-face and two virtual appointments per patient, improving clinic efficiency while maintaining favourable clinical outcomes.

Recurrent Abdominal Pain (RAP)

Service Activity

Twenty-eight children were managed in 2025 compared with 46 in 2024, reflecting lower referral activity.

Patient Characteristics

RAP predominantly affected school-aged children and was more common in females across both years. In 2025, 68% of patients were female (mean age 9.3 years). Functional abdominal pain–not otherwise specified (82%) was the predominant diagnosis, with IBS (14%) and abdominal migraine (4%) occurring less frequently. Over 90% had symptoms for more than six months before assessment, highlighting delayed presentation and the chronic nature of disease.

Investigations

Although most cases were managed clinically, investigations increased from 44% in 2024 to 61% in 2025, with imaging required in one-quarter of patients.

Outcomes

Clinical outcomes remained positive. In 2024, 80% of patients were discharged following six-month follow-up. In 2025, clinic attendance remained good (75%), although a 14% DNA rate represents an opportunity to improve service efficiency.

Across both clinical pathways, the ANP-led integrated care service maintained high-quality outcomes while managing increasingly complex presentations. The introduction of greater virtual follow-up enhanced service efficiency without compromising patient outcomes, supporting the effectiveness and sustainability of this model of care.

Atopic Dermatitis

Service Activity

Thirty-eight children with atopic dermatitis were managed, representing a cohort of patients with predominantly moderate disease requiring specialist assessment and follow-up.

Disease Severity & Clinical Outcomes

Clinical severity improved substantially following ANP-led management. The mean EASI score reduced from 11.4 at referral (moderate disease) to 4.7 at first follow-up (mild disease), representing an average improvement of 6.3 points. Overall, approximately 68% of patients demonstrated clinically meaningful improvement at their first review, indicating effective early disease control.

Model of Care

Management was predominantly delivered through face-to-face consultations, reflecting the importance of direct skin assessment and treatment optimisation. Patients attended an average of 2.12 face-to-face and 1.23 virtual appointments, demonstrating a hybrid model of care that incorporated virtual follow-up where clinically

appropriate while maintaining high-quality outcomes.

Overall

The ANP-led dermatology service achieved significant early improvements in disease severity, reducing average eczema burden from moderate to mild levels while delivering efficient, patient-centred care through a combination of face-to-face and virtual consultations.

Overall Conclusion

The General Paediatric (Integrated Care) ANP service continues to deliver effective, high-quality, evidence-based care with demonstrable positive patient outcomes. However, increasing demand without corresponding resource expansion has negatively impacted waiting times, highlighting the need for investment to sustain and develop the service.

SUH:

Candidate ANP General Paediatric Integrated Care

- A total of 174 children were assessed in the General Paediatric Clinics at Sligo University Hospital and peripheral clinics under the clinical supervision of the Paediatric Consultants. The cANP provided a full episode of care, including clinical history taking, physical examination, case presentation, review of investigations and referrals to tertiary care, primary care, and CDNT services where applicable.
- 59 General Paediatric Clinics were attended at Sligo University Hospital.
- 8 Peripheral Paediatric Clinics were attended.
- The cANP service received 148 referrals.
- 8 children were reviewed on the Paediatric Ward, supporting and facilitating early discharge.
- A total of 302 virtual calls were conducted.
- Overall, there were 484 patient contacts recorded.
- Masters of Advanced Nursing Practice with Prescribing completed.
- Clinical guidelines and pathways developed for the RANP service.

RANP Paediatric (Diabetes)

The Paediatric Diabetes service is consultant led and has 1 WTE ANP (Children & Young Person including transitioning 16-22 years) and 1 WTE CNS. The service provides specialist care to 92 patients achieving a mean HbA1c of 7.2%, achieving the regional KPI of <7.5%.

Clinical Activity & Technology

- 72% of Type 1 diabetes patients are managed on therapy.
- In 2025, 36 patients commenced on insulin pumps, including 22 referrals from Letterkenny University Hospital.
- The RANP supports an additional 51 patients (aged 16–22) within the adult service, with 56% on insulin pump therapy, with a further 4 of this cohort commencing it in 2025.
- The service utilises cloud-based data sharing for remote reviews and the peer-validated DigiBete app to provide 24/7 patient education.

Education & Outreach

- Delivered structured education to 19 schools and crèches through face-to-face and virtual sessions.
- Hosted a CNME study day for staff nurses and provided ongoing education to paediatric staff and medical students.
- The RANP represents the service on the National Working Group, which published three new guidelines in 2025, and is the RANP on the NOCA Irish Audit of Paediatric Diabetes.

Quality Improvement (QI)

- A poster on the management of Paediatric DKA was presented at two research conferences.
- Ongoing regional collaboration to develop standardised documentation across HSE West/Northwest.

Candidate Advanced Nurse Practitioner (General Paediatrics and Integrated care)

- A total of 174 children were assessed in the General Paediatric Clinics at Sligo University Hospital and peripheral clinics under the clinical supervision of the Paediatric Consultants. The cANP provided a full episode of care, including clinical history taking, physical examination, case presentation, review of investigations and referrals to tertiary care, primary care, and CDNT services where applicable.

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- Clinical guidelines and pathways developed for the RANP service.

5.5.3 Paediatric Clinical Nurse Specialists/ CNM 2 Specialist Reports 2025

GUH:

CNM2 Neurology

The CNM2 Paediatric Neurology service supports the delivery of specialist care to children with epilepsy/complex neurological conditions. Key responsibilities include: patient assessment and ongoing monitoring, participation in biweekly neurology clinics, and management of a dedicated nursing telephone support line for patient and family queries. The role also encompasses the provision of education and support to children and families, particularly following a new diagnosis, as well as the delivery of education to healthcare colleagues. Educational contributions for 2025 include: completing the BPNA Paediatric Epilepsy Training 3 programme, teaching for post-registration Hybrid Children's nursing students and involvement in the Care & Recognition of the Acutely Unwell Child programme delivered within the the region. The CNM2 Paediatric Neurology is also actively involved in extensive multidisciplinary collaboration across the region and CHI services (complex patients/ketogenic diet/vagus nerve stimulation) ensuring continuity and quality of care for children and families transitioning from hospital to home.

- X2 Consultant clinics per week: Mix of general paediatric neurology, epilepsy and other complex neurological disorders seen in same.
- Total nurse led reviews for 2025: 809 (combination of both Prof Allen/Dr Reade patients- virtual/in person/ ward reviews).

CNS Paediatric Cardiology

Activity/Service Area	2025
Nurse Led Reviews	98
Virtual reviews	460
New Patients Seen	43

Throughout 2025, a broad range of clinical, educational, and care coordination activities were delivered in support of children and families within the HSE West North West Women and Children's Network. Education and clinical support were delivered to staff within the Paediatric Ward and Neonatal Intensive Care Unit, alongside teaching sessions focused on the care of the acutely unwell child. Coordination of care for patients with congenital heart disease also included collaboration with the home care team to support delivery of the RSV immunisation catch-up programme within the community setting to 10 infants with CHD. Ongoing multidisciplinary collaboration and family support remained central to service delivery, ensuring safe, family-centred, and accessible care for children with congenital heart disease across the region through clinical review, education, and community care coordination.

CNS Respiratory

The Paediatric Respiratory Clinical Nurse Specialist (CNS) service continued to provide

Specialist respiratory care to infants, children and adolescents with acute and chronic respiratory conditions. The service focused on delivering high-quality, family -centred, evidenced-based care across inpatient, emergency, and community settings.

Activity	2025
Nurse Led Clinics	463
Virtual Calls	419

Activity	2025
Complex Clinic	14
Referrals	**2025**
CPAP Initiations/BiPAP titrations Ongoing reviews	342

Caseload highlights increased complexity of patients requiring long-term respiratory. support.

Ongoing demand for asthma education and inhaler technique assessment.

Increased delivery of virtual consultations and telephone support.

Continued support for high-frequency attenders and complex discharge planning.

Key Priorities for next year:

1. Improve transition planning for adolescents.
2. Continue quality improvement and audit activity.

MUH:

CNS Paediatric Diabetes

There were 7 DKA's in 2025 needing ICU admission.

For PDU review's there were approx. 10 children attending for review but not always to do with diabetes.

There were no transfers out to another hospital in 2025

PUH:

CNS Paediatric Diabetes

Executive Summary – End of Year Report 2025

OPD Clinic Activity (Paediatric Diabetes) between 01/01/2025 and 31/12/2025

OPD Clinic Attenders

Specialty/ Consultant	Clinic Type	Clinic Code & Description	Attended			DNA			Cancelled		Validn Total
			New	Return	Total	New	Return	Total	Return	Total	
Endocrinology	Face-to-Face	xPFAS-GEN0400, Paediatric Fast Track Diabetic Clinic		44	44		9	9	9	9	**62**
	Face-to-Face	PMDI-298619, PUH Paediatric Diabetic Multiple Daily Injection Clinic	2	83	85	1	2	3	6	6	**94**
		PPMP-298619, PUH Paediatric Diabetic Insulin Pump Clinic		102	102	1	1	2	26	26	**130**
		PTRN-298619, PUH Paediatric Diabetic Transition Clinic	1	82	83		11	11	14	14	**108**
	Virtual	PVIR-298619, PUH Paediatric Diabetic Virtual Clinic		15	15				2	2	**17**
Total			**3**	**326**	**329**	**2**	**23**	**25**	**57**	**57**	**411**

Ward Attenders

Specialty/ Clinic Lead	Attendance Type	New	Not Specified	Review	Telephone New Patient	Telephone Review Patient	Total
Diabetes Mellitus RANP	Outpatient Appt	1	2	69	2	482	**556**
	Ward Attendance	0	0	49	0	0	**49**
Total		**1**	**2**	**118**	**2**	**482**	**605**

Service Overview

The paediatric diabetes service provides specialist, multidisciplinary care to children and young people with diabetes in line with the **National Model of Care for Paediatric Diabetes** and the **National Diabetes Programme**. The service focuses on safe, effective, person-centred care, early adoption of diabetes technologies.

As of **31st December 2025**, the service supported a total active cohort of **82 patients**.

Activity and Cohort Profile

During 2025:

- **6 patients** were newly diagnosed with diabetes.
- **4 patients** transferred into the service from other centres.

Transition to Adult Services

In line with the Model of Care emphasis on **planned, developmentally appropriate transition**, a total of **10 patients** transferred from paediatric to adult diabetes services during 2025:

- **6 patients** transferred to Galway adult services
- **1 patient** transferred to Tallaght University Hospital
- **1 patient** transferred to the Mater Misericordiae University Hospital, Dublin
- **2 patients** transferred to Portiuncula University Hospital (PUH)
- All transitions were supported with structured clinical handover to promote continuity of care and patient safety.

Key Performance Indicators (KPIs) – 2025

Monitoring of key clinical and service indicators demonstrates alignment with national standards and best practice.

- **Mean cohort HbA1c: 7.7%**
- **Insulin pump utilisation: 73.17%** of patients
- **New insulin pump starts: 14**
- **Insulin pump upgrades: 2**

Glycaemic Outcomes

The service continued to demonstrate positive clinical outcomes throughout 2025. The mean cohort HbA1c at year end was 7.7%, reflecting stable glycaemic control across a complex paediatric population.

The proportion of children and young people achieving the recommended HbA1c target of ≤7.5% improved steadily during the year, increasing from 39.3% in January to 55.0% in December. This represents a significant improvement in target attainment and reflects the impact of intensive multidisciplinary support, high uptake of diabetes technologies, structured education programmes, and family engagement in diabetes self-management.

Mean HbA1c levels remained consistently below 8.0% throughout the year, with the lowest monthly average of 7.5% recorded in October. These outcomes support the effectiveness of technology-enabled care, including insulin pump therapy and continuous glucose monitoring, both of which remain central to the service model.

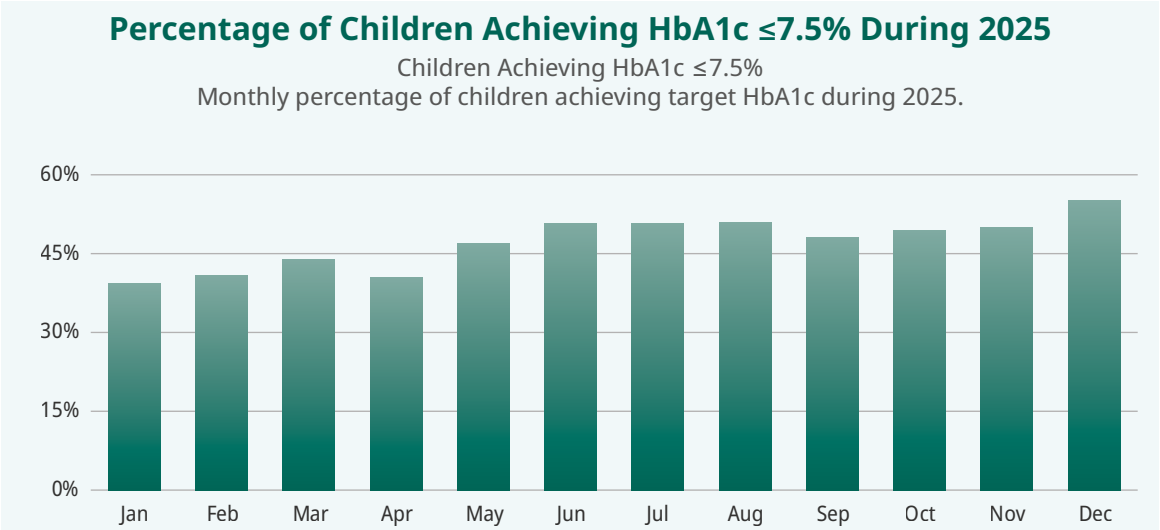


Figure 1. Percentage of children achieving HbA1c ≤7.5% during 2025.

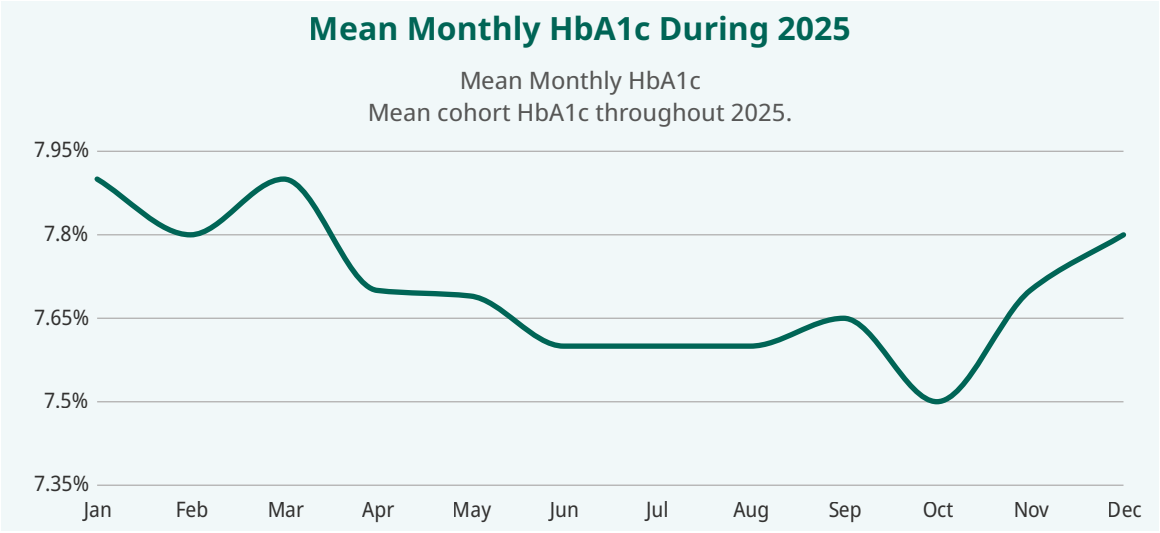


Figure 2. Mean monthly HbA1c across the paediatric diabetes cohort during 2025.

These results demonstrate continued progress towards national quality indicators and reinforce the value of specialist paediatric diabetes services in supporting optimal clinical outcomes.

Workforce Development and Education

Ongoing professional education supports delivery of high-quality, evidence-based care:

- Completion of relevant **HSELand** education modules
- Attendance at a **2-day insulin pump training course**
- Participation in **two Diabetes West/Northwest regional education events**

This education supports competency in insulin pump therapy, technology initiation, and evolving standards within paediatric diabetes care.

The implementation of the Diamond system in December 2025 has supported a more streamlined and efficient process for patient follow-up, improving continuity of care.

Service Priorities and Objectives for 2026

In alignment with the **National Model of Care** and the **National Diabetes Programme**, key priorities for 2026 include:

1. Establishment of a Structured Transition Service
    - Develop a formal transition pathway with the adult diabetes service in **Portiuncula University Hospital (PUH)**.
    - Introduce **alternating joint appointments** for Leaving Certificate–aged students between paediatric and adult endocrinology to support gradual, supported transition.
2. Development of a Young Adult Diabetes Service
    - Establish a local young adult service for patients up to **22 / 23 years of age**.
    - Incorporate insulin pump therapy and structured education.
    - Maintain care **closer to home**, reducing reliance on tertiary centres.

SUH:

CNM2 Paediatric Neurodisability

The CNM 2 ND supports both the child and family with the coordination of the care of the child with a neurodisability and complex medical needs. This includes consulting with external and internal MDT members. CNM2 Paediatric Neurodisability attends consultant's clinics for patients that meet the referral criteria. Where possible patients are seen within their community areas including Sligo Primary Care Centre (PCC), Ballymote PCC, Our Lady's Hospital Manorhamilton, Carrick on Shannon PCC and Donegal Town PCC. Some children area also seen in their specialist educational providers including Holy Family Preschool and St Cecelia's School. Children are also seen on the ward, day ward, in the community and in their homes.

Of Note these numbers were from May - December as there was no service for the start of 2025.

CNM2 Neurodisability Contact	Numbers
Total Contact	1010
Consultant Neurodisability Clinics Patient Reviews	234
Face to Face Contact	299
MDT Meetings	57
Points of Care – Administration	701
School Visits	4
MDT Contact	516
Paeds Ward Contact	19
Day Ward Contact	29
New Patients	191
Discharges	24

5.5.4 Clinical Skills Facilitator Paediatrics

Clinical Skills Facilitator (CSF) Paediatrics SUH

The Clinical Skills Facilitator is a key member of the multidisciplinary team at SUH. Through collaborative engagement within the SUH CSF group, as well as with the wider network of WNW Paediatric CSFs, there is an ongoing exchange of knowledge and expertise. This collaborative approach ensures that information is continuously updated and that clinical practice remains aligned with current research and evidence-based standards.

Participation in local, regional, and national initiatives further reinforces this role, strengthening the collective commitment to the delivery of high-quality paediatric care. These collaborative efforts support the consistent provision of safe, equitable, and child-centred care across the West and North West, ensuring that all children receive an equal standard of care regardless of geographical location.

Staff Orientation

Orientation of 6 new staff nurses to the paediatric ward. Full timetable to include all mandatory training and training on specific equipment e.g. ketone machine, glucometer, AIRVO, SMART Pump training etc to maximise transitioning to new workplace environment. Allocated to CSF for first 2 days of orientation. Placements in Paediatric ED area, Neonatal ICU to familiarise with areas where redeployment may occur to support service needs. Allocated to diabetes centre for education with CNS/ANP for DKA management and Dietician for carbohydrate counting. Signposted to accessing PPPG's and documentation and assigned a mentor for peer support in their orientation.

Education & Training

The clinical facilitator for paediatrics is part of the faculty that delivered APLS in Sligo in May and September and PLS in February and October totalling 80 candidates.

Delivered education as part of the 4 day critically ill and injured child programme including Tracheostomy workshop, Sepsis SIM, Simulation to reinforce respiratory support and escalation to CPAP, Medication Management and PEWS training. Attended by 12 staff nurses across ED, ICU, Theatre and Paediatric ward.

Part of West Northwest documentation group reviewing PPPG's, engaging in staff feedback and inputting into recommendations for adopting/adapting for our region.

CSF paediatrics SUH is the representative for the CSF's in the region on the RCYP group identifying and delivering education to meet service needs locally.

PEWS training scheduled monthly in SUH with dates circulated regularly to all departments and disciplines where training is mandatory. Part of the NCHD induction programme and sessions also delivered to medical specialities within the hospital i.e. ENT, Surgeons, Ophthalmology and ED.

Invited annually to deliver PEWS education on CHI winter webinar series with over 150 participants in 2025.

SMART Pump trainer with sessions delivered for all staff new to Paediatric ward and supporting CSF's in ICU and ED when required.

Maintains mandatory training log, to support CNM, built on traffic light system to help staff to monitor their compliance with training. KPI's for PEWS, iMEWS, iNEWS, Sepsis (adult and children) persistently greater than 95%.

Commenced Medication Management in Children programme with a successful pilot of the day completed in May. Rollout for same developed in conjunction with CNME.

iSUPPORT – Rights based standards for children undergoing a test or procedure teaching has taken place at clinical audit, theatre, radiology, paediatric grand rounds and induction for new staff. The aim is to embed these standards across all disciplines in all areas of the hospital where children attend. To date 124 attendees have received this education.

Part of many groups within the hospital to identify quality improvement and educational opportunities. These include:

- Deteriorating paediatric patient (DPP) group
- Unscheduled care group
- Risk Management
- ISUPPORT working group

Audit

This has been an area of great expanse for involvement in 2025.

Data collector for monthly QCM's with staff nurse education around the metrics.

Monthly PEWS audits with ADON for paediatrics.

iSUPPORT international study carried out in SUH in March 2025 where CSF was champion for the Paediatric ward. Ran local training with physiotherapist, dietician, nurses and paediatric consultants to provide background information on the audit prior to commencement to ensure buy in when audit was active.

Auditor of adult and paediatric cardiac arrest trolleys and supported resuscitation department in creating the template for data collection. Also delivered feedback to CNM2's of each department of immediate measures required in relation to safely amending stock required in the paediatric trolley.

MDA audit collector in conjunction with NPDU

Handover audit collector in conjunction with NPDU

Simulation Training

Since establishing monthly SIM training on the paediatric ward in 2022 these are now part of the culture and a source of much positive feedback. Feedback from PARs, DPP, unscheduled care often informs the context of the SIM developed by CSF, SIM nurse educator and Paediatric Consultant Lead. SIM has also been used in testing of new algorithms and pathways (such as care of the <5.5kg infant and the >5.5kg infant up to age 16) where oversights have been identified.

The Paediatric team and CSF also took part in National Sepsis week SIMWARS in SUH and were champions for 2025! A paediatric stand with resources targeting both staff and public engagement was very well received and attended.

5.5.5 Clinical Nurse Coordinators for Children with Life Limiting Conditions CNCCLLC

The CNCCLLC role and primary focus is to coordinate and support a seamless transition between services for children and young people with a life limiting condition and their families, and those children requiring end of life care. This is done in collaboration with Primary Care Services, Disability Services, Adult Specialist Palliative Care teams and voluntary organisations locally with input from acute and specialist services locally and from Children's Health Ireland. There are four CNCLLC CNC covering an assigned geographical location within the HSE West and North West Region:

- Galway & South Roscommon
- Mayo & West Roscommon
- Sligo, Nth Roscommon, Leitrim & Sth Donegal
- Donegal

The CNCLLC also provides a cross-cover system for each other to allow for statutory leave throughout the year, ensuring continuity of care. The CNCLLC facilitates education and training as required. The timing of referrals to the service ideally is early enough to allow a therapeutic relationship to develop between the CNCCLLC and the family and late enough to ensure the focus of that relationship is on the preparation for and management of the later stages of the child's illness.

Clinical Nurse Coordinators for Children with Life Limiting Conditions (CNCCLLC) 2025

Total Caseload	New Referrals	Total Deaths	Deaths at Home	ACP Discussions	Active ECPs
82	27	12	10	35	22

Activity	Mayo/Mid Roscommon (Tina Kenny)	Galway/South Roscommon (Nancy McCormack)	Sligo/Leitrim/North Roscommon/South Donegal (Caroline McGarry)	Donegal (Helen McDaid)	Total
2025 Patient Numbers	20	21	19	22	**82**
New Referrals	6	11	7	3	**27**
Transitioned to Adult Services	0	0	0	0	**0**
Transfer to another Region	0	0	1	0	**1**
Discharged	2	2	0	0	**4**
Deaths	3	4	2	3	**12**
Deaths at Home	2	3	2	3	**10**
Death in Hospital	1	1	0	0	**2**
Bereavement Caseload (Family Visits)	7	5	5	5	**22**
New referrals accepted by Paediatric Palliative Care Consultant	10	19	13	10	**52**
Paediatric Specialist Palliative Care Caseload	10	19	13	10	**52**
Accepted by Community Palliative Care Team	2	4	4	3	**13**
Accepted by Inpatient Palliative Care Team	1	1	2	1	**5**
Referrals accepted by Jack and Jill	3	2	1	2	**8**
Referrals accepted by Laura Lynn	8	6	8	6	**28**
Discussions on advanced care planning	6	5	12	12	**35**
Active Ambulance Care Directive/ Emergency Care Plan	5	5	4	8	**22**
After Death Reflections	3	2	2	3	**10**

Strategic and Operational Overview

2025 has been a year of significant development for children's palliative care services across the HSE West and Northwest region. The Children and Young People's Palliative Care Network is now operational, with Clinical Nurse Coordinator (CNC) representation established at a regional level. CNCs continue to contribute to several workstreams supporting service development, integration, and quality improvement. A key advancement has been the implementation of a weekly multi-agency virtual ward round, enhancing coordination, clinical oversight, and communication. The announcement of the Sunflower Children's Hospice in Castlebar represents a significant milestone, with CNCs contributing to stakeholder engagement and service planning.

Education

The End-of-Life Management in Children and Young People National Programme commenced in 2025 to enhance professional knowledge and confidence in delivering end-of-life care. Delivered through a multidisciplinary model with CNC involvement, it supports community-based care, integrated working and the consistent delivery of high-quality care to children, young people and their families.

5.6 Education

Regional Children's and Young People's Nurse Education Group HSE West Northwest/HSE Midwest (RCYP)

Report 2025 – HSE West Northwest

The aim of the Regional Children's and Young People's Nurse Education Group (RCYP) HSE West Northwest HSE Midwest is to strategically identify, develop, deliver and evaluate educational programmes in response to service need and the professional development requirements of registered nurses and registered midwives caring for children and young people (0-24 years). The RCYP Group comprises Registered Nurse Tutors/Registered Midwife Tutors from the Centres of Nursing and Midwifery Education (CNMEs) and clinical partners from children's and young people's services across the West, Northwest and Midwest regions, working collaboratively to support evidence-informed practice, workforce capability and service improvement. The RCYP Group is CNME lead operating within the governance structures of the Office of the Nursing and Midwifery Services Director (ONMSD), RCYP Group provides a forum for educational leadership, collaboration and innovation, ensuring educational initiatives remain responsive to evolving service needs and national healthcare priorities

Throughout 2025, RCYP Group responded to evolving service demands, workforce pressures and the need to provide equitable access to high-quality education across a large geographical region. Through collaboration and innovation, the group continued to strengthen workforce capability, support service improvement and promote safe, evidence-informed and child-centred care for children, young people and their families. This work aligns with the ONMSD strategic priorities of Clinical Expertise, Quality and Safety, Service Change and Transformation and Service User Engagement (ONMSD 2023, HSE 2025).

Clinical Expertise, Children's Rights and Strategic Partnerships

A defining feature of RCYP Group's work during 2025 was the integration of clinical expertise, children's rights and collaborative partnership working to address identified service needs. In alignment with the ONMSD Strategic Plan Priority of Clinical Expertise, RCYP Group strengthened workforce capability through the development and delivery of educational initiatives supporting nurses caring for children and young people across a range of healthcare settings. the RCYP Group contributed towards building a capable, confident and clinically competent nursing workforce caring for children and young people, through innovative educational pathways and methodologies, quality improvement initiatives and international collaborations.

Certificate in Care of the Deteriorating, Ill or Injured Child and Young person (QQI Level 8 30 ECTs)

A significant achievement during 2025 was the development of the 'Certificate in Care of the Deteriorating, Ill or Injured Child and Young Person' through the Consortium of Centres of Nursing and Midwifery Education (CCNME). The programme represents a significant advancement in children's nursing education and workforce capability, supporting nurses to recognise, assess and respond to the deteriorating ill and/or injured child and young person.

The CCNME, operating under the governance of the ONMSD for national quality assurance and programme development, comprises 13 HSE Centres of Nursing and Midwifery Education and 10 voluntary sector centres working collaboratively as a single QQI-approved provider of nursing and midwifery programmes from Levels 5 to 8 on the National Framework of Qualifications. This coordinated national approach supports shared expertise, standardised governance and quality assurance processes while ensuring programmes remain responsive to service and workforce priorities. The Certificate in Care of the Deteriorating, Ill or Injured Child and Young person received Quality and Qualifications Ireland (QQI) approval in July 2026 and is currently progressing through the Nursing and Midwifery Board of Ireland (NMBI) approval process. The programme builds on the 'RCYP Critically Ill and Injured Child Continuing Professional Development Suite' and supports the development of clinical capability in the recognition and management of the deteriorating ill and /or injured child and young person.

Supporting Rights-Based Standards for Children and Young people

RCYP Group continued its longstanding collaboration with Professor Lucy Bray, Edge Hill University and the international ISupport collaboration through the development and launch of the online CMS HSeland programme 'Supporting Rights-Based Standards for Children and Young People Having Tests, Treatments, Examinations and Interventions.'

Originating from a service request relating to clinical holding practices in 2021, the programme has evolved into a broader educational initiative focused on participation, rights-based care and procedural support. Through webinars, masterclasses and online learning resources, healthcare professionals were supported to implement evidence-informed and child-centred approaches to care. The programme reflects the principles of the United Nations Convention on the Rights of the Child (1989) and supports the ONMSD (2023) priority of Service User Engagement and the HSE commitment to Right Care (2025).

ISupport Baseline Audit and Education Initiative

RCYP Group further strengthened its commitment to improving children's healthcare experiences through its support of the ISupport Baseline Audit across six hospitals in the HSE West Northwest regions. Developed through the international ISupport collaboration, the audit evaluated whether children's procedural care experiences aligned with recognised rights-based standards. RCYP group supported local ISupport leads and champions through preparatory education sessions, implementation guidance and facilitation. Findings informed local quality improvement initiatives and service development.

In March 2025, two regional ISupport masterclasses were delivered for frontline staff, educators and service leaders, focusing on children's experiences of procedures, rights-based standards and strategies to enhance care. In addition, the CMS HSeLanD programme 'Supporting Rights-Based Standards for Children and Young People Having Tests, Treatments, Examinations and Interventions' was launched as a mandatory educational requirement for registered nurses and registered midwives caring for children in acute hospital settings in HSE West Northwest. The RCYP Group supported the development of clinical capability and a quality and safety learning culture, through education, audit and quality improvement activity,

Collaboration and Research Partnerships

Central to these achievements was the development of strong partnerships across clinical practice, education, research and service delivery. Collaboration with clinicians, nurse educators, Managed Clinical and Academic Networks (MCANs), the CCNME, HSE services and international academic partners enabled the co-design of educational programmes informed by service need and emerging evidence.

These partnerships strengthened educational capacity, enhanced workforce capability and facilitated the translation of research into practice. Through engagement with local, regional national and international stakeholders, the RCYP Group has demonstrated the value of collaborative networks in supporting clinical leadership, professional development and healthcare transformation. This approach reflects the ONMSD (2023) commitment to collaboration and networking as key enablers of service change and transformation.

Conclusion and Future Direction

The achievements of 2025 demonstrate the RCYP Group's commitment to developing workforce capability within nurses and midwives caring for children and young people, through educational excellence, collaboration and innovation. By advancing rights-based care, promoting evidence-informed practice and fostering strategic partnerships, the group continues to support high-quality, safe and person-centred care for children, young people and families.

Building on these achievements, the RCYP Group will continue to develop, deliver and evaluate educational initiatives that respond to emerging service needs. A key focus will be the implementation of the 'Certificate in Care of the Deteriorating, Ill or Injured Child and Young Person', subject to NMBI approval, providing a nationally consistent educational pathway for nurses caring for deteriorating ill and injured children and young people.

The RCYP Group will continue to support the implementation and evaluation of the 'Supporting Rights-Based Standards for Children and Young People Having Tests, Treatments, Examinations and Interventions programme' and the quality improvement initiatives arising from the ISupport Baseline Audit. Through continued collaboration with clinical services, the CCNME, higher education institutions and international partners, the RCYP Group will further strengthen workforce capability, support innovation and contribute to improved experiences and outcomes for children, young people and families across the HSE West Northwest and HSE Midwest regions.

The strategic priorities and activities of the RCYP group aligns with the ONMSD (2023-2025) priorities of Clinical Expertise, Quality and Safety, Service Change and Transformation and Service User Engagement, while supporting the HSE Corporate Plan (2025-2027) commitments of Right Care, Healthy Communities and Strong Foundations through workforce capability development, early intervention, partnership working and the promotion of high-quality, safe and coordinated care.

Online Programme Title	CNME Mayo/ Roscommon Attendance	CNME Sligo/ Leitrim/ West Cavan Attendance	CNME Donegal Attendance	CNME Galway Attendance	Total Attendance
iSupport Champions preparation Webinar	18	-	-	-	**18**
Paediatric Early Warning System (Sligo)- HSELand CMS Online Programme	74	58	62	151	**345**
(ISupport) -HSELand CMS Online Programme - 'Supporting right based standards for children and young people having tests, treatments, examinations and interventions' (RCYP) v.2	100	16	34	50	**200**

Online Programme Title	CNME Mayo/ Roscommon Attendance	CNME Sligo/ Leitrim/ West Cavan Attendance	CNME Donegal Attendance	CNME Galway Attendance	Total Attendance
Breastfeeding Snakes & Ladders Recorded Webinar	-	-	-	30	**30**
CFHNA - Facilitators Q&A Online	21	-	-	-	**21**
Healthcare professional masterclass: supporting right based standards for children and young people having tests , treatments , examination and interventions	18	-	-	-	**18**
End of Life in children and young people facilitator programme	20	-	-	-	**20**
Webinar- Children and Young People Oncology	17	-	-	-	**17**
CFHNA Facilitator Question and Answer	30	-	-	-	**30**
Webex - End of Life Management in CYP National Facilitator	25	-	-	-	**25**
CFHNA Facialitator Q&A	26	-	-	-	**26**
Podcast -Inclusion health Voices from the Margins podcast series 1 and 2	1,965	-	-	-	**1,965**
Total Online/Webinar/Podcast attendances	**2,314**	**74**	**96**	**231**	**2,715**

Classroom/Blended Programme Title	CNME Mayo/ Roscommon Attendance	CNME Sligo/ Leitrim/ West Cavan Attendance	CNME Donegal Attendance	CNME Galway Attendance	Total Attendance
Central venous access (CVAD) for children and young people	14	-	-	-	**14**
Child and Family Health Needs Assessment (CFHNA) Workshop for Public Health Nurses: How to apply to everyday practice	140	-	-	57	**197**
National Venepuncture and Peripheral Cannulation workshop for Nurses working with Children and Young people/ Venepuncture only (CAMHS)	4	-	5	15	**24**
Care and management of the critically ill child - 4 day attendance programme (RCYP)	11	8	32	15	**66**
Phase 3 Breastfeeding Skills Training (CNME)	97	-	-	-	**97**
Final Journeys for the Paediatric Setting	8	-	10	7	**25**
Medication management in children and young people (RCYP) programme	54	11	53	43	**161**
End of Life Management in children and young people National Classroom	23	-	-	-	**23**
Diabetes in children and young people (RCYP) programme	12	8	7	19	**46**
Paediatric Outreach Transport Study Day - Irish Paediatric Acute Transport Service (IPATS)	21	29	-	43	**93**
Care and Recognition of the Acutely Ill Child	-	7	-	10	**17**
NIV CYP	-	12	10	-	**22**
Autism Masterclass	-	-	163	-	**163**
Sleep Health in Children	-	-	14	-	**14**

Classroom/Blended Programme Title	CNME Mayo/ Roscommon Attendance	CNME Sligo/ Leitrim/ West Cavan Attendance	CNME Donegal Attendance	CNME Galway Attendance	Total Attendance
Managing behaviour, anxiety & screen- time in children	-	-	14	-	**14**
Donegal local update- School Immunisation Programme 2025/2026	-	-	37	-	**37**
PEWS (Paediatric Early Warning Score) Letterkenny WORKSHOP	-	-	14	-	**14**
National Infant Feeding	-	-	-	87	**87**
Respiratory Education Day	-	-	-	21	**21**
Regional Stabilisation and transfer of the critically ill child	-	-	-	7	**7**
Nasogastric Tube Insertion for Registered Psychiatric Nurses working within the Inpatient Unit/Approved Centre for Child and Adolescent Mental Health Services (CAMHS) For Children and Young People with Anorexia Nervosa	-	-	-	32	**32**
S.T.A.B.L.E	-	-	-	11	**11**
Classroom/Blended Learning attendances	384	75	359	367	**1,185**

5.7 Health and Social Care Profession (HSCP) & Allied Health Professionals Report

This section highlights the activity and services delivered by the principal HSCP teams in Paediatrics.

Physiotherapy

Galway University Hospital

GUH Physiotherapy Service	2025
Inpatient Referrals	177
Outpatient Referrals	419
ED Referrals	144
Total Referrals	**740**
Physiotherapy Treatment Sessions	**2025**
Outpatient Activity	1690
Inpatient Activity	553
ED Activity	288
Total activity	**2531**

Letterkenny University Hospital

LUH Paediatric Physiotherapy Activity			
Paediatric Physiotherapy Referrals	**2023**	**2024**	**2025**
Inpatient	238	68	33
Outpatient	89	22	8
Paediatric Physiotherapy Activity/Contacts	**2023**	**2024**	**2025**

LUH Paediatric Physiotherapy Activity			
Inpatient	261	305	162
Outpatient	356	105	55

This relates to the number of referrals accepted by the physiotherapists working on the wards. The reason for the significant decrease in number of referrals accepted by physiotherapists is that complex paediatric patients are not now accepted as the physiotherapists will be working outside their scope of practice (as advised by both CORU and FORSA)"

Mayo University Hospital

MUH Paediatric Physiotherapy Activity			
Paediatric Physiotherapy Referrals	**2023**	**2024**	**2025**
Inpatient	115	80*	85
Outpatient	490	784	204
Other Clinics	353	-	-
Total Referrals		**784**	**289**
Paediatric Physiotherapy Activity	**2023**	**2024**	**2025**
Inpatient	218	144	176
Outpatient	442	806	467
Other Clinic	353	-	-
Total Activity		**806**	**643**

Service Overview 2025:

The Paediatric ward is covered by the senior paediatric physiotherapist. The role includes assessment and treatment of a variety of respiratory, neurological, developmental and orthopaedic cases. These are reviewed as often as clinically indicated and followed up in OPD as needed.

Service Achievements 2025:

Maintained and strengthened relations with community colleagues in particular the respiratory community physio to ensure patients with complex neurodisabilities are being followed up for respiratory needs. developed a paediatric revision booklet for colleagues training oncall. With the help of the oncall committee, developed the physiotherapy oncall policy and organised oncall training days. Created more parent information booklets for common conditions to reinforce education component. Established OPD prioritisation list. Begun working on Paediatric Ward Physiotherapy SOP and local child supervision policy.

Service Aims for 2026:

Complete and seek approval for local child supervision policy and paediatric ward physiotherapy SOP. Develop and implement overlapping/curling toes pathway to reduce overall waitlist times and reduce unnecessary face to face appointments. Increase focus on paediatric oncall training through supervision, case study discussions, formal training days and simulation scenarios.

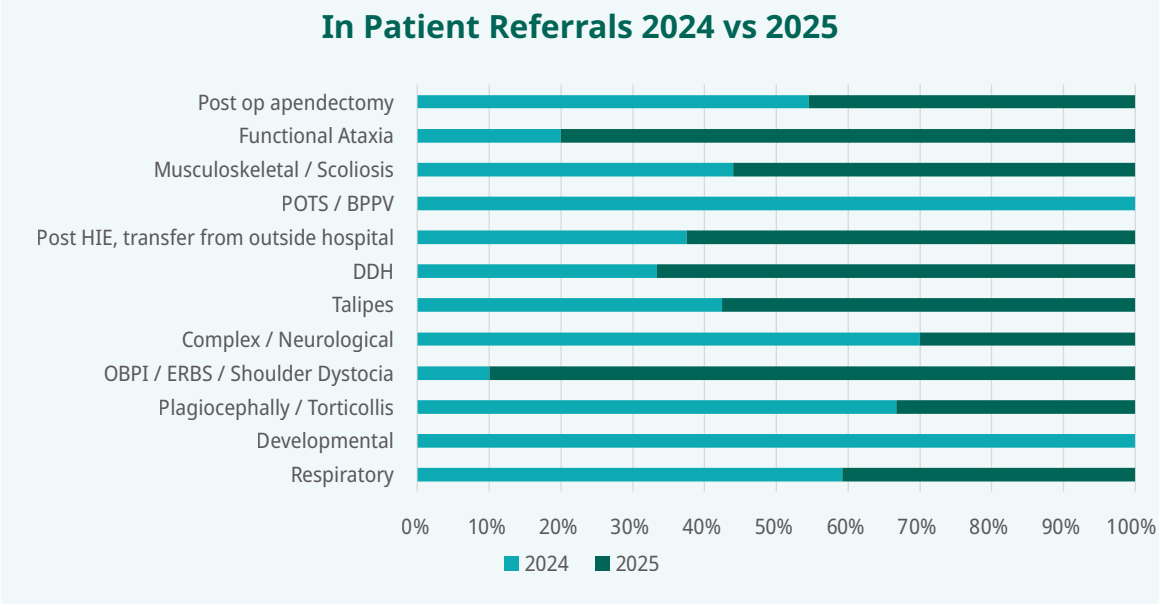
Portiuncula University Hospital

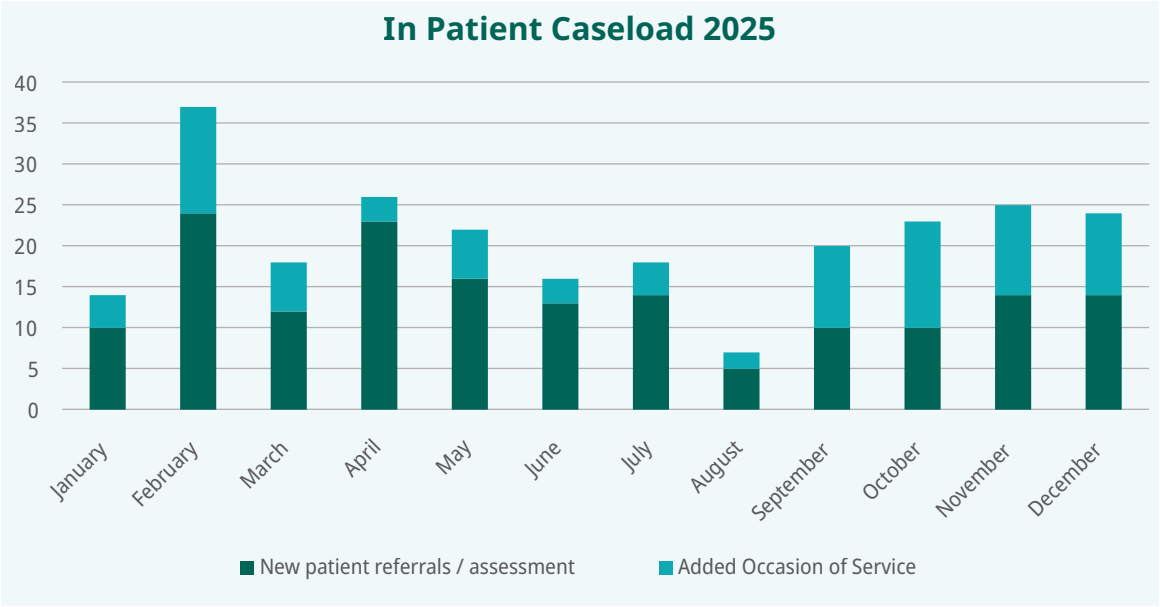
PUH Paediatric Physiotherapy Activity	2023	2024	2025
Paediatric Physiotherapy Referrals			
SCBU New	6	16	18
SCBU Return	11	17	27
Maternity new	8	33	55
Physiotherapy Paediatric Out Patients	2023	2024	2025
Referrals Received	235	309	332

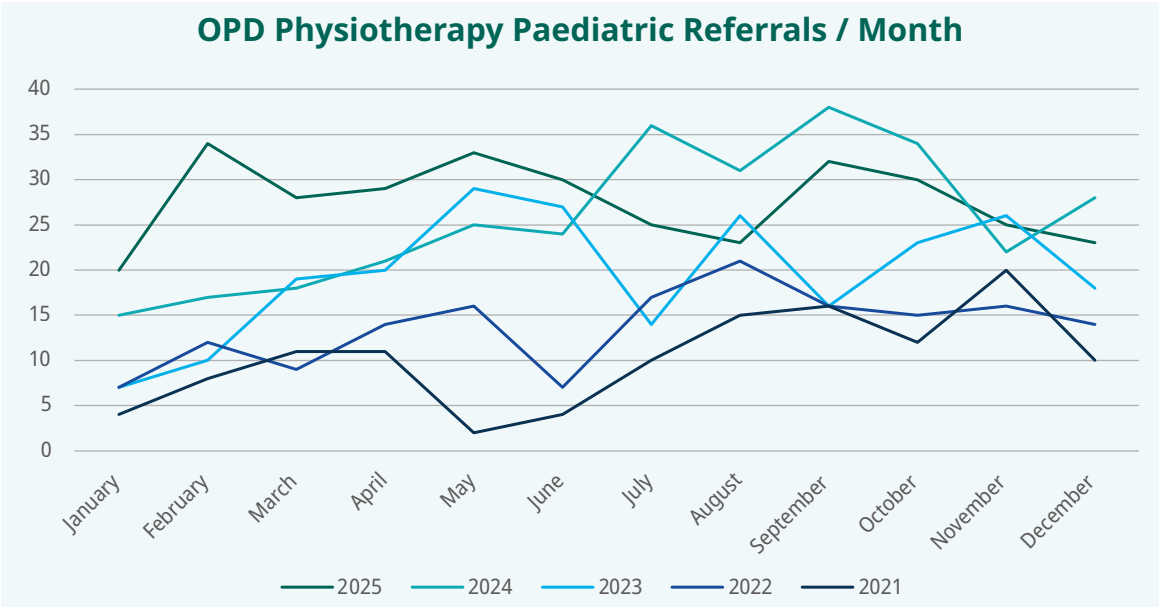
PUH provide a paediatric physiotherapy services for SCBU and maternity ward, on request, for conditions including but not limited to: Positional Talipes; Torticollis; Plagiocephaly; Orthopaedic and birth related complications eg OBPI and/or Upper Limb fractures; asymmetries of movement; and developmental screening and treatment for complex neurodevelopmental issues.

Achievements

- The ability to adapt to the notable increase in referrals and activity in both areas.
- Maintaining same day assessment and intervention is not always possible, but this is the ongoing aim.
- Strong links have been maintained with the Neonatal physiotherapists in hospitals based in Dublin, Sligo and Galway for continuity of care, for babies transferred back to PUH; and access to CPD. We have become a resource within PUH to offer advice on referring to our community colleagues.
- Attending the Brachial Clinic in the Central Remedial Clinic Dublin for peer supervision.
- Completing the Hammersmith Infant Neurological Examination (HINE) training in March 2025.
- Have identified a need to complete the Prechtl General Movement Assessment (GMA) – an evidence based training course for evaluating early infant motor development and neurological integrity.







Sligo University Hospital

SUH Paediatric Physiotherapy Activity			
Paediatric Physiotherapy Referrals	**2023**	**2024**	**2025**
Inpatient	209	203	194
Outpatient	180	161	141
Postnatal Ward	157	-	-
On-call	74	-	-
Total Referrals	**620**	**364**	**335**
Paediatric Physiotherapy Activity	**2023**	**2024**	**2025**
Inpatient	751	693	700
Outpatient	926	822	843
Postnatal Ward	169	-	-
Total Activity	**1846**	**1515**	**1543**

Service Overview 2025:

The Paediatric Physiotherapy Service in Sligo University Hospital is staffed by 1 WTE Clinical Specialist Paediatric and Neonatal Physiotherapist and 1 WTE Senior Paediatric Physiotherapist.

Our service assesses and treats children from 0–16 years presenting with Musculoskeletal, Orthopaedic, Cardiorespiratory, Neurological, and Neurodevelopmental conditions in inpatient, outpatient, day ward, ED, and OPD clinic settings within SUH.

Daily walk-ins are facilitated from Paediatric Clinics for children presenting with asthma or respiratory symptoms, providing education on inhaler techniques.

Twice weekly OPD slots are provided for babies with Developmental Dysplasia of the Hip (DDH) referred from the Radiology Department in line with HSE Guidelines (2017), with ongoing assessment of clinical DDH presenters from the Paediatric Orthopaedic Clinic.

Ongoing Physiotherapy representation is provided at Paediatric Steering Group meetings for the West North West RHA.

An annual Children First audit is completed, with ongoing support for Children First training within the Physiotherapy Department and induction support for new staff.

Service Achievements 2025:

An iSupport audit was completed in collaboration with the Paediatric MDT.

The rollout of social stories for various investigations has commenced as part of the Little Journey app, supporting the neurodiverse patient journey through Paediatric Services.

Ongoing training provision is delivered to NCHDs twice yearly, three times per year for the GP scheme, and to 4th Year Medical Students.

The Senior Paediatric Physiotherapist provides regular on-call training to all on-call staff within the Physiotherapy Department.

Service Aims for 2026:

Future developments include continuing the iSupport approach as part of the Paediatric MDT, further development of social stories for investigations through the Little Journey app, and ongoing support for the neurodiverse patient journey within Paediatric Services.

The Physiotherapy Department's Children's Consent Forms will be updated in accordance with the new HSE Consent Guidelines (2025).

Pilates classes are provided for children with Rheumatology and Musculoskeletal condition.

5.7.1 Nutrition and Dietetics

Galway University Hospital

GUH Paediatric Referrals				
Paediatric Referrals	**2022 Total**	**2023 Total**	**2024 Total**	**2025 Total**
General Paediatric	155	177	176	404
Diabetes	152	185	21	19
Cystic Fibrosis	69	73	4	3
Activity-Number of Treatment Sessions	**2022**	**2023**	**2024**	**2025**
General Paediatric	1139	1105	1221	1411
Diabetes	346	819	782	784
Cystic Fibrosis	260	257	283	250

Dietetic Service overview 2025:

Overview:

3.6 WTE dietitians covering inpatients and outpatients across general paediatrics, diabetes, cystic fibrosis, allergy, endocrine, cardiology, neuro-disability, neurology, GI/feeding issues, eating disorders, enteral and parenteral nutrition.

2025 achievements:

- ESPGHAN poster 2025: Optimising Infant Feeding Care: A retrospective audit of a rapid access clinic for infants with feeding difficulties presenting to the Emergency Department
- Infant Feeding clinic, a new initiative that saw over 150 infants in a paediatrician-dietitian led clinic leading to reduced admissions to the paediatric ward
- New Pilot Weight Management clinic Toghermore Tuam: dietitian attended the monthly MDT clinic
- Joint MDT sessions with SLT and OT to support complex feeding.
- Ongoing structured staff education with NCHD and nursing staff.
- Diabetes service: poster presentation at ISPAD 2025 'Comparison of HbA1c levels at 1 year post diagnosis in Paediatric & Adolescent patients with T1DM who Carbohydrate Counted from onset of Diabetes (initiated during inpatient stay) vs those who learned as Outpatients'

Aims 2026

General paediatrics aims 2026

- Coordinate the first Galway University Hospital Paediatric Nutrition Study Day.
- Increase capacity to infant feeding support with collaborative multidisciplinary work.

Cystic Fibrosis Aims 2026

- Audit faecal elastase levels in all current paediatric cystic fibrosis patients (including F508del homozygous) and assess for improvement since commencing CFTR modulator therapy

Letterkenny University Hospital

LUH Nutrition and Dietetics Paediatric Referrals			
Paediatric Referrals	**2023**	**2024**	**2025**
General Paediatric	138	189	237
Diabetes	17	-	-
Activity-Number of Treatment Sessions	**2023**	**2024**	**2025**
General Paediatric	1400	1546	1620
Diabetes	128	-	-

Service Overview 2025:

The Nutrition and Dietetic service covers inpatients, day ward and outpatients (stand alone clinics and joint appointments with consultants and specialist nurses).

Mayo University Hospital

MUH Nutrition & Dietetics Paediatric Referrals			
Paediatric Referrals	2023	2024	2025
General Paediatric	170 new referrals (incl. of in & out-patient referrals) 148 in patient new contacts 27 OPD new contacts	144	145
Activity-Number of Treatment Sessions			
General Paediatric	**170** new **906** reviews Total of **1076** contacts	814	796
Diabetes	In patient = 10 new 25 reviews (35 contacts in total) Out-patients = 108 reviews in total		-

Service Overview 2025:

There has been no change in service in 2025 with 1 wte Senior dietitian providing dietetic cover to all paediatric services, including, SCBU, Diabetes, out-patients and general paediatrics.

Portiuncula University Hospital

PUH Nutrition and Dietetics Paediatric Referrals			
Paediatric Referrals	**2023**	**2024**	**2025**
General Paediatric Inpatients	43	58	19
General Paediatric Outpatients	84	50	25
Diabetes	6	11	10
Activity-Number of Treatment Sessions	**2023**	**2024**	**2025**
General Paediatric Inpatients	60	128	49
General Paediatric Outpatients	263	209	100
Diabetes	96	136	68

Service overview from 2025:

The Paediatric Dietetic post here in PUH covers 0.5 WTE for Paediatric Diabetes and 0.5 WTE for General Paediatrics but there is currently no Dietetic cover to Paediatric patients in their absence. This post covers inpatient referrals and outpatient's referrals.

Service Achievements 2025:

Successful carbohydrate counting completed with the 8 newly diagnosed diabetic children and their families, when presented to PUH. Carbohydrate refreshers also provided to children and their families commencing on a new hybrid closed loop insulin pumps in 2025. The service continues to provide 2 dietetic clinics per week, one of which runs alongside our Paediatric Advanced Nurse Practitioner's clinic, liaising closely as required with allergy or gastro-related cases. Paediatric Dietitian is providing training to new Paeds NCHD starters on a 6 monthly basis, as well as training to the ward nurses on various dietetic topics (e.g. Carbohydrate Counting, Allergy management, Anorexia Nervosa management if needing a meal plan, tube feeding and oral supplement tastes).

Sligo University Hospital

Paediatric Referrals – incl diabetes	2025	
	In patients	Out – patients
New referrals	71	59
Activity-Number of Treatment Sessions		
General Paediatric	163	268
Cystic Fibrosis	-	-

Service Overview:

Dietetic services are provided to paediatric in-patients, children on the day unit and an out- patient service – Neonatal figures excluded.

Challenges include:

- Paediatric specialist dietitian providing full cover for general paediatric caseload
- Pathways for both food allergy referrals and childhood obesity referrals

Education/Training:

- Ongoing staff education - carbohydrate counting to support insulin adjustment.
- Ad hoc general nutrition training for doctors, catering staff and nursing staff.

Achievements:

- Continued support to the insulin pump service, facilitating insulin pump starts for SUH and LUH patients.
- Compiled and implemented a checklist in relation to education for children newly diagnosed with diabetes.
- Member of paediatric Type 1 Diabetes working group, paediatric eating disorders and paediatric acute dietitians working group.

5.7.2 Medical Social Work

Galway University Hospitals - Women's and Children Medical Social Work:

Maternity Medical Social Work Team	Referrals in 2025
Total	41

Paediatric Medical Social Work

Paediatric Medical Social Workers support children, young people and families coping with acute, chronic and life-limiting conditions.

Core Interventions

- Psychosocial assessment
- Emotional support and counselling
- Crisis intervention
- Bereavement support
- Advocacy
- Discharge planning
- Coordination with community and statutory services

The service helps families manage the emotional, practical and financial impact of illness while strengthening coping capacity and resilience.

Letterkenny University Hospital

LUH Medical Social Work			
Paediatric Referrals	2023	2024	2025
Inpatient Referrals	42	70	116
Outpatient Referrals	-	-	4
Total Referrals	**42**	**70**	**120**

Service Overview 2025:

There is 1 WTE allocated to the provision of MSW support for the paediatric service. Paediatric MSW role currently extends to cover all inpatient and outpatient services in maternity as well as the neonatal unit. Paediatric MSW provide a liaison/advisory service to staff in relation to child protection/ welfare concerns that arise. Paediatric MSW offers a liaison role between TUSLA and LUH. MSW is utilised for advice/discussions regarding complex cases in LUH.

Mayo University Hospital

MUH Medical Social Work			
Paediatric Referrals	**2023**	**2024**	**2025**
Inpatient Referrals	63	38	36
Outpatients Referrals	8	12	-
Inclusion Health	-	41	-

There is no MSW post in Paediatrics in MUH.

The service deals with referrals from Paediatrics through their Duty System.

They received 36 referrals from Paediatric Dept in 2025.

Portiuncula University Hospital

PUH Medical Social Work			
Paediatric Referrals	2023	2024	2025
Inpatient Referrals	43	-	37

There is no medical social work WTE post in Portiuncula University Hospital.

MSW provide cover for child protection & welfare cases that present as inpatients only.

Sligo University Hospital

SUH Medical Social Work			
Paediatric Referrals	**2023**	**2024***	**2025**
Inpatient Referrals	69	12	
Outpatients Referrals	0*	0	
Contacts	**Total 2023**	**Total 2024**	
Inpatient Contacts	505	60	
Outpatient Contacts	0*	0	

**MSW cover vacant since 2023 embargo resulting in 83% decrease in inpatient referrals in 2024.*

Paediatric Clinical Psychology Service (University Hospital Galway)

Paediatric Clinical Psychology	2021	2022	2023	2024	2025
Total number of referrals received	118	73	67	50	53
Inpatient referrals	25	19	25	22	28
Outpatient referrals	93	54	42	28	25
Number of children and families who received a service	65	56	44	40	55
Number of contacts	286	289	268	261	304

The Paediatric Psychology Service at GUH consists of 1 WTE Senior Clinical Psychologist. The Paediatric Psychology Service provides assessment and intervention to children under the care of a consultant paediatrician at UHG who present with significant psychological distress directly related to their medical condition or treatment. The service is available to referred inpatients with outpatient follow up. Service is also provided to outpatients whose psychological difficulties are severely impacting on their ability to receive medical care or children who require psychological intervention as part of a collaborative paediatric department multi-disciplinary intervention.

Common support provided includes:

- Support with adjustment to a medical diagnosis or coping with an acute or chronic illness.
- Support for mental health distress related to a medical condition.
- Coping with loss or trauma relating to a health condition or its treatment.
- Coping with pain and disability related to a medical condition.
- Support for complex functional presentations.
- Preparation and proactive interventions to support patients with hospitalisation and procedures.
- Consultation with MDT colleagues including provision of psychological formulation of presenting issues with a view to improving care.
- Signposting of services or supports, onward referral as appropriate and provision of psychoeducational materials to patients and families

Paediatric Clinical Psychology Data 2025

Paediatric Clinical Psychology	2025
Total number of referrals received	53
Inpatient referrals	28
Outpatient referrals	25
Number of children and families who received a service	55
Number of contacts	304
No of patients on waiting list (as of Dec 2025)	17
Longest waiting time (as of Dec 2025)	17 months

During 2025 Paediatric Psychology provided a specialist placement for a Mary Immaculate College Doctoral Programme in Education and Child Psychology Trainee. Paediatric Psychology also provided teaching input to the University of Galway students of the Doctoral Programme in Clinical Psychology and the Bachelor of Science Programme in Psychology. Paediatric Psychology worked as part of multi-disciplinary team within the Paediatric Department to introduce virtual reality headsets to the paediatric patients to help improve patient experience and assist with procedural distress.

Diabetes Clinical Psychology Service-GUH/MUH/PUH 2025

	GUH	MUH	PUH	Endocrine	Weight Mang	Total
Referrals Received	36	29	13	6	11	95
Number of families/children who received a service	38	27	15	4	10	94
Number of Contacts	303	170	78	41	40	632

New Development Paediatric Diabetes Clinical Psychology Post

The Paediatric Diabetes Clinical Psychology Service is a 1 WTE post that was filled at the end of February 2023. The post is based in GUH and provides outreach to MUH & PUH. Some other complex endocrine conditions are also referred in as part of their healthcare needs. In 2025 was involved in the setting up of a Pilot Weight Management Programme that commenced in January 25 to run for 18 months. The Diabetes service is provided 3 days in Mayo and 1.5 days a month in PUH. There are other outreach clinics provided in Tuam/Ballinrobe that serve GUH/MUH/PUH. The post was set up to deliver an accessible service to support children/young people and their families who attend the diabetes/endocrine service in Galway/Mayo. The focus of the service is to support children, young people and their families to improve psychological and health related quality of life outcomes. Referrals are accepted from the Endocrinologist and the teams for children/young people who present with psychological distress related to their type 1 diabetes (TID)/endocrine condition. For the most part the service operates in an outpatient capacity.

In 2025 the focus was on continuing to expand/develop the service, addressing the existing waiting lists with a combination of individual, systemic and group work. Continuing to work on establishing links with other services where children have multiple care needs.

The therapeutic work looked at supporting child/young person and their family with adjustment to diabetes both individually and systemically. Dealing with anxiety/low mood that may be linked to having diabetes.

Feedback from the previous year highlighted the need for more group interventions. Two types of groups ran in 2025. One was a MDT approach with Dietetics and Nursing to support parents of children newly diagnosed with TID. There were Compassion focused therapy/Acceptance and Commitment therapy groups ran across the Galway/Mayo for

different age groups. Group attendance was high and the feedback was for more of these established groups to follow.

Continued involvement in a National Paediatric Diabetes Psychology group which is developing a document to streamline the delivery of psychological input within a Paediatric Diabetes service. Engaged in a supervisor/ co-investigator role around research being developed in the team on the Measurement of perceived autonomy support among young people with TID. Presented at the MCAN diabetes group conference on - Supporting parents of young children diagnosed with TID.

Pharmacy

Pharmacy Service at UHG

Referrals	2025
Inpatient Referrals	566
Outpatient Referrals	36
Total Referrals	602
Activity	**2025**
No. of Inpatient Contacts	1083
No. of Outpatient Contacts	36
Total Activity	1119

0.4 WTE Senior Pharmacist resourced to cover the paediatric ward, the Paediatric Emergency Department (ED), the Paediatric Day Unit (PDU) and Paediatric Cystic Fibrosis (CF) patients provides the following service:

- Attendance at the daily safety huddle
- A daily visit to the paediatric ward, paediatric ED and PDU to review drug charts for accuracy and appropriateness of each medicine prescribed
- Proactive advice to other healthcare professionals involved in the care of the paediatric patient
- Ensure access to the CHI Formulary is maintained and readily accessible.
- Member of the Paediatric CF Multidisciplinary Team (MDT) attending weekly MDT meetings to discuss the patients attending clinic that week and any inpatients
- Involved in training of the nursing and medical staff on the use of CHI Smart Pumps
- Induction training to the new NCHDs on the pharmacy services and resources available in UHG and on tips for safe prescribing
- Training to paediatric nurses on the safe use of medication in the paediatric patient
- Training to CAMHS nurses on medication administration via enteral feeding tubes

Please note there was no pharmacy cover provided during periods of annual leave due to staff shortages in the pharmacy department.

Service Achievements for 2025

- Paediatric Resuscitation Tray updated
- Intravenous Potassium Administration Guidelines Updated
- First shared care cardiology patient with CHI Crumlin dispensed trametinib as on outpatient from the pharmacy department in UHG.

Service Aims for 2026

- Update the Paediatric/Neonatal Drug Chart
- Design a Paediatric Prescription and Administration Record for the Paediatric Patient receiving Insulin
- Design a Paediatric Prescription and Administration Record for Short Stay Paediatric Patients and Paediatric Patients attending PDU
- Implement a monthly druggle

Pharmacy Service at PUH

Referrals	2024	2025
Inpatient Referrals	351	279
Outpatient Referrals	75	54
Total Referrals	347	333
Activity	**2024**	**2025**
No. of Inpatient Contacts	3,450	3,215
No. of Outpatient Contacts	23	16
Total Activity	**3,473**	**3,231**

Service Overview 2025:

2025 has been a particularly active and collaborative year for the clinical pharmacy service. As a 1.0 WTE advanced specialist pharmacist, I provide daily cover to the paediatric ward (St Therese), paediatric ED (emergency department), SCBU (Special Care Baby Unit) & ICU (Intensive Care Unit) if a paediatric patient is admitted. All patients receive a clinical review including medications reconciliation, checking drug appropriateness, ensuring drug optimisation (accurate weight & BSA, dose amendment based on renal and hepatic results), therapeutic monitoring, providing clinical advice and discharge planning of complex patients. I attend daily ward huddles, fortnightly risk meetings, monthly paediatric governance meetings, paediatric MDT meetings and bimonthly SCBU governance meetings. I am proactively involved in teaching medication management of RCYP training days & Stabilisation & Transfer of a Critically ill Child for paediatric nurses, ICU nurses and doctors. I provide teaching for our NCHD colleagues which includes any recent up-dates/changes in pharmacy and also on safe prescribing in paediatrics, with particular emphasis this year on the challenges of dosing in obesity. Being part of a regional QI project looking to standardise neonatal and paediatric drug kardexes across the region.

Service Achievements 2025:

- Implementation of a QI project – Introduction of AFST monographs and 'grab' bags for SCBU – this has significantly reduced the time taken to prepare & administer medication to neonate and has also increased staff confidence.
- Won best poster at NOCA for my Paediatric Medication Plans for Patients with Life Limiting Conditions. Delighted to receive recognition for my work in an area that I am passionate about.
- It was been great to be part of the successful rollout of RSV programme for the second consecutive year. PUH had the highest uptake in the WNWR and secured second place nationally with an uptake of 92.4%.
- Development and rollout of neonatal and paediatric drug kardex to all 5 sites in the WNWHG.
- Auditing paediatric drug kardex compliance on SCBU & Paediatric ward.
- Introduction of a Druggle (drug huddle) to all paediatric areas.
- Expansion of my life limiting care plans to other areas of polypharmacy.

5.7.3 Occupational Therapy at GUH

Occupational Therapy Service in GUH	2025
Paediatric Referral	232
Inpatient Referrals	85
Outpatient Referrals	147
Contacts	1104
Inpatient Contacts	447
Outpatient Contacts	657

Opportunities:

In 2025 there was ongoing opportunity to work with other HSCP colleagues to support children with multidisciplinary needs such as those experiencing FND, Chronic pain and fatigue. A working group was set up with regular meetings regarding this cohort. A pilot Obesity Clinic was set up by the Paediatric Endochronologist with monthly clinics held on the Toghermore Paediatric Outpatients Department. O.T. attended 10/12 of these clinics in 2025 with 40 new patients seen by O.T. over the course of the year with patient reviews also taking place both in and outside of the

clinic. Paediatric OT and OT in hands and plastics continued to provide joint clinic to support paediatric patients with orthopaedic hands and plastics needs. This is run monthly and has continued into 2026. Availability of the Toghermore Campus provided an option for space and supported those living in East and North Galway availing of outpatient O.T. more locally. In 2025 the HSCP team began a QI project to improve the levels of inpatient referrals coming through the IPMS referral system. This project began in late 2025 and was presented in mid-2026.

Occupational Therapy are going to support the Pilot Multi-disciplinary Weight Management service that began in Jan 2025 into 2026 as it is being piloted for a further 6 months. It is hoped that the outcome of this clinic will support recruitment of an MDT weight management clinic for the West of Ireland in line with the HSE Model of Care for the Management of Overweight and Obesity. Paediatric O.T. and Hands and Plastics services O.T. will continue to run joint monthly clinics to support paediatric patients under the hands and plastics service requiring support to achieve functional outcomes.

O.T. will continue in a joint HSCP QI project to increase appropriate referrals to services from inpatient Paediatrics and present on this in 2026

Play Specialist

Galway University Hospital:

The Play Specialist (1. 0 WTE) offers a service to children in the following locations: Paediatric Ward, Paediatric Day Unit (PDU), Paediatric Emergency Department, paediatric outpatients department (OPD), radiology and any other areas that facilities child patients, as and when requested. St. Bernadette's Paediatric Ward and Paediatric Day Unit are the primary services users of the play specialist's service.

Service Overview 2025:

- Participation in regional i-support initiative, creating a survey for the patients, their parents/ carers/ guardians and staff and students on the ward to complete, to give opinions on our ideas to improve the paediatric hospital environment and offer suggestions for improvements/ things that they would like to see implemented.
- Scheduled appointments for 1:1 therapeutic play support for children with complex care needs, needle phobia, phobia of medical examinations/ procedures and anxiety around hospital visits and wariness/ distrust of medical staff.
- Supervision of Placement Practice Students for a period of 12 weeks, from the Children's Studies Degree run by The National University of Ireland Galway (NUIG.)
- Collaboration with CIH Volunteer Group in the second ever United Nations, International Day of Play, with the theme being, Choose play-Every day. The theme, was a reminder for all of us government bodies, businesses, schools and families to take decisions that embrace and prioritise play for children. Gifting toys, games and play resources to our patients and patients attending the PDU, donated by a variety of sources such as: the UK and Ireland charity Fairy Bricks, Children in Hospital Ireland, Sick kids in Galway Foundation.
- Celebrated World Children's Day/ International Day for Children. UNICEF's Global Day of Action for children, by children, marking the adoption of the **Convention on the Rights of the Child** on November 2 2025. Around the world, children are standing up and talking about their lives, their hopes, and their rights.
- We held our annual 'Cisco Connected Santa', Christmas event, run by Cisco Galway. Any inpatients on St. Bernadette's Ward and any patients attending the PDW from 1-3pm that day were invited to visit the playroom, where it was transformed by Cisco staff into Santa's Grotto. The parents filled out a questionnaire in advance, so Santa had all the inside information on the patient's family, any pets, likes/ interests and what gift they were hoping to receive from Santa at Christmas.
- We continued to have a generous increase in monitory and books/games/ toy/ play resources from the public and businesses to the Paediatric unit and related services.
- Helium Arts visit the waiting area of the POPD during two clinics a week

Service Achievements 2025:

- Two artists Yvonne Cullivan and Manuela Corbari visited the paediatric unit on a Thursdays for five weeks. They piloted a virtual reality (VR) art project – Patient Participation Opportunity following a successful trial last year in Unit 4 of Merlin Park, UHG with older patients. Their project focused on individuals aged 13 to 55.
- A therapy dog named Ollie from Irish Therapy Dogs (ITD) charity, along with his human mum Siobhan started to attend our service every Thursday morning from 9.30-10.30pm.
- The paediatric staff and I implemented the use of Virtual Reality headsets called, Smiley Scope to the paediatric services. This therapeutic virtual reality (VR) tool supports children with procedural distraction and calming/ relaxing the patient prior to any medical treatment.
- As part of Health Promotion and Awareness of World Sepsis Day child friendly posters and mini booklets were devised to explain what sepsis is, signs and symptoms of sepsis and steps that can be taken if you suspect sepsis in a child

Service aims for 2026:

- Playroom will undergo a renovation through the local charity, The Sick Kids in Galway Foundation.
- Donation of addition Smiley Scope VR headsets for the Paeds ED, the PDW and St. Bernadette's ward from money raised by The Sick Kids in Galway Foundation through charity events.
- Continued involvement in the i-support initiative.
- New distraction boxes for the consultants' rooms in the Paediatric out-patient department.
- Fidget boxes for PDU.
- Making the newly located treatment room more child friendly.
- Introducing a pilot scheme, where by students partaking in transition year of 4th year secondary school, can come to talk to and shadow various members of staff on the paediatric unit.

Mayo University Hospital:

Activity	2025
No. of Inpatient Contacts	803
No. of Outpatient Contacts	112
No. of Children to use Play Room	350
Total Activity	1265
PDU Activity	171

Service Overview 2025:

Expanded play specialist service to support monthly clinic.

Service Achievements 2025:

Attended Isupport training and meetings, provided resources for new diagnosed diabetic patients, toys provision and provision and art packs scheduled for OPD, A+E, Radiology.

Service Aims 2026:

Expand social story development and resources to support hospital visits.

5.8 Quality Improvement Report

Children's Palliative Care services

The HSE West North West commissioned University College Dublin to undertake a service needs analysis of children's palliative care, incorporating the perspectives of children, young people, parents, bereaved parents and healthcare professionals. The findings identified that while HSE home-based care is highly valued, significant variation in service provision exists across the region. Key priorities included equitable access to care closer to home, improved coordination and integration across services, enhanced education and training for staff, and increased access to bereavement, psychological and sibling supports. The analysis also identified strong support for the development of a regional children's hospice facility as a central hub within a wider networked model of care. The findings are informing the ongoing development and future planning of children's palliative and hospice care services across the region.

ISupport

ISupport is an internationally recognised quality improvement initiative focused on children's rights, patient safety and improving procedural care. Delivered through collaboration between HSE West North West, the Regional Children's and Young People's Nurse Education Group and Edge Hill University, the initiative engaged 463 children, 841 parents and 467 healthcare professionals across six hospitals, supported by 62 walk-through audits. Findings have informed local quality improvements and regional learning, strengthening patient safety and children's experiences while establishing an evidence-informed, sustainable model for continuous improvement with potential for national application.



6

CHAPTER 6
CHILD AND ADOLESCENT SEXUAL ASSAULT TREATMENT SERVICE (CASATS) AND SEXUAL ASSAULT TREATMENT UNIT (SATU)

6.1 Child and Adolescent Sexual Assault Treatment Unit (CASATS) – Executive Report

6.2 Galway Sexual Assault Treatment Unit (SATU) – Executive Report

6.3 Donegal Sexual Assault Treatment Unit (SATU) – Executive Report

6.1 CASATS Galway Executive Report 2025

The Child and Adolescent Sexual Assault Treatment Unit (CASATS), based in Galway, but serving a wide geographical area in West, North-West and Mid-West Ireland. It is co-located with SATU services, established in Galway since 2009. CASATS provides Forensic Medical evaluation for children 0-14 years suspected of having been sexually abused. CASATS also supports adolescents 14-18 years presenting outside the forensic timeframe. Acute adolescent cases 14-18 years are assessed through SATU services, on the same site, with capacity for joint CASAT/SATU Forensic Examination depending on the best interests of the child. The CASATS service remains the only 24/7 service in Ireland for child sexual abuse.

In 2025, 133 children initially engaged with the CASATS service with 131 attendees. In addition 21 patients 14-18 years were supported by Galway Adult SATU services.

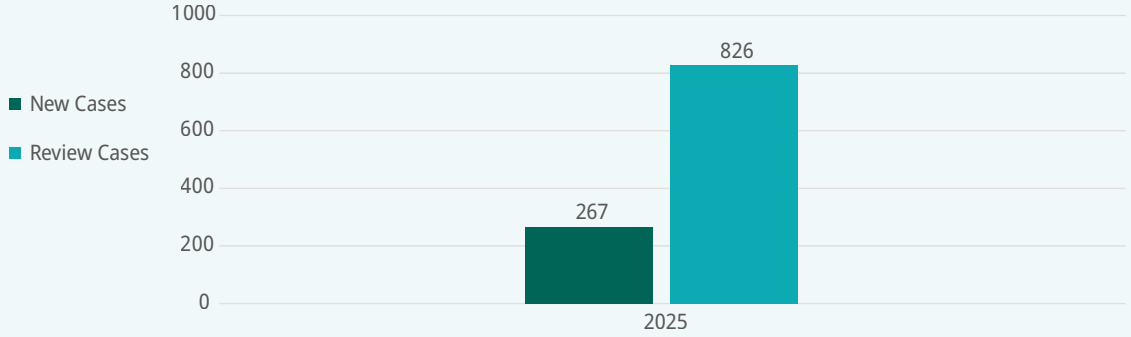
Barnahus West: started as a pilot project in Galway in 2018 serving West, North West and Mid-West Ireland which has evolved into a substantive multi-disciplinary service which is a collaboration between the HSE, Tusla Child and Family Agency, An Garda Síochána and voluntary agencies (Accompaniment Support Service for Children and Galway Rape Crisis Centre). Two further Barnahus sites are being developed in the East and South of the country. Barnahus translates as "Child House". Since 2022, CASATS/SATU Galway services have been located in purpose designed premises on the Tuam Road. The Willow Centre (SATU) and Hazel Clinic (CASATS) share premises with Tusla and An Garda Síochána providing holistic, responsive care under one roof.

In 2025 the CASATS Galway 24/7 rota was covered by two forensic physicians, all of whom are Consultant Paediatricians, working closely with their adult SATU colleagues. There is active and ongoing training of doctors and nurses in developing skills and knowledge for paediatric forensic examinations in sexual offences medicine working in compliment with SATU services.

2025 Achievements:

1. One Candidate Clinical Nurse Specialist (CNS) commenced her Higher Diploma in Sexual Assault Forensic Examination in the Royal College of Surgeons, Ireland in February 2025.
2. CASATS Forensic Physicians and CNSs attended a broad range of national and international courses/conferences and delivered education to An Garda Síochána, paramedics, mental health professionals, NUIG students and GP's.
3. Two CNS's commenced their practical training participating in cases in CASATS.
4. CNS's, doctors and CNM in CASATS participated locally in regular documentation reviews; local and National peer reviews and Forensic working groups.
5. Additional ASSC volunteers were trained to accompany and provide crisis support to CASATS patients and their families at the forensic examination.
6. CASATS, SATU and Barnahus West hosted a judicial visit to the unit in November 2025.
7. One Clinical Nurse Specialist completed interagency training on providing Trauma informed care alongside colleagues from An Garda Siochána and Barnahus staff.
8. The team published a paper in November 2025 in the Journal of Forensic and Legal Medicine, **Title**: *Exploration of 'out of hours' calls to the Child and Adolescent Sexual Assault Treatment Service in Galway over one year to quantify need for continued extended hour's service.*
9. The use of a virtual reality headset from Smileyscope which uses immersive virtual reality to guide children through calm and engaging journeys timed with medical procedures was commenced.
10. The CASATS team participated in Barnahus multidisciplinary Inter-agency meetings discussing 1,093 referrals to Barnahus three times per week which involved approximately 164 plus hours of Collaboration between CASATS staff and the wider Barnahus interagency team.

Number of Cases discussed at Multi-Disciplinary Interagency Referrals Meeting (MDIAMs) during 2025



Key objectives for 2026

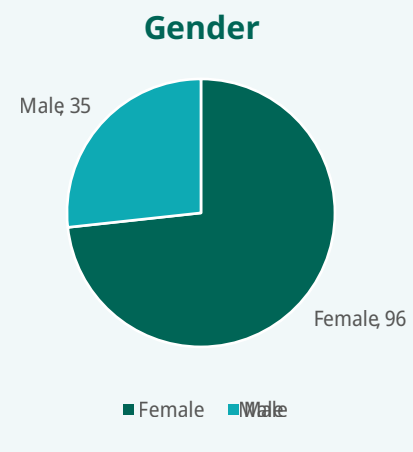
- Ongoing education and training to external agencies and our inter-agency partners on the CASATS and Barnahus services and referral pathways to the service.
- Ongoing training of Forensic medical examiners and Clinical Nurse Specialists in Paediatric Forensic Examination.
- Continued participation in National Forensic Working Groups for the ongoing work in implementing Barnahus in the East (Dublin) and South (Cork).

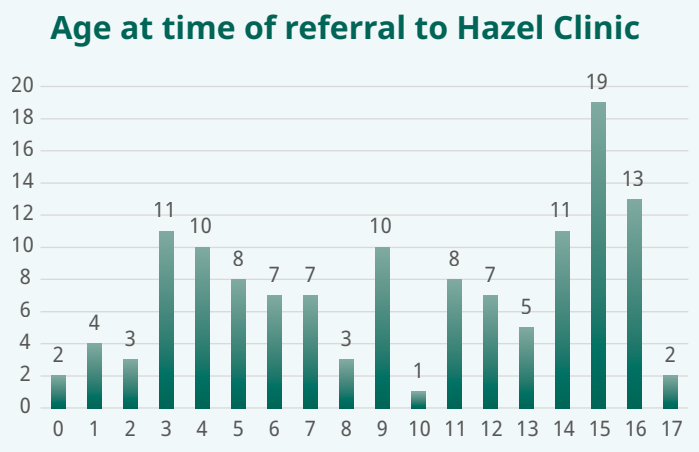
Total attendances:

The total number of patients engaged with CASATS in 2025 was 133 with 131 examinations undertaken. 2 patients declined forensic medical examination and did not attend despite initial engagement. In addition, 21 patients aged 14-18 years were seen through Adult SATU Galway and 20 patients aged 14-18 years were seen through Adult SATU Letterkenny, all eligible for Barnahus West Interagency supports and engagement.

CASATS patients:

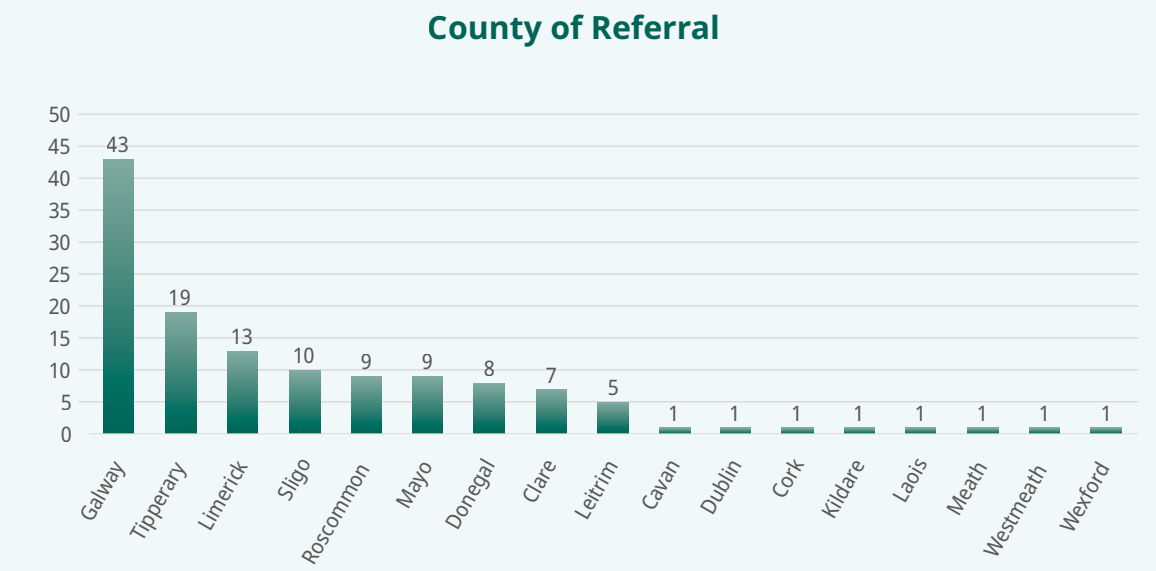
- 16 patients (12%) were seen out of hours (between 16:00-08:00 Monday to Friday or over the weekend s/ bank holidays)
- Of 131 patients that attended, 34 (26%) were seen acutely (less than 34 days from the alleged sexual assault) and 97 (74%) patients were seen non- acutely (more than 34 days from the alleged sexual assault).
- 96 (73%) patients were female and 35 (27%) patients were male. The mean patient age was 10 years.





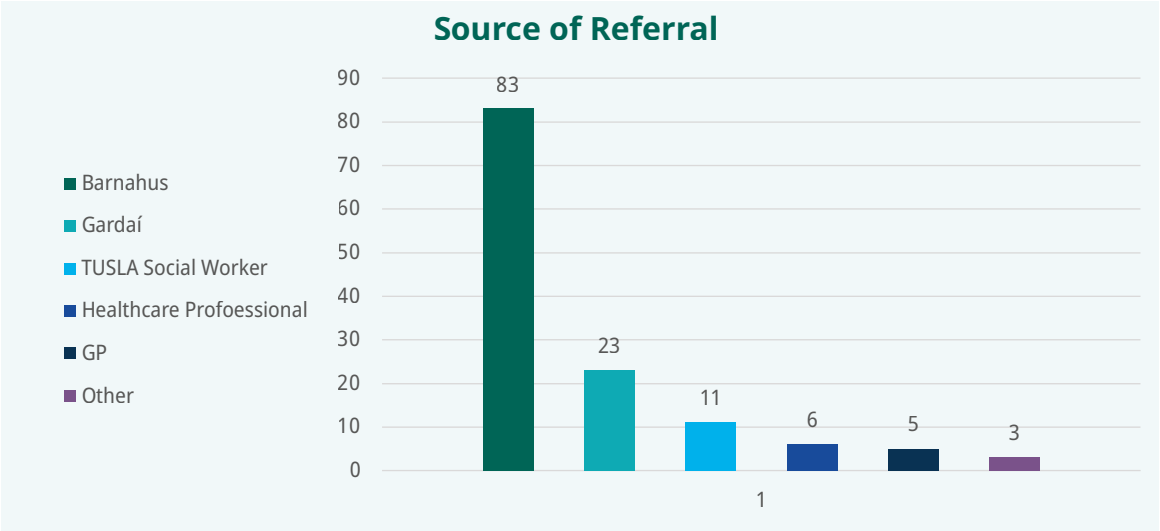
County of referral:

The majority of referrals came from Galway (n=43), Tipperary (n=19) and Limerick (n=13). 7 (5%) of patients were from outside of the catchment area i.e. from Cork, Kildare, Laois, Meath, Westmeath, Dublin and Wexford.



Source of Referral:

The majority of referrals for Paediatric Forensic Medical Examination came through Barnahus n=83 (63%), directly from Gardaí n= 23 (18%), TUSLA / Social Workers n=11 (8%), Healthcare professionals n=6 (5%) GP's n=5 (4%) and other sources n=3 (2%).



Intimate images:

Of the 131 patients examined, 95 (73%) had intimate images taken using a Colposcope with attached camera. In 36 (27%) cases, photo-documentation was declined, not indicated or not possible given the cooperation of the patient.

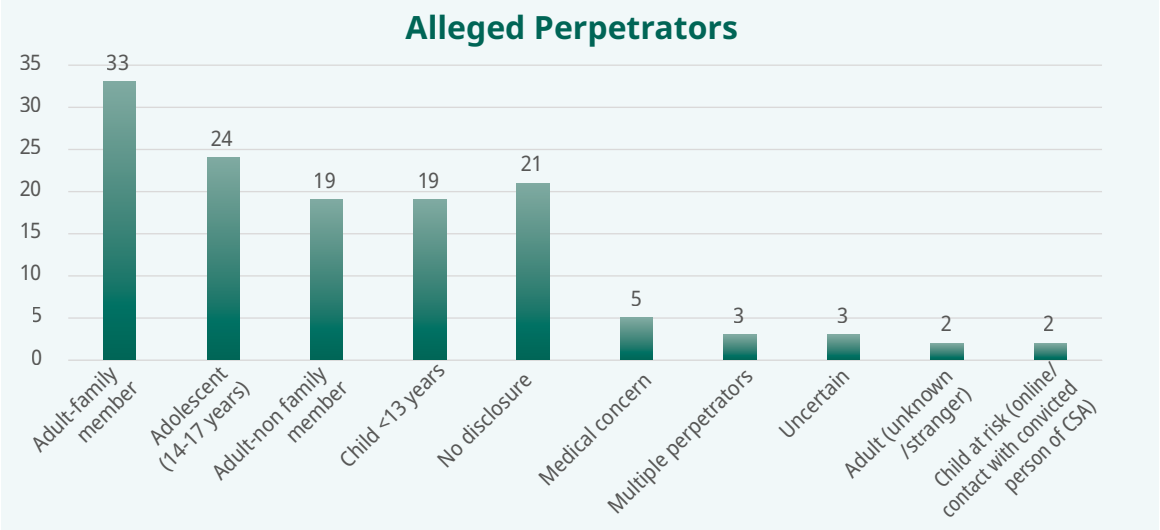
Medications:

- Emergency contraception was prescribed and given to 2 patients.
- A Hepatitis B vaccination schedule was commenced for 1 patient.

STI Screening:

- 126 (96%) patients had STI screening carried out as part of their initial examination.
- 4 (3%) patients had STI screening done at follow-up in CASATS Galway and 3 (2%) patients preferred an STI screen at follow up elsewhere.
- 2 (1.5%) of patients screened tested positive for a Sexually Transmitted Infection (STI)

Alleged Perpetrators:



Child perpetrators (Defined as <13 years at the time of the alleged assault)

- 19 (15%) of cases involved child perpetrators.

Teenage Perpetrators (Defined as 14-17 years at time of alleged assault)

- 24 (18%) of cases involved teenage perpetrators.

Adult Perpetrators (Defined as ≥ 18 years at the time of the alleged assault)

- In 33 (25%) of cases the alleged adult perpetrator was a family member.
- In 19 (15%) of cases the alleged adult perpetrator was known to the patient but not a family member.
- In 2 (1%) of cases the alleged adult perpetrator was unknown to the patient.
- In 3 (2%) of cases, there was multiple perpetrators.

Age of Perpetrator Unknown

- In 31 (24%) of cases there was no definitive allegation of child sexual abuse however examination was deemed appropriate due to other concerning factors e.g. inappropriate sexualised behaviour and concerning medical signs/ symptoms.

Accompaniment Support Service for Children (ASSC) and Galway Rape Crisis Centre (RCC)

In 105 (80%) cases an ASCC or RCC support worker attended and supported the CASATS patients and their families. 46 (35%) patients were referred for ASSC telephone aftercare (Advocacy Support).

Acknowledgements

We would like to extend enormous thanks to all our dedicated staff, to our partner agencies in the Barnahus, to the Forensic Accompaniment volunteers from ASSC/RCC and to those who have supported and endorsed Barnahus West.

We look forward to innovation, expansion, research, and interagency development focused on best meeting the needs of the children and their families going forward.

6.2 Galway Sexual Assault Trauma Unit Report 2025

Attendances:

- There were 116 new attendances at the Galway SATU, an increase of 3 from 2024. Of these,
- 55 (47%) were Option 1 (sexual assault within previous 7 days and accompanied by An Garda Siochana for forensic sampling and medical care)
- 39 (34%) were option 2 (sexual assault anytime, medical care without forensic sampling)
- 16 (14%) were Option 3 (non-Garda referral, sexual assault within previous 7 days, SATU-stored forensic samples)
- 49 out of 71 (89%) of patients were seen within 3 hours of a request to a SATU for a Forensic Clinical Examination (Options 1 & 3)
- 103 (89%) reported incidents which took place in the Republic of Ireland
- 13 (11%) reported incidents which took place outside of Ireland
- November 2025 was the busiest month with 15 patients presenting
- Monday was the day of the week with the highest attendance rate (25)
- 96 (83%) of attendances occurred between the hours of 08:00 and 19:59, Monday-Sunday
- 92 (79%) of patients had the opportunity to speak to a Psychological Support Worker at the first SATU visit

Reported Sexual Crimes:

- 79 (68%) were recent sexual assaults (≤7 days) and within the forensic sampling timeframe
- 106 (91%) of cases involved a single assailant
- 8 (7%) of cases involved multiple assailants
- In 59 (47%) cases the assailant was known to the patient, i.e. friend, family member, ex-intimate partner, intimate partner or acquaintance of more than 24 hrs. In 51 (40%) cases the assailant was unknown, a stranger, or recent acquaintance (≤ 24hrs). 10 (8%) was not recorded/ not applicable.

Patient Profile:

- 103 (89%) of patients were female, 11 (9%) were male, 2 (2%) were other
- Mean patient age at time of assault was 26 years of age, the youngest 14 years of age and the oldest being between 55-70 years of age. Please note, SATU sees patients age 14 years and above.
- 58 (50%) reported the incident to An Garda Siochana
- 16 (14%) patients had a forensic examination and storage of evidence without initially reporting to An Garda Siochana.
- 50 (43%) of patients had no physical injuries
- 48 (41%) of patients had physical injuries that did not require follow-up
- 1 patient was referred to, or seen in, hospital due to physical injuries
- 66 (57%) patients had consumed alcohol in the previous 24 hours; of these 41 (35%) patients had consumed >6 standard drinks of alcohol
- 21 (18%) of patients had taken recreational drugs prior to the reported incident
- 25 (22%) of patients were concerned that drugs were used to facilitate sexual assault
- 30 (26%) of patients were unsure if drugs were used to facilitate sexual assault

Medical care:

- All patients who required Emergency Contraception received it
- 29 (25%) patients were appropriately given Hepatitis B vaccination at the first SATU visit; of these, 94% have completed or are in the process of completing the vaccination schedule
- 8 (7%) patients received Post Exposure Prophylaxis (PEP) for HIV
- All patients were offered a follow-up appointment for STI screening, and 45 (39%) of patients accepted first follow up appointment for STI screening in Galway SATU. Others chose to attend their GP, local STI clinic or were informed about SH:24 home testing.
- 37 (32%) of patients had an STI screen taken at their initial presentation

Achievements SATU Galway 2025

- In late 2025 we commenced offering baseline Sexually Transmitted Infection screening to all patients who present to SATU Galway. An evaluation of the screening was carried out after 3 months and highlighted that, out of 25 patients who had baseline screening, 5 (20%) of patients tested positive for Chlamydia. These infections were promptly treated. This highlights the benefits of addition of baseline STI screening to initial forensic examination when the patient has been sexually active in the past.
- We were delighted to welcome Auveen Greaney, SATU medical social worker, to the SATU team, offering support to SATU service users 18 years or above. This has been a tremendously valuable addition to the aftercare of our patients.
- Galway Forensic Physicians and Clinical Nurse Specialists gave presentations, undertook clinical audits, facilitated professional examinations with a variety of colleagues and allied professionals.
- The Galway team continue to work as part of the multidisciplinary team in Barnahus West which benefits our 14-17 year old patients.
- Ms Catherine Conroy completed Skills Training in Self Harm and Suicide Prevention.

Challenges for SATU Galway 2025

- Recruitment and training of new on-call forensic examiners for Galway SATU

Although Galway is one of the SATUs which sees fewer adult patients, Galway SATU and CASATS remains the only co-located “cradle to grave” forensic medical service in the state. This means the total number of patients seen under one roof is substantial, requiring careful scheduling at certain busy times, and flexibility with our patient-centred

6.3 Donegal Sexual Assault Trauma Unit Report 2025

Clinical Activity

Attendances

- 143 new patient attendances at the Donegal SATU an increase of 15 (11.7%) from 2024.
- 95 (67%) reported incidents took place in Ireland.
- 72 (76%) of these occurred in Donegal, 12 (12%) reported incidents occurred in Sligo/ Leitrim, 7(8%) reported incidents occurred in five other counties and 4 (4%) reported incidents occurred in Northern Ireland.
- 45 (32%) patients attended the SATU within 7 days of the reported incident and 100% of patients who underwent a forensic clinical examination were seen by a forensic clinical examiner within 3 hours of a request.

Attendance: Month, Day and Time of Day

- October was the busiest month with 22 (15%) patients attending during this period.
- Wednesday was the busiest day with 25 (18%) patients presenting to SATU on this day.
- 101 (76%) reported incidents occurred between the hours of 20:00 – 07:59hrs.
- 121 (89%) attended the SATU between the hours of 08:00 – 19:59hrs.

Gender, Age Profile, Referral Source

- 121 (85%) female, 21 (15%) male and 1 (1%) patient identified as another gender.
- The age profile of patients attending the service was slightly up on previous years with a mean age of 27 years. 65(45%) patients were 25 years-of-age and under. 45(31%) were between 18 and 25 years-of-age. 25 (17%) were under 18 years of age.
- 34 (24%) of patients were attending 2nd level or 3rd level educational facilities.
- 40 (28%) patients were referred by An Garda Síochána.
- 53 (37%) patients were referred by others such as Counselling Services, Donegal Women's Domestic Violence Services, Addiction Services, Mental Health Services, Acute Hospitals, 3rd level student services, Genito-Urinary Medicine Clinics & GPs.
- 7 (5%) of patients were referred by the Rape Crisis Service
- 20 (14%) patients were self-referrals.
- 11 (8%) patients chose to have a forensic clinical examination (Storage of Evidence: Option 3) without initially reporting to An Garda Síochána. 2 (18%) of these patients subsequently reported the incident to An Garda Síochána.
- An additional 2 patients who attended SATU for a 'Health check', and had not previously reported the incident to An Garda Síochána went on to report the incident following SATU support. These options of care emphasise the importance of allowing people time to pause and deliberate on whether or not they want to engage in the criminal justice system, whilst at the same time receive medical and psychological trauma informed holistic care.

Reported Sexual crime

- 45 (32%) reported incidents were recent assaults (≤ 7 days).
- 104 (73%) involved a single assailant.
- 19 (13%) involved multiple assailants.
- In 116 (65%) of the reported incidents the alleged perpetrator was known to the patient.

Medical Care

- 91 (64 %) patients had no physical injuries.
- 24 (17%) patients had physical injuries not requiring follow-up or referral.
- 1 (1%) patient was hospitalised due to injury.
- All patients requiring emergency contraception were appropriately prescribed and administered the prophylactic medicinal product.
- 33 (36%) patients were appropriately prescribed and administered Hepatitis B vaccination at their first SATU visit; of these 29 (87%) have completed or in the process of completing the vaccination schedule.
- 0 (0%) patients received Post Exposure Prophylaxis (PEP) for HIV and were referred on to Infectious Disease Consultant for follow-up care.

- 90 (62%) patients were appropriately offered follow-up appointments; 85 (94%) attended first follow-up appointment for STI screening and non STI screening where relevant.
- 4 (5%) patients were treated for Chlamydia.
- 2 (2%) patients were treated for Bacterial Vaginosis.
- 2 (2%) patients were treated for Syphilis.
- 6 (6.6%) patients were treated for Candida.

Cervical Screening

The highest risk factor for developing cervical cancer is not attending a cervical screening test. Recognising this as a significant difficulty for women that have experienced sexual violence, the Donegal SATU offers cervical screening to women who have no cervical screening history; are delayed in accessing cervical screening or do not wish to attend their GP due a history of sexual violence. This option of care is offered as part of their follow-up care. The programme is under the governance of Letterkenny University Hospital (LUH) Gynaecological service aligned to the National Cervical Screening Programme standards.

- 23 women ≥ 25 years to ≤ 65 years were offered a cervical screen at their follow-up appointment in 2025. Of these; 4 patients were for recall in 1-year, 4 patients were due for recall in 3 years and 14 patients were for recall in 5 years, 1 patient required repeat smear in 3 months.

Audit/Research

- The Forensic Science Ireland Bi-annual environmental monitoring of the SATU was carried out in 2025. The Donegal SATU met all requirements of the scheduled audits.
- Registered Nurse Prescribing Audit was completed, meeting the requirements of the NMBI Practice Standards and Guidelines for Nurses and Midwives with Prescriptive Authority.
- The Cervical Screening Audit was completed, meeting the Quality Standards of the National Cervical Screening Programme.
- Documentation Audit To assess the quality of information being documented by Forensic Clinical Examiners in the Patients Chart (proforma) aligned to recommended SATU Key Performance Indicators (SART Guidelines, 2023) and clinical guidance on documentation (NMBI, 2025; Medical Council, 2024). Create strategies where improvement is required.

Training and Education

Throughout 2025, staff from Donegal SATU delivered an extensive programme of training and educational initiatives across the education, healthcare, and community sectors, strengthening awareness, interagency collaboration, and access to services.

Education

A series of workshops were delivered to 10 post-primary schools, reaching over 300 students of all genders, in transition year and above. These workshops addressed a broad range of topics including consent, sexual health, and contraception.

In collaboration with Donegal Atlantic Technological University (ATU) and the Donegal SART, Cyber Safety Workshop were re-designed and introduced in 2025 focusing on teenagers and their relationship with online platforms. The interactive workshop "*Sexting & Safety: A Serious Conversation*" was designed for teenagers and facilitated by the multi-agency team, focusing on building awareness and resilience around online sexual risks. The workshop provides practical knowledge and guidance on topics that are increasingly relevant in the digital age, helping young people make informed choices and know where to turn for support. Feedback from the initial workshop, facilitated in an all-male school in Letterkenny was very positive and plans are being prepared to expand this initiative to additional schools in 2026.

Presentations were also delivered at Higher Education Institutes (HEIs), engaging students across disciplines including nursing and law and humanities students. In addition, the RANP was invited a key speaker at the regional ATU multi-agency '*Let's Talk About...Drink and Drug Spiking*' Webinar

The RANP facilitated online workshops for the RCSI Postgraduate Diploma in Nursing: Sexual Assault Forensic Examination (SAFE) participants on Consent and Capacity Considerations and Perspectives following Rape and Sexual Assault, the CNS (SAFE) Role in relation to the Hospital, Organisation & Community Education and Surface Anatomy and Landmarks on the body.

A range of workshops and training sessions were delivered, following requests, to multiple agencies within the HSE throughout the year. These included:

- Presentation at National Cervical Check Webinar.

- Presentation at the Domestic Sexual and Gender-based Violence Study Day CNME Letterkenny
- 'Ladies Lunch' presentation.
- Presentation at the '*All-Ireland Irish Sign Language (ISL) Research Symposium*' – Trinity College Dublin
- Training session with the Community Incontinence Team.
- Four information sessions provided to Emergency Departments in both Co. Donegal and Co. Sligo.
- Training was delivered to all GP trainees as part of the core GP training scheme in Co. Donegal and Co. Sligo, and a presentation was delivered at the GP Forum.
- Two educational sessions provided to Nowdoc triage nurses.
- Advanced Nurse Practitioners Grand rounds.
- CNME National SATU Training.

Community Groups and Social Inclusion

Training was facilitated to a number of therapeutic organizations including:

- The Donegal Rape Crisis Centre.
- The Sligo Rape Crisis Centre.
- SAFE link Roscommon.
- Jigsaw.

Education sessions were delivered to a range of community-based organisations, including the Donegal Travellers Project, local First Responders, The Irish Red Cross and Civil Defence groups.

Training was also facilitated to Cornerstone, a homelessness charity based in Co. Sligo, and a presentation was delivered at the Homelessness Forum to support interagency awareness and collaboration.

In partnership with the Social Inclusion Team, Donegal SATU collaborated on the IPAS Empowerment and Education Session. A dedicated talk was also provided to a migrant women's group in Manorhamilton, and an educational session was delivered to the Sligo County Council Integration Team, further strengthening engagement with diverse communities.

Pre-registration Nurses and Midwives

Since 2012, the NMBI approved the Donegal SATU as a clinical site for pre-registration nursing students. We support pre-registration general, mental health and intellectual disability nurses and pre-registration midwives in their clinical learning. In 2025, the Donegal SATU facilitated clinical placements for four pre-registration nurses and one post-graduate nurse participating in the higher diploma in midwifery. Their placement in SATU involves shadowing the CNS/ANP in their day-to-day activities, gaining an understanding regarding the operational management of the SATU service, the options of care available to SATU patients, and the importance of holistic trauma-informed care following an incident of sexual assault. In addition, the students gain a clear understanding of the SART and how collaboration is key to patient care. The students have the opportunity to visit other agencies and learn about their role alongside the Donegal SATU. These services include: The Donegal Sexual Abuse and Rape Crisis Centre, the Donegal Domestic Violence Service, An Garda Síochána, the Women's Centre and the GUM clinic in Letterkenny University Hospital.

Postgraduate Diploma in Nursing (Sexual Assault Forensic Examination)

In addition to her own work, the Donegal RANP took on the role as Interim Programme Coordinator for the Postgraduate Diploma (PgDip) in Nursing: Sexual Assault Forensic Examination (SAFE) Level 9 QQI. Throughout the year the RANP worked closely with the RCSI, multi-disciplinary/agency teams and the national SATU service in supporting the six candidate Clinical Nurse Specialists (cCNSs) in achieving their degree. Five of the cCNSs successfully completed the PgDip in February 2026 (one outstanding candidate only, currently on maternity leave) and have commenced their new roles in the SATU service, Cork, Donegal, Galway, Mullingar and the Laurels Clinic, CHI Tallaght. In the summer of 2026, the remaining cCNS will take up her post in the Rotunda, Dublin. In addition to the PgDip (SAFE), the RANP supported the cCNSs in submitting an Abstract Poster for the RCSI 45th Annual Research Conference and were awarded a '*Special Acknowledgment*' for their excellent work.

Patient satisfaction / feedback

The Donegal SATU offers all patients the opportunity to provide anonymous feedback during their follow-up care. This enables patients to present valuable information about their experience with SATU, An Garda Síochána and the Rape Crisis Centre; collaboratively recognised as the Sexual Assault Response Team (SART). The feedback is subsequently used as part of training programmes with An Garda Siochána, SATU Staff and Rape Crisis Centre staff. The feedback provides a direct insight into what is working well and what requires further improvement in the achieving the highest standard of care and support for patients presenting to SATU and their engagement with partner agencies. Please find below a synopsis of some verbatim comments entered on the feedback comments

section:

> *"...Staff are amazing, comfording and friendly. The building itself is lovely and clean. Very helpful"* (18 – 24 year old).

> *" Everyone was very friendly and welcoming.."* (25-34 years).

> *"...I received a massive amount of support, so much so, that I would be sad never coming back. I was in such an awful position and I felt heard and seen and was so lucky to get the care at such a vulnerable point in my life. The Guards have been excellent giving updates and checkin in to see how I am doing and its refreshing to see that they actually care, contrasting to stereotypes about Guards. Im just so delighted that this care is put in place and so available. I'm just so delighted that this care is put in place and so available. I definitely won't forget the positive impact from my time here.* (14-17 years old).

> *"...The Support I received was both professional and friendly. Very helpful for appointment times and a very responsive centre. Thank you all for your support"* (35-44 years old)

Key Achievements:

Ms Marion Doogan was appointed as the Director of Midwifery in Letterkenny University Hospital in 2025, providing on-going governance and support to Donegal SATU.

Katarina Ergotic CNM2 was sponsored by Letterkenny University Hospital (LUH) to undertake the Postgraduate Diploma in Nursing (Sexual Assault Forensic Examination) commencing in February 2025. On successful completion Katarina will take up her position as a Clinical Nurse Specialist (Sexual Assault Forensic Examiner) in the Donegal SATU in 2026.

Ms Leah O'Regan (CNS FCE) successfully completed the postgraduate diploma in Advanced Practice nursing with the University of Galway. Leah is now registered with the NMBI as an Advanced Nurse Practitioner.

Ms Kellyann Moore is currently finalizing her 2nd year of the MSc in Nursing (Advanced Practice), following successful completion of her studies she will also be registered with the NMBI as an Advanced Nurse Practitioner.

Dr Dolores Vigil joined the team in 2025 as an additional Forensic Clinical Examiner; Dr Vigil will work one weekend per month in the Unit. The Donegal SATU also trained and inducted an additional SATU Support Staff member, Ms. Helen Patton, who completed the full induction programme. All SATU Support Staff have now completed the National SATU Induction Programme in addition to the local Induction Programme.

In 2025, the Donegal SATU Administrator successfully completed the migration of the National SATU database to the new HSE server. Also, two new workstations were installed in the main SATU office to enhance operational capacity. In addition, The Donegal SATU Administrator, facilitated training of the national SATU Administration team in Database Reporting, Troubleshooting and administrative duties on the national database. Furthermore, assistance was provided to the Galway SATU in developing risk assessments and management of the risk register.

Trauma Workshop with Dr Nicola O'Sullivan:

The Donegal SATU team organized a collaborative workshop specifically designed for the Donegal SART and members of Sligo An Garda Síochána to raise awareness of the impact of vicarious trauma, provide practical tools for resilience and self-care, and foster a shared understanding of the importance of team-based support in trauma-informed work. 32 professionals from a range of different backgrounds attended the workshop. The aim of the workshop was to support attendees in recognising the signs of vicarious trauma, build resilience and create self-awareness in developing strategies to support themselves and others in trauma-exposed roles. The positive feedback received following the workshop highlights the critical importance of addressing the psychological impact of trauma-exposed work for all members of the SART.

The Deaf Project:

In 2017, the Irish Sign Language (ISL) Act [2017] placed an obligation on the public sector to ensure accessibility through ISL interpretation. Recognising the absence of accessible information and acknowledging a Deaf person is more than twice as likely to experience domestic, sexual and gender-based violence (DSGBV), Connie McGilloway RANP initiated and led out on a national project in 2020, part-funded by the HSE Spark Innovation Programme. As the absence of ISL information creates barriers for a Deaf person reporting a crime, this project aims to improve access to the SATU service for the Deaf Community through ISL videos. The project was developed involving input from An Garda Siochána, the Rape Crisis Centre, the JUSTISIGNS 2 Project, Trinity College Dublin's Centre for Deaf

Studies and Interesource Group (Ireland) Limited as the creative lead.

The project faced many barriers and challenges at the planning stage which resulted in a delay in the implementation date of the project. This was due to a number of factors. The main barriers included, the Covid-19 Pandemic (2020-2023), a lack of available registered Interpreters and the necessity in developing a new glossary of terms related to DSGBV. To overcome some of these barriers, a research group of Deaf professionals/interpreter trainers/academics and Deaf Interpreters at Trinity College Dublin were tasked with establishing a set of key English terms used in DSGBV settings which had no agreed ISL equivalent. A pilot glossary of the ISL terms was circulated amongst a cohort of newly trained Deaf interpreters seeking consensus on newly created signs. Subsequently, re-filming of a DSGBV Glossary of ISL terms for use in interpreting and translation was reviewed, resulting in 81 new ISL terms and explanations.

Concurrently, scripts regarding the response to a person 14-years and over who had experienced sexual violence were prepared by the Donegal SATU service, the Donegal Division of An Garda Síochána and the Donegal Rape Crisis Centre. The script was then edited for translation by the translation team for the ISL videos for the SATU ISL Guide. While there are approximately 120 registered ISL interpreters in Ireland, only 10 of these felt competent about working in this specialised area. Demands on their many obligations, tasks and pressures occupying their schedule also put pressure on timelines.

In 2024, the ISL Videos were developed and filmed and in late 2024, some of these videos were reviewed to align with changes in the National SART Guidelines (2023). Text was modified to de-medicalise some wording as far as possible and clear explanations of the SATU functions in the absence of an ISL interpreter were clarified. There was a focus on creating clean imagery, high quality signing, presentations using a soft palette, paced delivery and structured translation in a bite-sized format.

In 2025, the draft SATU ISL Guide underwent changes to accommodate the colour scheme, ease of access and user-friendliness as well as making it easier to access in a multimedia format. The final draft of the Guide has undergone critical readership and was finalised in early January 2026. Links have been made with the HSE Comms and aligned to the current updates of the HSE/SATU website. The Guide will be included as an easy access link on the website. The guide has been developed with scope for easy updates and revisions in the future.

Remote Support from SATU Galway Medical Social Work Service

Donegal SATU was supported remotely by Ms. Auveen Greaney, Senior Medical Social Worker (MSW), based as a 0.5 W.T.E in the Sexual Assault Treatment Unit (SATU) Galway. Commencing at the end of July 2025, Auveen offered ½ day per week to the Donegal SATU in supporting patients, 18years and over. During this time, 12 patients were referred to the MSW service in Galway for holistic follow-up care and Auveen provided practical supports for patients in key areas including:

- Housing/Financial assistance
- Access to social welfare entitlements
- Information on region-specific services
- Access to General Practitioners (GPs)
- Access to child psychology services

The Donegal SATU Team recognise how the MSW service has played a critical role in delivering ongoing psycho-social, emotional, and practical support to the Donegal SATU patients. The MSW service has ensured patients had access to advocacy, referrals to relevant agencies, & additional community-based supports. With Auveen's support, Donegal, Sligo & Leitrim patients received coordinated, comprehensive support beyond their initial SATU attendance and this service has been very well received by patients.

Supporting the Patient Comfort Fund

Throughout 2025, the Donegal SATU team donated old clothes, shoes and bags to '*Cash for Clobber'*, an organisation that provides funds for community groups in exchange for textiles. All proceeds raised through Cash for Clobber were added to the Donegal SATU Patient Comfort Fund.

In addition, Donegal SATU gratefully received a generous donation of €1,600 from a separate fundraising event organised by the North West Golf Club. A Suggestion Box has been placed in the reception area for patients and their families to offer suggestions as to how best utilise the donation to improve care within the Unit.

Strengthening Social Support and Integration

In response to the increased attendance of migrant women accessing our service, the team developed a dedicated social support information folder to better meet their needs.

Donegal SATU also collaborated with the Social Inclusion team to contribute to a poster presentation at the IPAS Women's Information Day, titled *"My Care, My Voice: Service User-Led Integrated Care for IPA Women.*

Outreach Programme:

The Outreach programme in the Donegal SATU has gone from strength to strength with an additional outreach clinic established in Carrick-on-Shannon, Co Leitrim this year. This brings the total number of six Outreach clinics operating from Sligo, Leitrim, north Donegal, south Donegal and west Donegal. 95 patients were facilitated through the Outreach programme for health checks, follow-up care and cervical screening. SATU Support staff attended the Outreach clinics where necessary to support patients and act as chaperone as part of the SATU team. Patient feedback highlighted the importance of being able to attend the Donegal SATU for follow-up care in their locale:

> *"...Very beneficial living in Donegal Town and having the ability to be visited in Donegal Town."* (18 – 24-year-old)

> *"... Good that my aftercare was in Buncrana as closer to home than Letterkenny...."* (25 – 34-year-old)

Key Objectives for 2026

Recruitment

The objective is that there will be two Registered Advanced Nurse Practitioner (RANP) positions in the Donegal SATU by the end of 2026

A position for an additional CNS (Sexual Assault Forensic Examiner) continued to be vacant by the end of 2025. The objective is that a CNM2 is recruited with the commitment to participate in the next PgDip SAFE course leading to CNS. In addition, to a nurse/midwife being sponsored to participate in the FNE programme.

As part of the national SATU strategy, the Donegal SATU aim to have a permanent W.T.E. Medical Social Worker by the end of 2026.

Focus on retention and on-going training of SATU Support Staff and recruitment of interested GPs as part of the on-call service.

Infrastructure

Discussions will continue regarding the need for a Back-Up Generator for the SATU. The generator has been on the Hospital Risk Register throughout 2025 and continues to be an on-going concern.

National SATU Database

Connie Mc Gilloway (RANP) and Sharon Curran, Donegal SATU Administrator will continue to coordinate a national SATU Database Working Group aiming to consolidate, progress and further develop key metrics in line with the revision of the national Key Performance Indicators and National SART Guidelines.

Outreach and Education Projects

Continue engagement with partners in primary and secondary care and voluntary agencies in 2026 as part of a wider collaborative education and training programme.

Throughout 2026, the Donegal SATU team will continue to ensure the quality and safety standards in the care we provide align to the Health Information and Quality Authority National Standards for Safer Better Healthcare.

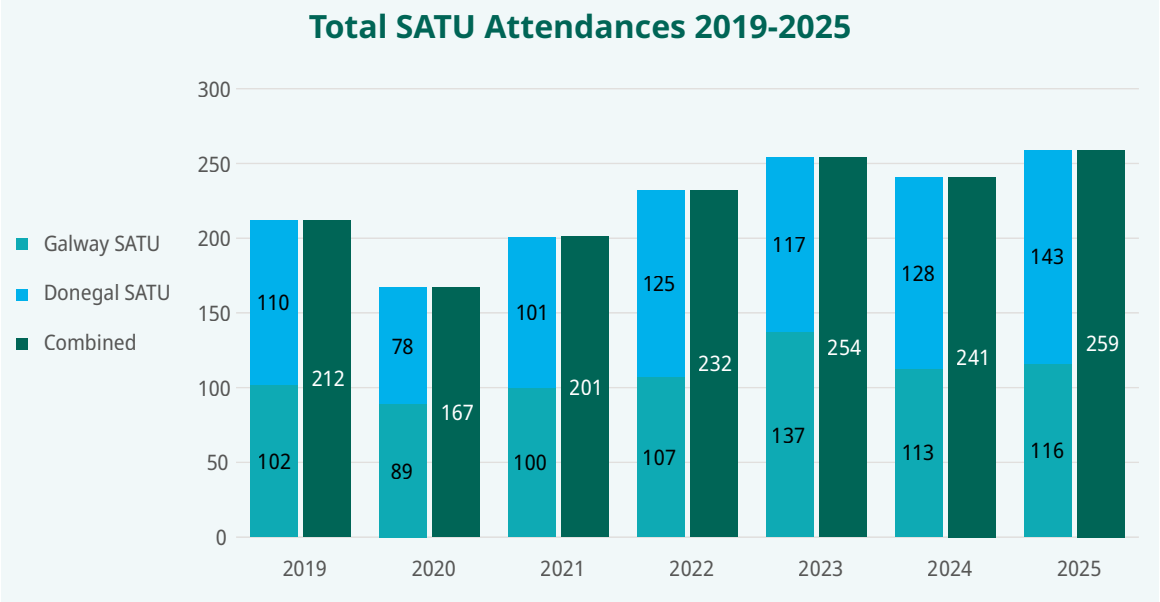
The highest risk factor for developing cervical cancer is not attending a cervical screening test. Recognising this as a significant difficulty for women that have experienced sexual violence, the Donegal SATU offers cervical screening to women who have no cervical screening history; are delayed in accessing cervical screening or do not wish to attend their GP due a history of sexual violence. This option of care is offered as part of their follow-up care. The programme is under the governance of Letterkenny University Hospital (LUH) Gynaecological service aligned to the National Cervical Screening Programme standards.

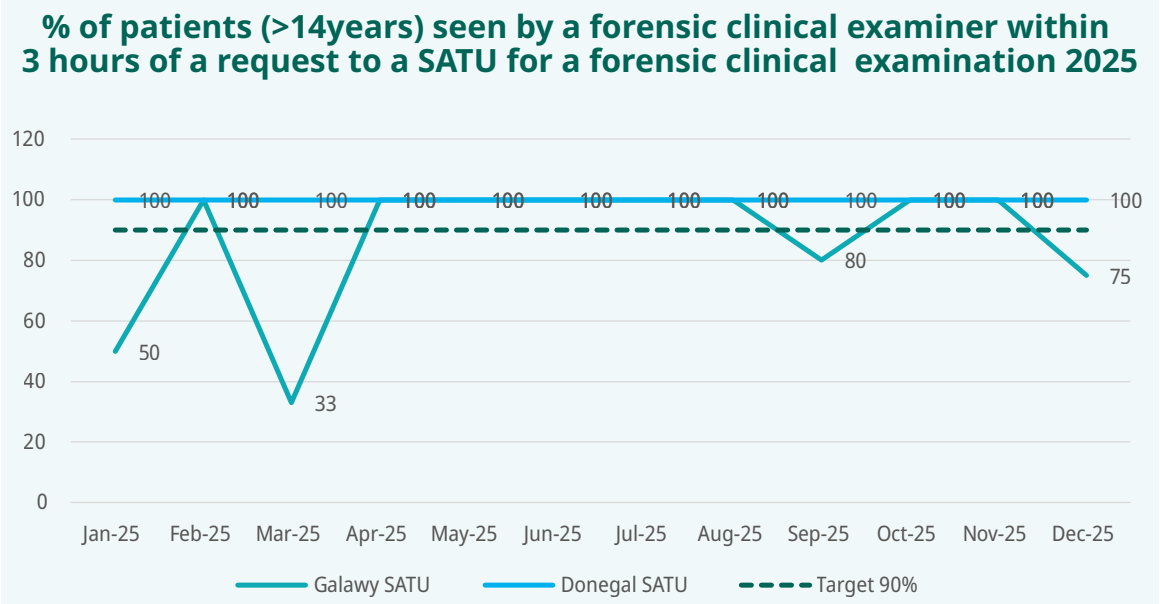
- 12 women ≥ 25 years to ≤ 65 years were offered a cervical screen at their follow-up appointment in 2024. Of these; 1 patient was for recall in 1-year, 4 patients were due for recall in 3 years and 7 patients were for recall in 5 years.

Audit/Research

- The Forensic Science Ireland Bi-annual environmental monitoring of the SATU was carried out in 2025. The Donegal SATU met all requirements of the scheduled audits.
- Registered Nurse Prescribing Audit was completed, meeting the requirements of the NMBI Practice Standards and Guidelines for Nurses and Midwives with Prescriptive Authority.
- The Cervical Screening Audit was completed, meeting the Quality Standards of the National Cervical Screening Programme.

- Documentation Audit To assess the quality of information being documented by Forensic Clinical Examiners in the Patients Chart (proforma) aligned to recommended SATU Key Performance Indicators (SART Guidelines, 2023) and clinical guidance on documentation (NMBI, 2025; Medical Council, 2024). Create strategies where improvement is required.







7

CHAPTER 7
QUALITY AND PATIENT SAFETY

7.1 Introduction

7.2 Incident Reporting

7.3 Pre-NIMT (Network Incident Management Team) & NIMT

7.4 Key Performance Indicator's (KPI's) 2025

7.1 Introduction

The Women & Children's Network of Care is committed to supporting a culture of quality and safety across all sites in the HSE West North West RHA. The reporting of incidents, near miss events, and analysis of service user feedback is the foundation of an effective patient safety and healthcare risk management system. Each site within the W&C Network of Care have their own local Quality & Safety meetings in place for the purposes of overviewing, reviewing and identifying trends, and implementing follow-up action plans. Incidents may be escalated for further review (Preliminary Assessment Review (PAR)) to the Pre-Network Incident Management Team (NIMT) meeting for further consideration, further education for staff, and review of policies and guidelines. Should further analysis, discussion, learning, or review be required the case is brought to the HSE West North West W&C NIMT meeting for consideration which takes place monthly and is chaired by the Clinical Director for Quality and Patient Safety. There is an indicative list, which is not exhaustive, of the type of incidents that should be escalated to NIMT.

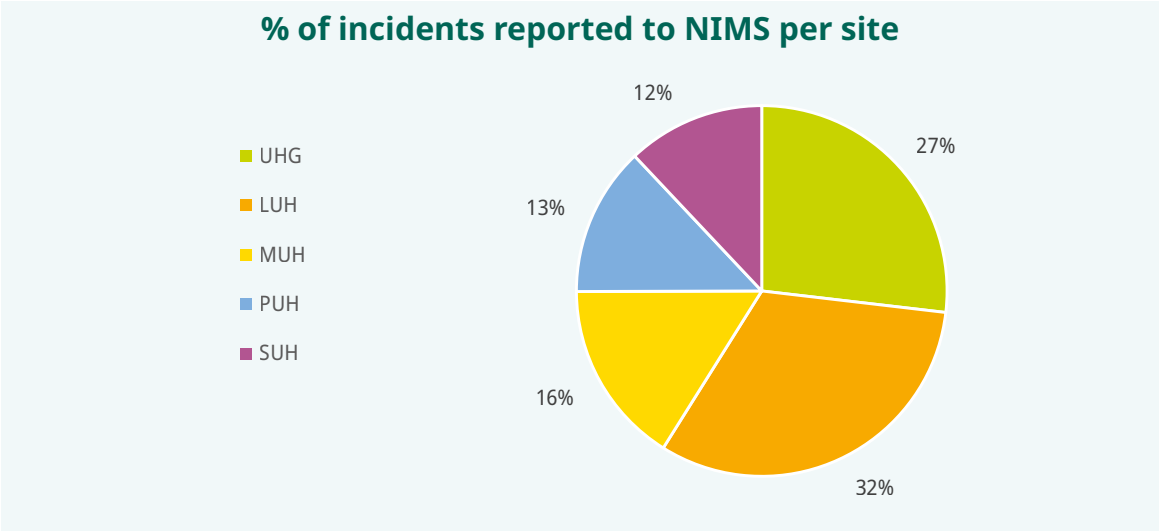
The National Incident Management System (NIMS) is the key platform for HSE and HSE-funded healthcare providers to report incidents. It is not only a legislative requirement under the National NTMA (Amendment) Act 2000 of potential claims, but reporting to NIMS provides an opportunity for learning locally and nationally by identifying trends and risks in the healthcare system.

Implementation of direct electronic Point of Occurrence Entry (ePOE) onto the National Incident Management System (NIMS) for both clinical and non-clinical incidents occurring in Portiuncula University Hospital and Letterkenny University Hospital was launched in 2022, in Sligo University Hospital in 2023, and in Mayo University Hospital and University Hospital Galway in January & February 2025.

Open Disclosure training continues to be rolled out on an ongoing basis on each site and is mandatory training for all HSE staff.

7.2 Incident reporting

A total of 4,947 incidents related to W&C activity were reported on NIMS in 2025



SITE	Incidents reported on NIMS 2025
UHG	1,326
LUH	1,579
MUH	826
PUH	631
SUH	585
TOTAL	4,947

Serious Reportable Events (SREs);

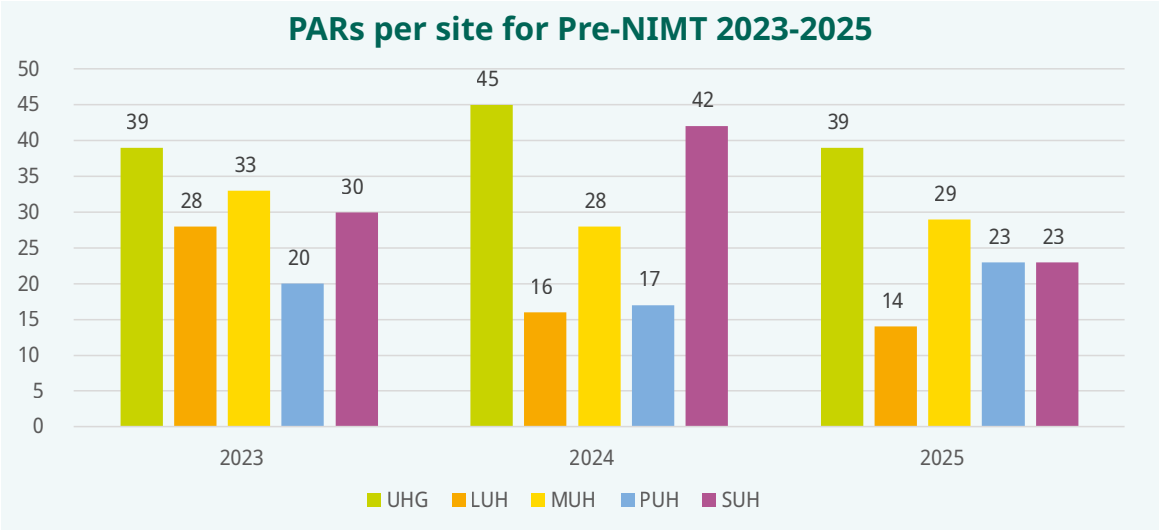
A total of 20 incidents were classified as SREs in 2025.

SITE	2025
UHG	6
LUH	5
MUH	3
PUH	3
SUH	3
TOTAL	20

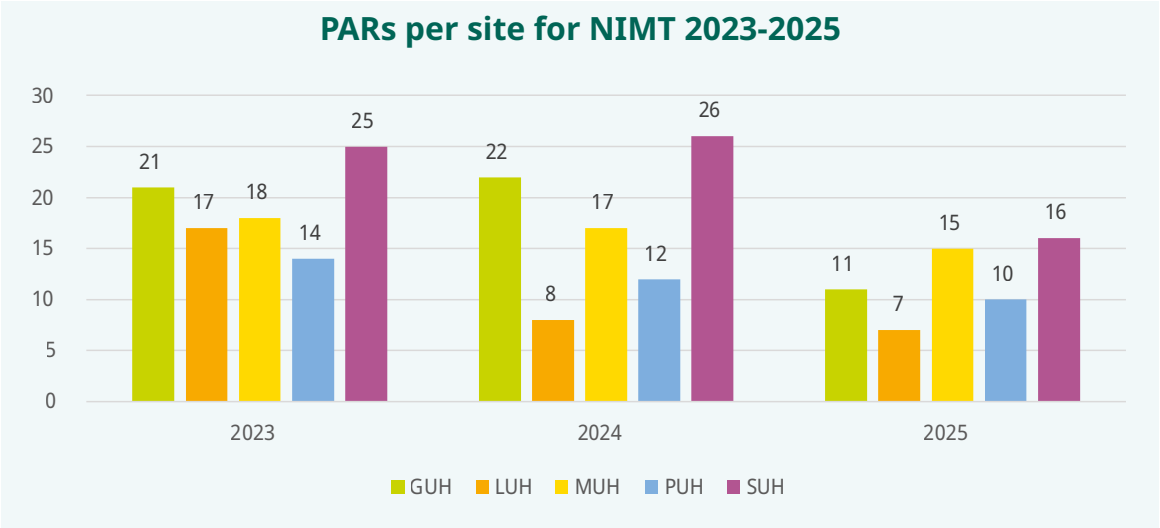
HSE West North West W&C Network continues to engage with the Obstetric Event Support Team (OEST) as appropriate. Ten (10) of the above SREs were babies that showed signs of neonatal hypoxic-ischaemic encephalopathy (HIE) and were referred for whole body therapeutic hypothermia (TH).

7.3 Pre-NIMT (Network Incident Management Team) & NIMT

Below are diagrams illustrating the number of Preliminary Assessment Reviews (PARs) that were discussed at W&C Pre-NIMT and the number that were escalated to W&C NIMT in 2025;



A total of 128 PARs were presented and discussed at W&C Pre-NIMT in 2025.

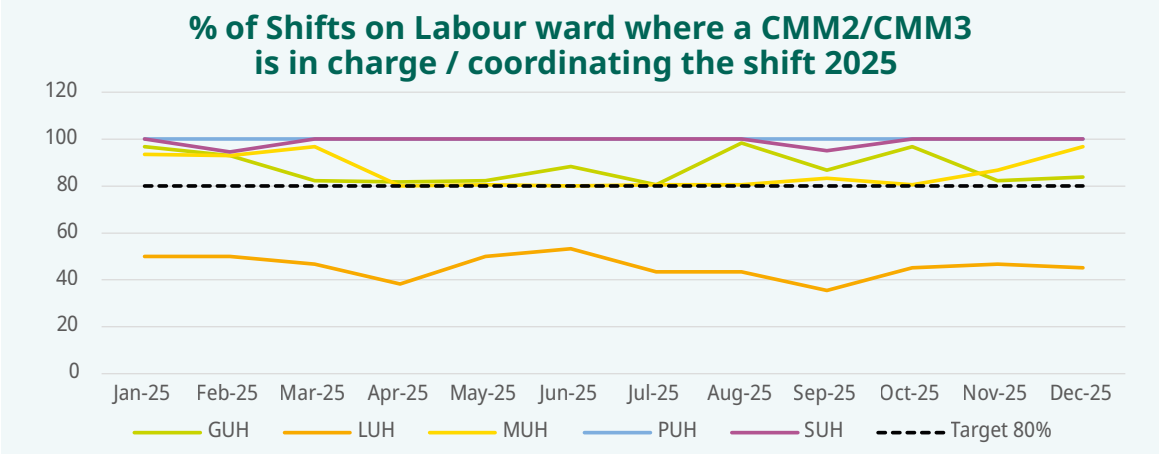


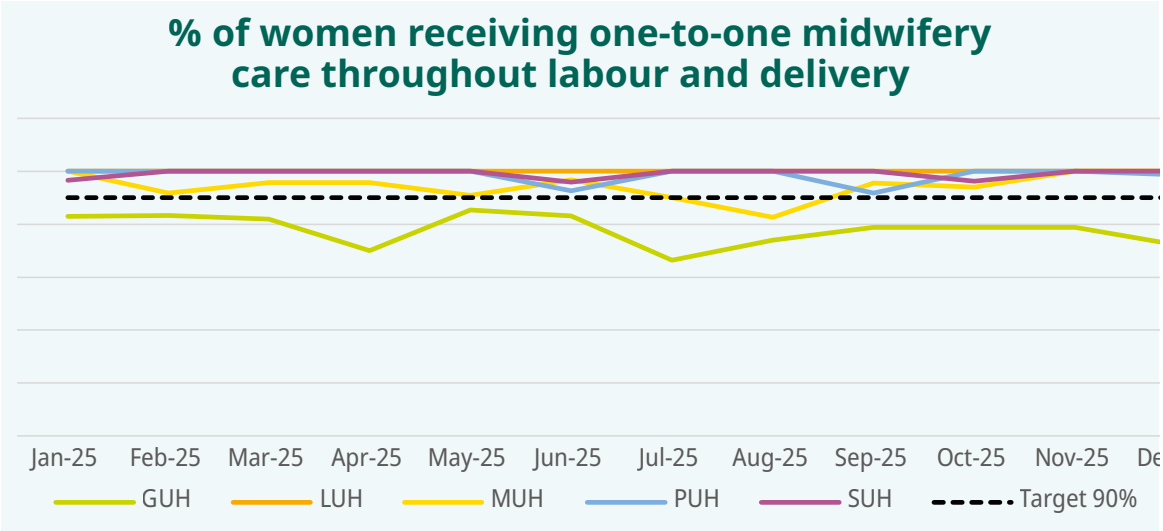
A total of 59 PARs were presented and discussed at W&C NIMT in 2025.

7.4 Key Performance Indicator's (KPI's) 2025

Quality and Patient Safety	% of serious incidents being notified within 24 hours of occurrence to the State Claims Agency.
	% of Serious Reportable Events which require review completed within 125 calendar days of incident occurrence.
Maternity	% of women receiving one-to-one midwifery care throughout labour and delivery.
	% of Shifts on Labour ward where a CMM2/CMM3 is in charge / coordinating the shift.
	% of Women receiving antenatal care via a supported model of midwifery care.
	% of Category 1 caesarean sections for fetal distress or maternal emergency in which the decision to delivery interval is within 30 minutes.
	% of Caesarean sections per total mothers delivered.
Gynaecology	% of ADULT women waiting > 9 months for inpatient and daycase treatment. National Target
	% of ADULT women waiting > 15 months for an outpatient appointment. National Target
	% of ADULT women waiting > 12 weeks for inpatient and daycase treatment. Slainte Care Target.
	% of ADULT women waiting > 10 weeks for an outpatient appointment. Slainte Care Target.
	All gynaecological oncology patients should have their surgery within 6 weeks of the clinician's decision to operate.
	% of High Grade Colposcopy patients seen within 4 weeks of referral.
	% of Low Grade Colposcopy patients seen within 8 weeks of referral.
	% of PMB Patients who are seen in OPD or Amb Gynae within 4 weeks (28 days) of referral
	% of PMB Patients who have histological confirmation within 12 weeks (84 days) of referral
Neonatology	% of babies arriving into NICU/SCBU with a temperature of <36.5 degrees celsius
	% uptake of RSV Vaccine.
Paediatrics	% of children with Type 1 DM receive insulin via CSII.
	% of children waiting > 15 months for an outpatient appointment in Paediatric Medicine. National Target
	% of children waiting > 15 months for an outpatient appointment in other specialities. National Target
	% of children waiting > 10 weeks for an outpatient appointment in other specialities. Slainte Care Target.
	% of children waiting > 10 weeks for an outpatient appointment in Paediatric Medicine. Slainte Care
	% of infants with risk factor for DDH and negative clinical exam have USS between 4 weeks +0 and 6 weeks +6 (adjusted for prematurity)
	% of Children meeting a target HBAIC of <7.5%
	% of Paediatric Admissions from ED attendances
SATU	% of patients (>14years) seen by a forensic clinical examiner within 3 hours of a request to a SATU for a forensic clinical examination.
Mandatory Training	% Consultant Obstetricians with up to date mandatory PROMPT, CTG and CPR Training completed.
	% NCHDs in Obstetrics with up to date mandatory PROMPT , CTG and CPR Training completed.
	% Midwives with up to date mandatory NRP, PROMPT, CTG and CPR Training completed.
	% Consultant Neonatologists/Paediatricians with up to date mandatory NRP, PEWS and SEPSIS training completed.
	% NCHDs in Neonatology/Paediatrics with up to date mandatory NRP, PEWS and SEPSIS training completed.
	% Neonatal Nurses with up to date mandatory NRP, PEWS and SEPSIS training completed.
	% Nurses on paediatric unit with up to date mandatory SEPSIS and PEWS training completed.

Maternity KPI's





Gynaecology KPI's

2025	% of High Grade Colposcopy patients seen within 4 weeks of referral 2025 National Target 90%	% of Low Grade Colposcopy patients seen within 8 weeks of referral 2025 National Target 90%
GUH	97.3%	95.0%
LUH	100.0%	94.6%
MUH	100.0%	100.0%
SUH	97.7%	95.5%
Region	**97.8%**	**95.7%**

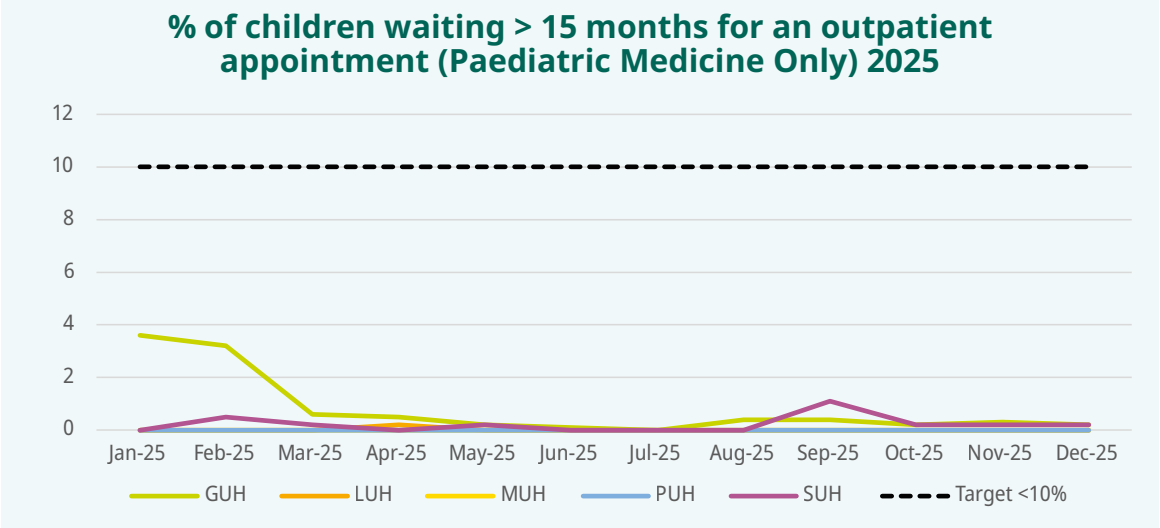
% New PMB referrals reported who were seen within 28 days of referrals

Site	2024 Performance	2025 Performance	Target
UHG	95.3%	78.9%	100.0%
LUH	83.6%	85.9%	100.0%
MUH	98.9%	99.3%	100.0%
PUH	72.3%	90.0%	100.0%
SUH	87.5%	91.1%	100.0%
Region	**87.5%**	**89.0%**	**100.0%**

% of New PMB referrals reported who have been appropriately managed within 12 weeks

Site	2024 Performance	2025 Performance	Target
UHG	99.1%	98.8%	100.0%
LUH	94.8%	100.0%	100.0%
MUH	97.6%	97.3%	100.0%
PUH	94.1%	99.7%	100.0%
SUH	91.5%	92.9%	100.0%
Region	**95.4%**	**97.7%**	**100.0%**

Paediatric KPI's



Paediatric ED Admission Rate 2025 per Site

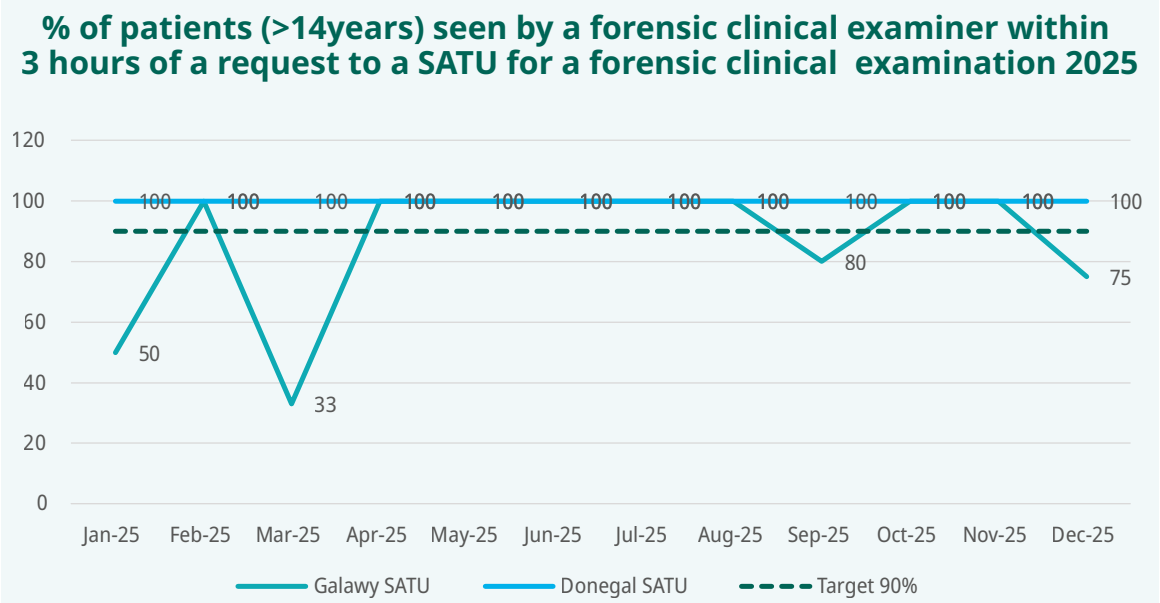
Site	% Admitted Under Paediatric Medicine	% Admitted Under All Specialities	Network Target for Paediatric Admissions
GUH	10.1%	16.4%	<15%
LUH	20.8%	25.4%	<15%
MUH	11.7%	14.9%	<15%
PUH	19.4%	21.9%	<15%
SUH	10.2%	14.8%	<15%
Region	**14.0%**	**18.6%**	**<15%**

Neonatology KPI's

RSV Vaccine % Uptake

Site	Aug 2024-Feb 2025	Aug 2025-Feb 2026
GUH	83.7%	82.9%
LUH	84.1%	79.3%
MUH	79.0%	84.0%
PUH	91.6%	97.5%
SUH	85.3%	85.9%
Region	**84.7%**	**85.9%**

SATU KPI's


% of patients (>14years) seen by a forensic clinical examiner within 3 hours of a request to a SATU for a forensic clinical examination 2025
120
100
80
60
40
20
0
100
100
100
100
100
100
100
100
100
100
100
100
50
33
80
75
Jan-25
Feb-25
Mar-25
Apr-25
May-25
Jun-25
Jul-25
Aug-25
Sep-25
Oct-25
Nov-25
Dec-25
Galawy SATU
Donegal SATU
Target 90%



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CHAPTER 8
CONTRIBUTORS

Contributors

Women's & Children's Network of Care

Professor John Morrison
Director of Network

Dr Hilary Stokes
Clinical Director, Paediatrics & Neonatology

Helen Murphy
General Manager

Siobhan Canny
Director of Midwifery

Siobhán Horkan
Director of Nursing, Paediatrics

Ailish Mohan
Business Manager

Eimear Burke
Quality & Safety Manager

Caoimhe Brennan
Quality & Safety Coordinator

Kathleen McGrath
Data Analyst

Niamh NiGhlaisne
Mgt/Admin

Dr Julie Higgins
ADOM Supported Care Pathway/DMO Homebirth Services

Priscilla Neilan
CMM3 Quality Improvement Project Manager

Galway University Hospital

Dr Tom O'Gorman
Consultant Obstetrician, GUH & PUH

Dr Dave Cosgrave
Consultant Anesthesiologist

Dr G. Gaffney
Consultant Obstetrician & Gynaecologist

Dr Mark Dempsey
Consultant Obstetrician & Gynaecologist

Dr Gillian Ryan
Consultant Obstetrician & Gynaecologist, certified subspecialist in Maternal and Fetal medicine (RCOG)

Dr Christine Newman
Endocrinologist

Dr Damian Griffin
Consultant Chemical Pathologist

Dr Susmita Sarma
Consultant Gynaecologist

Dr Michael O'Leary
Consultant Gynaecologist

Dr Katherine Astbury
Consultant Gynaecologist

Dr Laura Alto
Consultant Histopathologist Perinatal Pathology

Dr Johannes Letshwiti
Consultant Neonatologist (Lead)

Dr Donagh O'Donovan
Consultant Neonatologist

Dr Ethel Ryan
Consultant Neonatologist

Dr Katharine McEvoy
Consultant Psychiatrist

Dr Yoland Roman
Locum Consultant Psychiatrist

Dr Aisling Lyons
Consultant Paediatrician

Dr Edina Moylett
Consultant Paediatrician

Dr Hazel Moore
Senior Clinical Psychologist

Dr Mary Herzig
Consultant Paediatrician

Dr Niamh McGrath
Consultant Paediatrician

Dr Tinta Deasy
Consultant Paediatrician

Prof N Allen
Consultant Paediatrician

Dr Elaine Keavey
Senior Psychologist

Ms Aishling Hogan
Consultant Colorectal Surgeon

Annemarie Grealish
Director of Midwifery

Louise Fitzpatrick
Assistant Director Of Midwifery

Clare Greaney
Clinical Midwife Manager II, IT and Data Management

Karen Leonard
Assistant Director of Nursing Paediatrics

Catherine Duggan
Business Manager

Jennifer Duggan
Advance Midwife Practitioner

Joanne Higgins
CNS Gynae Oncology

Ciara NicGiollaChomaill
CNS Gynae Oncology

Natalie McGreal
Oncology Day Ward

Geraldine Adair
Clinical Nurse Specialist Urogynaecology

Claire Cellarius
Lactation Midwife

Siobhan O'Connor
Perinatal Health Midwife

Cathy McBrearthy
Nurse Specialist in Mental Health

Sinead Crowe
Nurse Specialist in Mental Health

Runagh Burke
RANP Ambulatory Gynaecology

Marguerite Burke
Nurse Colposcopist

Assumpta Casserly
RANP Colposcopy

Irene Glynn
Clinical Nurse Manager 2

Aine Binchy
RANP

Jean James
RANP

Marian Madden
RANP Paediatric ED

Nancy McCormack
CNC LL

Olivia McIntyre
CMN2 Allergy

Orlea Ryan Fox
CNS Paediatric CF

Yvonne Hynes
CNM2 Neurology

Amanda Peoples
CANP Dermatology

Susan Massey
CNS Respiratory

Eimear Ryan
CNM2 Cardiology

Helen Burke
RANP Diabetes

Tracey Torpey
Paediatric Clinical Skills Facilitator

Lorraine McDermott
CMM2 Diabetes/Gestational

Catherine O'Sullivan
A/Physiotherapist Manager-in-Charge III

Debbie Fallows
Clinical Specialist Physiotherapist in Ambulatory Gynaecology

Rachel Clarke
Physiotherapist

Aisling Cunningham
Clinical Specialist Physiotherapist

Hazel Fleming
Senior Physiotherapist Paediatrics

Deirdre Finnegan
Senior Clinical Psychologist

Donal Gill
Principal Social Worker

Jenny Wren
Principal Social Worker

Triona O Toole
Senior Social Worker

Elizabeth Cleary
Senior Social Worker

Alexandra Breslin
Senior Social Worker

June Barrett
Senior Dietitian

Aoife Fitzgerald
Clinical Specialist Dietitian

Lisa Porter
Play Specialist

Raicheal Murphy
Senior Occupational Therapist

Shelia Moran
Senior Paediatric and Neonatal Pharmacist

Angela Rabbit
Team Administrator in Perinatal Mental Health

Letterkenny University Hospital

Dr Matt McKernan
Consultant Obstetrician

Dr Elamainde
Consultant Obstetrician

Dr Michael Ronayne
Consultant Anaesthetist

Evelyn Smith
Director of Midwifery

Marion Doogan
Assistant Director of Midwifery

Mary Lynch
CMM3

Alison Johnston
CNM IT and Data Management

Billie Ni Riada
CNM IT and Data Management

Caroline Mailey
Business Manager

Neassa Harvey
Business Manager

Catherine Dinan
Midwife

Geraldine Gallagher
Fetal Assessment

Pauline Ferry
cAMP diabetes

Geraldine Hanley
Perinatal Mental Health

Lorna Sweeney
Maternity Bereavement & Loss

Meghan McGettigan
CMM Supportive Model of Care

Amanda McGratten
cAMP Supportive Model of Care

Danielle Begley
Antenatal Education

Yvonne McCauley
CNM2 Diabetes, Maternity Services

Louise Gallagher
CMM

Lorna Sweeney
Maternity Bereavement and Loss

Kate Finnamore
CMM2 Lactation support

Amanda Scott
Clinical Nurse Manager 2

Linda Cannard Staff
Nurse Gynaecology Unit

Shelley Gillespie
cANP Nurse Hysteroscopist-Ambulatory Gynaecology

Charlene Bogan
cANP Women's Health - Accredited Nurse Colposcopist

Avril McCloskey
Registered Advanced Nurse Practitioner, Paediatric Diabetes

Niamh Bruton
Registered Advanced Nurse Practitioner in Paediatric Respiratory Care

Ann Browne
Advanced Nurse Practitioner in General Acute Paediatric Medicine

Mary Murray
Paediatric Clinical Link Nurse Specialist

Lorraine McClafferty
ICU Audit Coordinator

Rosemarie McCarry
Clinical Nurse Specialist Paediatric Diabetes

Tricia Lafferty
Interim Director CNME Donegal

Hannah Sweeney
Clerical Officer CNME Donegal

Helen McDaid
Clinical Nurse Coordinator for Children with Life Limiting Conditions

Dara Dunne
Clinical Specialist Physiotherapist in Pelvic Health and Continence

Patricia Blaney
Medical Social Worker

Sharon Patton
Dietitian Manager

Patricia Robinson
Medical Social Worker

Leonard Molloy
IT Manager

Sinead McLaughlin
HIPE Manager

Mayo University Hospital

Dr Anca Trulea
Consultant Obstetrician & Gynaecologist

Dr Kamal Elmahi
Consultant Obstetrician & Gynaecologist

Dr Hilary Ikele
Consultant Obstetrician & Gynaecologist

Dr Tarig Awadalla
Consultant Obstetrician & Gynaecologist

Dr Ulrich Bartels
Consultant Obstetrician & Gynaecologist

Dr Martina Melvin
Consultant Anaesthetist

Dr Ciara Canavan
Consultant Anaesthetist

Louise O'Malley
Director of Midwifery

Irene Mc Nicholas
ADOM

Kathryn Henry
CMM 2 Quality, Patient Safety & Audit

Jacinta Byrne
CNM Quality and Patient Safety

Catherine Sheridan
CNM3 Paediatrics

Aoife Gibbons
Clinical Skills Facilitator Paediatrics

Maria Hobson
CNS Paediatric Diabetes

Martina Kenny
CNC Children with Life Limiting Conditions

Joan Falsey
CNM 2 SCBU

Sinead McHale
CNM 1 SCBU

Siobhan Ryan
Sonographer

Nicole Redmond
Staff Officer, Colposcopy & Amb Gynae

Sophie Flynn
Staff Nurse / Colposcopy Trainee

Nicola Murphy
cAMP

Rachael Martens
Physiotherapist

Siobhan Gallagher
Business Manager W & C

Mary Sammon
CMM 2 Lactation Consultant

Áine McGrillen
CMM 2 Perinatal Mental Health Midwife

Rhona Sweeney
Bereavement Support Midwife

Marcella Gavin AMP
Supported Model of Care

Jennifer Moynihan
CMM 2 Antenatal Education

Sophie Flynn
CMM2

Elaine Finnegan
CNM2

Sally King
CMM2, Antenatal Education

Mairead Loftus
Specialist Coordinator, Centre of Nurse and Midwifery Education

Lisa Conlon
Physiotherapy Manager in Charge III

Erica Bajar
Physiotherapist

Rachael Martens
Senior Physiotherapist

Eibhlín Walsh
Dietetics Manager

Catherine Walsh
Principle Social Worker

Eimear Gleeson
Senior Medical Social Worker

Elaine Duffy
Senior Medical Social Worker

Ann Doherty
Pregnancy Support Counsellor

Kate Plavenieks
Business Manager

Bernadette Garvey
HIPE Manager

Sharon Wade
Scheduled Care Manager

Portiuncula University Hospital

Dr Naveed Khawaja
Consultant Obstetrician & Gynaecologist

Dr Alan Ochana
Consultant Anaesthesist

Dr. Paula Cahill
Consultant Paediatrician

Dr. Paraic Curran
Consultant Paediatrician

Dr. Regina Cooke
Consultant Paediatrician

Dr. Muhammad Shahid
Consultant Paediatrician

Dr. Frances Neenan
Consultant Paediatrician

Dr. Atif Elmahi
Consultant Paediatrician

Dr. Muhammad Islam
Consultant Paediatrician

Dr Nusrat Ali
Consultant Paediatrician

Eileen Kelly
General Manager

Deirdre Naughton
Director of Midwifery

Annemarie Culkin
Assistant Director of Midwifery

Sheila Melvin
CNMII IT Management, PUH

Diane Fitzgerald
CMM2 IT and Data

Sighle Burke
Lactation

Leanne Norton
Bereavement Support

Rebecca Colohan
CMM2 Supported Care

Sinead Kellegher
Ultrasound

Regina McKiernan
Midwife (EPU)

Aisling Dixon
AMP Supported Care

Theresa Hunt
CMM 2

Niamh Lyons
Staff Nurse

Carly Smith
ADON Paediatric

Gene Nevin
CNM3 Paediatric Services

Ann Marie Furlong
CNM2 St Therese Ward

Róisin Meleady
RANP Paediatric Diabetes

Marie Finn
Social Work Department

Eilish Barrett
Senior Paediatric Dietitian

Aoife McInerney
Advanced Specialist Pharmacist

Paula Naughton
Physiotherapist

Siobhan Kiernan
RANP General Paediatrics

Róisín O Hanlon
Physiotherapy Manager

Dr Farah Nurdin
Paediatric Registrar

Kathy McGann
CNF Paediatrics

Caroline Cunniffe
Quality and Patient Safety Department

Caroline Griffin
Staff Officer

Hilda Dolan
HIPE Manager,

Fiona Duffy
FOI

Sligo University Hospital

Dr Ravi Garrib
Consultant Obstetrician

Dr Siobhan Bacon
Consultant Endocrinologist

Dr V Sharma
Consultant Obstetrician

Dr Seamus Crowley
Consultant Anaesthetist

Dr E Gethins
Consultant Psychiatrist

Dr Sinead Glackin
S.I. paediatric endocrinology

Dr Dara Gallagher
Consultant Paediatrician (Community Child Health)

Dr Elena Nechita
Consultant Paediatrician

Juliana Henry
Director of Midwifery, SUH

Niamh McGarvey
QPS Manager

Geraldine O'Brien
CNM2 Quality Assurance, SUH

Colette Kivlehan
Business Manager

Shelia Mulderrig
Clinical Midwife Specialist,

Lean Kieran
Community CMM2

Lynn Cunningham
CNM2 Lactation Consultant

Mairead Beirne
CMM2 Perinatal Mental Health

Julie Fox
CMM2 Bereavement Midwife

Lisa Foley
CMM2 Supported Care Midwife

Roisin Lennon
RAMP Registered Advanced Midwife Practitioner

Marla Kennedy
CMM2 Antenatal Education

Marian Sweeney
Senior Medical Social Worker

Sheila Kiely
Physiotherapy Manager in Charge III

Jennifer Curley
Clinical Nurse Manager/ Trainee Nurse Colposcopist

Loretto Devlin
CNM2

Amanda Kilcullen
Dietician Paediatric Diabetes Service

Bernie Biesty
Assistant Director of Nursing Paediatrics

Claire Maye
RANP Paediatric Diabetes (Children and Young Adult Transitioning)

Pauline Wallace
CNM2 Paediatric Diabetes

Annette Bruce
CNS Paediatric Respiratory

Caroline Commins
CNM2 Paediatric Neuro Disability

Caroline McGarry
Clinical Nurse Coordinator for children with Life Limiting Conditions

Clare o Sullivan
RANP General Paediatrics (Integrated)

Karl Milne
ICU Clinical Audit/CIS CNM, SUH

Vikki Sheerin
Specialist Coordinator, CNME

Joanne Kilfeather
Senior Physiotherapist

Rachel Wirtz
Clinical Specialist Paediatric and Neonatal Physiotherapist

Marian Sweeney
Team Lead Social Worker

Annette Lalor
Dietitian Manager

Barbara Brehony & Regina Gallagher & team in Information Management Department

Marguerite Mullen
HIPE Manager

CASATS & SATU

Dr Joanne Nelson
Clinical Director, CASAT

Dr. Andrea Holmes
Clinical Director SATU

Dr Irina Ciocoiu
Consultant Paediatrician and Forensic Examiner

Caitríona Freeney
CNS SAFE

Catherine Conroy
CNS SAFE

Mary Mahony
ANP

Maeve Geraghty
Senior Administrator

Cathy Bergin
CNM2

On-call Support Nurses

Pamela Bartley

Mags Bourke

Eileen Coen

Lorraine Courtney

Caroline Farrell

Orela Ryan Fox

Deirdre Gallagher

Fiona Gilmore

Monica Gudza

Teresa Hynes

Mary Rooney Hynes

Raj Karamala

Ann Marie Mc Garry

Kathy O'Loughlin

Yvonne O'Donovan

Jincy Scaria

Heather Stanley

On-Call Forensic Examiners

Dr Lia Kyranoudi

Dr Claire Harrison

Dr Neasa Conneally

Mary Mahony

Cathy Shortt

Susan Hogan

Donegal SATU

Dr. Matthew Mc Kernan
Clinical Director

Connie Mc Gilloway
RANP/Forensic Clinical Examiner/Unit Manager

Kellyann Moore
CNS/Forensic Clinical Examiner

Leah O'Regan
CNS/Forensic Clinical Examiner

Sharon Curran
Administrator

On Call Forensic Examiners

Dr. Mairead Brogan

Lisa Crossan

Brídín Bell

On Call SATU Support Staff

Deirdre Rooney
RGN

Billie Ní Riada
RM

Michelle Burns
RGN

Sinead McLean
HCA

Aoife Price
HCA

Donna Black
HCA

Victoria Stewart
HCA

Erin Gallagher
HCA

Carol Stewart
HCA

Marjorie Mc Hugh
HCA

Roscommon University Hospital

Marie Doorly
General Manager

Paul O'Dowd
IPMS

Anne Smyth
ADON



FSS – an tlarthar
agus an tlarthuaisceart
HSE West and North West