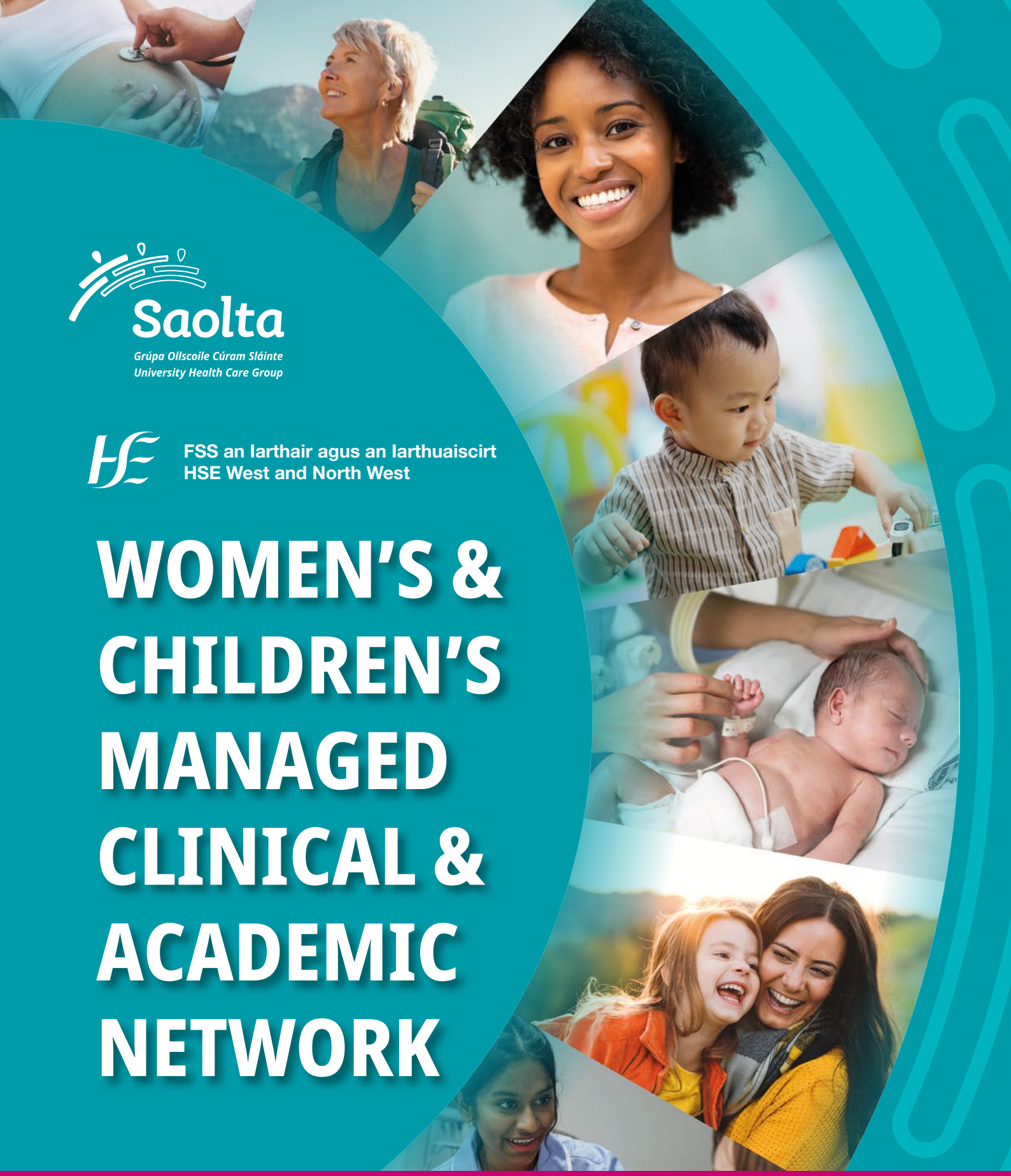

Saolta
Grúpa Ollscoile Cúram Sláinte
University Health Care Group

FSS an Iarthair agus an Iarthuaiscirt
HSE West and North West

WOMEN'S & CHILDREN'S MANAGED CLINICAL & ACADEMIC NETWORK

ANNUAL CLINICAL REPORT **2024**

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

Saolta

Grúpa Ollscoile Cúram Sláinte
University Health Care Group

FSS an larthair agus an larthuaiscirt
HSE West and North West

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

CONTENTS

Foreword

This Annual Clinical Report describes the clinical activities of the Women's and Children's Network of the West / North West Regional Health Area (RHA) for the year 2024. In terms of clarity, and terminology, there was a change in regional HSE structures that was implemented on 1st October 2024. For the period January to September 2024 the governance structure was the Women's and Children's Managed Clinical and Academic Network (MCAN), of the Saolta Hospital Healthcare Group, and for the period October – December of this report the RHA structure was in place. In any case, for the purposes of this 2024 Annual Clinical Report, the terminology of the two governance structures will be used interchangeably.

In terms of content, this report outlines the clinical and allied activities of the specialties of Maternity, Gynaecology, Paediatrics, Neonatology, Sexual Assault Treatment Unit (SATU) and Child and Adolescent Sexual Assault Treatment Service (CASATS). The report includes input from the multidisciplinary team who work hard to ensure the safety and efficiency of our services on a daily basis. It is challenging, to say the least, to produce an annual report that adequately describes a range of services in 5 hospital sites covering a large geographical region. In the future we will also works toward inclusion of relevant outputs from community services relevant to the healthcare of women and children.

The total number of infants delivered in 2024 was 8,032, which was marginally less than 2023 (8,152). This finding is somewhat consistent with the national trend of falling birth rates. A large number of maternity statistics are provided for each of the 5 hospitals alongside the overall RHA statistics. This is followed by the section on Neonatology. This service is provided by 4 Level 1 Neonatal Units in LUH, MUH, PUH and SUH, and one Level 2 Regional Unit in GUH.

The Gynaecology section includes a detailed presentation of the operative procedures performed and the various sub-specialty areas. On a word of caution there are some differences in the exact coding mechanism, and the data sources used, for the procedures reported on each site. For this reason, for some procedures, it is not possible to make exact comparisons. There are challenges with operating theatre access on a number of sites which is currently being addressed.

Five paediatric units, including one regional and four local, provide acute and specialist paediatric services to 160,000 children aged <16 years across our region. An additional number of children aged 16 to 18 years remain in paediatric services until aged 18 years, particularly those with chronic illness such as diabetes or complex needs.

Recent years have seen an increasing demand on hospital services, both from an outpatient and emergency care viewpoint. Despite the increase in demand for outpatient services, 2024 has seen an increase in activity and steady reduction in waiting times for patients, demonstrating the strong commitment of all staff to improve access to care.

Through hard work by dedicated staff working together across the region, there has been significant development in the regional paediatric networks of care for paediatric diabetes and cardiology in 2024. The anticipated opening of the new national children's hospital has been a catalyst for strengthening the relationship between our regional units and Children's Health Ireland. The first regional paediatric QPS symposium held in Galway in 2024 is a demonstration of the commitment of staff to the delivery of high-quality safe care.

'The Vision for Children for the Health & Wellbeing of Children and Young People in Ireland' document published in November 2024, describes how we should approach healthcare needs of Children and Young People in the future, using a population based management approach with integration of services delivered as close to home as possible.

A large number of people have contributed to the information provided in this report and for that I am grateful. A list of all the contributors is provided at the end of the report.

Professor John J Morrison
Clinical Director Womens and Childrens Network
West/North West Regional Health Area

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CHAPTER 1

Overview

1.1 Service overview

The Women's and Children's (W&C) Managed Clinical and Academic Network (MCAN) is a group-wide clinical management structure under which women's and children's services are managed and organised across the Saolta University Health Care Group.

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

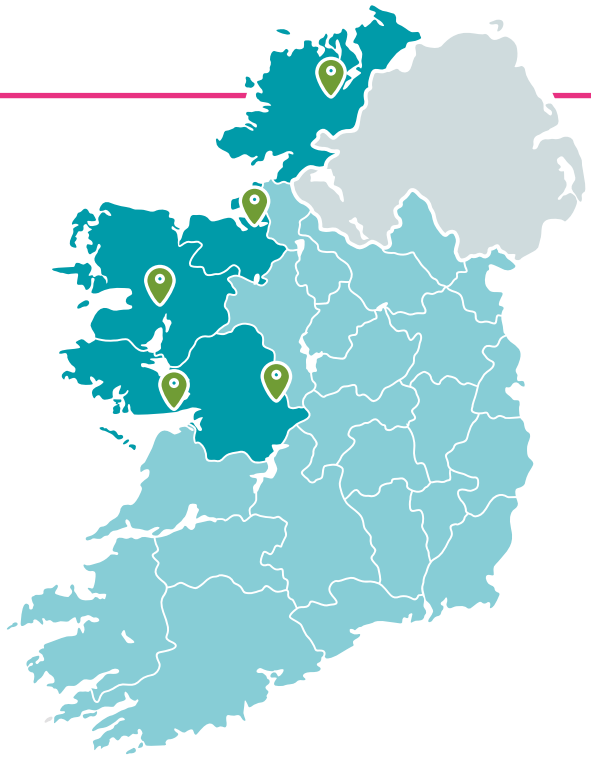
- Galway University Hospitals
- Letterkenny University Hospital
- Mayo University Hospital
- Portiuncula University Hospital
- Sligo University Hospital

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 Managed Clinical & Academic Network within the Saolta University Health Care Group.

Saolta 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 2024 At a Glance



Women and Children's MCAN Group:

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

Mothers who gave birth
7,909

Babies Delivered
8,023

Neonatal Admissions
1547

Paeds ED Attendances
55,118

Paeds OPD Attendances (Including RUH)
67,149

% Paeds attendance of overall ED attendance
21.4%

Paeds Day Service Attendances
8,953

Inpatient Admissions
15,248

Gynae Surgical Procedures
7,730

Gynae Inpatient Admissions
3,499

Gynae Cancer Surgeries
136

Gynae Day Case Admissions
9,733

satu Sexual Assault Treatment Units

SATU Attendances
241

CASATs Attendances
96

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	2022	2023	2024
Mothers Who Delivered	2,595	2,562	2,582
Babies Delivered	2,634	2,607	2,630
Neonatal Admissions	354	424	447
Gynae Cancer Surgeries	147	162	136
Gynae procedures	1,100	1,774	1,751
Total Caesarean Sections	1,018	1033	1,095
Paeds ED Attendances	16,953	16,444	16,526
Paeds Inpatient Admissions	3,787	2,578	4,439
Paeds OPD Attendances	22,888	25,080	26,516
Paeds Day Service Attendances	6,226	6,006	2,416
SATU Attendances	107	137	113

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	2022	2023	2024
Mothers Who Delivered	1,469	1,576	1,447
Babies Delivered	1,495	1,557	1,469
Neonatal Admissions	266	337	298
Gynae procedures	2,543	2974	1,846
Total Caesarean Sections	601	646	615
Paeds ED Attendances	8,825	10,670	11,577
Paeds Inpatient Admissions	5,646	4,817	3,693
Paeds OPD Attendances	8,454	8,981	10,151
Paeds Day Service Attendances	285	478	2,037
SATU Attendances	125	117	128

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	2022	2023	2024
Mothers Who Delivered	1,351	1,368	1,376
Babies Delivered	1,375	1,345	1,387
Neonatal Admissions	281	224	305
Gynae procedures	1,743	1,796	1,025
Total Caesarean Sections	545	575	573
Paeds ED Attendances	8,676	8,869	9,892
Paeds Inpatient Admissions	5,295	2,378	2,581
Paeds OPD Attendances	7,573	8,891	9,940
Paeds Day Service Attendances	1,402	1,172	1,208

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	2022	2023	2024
Mothers Who Delivered	1,312	1,368	1,288
Babies Delivered	1,327	1,354	1,308
Neonatal Admissions	161	224	250
Gynae procedures	1,246	2,061	1,891
Total Caesarean Sections	534	572	562
Paeds ED Attendances	8,691	8,212	8,564
Paeds Inpatient Admissions	1,938	2,237	2,274
Paeds OPD Attendances	5,289	6,473	6,387
Paeds Day Service Attendances	1,353	1,876	2,185

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	2022	2023	2024
Mothers Who Delivered	1,227	1,211	1,216
Babies Delivered	1,240	1,198	1,229
Neonatal Admissions	239	222	247
Gynae procedures	1,203	1,522	1,217
Total Caesarean Sections	527	499	506
Paeds ED Attendances	8,073	8,217	8,559
Paeds Inpatient Admissions	2,011	2,113	2,261
Paeds OPD Attendances	10,078	11,745	13,873
Paeds Day Service Attendances	1,433	1,094	1,107

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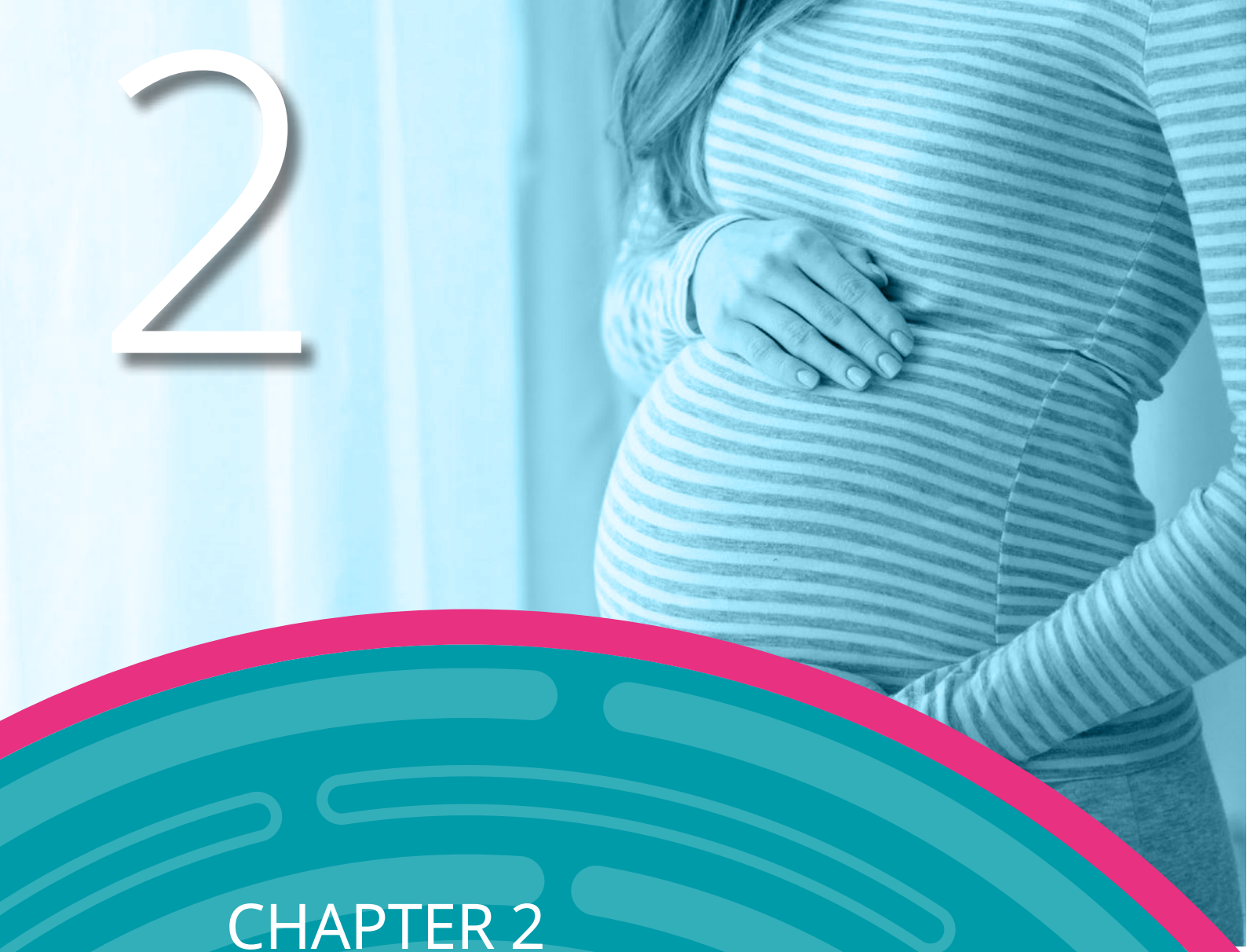


CHAPTER 2

Maternity

2.1 Maternity – Obstetrics Statistics Report

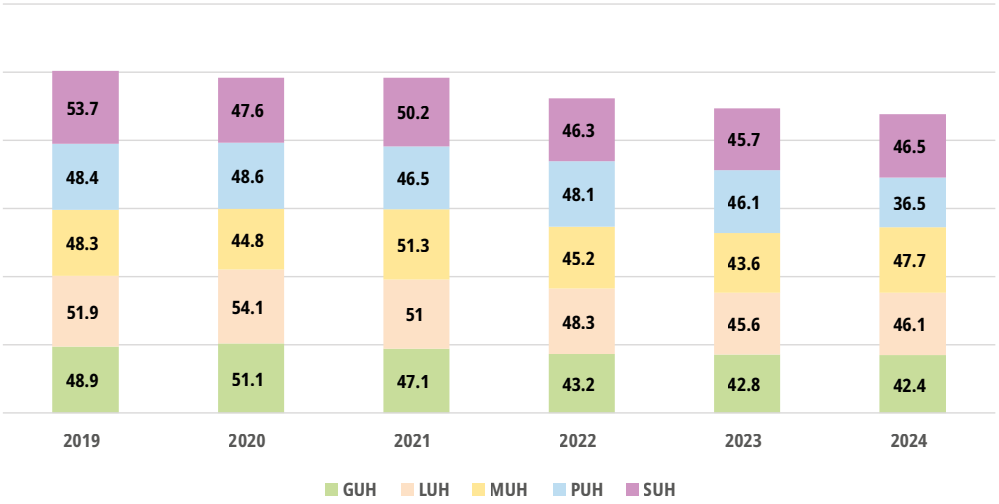
West and North West Regional Group Deliveries and Outcomes Summary 2024

	GUH	LUH	MUH	PUH	SUH	Total
Total Deliveries	**2,630**	**1,469**	**1,387**	**1,308**	**1,229**	**8,023**
Total Mothers	**2,582**	**1,447**	**1,376**	**1,288**	**1,216**	**7,909**
Spontaneous Onset	**965**	**500**	**543**	**470**	**475**	**2,953**
	37.4%	34.6%	39.5%	36.5%	39.1%	37.3%
Induction of Labour	**936**	**570**	**482**	**448**	**424**	**2,860**
	36.3%	39.4%	35.0%	34.8%	34.9%	36.2%
Epidural Rate	**1054**	**430**	**454**	**479**	**487**	**2,904**
	40.8%	29.7%	33.0%	37.2%	40.0%	36.7%
Episiotomy	**408**	**237**	**202**	**215**	151	**1,213**
	15.8%	16.4%	14.7%	16.7%	12.4%	15.3%
Total Caesarean Section	**1095**	**615**	**573**	**562**	**506**	**3,351**
	42.4%	42.5%	41.6%	43.6%	41.6%	42.4%
Elective Caesarean Section	**522**	**295**	**316**	**291**	**236**	**1,660**
	20.2%	20.4%	22.9%	22.6%	19.4%	21.0%
Emergency Caesarean Section	**573**	**320**	**257**	**271**	**270**	**1,691**
	22.2%	22.1%	18.7%	21.0%	22.2%	21.4%
Spontaneous Vaginal Delivery	**1095**	**667**	**656**	**470**	**566**	**3,454**
	42.4%	46.1%	47.7%	36.5%	46.5%	43.7%
Forceps Delivery	102	**15**	**39**	**34**	**31**	**221**
	3.9%	1.0%	2.8%	2.6%	2.5%	2.8%
Ventouse Delivery	**279**	**146**	**108**	**139**	**114**	**786**
	10.8%	10.1%	7.8%	10.8%	9.4%	9.9%
Breech Delivery	**11**	**4**	**1**	**4**	**2**	**22**
	0.4%	0.3%	0.1%	0.3%	0.2%	0.3%

Spontaneous Vaginal Delivery trends 2020 to 2024

Site	2019	2020	2021	2022	2023	2024
GUH	48.9%	51.1%	47.1 %	43.2%	42.82%	42.40%
LUH	51.9%	54.1%	51 %	48.3%	45.6 %	46.1%
MUH	48.3%	44.8%	51.3 %	45.2%	43.64%	47.7%
PUH	48.4 %	48.6%	46.5 %	48.1%	46.08 %	36.5%
SUH	53.7%	47.6%	50.2 %	46.3 %	45.66 %	46.5%
West and North West Regional Group	49.9 %	49.6%	49.1 %	45.7%	44.47 %	43.7%

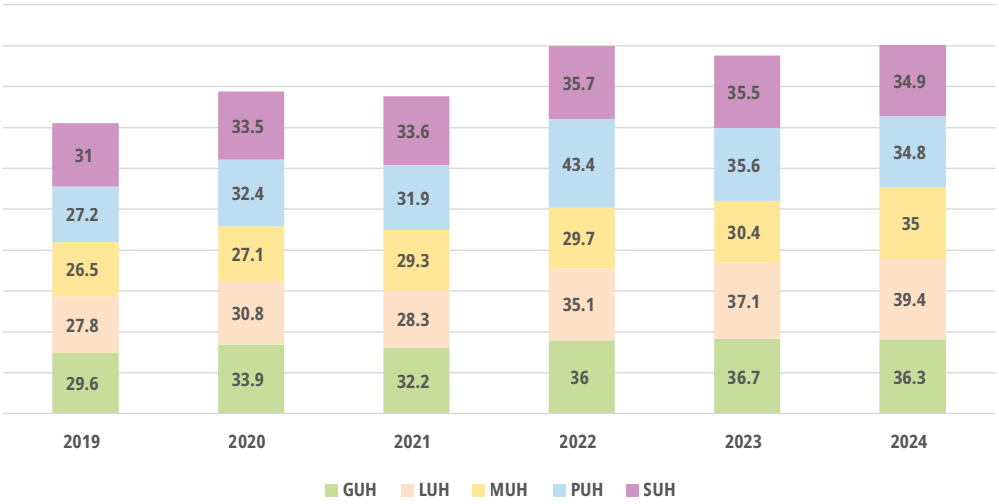
% Spontaneous Vaginal Delivery 2019-2024



Induction of Labour trends 2019 to 2024

Site	2019	2020	2021	2022	2023	2024
GUH	29.6 %	33.9 %	32.2 %	36 %	36.7 %	36.3%
LUH	27.8 %	30.8 %	28.3 %	35.1 %	37.1%	39.4%
MUH	26.5 %	27.1 %	29.3 %	29.7 %	30.4 %	35.0%
PUH	27.2 %	32.4 %	31.9 %	43.4 %	35.6 %	34.8%
SUH	31 %	33.5 %	33.6 %	35.7 %	35.5 %	34.9%
West and North West Regional Group	28.5%	31.8 %	31.2 %	33.7 %	35.3 %	36.2%

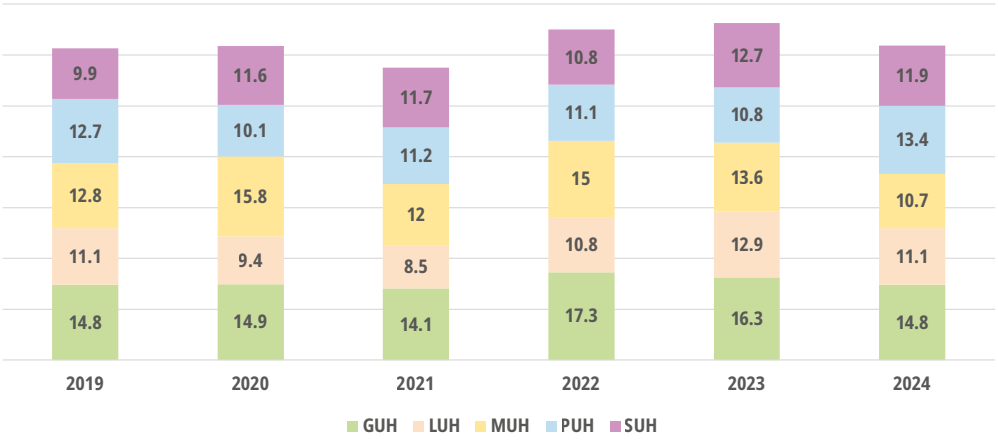
% Induction of Labour 2019 -2024



Instrumental Delivery trends 2019 – 2024

	2019	2020	2021	2022	2023	2024
GUH	14.8 %	14.9 %	14.1 %	17.3 %	16.3 %	14.8%
LUH	11.1 %	9.4 %	8.5 %	10.8 %	12.9 %	11.1%
MUH	12.8 %	15.8 %	12 %	15 %	13.6 %	10.7%
PUH	12.7 %	10.1 %	11.2 %	11.1 %	10.8 %	13.4%
SUH	9.9 %	11.6 %	11.7 %	10.8 %	12.7%	11.9%
West and North West Regional Group	12.7%	12.7 %	11.9 %	13.7 %	13.9 %	12.7%

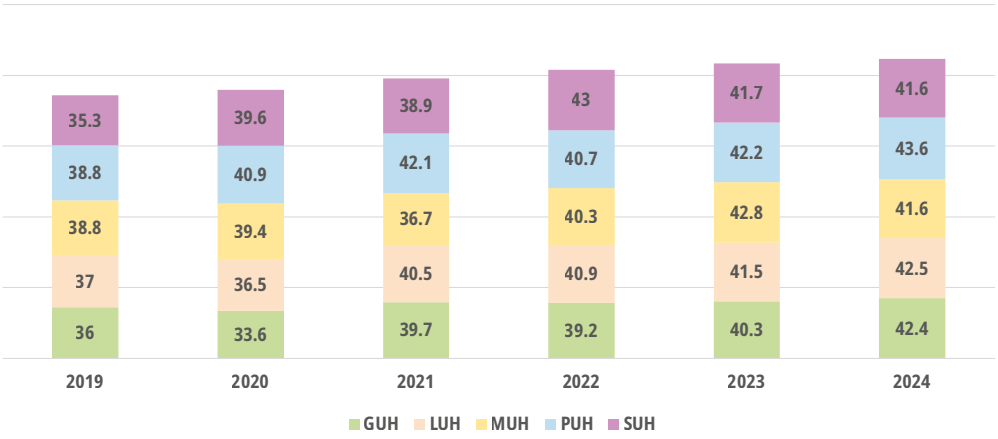
% Instrumental Delivery 2019-2024



Caesarean Section rate trend 2019 – 2024

	2019	2020	2021	2022	2023	2024
GUH	36.0 %	33.6 %	39.7 %	39.2 %	40.3 %	42.4%
LUH	37.0 %	36.5%	40.5 %	40.9 %	41.5 %	42.5%
MUH	38.8 %	39.4 %	36.7 %	40.3 %	42.8 %	41.6%
PUH	38.8 %	40.9 %	42.1 %	40.7 %	42.2%	43.6%
SUH	35.3 %	39.6 %	38.9 %	43 %	41.7%	41.6%
West and North West Regional Group	37 %	37.3 %	39.6 %	40.5 %	41.8%	42.4%
IMIS National Average %	-	35.4%	36.6%	38.3%	39.4%	40.6%

% C-Section Rate 2019 -2024



Perinatal Deaths Adjusted (Rate per 1,000) 2019 – 2024

	2019	2020	2021	2022	2023	2024
GUH	0.7	4.2	0.3	0.8	1.2	1.1
LUH	1.8	0.0	1.3	0.7	0.6	0.7
MUH	0.7	0.7	0.0	2.2	1.5	1.4
PUH	1.3	2.8	0.0	1.5	1.5	0.8
SUH	0.8	1.0	1.4	2.4	0.8	1.6
West and North West Regional Group	1.1	1.7	0.6	1.5	1.1	1.1
IMIS National Average per 1,000	-	1.6 per 1,000	0.83 per 1,000	1.14 per 1,000	0.83 per 1,000	1.0 per 1,000

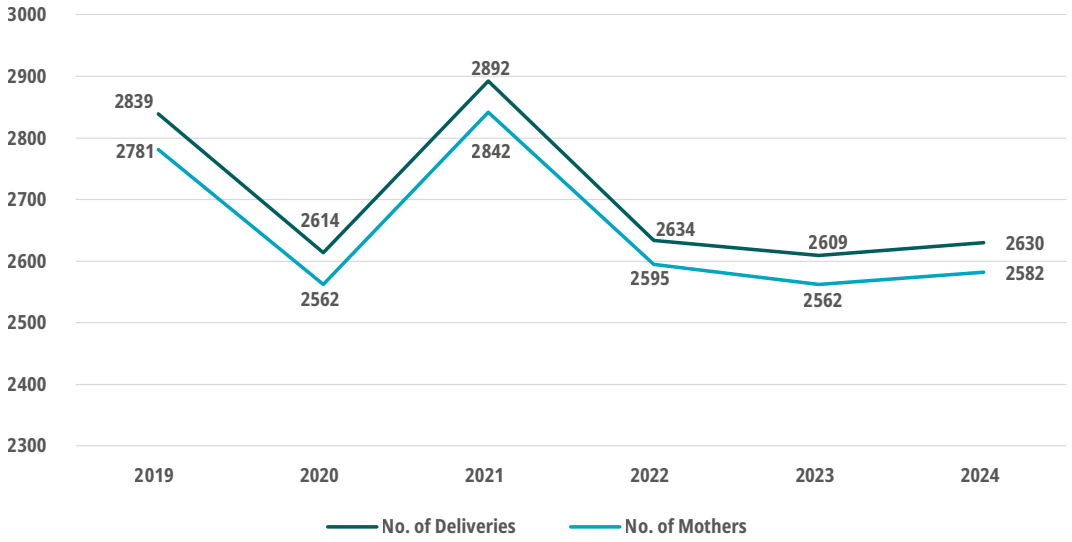
Perinatal Deaths Overall (Rate per 1,000) 2019 – 2024

	2019	2020	2021	2022	2023	2024
GUH	3.9	9.9	4.1	4.5	5.4	4.2
LUH	3.6	3.9	3.2	4.0	0.6	3.4
MUH	5.2	2.9	4.0	5.1	5.2	5.8
PUH	5.2	6.4	2.7	3.0	2.9	3.8
SUH	0.5	7.0	3.5	8.7	3.3	4.9
West and North West Regional Group	2.6	6.0	3.5	5.1	3.5	4.4
IMIS National Average per 1,000	-	5.9 per 1,000	5.1 per1,000	5.5 per 1,000	4.8 per 1,000	5.4 per 1,000

GUH Statistical Summary Template 2024

Number of Mothers/Births	2019	2020	2021	2022	2023	2024
Number of Deliveries	2839	2614	2892	2634	2609	2630
Number of Mothers	2781	2562	2842	2595	2562	2582

No. of Mothers/Deliveries 2019-2024



Obstetric Outcomes (Mothers) 2024	Primip	%	Multip	%	Total	%
Spontaneous Onset	412	37.5%	553	37.3%	965	37.4%

Obstetric Outcomes (Mothers) 2024	Primip	%	Multip	%	Total	%
Induction of Labour	491	44.7%	445	30.0%	936	36.3%
Epidural Rate	609	55.5%	445	30.0%	1054	40.8%
Episiotomy	327	29.8%	81	5.5%	408	15.8%
Caesarean Section	531	48.4%	564	38.0%	1095	42.4%
Spontaneous Vaginal Delivery	258	23.5%	837	56.4%	1095	42.4%
Forceps Delivery	91	8.3%	11	0.7%	102	4.0%
Ventouse Delivery	216	19.7%	63	4.2%	279	10.8%
Breech Delivery	2	0.2%	9	0.6%	11	0.4%
Total (Number)	**1098**	**100.0%**	**1484**	**100.0%**	**2582**	**100.0%**

Multiple Pregnancies 2024	Primip (n)	%	Multip (n)	%	Total (n)	%
Twins	13	1.2%	33	2.2%	46	1.8%
Triplets	1	0.1%	0	0.0%	1	0.03%

Onset for Multiple Pregnancies 2024	Primip	%	Multip	%	Total	%
Induced	1	0.1%	6	0.4%	7	0.3%
Spontaneous	2	0.2%	8	0.5%	10	0.4%
No Labour	11	1.0%	19	1.3%	30	1.2%
Elective C.S.	6	0.5%	9	0.6%	15	0.6%
Emergency C.S.	6	0.5%	15	1.0%	21	0.8%

Multiple Births 2024	2019	2020	2021	2022	2023	2024
Twins	54	53	46	39	45	46
Triplets	2	0	2	0	1	1
Total	**56**	**53**	**48**	**39**	**46**	**47**

Perinatal Deaths 2024	Primigravida	%	Multigravida	%	Total	%
Stillbirths	4	0.4%	1	0.1%	5	0.2%
Early Neonatal Deaths	3	0.3%	3	0.2%	6	0.2%

Perinatal Mortality Rate (%)	2019	2020	2021	2022	2023	2024
Overall PMR per 1000 births	3.9	9.9	4.1	4.5	5.4	4.2
Corrected PMR per 1000 births	0.7	4.2	0.3	0.8	1.2	1.1

Stillbirth & Neonatal Deaths	2019	2020	2021	2022	2023	2024
Stillbirth Rate	0.31%	0.61%	0.21%	0.30%	0.43%	0.19%
Neonatal Death Rate	0.11%	0.38%	0.21%	0.20%	0.31%	0.23%
Total Rate	0.39%	0.99%	0.42%	0.46%	0.74%	0.42%

Parity 2024	Number	%
0	1098	42.5%
1	883	34.2%
2	415	16.1%
3	116	4.5%
4	33	1.3%

Parity 2024	Number	%
5	23	0.9%
6	6	0.2%
7	4	0.15%
8	1	0.03%
9	2	0.08%
10	0	0.0%
11+	1	0.03%
Total	2582	100.0%

Parity %	2019	2020	2021	2022	2023	2024
0	39.91%	39.54%	37.33%	39.42%	41.88%	42.53%
1,2,3	57.50%	57.61%	59.89%	57.41%	55.31%	54.76%
4+	2.60%	2.85%	2.78%	3.17%	2.81%	2.71%

2024 Age	Primigravida	%	Multigravida	%	Total	%
15-19yrs	16	1.5%	3	0.2%	19	0.7%
20-24yrs	82	7.5%	60	4.0%	142	5.5%
25-29yrs	199	18.1%	138	9.3%	337	13.1%
30-34yrs	438	39.9%	429	28.9%	867	33.6%
35-39yrs	284	25.9%	617	41.6%	901	34.9%
40-44yrs	65	5.9%	218	14.7%	283	11.0%
45>	14	1.3%	19	1.3%	33	1.3%
Total	1098	100.0%	1484	100.0%	2582	100.0%

Age At Delivery (%)	2019	2020	2021	2022	2023	2024
15-19yrs	0.30%	0.20%	0.10%	0.80%	0.54%	0.74%
20-24yrs	4.90%	4.40%	3.70%	5.20%	4.05%	5.50%
25-29yrs	10.60%	9.30%	9.30%	13.30%	12.06%	13.05%
30-34yrs	27.50%	25.90%	25.90%	31.10%	36.05%	33.58%
35-39yrs	39.90%	42.40%	41.70%	38.50%	35.87%	34.90%
40-44yrs	15.20%	16.00%	17.80%	10.10%	10.75%	10.96%
45>	1.50%	1.70%	1.50%	0.90%	0.68%	1.28%

County of Origin	2019	2020	2021	2022	2023	2024
Galway County	58.90%	58.80%	53.50%	58.70%	58.27%	61.00%
Galway City	33.70%	34.00%	38.50%	31.40%	31.92%	29.63%
Mayo	2.90%	2.80%	3.70%	3.90%	3.82%	3.64%
Roscommon	1.10%	1.40%	1.30%	2.00%	1.87%	1.78%
Clare	2.10%	2.00%	1.60%	2.70%	2.65%	2.48%
Others	1.20%	1.00%	1.40%	1.20%	1.44%	1.47%
Non Irish National Births	2019	2020	2021	2022	2023	2024
Number	682	589	675	599	662	1
%	24.50%	23.00%	23.80%	23.10%	25.90%	0.04%

Gestation @ Delivery 2024	Primigravida	%	Multigravida	%	Total	%
<28 weeks	4	0.4%	2	0.1%	6	0.2%
28 - 31+6	9	0.8%	11	0.7%	20	0.8%
32 - 36+6	66	6.0%	73	4.9%	139	5.4%
37 - 39+6	549	50.0%	920	62.0%	1469	56.9%
40 - 41+6	468	42.6%	470	31.7%	938	36.3%
42 weeks	2	0.2%	8	0.5%	10	0.4%
Total	**1098**	**100.0%**	**1484**	**100.0%**	**2582**	**100.0%**

Gestation @ Delivery	2019	2020	2021	2022	2023	2024
<28 weeks	0.30%	0.40%	0.30%	0.20%	0.27%	0.23%
28 - 31+6	0.70%	0.70%	0.80%	0.80%	0.86%	0.77%
32 - 36+6	5.20%	5.10%	6.00%	5.20%	5.81%	5.38%
37 - 39+6	47.80%	47.50%	50.40%	54.70%	56.09%	56.89%
40 - 41+6	45.60%	46.10%	42.10%	38.70%	36.73%	36.33%
42 weeks	0.40%	0.20%	0.40%	0.40%	0.24%	0.39%

Birth Weights 2024	Primigravida	%	Multigravida	%	Total	%
<1,000gms	3	0.3%	4	0.3%	7	0.3%
1000-1499gms	9	0.8%	10	0.7%	19	0.7%
1500-1999gms	14	1.3%	22	1.5%	36	1.4%
2000-2499gms	55	4.9%	57	3.8%	112	4.3%
2500-2999gms	157	14.1%	157	10.3%	314	11.9%
3000-3499gms	392	35.2%	498	32.8%	890	33.8%
3500-3999gms	377	33.9%	532	35.1%	909	34.6%
4000-4499gms	94	8.4%	223	14.7%	317	12.1%
4500-4999gms	12	1.1%	13	0.9%	25	1.0%
5000-5499gms	0	0.0%	1	0.1%	1	0.03%
Total	1113	100.0%	1517	100.0%	2630	100.0%

Birth Weights	2019	2020	2021	2022	2023	2024
<500gms	0.10%	0.00%	0.00%	0.00%	0.07%	0.00%
500-999gms	0.30%	0.50%	0.30%	0.30%	0.30%	0.27%
1000-1999gms	1.70%	1.70%	1.90%	1.90%	1.69%	2.09%
2000-2999gms	14.10%	12.90%	13.70%	15.10%	16.36%	16.20%
3000-3999gms	67.50%	66.40%	64.30%	67.50%	69.14%	68.40%
4000-4499gms	14.00%	16.30%	16.50%	13.50%	10.96%	12.05%
4500-4999gms	2.40%	2.20%	3.10%	1.60%	1.37%	0.95%
5000-5499gms	0.10%	0.10%	0.20%	0.20%	0.15%	0.03%
>5500gms	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Number of Babies	2839	2614	2892	2,634	2609	2630

Induction of Labour	Primigravida	%	Multigravida	%	Total	%
2019	432	39.00%	392	23.40%	824	29.60%
2020	423	41.80%	446	28.80%	869	33.90%
2021	452	42.60%	462	25.90%	914	32.20%

Induction of Labour	Primigravida	%	Multigravida	%	Total	%
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%

Perineal Trauma 2024	Primigravida	%	Multigravida	%	Total	%
Intact	12	1.1%	162	10.9%	174	6.7%
Episiotomy	327	29.8%	81	5.5%	408	15.8%
2nd Degree Tear	136	12.4%	361	24.3%	497	19.2%
1st Degree Tear	47	4.3%	209	14.1%	256	9.9%
3rd Degree Tear	19	1.7%	6	0.4%	25	1.0%
Other Laceration	27	2.5%	97	6.5%	124	4.8%

Incidence of Episiotomy	Primigravida	%	Multigravida	%	Total	%
2019	356	49.90%	99	9.20%	455	25.50%
2020	355	52.70%	99	9.50%	454	26.50%
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%

B.B.A	Primigravida	%	Multigravida	%	Total	%
2019	2	0.10%	9	0.30%	11	0.40%
2020	0	0.00%	9	0.40%	9	0.40%
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%

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

Shoulder Dystocia 2024	Primigravida	%	Multigravida	%	Total	%
Shoulder Dystocia	9	0.8%	10	0.7%	19	0.7%

Obstetric Risks and Complications	Primigravida	%	Multigravida	%	Total	%
Maternal Sepsis	3	0.3%	4	0.3%	7	0.3%
Ectopic Pregnancy	12	1.1%	14	0.9%	26	1.0%
Eclampsia	0	0.0%	0	0.0%	0	0.0%
Peripartum Hysterectomy	1	0.1%	6	0.4%	7	0.3%
Pulmonary Embolism	2	0.2%	0	0.0%	2	0.1%
Perineal Tears	19	1.7%	6	0.4%	25	1.0%
Primary PPH Vaginal Deliveries	52	4.7%	35	2.4%	87	3.4%
Primary PPH CS Deliveries	73	6.6%	51	3.4%	124	4.8%
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) 2024	Primigravida	%	Multigravida	%	Total	%
PH < 7.20	6	0.5%	5	0.3%	11	0.4%
PH 7.20 - 7.25	7	0.6%	2	0.1%	9	0.4%
PH > 7.25	26	2.3%	14	0.9%	40	1.7%
Cord Blood Sampling (n - babies) 2024	Primigravida	%	Multigravida	%	Total	%
PH < 7.20	299	26.9%	230	15.2%	529	22.4%
PH 7.20 - 7.25	206	18.5%	127	8.4%	333	14.1%
PH > 7.25	340	30.5%	333	22.0%	673	28.5%

Caesarean Sections 2024	Primigravida	%	Multip	%	Total	%
Elective Caesarean Sections	133	12.1%	389	26.2%	522	20.2%
Emergency Caesarean Sections	398	36.2%	175	11.8%	573	22.2%
Total	**531**	**48.4%**	**564**	**38.0%**	**1095**	**42.4%**

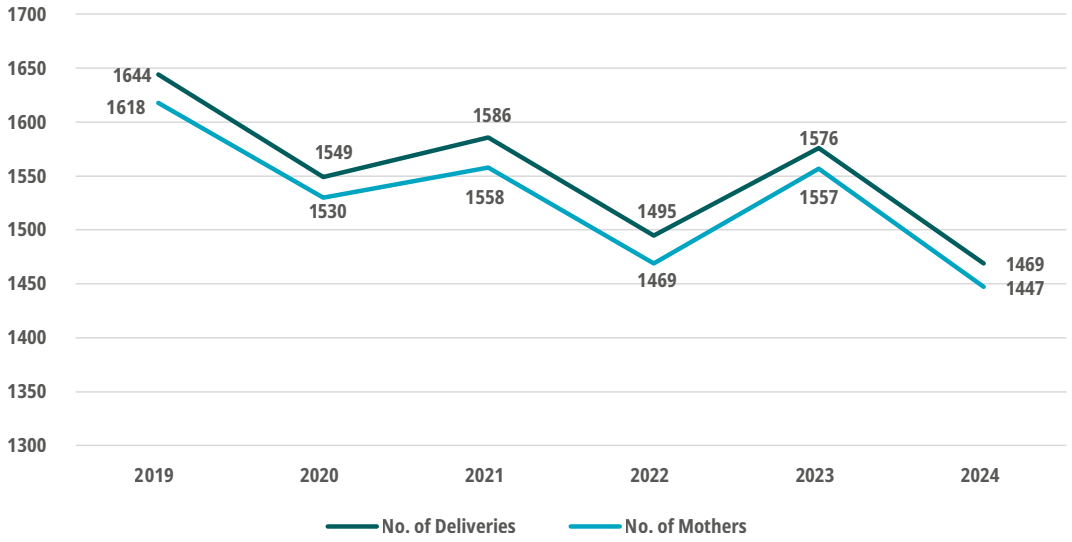
Robson Groups 2024	Total LSCS	Total Women	Rate of CS in Group
Group 1 - Nullip Single Ceph Term Spont Lab	75	372	20.2%
Group 2 - Nullip Single Ceph Term Induced	343	587	58.4%
Group 2(a) - Nullip Single Ceph Term Induced	234	478	39.9%
Group 2(b) - Nullip Single Ceph Term pre-labour CS	109	109	100.0%
Group 3 - Multip Single Ceph Term Spont Lab	8	441	1.8%
Group 4 - Multip Single Ceph Term Induced	65	444	14.6%
Group 4(a) - Multip Single Ceph Term Induced *	28	407	6.3%
Group 4(b) - Multip Single Ceph Term Pre-Labour CS *	37	37	100.0%
Group 5 - Previous CS Single Ceph Term	379	452	83.8%
Group 5 (1)- With one previous C.S. Single Ceph Term	267	337	79.5%
Group 5 (2)- With two or more Previous C.S. Single Ceph Term	112	116	96.6%
Group 6 - All Nullip Breeches	68	69	98.6%
Group 7 - All Multip Breeches	43	45	95.6%
Group 8 - All Multiple Pregnancies	36	47	76.6%
Group 9 - All Abnormal Lies	18	18	100.0%
Group 10 - All Preterm Single Ceph	60	107	56.1%
Total	**1095**	**2582**	**42.4%**

Vaginal Birth after Caesarean Section 2024	Number	%
Total No. Of Mothers who had 1 previous Caesarean Section	395	15.3%
No of Mothers who opted for an elective caesarean section after 1 previous Caesarean Section	287	72.7%
No of Mothers who went into spontaneous/induced Labour after 1 previous Caesarean Section	108	27.3%
Outcome of this Category:		
• SVD/Spontaneous Breech	57	52.8%
• Ventouse	16	14.8%
• Forceps	4	3.7%
Total VBAC	**77**	**71.3%**
Emergency C.S.	31	28.7%

LUH Statistical Summary Template 2024

Number of Mothers/Births	2019	2020	2021	2022	2023	2024
Number of Deliveries	1644	1549	1586	1495	1576	1469
Number of Mothers	1618	1530	1558	1469	1557	1447

No. of Mothers/Deliveries 2019 -2024



Obstetric Outcomes (Mothers) 2024	Primip	%	Multip	%	Total	%
Spontaneous Onset	182	36.2%	318	33.7%	500	34.6%
Induction of Labour	242	48.1%	328	34.7%	570	39.4%
Epidural Rate	235	46.7%	195	20.7%	430	29.7%
Episiotomy	155	30.8%	82	8.7%	237	16.4%
Caesarean Section	241	47.9%	374	39.6%	615	42.5%
Spontaneous Vaginal Delivery	156	31.0%	511	54.1%	667	46.1%
Forceps Delivery	11	2.2%	4	0.4%	15	1.0%
Ventouse Delivery	93	18.5%	53	5.6%	146	10.1%
Breech Delivery	2	0.4%	2	0.2%	4	0.3%
Total (Number)	503	100.0%	944	100.0%	1447	100.0%

Multiple Pregnancies 2024	Primip (n)	%	Multip (n)	%	Total (n)	%
Twins	4	0.8%	18	1.9%	22	1.5%
Triplets	0	0.00%	0	0.00%	0	0.00%

Onset for Multiple Pregnancies 2024	Primip	%	Multip	%	Total	%
Induced	0	0.0%	2	0.2%	2	0.1%
Spontaneous	0	0.0%	4	0.4%	4	0.3%
No Labour	4	0.8%	12	1.3%	16	1.1%
Elective C.S.	1	0.2%	8	0.8%	9	0.6%
Emergency C.S.	3	0.6%	5	0.5%	8	0.6%
Spontaneous Vertex	0	0.0%	5	0.5%	5	0.3%

Multiple Births 2024	2019	2020	2021	2022	2023	2024
Twins	26	19	28	26	19	22
Triplets	0	0	0	0	0	0
Total	26	19	28	26	19	22

Perinatal Deaths 2024	Primigravida	%	Multigravida	%	Total	%
Stillbirths	1	0.2%	4	0.4%	5	0.3%
Early Neonatal Deaths	0	0.0%	2	0.2%	2	0.1%

Perinatal Mortality Rate (%),	2019	2020	2021	2022	2023	2024
Overall PMR per 1000 births	3.6	3.9	3.2	4.0	0.63	3.40
Corrected PMR per 1000 births	1.8	0	1.3	0.7	0.63	0.68

Parity 2024	Number	%
0	503	34.8%
1	519	35.9%
2	280	19.4%
3	96	6.6%
4	34	2.3%
5	13	0.9%
6	2	0.1%
7	0	0.0%
8	0	0.0%
9	0	0.0%
10	0	0.0%
11+	0	0.0%
Total	1447	100.0%

Age 2024	Primigravida	%	Multigravida	%	Total	%
15-19yrs	7	1.4%	2	0.2%	9	0.6%
20-24yrs	76	15.1%	23	2.4%	99	6.8%
25-29yrs	133	26.4%	129	13.7%	262	18.1%
30-34yrs	172	34.2%	355	37.6%	527	36.4%
35-39yrs	85	16.9%	335	35.5%	420	29.0%
40-44yrs	28	5.6%	94	10.0%	122	8.4%
45>	2	0.4%	6	0.6%	8	0.6%
Total	503	100.0%	944	100.0%	1447	100.0%

Age At Delivery (%)	2019	2020	2021	2022	2023	2024
15-19yrs	1.60%	0.90%	0.90%	0.60%	0.38%	0.62%
20-24yrs	10.00%	7.80%	6.70%	5.70%	5.65%	6.84%
25-29yrs	21.50%	17.90%	18.80%	14.30%	15.86%	18.11%
30-34yrs	35.50%	35.40%	35.20%	32.80%	32.17%	36.42%
35-39yrs	25.60%	29.80%	30.20%	34.20%	32.45%	29.03%
40-44yrs	5.60%	7.50%	7.60%	11.40%	12.65%	8.43%
45>	0.20%	0.70%	0.60%	1.00%	0.84%	0.55%

Gestation @ Delivery 2024	Primigravida	%	Multigravida	%	Total	%
<28 weeks	1	0.2%	3	0.3%	4	0.3%
28 - 31+6	1	0.2%	2	0.2%	3	0.2%
32 - 36+6	24	4.8%	65	6.9%	89	6.2%
37 - 39+6	262	52.1%	582	61.7%	844	58.3%
40 - 41+6	215	42.75	290	30.7%	505	34.9%
42 weeks	0	0.0%	2	0.2%	2	0.1%
Total	503	100.0%	944	100.0%	1447	100.0%

Gestation @ Delivery	2020	2021	2022	2023	2024
<28 weeks	0.00%	0.20%	0.20%	0.19%	0.28%
28 - 31+6	0.70%	0.50%	0.60%	0.52%	0.21%
32 - 36+6	4.70%	4.90%	6.10%	6.35%	6.15%
37 - 39+6	73.80%	50.80%	55.70%	56.32%	58.33%
40 - 41+6	20.20%	43.50%	37.10%	36.48%	35.00%
42 weeks	0.60%	0.10%	0.30%	0.14%	0.14%

Birth Weights 2024	Primigravida	%	Multigravida	%	Total	%
<1,000gms	0	0.0%	3	0.3%	3	0.2%
1000-1499gms	1	0.2%	2	0.2%	3	0.2%
1500-1999gms	8	1.6%	12	1.2%	20	1.4%
2000-2499gms	19	3.7%	37	3.8%	56	3.8%
2500-2999gms	76	15.0%	110	11.4%	186	12.7%
3000-3499gms	189	37.3%	330	34.3%	519	35.3%
3500-3999gms	163	32.1%	316	32.8%	479	32.6%
4000-4499gms	43	8.5%	131	13.6%	174	11.8%
4500-4999gms	7	1.4%	20	2.1%	27	1.8%
5000-5499gms	1	0.2%	1	0.1%	2	0.1%
Total	507	100.0%	962	100.0%	1469	100.0%

Induction of Labour	Primigravida	%	Multigravida	%	Total	%
2019	197	35.20%	252	23.80%	449	27.80%
2020	201	40.10%	270	26.20%	471	30.80%
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%

Perineal Trauma 2024	Primigravida	%	Multigravida	%	Total	%
Intact	256	50.9%	518	54.9%	774	53.5%
Episiotomy	155	30.8%	82	8.7%	237	16.4%
2nd Degree Tear	57	11.3%	172	18.2%	229	15.8%
1st Degree Tear	13	2.6%	120	12.7%	133	9.2%
3rd Degree Tear	8	1.6%	2	0.2%	10	0.7%
4th Degree Tear	1	0.2%	0	0.0%	1	0.1%
Other Laceration	13	2.6%	50	5.3%	63	4.4%

Incidence of Episiotomy	Primigravida	%	Multigravida	%	Total	%
2019					280	27.4%
2020	176	59.40%	86	12.70%	262	27.00%
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%

B.B.A	Total
2019	4
2020	5
2021	5
2022	4
2023	10
2024	3

Shoulder Dystocia 2024	Primigravida	%	Multigravida	%	Total	%
Shoulder Dystocia	1	0.2%	3	0.3%	4	0.3%

Obstetric Risks and Complications	Primigravida	%	Multigravida	%	Total	%
Maternal Sepsis	1	0.2%	2	0.25	3	0.2%
Ectopic Pregnancy	-	-	-	-	24	1.7%
Eclampsia	0	0.0%	0	0.0%	0	0.0%
Peripartum Hysterectomy	0	0.0%	1	0.1%	1	0.1%
Pulmonary Embolism	0	0.0%	0	0.0%	0	0.0%
Perineal Tears	9	1.8%	2	0.2%	11	0.8%
Primary PPH Vaginal Deliveries	20	4.0%	21	2.2%	41	2.8%
Primary PPH CS Deliveries	40	8.0%	48	5.1%	88	6.1%
Miscarriage Diagnosis	0	0.0%	0	0.0%	0	0.0%
Retained Swabs	0	0.0%	0	0.0%	0	0.0%

Caesarean Sections 2024	Primigravida	%	Multip	%	Total	%
Elective Caesarean Sections	49	9.7%	246	26.1%	295	20.4%
Emergency Caesarean Sections	192	38.2%	128	13.6%	320	22.1%
Total	241	47.9%	374	39.6%	615	42.5%

Fetal Blood Sampling (n - babies) 2024	Primigravida	6%	Multigravida	%	Total	%
PH < 7.20	6	0.5%	5	0.3%	11	0.4%
PH 7.20 - 7.25	7	0.6%	2	0.1%	9	0.4%
PH > 7.25	26	2.3%	14	0.9%	40	1.7%
Cord Blood Sampling (n - babies) 2024	Primigravida	%	Multigravida	%	Total	%
PH < 7.20	299	26.9%	230	15.2%	529	22.4%
PH 7.20 - 7.25	206	18.5%	127	8.4%	333	14.1%
PH > 7.25	340	30.5%	333	22.0%	673	28.5%

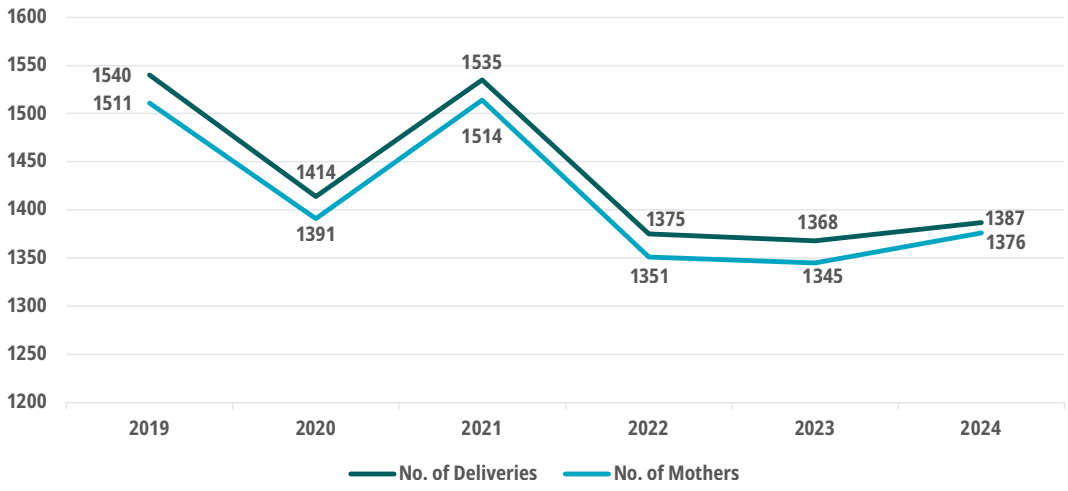
Robson Groups 2024	Total LSCS	Total Women	Rate of CS in Group
Group 1 - Nullip Single Ceph Term Spont Lab	40	166	24.1%
Group 2 - Nullip Single Ceph Term Induced	158	285	55.4%
Group 2(a) - Nullip Single Ceph Term Induced	111	235	47.2%
Group 2(b) - Nullip Single Ceph Term pre-labour CS	47	50	94.0%
Group 3 - Multip Single Ceph Term Spont Lab	6	245	2.5%
Group 4 - Multip Single Ceph Term Induced	32	295	10.9%
Group 4(a) - Multip Single Ceph Term Induced *	14	277	5.1%
Group 4(b) - Multip Single Ceph Term Pre-Labour CS *	18	18	100.0%
Group 5 - Previous CS Single Ceph Term	249	293	85.0%
Group 5 (1)- With one previous C.S. Single Ceph Term	173	217	79.7%
Group 5 (2)- With two or more Previous C.S. Single Ceph Term	76	76	100.0%
Group 6 - All Nullip Breeches	24	25	96.0%
Group 7 - All Multip Breeches	30	32	93.8%
Group 8 - All Multiple Pregnancies	17	22	77.3%
Group 9 - All Abnormal Lies	20	20	100.0%
Group 10 - All Preterm Single Ceph	40	64	62.5%
Total	**615**	**1447**	**42.5%**

Vaginal Birth after Caesarean Section 2024	Number	%
Total No. Of Mothers who had 1 previous Caesarean Section	250	17.3%
No of Mothers who opted for an elective caesarean section after 1 previous Caesarean Section	133	53.2%
No of Mothers who went into spontaneous/induced Labour after 1 previous Caesarean Section	93	37.2%
Outcome of this Category:		
• SVD/Spontaneous Breech	30	22.6%
• Ventouse	17	12.8%
• Forceps	2	1.5%
Total VBAC	49	36.8%
Emergency C.S.	68	51.1%

MUH Statistical Summary Template 2024

Number of Mothers/Births	2019	2020	2021	2022	2023	2024
Number of Deliveries	1540	1414	1535	1375	1368	1387
Number of Mothers	1511	1391	1514	1351	1345	1376

No. of Mothers/Deliveries 2019 -2024



Obstetric Outcomes (Mothers) 2024	Primip	%	Multip	%	Total	%
Spontaneous Onset	162	35.2%	381	41.6%	543	39.5%
Induction of Labour	236	51.3%	246	26.9%	482	35.0%
Epidural Rate	254	55.2%	200	21.8%	454	33.0%
Episiotomy	142	30.9%	60	6.6%	202	14.7%
Caesarean Section	199	43.3%	374	40.8%	573	41.6%
Spontaneous Vaginal Delivery	154	33.5%	502	54.8%	656	47.7%
Forceps Delivery	27	5.9%	12	1.3%	39	2.8%
Ventouse Delivery	80	17.4%	28	3.1%	108	7.8%
Breech Delivery	0	0.0%	1	0.1%	1	0.1%
Total (Number)	**460**	**100.0%**	**916**	**100.0%**	**1376**	**100.0%**

Multiple Pregnancies 2024	Primip (n)	%	Multip (n)	%	Total (n)	%
Twins	3	0.7%	8	0.9%	11	0.8%
Triplets	0	0.0%	0	0.0%	0	0.0%

Onset for Multiple Pregnancies 2024	Primip	%	Multip	%	Total	%
Induced	1	0.2%	2	0.2%	3	0.2%
Spontaneous	0	0.0%	3	0.3%	3	0.2%
No Labour	0	0.0%	1	0.1%	1	0.1%
Elective C.S.	2	0.4%	2	0.2%	4	0.3%
Emergency C.S.	1	0.2%	3	0.3%	4	0.3%

Multiple Births	2019	2020	2021	2022	2023	2024
Twins	29	23	21	24	23	11

Multiple Births	2019	2020	2021	2022	2023	2024
Triplets	0	0	0	0	0	0
Total	**29**	**23**	**21**	**24**	**23**	**11**

Perinatal Deaths 2024	Primigravida	%	Multigravida	%	Total	%
Stillbirths	3	0.7%	6	0.7%	8	0.6%
Early Neonatal Deaths	1	0.2%	4	0.4%	4	0.3%

Perinatal Mortality Rate (%)	2019	2020	2021	2022	2023	2024
Overall PMR per 1000 births	5.2	2.87	3.96	5.1	5.2	5.8
Corrected PMR per 1000 births	0.7	0.71	0.0	2.2	1.5	1.4

Stillbirth & Neonatal Deaths	2019	2020	2021	2022	2023	2024
Stillbirth Rate	3.25%	0.29%	1.32%	0.44%	0.52%	0.58%
Neonatal Death Rate	1.95%	0.00%	2.64%	0.07%	0.00%	0.29%
Total Rate	**0.52%**	**0.29%**	**3.96%**	**0.51%**	**0.52%**	**1.01%**

Parity 2024	Number	%
0	460	33.4%
1	469	34.1%
2	304	22.1%
3	82	6.0%
4	34	2.5%
5	17	1.2%
6	5	0.4%
7	4	0.3%
8	1	0.1%
9	0	0.0%
>10	0	0.0%
Total	**1376**	**100.0%**

Parity %	2019	2020	2021	2022	2023	2024
0	32%		32.10%	36.50%	37.84%	33.43%
1,2,3	68%		63.60%	59.10%	57.76%	62.14%
4+	0.00%		4.30%	4.40%	4.38%	4.43%

Age 2024	Primigravida	%	Multigravida	%	Total	%
15-19yrs	11	2.4%	0	0.0%	11	0.8%
20-24yrs	63	13.7%	39	4.3%	102	7.4%
25-29yrs	109	23.7%	134	14.6%	243	17.7%
30-34yrs	161	35.0%	279	30.5%	440	32.0%
35-39yrs	92	20.0%	364	39.7%	456	33.1%
40-44yrs	20	4.4%	96	10.5%	116	8.4%
45>	4	0.9%	4	0.4%	8	0.6%
Total	**460**	**100.0%**	**916**	**100.0%**	**1376**	**100.0%**

Age At Delivery (%)	2020	2021	2022	2023	2024
15-19yrs	1.20%	0.90%	0.20%	1.18%	0.80%
20-24yrs	5.80%	4.80%	5.80%	6.17%	7.41%
25-29yrs	15.60%	13.30%	11.90%	14.94%	17.66%
30-34yrs	34.50%	31.40%	26.40%	33.01%	31.98%
35-39yrs	33.80%	37.60%	37.60%	33.82%	33.14%
40-44yrs	8.60%	11.60%	16.70%	9.96%	8.43%
45>	0.40%	0.60%	1.30%	0.89%	0.58%

County of Origin	2020	2021	2022	2023	2024
Galway County	3.10%	1.90%	1.30%	1.19%	1.09%
Mayo	88.90%	90.60%	92.90%	92.34%	66.71%
Roscommon	6.20%	5.60%	4.70%	5.42%	4.51%
Sligo	1.70%	1.80%	1.00%	0.96%	1.09%
Others	0.10%	0.10%	0.10%	0.07%	0.01%
Non Irish National Births	2020	2021	2022	2023	2024
Number	198	36	311	333	365
%	14.20%	2.40%	23.00%	24.75%	26.53%

Gestation @ Delivery 2024	Primigravida	%	Multigravida	%	Total	%
<28 weeks	1	0.2%	3	0.3%	4	0.3%
28 - 31+6	1	0.2%	3	0.3%	4	0.3%
32 - 36+6	19	4.1%	43	4.7%	62	4.5%
37 - 39+6	229	49.8%	556	60.7%	785	57.0%
40 - 41+6	210	45.7%	311	34.0%	521	37.9%
42 weeks	0	0.0%	0	0.0%	0	0.0%
Total	460	100.0%	916	100.0%	1376	100.0%

Gestation @ Delivery	2020	2021	2022	2023	2024
<28 weeks	0.40%	0.10%	0.00%	0.22%	0.29%
28 - 31+6	0.30%	0.00%	0.10%	0.29%	0.29%
32 - 36+6	4.50%	3.50%	4.80%	4.62%	4.51%
37 - 39+6	50.60%	52.80%	56.80%	54.94%	57.05%
40 - 41+6	43.00%	43.10%	38.20%	39.49%	37.86%
42 weeks	0.90%	0.50%	0.10%	0.44%	0.00%

Birth Weights 2024	Primigravida	%	Multigravida	%	Total	%
<1,000gms	1	0.2%	1	0.1%	2	0.1%
1000-1499gms	2	0.4%	2	0.2%	4	0.3%
1500-1999gms	2	0.4%	8	0.9%	10	0.7%
2000-2499gms	9	1.9%	35	3.8%	44	3.2%
2500-2999gms	74	16.0%	111	12.0%	185	13.3%
3000-3499gms	155	33.5%	314	34.0%	469	33.8%
3500-3999gms	155	33.5%	283	30.6%	438	31.6%
4000-4499gms	58	12.5%	143	15.5%	201	14.5%
4500-4999gms	7	1.5%	26	2.8%	33	2.4%
5000-5499gms	0	0.0%	1	0.1%	1	0.1%
Total	463	100.0%	924	100.0%	1387	100.0%

Birth Weights	2020	2021	2022	2023	2024
<500gms	0.10%	0.00%	0.00%	0.00%	0.00%
500-999gms	0.50%	0.10%	0.10%	0.20%	0.14%
1000-1999gms	1.10%	0.50%	0.50%	0.70%	1.01%
2000-2999gms	12.80%	13.90%	15.60%	16.10%	16.51%
3000-3999gms	70.90%	68.80%	67.10%	67.60%	65.39%
4000-4499gms	12.00%	14.10%	14.40%	15.10%	14.49%
4500-4999gms	2.30%	2.30%	2.00%	2.80%	2.40%
5000-5499gms	0.10%	0.30%	0.20%	0.07%	0.07%
>5500gms	0.00%	0.00%	0.00%	0.00%	0.00%
Total Number of Babies	1414	1536	1375	1368	1387

Induction of Labour	Primigravida	%	Multigravida	%	Total	%
2019	176	36.40%	224	20.90%	400	26.50%
2020	182	37.40%	195	21.50%	377	27.10%
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%

Perineal Trauma 2024	Primigravida	%	Multigravida	%	Total	%
Intact	15	3.3%	135	14.7%	150	10.9%
Episiotomy	142	30.9%	60	6.6%	202	14.7%
2nd Degree Tear	72	15.7%	181	19.8%	253	18.4%
1st Degree Tear	14	3.0%	97	10.6%	111	8.1%
3rd Degree Tear	9	2.0%	7	0.8%	16	1.2%
Other Laceration	9	2.0%	63	6.9%	72	5.2%

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%

Obstetric Risks and Complications 2024	Primigravida	%	Multigravida	%	Total	%
Maternal Sepsis	0	0.0%	4	0.4%	4	0.3%
Ectopic Pregnancy	10	2.2%	3	0.3%	13	0.9%
Eclampsia	0	0.0%	0	0.0%	0	0.0%
Peripartum Hysterectomy	0	0.0%	1	0.1%	1	0.1%
Pulmonary Embolism	0	0.0%	0	0.0%	0	0.0%
Perineal Tears	9	2.0%	7	0.8%	16	1.2%
Primary PPH Vaginal Deliveries	19	4.1%	17	1.9%	36	2.6%
Primary PPH CS Deliveries	36	7.8%	42	4.6%	78	5.7%
Miscarriage Diagnosis	0	0.0%	0	0.0%	0	0.0%
Retained Swabs	0	0.0%	0	0.0%	0	0.0%

2024	Primigravida	%	Multigravida	%	Total	%
Birth Before Arrival	3	0.7%	6	0.7%	9	0.7%
Nome Births	0	0.0%	0	0.0%	0	0.0%

Shoulder Dystocia 2024	Primigravida	%	Multigravida	%	Total	%
Shoulder Dystocia	1	0.2%	5	0.5%	6	0.4%

Caesarean Sections 2024	Primigravida	%	Multip	%	Total	%
Elective Caesarean Sections	54	11.7%	262	28.6%	316	23.0%
Emergency Caesarean Sections	145	31.5%	112	12.2%	257	18.7%
Total	199	43.3%	374	40.8%	573	41.6%

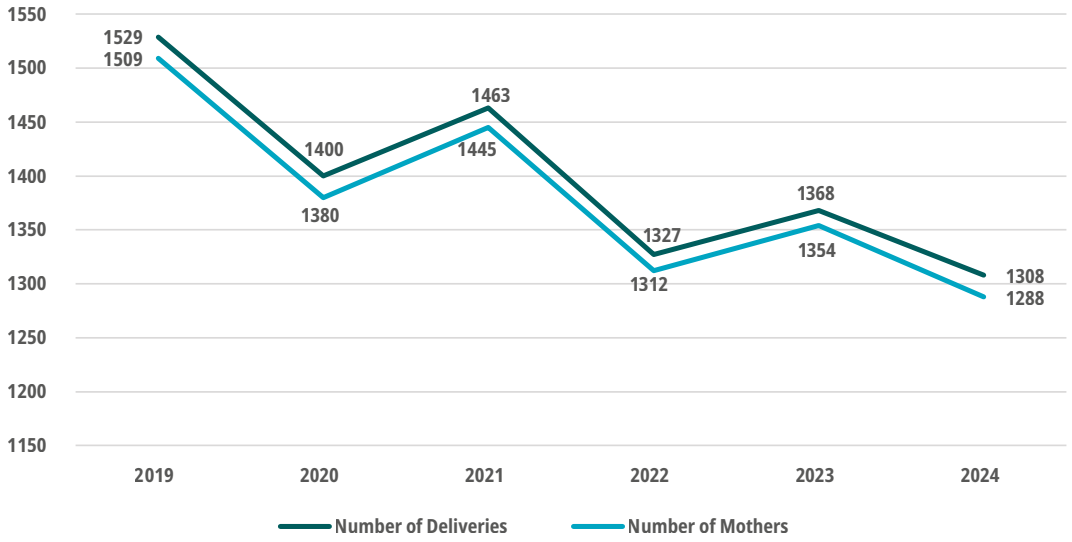
Robson Groups 2024	Total LSCS	Total Women	Rate of CS in Group
Group 1 - Nullip Single Ceph Term Spont Lab	27	142	19.0%
Group 2 - Nullip Single Ceph Term Induced	146	283	51.6%
Group 2(a) - Nullip Single Ceph Term Induced	94	231	40.7%
Group 2(b) - Nullip Single Ceph Term pre-labour CS	52	52	100.0%
Group 3 - Multip Single Ceph Term Spont Lab	10	287	3.5%
Group 4 - Multip Single Ceph Term Induced	39	242	16.1%
Group 4(a) - Multip Single Ceph Term Induced *	19	222	8.6%
Group 4(b) - Multip Single Ceph Term Pre-Labour CS *	20	20	100.0%
Group 5 - Previous CS Single Ceph Term	274	314	87.3%
Group 5 (1)- With one previous C.S. Single Ceph Term	172	212	81.1%
Group 5 (2)- With two or more Previous C.S. Single Ceph Term	102	102	100.0%
Group 6 - All Nullip Breeches	18	18	100.0%
Group 7 - All Multip Breeches	22	22	100.0%
Group 8 - All Multiple Pregnancies	8	11	72.7%
Group 9 - All Abnormal Lies	0	0	0.0%
Group 10 - All Preterm Single Ceph	29	57	50.9%
Total	573	1376	41.6%

Vaginal Birth after Caesarean Section, 2024	Number	%
Total No. Of Mothers who had 1 previous Caesarean Section	222	16.1%
No of Mothers who opted for an elective caesarean section after 1 previous Caesarean Section	149	67.1%
No of Mothers who went into spontaneous/induced Labour after 1 previous Caesarean Section	73	32.9%
Outcome of this Category:		
• SVD/Spontaneous Breech	32	43.8%
• Ventouse	5	6.8%
• Forceps	3	4.1%
Total VBAC	40	54.8%
Emergency C.S.	33	45.2%

PUH Statistical Summary Template 2024

Number of Mothers/Births	2019	2020	2021	2022	2023	2024
Number of Deliveries	1529	1400	1463	1327	1368	1308
Number of Mothers	1509	1380	1445	1312	1354	1288

No.of Mothers/Births delivered 2019-2024



Obstetric Outcomes (Mothers) 2024	Primip	%	Multip	%	Total	%
Spontaneous Onset	176	38.1%	294	35.6%	470	36.5%
Induction of Labour	218	47.2%	230	27.8%	448	34.8%
Epidural Rate	260	56.3%	219	26.5%	479	37.2%
Episiotomy	157	34.0%	58	7.0%	215	16.7%
Caesarean Section	192	41.6%	370	44.8%	562	43.6%
Elective C-Section	48	10.4%	243	29.4%	291	22.6%
Emergency C-Section	144	31.2%	127	15.4%	271	21.0%
Spontaneous Vaginal Delivery	147	31.8%	405	49.0%	552	42.9%
Forceps Delivery	25	5.4%	9	1.1%	34	2.6%
Ventouse Delivery	96	20.8%	43	5.2%	139	10.8%
Breech Delivery	2	0.4%	2	0.2%	4	0.3%
Total (Number)	462	100.0%	826	100.0%	1288	100.0%

Multiple Pregnancies 2024	Primip (n)	%	Multip (n)	%	Total (n)	%
Twins	3	0.6%	17	2.1%	20	1.6%
Triplets	0	0.0%	0	0.0%	0	0.0%

Onset for Multiple Pregnancies 2024	Primip	%	Multip	%	Total	%
Induced	0	0.0%	6	35.3%	6	30.0%
Spontaneous	0	0.0%	8	47.1%	8	40.0%
No Labour	3	100.0%	3	17.6%	6	30.0%
Elective C.S.	3	100.0%	2	11.8%	5	25.0%
Emergency C.S.	0	0.0%	7	41.2%	7	35.0%

Multiple Births 2024	2019	2020	2021	2022	2023	2024
Twins	20	20	18	15	14	20
Triplets	0	0	0	0	0	0
Total	20	20	18	15	14	20

Perinatal Deaths 2024	Primigravida	%	Multigravida	%	Total	%
Stillbirths	3	0.6%	0	0.0%	3	0.2%
Early Neonatal Deaths	0	0.0%	0	0.0%	0	0.0%

Perinatal Mortality Rate (%)	2019	2020	2021	2022	2023	2024
Overall PMR per 1000 births	5.2	6.4	2.7	3	2.9	3.8
Corrected PMR per 1000 births	1.3	2.8	0	1.5	1.5	0.8

Parity 2024	Number	%
0	462	35.9%
1	452	35.1%
2	247	19.2%
3	74	5.7%
4	26	2.0%
5	16	1.2%
6	6	0.5%
7	3	0.2%
8	0	0.0%
9	0	0.0%
10	0	0.0%
11+	2	0.2%
Total	1288	100.0%

Parity %	2019	2020	2021	2022	2023	2024
0	33.80%	34.10%	35.70%	37.30%	38.77%	35.87%
1,2,3	62.60%	62.70%	60.80%	58.20%	57.45%	60.02%
4+	3.60%	3.20%	3.50%	4.50%	3.76%	4.11%

Age 2024	Primigravida	%	Multigravida	%	Total	%
15-19yrs	13	2.8%	2	0.2%	15	1.2%
20-24yrs	64	13.9%	35	4.2%	99	7.7%
25-29yrs	98	21.2%	90	10.9%	188	14.6%
30-34yrs	175	37.9%	243	29.4%	418	32.5%
35-39yrs	90	19.5%	336	40.7%	426	33.1%
40-44yrs	20	4.3%	116	14.0%	136	10.6%
45>	2	0.4%	4	0.5%	6	0.5%
Total	462	100.0%	826	100.0%	1288	100.0%

Age At Delivery (%)	2019	2020	2021	2022	2023	2024
15-19yrs	0.00%	0.30%	0.30%	1.40%	0.89%	1.16%
20-24yrs	0.60%	5.80%	5.70%	6.40%	6.72%	7.69%
25-29yrs	5.60%	13.80%	13.30%	16.40%	17.72%	14.60%
30-34yrs	15.20%	31.90%	27.90%	31.30%	33.25%	32.45%
35-39yrs	31.50%	33.80%	37.90%	32.70%	30.79%	33.07%
40-44yrs	35.20%	13.60%	13.90%	11.40%	10.12%	10.56%
45>	11.90%	0.90%	1.00%	0.40%	0.51%	0.47%

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

Non Irish National Births	2021	2022	2023	2024
Number			315	0
%	18.30%	21.90%	23.26%	0.00%

Gestation @ Delivery 2024	Primigravida	%	Multigravida	%	Total	%
<28 weeks	0	0.0%	1	0.1%	1	0.1%
28 - 31+6	0	0.0%	1	0.1%	1	0.1%
32 - 36+6	25	5.4%	44	5.3%	69	5.4%
37 - 39+6	231	50.0%	541	65.5%	772	59.9%
40 - 41+6	205	44.4%	238	28.8%	443	34.4%
42 weeks	1	0.2%	1	0.1%	2	0.2%
Total	462	100.0%	826	100.0%	1288	100.0%

Gestation @ Delivery	2019	2020	2021	2022	2023	2024
<28 weeks	0.20%	0.30%	0.30%	0.00%	0.07%	0.08%
28 - 31+6	0.20%	0.10%	0.20%	0.20%	0.15%	0.08%
32 - 36+6		4.20%	4.40%	5.30%	4.81%	5.36%
37 - 39+6		53.30%	55.30%	56.60%	57.90%	59.94%
40 - 41+6	17.00%	42.00%	39.20%	37.60%	36.92%	34.39%
42 weeks		0.10%	0.60%	0.30%	0.15%	0.16%

Birth Weights 2024	Primigravida	%	Multigravida	%	Total	%
<1,000gms	0	0.0%	1	0.1%	1	0.1%
1000-1499gms	3	0.6%	1	0.1%	4	0.3%
1500-1999gms	3	0.6%	7	0.8%	10	0.8%
2000-2499gms	13	2.8%	35	4.2%	48	3.7%
2500-2999gms	67	14.4%	98	11.6%	165	12.6%
3000-3499gms	181	38.9%	283	33.6%	464	35.5%
3500-3999gms	152	32.7%	290	34.4%	442	33.8%
4000-4499gms	40	8.6%	103	12.2%	143	10.9%
4500-4999gms	6	1.3%	24	2.8%	30	2.3%
5000-5499gms	0	0.0%	1	0.1%	1	0.1%
>5500gms	0	0.0%	0	0.0%	0	0.0%
Total	465	100.0%	843	100.0%	1,308	100.0%

Birth Weights	2019	2020	2021	2022	2023	2024
<500gms	0.10%	0.10%	0.00%	0.00%	0.00%	0.00%
500-999gms	0.20%	0.20%	0.30%	0.20%	0.07%	0.07%
1000-1999gms		1.00%	0.80%	0.70%	0.58%	1.07%
2000-2999gms		13.30%	15.00%	16.60%	16.30%	16.28%
3000-3999gms	68.00%	68.60%	64.90%	67.40%	66.88%	69.27%
4000-4499gms	11.80%	14.20%	15.30%	12.90%	13.59%	10.93%
4500-4999gms		2.30%	3.50%	2.00%	1.53%	2.29%
5000-5499gms	0.00%	0.10%	0.10%	0.30%	0.29%	0.07%
>5500gms	0.00%	0.00%	0.00%	0.00%	0.07%	0.00%
Total Number of Babies	1529	1400	1463	1327	1368	1,308

Induction of Labour	Primigravida	%	Multigravida	%	Total	%
2019	183	35.90%	228	22.80%	411	27.20%
2020	198	42.10%	249	27.30%	447	32.40%
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%

Perineal Trauma 2024	Primigravida	%	Multigravida	%	Total	%
Intact	197	42.6%	462	55.9%	659	51.2%
Episiotomy	157	34.0%	58	7.0%	215	16.7%
2nd Degree Tear	75	16.2%	159	19.2%	234	18.2%
1st Degree Tear	24	5.2%	113	13.7%	137	10.6%
3rd Degree Tear	9	1.9%	4	0.5%	13	1.0%
Other Laceration	18	3.9%	37	4.5%	55	4.3%

B.B.A	Primigravida	%	Multigravida	%	Total	%
2019	2	0.40%	3	0.30%	5	0.30%
2020	0	0.00%	6	0.60%	6	0.40%
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%

Home Births	Primigravida	%	Multigravida	%	Total	%
2024	2	0.43%	2	0.24%	4	0.31%

Shoulder Dystocia 2024	Primigravida	%	Multigravida	%	Total	%
Shoulder Dystocia					10	0.8%

Obstetric Risks and Complications 2024	Total	%
Maternal Sepsis	2	0.2%
Ectopic Pregnancy	23	1.8%
Eclampsia	0	0.0%
Peripartum Hysterectomy	0	0.0%
Pulmonary Embolism	0	0.0%
Perineal Tears	13	1.0%
Primary PPH Vaginal Deliveries	50	3.9%
Primary PPH C-Sections	86	6.7%
Miscarriage Diagnosis	0	0.0%
Retained Swabs	0	0.0%

Fetal Blood Sampling (n - babies) 2024	Primigravida	%	Multigravida	%	Total	%
PH < 7.20	4	0.9%	0	0.0%	4	0.3%
PH 7.20 - 7.25	0	0.0%	1	0.1%	1	0.1%
PH > 7.25	9	1.9%	5	0.6%	14	1.1%

Cord Blood Sampling (n - babies) 2024	Primigravida	%	Multigravida	%	Total	%
PH < 7.20	98	21.1%	114	13.5%	212	16.2%
PH 7.20 - 7.25	74	15.9%	78	9.3%	152	11.6%
PH > 7.25	179	38.5%	330	39.1%	509	38.9%

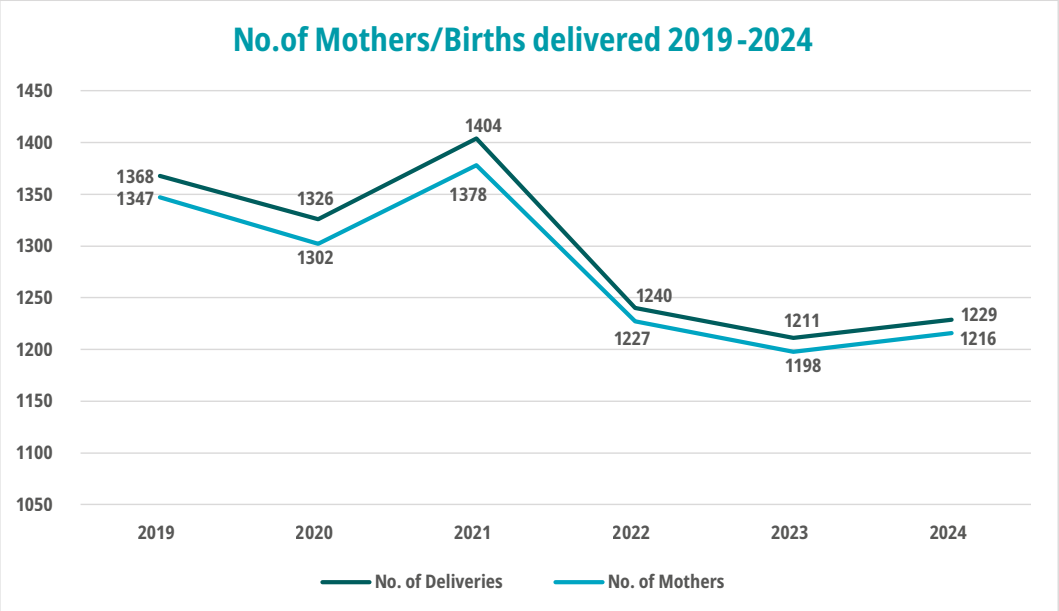
Robson Groups 2024	Total LSCS	Total Women	Rate of CS in Group
Group 1 - Nullip Single Ceph Term Spont Lab	25	167	15.0%
Group 2 - Nullip Single Ceph Term Induced	133	250	53.2%
Group 2(a) - Nullip Single Ceph Term Induced	91	208	43.6%
Group 2(b) - Nullip Single Ceph Term pre-labour CS	42	42	100.0%
Group 3 - Multip Single Ceph Term Spont Lab	6	227	2.6%
Group 4 - Multip Single Ceph Term Induced	36	218	16.5%
Group 4(a) - Multip Single Ceph Term Induced *	20	202	9.9%
Group 4(b) - Multip Single Ceph Term Pre-Labour CS *	16	16	100.0%

Robson Groups 2024	Total LSCS	Total Women	Rate of CS in Group
Group 5 - Previous CS Single Ceph Term	267	302	88.4%
Group 5 (1)- With one previous C.S. Single Ceph Term	181	215	84.2%
Group 5 (2)- With two or more Previous C.S. Single Ceph Term	86	87	98.9%
Group 6 - All Nullip Breeches	19	21	90.5%
Group 7 - All Multip Breeches	22	22	100.0%
Group 8 - All Multiple Pregnancies	12	20	60.0%
Group 9 - All Abnormal Lies	10	10	100.0%
Group 10 - All Preterm Single Ceph	32	51	62.8%
Total	562	1288	43.6%

Vaginal Birth after Caesarean Section, 2024	Number	%
Total No. Of Mothers who had 1 previous Caesarean Section	237	18.4%
No of Mothers who opted for an elective caesarean section after 1 previous Caesarean Section	143	60.3%
No of Mothers who went into spontaneous/induced Labour after 1 previous Caesarean Section	63	26.6%
Outcome of this Category:		
• SVD/Spontaneous Breech	26	41.3%
• Ventouse	9	14.3%
• Forceps	2	3.2%
Total VBAC	37	58.7%
Emergency C.S.	26	41.3%

SUH Statistical Summary Template 2024

Number of Mothers/Births	2019	2020	2021	2022	2023	2024
Number of Deliveries	1368	1326	1404	1240	1211	1229
Number of Mothers	1347	1302	1378	1227	1198	1216



Obstetric Outcomes (Mothers) 2024	Primip	%	Multip	%	Total	%
Spontaneous Onset	196	40.7%	279	38.0%	475	39.1%
Induction of Labour	217	45.1%	207	28.2%	424	34.9%
Epidural Rate	281	58.4%	206	28.0%	487	40.0%
Episiotomy	120	24.9%	29	3.9%	149	12.3%
Caesarean Section	205	42.6%	301	41.0%	506	41.6%
Elective C-Section	47	39.3%	189	25.7%	236	19.4%
Emergency C-Section	158	32.8%	112	15.2%	270	22.2%
Spontaneous Vaginal Delivery	160	33.3%	406	55.2%	566	46.5%
Forceps Delivery	27	5.6%	4	0.5%	31	2.5%
Ventouse Delivery	89	18.5%	25	3.4%	114	9.4%
Breech Delivery	1	0.2%	1	0.1%	2	0.2%
Total (Number)	481	100.0%	735	100.0%	1216	100.0%

Multiple Pregnancies 2024	Primip (n)	%	Multip (n)	%	Total (n)	%
Twins	4	0.8%	10	1.3%	14	1.1%
Triplets	0	0.0%	0	0.0%	0	0.0%

Onset for Multiple Pregnancies 2024	Primip	%	Multip	%	Total	%
Induced	2	50.0%	2	20.0%%	4	28.6%
Spontaneous	1	25.0%	0	0.0%	1	7.1%
No Labour	1	25.0%	8	80.0%	9	64.3%
Elective C.S.	1	25.0%	5	50.0%	6	42.9%
Emergency C.S.	1	25.0%	4	40.0%	5	35.7%

Multiple Births 2024	2019	2020	2021	2022	2023	2024
Twins	21	24	27	13	13	14
Triplets	0	0	0	0	0	0
Total	21	24	27	13	13	14

Perinatal Deaths 2024	Primigravida	%	Multigravida	%	Total	%
Stillbirths	3	0.62%	1	0.13%	4	0.32%
Early Neonatal Deaths	1	0.21%	1	0.13%	2	0.16%

Perinatal Mortality Rate (%)	2019	2020	2021	2022	2023	2024
Overall PMR per 1000 births	0.45	7	3.5	8.7	3.3	4.9
Corrected PMR per 1000 births	0.8	1	1.4	2.4	0.8	1.6

Stillbirth & Neonatal Deaths	2019	2020	2021	2022	2023	2024
Stillbirth Rate	3.00%	0.60%	0.30%	0.65%	0.33%	0.32%
Neonatal Death Rate	0.00%	0.08%	0.10%	0.24%	0.00%	0.16%
Total Rate	1.50%	0.68%	0.40%	0.89%	0.33%	0.48%

Parity 2024	Number	%
0	481	39.6%
1	418	34.4%
2	202	16.6%
3	68	5.6%
4	28	2.3%
5	10	0.8%
6	4	0.3%
7	4	0.3%
8	0	0.0%
9	0	0.0%
10	0	0.0%
11+	1	0.1%
Total	1,216	100.0%

Parity %	2019	2020	2021	2022	2023	2024
0	35.50%	36.90%	34.20%	39.00%	39.49%	39.56%
1,2,3	55.10%	59.40%	62.00%	57.10%	55.75%	56.58%
4+	9.40%	3.70%	3.80%	3.90%	3.08%	3.86%

Age 2024	Primigravida	%	Multigravida	%	Total	%
15-19yrs	3	0.6%	1	0.1%	4	0.3%
20-24yrs	42	8.7%	17	2.4%	59	4.9%
25-29yrs	67	13.9%	85	11.6%	152	12.5%
30-34yrs	164	34.1%	189	25.7%	353	29.0%
35-39yrs	159	33.1%	288	39.1%	447	36.7%
40-44yrs	39	8.1%	143	19.5%	182	15.0%
45>	7	1.5%	12	1.6%	19	1.6%
Total	481	100.0%	735	100.0%	1216	100.0%

Age At Delivery (%)	2019	2020	2021	2022	2023	2024
15-19yrs	2.00%	0.40%	0.20%	0.30%	0.25%	0.33%
20-24yrs	9.70%	5.40%	5.50%	7.20%	4.42%	4.85%
25-29yrs	17.20%	12.90%	10.80%	14.20%	14.77%	12.50%
30-34yrs	35.80%	27.30%	30.20%	28.00%	29.38%	29.03%
35-39yrs	28.50%	37.90%	37.50%	34.30%	35.73%	36.76%
40-44yrs	6.90%	14.50%	15.20%	15.20%	13.62%	14.97%
45>	0	1.30%	0.60%	0.70%	1.83%	1.56%

Non Irish National Births	2019	2020	2021	2022	2023	2024
Number	136	265	266	266	308	335
%	10.10%	20.30%	19.30%	21.70%	25.70%	27.55%

Gestation @ Delivery 2024	Primigravida	%	Multigravida	%	Total	%
<28 weeks	3	0.6%	0	0.0%	3	0.2%
28 - 31+6	0	0.0%	4	0.5%	4	0.3%
32 - 36+6	30	6.2%	44	5.9%	74	6.0%
37 - 39+6	198	40.9%	440	59.1%	638	51.9%
40 - 41+6	251	51.9%	256	34.4%	507	41.3%
42 weeks	2	0.4%	1	0.1%	3	0.2%
Total	484	100.0%	745	100.0%	1229	100.0%

Gestation @ Delivery	2019	2020	2021	2022	2023	2024
<28 weeks	0.40%	0.50%	0.20%	0.30%	0.08%	0.24%
28 - 31+6	0.20%	0.60%	0.30%	0.20%	0.08%	0.33%
32 - 36+6		3.60%	5.20%	6.50%	6.09%	6.02%
37 - 39+6		52.30%	53.90%	54.90%	53.23%	51.91%
40 - 41+6	49.20%	42.10%	39.80%	37.90%	40.24%	41.25%
42 weeks	1.20%	0.60%	0.60%	0.10%	0.28%	0.24%

Birth Weights 2024	Primigravida	%	Multigravida	%	Total	%
<1,000gms	3	0.6%	1	0.1%	4	0.3%
1000-1499gms	0	0.0%	2	0.3%	2	0.2%
1500-1999gms	5	1.0%	5	0.7%	10	0.8%
2000-2499gms	22	4.5%	24	3.2%	46	3.7%
2500-2999gms	56	11.6%	85	11.4%	141	11.5%
3000-3499gms	175	36.2%	250	33.6%	425	34.6%
3500-3999gms	163	33.7%	274	36.8%	437	35.6%
4000-4499gms	54	11.2%	89	11.9%	143	11.6%
4500-4999gms	6	1.2%	13	1.7%	19	1.5%
5000-5499gms	0	0.0%	2	0.3%	2	0.2%
>5500gms	0	0.0%	0	0.0%	0	0.0%
Total	484	100.0%	745	100.0%	1229	100.0%

Birth Weights	2019	2020	2021	2022	2023	2024
<500gms	0.10%	0.10%	0.00%	0.00%	0.00%	0.00%
500-999gms	0.20%	0.20%	0.30%	0.20%	0.07%	0.32%
1000-1999gms		1.00%	0.80%	0.70%	0.58%	0.98%
2000-2999gms		13.30%	15.00%	16.60%	16.30%	15.22%
3000-3999gms	68.00%	68.60%	64.90%	67.40%	66.88%	70.14%
4000-4499gms	11.80%	14.20%	15.30%	12.90%	13.59%	11.63%
4500-4999gms		2.30%	3.50%	2.00%	1.53%	1.55%
5000-5499gms	0.00%	0.10%	0.10%	0.30%	0.29%	0.16%
>5500gms	0.00%	0.00%	0.00%	0.00%	0.07%	0.00%

Induction of Labour	Primigravida	%	Multigravida	%	Total	%
2019	183	35.90%	228	22.80%	411	27.20%
2020	198	42.10%	249	27.30%	447	32.40%
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%

Perineal Trauma 2024	Primigravida	%	Multigravida	%	Total	%
Intact	211	43.9%	380	51.6%	591	48.6%
Episiotomy	120	24.9%	29	3.9%	149	12.3%
2nd Degree Tear	95	19.8%	186	25.3%	281	23.1%
1st Degree Tear	22	4.6%	84	11.4%	106	8.7%
3rd Degree Tear	8	1.7%	2	0.3%	10	0.8%
Other Laceration	25	5.2%	54	7.3%	79	6.5%

Incidence of Episiotomy	Primigravida	%	Multigravida	%	Total	%
2019	190	37.30%	80	8.00%	270	17.90%
2020	131	27.90%	71	7.80%	202	14.60%
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	120	24.94%	29	3.94%	149	12.25%

B.B.A	Primigravida	%	Multigravida	%	Total	%
2019	2	0.40%	3	0.30%	5	0.30%
2020	0	0.00%	6	0.60%	6	0.40%
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%

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

Shoulder Dystocia 2024	Primigravida	%	Multigravida	%	Total	%
Shoulder Dystocia	4	0.8%	6	0.8%	10	0.8%

Obstetric Risks and Complications 2024	Primigravida	%	Multigravida	%	Total	%
Maternal Sepsis	0	0.0%	1	0.1%	1	0.1%
Ectopic Pregnancy	-	-	-	-	18	1.5%
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	8	1.7%	2	0.3%	10	0.8%

Obstetric Risks and Complications 2024	Primigravida	%	Multigravida	%	Total	%
Primary PPH Vaginal Deliveries	27	5.6%	17	2.3%	44	3.6%
Primary PPH CS Deliveries	45	9.3%	36	4.8%	81	6.6%
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) 2024	Primigravida	%	Multigravida	%	Total	%
PH < 7.20	139	28.7%	154	20.7%	293	23.8%
PH 7.20 - 7.25	127	26.2%	161	21.6%	288	23.4%
PH > 7.25	141	29.1%	278	37.3%	419	34.1%
Unobtained	77	15.9%	152	20.4%	229	18.6%

Robson Groups 2024	Total LSCS	Total Women	Rate of CS in Group
Group 1 - Nullip Single Ceph Term Spont Lab	43	184	23.4%
Group 2 - Nullip Single Ceph Term Induced	117	237	49.4%
Group 2(a) - Nullip Single Ceph Term Induced	87	207	42.0%
Group 2(b) - Nullip Single Ceph Term pre-labour CS	30	30	100.0%
Group 3 - Multip Single Ceph Term Spont Lab	2	222	0.9%
Group 4 - Multip Single Ceph Term Induced	37	200	18.5%
Group 4(a) - Multip Single Ceph Term Induced *	20	184	10.9%
Group 4(b) - Multip Single Ceph Term Pre-Labour CS *	16	16	100.0%
Group 5 - Previous CS Single Ceph Term	208	248	83.9%
Group 5 (1)- With one previous C.S. Single Ceph Term	154	194	79.4%
Group 5 (2)- With two or more Previous C.S. Single Ceph Term	54	54	100.0%
Group 6 - All Nullip Breeches	21	22	95.5%
Group 7 - All Multip Breeches	11	11	100.0%
Group 8 - All Multiple Pregnancies	11	14	78.6%
Group 9 - All Abnormal Lies	19	19	100.0%
Group 10 - All Preterm Single Ceph	37	59	62.7%
Total	506	1216	41.6%

Vaginal Birth after Caesarean Section 2024	Number	%
Total No. Of Mothers who had 1 previous Caesarean Section	214	17.6%
No of Mothers who opted for an elective caesarean section after 1 previous Caesarean Section	122	57.0%
No of Mothers who went into spontaneous/induced Labour after 1 previous Caesarean Section	61	28.5%
Outcome of this Category:		
• SVD/Spontaneous Breech	27	44.3%
• Ventouse	11	18.0%
• Forceps	2	3.3%
Total VBAC	40	65.6%
Emergency C.S.	21	34.4%

2.2 Fetal Medicine Report

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.

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

Fetal Medicine Services	GUH	LUH	MUH	PUH	SUH	Total
Total number of scans preformed	16,718	8,276	4,762	6,187	5,873	41,816
Number of EPU scans	2,277	1,456	915	1,227	1,473	7,348
Number of Early Pregnancy Scans (inc EPAU & booking scans)	4,898	3,062	2,303	2,605	1,475	14,343
Number of detailed anomaly scans	2,382	1,457	1,418	1,010	1,168	7,435
Percentage of patients who had an anomaly U/S	100.0%	96.5%	100.0%	77.2%*	100.0%	94.75
Number of other clinically indicated scans	6,687	3,757	1,956	2,604	236	15,240
Number of twins*	89	24	30	26	14	183
DCDA	62	20	23	18	11	134
MCDA	25	4	7	6	3	45
MCMA	2	0	0	1	0	3
Triplets	1	0	0	1	0	2
Number of Amniocentesis or CVS	59	0	0	0	0	59
Fetal abnormalities diagnosed	237	46	32	30	52	397
Number of deliveries	2,582	1,447	1,376	1,308	1,217	7,930

** reflects no. of twins who attended the fetal medicine services for scanning, not the no. of twins delivered in 2024.*

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
2020	72	43	23	27	24	189
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

No. of Amniocentesis or CVS	GUH	LUH	MUH	PUH	SUH	Total
2020	48	5	4	0	5	62

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

No. of Fetal Abnormalities	GUH	LUH	MUH	PUH	SUH	Total
2020	127	31	19	33	27	237
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

Ultrasound and Fetal Abnormalities Diagnosed 2024 per hospital site

	GUH	LUH	MUH	PUH	SUH	Total
Cranial/ CNS/Neuro	**39**	**4**	**9**	**7**	**20**	**79**
Ventriculomegaly (n)	15	2	0	2	4	23
CNS Posterior Fossa Abnormality (n)	1	0	0	1	0	2
Megacisterna Magna	0	0	1	0	0	1
Microcephaly (n)	2	0	2	1	1	6
Spina Bifida and Ventriculomegaly (n)	4	0	0	1	0	5
Arachnoid Cyst (n)	0	0	0	0	2	2
Anencephaly (n)	1	0	1	0	0	2
Cystic Hygroma (n)	7	1	4	2	6	20
Cystic Hygroma and Trisomy 21 (on amino) (n)	2	1	0	0	1	4
Holoproencephaly (n)	2	0	0	0	1	3
Agensis Cerebellar Vermis (n)	1	0	0	0	0	1
Acrania and Anencephaly (n)	3	0	0	0	0	3
Ventriculomegaly and Trisomy 21 (n)	1	0	0	0	0	1
Other (n)	0	0	1	0	5	6
Cardiac abnormalities	**61**	**18**	**1**	**5**	**8**	**93**
Hypoplastic right/ left heart	5	1	0	0	0	6
Transposition	0	0	0	0	1	1
DORV	3	1	0	0	0	4
VSD & AVSD	25	8	0	0	0	33
Tetralogy of Fallot	3	0	0	0	0	3
Interrupted aortic arch	2	0	0	0	1	3
Ventricular disproportion	0	4	0	2	0	6
Irregular rhythm	16	3	0	2	3	24
Pericardial effusion	3	1	0	1	2	7
Dextrocardia	4	0	1	0	0	5
Other	0	0	0	0	1	1
Abdominal defects/ GI malformations	**14**	**2**	**8**	**4**	**8**	**36**
Gastroschisis	2	0	0	0	0	2
Exomphalous	2	0	0	0	0	2
Abdominal cysts	4	0	1	1	5	11

	GUH	LUH	MUH	PUH	SUH	Total
Abdominal Ascites	1	2	1	1	1	6
Duodenal atresia	0	0	0	1	0	1
Omphalocele	3	0	1	1	0	5
Body Stalk abnormality	2	0	1	0	0	3
Echogenic Bowel	0	0	4	0	0	4
Other	0	0	0	0	2	2
Thoracic	**8**	**0**	**1**	**1**	**2**	**12**
Bronchopulmonary sequestration	1	0	0	0	0	1
Congenital cystic adenomatoid malformation	3	0	1	0	0	4
Pleural effusion	1	0	0	1	0	2
Diaphragmatic hernia	3	0	0	0	2	5
Structural Facial Abnormality	**3**	**1**	**0**	**2**	**1**	**7**
Cleft lip/ Palate	3	1	0	2	1	7
Renal tract abnormality	**36**	**4**	**0**	**6**	**3**	**49**
Megacystis	2	1	0	0	0	3
Multicystic /Polycystic/dysplastic kidney	8	0	0	1	0	9
Echogenic kidneys	15	0	0	0	0	15
Hydronephrosis	11	1	0	3	3	18
Megacystic bladder	0	1	0	2	0	3
Duplex kidney	0	1	0	0	0	1
Skeletal abnormality/ Limb abnormality	**14**	**7**	**5**	**2**	**4**	**32**
Talipes	10	3	1	2	2	18
Long bones <3rd centile	2	3	1	0	0	6
Arthyrogryposis	1	0	2	0	0	3
Skeletal Dysplasia	0	0	1	0	1	2
Bsent Radius and Ulna	0	1	0	0	0	1
Pfeiffer Syndrome	1	0	0	0	0	1
Other	0	0	0	0	1	1
Chromosomal abnormality- Genetic Abnormality	**43**	**10**	**6**	**0**	**3**	**62**
Trisomy 21	27	7	4	0	2	40
Trisomy 13	2	0	1	0	0	3
Trisomy 18	12	2	0	0	1	15
Triplody	1	0	1	0	0	2
Noonans	1	0	0	0	0	1
Jacobs Syndrome	0	1	0	0	0	1
Placental	**15**	**0**	**3**	**2**	**3**	**23**
Placenta accreta	4	0	0	0	0	4
Placenta Previa	0	0	3	0	0	3
Other	11	0	0	2	3	16
Miscellaneous	**75**	**27**	**40**	**1**	**68**	**211**
Syphilis	0	0	2	0	0	2
Anti D	6	0	3	0	0	9
Anti K	1	0	0	0	0	1
Anti E	2	0	3	0	0	5
Fetal Echo	27	17	7	0	31	82
Vasa Praevia	7	10	0	1	0	18
Antibodies	24	0	1	0	1	26
Anti C and D	0	0	1	0	0	1
Anti Jkb	0	0	1	0	0	1

	GUH	LUH	MUH	PUH	SUH	Total
SFGA	0	0	0	0	34	34
Meningocele	0	0	0	0	1	1
BPS Lung	0	0	0	0	1	1
HIV	0	0	1	0	0	1
Hepatitis B	0	0	4	0	0	4
Previous Abnormalities	0	0	14	0	0	14
Preconceptual Visits	0	0	3	0	0	3
Fetal Ovarian Cyst	1	0	0	0	0	1
8p23.1 deletion	1	0	0	0	0	1
Kleinfelters	1	0	0	0	0	1
Vein Varix	2	0	0	0	0	2
Umbilical Cord Cysts	3	0	0	0	0	3

MUH Fetal Medicine Summary 2024

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.

This year a total of 112 fetal and maternal medicine clients came through the service.

MUH Activity	2023	2024
Total number of patients seen in Fetal Medicine Clinic	**93**	**112**
Fetal Medicine	84	81
Maternal Medicine	9	31
Huntingtons Disease	1	0
HHT	1	0
Wolf Parkinson white syndrome	2	0
Epilepsy	2	1
Hepatitis B	1	4
Discoid Lupus	1	1
Multiple Sclerosis	1	0
HIV	0	1
SLE	0	5
Trepomema Pallidium	0	2
Bipolar on Lithium	0	1
Rheumatoid Arthritis	0	2
CVA and VSD	0	1
Maternal Coarctation	0	1
Thalasaemia HBEe	0	1
Maternal Long QT syndrome	0	1
Elhors Danlos/POTS	0	2
Parvovirus	0	2
CMV	0	1
Chicken Pox	0	1
Preconceptual Visits	0	3
Patients with previous fetus with fetal abnormality	0	14

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 2024

Activity/Diagnosis	GUH	LUH	MUH	PUH	SUH	Total
Total Attendances	2,473	1,456	1,125	1,227	1,473	**7,754**
New	1,576	772	590	646	904	**4,488**
Return	897	725	535	581	569	**3,307**
Viable Intrauterine Pregnancies	1,146	809	376	573	832	**3,736**
Complete Miscarriages	307	130	143	121	202	**903**
Incomplete Miscarriages	113	117	69	42	70	**411**
Missed Miscarriages	236	184	126	191	103	**840**
Medical Management	117	80	114	101	86	**498**
Surgical Management	71	101	35	83	84	**374**
Conservative Management	73	4	35	7	0	**119**
Ectopic Pregnancies	18	4	10	23	18	**73**
Pregnancies of Unknown Location	285	82	71	57	131	**626**
Molar Pregnancies	18	5	5	6	4	**38**
Pregnancies of Unknown Viability	229	167	113	132	150	**791**
BHCG Levels Recorded	661	-	194	310	499	**1,664**

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
2020 EPAU 1st Visits and % per Delivered	1,416 55.3%*	545 35.6%	561 40.3%	819 59.4%*	948 72.8%*	**4,289** **52.5%**	42.8%
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%

** 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).

Group Summary Table 2024 - Combined Obstetric and Endocrine service Report

Diabetic Pregnancies, Type and Treatment	GUH	LUH	MUH	PUH	SUH	Total
Activity						
Total number of mothers delivered	2,582	1,447	1,376	1,288	1,217	**7,910**
Total number of pregnancies complicated by diabetes	803	236	166	156	153	**1,514**
% of women delivered with pregnancy complicated by diabetes	31.1%	16.3%	12.1%	12.1%	12.6%	**19.1%**
Classification						
Numbers of Type 1	16	12	4	1	11	**44**
Numbers of Type2	9	4	2	7	9	**31**
MODY	0	0	2	1	1	**4**
Numbers of Gestational Diabetes	778	220	158	147	132	**1435**
Mode of Management						
Diet and exercise	349	69	34	59	53	**564**
Metoformin	115	37	12	0	42	**206**
Insulin	314	130	25	97	58	**624**

Group Activity	2020	2021	2022	2023	2024
No. of Pregnancies Complicated by Diabetes	915	1,204	1,502	1,410	1,514
% of women delivered with pregnancy complicated by diabetes	11.2%	13.8%	18.9%	17.6%	19.1%
Type 1	43	28	32	33	44
Type 2	23	17	25	29	31
MODY	1	2	0	0	4
Gestational Diabetes	846	1157	1445	1,347	1,435
Diet and Exercise	349	547	690	617	564
Metformin	162	158	123	97	206
Insulin	400	506	683	672	624

Combined Obstetric and Diabetic Service Report 2024	GUH	LUH	MUH	PUH	SUH
Total No. of Mothers Delivered	2,582	1,447	1,376	1,288	1,217
Total No. of Pregnancies Complicated by Diabetes	803	236	166	156	153
Classification of Diabetes					
Total No. of Type 1	16	12	4	1	11
Total No. of Type 2	9	4	2	7	9
Total No. of MODY	0	0	2	1	1
Total No. of Gestational Diabetes	778	220	158	147	132
Mode of Management					
No. of Diet and Exercise	349	69	34	59	53
No. by Metformin	115	37	12	0	42
No. by Insulin	314	130	95	97	58
No. by Insulin and Metformin	0	0	25	0	0
BMI Breakdown of Women with Diabetes					
No. of women <19	3	1	2	0	0
No. of women 19-24.9	182	37	22	23	22
No. of women 25-29.9	245	82	55	48	45
No. of women 30-34.9	158	60	41	34	41
No. of women = or >35	118	53	46	39	41
No. not recorded	97	3	0	12	4
Labour Onset of Women with Diabetes					
Spontaneous	231	31	36	31	27
Induced	340	125	59	73	68
No Labour	232	80	67	52	58
Delivery Type of Women with Diabetes					
SVD/Spontaneous Breech	314	91	60	69	53
OVD	116	17	16	15	15
Elective CS	185	59	55	43	42
Emergency CS	188	69	31	29	43
Delivered in other country	0	0	2	0	0
Mis	0	0	2	0	0
Infant Feeding Method					
Breast Alone at Discharge	290	129	79	33	55
Breast and Artificial at Discharge	251	9	6	53	52
Artificial at Discharge	275	98	77	69	48
NND	4	0	0	1	0
Transferred out, NPO on transfer	0	0	0	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	2019	2020	2021	2022	2023	2024
GUH	per total mothers delivered	1.9%	2.3%	2.0%	1.9%	2.1%	2.7%
	per total CS	5.2%	6.9%	5.1%	4.9%	5.2%	6.3%
LUH	per total mothers delivered	2.7 %	2.2%	2.1%	2.0%	1.8%	2.8%
	per total CS	7.2%	5.9%	5.2%	5.0%	4.48%	6.6%
PUH	per total mothers delivered	1.7%	1.8%	2.3%	1.6%	2.0%	2.1%
	per total CS	4.3%	4.4%	5.4%	3.9%	4.7%	4.8%
MUH	per total mothers delivered	2.1%	2.3%	1.3%	1.6%	2.9%	1.7%
	per total CS	5.5%	5.8%	3.0%	4.1%	6.7%	4.0%
SUH	per total mothers delivered	4.6%	3.0%	1.2%	1.7%	1.3%	1.7%
	per total CS	13.0 %	7.6%	3.0%	3.9%	3.2%	4.2%
National average (IMIS Data)	per total mothers delivered	1.8%	1.6%	1.5%	1.8%	1.9%	1.9%
	per total CS	5.2%	4.5%	3.9%	4.6%	4.7%	4.7%

GUH Maternity Anaesthetic Report 2024

GUH Maternity Anaesthetic Data 2024	Primip	Multip	Total
General Anaesthetic 2024			
GA per Total Mothers Delivered	4.0% (44)	1.7% (25)	2.7% (69)
GA per Total Caesarean Sections	8.3% (44)	4.4% (25)	6.3% (69)
Epidural in Labour 2024			
Epidural in Labour	609	442	1051
Labour Onset in Women who received epidural in 2024			
Induced	352	250	602
No Labour	0	0	0
Spontaneous	257	195	452
Deliveries Post Epidural 2024			
SVD	135	343	478
Spontaneous Breech/Breech Extraction	1	6	7
Ventouse	174	52	226
Forceps	59	5	64
Elective CS	221	0	221
Emergency CS	0	36	36
Failed Forceps/ Ventouse	19	3	22
Mode of Anaesthetic for Elective CS			
Spinal	127	379	506
Epidural	0	1	1
Combined Spinal	2	0	2
General Anaesthetic	4	9	13

GUH Maternity Anaesthetic Data 2024	Primip	Multip	Total
Mode of Anaesthetic for Emergency CS			
Spinal	171	126	297
Epidural	133	25	158
Combined Spinal	54	8	62
General Anaesthetic	40	16	56
High Risk Obstetrics Anaesthetic Care Reason for Admission 2024			
Post-Partum Haemorrhage (Previa/Accreta/Percreta)	1	5	6
PPH	2	0	2
Sepsis/Septic Shock	1	5	6
Infection	1	3	4
Seizure	1	2	3
Exacerbation Autoimmune Condition	2	0	2
Cardiac Hx	0	1	1
AKI	0	1	1
Neurological Hx	0	1	1

GUH Anaesthetic Report 2024

As part of ongoing quality improvement work in the care of obstetric patients, we introduced a preoperative carbohydrate drink for our elective caesarean section patients to reduce fasting times. This has been shown in studies to reduce ketosis, improve patient satisfaction and result in faster return of bowel function post section, with lower rates of nausea and vomiting. We are planning to audit related outcomes in 2025.

We are currently working with the IT department to move the follow up for our obstetric neuraxial procedures onto the electronic patient record. This aims to improve the follow up of these patients, with fewer patients lost to follow up and earlier identification of complications or concerns.

High risk Obstetric Anaesthesia Clinic

118 patients were booked into the high risk obstetric anaesthesia clinic in 2024. This number is expected to increase in 2025 as there was a gap period of 2 months in 2024 where the location and consultant running the clinic changed.

Labour analgesia

Data on the number of neuraxial analgesia and anaesthesia procedures carried out are contained in the table above.

10 Patients reported a post dural puncture headache after an epidural in labour in 2024. A further 2 patients reported PDPH after a single shot spinal for caesarean section, one of whom was transferred for a second opinion from another hospital in the group. In total 12 patients had an epidural blood patch carried out, with 1 patient requiring a second blood patch.

ICU/HDU

A total of 94 patients required HDU care on the labour ward.

A total of 24 patients were admitted to ICU / HDU for care in pregnancy or the puerpurium. Of those, 6 were admitted following treatment for placenta accreta, with an additional 2 admissions to critical care for major obstetric haemorrhage. 8 patients were admitted with Sepsis, 2 with Influenza A. There were 3 admissions of patients who suffered a tonic clonic seizure during caesarean section. Other reasons for admission included an exacerbation of ulcerative colitis, acute kidney injury, maternal cardiac disease, uncontrolled blood sugars in diabetes mellitus.

General Anaesthetic Rate

The overall GA rate for caesarean sections was 6.4% (69/1095). Of those the rate of general anaesthetic for elective caesarean section was 2.4% (12/502), 4% (21/515) for category 2/3 and 47.2% (35/74) for Category 1, all within standards of RCOA guidance.

LUH Maternity Anaesthetic Report 2024

LUH Maternity Anaesthetic Data 2024	Primip	Multip	Total
General Anaesthetic 2024			
GA per Total Mothers Delivered	2.8% (41)		
GA per Total Caesarean Sections	6.6% (41)		
Epidural in Labour 2024			
Epidural in Labour	234	196	430
Labour Onset in Women who received epidural in 2024			
Induced	144	121	265
No Labour	0	0	0
Spontaneous	90	74	164
Deliveries Post Epidural 2024			
SVD	71	141	212
Breech Extraction	1	0	1
Ventouse	66	29	95
Forceps	6	1	7
Elective CS	0	0	0
Emergency CS	90	25	115
Failed Ventouse/Forceps	0	0	0
Mode of Anaesthetic for Elective CS			
Spinal	48	237	285
Epidural	1	0	10
Combined Spinal	0	2	2
General Anaesthetic	0	7	7
Mode of Anaesthetic for Emergency CS			
Spinal	96	95	191
Epidural	58	15	73
Combined Spinal	16	6	22
General Anaesthetic	22	12	34
High Risk Obstetrics Anaesthetic Care Reason for Admission 2024			
Pre-eclampsia	10		
Sepsis Post Delivery	3		
Ruptured Ectopic	3		
Fast Afib +38/40 pregnant Cardiac arrest	1		
HELLP Syndrome/Severe Electrolyte Disturbance	0		
PE	1		
MOH/PPH >1500mls	30		
Maternal Critical Care	12		
Not Classified	4		
Reasons Seen in Anaesthetic Clinic 2024			
Epidural/Spinal Problem	10		
Raised BMI	107		
Cardiac	19		
Reaction to Local or GA	6		
Miscellaneous	1		
Minor Back Issue	10		

LUH Maternity Anaesthetic Data 2024	Primip	Multip	Total
Other Orthopaedic Issue	1		
Scoliosis	5		
Major Back Issue	20		
Previous Post Dural Puncture Headache	2		
Jehovah Witness	1		
Coagulation	1		
Other	28		
Total	211		

MUH Maternity Anaesthetic Report 2024

MUH Maternity Anaesthetic Data 2024	Primip	Multip	Total
General Anaesthetic 2024			
GA per Total Mothers Delivered	1.7% (8)	1.6% (15)	1.7% (23)
GA per Total Caesarean Sections	4.0% (8)	4.0% (15)	4.0% (23)
Epidural in Labour 2024			
Epidural in Labour	248	206	454
Labour Onset in Women who received epidural in 2024			
Induced	162	104	266
No Labour	0	0	0
Spontaneous	86	102	188
Deliveries Post Epidural 2024			
SVD	82	162	244
Breech Extraction	0	0	0
Ventouse	58	15	73
Forceps	27	9	36
Elective CS	0	0	0
Emergency CS	81	20	101
Failed Ventouse/Forceps	10	2	12
Mode of Anaesthetic for Elective CS			
Spinal	54	261	315
Epidural	71	20	91
Combined Spinal	0	0	0
General Anaesthetic	0	1	1
Mode of Anaesthetic for Emergency CS			
Spinal	50	78	128
Epidural	0	0	0
Combined Spinal	5	0	5
General Anaesthetic	9	14	23
High Risk Obstetrics Anaesthetic Care Reason for Admission 2024 (CCU/ICU & High observation room)			
Pre-eclampsia	0	0	0
Sepsis Post Delivery	3	2	5
Ruptured Ectopic	0	0	0
Fast Afib +38/40 pregnant	0	0	0
HELLP Syndrome/Severe Electrolyte Disturbance	0	0	0
PET	10	5	15

MUH Maternity Anaesthetic Data 2024	Primip	Multip	Total
Other	12	15	27
Reasons Seen in Anaesthetic Clinic 2024			
Epidural/Spinal Problem	0		
Raised BMI	24		
Cardiac	4		
Reaction to Local or GA	0		
Miscellaneous	0		
Minor Back Issue	0		
Other Orthopaedic Issue	5		
Scoliosis	0		
Major Back Issue	0		
Previous Post Dural Puncture Headache	0		
Jehovah Witness	2		
Coagulation	0		
Other	30		

PUH Maternity Anaesthetic Report 2024

PUH Maternity Anaesthetic Data 2024	Primip	Multip	Total
General Anaesthetic 2024			
GA per Total Mothers Delivered	1.0%	1.2%	2.1% (27)
GA per Total Caesarean Sections	2.1%	2.7%	4.8% (27)
Epidural in Labour 2024			
Epidural in Labour	260	219	479
Labour Onset in Women who received epidural in 2024			
Induced	163	119	282
No Labour	0	0	0
Spontaneous	97	100	197
Deliveries Post Epidural 2024			
SVD	85	157	242
Breech Extraction	1	1	2
Ventouse	80	31	111
Forceps	23	5	28
Elective CS	0	0	0
Emergency CS	71	26	97
Failed Ventouse/Forceps	3	1	4
Mode of Anaesthetic for Elective CS			
Spinal	47	243	290
Epidural	0	0	0
Combined Spinal	0	1	1
General Anaesthetic	0	3	3
Mode of Anaesthetic for Emergency CS			
Spinal	68	88	156
Epidural	46	19	65
Combined Spinal	18	5	23

PUH Maternity Anaesthetic Data 2024	Primip	Multip	Total
General Anaesthetic	12	12	24
High Risk Obstetrics Anaesthetic Care Reason for Admission 2024			
Pre-eclampsia	0	1	1
Sepsis Post Delivery	0	2	2
Ruptured Ectopic	0	0	0
Cardiac Monitoring	0	1	1
Pancreatitis	1	0	1
PPH/MOH	6	4	10
Not Classified-monitoring post epileptic seizure	0	1	1
Reasons Seen in Anaesthetic Clinic 2024			
Epidural/Spinal Problem	16		
Raised BMI	32		
Cardiac	7		
Reaction to Local or GA	7		
Miscellaneous	16		
Minor Back Issue	38		
Other Orthopaedic Issue	4		
Scoliosis	13		
Major Back Issue	5		
Previous Post Dural Puncture Headache	1		
Jehovah Witness	1		
Coagulation	8		
Total	148		

SUH Maternity Anaesthetic Report 2024

SUH Maternity Anaesthetic Data 2024	Primip	Multip	Total
General Anaesthetic 2024			
GA per Total Mothers Delivered	2.5% (12)	1.2% (9)	1.7% (21)
GA per Total Caesarean Sections	5.9% (12)	3.0% (9)	4.2% (21)
Epidural in Labour 2024			
Epidural in Labour	281	206	487
Labour Onset in Women who received epidural in 2024			
Induced	155	144	269
No Labour	1	4	5
Spontaneous	126	92	218
Deliveries Post Epidural 2024			
SVD	90	157	247
Breech Extraction	1	1	2
Ventouse	75	17	92
Forceps	16	1	17
Elective CS	1	4	5
Emergency CS	91	27	118
Failed Ventouse/Forceps	8	3	11

SUH Maternity Anaesthetic Data 2024	Primip	Multip	Total
Mode of Anaesthetic for Elective CS			
Spinal	45	187	232
Epidural	1	1	2
Combined Spinal	0	0	0
General Anaesthetic	1	1	2
Mode of Anaesthetic for Emergency CS			
Spinal	68	85	153
Epidural	79	19	98
Combined Spinal	0	0	0
General Anaesthetic	11	8	19
High Risk Obstetrics Anaesthetic Care Reason for Admission 2024			
Pre-eclampsia	1	1	2
Sepsis Post Delivery	1 (to rule out sepsis, not sepsis)	0	0
Ruptured Ectopic	1	0	1
Fast Afib +38/40 pregnant	0	0	0
HELLP Syndrome/Severe Electrolyte Disturbance	0	0	0
PET	0	0	0
Not Classified	0	0	0
APH	0	0	0
MOH	3	6	9
PPH	2	1	3
PPH/Bakri Balloon	1	5	6
Renal Dysfunction	1	0	1
To Rule out Cardiomyopathy	1	0	1
To rule out Sepsis/PPH	1	0	1
8/40 Anaphylaxis to Anti-Emetic	0	1	1
APH Central Line in situ	0	1	1
Aspirate u/GA	0	1	1
Mitral Valve Prolapse	0	1	1
Reasons Seen in Anaesthetic Clinic 2024			
Epidural/Spinal Problem	1	24	25
Raised BMI	14	22	36
Cardiac	3	4	7
Reaction to Local or GA	1	2	3
Miscellaneous	0	2	2
Minor Back Issue	0	1	1
Other Orthopaedic Issue	1	2	3
Scoliosis	5	1	6
Major Back Issue	12	9	21
Previous Post Dural Puncture Headache	0	0	0
Jehovah Witness	1	0	1
Coagulation	2	1	3
Other	26	38	64
Total	66	106	172

2.6 Perinatal Pathology Report 2023 and 2024

Perinatal pathology services for the Saolta 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.

In 2023 and 2024 the service was provided by a single perinatal pathologist who due to unforeseen circumstances required leave of absence for 9 months.

This led to the necessity of outsourcing placental specimens between December 2023 and September 2024 for external reporting. Perinatal post-mortem services were covered by Cork University Hospital during that time period.

Placental Pathology:

From 1st of January 2023 until 31st of December 2024; a total of 1079 placentas from deliveries at Galway University Hospital underwent histopathological investigation. Of these, 659 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.

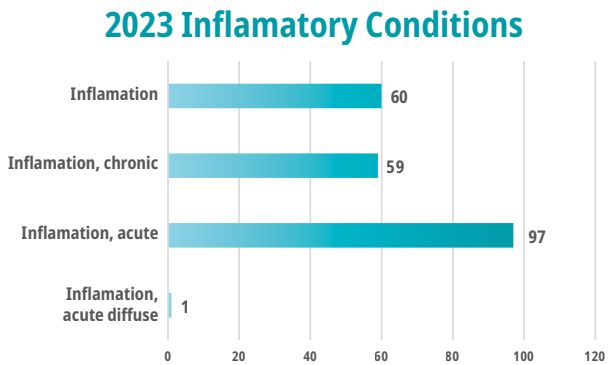
Placentas reported	Total	Reported at GUH	Reported at Eurofins
2023	551	423 (76.7 %)	128 (23.3%)
2024	528	236 (44.6 %)	294 (55.6%)

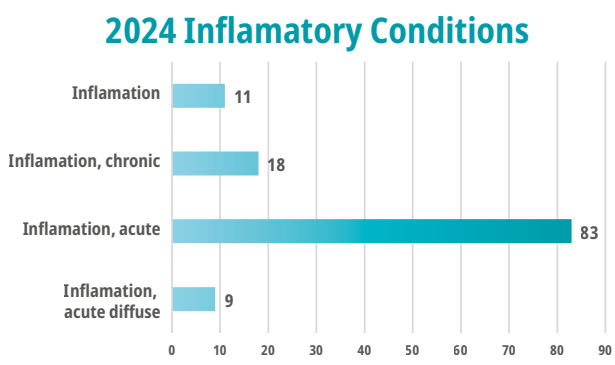
Placental pathological findings overview and breakdown of most relevant findings:

Coding of the pathologies encountered in placentas reported externally varied from the routine coding performed at Galway University Hospital, creating challenges for statistical analysis of pathologies. In light of these challenges, this chapter will focus on placental pathologies encountered in placentas analysed and reported at Galway University Hospital and comprise a total of 659 placental specimens.

Range of coded pathologies at Galway University Hospital comprised:

- Inflammatory conditions of the placenta:
  - 98 cases in 2023 and 92 cases in 2024 showed Acute chorioamnionitis in keeping with histological effects of ascending infection.
  - 59 cases in 2023 and 18 cases in 2023 showed chronic inflammation – predominantly Chronic Villitis of Unknown Aetiology.
  - 60 cases in 2023 and 11 in 2024 had a component of mild acute inflammation – likely of questionable clinical importance.



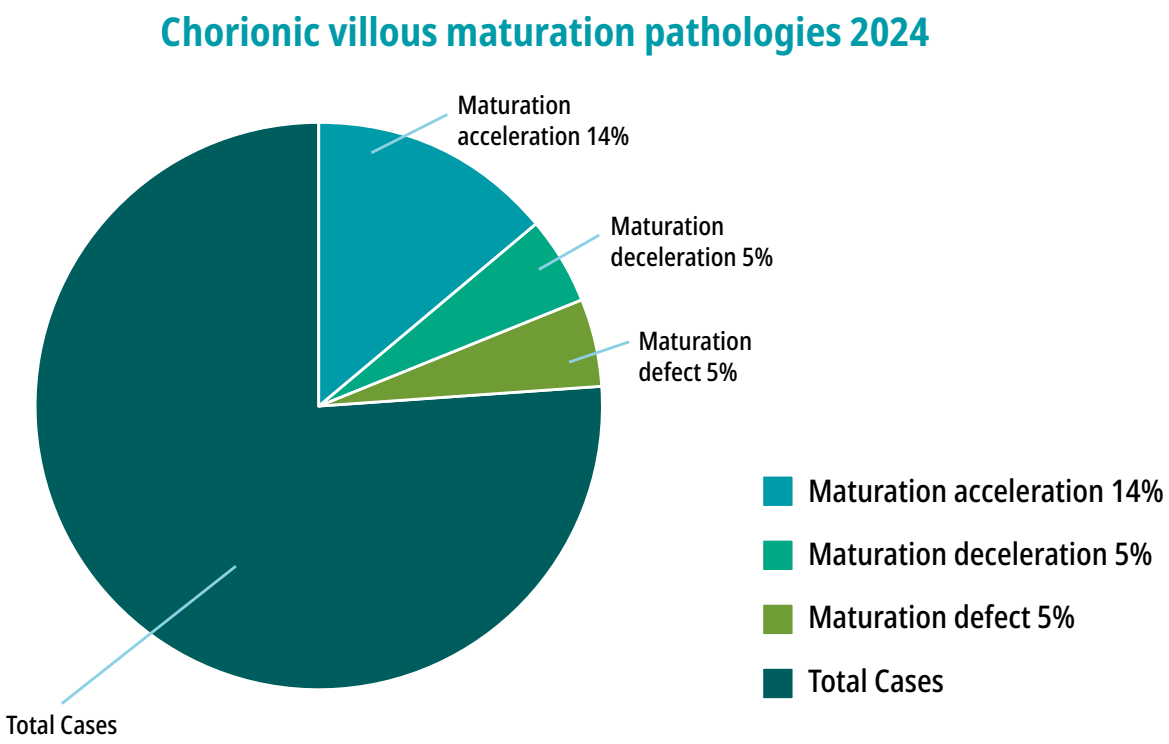


Placental vascular pathologies:

- Maternal vascular malperfusion(MVM);
  - 16 percent of all examined placentas in 2023 and 30 percent in 2024 were coded with Maternal vascular malperfusion (MVM) spectrum pathology.
  - Additional cases presenting with ischaemic changes, but not meeting histological criteria for Maternal vascular malperfusion included:
    - 16 cases in 2023 and 44 in 2024 with accelerated maturation only – not classifiable as MVM spectrum
    - 14 cases in 2023 and 34 in 24 with villous infarction only– not classifiable as MVM spectrum
- Fetal vascular Malperfusion (FVM):
  - 13 percent of all examined cases in 2023 were coded with significant Fetal vascular malperfusion.
  - The figures for 2024 recoded FVM in only 6 percent of cases however the figure was affected by coding differences and the true number of cases with significant FVM for 2024 was higher than captured in coding.

Chorionic Villous Maturation Delay

- Villous maturation Delay
  - Significant numbers of cases showed villous maturation delay and variable villous maturation which often was diagnosed in association maternal diabetes mellitus, Gestational diabetes and increased maternal BMI.
    - Maturation delay coded in 24 cases in 2023 and 44 cases in 2024
    - Variable maturation coded in 23 cases in 2023 and 15 cases in 2024.

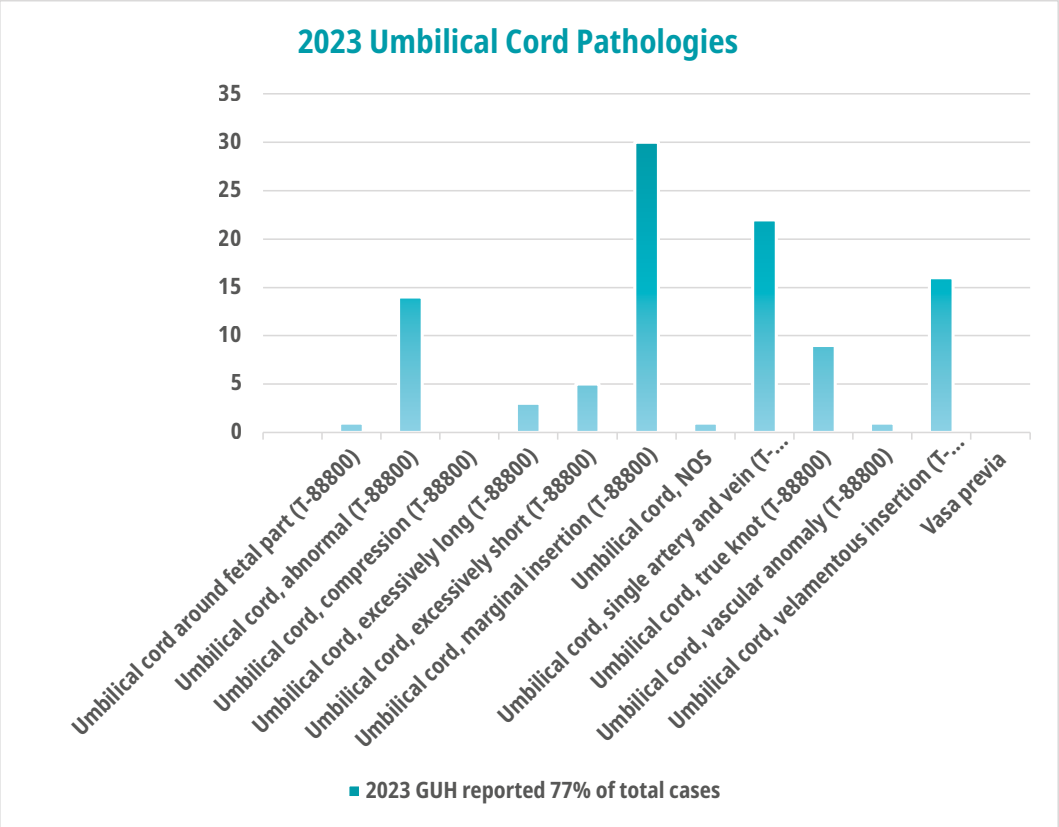


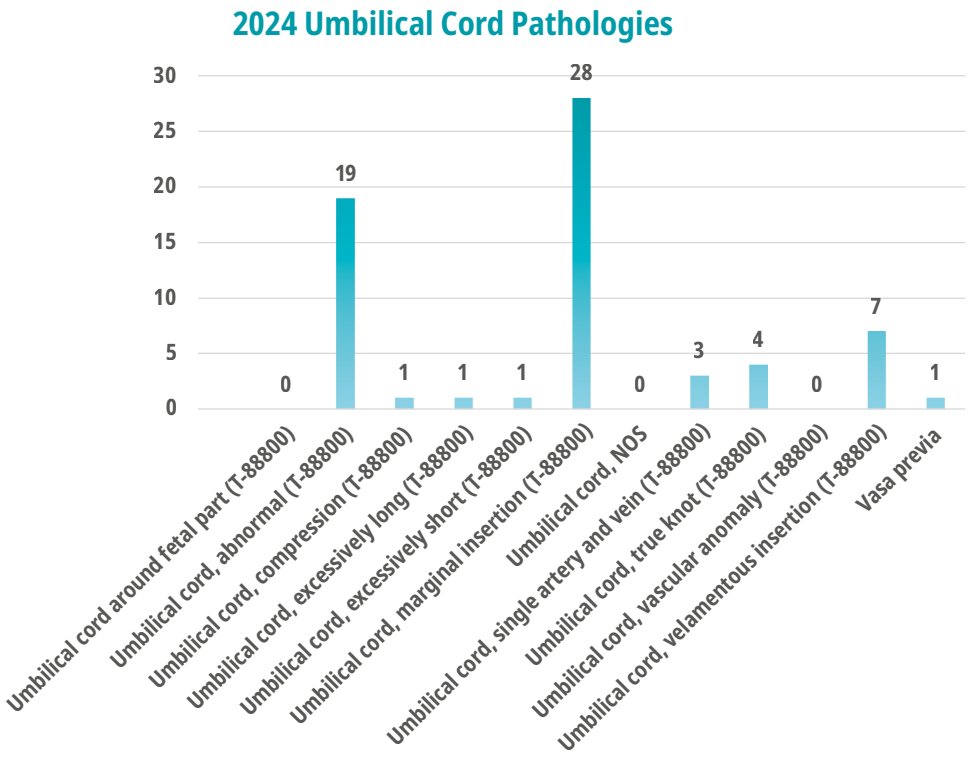
Structural variations of the placental disc included:

- 16 cases of placenta succenturiate in 2023 and 14 cases in 2024
- 2 cases of True placental bilobation in 2023 and 2 cases in 2023.
- 16 cases of isolated placental hypoplasia were coded in 2023 and 17 in 2024.
- 17 cases of isolated Placentamegaly was coded in 2023 and 13 cases in 2024.

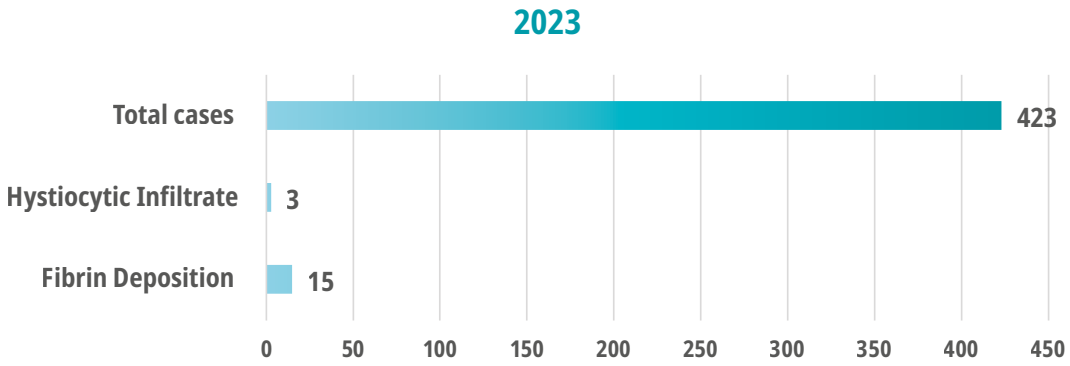
Cord anomalies were detected in 25 percent of all cases in 2023 and 27 percent of all cases in 2024. (Excluding vascular thrombosis which is coded under FVM).

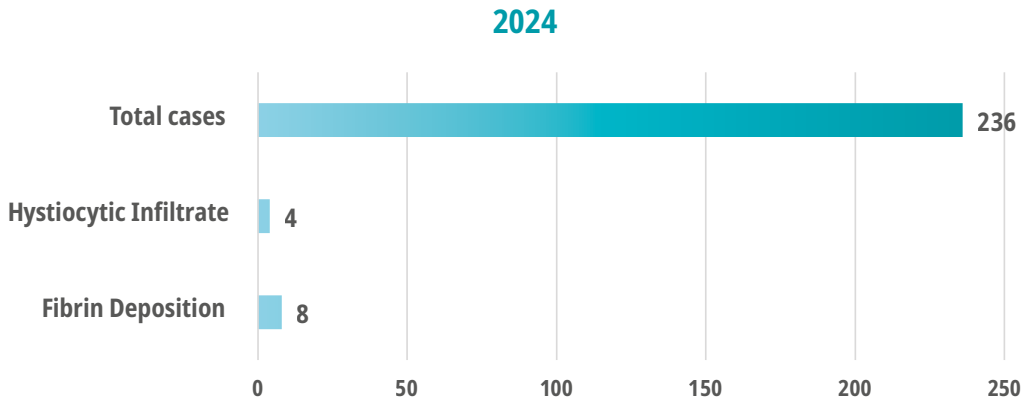
➤ Breakdown of findings and numbers of cases can be seen in graphs below:





- 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
  - 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

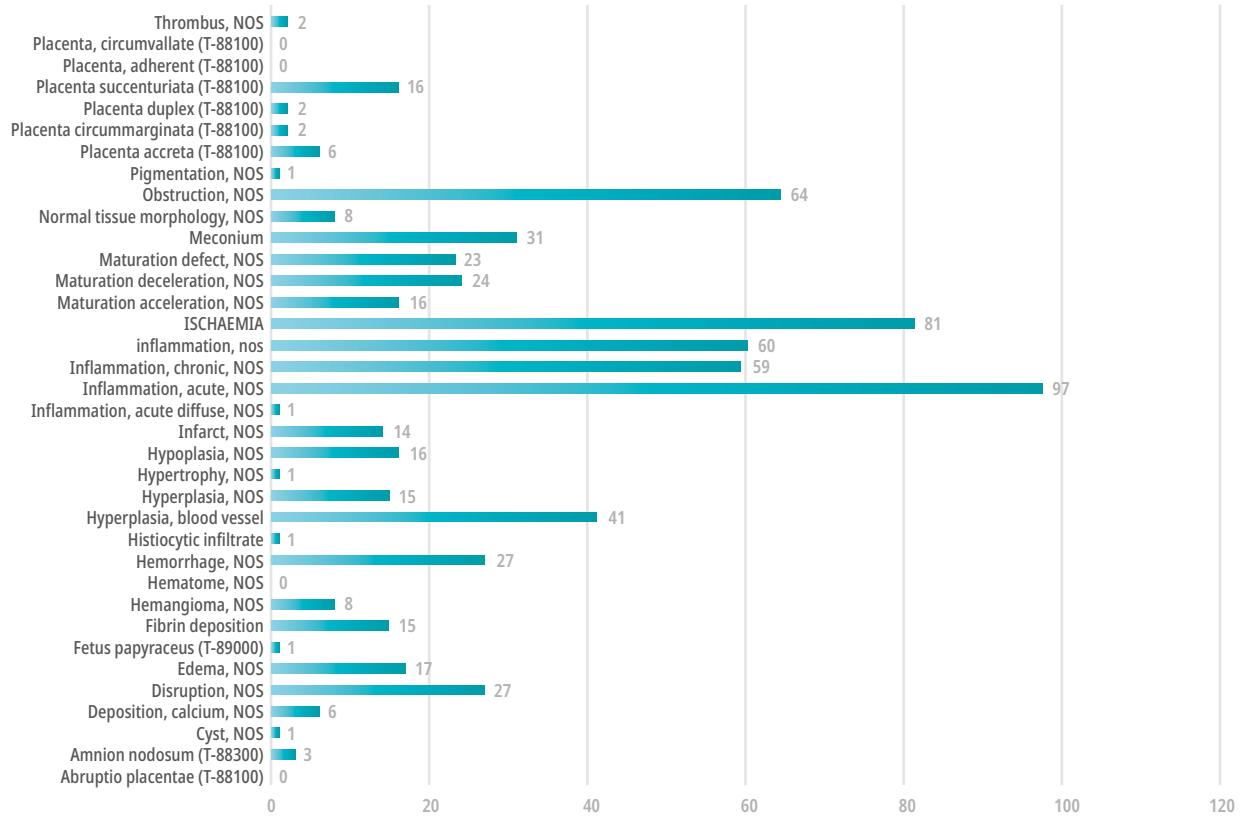




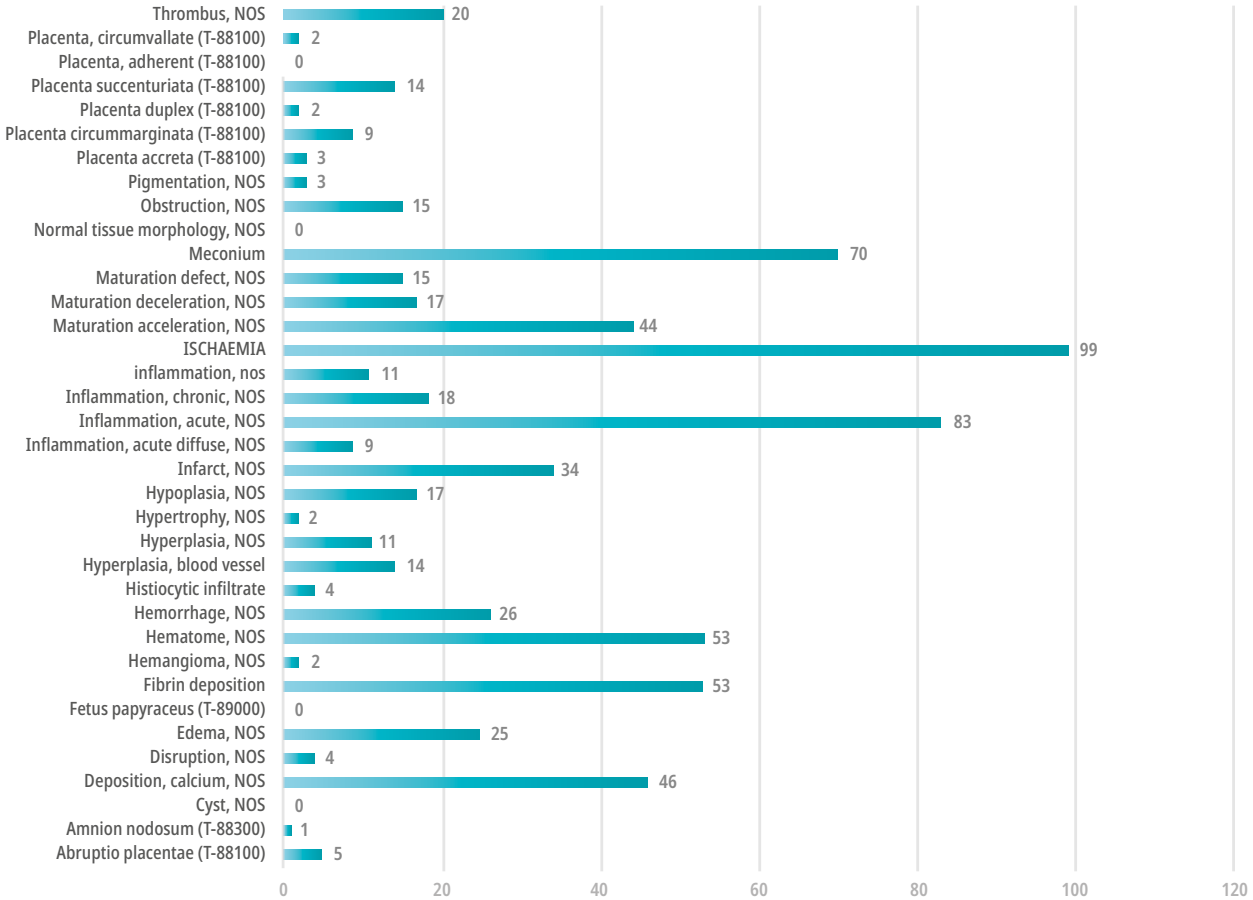
- Other pathologies detected included:
  - 31 cases were associated with microscopic confirmation of meconium exposure in 2023.
  - At least 46 cases of villous chorangiosis were detected.
  - 8 cases of mass forming chorangioma were detected in 2023 and 2 in 2024.
    - One of these cases was associated with intrauterine fetal demise.
  - 3 cases of Amnion nodosum were coded in 2023 and 1 case in 2024.

Overview of Coded Placental Pathology in 2023 and 2024

Placental pathologies of 423 placenta cases in 2023



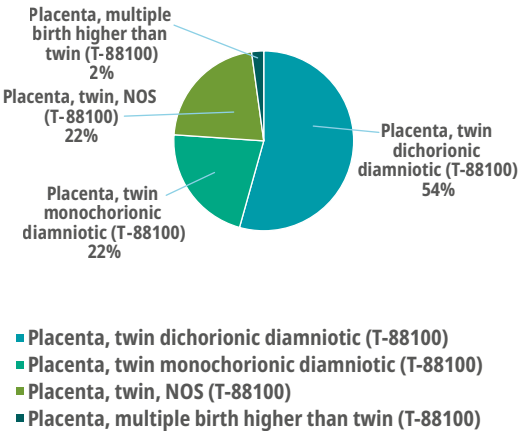
Placental pathologies of 236 placenta cases in 2024



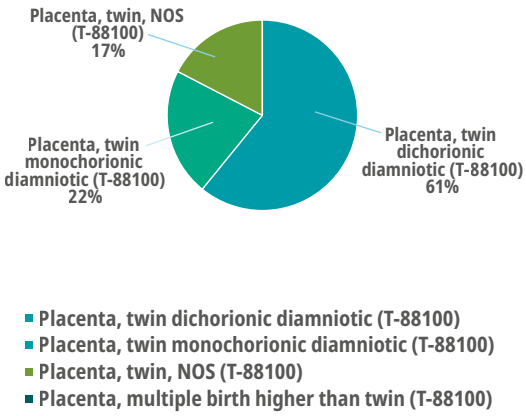
Multiple gestation placentas examined, *(excluding cases related to post-mortem examinations).*

- Predominantly placentas from twin gestations.
  - Most multiple gestation placentas showed normal villous and cord findings.
  - The most common pathology identified comprised ascending infection.
  - Good concordance between clinical and pathological assesment of chorionicity.

2023 Multiples



2024 Multiples



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 Saolta 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 2022, a total of 42 cases of perinatal, early neonatal and sudden infant death autopsies were carried out at Galway University Hospital. The cases comprised 10 investigations for the coronial system and 32 hospital consented autopsies.

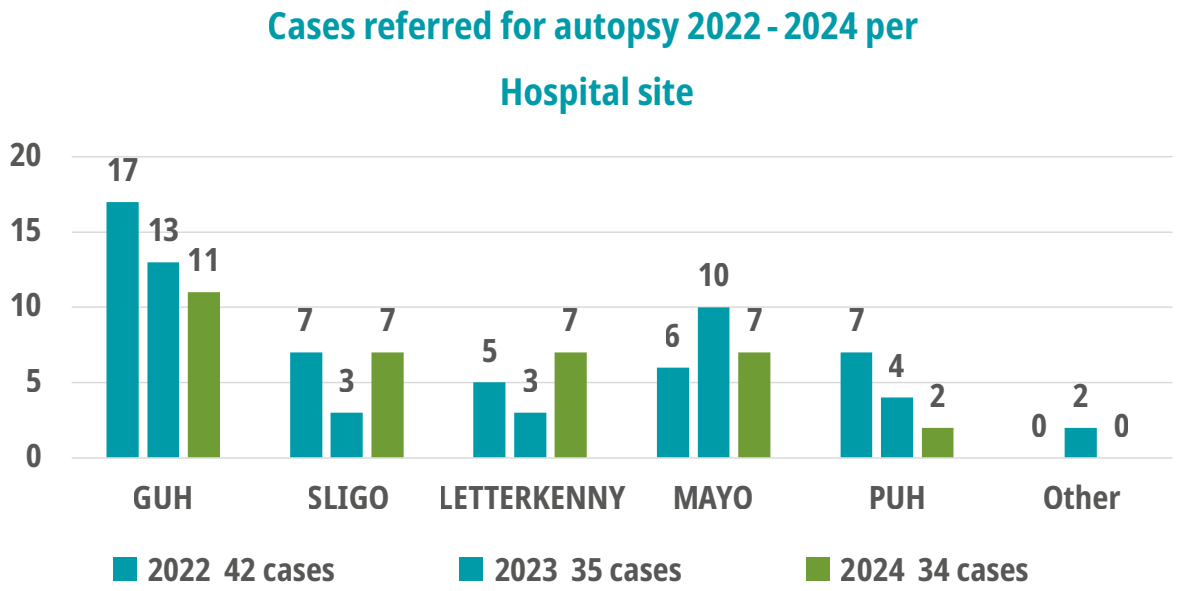
In 2023, a total of 35 cases were investigated at Galway University Hospital between January and December 2023. The number of cases in 2024 were 34 between of which 18 were performed at Galway University Hospital between September 2024 and December 2024

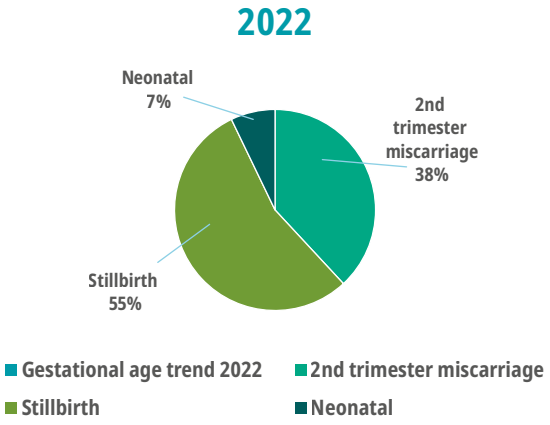
In addition limited external only examinations were performed mainly for second trimester losses, including placental examination and in consented cases review of x-rays.

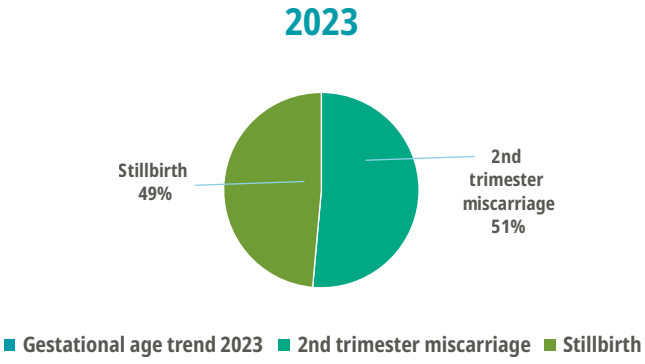
For all of the investigated perinatal and early neonatal deaths to date, a cause of fetal or infant demise has been identified, with the majority having occurred due to critical placental or umbilical cord pathology, ascending infection, with less common findings of aneuploidies and single gene defects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

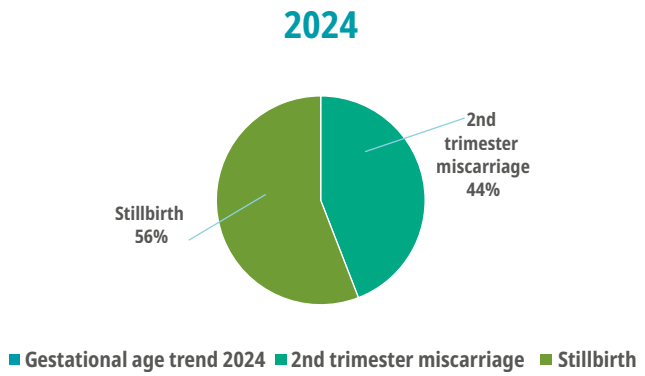
Following completed autopsy investigations, perinatal pathology input by consultant perinatal pathologist is also routinely available for discussion of autopsy findings with both clinicians and bereaved parents, should they wish to avail of the option.

Cases per gestational age referred for Post mortem examination









2.7 Maternity- Breastfeeding Report

In 2024, we continued our focus on improving breastfeeding rates through increased specialist support, staff training and implementing the HSE Infant Feeding Policy. The National rate of initiation in 2024 was of 65.2% the initiation rate in our region are consistently improving.

HSE West and North West Regional Breastfeeding Metric		2019	2020	2021	2022	2023	2024
GUH	Breastfeeding initiation	69.1%	71.1%	71.6%	70.9%	72.9%	72.0%
	Breastfeeding exclusively on discharge	41.3%	42.3%	43.5%	41.6%	40.7%	39.0%
	Breastfeeding non-exclusively on discharge	22.7%	21.7%	21.3%	23.8%	27.9%	27.3%
	Skin to skin contact	93.0%	92.0%	84.4%	85.2%	81.0%	81.2%
LUH	Breastfeeding initiation	52.8%	50.4%	48.4%	54.0%	50.0%	53.7%
	Breastfeeding exclusively on discharge	34.1%	43.9%	43.3%	35.9%	29.3%	33.7%
	Breastfeeding non-exclusively on discharge	10.8%	3.2%	3.5%	13.1%	17.08	19.9%
	Skin to skin contact	75.0%	75.0%	76.8%	77.9%	79.7%	79.0%
SUH	Breastfeeding initiation	56.9%	52.7%	49.7%	49.2%	56.5%	61.0%
	Breastfeeding exclusively on discharge	33.6%	28.3%	31.7%	33.0%	38.5%	40.3%
	Breastfeeding non-exclusively on discharge	16.7%	20.0%	17.7%	22.2%	21.5%	24.3%
	Skin to skin contact	75.0%	76.4%	84.2%	80.4%	87.3%	87.8%
MUH	Breastfeeding initiation	65.8%	63.8%	59.6%	56.8%	55.0%	61.0%
	Breastfeeding exclusively on discharge	34.8%	45.7 %	44.6%	44.6 %	47.0%	45.6%
	Breastfeeding non-exclusively on discharge	26.4%	17.6%	17.1%	14.7%	14.2%	19.2%
	Skin to skin Contact	95.0%	92.0%	80%	84.5%	80.8%	82.3%
PUH	Breastfeeding initiation	62.5%	58.7%	62.6%	64.0%	63.9%	64.4%
	Breastfeeding exclusively on discharge	37.2%	33.9%	35.0%	45.4%	36.1%	36.5%
	Breastfeeding non-exclusively on discharge	15.1%	15.0%	16.8%	20.5%	23.0%	33.5%
	Skin to skin Contact	80.0%	81.0%	78.3%	81.7%	82.12%	85.9%
IMIS Breastfeeding Initiation National Rate %		-	**62.3%**	**62.7%**	**63.6%**	**64.2%**	**65.2%**

2.8 Perinatal Mental Health Service Report

GUH Perinatal Mental Health Service Report

GUH Perinatal Mental Health Midwife Activity

GUH Perinatal Mental Health Midwife Activity	2022	2023	2024
New Referrals	108	286	217
New referral assessments Face to Face	105	89	112
New referral assessments Virtual	3	93	105
Reviews	364	4	523
Reviews Face to Face	249	435	367
Reviews Virtual	115	348	156

GUH Other Midwife Activity 2024

GUH Other Midwife Activity 2024	Hours
Teaching Hours/Preparation	52
Peer Networking	42
Research	330

Service Overview 2024

University Hospital Galway is a hub site for the SPMHS multidisciplinary team with the integration of midwifery, obstetrics, psychiatry, psychology, mental health nursing, social work and occupational therapy. The aim of the service is a collaborative working model placing women across the perinatal period with mild to severe mental illness at the centre of the care.

The SPMHS provided mental health care for women, accepting referrals in pregnancy and up to 6 months postpartum. A wide range of difficulties including anxiety, depression, and psychotic illness were treated and supported by the MDT. The service also provided care to women experiencing childbirth related psychological trauma. The psychotherapeutic interventions offered included CFT, CBT, Couples work, EMDR and DBT decider skills. The service focus is on creating mental health awareness, early screening, early intervention and prevention of mental illness in the perinatal period.

Clinical Activity 2024

In 2023, 18.5% of women booked with maternity service in GUH were referred and triaged by the perinatal mental health team. This was similar to previous referrals on previous. In 2024 there was a 17% increase on the previous year attributed to the increasing awareness and screening from clinical staff and extension of criteria to facilitate postnatal outpatient referrals from 12 weeks to 6 months. There was a 30% increase in postnatal referral from the previous year. There was a total of 1,987 sessions offered to women in 2023, a continued increasing trend from 2023 (n= 1828), 2022 (n=1700), and 2021 (n= 1420). There were group session both antenatal and postnatal groups facilitated. The service received 2361 phone calls and facilitated 80 home visits.

Achievements 2024

Ms Sinead Crowe completed MSc Mindfulness based interventions, completed her research project a 'MBSR 'an 8-week course. Ms Siobhan O'Connor completed MA Humanistic and Integrative Psychotherapy and completed her research in 'The Role of Psychotherapy in caring for women experiencing psychological trauma, childbirth related trauma and PTSD in the perinatal period'. Ms Cathy Mc Brearty completed Compassion Focused Therapy training.

Group work

The woman

Ms Sinead Crowe organised and facilitated the weekly **Postnatal Support Group** with the aim to offer women a safe supportive space to share how they are feeling and managing life with a baby. A variety of skills and practices are introduced to attendees including mindfulness skills, sleep hygiene, establishing supportive routines, emotion regulation skills, communication skills, CBT/DBT skills to self compassion practices.

An **Antenatal Wellbeing Workshops** were facilitated by Dr Deirdre Finnegan, Cathy McBrearty, Ms Siobhan O Connor. Exploring coping strategies for dealing with emotions during pregnancy, soothing strategies for birth, the value of self-care, matresecence, how to nurture the attachment relationship with your baby and infant mental health. This was a health promotion initiative open to all women attending maternity services.

Her partner

Throughout 2024 referrals to perinatal mental health social work for couples therapy increased significantly from the previous year. The changes in the couple relationship with the arrival of a new baby can be challenging and stressful for many parents, particularly when mental illness is also a factor. Positive interpersonal relationships are an integral part of optimal perinatal mental health, for both parents.

Perinatal mental health social work offered and completed couples therapy for approximately 10 to 15 couples during 2024.

Her family

Perinatal mental health social work, Ms Elizabeth Cleary, established **Circle of Security**, an evidence based early childhood attachment programme and collaborated with Tusla, the Child and Family Agency to run this group on

a rolling basis, at a Tusla family services venue. Perinatal mental health social work also collaborated with adult mental health services to include referrals from the community mental health teams. Circle of Security is now established within Galway perinatal mental health services. Perinatal mental health social work also offers **Family Talk,** an evidence-based programme which aims to develop understanding of the impact of parental mental illness on parenting and promote resilience.

The social work profession draws on theories of human development and behaviour and social systems to analyse complex situations. Its focus is to promote social change, problem solving in human relationships and the empowerment of people in order to enhance wellbeing.

The perinatal period is a window of opportunity for support and intervention to alleviate stress and challenges. Perinatal mental health social work aims to strengthen families and ensure children get an optimal start in life.

During 2024 perinatal mental health social work continued to enhance this work through family focused practice, keeping to the forefront, the mother's mental health, infant mental health, mother-infant relationship, partner support and family support.

During 2024, referrals to perinatal mental health social work for advocacy work on migrant issues also increased from the previous year. Many women referred to the service come from war torn countries and conflict zones.

Perinatal mental health social work aims to support women seeking international protection through advocacy work with the immigration and local authorities, in order to achieve the optimal outcome.

MUH Perinatal Mental Health Activity

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

MUH Reasons for Referral

MUH Reasons for Referral	2024
Birth Trauma	13
Anxiety	86
Depression	60
Adjustment Difficulties	2
Pregnancy Specific Anxiety	N/A
Fear of Childbirth	2
Birth Planning/Tour	14
Couples Birth Trauma	N/A
Psychotherapy	N/A
Reviews	N/A
Supportive Counselling/MSE	N/A
Couples Birth Planning	N/A

MUH Other Activities

Other Activities	2024
Teaching Hours/Preparation	48
Peer Networking	42
Research	0

SUH Other Activity

SUH Other Activity	2024
Teaching Hours/Preparation	25
Peer Networking	10
Research	15

SUH Maternity Perinatal Mental Health Activity

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

SUH Reasons for Referral

SUH Reasons for Referral	2024
Birth Trauma	7
Anxiety	368
Depression	120
Adjustment Difficulties	4
Pregnancy Specific Anxiety	368
Fear of Childbirth	368
Birth Planning/Tour	3
Couples Birth Trauma	0
Psychotherapy	0
Reviews	595
Supportive Counselling/MSE	0
Couples Birth Planning	0
SUH Other Activity	2024
Teaching Hours/Preparation	25
Peer Networking	10
Research	15

LUH Maternity Perinatal Mental Health Activity

LUH Maternity Perinatal Mental Health Activity	2020 May- Dec	2021	2022	2023	2024
Total New Referrals	38	123	235	279	144
Total New Referrals seen Face to Face	58	120	155	158	125
Total New Referrals seen by Telephone	16	3	59	22	19
Total Follow Up Appointments	-	936	1228	1063	795
Total Follow Up Appointments Face to Face	-	531	155	769	537
Total Follow Up Appointments by Telephone	-	405	373	294	258
Birth Reflections	-	-	30	40	34

LUH Reasons for Referral

LUH Reasons for Referral	2024
Birth Trauma	34
Anxiety	80
Depression	2
Adjustment Difficulties	2
Pregnancy Specific Anxiety	5
Fear of Childbirth	5
Supportive Counselling/MSE	120
Anxiety and Depression combined	50
ADHD (Triage and Onward Specialist Referral)	7
OCD (Triage and Onward Specialist Referral)	2
Addiction (Triage and Onward Specialist Referral)	2
PTSD Non Birth Related (Triage and Onward Specialist Referral)	4
Personality Disorder (Triage and Onward Specialist Referral)	3
LUH Other Activity	2024
Teaching Hours/Preparation	51
Peer Networking	27
Meetings	36
Training/Webinars	30

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
GUH				
1st Trimester (Miscarriage/TOP)	593	458	415	630
2nd Trimester (Miscarriage/TOP)	102	66	72	20
Still Birth	7	8	11	5
Neonatal Death	8	9 ENND, 1LNND	9	6
Total Telephone Consultation	175	384	382	368
Total Face to Face	90	160	158	230
Hospital Burials	-	-	-	9
Pregnancy Loss Clinics	-	-	-	14
Willow Support Group	-	-	-	2
LUH				
1st Trimester (Miscarriage/TOP)	361	335	429	389
2nd Trimester (Miscarriage/TOP)	11	15	15	14
Still Birth	3	6	0	6
Neonatal Death	2	0	1	2
Total Telephone Consultation	539	-	721	776
Total Face to Face	14	-	149	237
MUH				
1st Trimester (Miscarriage/TOP)	-	12	413	464
2nd Trimester (Miscarriage/TOP)	-	2	18	9
Still Birth	-	0	7	9
Neonatal Death	-	0	0	5*
Total Telephone Consultation	-	1	162	282
Total Face to Face	-	2	56	164
PUH				
1st Trimester (Miscarriage/TOP)	365	328	313	276
2nd Trimester (Miscarriage/TOP)	13	16	20	19
Still Birth	3	4	3	3
Neonatal Death	6	3	1	1
Total Telephone Consultation	-	-	418	338
Total Face to Face	-	-	319	169
SUH				
1st Trimester (Miscarriage/TOP)	254	352	342	91
2nd Trimester (Miscarriage/TOP)	16	15	17	22
Still Birth	4	8	4	5
Neonatal Death	3	3	2	4
Total Telephone Consultation	226	-	375	257
Total Face to Face	82	-	139	182

**In MUH All neonatal deaths ranged from 18+4/40 to 29+5/40, based on gestation 3 were pre-viable live born, 1 was a TOP and 1 had a FFA.*

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
GUH Maternity Antenatal Activity			
Attendance at Antenatal Education Classes (Mothers Only)	2,491	1,936	2,711
Preparation for Birth and Parenthood	1,015	960	757
Attendance at Virtual Birth and Parenthood (including partners)	-	-	1,418
Attendance at Hypnobirthing programme	-	125	278
Attendance At Virtual Early Pregnancy Class	-	310	292
Attendance at Weekday Sessions incl. partners	2,491	1,920	1,418
Attendance at Breastfeeding Webinar	629	600	820
Attendance at Virtual Refresher Breastfeeding Webinar	-	-	171
Attendance at Refresher Sessions	183	330	246
Attendance at Postnatal Reunions New Mums Wellbeing Hub	54	360	231
Pre-recorded Postnatal Classes	-	-	2,584
Attendance at Teen Class Sessions	18	10	14
Attendance at 1:1 Antenatal Classes	84	88	42
Attendance at Tours of the Maternity Unit (Virtual)	3200	2176	3,300
In Person Brazilian Class	-	-	11
Virtual Baby Basics Class	-	-	80

Activity	Total 2022	Total 2023	Total 2024
PUH Maternity Antenatal Activity			
Attendance at Antenatal Classes	92	668	711
Attendance at Antenatal Breastfeeding Classes	370	427	175
Attendance at Breastfeeding Webinar	N/A	N/A	199
Attendance at Birth and Parenthood Classes	N/A	32	170
Attendance at Early Pregnancy Class	N/A	219	67
Attendance at Hypnobirthing weekend workshop	179	204	159
Attendance at Weekday Sessions (Inc. Partners)	N/A	N/A	318
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
Attendance at 1:1 Antenatal Classes	N/A	8	9
Attendance at Tours of the Maternity Unit	N/A	40	208
Attendance at Postnatal workshop	N/A	449	596
Attendance at 1:1 postnatal workshop	N/A	17	17
Attendance at Refresher Sessions	N/A	N/A	70
MUH Maternity Antenatal Activity 2023			
Attendance at Antenatal Classes ONLINE	281	286	378
Attendance at Antenatal classes In Person in the hospital	N/A	213	631
Attendance at Antenatal Breastfeeding classes	89	278	267

Activity	Total 2022	Total 2023	Total 2024
Attendance at Weekday Sessions (Inc. partners)	71	234	1615
Attendance at Evening Sessions	210	185	N/A
Attendance at 1:1 Antenatal Classes	72	21	20
Attendance 1:1 Postnatal Classes	N/A	N/A	488
Attendance at Tours of the Maternity Unit	40	65	631
Attendance at Postnatal Workshop	N/A	364	299
Early pregnancy class	N/A	27	29
Twin classes	N/A	10	9
Attendance at Teen Class Sessions	N/A	N/A	4
Attendance at Refresher Sessions	N/A	N/A	18
Attendance at Hypnobirthing Programme	N/A	N/A	253
Attendance at Birth and Parenthood Classes	N/A	N/A	356
LUH Maternity attendance Antenatal education			
Attendance at Antenatal Classes	443	489	195
Attendance at Antenatal Breastfeeding Workshop	362	377	195
Attendance at Weekday Sessions (Inc. Partners)	443	489	387
Attendance at Evening Sessions	266	350	-
Attendance at Refresher Sessions	68	92	93
Attendance at Postnatal Workshop	50	33	60
Attendance at Teen Class Sessions	9	8	9
Attendance at 1:1 Antenatal Classes	60	77	66
Attendance at twin specific class	N/A	6	4
Attendance at hypnobirthing workshop (partners inc)	N/A	144	228
Attendance at Birth and Parenthood Classes (Primups)	-	-	189
Attendance at Birth Companion Classes	-	-	192
Attendance at VBAC Classes	-	-	18
SUH Maternity Antenatal Activity			
Attendance at Antenatal Classes	456	690	1222
Attendance at Antenatal Breastfeeding Workshop	158	280	264
Attendance at Twin Classes	N/A	N/A	6
Attendance at VBAC Classes	N/A	N/A	41
Attendance at Ukrainian Specific Cases	N/A	N/A	12
Attendance at Birth and Parenthood Classes	N/A	N/A	429
Attendance at Hypnobirthing Programme	N/A	N/A	270
Attendance at Weekday Sessions	456	646	1501
Attendance at Evening Sessions	2	32	N/A
Attendance at Refresher Sessions	76	325	114
Attendance at Teen Class Sessions	5	9	5
Attendance at Early Pregnancy Class	N/A	N/A	50
Attendance at 1:1 Antenatal Classes	15	29	31
Attendance at 1:1 Postnatal Classes	N/A	N/A	online
Attendance at Tours of the Maternity Unit	online	N/A	online
Attendance at Drop in Breastfeeding Clinic	12	N/A	N/A

2.11 Supported Care Pathway Report

In the Group 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).

GUH Supported Care Pathway

Supported Care Pathway Data	2021	2022	2023	2024
Midwives Clinic				
Total No. of Women who attended the Midwives Clinic	1218*	1027*	770*	772*
% of total deliveries	47.5%	36.1%	27.7%	29.9%
Onset of Labour for Supported Care Pathway Women				
Induced	402	67	137	277
No Labour	181	8	18	97
Spontaneous	635	150	253	398
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
Vacuum	177	36	68	105
Forceps	46	13	26	41
Elective CS	138	6	10	74
Emergency CS	212	26	58	144
Epidural	561	116	219	373
Reason for Transfer Out of Midwives Clinic Care				
Total No. Transferred Out (>/=3 Visits, </=5 visits)	376	572	286	408
Not Specified/Redirected to more appropriate clinic /Referred back to obstetric consultant on /before 41+0 weeks	-	241	163	170
Consultant Plan of Care/Requiring Consultant Plan of Care	-	-	-	10
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
Gestational Diabetes	117	52	14	10
High Risk Clinic	-	20	-	14
LGA/Increased/Macrosomia	0	8	17	20
IUGR/SFD/Reduced/Fall Off in Growth	1	4	7	12
PIH/PET	-	-	34	31
Malpresentation/Unstable Lie	-	-	21	25
Fetal Anomaly	-	-	9	5
Polyhydramnios	-	-	7	12
Oligohydramnios	-	-	1	4
APH	-	-	2	3
Cholestasis	-	-	3	-
Maternal request for Caesarean section	-	-	7	9

Supported Care Pathway Data	2021	2022	2023	2024
DVT	-	-	1	-
*GUH data includes women who are on the assisted care pathway				

LUH Supported Care Pathway

Supported Care Pathway Data	2021	2022	2023	2024
Midwives Clinic				
Total No. of Women who attended the Midwives Clinic 2	484	388	390	228
% of total deliveries	31%	26.4%	24.7%	15.5%
Onset of Labour for Supported Care Pathway Women				
Induced	57	63	47	97
No Labour	0	0	15	0
Spontaneous	225	201	153	131
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
Vacuum	37	52	29	31
Forceps	N/A	3	5	2
Elective CS	N/A	0	0	8
Emergency CS	40	47	37	30
Epidural	57	64	74	92
Reason for Transfer Out of SCP				
Total No. Transferred Out	202	139	153	171
Fetal Anomaly	0	1	5	0
Bleeding/Low Blood Pressure	-	0	20	0
LGA/Increased	-	18	36	28
IUGR/SFD/Reduced	-	7	18	7
PIH/PET	-	8	14	16
Gestational Diabetes	14	31	19	31
Malpresentation/UNS		519	14	10
Various Maternal Morbidities	-	-	-	0
Covid	-	-	-	0
Polyhydraminos	-	-	-	8
Oligohydraminos	-	-	-	3
APH	-	-	-	0
Cholestasis	-	-	-	2
Maternal Request for C-Section	-	-	-	18
DVT	-	-	-	0
Other	-	55	27	48

MUH Supported Care Pathway

Supported Care Pathway Data	2021	2022	2023	2024
Midwives Clinic				

Supported Care Pathway Data	2021	2022	2023	2024
Total No. of Women who attended the Midwives Clinic 2022	305	388	345 (57 of this number EDD 2024)	447 (111 EDD 2025)
% of Total Deliveries	20%	28.7%	25.2%	32.2%
Onset of Labour for Supported Care Pathway Women	205	264	250	300
Induced	97	63	91	100
No Labour	3	0	14	6
Spontaneous	205	201	145	194
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)*	13.5%	14.87%		
SVD	205	162	143	203
Vacuum	54*	52	32	30
Forceps		3	28	14
Elective CS	3	0	9	9
Emergency CS	43	47	38	37
Epidural	-	64	104	128
Reason for Transfer Out of SCP				
Total No. Transferred Out	-	139	38	38
Fetal Anomaly	-	1	0	1
Bleeding/Low Blood Pressure	-	0	0	0
LGA/Increased	-	18	6	5
IUGR/SFD/Reduced	-	7	3	0
PIH/PET	-	8	3	5
Gestational Diabetes	-	31	8	7
Malpresentation/UNS	-	19	4	4
Other	-	55	14	0
Polyhydraminos	-	-	-	3
Oligohydraminos	-	-	-	1
APH	-	-	-	2
Maternal Request for C-Section	-	-	-	1
Placenta Praevia	-	-	-	2
IUD	-	-	-	1
Low PLT's	-	-	-	1
Preterm Labour	-	-	-	1
PRPROM	-	-	-	1
Reduced FM	-	-	-	1
Incorrect Pathway	-	-	-	2

PUH Supported Care Pathway

Supported Care Pathway Data	2021	2022	2023	2024
Midwives Clinic	2021	2022	2023	2024

Supported Care Pathway Data	2021	2022	2023	2024
Total No. of Women who attended the Midwives Clinic	672	388	561	418
% of total deliveries	46.5%	29.6%	44.9%	32.0%
Onset of Labour for Supported Care Pathway Women				
Induced	157	63	139	118
No Labour	0	0	24	16
Spontaneous	390	201	259	202
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
Vacuum	98	52	54	56
Forceps	4	3	18	14
Elective CS	0	0	4	10
Emergency CS	71	47	70	58
Epidural	U/A	64	231	174
Reason for Transfer Out of SCP				
Total No. Transferred Out	113	139	130	82
Fetal Anomaly	0	1	1	0
Bleeding/Low Blood Pressure	0	0	0	2
LGA/Increased	8	18	12	8
IUGR/SFD/Reduced	32	7	16	8
PIH/PET	17	8	23	15
Gestational Diabetes	33	31	45	22
Malpresentation/UNS	15	19	7	7
Various Maternal Morbidities				1
Covid				0
Polyhydraminos				3
Oligohydraminos				2
APH				0
Cholestasis				1
Maternal Request for C-Section				1
DVT				0
Other	8	55	26	10
Not Specified				2

SUH Supported Care Pathway

Supported Care Pathway Data	2021	2022	2023	2024
Midwives Clinic				
Total No. of Women who attended the Midwives Clinic	131	180	231	255
% of total deliveries	8.65%	13.3%	19%	20.7%
Onset of Labour for Supported Care Pathway Women				
Induced	14	25	38	62

Supported Care Pathway Data	2021	2022	2023	2024
No Labour	1	3	1	1
Spontaneous	74	73	84	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
Vacuum	18	16	19	24
Forceps	6	1	4	9
Elective CS	0	0	0	0
Emergency CS	11	21	25	33
Epidural	49	54	62	93
Reason for Transfer Out of SCP				
Total No. Transferred Out	42	79	102	62
Fetal Anomaly	0	0	5	4
Bleeding/Low Blood Pressure	0	3	3	0
LGA/Increased	2	3	11	2
IUGR/SFD/Reduced	2	9	11	2
PIH/PET	4	10	17	10
Gestational Diabetes	3	5	3	11
Malpresentation/UNS	4	7	6	5
Various Maternal Morbidities				2
Covid				0
Polyhydraminos				6
Oligohydraminos				0
APH				0
Cholestasis				2
Maternal Request for C-Section				0
DVT				0
Other	27	42	14	18
Not Specified				0

2.12 Enhanced Postnatal Service Report

Enhanced postnatal care is a developing service in the Saolta hospital group. 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
Number of women offered an appointment:	257	1113 (86.4% of mothers delivered)
Number of women who attended the Postnatal hub:	199	867
Number of women who declined an appointment to the Postnatal hub:	16	136
Number of DNAs:	45	113
Number of women offered a return appointment to the Postnatal hub:	8	104
Number of women discharged after 1st visit to Postnatal hub:	N/A	763
Number of women referred to additional services:	N/A	17

*** Service opened in November 2023*

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

*** 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	2019	2020	2021	2022	2023	2024
Discharged to ETH Team	348	0	322	348	352	317
Number of Mothers	2781	2614	2844	2892	2652	2582
% of Women delivered discharged to ETH	12.3%	0.0%	11.3%	13.4%	13.7%	12.3%

2.13 Advanced Midwife Practitioner Reports

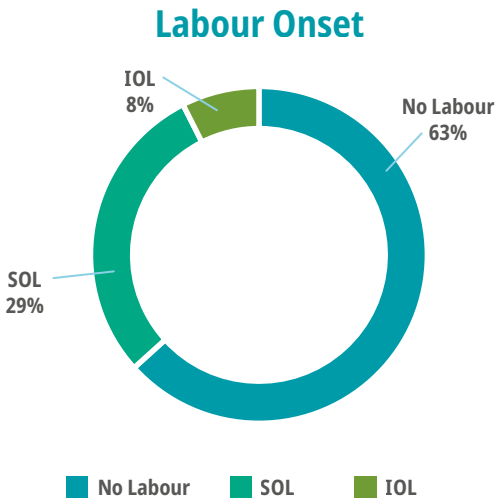
GUH AMP Report 2024

RMAP Birth After Caesarean Clinic (BAC)

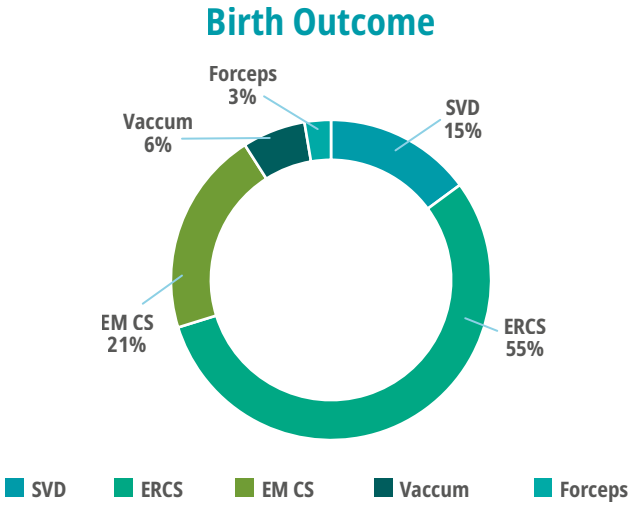
The RAMP facilitates the BAC Section clinic which continues with 1.5 clinic sessions per week both on site at UHG and at an outreach clinic location. 191 women attended the BAC clinic and of these, 3 women birthed elsewhere.

Of the 188 women who attended the clinic 119 (63%) had no labour – the vast majority of these women choose to have an ERCS however a smaller number planned to attempt VBAC but SOL did not occur and/or IOL was not an option or declined.

55 (29%) women went into spontaneous labour and 14 (8%) women underwent an induction of labour resulting in a 37% attempt at VBAC rate.



Of the 69 women who had a Trial of Labour After Caesarean (TOLAC) 45 had a vaginal birth (SVD, Vaccum or forceps) resulting in a 65% successful VBAC rate for the BAC clinic. Overall 45 of the 188 women who attended the BAC clinic birthed vaginally resulting in a 23.9% true VBAC rate.The RAMP completed 501 follow up phone calls to women attending the BAC clinic providing ongoing support and education.



BAC clinic feedback

A survey was sent to 169 women who attended the BAC clinic in 2024 and 51 women responded – 30% response rate.

- 100% of respondents rated the BAC clinic as good/excellent.
- 100% of respondents found the BAC clinic beneficial and would recommend it to a friend.
- The respondents particularly appreciated reviewing their previous births records and clarifying events leading to unplanned caesarean birth. The women felt supported and knowledgeable in their decision making.
- Areas for improvement suggested included a follow up call or meeting postnatally if VBAC was unsuccessful, less bias towards VBAC in the clinic and in general, better follow up care post CS.

Seomra Bréithe

In February 2024, there was a soft opening of the home-from-home room named 'Seomra Bréithe' which provided the choice of water immersion as a form of pain relief to women in labour. Part of the role of cAMP in Supported Care is to promote the use of water immersion in labour to staff through regular educational updates, training and as a clinical expert.

In 2024, the total number of women who used Seomra Bréithe was 89.

- 57 (64%) met the eligibility criteria to use the pool
- 52 (91%) had a spontaneous vaginal birth
- 35 (61%) availed of water immersion.

Due to lack of bed capacity in labour ward 32 (35%) women outside of the eligibility criteria were cared for in the Home from Home room, 25 (78%) of whom achieved a normal vaginal birth.

Number of mothers who used Seomra Bréithe in 2024

	Women in criteria		Women outside criteria	
	No.	%	No.	%
Total no. who met eligibility criteria	57	(64%)	32	(35%)
Total no. who used Water Immersion	35	(61%)	N/A	N/A
Total no. of SVD's	52	(91%)	25	(78%)
Total no. of Instrumental births	4	(7%)	4	(12.5%)
Total no. LSCS	1	(1.7%)	3	(9.34%)
Total no. of PPH	4	(7%)	6	*(19%)*

Women's Feedback on Seomra Bréithe

- *'I had my baby boy in the home away from home room in the UHG maternity unit. It's a lovely room with a pool, harness you swing off and they had music playing. It was the exact place I had envisioned giving Birth. The midwives were amazing they really let me just go with what my body was telling me'.*
- *'The pool was relaxing and eased my contractions, would definitely recommend it'*

MUH AMP Report 2024

RAMP VBAC Report 2024

Activity	Total	VBAC	ERCS	EDD 2025
Total No. of women who attended the RAMP VBAC ANC clinic 2024	167	45	78	42
Onset of Labour for VBAC 2024	**Total**			
Induced		10	0	
No Labour			0	
Spontaneous		34	11	
T/F Galway No del record		1		
Mode of Delivery Outcome 2024	**Total**			
SVD		22		
Vacuum		6		
Forceps		3		
Elective CS		0	67	
Emergency CS		14	11	
Epidural		26		
Reason for Transfer Out of VBAC ANC 2024	**Total**			
Total No. transferred out		69		
Declined VBAC/ERCS		51		
Fetal Anomaly				
Bleeding/Low Pressure				
LGA/Increased		8		
IUGR/SFD/Reduced		2		
PIH/PET		1		
Gestational Diabetes				
Malpresentation/UNS		4		
Various Maternal Morbidites				
Covid				
Polyhydramnios				
Oligohydramnios				
APH				
Cholestasis				
Maternal Request for C-Section				
DVT				
Other				
Not Specified				
placenta praevia		1		
IUD				
low plt's				
Preterm labour				
PRPROM		1		
Reduced FM				
T/F Galway		1		

PUH AMP Report 2024

2024 continued to be a busy year in the AMP in Supported Care Service. 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.

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.

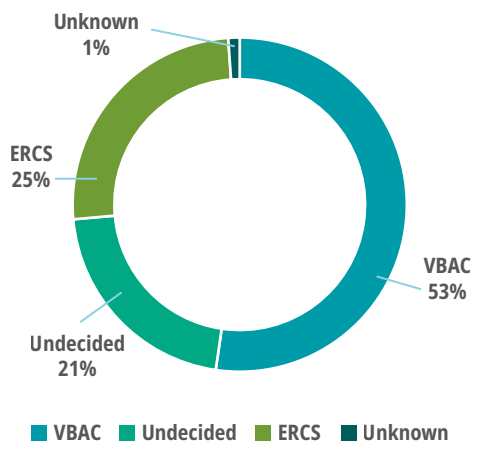
45 women and their partners attended this service in 2024. Feedback themes from this service were inconsistent support and information in the antenatal clinics, particularly around Induction of labour and Birth After Caesarean

- Induction of labour being discussed too early, without enough information on the experience, and risks, in cases of postdates pregnancy o Unclear communication
- No single HCP communicating with the mother, and partner, in an emergency Inadequate postnatal analgesia post LSCS
- Delay in skin to skin post LSCS, baby not been given to Mum immediately in the absence of concerns

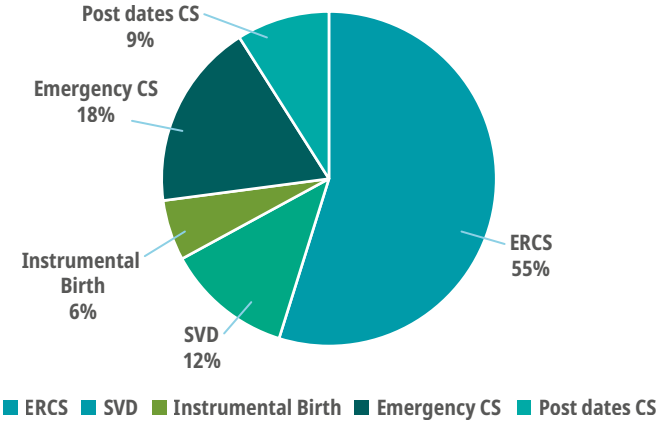
Birth After Caesarean/AMP Clinic 2024

174 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 28 weeks, returning to Assisted Care Consultant clinic then, with the option of additional appointments, as requested.

Intention At Onset of Pregnancy 2024



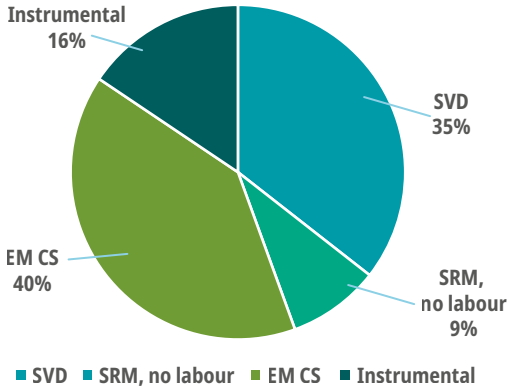
Mode of Birth 2024
No.=169



Additional Information

- 5 women birthed elsewhere/transferred 38 women had complications which may have influenced intended mode of birth e.g. GIDDM/ breech presentation
- 7 women were deemed suitable/had ARM 14 women had ERCS at 40 to 41 weeks without option of IOL
- 61% initiated breastfeeding

Outcomes for Women who SOL 2024



SUH AMP Report 2024

A total of 1217 women birthed in Sligo in 2024. 224 (18%) women were referred for to the advanced midwife practitioner (AMP) service. Of those 172 (14%) women were cared for by the AMP from booking to postnatal discharge, with 1283 scheduled antenatal reviews. Another 52 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 95 sweeps performed and 46 (27%) of the service users had their labour induced. The overall vaginal birth rate was 72% with an emergency caesarean section (EMCS) rate of 16%. There were a further 437 in patient reviews with 10 women returning postnatally for review. From the AMP service 425 blood test and other specimens were sent to the lab. Seventy-five prescriptions were written for a variety of reasons. There were 387 phone calls made to/from the AMP service with a further 1737 text messages. Five women availed of the drop-in breastfeeding clinic.

Approx n=185 (15%) remained on the supported care pathway and had midwifery led care (MLC), N=860 (71%) attended for Consultant Care (E3 Stats generator).

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

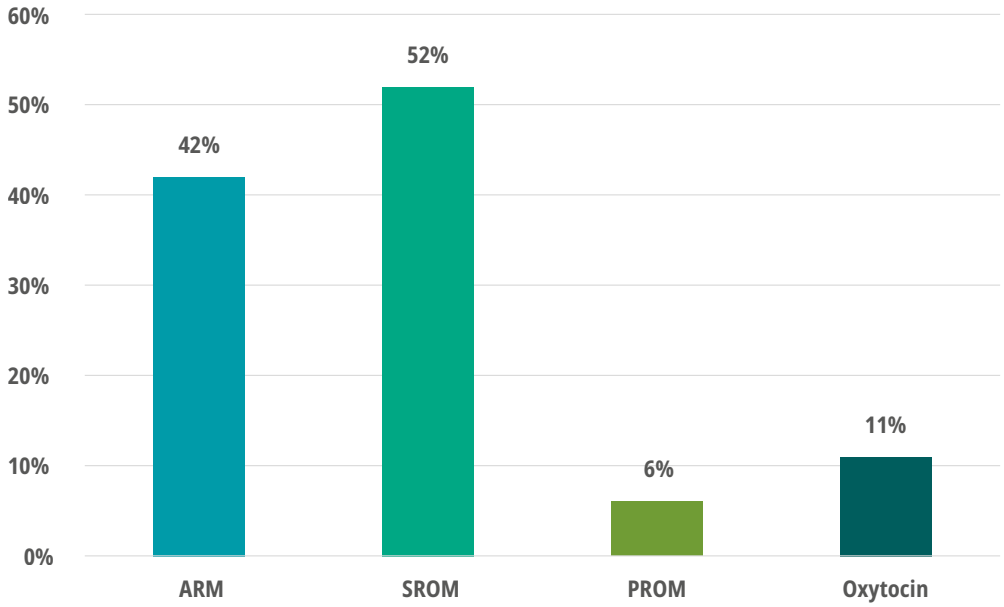
A new AMP midwifery led journal club was implemented in January 2024 with monthly sessions in person and online with recordings being available to avail of the learning if unable to attend live. Topics presented are presented in table 1. Feedback for all sessions was sought via an online Smartsurvey

The AMP participated in a number of research and academic pieces of work including:

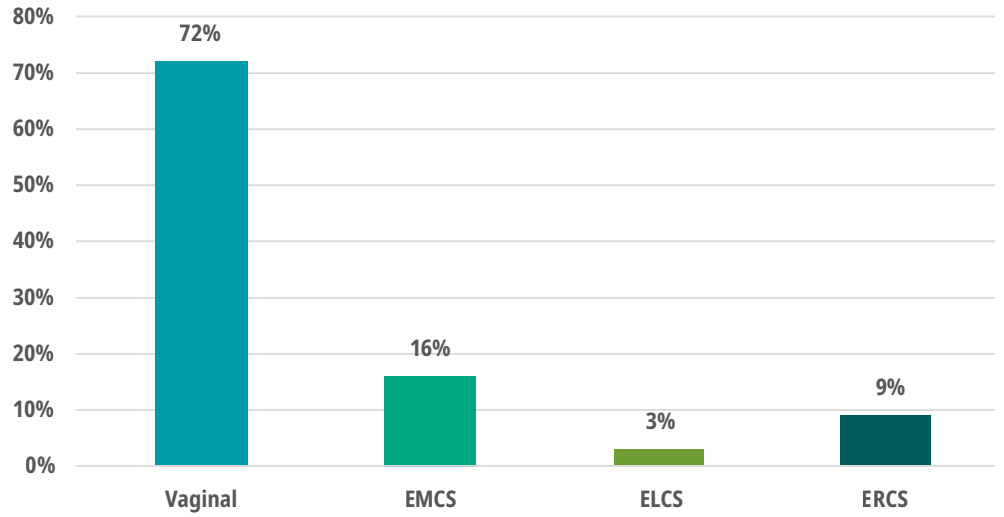
- Research commenced in January in collaboration with Dr Linda Biesty (University of Galway) and Dr Margaret O'Hare (GP) "An exploration of GPs experiences of supporting women's decision-making in relation to vaginal birth after caesarean section" is currently at write up stage and will be submitted to a peer reviewed journal for consideration for publication.
- Roisin is part of a team led by Dr Linda Biesty and Ms Heather Helen (University of Galway) undertaking a systematic review into SIM learning and benefits for student midwives.
- Roisin was also part of the SUH team in collaboration with ATU Sligo investigating antenatal breastmilk expressing with a poster being displayed at the REF research conference in November and an article being considered for publication in a peer reviewed journal.
- Previous research "VBAC or elective CS-what influences the woman's decision-making process on her mode of birth following a previous lower segment CS?" was published in Women and Birth Journal and at the Trinity TCD Conf 24 in March.
- In May the write up of the audit "Bouncing your way to labour and birth using biomechanics and fetal optimal positioning" was published in the British Journal of Midwifery and the poster presented at the Research and Education Foundation Sligo in November.
- In May the simple intervention of "To weigh or not to weigh in pregnancy" was a finalist in the Midwifery Led Project of the Year at the Irish Healthcare Awards Ceremony in Dublin.
- In June there was an all-day conference of information sharing in Belfast facilitated by Chitin-Cross border healthcare intervention trails in Ireland network including the "Healthy habits in pregnancy and beyond" arm of the research that the AMP and SUH was involved in.

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.

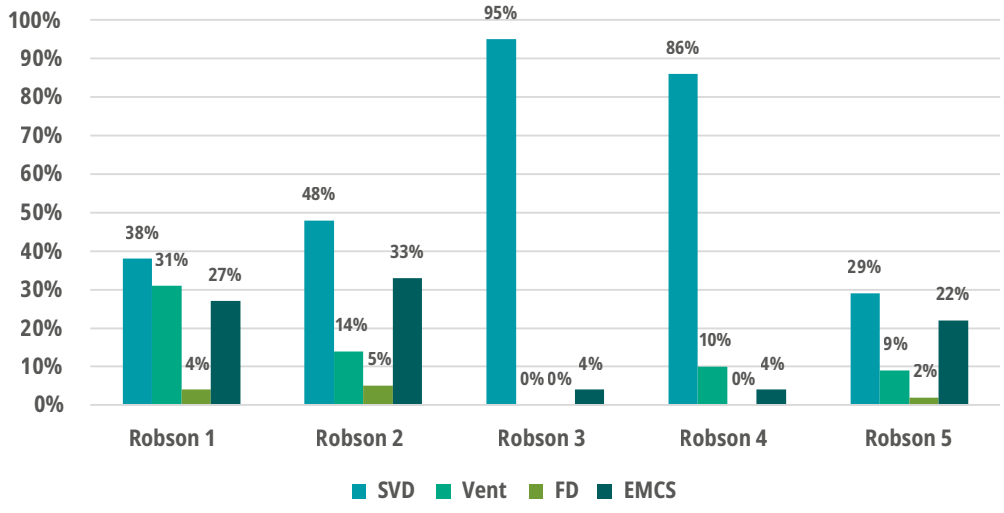
RAMP Membranes and Oxytocin use 2024



RAMP Birth Outcomes 2024



RAMP Robson Outcome 2024



Homebirths in Saolta University Health Care Group 2024

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. There are currently three self-employed community midwives (SECMs) providing a home birth service part-time.

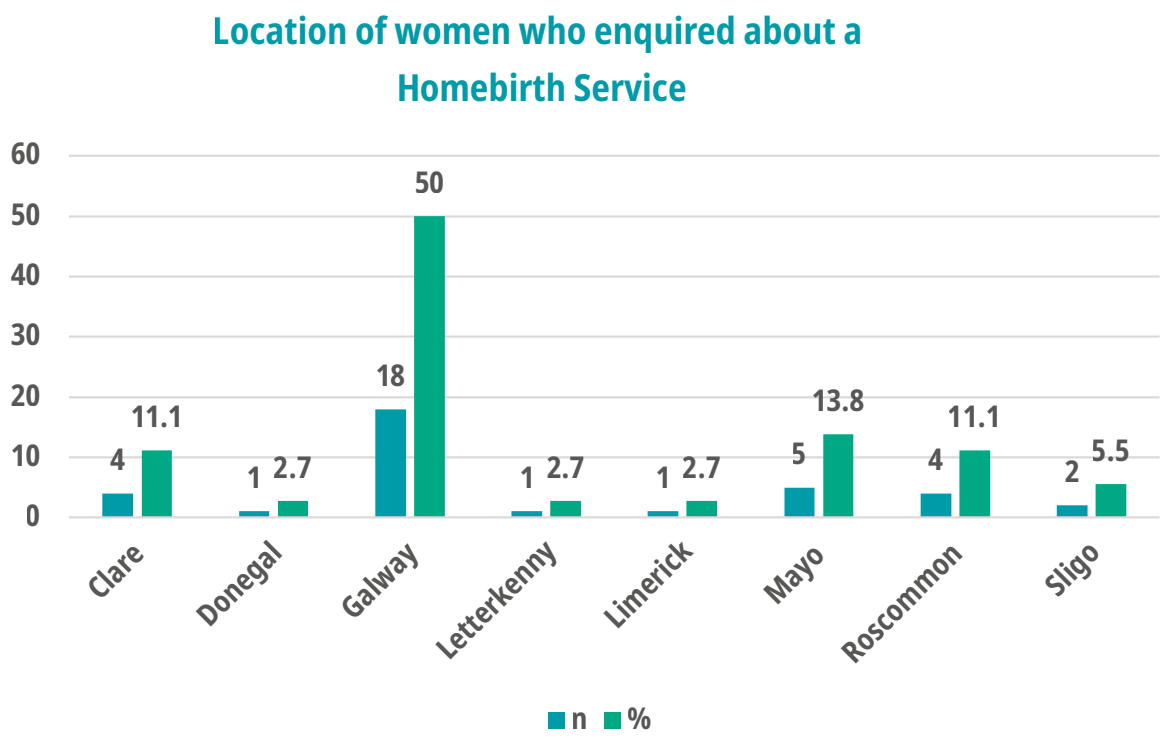
Like previous years the demand for a homebirth outstripped the supply, with thirty-five enquiries. This number is down from sixty-five inquiries the previous year. These figures are based on inquiries made to the Designated Midwifery Officer (DMO) and do not include inquiries made directly to the hospitals in the Saolta Group. Twelve women were booked for a home birth in 2024. This number is down from the eighteen planned homebirths in 2023. The reduction in planned homebirths can be attributed to the decrease in SECMs from five in 2023 to three in 2024.

The majority of women booked into PUH, with the remainder booking into GUH (see table below). This is the opposite of the previous year in that the majority of women n=6 /11, 54.5%) booked into PUH and n=5 (5/11, 45.5%) booked

Saolta University Health Care Group Home Birth Service

	2022	2023	2024
Total number of inquiries	87	62	35
Galway University Hospital	8	10	6
Portiuncula University Hospital	12	8	6
Total / Percentage booked	20	18	12/ 35 (34.2%)
Total Number of Homebirths	14 (70%)	13 (72%)	8/11 (72.7%)

In the table below, the number of home birth inquiries received from locations within the Saolta Group and beyond are seen. Documented here are the number of inquiries received by the Designated Midwifery Officer (DMO) only. Not all women contact the DMO to inquire about homebirths. It is reasonable to suggest that the number of homebirth inquiries is much higher. Similar to last year, Galway had the highest number of inquiries (n=18 (18/36, 50%); however, this is a 23% increase in the volume of inquiries from 2023. Inquiries were received from Donegal, Letterkenny, Mayo, and Sligo areas covered by maternity units within the Saolta Group. However, presently, no homebirth service is available in these areas. Thirty-four percent of women (n-12, 12/35) who inquired about a home birth were successful in planning a homebirth



- The overall transfer rate from homebirth service to consultant led service is 41.6% for 2025, this is an increase of almost 3% on the 38.8% transfer rate in 2023. The majority of transfers in 2024 (n-3, 25%) were intrapartum. Indications for transfer of care include:
  - N=1, 8.3% was transferred antenatally (Fall off in fetal growth)
  - n=3, 25% intrapartum. Two for no progress, 1 for late fetal heart deceleration.
  - n=1 8.3% a postnatal transfer for retained placenta.
- The birth outcomes of the 11 women, at term, are 72.7% (n=8) achieved a homebirth, One woman transferred during labour for an audible late deceleration continued to have her care in the hospital provided by the SECM, and had a SVD. The SVD rate for the homebirth service was almost 80%, and the CS rate for the homebirth service was 18.1% in 2024.
- The homebirths seen here (n=11) were undertaken in counties Galway, Roscommon, and Westmeath. Similar to last year, the majority n= 8 (8/11, 72.2%) of women resided within Galway County.
- The maternal age at booking varied between 28-43 years with an average age of 33 years, similar to 2023.
- Similar to the previous year, the majority of women at booking were multiparous women (n=8, 8/11, 72.5%). Unlike 2023, where the majority of multiparous women were having their second baby, the majority in 2024 (n-5) were having their third baby. A small increase in primiparous women planning a homebirth in 2024 (n=3) than those in 2023 (n=2) was
- The weight of the babies at birth ranged from 2.77kg for the smallest and the largest 3.99Kg.
- All women requested postnatal care at home from their midwife. All of the women (n=12) who had planned a homebirth received postnatal care at home. The rate of breastfeeding at the time of discharge (Day 14) was 100%.

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
No. Referred from Antenatal Outpatients	877	1046	1050
No. Referred from Postnatal Outpatients	238	234	241
No. Referred from Inpatients	645	573	806
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
Treatments:			
Low Back Pain/Pelvic Girdle Pain	773	866	872
Pelvic Floor Dysfunction			162
Other Musco skeletal Issues			202
Obstetric Anal Sphincter Injury			26
Other Pelvic Floor Muscle Dysfunction			29
Group Education workshops	1399	1420	1512
Maternity Inpatients	866	846	806

LUH Maternity Physiotherapy Referrals	2022	2023	2024
No. Referred from Antenatal Outpatients	-	-	40

LUH Maternity Physiotherapy Referrals	2022	2023	2024
No. Referred from Postnatal Outpatients	-	-	38
No. Referred from Inpatients	-	-	24
Total Referrals	-	-	102
LUH Maternity Physiotherapy Treatment Sessions			
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

MUH Maternity Physiotherapy Activity	2022	2023	2024
Physiotherapy Referrals			
No. Referred from Antenatal Outpatients	17	373 (gynae and maternity combined)	22
No. Referred from Postnatal Outpatients	30	N/A	47
No. Referred from Inpatients	32	94 (gynae and maternity combined)	112
Total referrals	79	467	181
Physiotherapy Treatment Sessions			
Total Treatment Sessions	0	345	651
Low Back Pain/Pelvic Girdle Pain	17	48	18
Pelvic Floor Dysfunction	28	217	173
Other Muscoskeletal Issues	21	-	77
Obstetric Anal Sphincter Injury	17	17	32
Other Pelvic Floor Muscle Dysfunction	0	15	0
Group Education workshops	117	380	325
Maternity Inpatients	41	48	26

PUH Maternity Physiotherapy Activity	2022	2023	2024
Physiotherapy Referrals			
No. Referred from Antenatal Outpatients	680	454	248
No. Referred from Postnatal Outpatients	49	122	121
No. Referred from Inpatients	80	-	-

SUH Maternity Physiotherapy Activity	2023	2024
Physiotherapy Referrals	156	117
No. Referred from Antenatal Outpatients	106	45
No. Referred from Postnatal Outpatients	30	58
No. Referred from Inpatients	20	14

SUH Maternity Physiotherapy Activity	2023	2024
Physiotherapy Treatment Sessions		
Total Treatment Sessions	564	205
Low Back Pain/Pelvic Girdle Pain	92	72
Pelvic Floor Dysfunction	23	45
Other Muscoskeletal Issues	21	-
Obstetric Anal Sphincter Injury	4	5
Other Pelvic Floor Muscle Dysfunction	5	-
Group Education workshops	22	6
Maternity Inpatients	1170	1109

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

Galway University Hospitals - Women's and Children Medical Social Work:

Maternity Medical Social Work Team	Referrals in 2024	Contacts as a result of open cases in 2024
Maternity, Obstetrics and Gynaecology	204	6528
Fetal Assessment Service	62	434
Neo Natal Intensive Care	147	4500
Paediatric Inpatients	95	2697
Paediatric Outpatients	31	155
Teen Parent Support Programme	75	9750
Total	614	23973

GUH Medical Social Worker Achievements 2024

- Willow Bereavement Support group for bereaved parents experiencing all types of pregnancy loss launched in November 2024. This is a monthly, multi-disciplinary peer support group supported by Senior Medical Social Workers, Midwives and a representative bereaved parent.
- TPSP team completed Baby Massage Training. This is currently offered to any new parents involved in TPSP. Some parents have done it individually and others as part of a group.
- TPSP established connections with Water babies in Galway and provided swimming lessons for young parents and their babies /toddlers in Galway city for 6 weeks. This was a very positive
- TPSP staff continue to promote the project in Galway's rural towns and communities in order to offer continued accessibility to the service, for expectant young parents both during pregnancy at hospital/ community midwife clinic appointments and postpartum home visits.
- The project was successful in registering with the Giving Tree for Christmas donations in 2024. All young parents and children involved in the programme received a decent Christmas present through this.
- TPSP successfully held several big outings for young parents and children throughout the year. Young parents were brought to Turoe Pet farm in the summer, Monkey Business for Halloween and Kidsplace at Christmas for a Santa visit and lunch.
- TPSP met with young parents and encouraged new workshops. We offered to facilitate a sleep consultant however there wasn't any uptake.
- The project continued to facilitate TPSP Parent/Baby peer support group in Galway City throughout the year.
- TPSP team spent a lot of time promoting the TPSP service in Galway City & County. We continued to maintain positive relations and awareness with UHG's maternity department. We made links within ATU to advertise the TPSP Service.
- The team made plans for the service expansion. Project leader made a proposal that addresses the needs for the services and anticipated referral rates.

- TEARDROP Bereavement Training was provided by SMSW & Midwifery Department in April and November
- Domestic Violence Lunch and Learn Sessions provided to the Midwifery department staff at all levels during day 1 and day 16 of the 16 days of action against gender-based violence

LUH Maternity Social Work

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

** Maternity services no longer have a MSW allocated to them*

PUH Maternity Social Work

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

Service Overview 2024

The medical social worker works as part of the multidisciplinary team on the maternity and labour ward, fetal assessment unit, ante natal clinics, post-natal hubs, and in the special care baby unit in Portiuncula University Hospital.

The service provides support for a wide range of issues such as crisis pregnancy, underage and teenage pregnancies, managing substance misuse in pregnancy, domestic violence and coercive control, child protection and welfare, pregnancy loss, relationship difficulties, limited social supports, a pregnancy with medical complications for mum and or baby, dealing with trauma.

Counselling, emotional support and practical information is provided to women and their families in order to promote a positive parenting experience. Assessment and identification of psychological and psycho social need is key in social work intervention from ante natal through to the post-natal phase. The service is focused on and responsive to, women and their individual needs. Referrals are made to relevant health and social care services and community supports based on identified needs.

Medical social work has an integral role in the coordination of care and support to at risk groups, including the identification and assessment of child protection and welfare concerns. Close working relationships are maintained with Tusla child and family agency to monitor the safety and welfare of children. This involves attendance and submission of reports for strategy meetings, case conferences and court cases

Women identified at risk of domestic abuse through routine screening in pregnancy and in the early postnatal period, are referred to the medical social worker for support, advice and safety planning. Links are maintained with domestic violence services to support women and families at risk of abuse.

The provision of a social work service to ethnic groups, particularly migrant and ethnic minority women who face specific challenges when accessing pregnancy support due to factors like language and cultural barriers, continued to be a high priority.

During 2024 the medical social worker engaged with a number of complex cases, where women presenting to the maternity services, with no history of booking or attending for ante natal care in this pregnancy. These cases involved interagency working with Tusla and an application for an emergency care via court proceedings.

The medical social worker continued to work in collaboration with the clinical midwife specialist in substance and alcohol abuse to support women to address their addiction issues during pregnancy and in the postnatal period.

Social work services continued to work in partnership with the young parents support programmes in the community to provide support for young people who are pregnant.

The medical social worker was proactive in co coordinating interagency responses to support expectant women and families in dealing with the challenges presented by homelessness and the national housing crisis during 2024.

Education and Training 2024:

The medical social worker

- Presented at a bereavement study day
- Attended workshops on coercive control and domestic abuse
- Masterclass in trauma informed practice

Achievements 2024:

The medical social worker:

- Supervised a 14 weeks placement for a second year NUIG masters in social work student.
- Presented monthly social work information sessions at the early pregnancy ante natal classes.
- Engaged in social inclusion working groups.
- Chaired the local children first committee meetings.

Aims 2025:

- To support the service development of a high quality patient focused social work service in Portiuncula University Hospital.

MUH Maternity Social Work

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

MUH Pregnancy Support and Counselling Service Report for 2024

There is .6 Pregnancy counselling post in Mayo University Hospital attached to the Maternity Service.

The Counsellor works with the Multidisciplinary team in the Maternity Service on the Labour & Maternity wards, EPU and in the Ante natal Clinic both in the hospital and in outreach clinics, i.e. Ballina to improve outcomes for patients attending.

The Pregnancy Counsellor provides counselling support to patients who attend the Gynaecology Ward and the Early Pregnancy Unit.

Specialist pregnancy counselling support is provided on these wards around:

- Early Pregnancy
- Unplanned Pregnancy. We offer supportive, non-directive, non-judgemental counselling to those who experience an unplanned pregnancy.
- Pregnancy Loss. Bereavement Counselling is available around miscarriage, ectopic pregnancy, or termination for example.
- 3 Options Counselling. Counselling is offered around all options including parenting, adoption and termination.

The Pregnancy Counsellor works with the Multidisciplinary team on the ward to improve outcomes for patients. She receives referrals from the Obstetricians and Midwives, the Bereavement Support Midwife, the Perinatal Mental Health Midwife, Medical Social Work, and supporting professionals in the community including GPs and Public Health Nurses. The Counsellor also accepts self-referrals

Service Overview:

In 2024 there were 113 new cases of referrals to the Pregnancy support and Counselling Service in the following areas:

Crisis Pregnancy & Termination of pregnancy: The Counsellor offers supportive, non-biased counselling to women presenting with a crisis pregnancy at any stage of a pregnancy e.g. unplanned pregnancy, or on diagnosis of fetal abnormally, or around pregnancy loss. Counselling is offered on all options, including parenting, abortion and adoption, within the relevant legal guidelines. Post termination counselling is also available.

Counselling is available either in person via face-to-face meetings or telephone support.

Difficult Diagnosis: Counsellor provides support around the complex emotions that can arise to parents from the time of diagnosis, for the length of the pregnancy and for a short time afterwards with referral to further community counselling if requested

Bereavement: Bereavement counselling and anticipatory bereavement counselling is offered to families, in situations such as a baby being diagnosed with Life Limiting Conditions, Early Pregnancy Loss, Second Trimester Loss, Perinatal Death and termination. Bereavement counselling support is available in relation to unresolved grief around a previous loss of a baby when a woman or couple present again with a healthy pregnancy. Post termination counselling is also available. I work very closely with the Specialist Bereavement Midwife in this area of work.

Maternal mental health: Counselling support is available to women with anxiety, low mood, and depression in the ante natal stage. In this area, we work very closely with the Perinatal Midwife in Mental Health to ensure co-ordination and continuity of care to our expectant mothers.

Previous Traumatic birth: Counselling provides a trauma informed space to supports parents who have had a previous traumatic birth that is impacting on their experience of their current pregnancy.

Training:

- All mandatory training has been completed by Counsellor.
- Eye movement desensitization and reprocessing training attended (*EMDR*).It is a form of psychotherapy designed to treat post-traumatic stress disorder.
- Counsellor has delivered in house training as part of Maternity Education Sessions on the role of the counsellor to raise awareness of the service.
- Counsellor also provided training to Mayo ATU on 'The emotional impact of loss in pregnancy'.
- Counsellor engaging with Centre of Nurse & Midwifery Education in the provision of education for Multidisciplinary Professionals on 'The Psychological Impact of loss in early Pregnancy.'
- Webinars have been attended on topics relevant to post, such as, bereavement, foetal alcohol syndrome, Trauma Informed Practice, Assisted Decision making, Recurrent miscarriage.

Achievements 2024:

Service of Remembrance for Pregnancy Loss:

The counsellor is a founder member of the Service of Remembrance committee that has coordinated this service for families who have suffered the loss of a baby or child, since 2003. The counsellor is the chairperson of the committee. Aprox 200 people attended the service this year. 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 and support to families.

This committee was accepted to present at the European Grief Conference in Croke Park in 2024. It was a great achievement to be invited to this event, and the counsellor shared the work of our committee on behalf of Mayo University Hospital in supporting parents and families bereaved through pregnancy loss, at this event. The event was hosted by the Irish Hospice Foundation in partnership with the Bereavement Network Europe, The Royal College of Surgeons Ireland, and the Danish National Centre for Grief. Our presentation reflected on the re-design of our annual service of remembrance for pregnancy and child loss, to ensure it meets the diverse needs of our multi-cultural population and supports every bereaved parent and family irrelevant of religious or philosophical convictions

Active committee membership:

Counsellor is a member of the Oversight Group for the National Standards for Bereavement Care following pregnancy loss and perinatal death. Counsellor is also an active member of the following groups which meet regularly:

- Mayo University Hospital Complex Maternity Meeting
- End of Life, Hospice Friendly Hospital Committee
- Steering group of Parenting For Life programme
- Counsellor has been involved in a number of campaigns in the hospital including,
- Maternal Mental Health Awareness,
- Infant Mental Health Awareness,

Other achievements:

Positive development of relationships with community supports for families attending Maternity services in Mayo University Hospital.

Positive development of relationships with staff within the Maternity services.

Development of Counselling leaflet and pop up stand to be given to families attending Maternity service outlining the support available.

Aims 2024:

The counsellor aims to continue to improve links with hospital professionals and community services both locally and nationally and will continue to develop policy for the service.

Maternity

Referrals Source	Total 2024
Antenatal	54
Bereavement Midwife	20
Maternity	2
PMHM	9
Rooms	1
EPU	4
Self	11
Other	12
Total	**113**

SUH Maternity Social Work

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

Service Achievements 2024: Advocated for dedicated MSW

Service Aims 2025: Business Case for wte MSW submitted.

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 2023

Activity	Total	New Patient visit	Review visits
Total Patients Seen	641	604	37
OPD	624	598	26
Inpatients	17	6	11

GUH Maternity Nutrition and Dietetics 2024

Activity	Total	New Patient visit	Review visits
Patients seen	56	40	16
OPD	40	39	1
Inpatients	16	1	15

LUH Maternity Nutrition and Dietetics

	2022	2023	2024
Total New Referrals	124	128	254
Total Referred from Inpatients	5	5	4
Total Referred from Outpatients	119	123	250
Total Attendances	132	138	939
Total Attendances from Inpatients	6	10	16
Total Attendances from Outpatients	126	128	923

MUH Maternity Nutrition and Dietetics

	2022	2023	2024
Total New Referrals	59	7	194
Total Referred from Inpatients	28	4	8
Total Referred from Outpatients	31	3	8
Total Referred from Gestational Diabetes	-	-	178
Total Attendances	59	13	194
Total Attendances from Inpatients	28	10	8
Total Attendances from Outpatients	31	3	8
Total Attendances from Gestational Diabetes	-	-	178

SUH Maternity Nutrition and Dietetics

	2022	2023	2024
Total New Referrals (inc 99 attending weekly GDM* group sessions)	112	112	25pts + 113 attended group education session
Total Referred from Inpatients	13	6	12
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
Total Attendances	230	156	262
Total Attendances from Inpatients	48	11	24
Total Attendances from Outpatients	182	145	234

**Gestational diabetes myelitis*

Occupational Therapy

GUH Occupational Therapy for Maternity Services	2024
Referrals	4
Outpatient Referrals	0
Inpatient Referrals	4
Activity	8
Outpatient Activity	0
Inpatient Activity	8

3

CHAPTER 3

Neonatology

3.1 Service Overview

The Neonatology Service is delivered across the Model 3 hospitals — Portiuncula University Hospital (PUH), Mayo University Hospital (MUH), Sligo University Hospital (SUH), and Letterkenny University Hospital (LUH) — which provide Level 1 special care for infants born at greater than 31 completed weeks' gestation. The Model 4 hospital, Galway University Hospital (GUH), serves as the regional referral centre and provides Level 2 neonatal intensive care for infants born at greater than 26 completed weeks' gestation.

The Neonatal Intensive Care Unit (NICU) at GUH delivers high dependency and intensive care for very premature infants (>26 weeks' gestation) and for selected term infants requiring specialised care.

In 2024, 8,023 babies were born in the region —compared to 8,132 births in 2023. 1,547 babies (19%) required admission to a neonatal unit, an increase of 22 admissions compared with 2023.

Site based births and % admissions to Neonatology Units 2020 – 2024						
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%**
2020	**GUH**	**LUH**	**MUH**	**PUH**	**SUH**	**Total**
Hospital Births	2,614	1,549	1,414	1,400	1,326	**8,303**
Neonatal Admissions	379	242	324	211	246	**1402**
% Neonatal Admissions	14%	16%	23%	15%	19%	**17%**

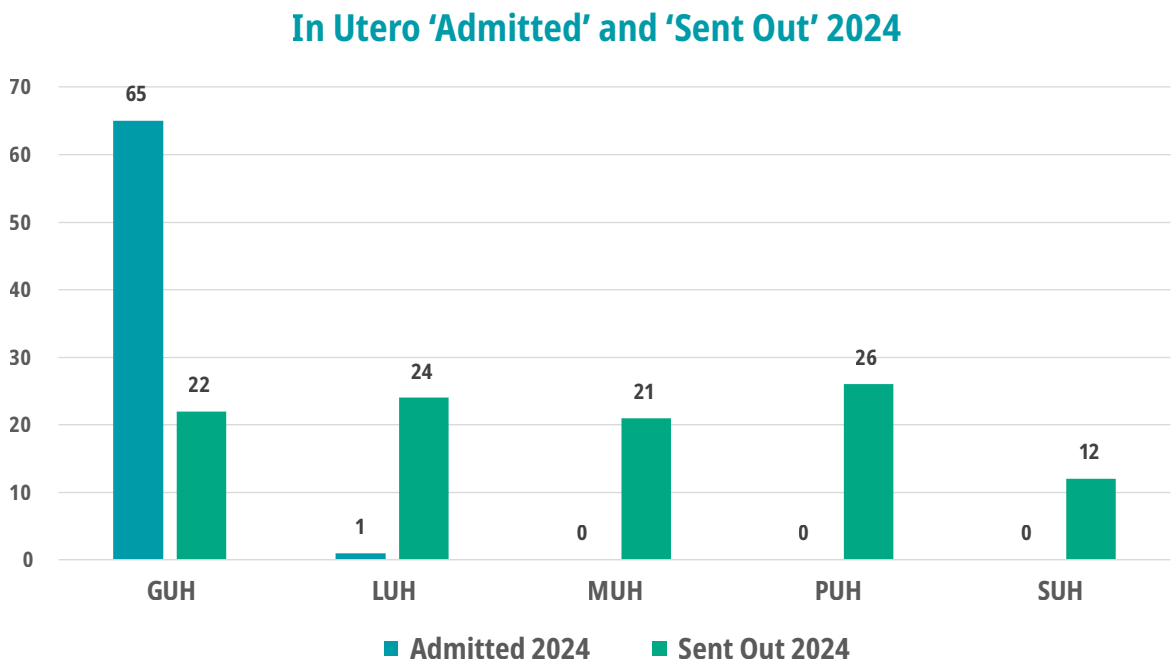
3.2 Neonatology Activity Report

Neonatology Activity Report 2024	GUH	LUH	MUH	PUH	SUH	Total
Number of births (23 weeks or >/= 500g)	2,630	1,469	1,387	1,308	1,229	**8,023**
Total no. of Admissions	447	298	305	250	247	**1,547**
Admissions as a % of births	17.0%	20.3%	22.0%	19.1%	20.1%	**19.3%**
Mode of delivery	**GUH**	**LUH**	**MUH**	**PUH**	**SUH**	**Total**
SVD	96	74	80	66	64	**380**
Assisted VD: Vacuum or Forceps	65	41	46	40	27	**219**
C-Section: Elective or Emergency	286	182	179	144	156	**947**

Neonatology Activity Report 2024	GUH	LUH	MUH	PUH	SUH	Total
Gestation of infant at admission	**GUH**	**LUH**	**MUH**	**PUH**	**SUH**	**Total**
>37 weeks	278	208	243	168	163	**1060**
32-36 weeks	137	83	53	78	76	**427**
27-32 weeks	31	5	8	4	8	**56**
23-26 weeks	1	2	1	0	0	**4**
Birthweight	**GUH**	**LUH**	**MUH**	**PUH**	**SUH**	**Total**
>4000g	41	26	46	29	35	**177**
3000-3999g	180	150	151	110	106	**697**
2500-2999g	82	61	59	51	38	**291**
1500-2499g	117	55	42	55	63	**332**
1000-1499g	22	5	5	5	4	**41**
<1000g	5	1	2	0	1	**9**
Admission source	**GUH**	**LUH**	**MUH**	**PUH**	**SUH**	**Total**
Labour ward	126	85	78	54	57	**400**
Theatre	204	160	144	108	96	**712**
Postnatal ward	78	51	67	70	72	**338**
Referral from another hospital	39	12	15	18	19	**103**
Home births (scheduled)	0	0	0	0	0	**0**
Other	0	13	1	0	3	**17**
Born Before Arrival (BBA)	1	0	1	4	0	**6**
Reasons for Admissions (often more than one)	**GUH**	**LUH**	**MUH**	**PUH**	**SUH**	**Total**
Prematurity/Low Birth Weight (<37 Weeks/<2500gms)	177	107	73	66	97	**520**
Respiratory Distress	261	173	197	111	111	**853**
Infection Risk Factors/Symptoms	163	125	178	88	117	**671**
Hypoglycaemia/At Risk for Hypoglycaemia	76	42	81	13	117	**329**
Jaundice	49	26	33	21	57	**186**
Feeding Problems	41	6	12	10	89	**158**
Congenital Anomalies (Including Genetic Disorders)	36	16	4	3	8	**67**
Post resus care/Low Cord pHs/Abnormal neuro status	62	11	1	12	53	**139**
Social	13	21	5	7	21	**67**
Surgical Diagnosis	13	4	1	0	1	**19**
Birth Trauma/Injury	23	10	2	7	15	**57**
Hypothermia	14	6	20	2	25	**67**
Other	42	14	2	17	42	**117**
Significant Neonatal Care	**GUH**	**LUH**	**MUH**	**PUH**	**SUH**	**Total**
Non-invasive ventilation: CPAP/BiPAP/HFNC	246	120	164	89	64	**683**
Mechanical Ventilation	29	7	9	9	5	**59**
Surfactant Administration	52	6	15	8	9	**90**
Pneumothorax needing needle aspiration/chest drain	2	1	0	2	3	**8**
Negative Blood Cultures	210	56	175	120	73	**634**
Early Onset NN Sepsis <72 hours with pos blood culture	1	1	2	1	2	**7**
Late Onset NN Sepsis >72 hours with pos blood culture	6	0	0	0	0	**6**

Neonatology Activity Report 2024	GUH	LUH	MUH	PUH	SUH	Total
Cranial Ultrasound Scan	87	14	15	4	14	**134**
Significant Congenital Heart Disease	20	3	0	0	1	**24**
Echocardiogram	76	4	10	3	1	**94**
Central Line Inserted: UAC/UVC/PICC	41	3	5	5	3	**57**
HIE and Transferred Out for Therapeutic Hypothermia	5	2	0	5	0	**12**
Phototherapy Treatment	84	49	33	43	68	**277**
Hypoglycaemia and IV glucose bolus	25	11	65	13	11	**125**
Total parenteral nutrition (TPN)	80	1	0	0	1	**82**
CNS Morbidity-IVH/NN stroke/PVL/Seizures/Brain malformations	26	2	1	2	3	**34**
ROP treatment (Laser/Avastin)	0	0	0	0	0	**0**
Necrotising enterocolitis	1	0	0	0	2	**3**
Neonatal Unit Deaths	4	0	0	1	0	**5**
Other	38	7	0	16	69	**130**
Significant Neonatal care 2022	**GUH**	**LUH**	**MUH**	**PUH**	**SUH**	**Total**
CNS/ENT/Orthopaedic/GIT/GU/Cardiac/Respiratory/Plastic	71	15	2	2	21	**111**
Other	25	0	3	1	22	**51**

3.3 Transfer Data - In Utero 'Admitted' and In Utero Transfers 'Sent Out'



In Utero Transfers	Group Data
Admitted	66
Sent Out	105

3.4 Advanced Neonatal Nurse Practitioner (ANP) Annual Service Report 2024

University Hospital Galway Neonatal Intensive Care Unit (NICU)

Introduction

The Advanced Neonatal Nurse Practitioner (ANNP) service within the NICU at University Hospital Galway continues to provide autonomous specialised care for neonates. Fully aligned with the Nursing and Midwifery Board of Ireland (NMBI) Advanced Practice Standards and Requirements (2017), the ANP role operates across all six national domains of advanced practice.

In 2024, the ANP service has further expanded its clinical leadership, quality improvement, education, research, and governance roles, contributing to enhanced outcomes for neonates and their families.

ANNP Team Composition

The ANNP team at UHG NICU consists of 3 Registered Advanced Nurse Practitioners:

- Ms. Jean James, RANP (Advanced Neonatal Nurse Practitioner)
- Ms. Áine Binchy, RANP (Advanced Neonatal Nurse Practitioner)
- Ms. Sharon Hynes, RANP (Advanced Neonatal Nurse Practitioner)

Ms. Áine Binchy, Ms. Sharon Hynes, Ms. Jean James

Clinical Service Activity and Scope of Practice

In 2024, UHG's ANNPs provided clinical care across more than 1,200 patient care episodes. Their scope of practice includes admission, stabilisation, and management planning; physical examination; advanced interventions, diagnostic evaluation; prescribing; treatment initiation; and discharge planning. The ANNPs attend high risk deliveries and assume lead roles in neonatal resuscitation.

Complex airway management is a core clinical skill delivered by ANNPs. The introduction and routine use of video-laryngoscopy for intubation procedures has been driven and audited by the ANNP team, improving both procedural safety and first-pass success rates. Other key clinical skills fundamental to the role include, placement of central lines, lumbar punctures, chest needle aspiration, and chest drain insertion.

The ANNP service manages neonatal conditions including respiratory distress syndrome, hypoglycaemia, jaundice, sepsis, and multi-system complications of prematurity. Specific clinical pathways where the ANNPs improved care delivery and contributed to optimising outcomes, reducing unnecessary NICU admissions, in 2024 include the updated hypoglycaemia management guideline, delayed cord clamping (DCC) compliance improvements for preterm infants, and the implementation of the NEWTT2 early warning scoring system for term infants on postnatal wards.

Ms. Jean James pereforming a lumbar puncture (left) /
Ms. Áine Binchy teaching at NEVIS (right)

Leadership in Quality Improvement, Audit, and Research

In 2024, the ANNPs led service audits, including:

- Resuscitation audit: Compliance with NRP 8th Edition standards. Audit findings demonstrated a sustained reduction in chest compression rates and intubation requirements, reflecting improved resuscitation techniques and early intervention protocols.
- Intubation safety audit: Analysis of intubation outcomes demonstrated improved success rates following the introduction of video-laryngoscopy as standard practice.
- Delayed Cord Clamping (DCC): Audit findings confirmed increased compliance rates with recommended DCC guidelines for preterm infants, aligned with international standards of care.
- NeuStim Trial: The NICU participated in this multi-centre trial evaluating tactile stimulation in preterm infants to reduce apnoeic episodes during stabilisation.

The ANNPs are core members of the NICU incident review and governance structures, contributing to the Preliminary Assessment Review System (PARS) and Simulation Incident Management Team (SIMT), promoting continuous service improvements informed by learning from clinical incidents.

Education, Training, and Workforce Development

In 2024, the team:

- Delivered multidisciplinary high-fidelity simulation training sessions utilising the ICAPSS simulation centre.
- Led regional HSE West/North-West education programmes including the Neonatal Ventilation (NEVIS) workshop.
- Delivered procedural skills education and training (e.g. IV cannulation, central line management, airway management).
- 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.

The ANNP service supports the needs of the NICU patients and families. The ANNP model provides senior clinical expertise at the bedside, supporting safe and timely decision-making as part of the Neonatal MDT.

Ms. Sharon Hynes presenting intubation audit data at an All-Ireland ANP forum

Governance, Safety and Service Sustainability

In addition to their direct clinical care and education roles, the ANNPs contribute to NICU governance structures. This includes participation in:

- NICU incident management and preliminary review processes (PARS)
- Service guideline review and development
- Neonatal clinical risk management and safety initiatives
- Contributing to clinical audit, quality assurance, and policy development

Conclusion

The ANNP service at UHG NICU demonstrates the unique value of advanced nursing practice in delivering expert, autonomous, and evidence-based care to Ireland's most vulnerable neonatal population, contributing to safe clinical care, improved outcomes, enhanced family support, workforce resilience, and service development.

Fully aligned with the NMBI Advanced Practice Standards (2017), the HSE Model of Care for Neonatal Services (2015), and national workforce reform, the ANNP service is integral to the delivery of high-quality neonatal care in the region.

3.5 Health and Social Care Professional (HSCP) Reports

This section highlights the activity and services delivered by the principal HSCP teams in Neonatology.

3.5.1 Physiotherapy

A Neonatal Physiotherapist service aims to support the development of babies at risk of having movement or developmental difficulties due to prematurity, problems before, during or after birth, problems affecting joints or muscles or any other problems that may affect how they move.

The value of physiotherapists has been identified in the Model of Care for Neonatal Services in Ireland (HSE, 2015) and the National Maternity Strategy (HSE, 2016), with the need for expansion of physiotherapy services identified as a priority in the National Women and Infants' Health Programme (NWIHP) implementation plan for the National Maternity Strategy (HSE, 2017).

Physiotherapy Service GUH

The Neonatal and neurodevelopmental services are provided in GUH primarily by one Clinical Specialist Physiotherapist (1.0 WTE)

The role of the Neonatal physiotherapist in UHG is divided into three main areas.

- **Inpatient care** (Neurology, Musculoskeletal, Neurodevelopment, Orthopaedics)

  Referral Criteria includes:
  <32 weeks gestation babies
  or <1500g Birth weight
  Grade 3 or 4 IVH or PVL
  Term Asphyxia/Stroke
  Congenital Infections
  Complex neurodevelopmental babies/abnormal muscle tone/Asymmetries of movement
  Orthopaedic/birth-related complications eg clavicle fracture, OBPP

- **Outpatient follow up** of neurodevelopment of NICU graduates as per the Enhanced Surveillance programme, and assessment and monitoring of developmentally delayed babies referred from other UHG sources, eg cardiology or general paediatrics clinics.
- **Research**, audit, teaching, education for staff and peers, quality improvement

In addition, In-Clinic Neonatal Physiotherapist presence in:

- 2 Neonatology clinics a week.
- Neurodisability clinic x1 time/week

Physiotherapy Service GUH		
Activity	**2023**	**2024**
Inpatient neonates NICU/HDU/SCBU	79	92
Inpatient neonates on Post-natal ward	13	10
Outpatients	80	94
In-Clinic neonates & Infants	39	44
Referrals to Community Children's Disability Network teams	N/A	34

Key Achievements

- Presented at the Saolta Neonatal Conference on Asymmetries in the Upper Limb and early detection of Cerebral Palsy in March 2024.
- Training in the Bayley 4 assessment, and coordinated with the Neonatal team to plan resuming Bayley assessment clinics for 2025 as recommended by an audit performed in 2024.
- Increased inpatients and outpatients clinical specialist reviews in the Neonatal service versus 2023.
- Tracking of 2024 infants born with brachial plexus injury with the post-natal ward, to feed into a potential audit in 2025.
- Attended British Association for Neonatal Neurodevelopmental Follow Up Study day.
- HINE training online for follow up of neonates, as recommended by BANNFU.

Key Challenges

- Primary Care paediatric physiotherapy staffing issues in Galway city and county impacted timely transfer of care of cases from UHG infants to primary care.
- Outpatients workload of Neonatal service, impacting the ability to deliver other key elements of the service.

Physiotherapy Service MUH

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

Aims

- Develop and expand physiotherapist's role in SCBU, enhance learning and skills in this area through self-learning, shadowing and courses.
- Re-establish SCBU criteria through communication with team and neighbouring hospitals.
- Increase efficiency of sessions through creation of parent education leaflets for the most common conditions seen.

Physiotherapy Service PUH

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.

Physiotherapy Service PUH		
Activity	**2023**	**2024**
SCBU New	6	16
SCBU Return	11	17
Maternity new	8	33

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 ongoing aim.
- Strong links maintained with the Neonatal physiotherapists in hospitals based in Dublin, Sligo and Galway for continuity of care, babies transferred back to PUH; and access to CPD.
- HINE course completion.
- On-going care of this cohort of infants in increasingly been provided in the hospital setting due to the staffing shortfall in Paediatric Physiotherapists in the community. We continue to provide paediatric Physiotherapy out-patients service to follow up on babies require short cycle of care.

Physiotherapy Service SUH

The Neonatology Physiotherapy Team comprises of 1 WTE Clinical Specialist in Paediatrics and Neonatology.

Physiotherapy Service SUH						
Activity	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**
Inpatient Referrals	21	32	30	27	34	32
Physiotherapy treatments	62	167	112	74	99	105

Service Overview 2024

The Paediatric and Neonatology service was affected by a resource shortage in 2024. Essential services elements were provided within resources, but some services had to be stood down e.g. JIA Pilates class pilot, Premature Baby Gym project.

CSP Paediatric Neonatal Physiotherapist in SUH completes Bayley's assessment at 2 years CGA for babies born between 28- 30 weeks gestation or high risk infants > 30 weeks or <1.5kg and refers out to PC Paediatric Physiotherapy in CH CDLMS for babies born pre-28 weeks for assessment., CSP Paediatric Physiotherapist liaised with GUH CSP Neonatal Physiotherapist as a regional support for Bayley's assessments needed regionally.

Service Aims for 2025

- Commence a Baby Gym project for babies born prematurely who remain under the care of the Paediatric teams.
- Continue to build on established initiatives such as the Baby Hip Team for babies with DDH.
- Build on and expand the skills base of the paediatric physiotherapy team members in orthopaedic, neurological and developmental assessments tools and interventions, ensuring continuity of service when resources are reduced.
- Continued educational support of the MDT including the Paediatrics/Neonatology NCHDs.

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 Dietetics Services GUH

Neonatology service provision in GUH is 0.8WTE Senior Dietitian. The Nutrition and Dietetic service to Neonatology in UHG comprises an inpatient service to a regional level 2 NICU and two neonatal Consultant led outpatient clinics per week. The Neonatal Dietitian attends daily MDT ward rounds contributing to clinical decision making.

In 2024, 111 infants in NICU and Neonatal Outpatient Clinics was supported working closely with the neonatal MDT to ensure safe, evidence-based nutritional interventions. Our service contributed to improved growth outcomes for infants, earlier discharge planning, and enhanced parental education.

Nutrition and Dietetics Services GUH						
Neonatal Dietetic Inpatient	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**
New NICU dietetic Referrals	64	61	46	59	52	54
Total NICU Dietetic Consultations	344	655	493	914	712	710
Neonatal Dietetic Outpatient	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**
Neonatal Dietetic Outpatient New	86	36	41	25	10	3
Neonatal Dietetic Outpatient Contacts	129	81	226	233	100	72

Despite reduced neonatal dietetic staffing levels from January to July 2024, Neonatology continued to generate the highest percentage of all WAC inpatient dietetic consultations reflecting the intensive dietetic support required by this complex, long stay patient cohort.

All preterm infants requiring parenteral nutrition in the West and North West level 1 units are transferred and managed in the NICU in GUH. A total of 71 NICU inpatients received Parenteral Nutrition (PN) in 2024.

Key Achievements

- Neonatal Dietitian continued to act as regional representative on the national Neonatal and Paediatric Parenteral Nutrition Steering Committee and co-authored the 3rd revision of the 'Guideline on the Use of Parenteral Nutrition in Neonatal and Paediatric Units'.
- Quality Improvement Project: Enhanced and Safer Parenteral Nutrition Pathways (revision of local GUH PN protocols / Indicators for PN Algorithm / PN prescription sheets in line with national PN standards and best practice).

Education & Training:

- Implementation of PN QIP with the support of the neonatal Clinical Skills Facilitator
- Teaching sessions to neonatal staff on neonatal nutrition.
- Induction training to new NCHDs / SpRs on prescribing parenteral nutrition.
- Participated in Journal Club education.
- Presentation on Vitamin D to Saolta Neonatal Steering Group.
- Dietetic support to clinical staff in West and North West level 1 units on request.
- Attended Neonatal Management group meetings / Neonatal Steering Group meetings.

Audit:

- PN Audit for national PN Expert group survey.
- Collaborated with CUH to audit use of the national SPN Protocol in GUH
- Submission on dietetic staffing requirements for the Model of Care Neonatal Services in Ireland review.

Challenges

- Reduction in Neonatal WTE to July 2024 and funding impacted capacity in neonatal outpatient services.
- Limited funding impacted outpatient service for preterm infants born < 32/40 weeks gestation at birth.

- Limited dietetic resources available to support moderate / late preterm infants on NICU and post discharge.
- Variability in access to vitamin and iron preparations due to supply issues.

Goals for 2025-2026

- Revise GUH Vitamin and Iron Supplementation protocol in line with current guidelines.
- Pilot a PN diary to facilitate data collection for national audits.
- Re-Audit PN activity for national PN Expert Group Survey.
- Audit neonatal staff adherence to revised local PN protocols implemented in 2024.
- Develop a nutrition protocol on the 'Management of Metabolic Disease in Preterm Infants'.
- Set up an MDT Weaning Webinar for preterm infants once full team available.
- Collaborate in development of a national PN training module / webinars for neonatal staff.
- Secure funding for 1.2 WTE increase in dietetic staffing to meet growing service demand and the need for a Clinical Specialist / Neonatal Network Lead dietitian to support 4 level 1 units in the region.

2024 has demonstrated the vital importance of specialised neonatal dietetic input in supporting vulnerable and complex infants through critical early growth and development. Availability of highly specialized dietitians ensures safe care for preterm and term infants particularly those on parenteral nutrition. As we move forward, we are committed to enhancing service delivery, strengthening multidisciplinary collaboration, and embedding family-centered nutrition care across our neonatal pathways.

Nutrition and Dietetics Services 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	**Total**
NICU Inpatient Referrals	10
NICU Inpatient Consultations	53

Demand is increasing for this highly specialised area with no funded service in place.

Due to the absence of specialist post following discharge infants are transferred to our general paediatric service.

Aim for 2025 is to secure a funded service for this vulnerable patient group to provide input while in NNU and post discharge

Nutrition and Dietetics MUH

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

Nutrition and Dietetics MUH	
Referrals 2024	**Total**
NICU Inpatient Referrals	51
Neonatal Outpatient Referrals	3
Total Referrals	54
Activity 2024	**Total**
NICU Inpatient Consultations	247
Neonatal Outpatients Contacts	59
Total Activity	306

Nutrition and Dietetic Service SUH

Nutrition and Dietetic Service SUH					
Referrals & Activity	**2020**	**2021**	**2022**	**2023**	**2024**
Referrals: Dietetic referrals Services in SUH	35	36	23	30	28

Nutrition and Dietetic Service SUH					
Activity: number of treatment sessions or equivalent	85	104	73	98	85

The dietetic service in SUH is not resourced to provide cover to the neonatal unit and a limited service is provided from our general cover resources.

No structured out patient service - phone follow up provided as required

Service Gaps

- No routine screening for babies remaining in the unit > 48hrs.
- No dietetic follow up clinic for neonatal babies post discharge

Goals for 2025

- Continue to advocate for additional dietetic resources to support our NICU. As per CCP 2015 SUH should have 0.5 wte specialist dietitian supporting NICU.

3.5.3 Medical Social Work

Maternity and neonatal units should have a medical social work service, which provides support, counselling, information on entitlements, practical and legal issues such as guardianship, and assistance in accessing supports.

Medical Social Work Services GUH

A 0.5 Senior MSW commenced service in NICU in December 2024 This dedicated service enables all parents in need to access emotional and psychological support from MSW. High risk pregnancies, parents with difficult antenatal diagnoses, infants of vulnerable families that will require a NICU admission following delivery can be planned for and carefully managed from admission to discharge. The SMSW's in both FAU and NICU each collaborate in cases when indicated. Discharge planning is now also more streamlined and efficient.

There is support for clinical staff when complex issues arise that require SMSW navigation, liaison with external agencies and guidance and support around complex social stressors experienced by parents and mediation between families and clinical teams, enhancing quality of communication.

SMSW (NICU and FMU) developed a weekly NICU parents support group however as it was off-site this was poorly attended and subsequently discontinued in late 2024.

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

3.5.4 Speech and language therapy

Babies admitted to neonatal units are at risk of feeding and early communication difficulties.

The speech and language therapist has a role in identifying babies at risk of feeding or communication difficulties and in helping babies and their families to establish safe and positive oral feeding and support their language development

3.5.5 Pharmacy

Pharmacy Service at UHG

0.4 WTE Senior Pharmacist resourced to cover the paediatric ward, 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.
- 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
- Training of the nursing and medical staff on the use of CHI Smart Pumps
- Training of staff grade pharmacists in paediatrics to provide cover
- 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

Achievements in 2024:

- 1 staff grade pharmacist trained in paediatrics to provide annual leave cover
- First shared care oncology patient with CHI Crumlin treated using the National Cancer Information System

Service Aims for 2025:

- Update 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

4

CHAPTER 4

Gynaecology

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 in the Saolta Group. 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 Saolta Group hospitals 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.

GUH Gynaecological Surgery Report 2024

Gynaecology Procedure	2020	2021	2022	2023	2024
ERPC	155	135	142	187	152
Abdominal hysterectomy +/- BSO	51	21	47	32	28
Radical hysterectomy	1	5	7	4	5
TAH, BSO & PLND	12	12	14	16	15
TAH, BSO & omentectomy & appendicectomy +/- PLND *(*Please see Gynaecology Oncology Report)*	34	49	47	54	37
Omentectomy (Isolated procedure)	1	6	2	1	0
Ovarian debulking	27	9	11	2	9
Bilateral Salpingo Oopherectomy	3	2	0	0	0
Caesarean hysterectomy	3	2	4	3	3
Myomectomy	6	6	2	6	5
Laparotomy	23	26	11	21	23
Diagnostic laparoscopy	37	26	14	29	37
Laparoscopy Hysterectomy/BSO/PLND	7	17	12	19	28
Laparoscopic hysterectomy +/-BSO	17	0	8	14	16
Laparoscopic BSO	19	19	21	29	28
Laparoscopic unilateral salpingo-oophorectomy	15	9	20	13	25
Laparoscopic tubal ligation	13	12	0	7	0
Laparoscopic ectopic	17	5	25	25	16
Laparoscopic dye hysteroscopy	32	13	34	34	16
Laparoscopic cystectomy	11	28	16	25	19
Hysteroscopy D&C	487	317	338	247	203
Hysteroscopy**	168	242	521	595	711
Mirena insertion	51	79	116	94	81
Endometrial ablation	22	14	9	13	34
Truclear	26	18	29	48	33
Vaginal hysterectomy	5	1	1	2	2
Vaginal hysterectomy and PFR	8	8	10	3	0
Pelvic Floor Repair	20	12	15	29	11
Vulvectomy	7	2	6	2	3

Gynaecology Procedure	2020	2021	2022	2023	2024
Cystoscopy	16	9	11	7	4
Examination under anaesthetic	21	24	28	27	17
Cervical Suture	10	11	7	2	7
Fentons procedure	5	1	4	3	0
Vulval biopsy	49	5	27	13	29
LLETZ	10	10	8	12	16
Bartholins	12	11	13	17	20
Instrumental delivery	52	14	47	29	33
Third degree tear repair	42	39	42	38	22
Manual removal of placenta	20	37	26	21	23
Excision of skin tag	1	16	0	2	0
PPH Bakri balloon insertion	2	2	3	1	1
Removal of mirena coil	4	5	14	1	11
Cervical smear under GA	6	4	4	3	4
Labiaplasty	3	4	3		0
Excision of labial cyst	3	8	3	5	1
Other				39	23
Total	**1534***	**1295***	**1722**	**1774**	**1,751**

**GUH had off site theatre facilities in 2020 and 2021*

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

LUH Gynaecological Surgery Report 2024

Gynaecology Procedures	2020	2021	2022	2023	2024
Total Abdominal Hysterectomy (TAH)	30	26	51	54	36
Bilateral Salpingo Oophorectomy (BSO)	9	55	30	44	93
Vaginal Hysterectomy	16	15	33	73	54
Pelvic Floor Repair	-	5	44	12	5
Hysteroscopy *	452	937	1098	1217	315
Dilation & curettage of uterus (D&C)	0	441	323	238	143
Insertion/Replacement/Removal of intrauterine device (IUD)	114	381	383	533	675
Evacuation of retained products of conception (ERPC) *(2021 Surgical Management of Missed Miscarriages, figure could be higher due to incomplete miscarriages)*	155	114	41	53	82
Smear	0	6	10	9	-
Examination under Anaesthetic (EUA) Gynae	0	12	25	77	-
Large Loop Excision of Transformation Zone (LLETZ)	29	30	32	27	20
Trans cervical resection of the endometrium (TCRE)	0	0	0	0	0
Biopsy Gynae	22	125	174	168	54
Laparoscopy/Laparotomy	3	9	16	30	23
Colposcopy	0	34	42	21	23
Polypectomy	0	45	57	102	102
Other Procedures	285	291	184	320	221
Total	1,115	2,526	2,543	2975	1,846

Majority of data captured through HIPE

**Hysteroscopy number includes those performed in Ambulatory Gynaecology*

MUH Gynaecological Surgery Report 2024

Gynaecology Procedures	2020	2021	2022	2023	2024
Total Abdominal Hysterectomy (TAH)	14	13	10	9	9
Bilateral Salpingo Oophorectomy (BSO)	25	23	20	23	21
Vaginal Hysterectomy	20	11	12	18	16
Pelvic Floor Repair	-	6	30	43	48
Hysteroscopy *	196 **	757	901	326	170
Dilation & curettage of uterus (D&C)	90	2	91	123	91
Insertion/Replacement/Removal of intrauterine device (IUD)	49	399	499	89	106
Evacuation of retained products of conception (ERPC)	64	33	50	82	79
Smear	6	9	11	12	10
Examination under Anaesthetic (EUA) Gynae	4	0	0	17	9
Large Loop Excision of Transformation Zone (LLETZ)	7	8	2	8	2
Trans cervical resection of the endometrium (TCRE)	27	0	8	8	2
Biopsy Gynae	2	23	6	5	135
Laparoscopy/Laparotomy	23	6	57	53	92
Colposcopy	0	0	0	0	2
Polypectomy	0	36	24	30	31
Endometrial Ablation	-	-	-	-	9
Termination of Pregnancy	-	-	-	-	11
Other Procedures	116	128	22	0	182
Total	643**	1,454	1,743	1,796	1,025

*** 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

PUH Gynaecological Surgery Report 2024

Gynaecology Procedures	2020	2021	2022	2023	2024
Total Abdominal Hysterectomy (TAH)	12	10	14	11	6
Bilateral Salpingo Oophorectomy (BSO)	11	10	0	7	10
Vaginal Hysterectomy	1	6	8	8	4
Pelvic Floor Repair	-	2	33	2	19
Hysteroscopy *	233	111	345	622	524
Dilation & curettage of uterus (D&C)	297	225	360	422	342
Insertion/Replacement/Removal of intrauterine device (IUD)	159	62	237	355	419
Evacuation of retained products of conception (ERPC) *(2021 Surgical Management of Missed Miscarriages, figure could be higher due to incomplete miscarriages)*	0	94	27	75	0
Smear	3	0	8	13	16
Examination under Anaesthetic (EUA) Gynae	0	1	0	2	1
Large Loop Excision of Transformation Zone (LLETZ)	0	1	0	0	2

Gynaecology Procedures	2020	2021	2022	2023	2024
Trans cervical resection of the endometrium (TCRE)	0	0	0	0	0
Biopsy Gynae	13	17	10	30	6
Laparoscopy/Laparotomy	50	10	9	34	7
Colposcopy	0	0	0	0	0
Polypectomy	47	27	82	112	126
Other Procedures	229	231	113	368	409
Total	1,055	807	1,246	2,061	1,891

Majority of data captured through HIPE

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

SUH Gynaecological Surgery Report 2024

Gynaecology Procedures	2020	2021	2022	2023	2024
Total Abdominal Hysterectomy (TAH)	22	11	17	25	34
Bilateral Salpingo Oophorectomy (BSO)	39	10	22	38	25
Vaginal Hysterectomy	9	1	4	19	12
Pelvic Floor Repair	-	0	3	17	19
Hysteroscopy *	312	249	279	352	300
Dilation & curettage of uterus (D&C)	292	294	326	316	262
Insertion/Replacement/Removal of intrauterine device (IUD)	152	109	120	190	130
Evacuation of retained products of conception (ERPC) *(2021 Surgical Management of Missed Miscarriages, figure could be higher due to incomplete miscarriages)*	62	97	75	70	84
Smear	25	16	35	35	16
Examination under Anaesthetic (EUA) Gynae	33	1	52	23	37
Large Loop Excision of Transformation Zone (LLETZ)	18	29	23	25	15
Trans cervical resection of the endometrium (TCRE)	0	0	0	2	0
Biopsy Gynae	20	20	50	56	42
Laparoscopy/Laparotomy	59	11	47	146	64
Colposcopy	9	2	28	7	4
Polypectomy	25	59	46	42	55
Other Procedures	66	170	96	119	118
Subtotal Hysterectomy				19	-
Ovarian Cystectomy				21	-
Total	1,143	1,079	1,203	1,522	1,217

4.2 Gynaecological Oncology Report

The Gynaecological Oncology tertiary level service for the Saolta Group 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
Diagnosed in Saolta Group and Treated in GUH	175	179	196	176
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)
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)
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)
Total number Referred outside Group	84	71	71	72
Potential Gynae Cancers if all seen in GUH	259	250	267	248

Tumour type diagnosis 2021-2024

Year	Primary	Metastases	Recurrence
2021	129	18	28
2022	133	20	26
2023	178	9	9
2024	153	6	17

Patient age range (years)

Age Group	16-29	30-39	40-49	50-59	60-69	70-79	80+
2021	4	11	17	38	51	41	13
2022	8	13	20	30	50	39	19
2023	5	10	24	46	54	49	8
2024	2	9	21	38	38	43	20

Gynaecological Cancer Diagnoses 2021 - 2024

Cancer Type	Cervical	Endometrial	Ovarian	Vulval	Vaginal	Primary Peritoneal	Unknown Primary	Other	Total
2021	33	58	51	13	6	5	4	5	175
2022	30	71	49	7	2	6	7	7	179
2023	36	76	62	13	5	1	1	2	196
2024	38	71	60	7	-	-	-	-	176

First treatment type recommended at MDT for patients diagnosed with a gynaecological cancer 2024	
First Treatment Type	**Patients**
Surgery	85
Chemoradiotherapy	11
Neo Adjuvant Chemotherapy	30
Neo Adjuvant Radiotherapy	5
Hormone Therapy	5
Best Supportive Care/No Treatment	8
Surveillance	6
Total	

Cancer Surgeries Performed 2024 – included the following procedures:

Type of Surgery	Total No. Performed in 2024
Endometrial Cancer Surgeries	55
Total Abdominal Hysterectomy (TAH)/Bilateral salpingo-oopherectomy (BSO)	9
Total Laparoscopic Hysterectomy (TLH)/ Bilateral salpingo-oopherectomy (BSO)	2
TAH/BSO, Omentectomy, Appendectomy and/or other resection and biopsy	8
TAH/BSO and Pelvic Lymph Node Dissection (PLND) or Sentinel Lymph Node Dissection (SLND)	7
TLH/BSO and Pelvic Lymph Node Dissection (PLND) or Sentinel Lymph Node Dissection (SLND)	23
TAH/BSO with Anterior Resection and/or other colorectal resection	2
Radical Hysterectomy	1
Hysteroscopy	3
Ovarian Cancer Surgeries	64
Total Abdominal Hysterectomy(TAH)/Bilateral salpingo-oopherectomy (BSO)	2
TAH/BSO, Omentectomy, Appendectomy and/or other resection and biopsy	36
TLH/BSO, Omentectomy, Appendectomy and/or other resection and biopsy	3
TAH/BSO with Anterior Resection and/or other colorectal resection	4
Laparoscopic BSO/RSO and or LSO and/or Omentectomy, etc	12
Radical Hysterectomy and/or other resection	1
Biopsy	2
Other (Diagnostic Laparosocopy, EUA, drainage of ascites, drain insertion etc)	4
Vulval Cancer Surgeries	7
Radical or Anterior Vulvectomy and/or other resection	2
Excision of Right Vulval Mass	1
Wide Left Excision of Labia and/or Vulva	3
Vulval Biopsy	1
Cervical Cancer Surgeries	10
TLH/BSO, Omentectomy, Appendectomy and/or other resection and biopsy	1
TAH/BSO and Pelvic Lymph Node Dissection (PLND) or Sentinel Lymph Node Dissection (SLND)	2
TLH/BSO and Pelvic Lymph Node Dissection (PLND) or Sentinel Lymph Node Dissection (SLND)	2
Radical Hysterectomy and/or other resection	4
Large Loop Excision of the Transformation Zone (LLETZ)	1

Number of Surgeries per Cancer Type					
Year	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

Gynaecological Oncology Service Surgical Activity

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

4.3 Regional Placenta Accreta Service

The Saolta Group 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
2019	3	3	0	1	All live births
2020	3	2	1	3	All live births
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

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				
2020	2021	2022	2023	2024
29	33	22	28	21

4.5 Saolta Termination of Pregnancy Service

The Saolta 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**
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**
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**
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**
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**

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.

In 2023 activity within ambulatory gynaecology units grew by greater than 60% compared with 2022. This was achieved by establishing additional clinics provided by Advanced Nurse Practitioner clinics and Consultants. Postmenopausal referrals make up a large proportion of referrals. As per national guidance these patients need to be seen and have histological investigations as necessary within 28 days of referral from GPs.

Ambulatory Gynaecology Activity per site 2024					
Treatments	GUH	LUH	MUH	SUH	Total
Total Attendance	2,055	2,010	1,533	1,065	**6,663**
NEW	1,724	1,956	1,240	925	**5,845**
REVIEW	331	54	293	140	**818**
DNA	222		290	100	**612**
% Rate of DNA	12.9%	6.1%	16.0%	9.4%	**11.1%**
Trans Vaginal USS	1,231	1,640	1,295	488	**4,654**
Hysteroscopy – Diagnostic	565	544	248	434	**1,791**
Hysteroscopy – Operative	146	131	6	13	**296**
Mirena – In	253	348	371	263	**1,235**
Mirena – Out	99	173	164	30	**466**

Saolta Ambulatory Gynaecology Activity 2021 – 2024				
Treatments	Saolta Total 2021	Saolta Total 2022	Saolta Total 2023	Saolta Total 2024
Total Attendance	2,217	3,197	5,141	6,663
NEW	1,875	2,814	4,505	5,845
REVIEW	342	384	596	818
DNA	379	594	562	612
% Rate of DNA	14.6%	13.5%	11%	11.1%
Trans Vaginal USS	1,555	2,408	3,657	4,654
Hysteroscopy – Diagnostic	756	873	1,213	1,791
Hysteroscopy – Operative	128	173	250	296
Mirena – In	443	669	922	1,235
Mirena – Out	213	281	330	466

GUH Ambulatory Gynae Activity 2020 to 2024					
Treatments	2020	2021	2022	2023	2024
Total Attendance	350	536	1094	1772	2,055
NEW	331	478	1002	1528	1,724
REVIEW	19	58	92	244	331
DNA	7	44	130	170	222
Rate of DNA	2.0%	7.6%	11.0%	11%	12.9%
TVS	177	289	646	1048	1,231
Hysteroscopy – Diagnostic	140	210	408	462	565
Hysteroscopy – Operative	28	32	113	133	146
Mirena – In	47	61	62	208	253
Mirena – Out	17	20	29	59	99

MUH Ambulatory Gynae Activity 2020 to 2024					
Treatments	2020	2021	2022	2023	2024
Total Attendance	1,238	1,103	1, 335	1,508	1,533
NEW	937	821	1074	1,229	1,240
REVIEW	301	282	261	279	293
DNA	318	319	422	273	290
Rate of DNA	20.4%	22.4%	24.0%		16.0%
TVS	1029	1042	1262	1,294	1,295
Hysteroscopy – Diagnostic	170	204	257	246	248
Hysteroscopy – Operative	25	46	7	3	6
Mirena – In	275	245	171	315	371
Mirena – Out	126	150	76	131	164

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

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

SUH Ambulatory Gynaecology Service Activity 2023–2024		
Treatments	**2023**	**2024**
Total Attendance	199	1065
NEW	191	925
REVIEW	8	140
DNA	30	100
Rate of DNA	15%	9.4%
TVS	77	488
Hysteroscopy – Diagnostic	72	434
Hysteroscopy – Operative	10	13
Mirena – In	39	263
Mirena – Out	19	30

PUH Post-menopausal bleeding clinic 2023–2024		
Post Menopausal Bleeding clinic	**2023**	**2024**
Total Attendance	285	350
New Attendance	285	350
TVS	258	283
Hysteroscopy- Diagnostic	135	215
Hysteroscopy- Operative	35	40
Mirena- in	26	72
Mirena-Out	29	35

4.7 Colposcopy Services Report

There are currently 4 colposcopy units located within the Salta Group, each of 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 CervicalCheck Ireland. The clinical statistics for Colposcopy services in the Saolta Group are detailed below:

Colposcopy Activity Summary 2024					
Activity 2024	**GUH**	**LUH**	**MUH**	**SUH**	**Total**
Total Attendance	4,339	1,217	1,321	1,719	**8,596**
New Referrals	1,496	501	555	584	**3,136**
Follow Ups	2,843	716	766	1,138	**5,463**

Total Attendances Per Site 2019 - 2024						
	2019	**2020**	**2021**	**2022**	**2023**	**2024**
GUH	4,604	4,064	4,465	4,807	4,765	4,339
LUH	1,985	897	1,472	1,297	1,362	1,217
MUH	1,475	926	932	1,082	1,105	1,321
SUH	1,793	1,613	1,489	1,678	1,825	1,719

GUH Colposcopy Service Report 2024

Team:

Consultants: *Dr Katharine Astbury, Lead Colposcopist, & Dr Michael O'Leary*

Nursing/Midwifery: *Assumpta Casserly AMP, Maura Molloy AMP, Marguerite Bourke Accredited Nurse Colpscopist/CNM2, Cara McNally Accredited Nurse Colposcopist/CNM2, Roisin Conneely SM, Carmel Finnerty Accredited Nurse Colposcopist.*

Healthcare assistant: *Karen McGinley*.

Administration: *Caitriona O'Toole Curley, Ger Dooley and Ann Keane*.

Activity:

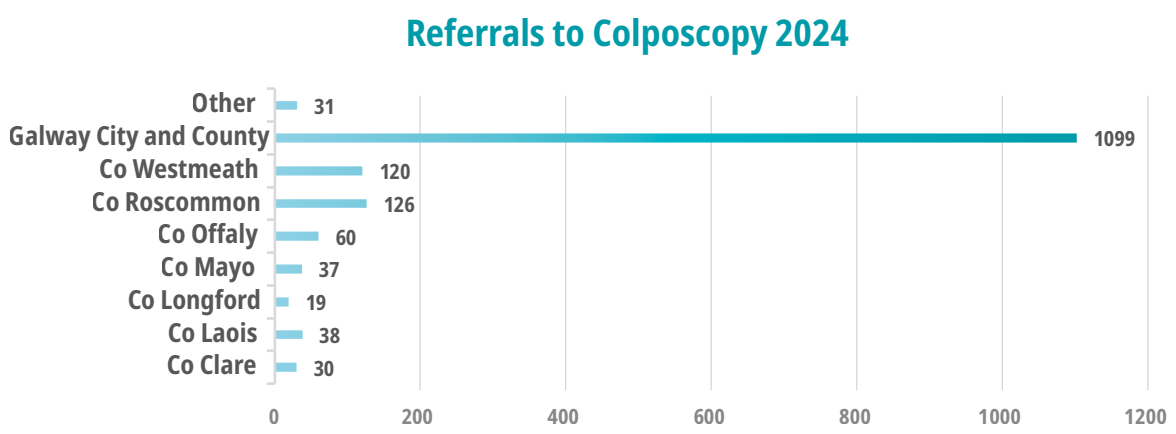
4339 women attended Galway Colposcopy clinic in 2024, of these **1496** were first visits and **2843** were review appointments. Consultants saw 1504 women, many of these complex cases. The nursing team saw 2835 of the women attending colposcopy, highlighting the significance of nurse led clinics to the colposcopy services.

Of these 4339 who attended Colposcopy in 2024, 632 had high grade cytology, 2561 had low grade cytology, 588 following positive HPV x 2 with negative cytology and 558 with clinical indication for referral.

Non-attendance was 4.8% and the target for DNA set by CervicalCheck is <10%. Reminders were issued by text message 10 days and again 3 days in advance of appointments. This facilitated keeping DNA rates within targets. Appointments were cancelled by 1283 women; this very high number of cancellations generates a lot of extra work for administration staff and leads to wasted slots when cancellation is last minute.

Total referrals received in **2024** was 1560**,** the majority **(70%)** came from Galway city and county (1099**)** and most of the other referrals came from the surrounding counties and midlands (see chart).

There were **301** LLETZ treatments performed and **212** cold coagulation ablative treatments. Cervical biopsies were taken on **2303** women in 2024. Cervicalcheck standards were met (>80% of excisions should have CIN on histology). High risk HPV testing with reflex cytology tests were provided by Quest laboratory. Histology services were provided by UHG laboratory.



Histology Result	Diag. Biopsy	Excision	Total
Cervical Cancer	5	7	12
Adenocarcinoma in situ / CGIN	9	8	17
CIN3	80	89	169
CIN2	162	40	202
CIN1	1240	143	1383
CIN Uncertain Grade	1	0	1
VAIN3	3	1	4
VAIN2	9	0	9
VAIN1	39	1	40
VIN3	0	0	0
VIN2	4	0	4
VIN1	0	0	0
HPV / cervicitis only	173	8	181
No CIN / No HPV (normal)	260	4	264
Inadequate	16	0	16
Other	1	0	1
Total	2002	301	2303

Cancer Summary:

There were 15 women seen with cervical cancer diagnosis. Three of these 15 women were diagnosed elsewhere and came to UHG for further assessment and treatment. Histology of cervical cancers reported 14 invasive squamous cell carcinoma and 1 invasive adenocarcinoma. Treatments for cervical cancer included LLETZ excision, hysterectomy (including radical hysterectomy) and radiation oncology for these women.

The youngest woman seen with cervical cancer was aged 34yrs and was treated for early invasion by LLETZ excision.

Cervix cancer continues to be a problem in younger women: 7 of the women with cervical cancer were between 30-45 years of age, 5 between 45-65yrs and 3 were 65+yrs. Of note only 5 of the women diagnosed with cervix cancer had HPV screening, since it was introduced in 2020. The majority of cancer cases had no screening history and remainder had a lapse in screening history for over 10yrs highlighting the importance of attending for HPV cervical screening within the given timeframe according to age of woman and screening history.

In January 2024 we implemented a consultant led vulvoscopy clinic for women with issues associated with the vulva. This clinic is run once a month. Dr Astbury and Dr O'Leary have a clinical session each to accommodate these women. In 2024 there were 38 new referrals and 120 women seen for review visits at these clinics.

MDT:

Multidisciplinary team meetings between Colposcopy clinical staff, Quest and UHG 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 2024 staff worked tirelessly to ensure standards were reached to see referrals within the specified timeframe as outlined in the QA guidelines for colposcopy clinics.

Staff Development:

Carmel Finnerty RGN completed her colposcopy training and accredited with BSCCP as a nurse colposcopist in March 2024.

Roisin Conneely enhanced staff nurse commenced colposcopy training in January 2024 and completed her basic colposcopy course in Whittington hospital in June 2024.

Cara McNally accredited nurse colposcopist/CNM2 attended the BSCCP Annual Conference in Edinburgh April 2024.

Carmel presented a poster entitled: "Colposcopy Management in women over 60yrs" at the annual Cervicalcheck

meeting in Limerick in October 2024.

Carmel and Cara both accredited nurse colposcopists attended Thermo-Coagulation Master Class in Ninewells Hospital Dundee to enable them to provide this treatment for women.

The nursing team continue to facilitate attendance of practice nurses and GP's for observation of colposcopy procedures as part of their training course in cervical screening.

Our Colposcopy Unit had Quality Assurance visit from Cervical Check in October 2024 which has provided recommendations to increase the quality of service we provide for women in our care, we will strive to implement these recommendations in 2025.

GUH Colposcopy Report

Colposcopy Clinic Activity	2022	2023	2024
New Referrals	1,716	1,715	1,496
Follow Up	3,091	3,050	2,843
High Grade	147	130	100
Low Grade	955	1078	970
Non Attendance	7.3%	6.7%	325
LLETZ Treatments	339	361	300
Cervical Biopsy	2,258	2,173	2,309
Ablative Treatment	-	-	114
Cold Coagulation	151	117	98
Diathermy Destruction	-	-	24

Histology Result 2024	Diagnostic Biopsy	Excision	Total
Cervical Cancer	8	7	15
Adenocarcinoma in situ / CGIN	4	3	7
CIN3	45	46	91
CIN2	78	19	97
CIN1	619	76	695
CIN Uncertain Grade	0	0	0
VAIN3	1	0	1
VAIN2	7	0	7
VAIN1	21	1	22
VIN3	0	0	0
VIN2	4	0	4
VIN1	0	0	0
HPV / cervicitis only	80	6	86
No CIN / No HPV (normal)	136	2	138
Inadequate	8	0	8
Other	0	0	0
Total	1,011	160	1,171

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

LUH Colposcopy Clinic Report

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

Histology Result 2024	Total
Cancer	2
Adenocarcinoma in situ/CGIN	5
CIN3	51
CIN2	83
CIN1	383
CIN Uncertain Grade	0
VAIN3	0
VAIN2	0
VAIN1	0
VIN3	0
VIN2	0
VIN1	0
HPV/Cervicitis only	164
No CIN/No HPV (normal)	40
Inadequate	11
Other	0

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

MUH Colposcopy Clinic Report 2023-2024

Colposcopy Clinic Activity	2023	2024
New Referrals	522	555
Follow Up		766
High Grade	109	34
Low Grade		281

Colposcopy Clinic Activity	2023	2024
Non Attendance	Over-All DNA 7.1%	60
LLETZ Treatments	113	80
Cervical Biopsy	352	309
Ablative Treatment	0	0
Cold Coagulation	0	0
Diathermy Destruction	0	0

Histology Result 2024	Diagnostic Biopsy	Excision	Total
Cancer	2	1	3
Adenocarcinoma in situ/CGIN	0	1	1
CIN3	9	26	35
CIN2	20	32	52
CIN1	120	10	130
CIN Uncertain Grade	3	0	3
VAIN3	0	0	0
VAIN2	0	0	0
VAIN1	1	0	1
VIN3	0	0	0
VIN2	0	0	0
VIN1	0	0	0
HPV/Cervicitis only	62	7	69
No CIN/No HPV (normal)	92	3	95
Inadequate	1	0	1
Other	0	0	0

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

SUH Colposcopy Clinic Report

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

Histology Result 2024	Diagnostic Biopsy	Excision	Total
Cancer	4	2	7
Adenocarcinoma in situ/CGIN	4	1	5
CIN3	35	22	57
CIN2	88	8	96
CIN1	254	14	268
CIN Uncertain Grade	0	0	0
HPV/Cervicitis only	78	0	78
No CIN/No HPV (normal)	20	1	21
Inadequate	3	0	3
Other	29	2	31

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

4.8 Urogynaecology Report

University Hospital Galway

GUH Diagnosis and Treatments

	2019	2020	2021	2022	2023	2024
Total number of Urodynamic tests performed	60	43	40	51	56	71
Break down of diagnosis following Urodynamics						
Stress Urinary Incontinence	20 (33%)	14 (32.5%)	12 (30%)	N/A	12	14
Mixed Urinary Incontinence	7 (11.6%)	6 (13.9%)	6 (20%)	N/A	12	27
Normal	16 (26.6%)	10 (23.2%)	10 (25%)	N/A	6	10
Detrusor over activity	11 (18.3%)	9 (20.9%)	9 (22.5%)	N/A	25	17
Voiding dysfunction	6 (10%)	4 (9.3%)	2 (5%)	N/A	1	3
Cystistat: *for the treatment of painful bladder symptoms, non-specific cystitis and recurrent cystitis*	Data not available	55	76	40	57	80

Letterkenny University Hospital

Urogynaecology Service Overview for 2024

This service includes a team of 3, urogynaecologist, clinical specialist physiotherapist in Urogynaecology and clinic nurse specialist in Urogynaecology. Referrals to the service come from gynae consultants and GPs as per the Urogynaecological Service SOP and Pathway.

Multidisciplinary team meetings are held weekly to triage referrals to the service. This meeting also gives time to discussion of difficult and more complex cases and also trouble shooting any issues that arise in relation to the urogynae service. Urogynaecology clinics are held on a fortnightly basis with 5 patients allocated to the consultant /nurse team and 2 patients allocated to the physiotherapist at each clinic. In addition the physiotherapist attends to patients from the consultant/nurse list where considered appropriate.

To further strengthen the service a combined urology/urogynae MDM is held once every month to analyse urodynamics test results and discuss complex patients with the benefit of urology team opinion and input.

Service review with Management of Women's and Children Services takes place monthly.

Service Achievements 2024

Urogynaecological Service in LUH has improved patient access to services including Urogynaecology consultant, Urogynaecology physiotherapy and urodynamics. Currently there is no wait time for new patients who are triaged directly to the urogynaecologial physiotherapist and the wait time for a physiotherapy recall appointment or for a patient referred by the consultant to the Urogynaecology physiotherapy service (aka traditional referral) is approximately 4 weeks. In addition, the wait time for patients requiring a referral back to the consultant from urogynacology physiotherapy if medical management is required, is approximately 4 weeks.

Service Aims 2025

A Urogynaecological Clinic Patient Information Leaflet has been developed and presented to the Ethics Committee. A Urogynaecology Triage Clinic patient information leaflet completed and printed in August 2025 this is included with all appointment letters sent to patients.

4.9 Regional Fertility Hub Report

The Saolta regional fertility service opened in GUH in May 2022 and currently provides all fertility care for the region. 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.

Clinic Activity 2023	2022 May–Dec	2023	2024
No. of Referrals	350	712	934
New Attendances	273	323	387
Review Attendances	294	606	738
DNA Rate	89	85 (9%)	3.5%
No. of women requiring reproductive surgery	9	23	28
No. of men requiring endocrine therapy	0	1	1
No. of women requiring follicle tracking	9	28	26
Ovulation Induction Cycles Undertaken	6	76	55
No. of Ovulation Induction Cycles Completed	9	54	45
No. of Ovulation Induction Cycles Cancelled	15	22	10
No. of Semen Analysis Requested	240	276	427
No. of Semen Analysis results completed	134	210	339
No. of Semen Analysis cancelled	30	9	-

Fertility Clinic 2024 (GUH)

The Department of Reproductive Medicine UHG provides fertility care for the region. The service provides both female and male fertility investigations to those who meet the access criteria for assessment. The service also refers those couples who meet the criteria for publicly funded Advanced Reproductive services, IUI & IVF/ICSI. The service liaises with other relevant specialities including Endocrinology, Urology, Genetics, and Ambulatory Gynae in order to provide optimum fertility care.

Key activity metrics

- IUI referrals for 2024 - 29.
- IVF/ICS/I FET referrals for 2024 - 194.
- The department also provides on-site Ovulation Induction Treatment (Follicle tracking).
- DNA rate reduced 9% 2023 to 3.5% for 2024.

4.10 Regional Complex Menopause Clinic Report

Improving menopause services for women with complex needs has been identified as a priority by the Women's health taskforce. The Galway service, which opened in December 2022, is one of the six in the country. The service is dedicated to helping patients with complex medical conditions to manage their menopausal symptoms. The clinic is staffed by a GP Menopause Specialist, a Nurse Specialist and an administration team. This is the clinical activity for the regional complex menopause service for 2024:

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

4.11 Health and Social Care Professionals Report

4.11.1 Physiotherapy

GUH			
Physiotherapy Referrals	**2022**	**2023**	**2024**
Outpatient referrals	315	532	561
Inpatient referrals	-	-	173
Physiotherapy Activity 2023			
Urinary Incontinence	300	308	237
Pelvic Organ Prolapse	117	134	199
Faecal Incontinence	53	41	66
Pelvic Pain/Overactive Pelvic Floor	8	29	65
Musculoskeletal	68	-	-
Anal sphincter injury	50	-	-

GUH			
Number direct from Urogynaecology Clinic	114	64	94
% Direct from the Urogynaecology Clinic	24%	21%	25%

GUH Physiotherapy	2019	2020	2021	2022	2023	2024
Urinary Incontinence	164	111	82	300	308	237
Pelvic Organ Prolapse	70	73	75	117	134	199
Faecal Incontinence	25	16	27	53	41	66
Pelvic Pain/Overactive Pelvic Floor	12	11	17	8	29	65
Urogynaecology Clinic *	85 (31%)	87 (41%)	63 (32%)	114 (24%)	64 (21%)	94 (25%)

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

UHG PHYSIOTHERAPY:

Services provided in 2024 included:

- 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.
- Of note, due to extra Urogynaecology clinics as well as a significant increase in Endometriosis / Persistent Pelvic Pain referrals, Gynaecology Physiotherapy outpatient referrals have increased by 26% in 2024 compared with 2023 figures.
- Endometriosis Physiotherapy Service continues in UHG for West/North West Group; Currently, there is no medical lead or other HSCP's in place for this NWIHP-funded service.
- Group-based workshops providing education, advice and safe exercise for antenatal and postnatal women. In 2024, antenatal women with pelvic girdle and low back pain were given the choice of attending either face to face or virtual classes.
- Urogynaecology Physiotherapy triage service (including a pessary-fitting service to patients presenting with prolapse or incontinence) is ongoing where patients are assessed and treated by a Clinical Specialist Physiotherapist prior to medical review.
- Direct referral of patients from Urogynaecology Clinics.

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

MUH Physiotherapy			
Physiotherapy Referrals	**2022**	**2023**	**2024**
Outpatient referrals	234	373 (gynae and maternity)	1,088
Inpatient referrals	24	94 (gynae and maternity)	34
Physiotherapy Activity 2023			
Urinary Incontinence	174	378	347
Pelvic Organ Prolapse	115	202	270
Faecal Incontinence	23	40	55
Pelvic Pain/Overactive Pelvic Floor	15	29	53
Total Outpatient Treatments	327	649	725
Number direct from Urogynaecology Clinic	U/A	25	71
% Direct from the Urogynaecology Clinic	U/A	5%	-

PUH Physiotherapy						
Year	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**
No of referrals	232	-	140	250	243	258

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

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

Service Overview 2024: Unfortunately, the Senior Physiotherapist in Women's Health & Continence post was vacated in October 2023 and was not filled and remains unfilled to date. As a result, all referrals for a gynaecology OPD service from the Consultants had to come via the new Ambulatory Gynae physiotherapy service, which was in its infancy in Sligo University Hospital in late 2023/2023. Therefore, SUH had one Clinical Specialist Physiotherapist to provide all of the OPD gynaecology physiotherapy care, teach and provide oversight to a newly graduated staff grade 0.4WTE on Maternity and to provide urgent and time critical post natal care for post partum mothers. At ward level, the bed occupancy rate for surgical patients reduced due to the increased demand for medical beds throughout 2024, with a reduction in the elective gynaecology surgical activity.

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***
New	18 patients. 11 new referrals	N/A
Review	34 review consults	N/A

**Staff resource issue in 2024*

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

5

CHAPTER 5

Paediatrics

5.1 Introduction

The HSE West and North West Health Area provides acute and specialist paediatric services to the five paediatric units one regional and four local serving approximately 160,000 children under 16 years of age across Galway, Mayo, Roscommon, Sligo, Leitrim and Donegal.

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**

In addition, a cohort of young people aged 16 to 18 years, particularly those with chronic illness or complex care needs, continue to receive paediatric services until transition to adult care.

In 2024, a significant number of children availed of paediatric services across the Group, including 55,118 Emergency Department attendances, 67,149 Outpatient Department visits, 15,248 inpatient admissions, and 8,203 day cases. A total of 369 children required transfer for higher-level care, compared with 444 in 2023, representing a continued focus on managing complex cases locally where possible.

Across all sites, staff continue to demonstrate exceptional commitment to delivering safe, high-quality, and family-centred care. Demand for paediatric services has continued to rise, particularly in emergency and outpatient settings. Paediatric Emergency Department attendances increased by 5.2%, from 52,412 in 2023 to 55,118 in 2024, reflecting sustained growth in unscheduled care demand across the region.

Despite this, 2024 saw measurable improvements in efficiency and access, supported by a collaborative, data-driven Out Patient Department (OPD) Quality Improvement Programme (QIP) developed in partnership with site teams. This initiative has led to reduced OPD waiting times and sustained progress in addressing long-waiting lists, with a number of targeted waiting list (WL) reduction initiatives successfully implemented during the year. Overall, OPD service activity increased across the five paediatric units between 2023 (10,082) and 2024 (10,911), total OPD attendances, reflecting both growing demand and the ongoing commitment of staff to enhance access and quality of care across the region.

5.2 Unscheduled Care Paediatric Report

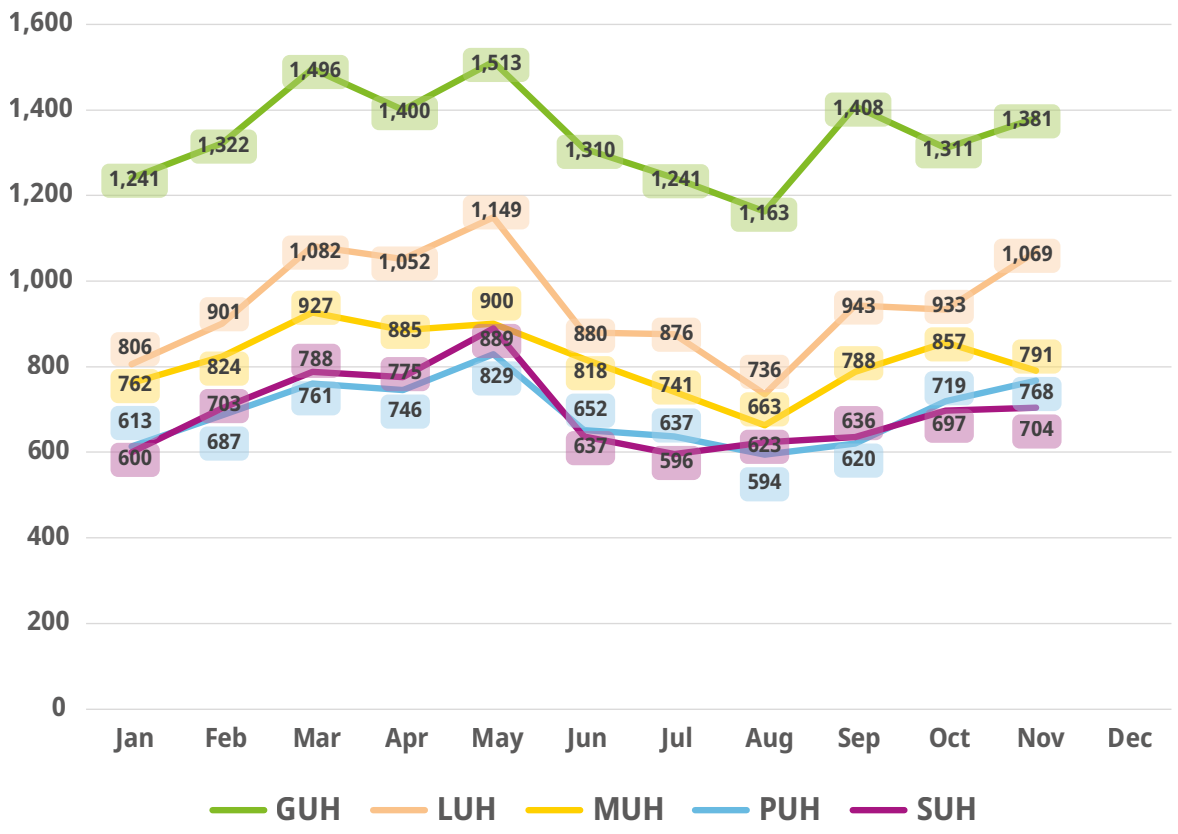
Overview of Paediatric ED attendances as a % of total attendance to ED 2024						
Emergency Department (ED)	GUH	LUH	MUH	PUH	SUH	Total
Total ED Attendances	81,200	54,418	43,677	32,526	46,275	**258,096**
Total Paediatric ED Attendances	16,526	11,577	9,892	8,564	8,559	**55,118**
% Paediatric attendances	20.4%	21.3%	22.6%	26.3%	18.5%	**21.4%**

Paediatric Emergency Department (ED) Attendance and Admissions under the care of a paediatrician 2024						
Emergency Department	GUH	LUH	MUH	PUH	SUH	Total
Attendances	16,526	11,577	9,892	8,564	8,559	**55,118**
Admissions (All Specialities)	2,659	3,126	1,789	1,913	1,433	**10,920**
Admissions (Paediatric Medicine Only)	1,691	2,569	1,499	1,637	1,059	**8,455**
% Admission (All Specialities)	16.1%	27.0%	18.1%	22.3%	16.7%	**19.8%**
% Admission (Paediatric Medicine Only)	10.2%	22.2%	15.2%	19.1%	12.4%	**15.3%**

Total Paediatric Emergency Department (ED) Attendance Breakdown by Triage Category 2024							
Triage Categories	GUH	LUH	MUH	PUH	SUH	Total	% of Total
Triage Cat 1 Attendance	100	74	30	78	53	**335**	0.6%
Triage Cat 2 Attendance	2712	2584	1762	1941	1760	**10,759**	19.5%
Triage Cat 3 Attendance	6161	5399	5444	5009	4020	**26,033**	47.2%
Triage Cat 4 Attendance	6043	3088	1718	1276	2055	**14,180**	25.7%
Triage Cat 5 Attendance	1479	77	788	260	132	**2,736**	5.0%
Triage Cat Other	31	355	150	0	539	**1,075**	2.0%
Total	16,526	11,577	9,892	8,564	8,559	**55,118**	100.0%

Emergency Department Paediatric Attendance						
Year	**GUH**	**LUH**	**MUH**	**PUH**	**SUH**	**Total**
2019	15,537	6,957	9,296	7,168	8,057	**47,015**
2020	11,000	5,481	5,480	4,363	5,531	**31,855**
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**
% Increase 2019-2024	6.0%	39.9%	6.0%	16.3%	5.9%	**14.7%**

Emergency Department Paediatric Activity per month per site



Emergency Department – Paediatric Admissions (All Specialities)						
Year	**GUH**	**LUH**	**MUH**	**PUH**	**SUH**	**Total**
2019	2,714	1,740	1,178	1,584	1,467	**8,683**
2020	1,121	1,408	663	1,016	1,051	**5,259**
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**

Conversion rate of attendance to admission from ED under the care of Paediatric Medicine						
Year	GUH	LUH	MUH	PUH	SUH	Total
2019	17.5%	25.0%	12.7%	22.1%	18.2%	**18.5%**
2020	10.2%	25.7%	12.1%	23.3%	19.0%	**16.5%**
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%**

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, 80% (4,929) of ED paediatric patient attendances were managed in the PDU in 2024.

The figure of 6,137 represents the total activity, scheduled and unscheduled care, for that clinical area for 2024. 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
2019	1,435	194	-	-
2020	1,124	182	-	-
2021	1,811	204	8	3
2022	2,869	294	13	12
2023	3,776	272	19	1
2024	4,114	299	40	1

Year	Total Attendances	Total Paediatric Attendances	% of Paediatric Attendances of Total
2019	7,676	1,629	21.2%
2020	6,758	1,306	19.3%
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%

Paediatric Admissions to Intensive Care Unit (ICU) 2024

Year	GUH	LUH	MUH	PUH	SUH	Total
2019	62	6	10	6	6	**90**
2020	8	5	11	4	5	**33**
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**

Age Breakdown	GUH	LUH	MUH	PUH	SUH	Total
Neonate <1 month	4	1	0	0	0	5
Infant <1 year	9	4	1	1	1	16
Preschool 1-4 years	21	1	3	6	2	33
Child 5-16 years	18	4	10	9	13	54
Total	52	10	14	16	16	108

Discharge Destination from ICU	GUH	LUH	MUH	PUH	SUH	Total
Other Hospital	24	10	8	14	9	65
Home	0	0	0	0	0	0
Paediatric Ward	27	0	6	2	4	39
Adult Ward	1	0	0	0	3	4
Total	52	10	14	16	16	108

Admission Diagnosis to ICU	GUH	LUH	MUH	PUH	SUH	Total
Respiratory	27	5	7	11	6	56
Diabetes/Endocrine	1	1	2	0	3	7
Neuro/Seizures	5	2	2	1	1	11
Surgical/Post Op /Trauma	7	1	0	1	3	12
Cardiac	1	1	2	0	0	4
Polypharmacy overdose	1	0	0	1	1	3
Sepsis	0	0	0	2	2	4
Other	10	0	1	0	0	11
Total	52	10	14	16	16	108

Paediatric Transfers 2024

Location of Transfer on Site						
Site	ED	Ward	ICU	Theatre	CHI	Total
GUH	1	61	28	0	0	90
LUH	10	81	10	0	0	101
MUH	10	29	7	0	0	46
PUH	8	44	14	0	2	68
SUH	12	36	11	0	5	64
Total	41	251	70	0	7	369

Transfer To Per Site										
Site	CHI Crumlin	CHI Temple St	GUH	LUH	MUH	PUH	SUH	Other	Not Stated	Total
GUH	46	41	0	0	0	0	0	3	0	90
LUH	57	29	3	0	0	0	0	2	10	101
MUH	31	12	2	0	0	0	1	0	0	46
PUH	33	20	4	0	0	9	0	2	0	68
SUH	34	20	3	1	0	0	6	0	0	64
Total	201	122	12	1	0	9	7	7	10	369

Reasons for Transfer	Total	%
Escalation In Care	98	26.6%
Speciality	174	47.2%
Investigations	27	7.3%
OPD Review	3	0.8%
PICU	41	11.1%
Ongoing Care	3	0.8%
Other	14	3.8%
Not Stated	9	2.4%
Total	369	100.0%

Ventilation Support per Site

Site	High Flow	CPAP	Oxygen	Bipap	Intubated/ Ventilated	None	Not stated	Total
GUH	2	1	0	0	21	57	9	**90**
LUH	2	2	4	0	3	87	3	**101**
MUH	3	0	0	0	4	39	0	**46**
PUH	8	8	1	0	6	45	0	**68**
SUH	5	3	0	0	4	51	1	**64**
Total	**20**	**14**	**5**	**0**	**38**	**279**	**13**	**369**

Transport Mode Per Site

Site	Parents	Taxi	Ambulance	IPATS	NTTP	MICAS	Other	Not Documented	Total
GUH	6	0	53	21	1	1	7	1	**90**
LUH	9	3	70	9	0	0	0	10	**101**
MUH	1	1	39	2	2	0	1	0	**46**
PUH	4	2	42	13	0	0	6	1	**68**
SUH	3	0	49	10	2	0	0	0	**64**
Total	**23**	**6**	**253**	**55**	**5**	**1**	**14**	**12**	**369**

5.3 Scheduled Care Paediatric Report

Inpatient Activity all specialties

Year	GUH	LUH	MUH	PUH	RUH	SUH	Total
2019	3,973	4,364	3,434	2,056	1	2,300	**16,128**
2020	2,950	2,900	2,897	1,561	0	1,522	**11,830**
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**

This data includes both scheduled and unscheduled care admissions

Average Length of Stay (days) – Elective 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	2.20	1.90	2.60	2.80	**2.30**

Paediatric Day Case Discharges							
Year	GUH	LUH	MUH	PUH	RUH	SUH	Total
2019	2,464	1,134	1,613	1,720	147	818	**7,896**
2020	2,016	1,016	1,327	1,148	43	613	**6,163**
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**

% Increase in Day Case Discharges in last 12 months for the Group was 18.4%

Paediatric Outpatient Attendances all specialties							
Year	GUH	LUH	MUH	PUH	RUH	SUH	Total
2019	23,180	9,055	9,672	4,589	419	11,242	**58,157**
2020	19,167	6,084	5,848	3,037	228	9,920	**44,284**
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**

Attendance numbers may exclude selected urgent referrals preferentially managed through rapid access pathway on sites. OPD attendances have increased by 13.4% from 2019 to 2024

New, Review and DNA OPD Activity (Paediatric Medicine Speciality Only) 2024										
Site	New Patients Seen 2023	New Patients Seen 2024	Review Patients Seen 2023	Review Patients Seen 2024	Total Paediatric Patients 2023	Total Paediatric Patients Seen 2024	% DNA 2023	% DNA 2024	New to Review Ratio 2023	New to Review Ratio 2024
GUH	3,212	3,242	8,317	9,835	11,529	13,077	25.0%	9.3%	1:3	1:3
LUH	1,186	1,394	1,952	3,035	3,138	4,429	17.0%	16.1%	1:2	1:2
MUH	1,089	1,318	4,312	4,724	5,401	6,042	24.0%	21.2%	1:4	1:4
PUH	1,324	1,206	4,183	4,714	5,507	5,920	15.0%	14.1%	1:3	1:4
SUH	1,316	1,324	4,315	4,524	5,631	5,848	18.0%	16.5%	1:3	1:3
Total	**8,127**	**8,484**	**23,079**	**26,832**	**31,206**	**35,316**	**19.8%**	**14.4%**	**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 11.6%

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**

Paediatric Day Assessment Clinic/Ambulatory Care						
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**

A mix of activity is reflected in the numbers above which is not comparable e.g. OPD, day case.

** The MUH data pertaining to the Paediatric Decision Unit (PDU) is a designated 24/7 Unscheduled Care area and shares the 5 spaces with scheduled care from Monday – Friday. This is an outlier within the HSE West Northwest Group for delivery of such a combined service.*

***GUH and LUH have worked on improving the quality of their data collection in relation to activity in their Paediatric Day Assessment areas.*

Shared care Patients (SCP) 2024	GUH	LUH	MUH	PUH	SUH	Total
Total	54	61	31	44	33	**223**
Breakdown of Speciality for SCP 2024	**GUH**	**LUH**	**MUH**	**PUH**	**SUH**	**Total**
Cardio Thoracic Surgery	0	1	0	0	0	**1**
Endocrinology	0	7	0	3	0	**10**
Haematology	3	6	7	5	12	**33**
Immunology	0	0	1	0	0	**1**
Nephrology	0	9	0	0	2	**11**
Neurology	0	0	2	3	0	**5**
Neurosurgery	0	0	0	0	1	**1**
Cardiology	0	9	1	0	7	**17**
Gastro Enterology	18	12	12	11	8	**61**
Infectious Diseases	0	2	0	0	0	**2**
Oncology	18	5	5	0	2	**30**
Rheumatology	15	6	3	8	1	**33**
Metabolic	0	1	0	4	0	**5**
Respiratory	0	3	0	0	0	**3**

5.4 Network Report

5.4.1 Endocrinology; Children and Young Persons Diabetes Network:

The Network continues to work towards its established objectives:

- **Saolta Paediatric Insulin Kardex** – Prescription & Administration Record for Children receiving Insulin
- **Digibete** – Roll out of digibete diabetes app to patients attending all centres
- **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 pathway from Paediatric to Adult Service Plan to improve follow up attendance, patient & parent satisfaction, knowledge and adolescent issues, promote self-readiness and self -management
- **Audit** – via KPI Metrics control and review and NOCA Audit Nationally
- **Technology** - Plan to standardise insulin pump therapy education

Aims of the network for 2025:

- 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.
- Increase the number of patients on insulin pump therapy and reduce waiting times
- Support the establishment of a psychology service for our patients in Sligo and Letterkenny through estimates process.
- Transition onto adult services: develop a standardised transition process for young persons to adult services, establishing transition clinics on all sites.
- Complete a compliance audit with national DKA guidelines
- Standardised diabetes related documentation across the region
- Explore the development of child, young person and family engagement forum across sites

Current Network Numbers:

Hospital	Total No. Of Children with Type 1 Diabetes	Total No. of new diagnoses	Total % of children with a CSII	Mean HbA1c
GUH	182	18	67.5%	7.7%
LUH	125	15	65.6%	7.5%
MUH	107	8	49.5%	7.9%
PUH	84	8	65.8%	8.0%
SUH	95	11	66.0%	7.7%
Total	**593**	**60**	**62.8%**	**7.7%**

GUH Summary Report:

Total No. of Children with Type 1 Diabetes	182
Total No. of New Diagnoses in 2024	18
Total No. of Children on CSII	123
% Patients on CSII	67.5% *

** A total of 40 new insulin pump starts occurred in 2024, this brought the percentage of patients receiving insulin pump therapy to 67.5%.*

Service overview

All patients were seen at a consultant led clinic an average of 4 times per year with multiple contacts by phone, virtual or face to face between clinics as required. There were 4 diabetes clinics per month and 1936 patient reviews. The mean HbA1c of patients attending the service in 2024 was 7.7%. Education was provided to patients and their families both individually and through structured peer reviewed education from the National Diabetes Working group documentation. Group education sessions were established.

Transition

Transition patients were seen in a combined clinic every 3 months by the paediatric endocrinologist, young adult endocrinologist, paediatric ANP and young adult ANP. The transition model, which has been in place in UHG since 2021, involves seeing patients jointly with young adult colleagues for two years (5th and 6th year).

Paediatric Diabetes ANP service GUH, providing outreach to MUH

The primary objective of the paediatric ANP service at UHG is to deliver accessible, high-quality care to all patients diagnosed with type 1 diabetes and their families.

In 2024, the Paediatric Advanced Nurse Practitioner (ANP) service consisted of a 0.5 WTE ANP and, from March 2024, a 1.0 WTE Candidate Advanced Nurse Practitioner (cANP). The cANP provided outreach services to MUH for patients assessed as suitable for Continuous Subcutaneous Insulin Infusion (CSII) therapy. CSII treatment is delivered under the supervision of a Paediatric Endocrinologist.

All patients and their families undergo a comprehensive assessment to determine suitability for CSII therapy, receive individualised education, and are closely monitored following initiation. ANPs within the service attend outpatient clinics at both UHG and MUH, coordinate pre-pump assessment clinics for outreach patients, and conduct virtual consultations between clinic visits.

The goal for 2025 is to establish ANP-led clinics specifically focused on patients with suboptimal glycaemic control.

	GUH	Outreach Service MUH
Total patients on CSII therapy	123 (End of 2024)	50 (End of 2024)
Total patients commence in CSII therapy in 2024	47(7 upgrades)	19 (5 upgrades)
Clinics	4 per month (General OPD clinic)	2 per month (General OPD clinic and pre-pump assessment clinic)
Patient reviews	1936	463

MUH Summary Report:

Total No. of Children with Type 1 Diabetes	107
Total No. of New Diagnoses in 2024	8
Total No. of Children on CSII	53*
% Patients on CSII	49.5%

** There were 19 new insulin pump starts in 2024*

The CNS continues to provide local education and support to patients. Patients with suboptimal control (Hba1c >9.0%), receive weekly phone calls and are seen 6 weekly in a nurse led Hba1c clinic in line with the national model of care. This along with the significant increase in patients on insulin pump therapy has led to a significant improvement in the mean Hba1c of patients and also to an increase in the percentage meeting a target HbA1c.

A Paediatric Diabetes ANP service GUH, providing outreach to MUH was developed in 2024.

PUH Summary Report:

Total No. of Children with Type 1 Diabetes	84
Total No. of New Diagnoses in 2024	8
Total No. of Children on CSII	55*
% Patients on CSII	65.8%

** 18 new insulin pump starts in 2024*

The MDT team continues to support children and young people with Type 1 Diabetes Mellitus (T1DM) through a programme of care and education locally. There are monthly paediatric governance meetings with active participation in the Paediatric & Young Persons Diabetes Network and in the West/North West diabetes documentation standardisation project. There were and 8 pump upgrades, increasing the total percentage on insulin pumps to 65.8%. Notably, no admissions with diabetic ketoacidosis (DKA) were recorded for known patients during 2024, reflecting high standards of self-management and proactive support.

Advanced Nurse Practitioner (RANP)

The RANP plays a pivotal role in delivering a high-quality, accessible, and consistent paediatric diabetes service. This extended role ensures family-centered care with improved quality of life and clinical outcomes. The RANP delivers education to the multidisciplinary team and outreach support to schools, preschools and creches.

Post-Junior Certificate Transition 26 patients (both MDI and pump users) were retained in paediatric services until post-Leaving Certificate, ensuring continuity of care during a high-risk period. The goal for 2025 is to develop combined on-site transition clinics with our young adult colleagues.

Clinic Activity (RANP)

Service Type	Number of Visits
Clinic Visits – CSII (Pump)	162
Clinic Visits – MDI	84
Virtual Visits – CSII	220
Virtual Visits – MDI	108
Mean A1c year end 2024	8.0%

SUH Summary Report:

Total No. of Children with Type 1 Diabetes	95
Total No. of New Diagnoses in 2024	11
Total No. of Children on CSII	63*
% Patients on CSII	66%

** 41 new insulin pump starts occurred in 2024 (combination of patients from SUH and LUH)*

Service overview

The paediatric diabetes service in Sligo University Hospital (SUH) continued to provide high quality care for children with diabetes in Sligo and also patients referred from Letterkenny University Hospital (LUH) for insulin pump therapy. A total of 95 patients attended SUH service on a full-time basis, with a further 32 patients from LUH undergoing preparation and follow up care for 6 months post commencement of insulin pump therapy.

Care was provided as per the national Model of Paediatric Care and line with national and international best practice guidelines. All patients were seen at a consultant led clinic an average of 4 times per year with multiple contacts by phone, virtual or face to face between clinics as required. The Saolta KPI of care delivered is achievement of HbA1c <7.5%, the percentage of patients attending the service achieving this was 45.7% . The mean HbA1c of patients attending the service in 2024 was 7.7%. Education was provided to patients and their families both individually and through structured peer reviewed education from the National Diabetes Working group documentation.

Letterkenny referrals to SUH

Total number of Letterkenny patients attending service	32
Total number of patients commenced pump therapy form Letterkenny University hospital in 2024	23
Total number of new patients referred from Letterkenny University hospital in 2024	13

SUH Registered Advanced Nurse Practitioner (Diabetic Service)

Transitional care to young adult care (16-22years of age)

The RANP service was established in 2024 providing nurse led care at an advanced level to children and their families with diabetes. The aim was to develop a robust transition service between the paediatric and adult endocrinology service for young adults aged 16-22 years if age. These patients were reviewed at structured outpatient clinics and a combination of phone and virtual reviews. Each patient is offered a minimum of 3 clinic appointments per year and seen annually by the adult endocrinologists. The insulin pump start service was established in late 2023 for this age profile.

Total number of patients attending ANP referred from adult Endocrinologists	51
Number of patients on MDI *	23
% of patients on MDI	45%
Total number of patients on CSII	28
% Of Patients on CSII	55%
Number of new CSII starts 16-22 years attending ANP	5
% of patients offered CGM	100%

LUH Summary Report:

Total No. of Children with Type 1 Diabetes	125
Total No. of New Diagnoses in 2024	15
Total No. of Children on CSII	82*
% Patients on CSII	65.6%

** 23 Total number of patients commenced pump therapy form LUH in 2024*

By the end of 2024, the Paediatric Diabetes service in Donegal catered for the needs of 125 young people plus 12 young people attending the Transition clinic. A further 14 children and young people attended Insulin Pump start up services in SUH. A key development in 2024 has been the development of 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). The role of the RANP contributes to the provision of a consistent and accessible service for children, young people and their families living with Type 1 Diabetes by enhancing safe, child and family-centred care, improving patient experience times, quality of life and clinical outcomes.

TOTAL PAEDIATRIC DIABETES CASELOAD 2024	
Paeds Multiple daily Injections	42
Paeds Type 2 Diabetes	1
Paeds Insulin Pump	82
Transition Multiple Daily Injections	9
Transition Type 2	2
Transition MODY	1
TOTAL	137

SHARED CARE CASELOAD (Consultant & RANP)	
Paeds Multiple daily Injections	34
Paeds Type 2 Diabetes	1
Paeds Insulin Pump	31
Transition Multiple Daily Injections	9
Transition Type 2	2
Transition MODY	1
TOTAL	78

RANP Paediatric Diabetes Patient Interactions 2024	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	222		18.5	4.6
RANP Clinic Visits MDI	79		6.5	1.6
No. of paediatric patients using CSII who required review between OPD appointments	397	1372	114.3	28.5
No. of Paediatric patients using MDI who required review between OPD appointments	270	1278	106.5	26.6
No. of Transition patients who required review between OPD appointments	14	54	4.5	0.9
No. of diabetic patients reviewed not part of LUH Paediatric diabetes service	74	149	12.4	3.1
Total patients reviewed by RANP	**1056**	**2853**	**262.7**	**65.3**

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.

Diabetes Clinical Psychology Service – GUH/MUH/PUH

GUH		MUH		PUH		Endocrine		Total
Referral Received	56	Referrals Received	19	Referrals Received	22	Referrals Received	4	**101**
Inpatient Referrals	2	Inpatient Referrals	0	Inpatient Referrals	1	Inpatient Referrals	0	**3**
Outpatient Referrals	54	Outpatient Referrals	19	Outpatient Referrals	21	Outpatient Referrals	4	**98**
Number of families/children who received a service	34	Number of families/children who received a service	22	Number of families/children who received a service	11	Number of families/children who received a service	3	**70**
Number of Contacts	260	Number of Contacts	146	Number of Contacts	104	Number of Contacts	26	**536**

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. 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 that serve GUH/MUH/PUH. 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 Endocrine Consultant and the teams for children/young people who present with psychological distress related to their diabetes/endocrine condition.

In 2024 the focus was on continuing to develop the service, addressing the existing waiting lists with a combination of individual, systemic and group work. Establishing links with other services where children have multiple care needs

The therapeutic work looked at supporting child/young person and their family with

- psychological adjustment to having diabetes
- the impact on the family and the daily demands of having diabetes
- seeing their diabetes as part of their identity and not all of it
- exploring difficult emotions that can be linked to diabetes and the impact this has on diabetes management
- dealing with anxiety/low mood that may be linked to having diabetes
- life changes related to diabetes care e.g. transition to a pump, taking on more developmental responsibility for diabetes management and moving to the young adult service.

Feedback from the previous year highlighted the need for Psychoeducation and group work. Two types of groups ran in 2024. One was a MDT approach with Dietetics and Nursing to support parents of children newly diagnosed with TID. There was also a Tree of life group offered which is a narrative Psychology therapy group intervention to children aged 10-13.

Clinical psychology resources and psychoeducation was provided on the Digibete platform which is a digital app for children/young people who have TID.

5.5 Specialist Regional Reports

5.5.1 Cardiology Service

GUH Report:

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. There is a full-time Paediatrician with Expertise in Cardiology (PEC)(0.5 WTE Gen Paeds/0.5 WTE Paediatric Cardiology) in post since September 2021, with a CNM 2 working in a CNS role in support of the service, in post since January 2022. There is shared care with the Children's Heart Centre in Crumlin for a number of complex patients, both pre-operative and postoperative. Outpatient referrals are accepted from all hospitals within the Saolta group, with urgent referrals accepted on a case-by-case basis. Several pathways have been developed to streamline the more common types of referral.

Two new echocardiogram machines have been purchased in support of the service, one for the NICU and one for the Paediatric ward/ outpatients department. Further equipment that is needed include Holter monitors, ward-based telemetry, exercise stress testing and ECG machines. Allied services that need to be developed in support of the service include dietetics, psychology, medical social work and speech & language therapy. There are currently seven outpatient slots available per month for Paediatric Cardiology; development of infrastructure would allow more space for more clinics.

The appointment of a second PEC would enable the provision of outreach cardiology clinics within the Saolta group.

2024 Activity Data	
OPD visits	764
Nurse led clinic reviews	462
Paediatric echocardiograms in GUH (including OPD, excluding NICU)	1030*
NICU echocardiograms (Dr Ryan)	109*

* *Data missing for January and February as cardiology software change*

CNS Paediatric Cardiology

The Clinical Nurse Specialist (CNS) in Paediatric Cardiology provides expert care and coordination for children with congenital heart disease (CHD), supporting the consultant in clinic and delivering specialised care across the neonatal period, as well as the peri-operative and post-operative phases. In 2024, the CNS completed the Graduate Diploma in Children's Cardiac Care and managed 22 new patient referrals, with a combined total of 443 reviews conducted both in person and virtually. The CNS works closely with dietitians and speech and language therapists to optimise children's health in preparation for cardiac surgery, and regularly liaises with Children's Health Ireland (CHI) at Crumlin to ensure continuity of care and bridge information between sites. The CNS presented at the British Congenital Cardiac Association (BCCA) on *From Hospital to Home: The Role of Specialist Nurses in Complex Congenital Cardiac Care in Ireland*. In addition to clinical responsibilities, the CNS plays a key role in education—supporting seven post-registration nurses undertaking the hybrid Higher Diploma in Children's Nursing, providing education to nursing staff on the ward, neonatal intensive care unit (NICU) and in the Emergency Department, and contributing to the delivery of the *Care of the Acutely Unwell Child* four-day programme for paediatric nurses across the Saolta group.

5.5.2 Respiratory & CF Service

GUH:

The Respiratory Service is based in GUH and accepts specialist referrals from the Saolta University Healthcare Group on a case by case basis if the service can meet the needs of the patient. Complex patients are also repatriated back from CHI Dublin if within the Saolta catchment area. The service provides in and out-patient care for patients with Cystic Fibrosis, bronchiectasis, neuromuscular conditions, scoliosis, chronic cough, non-invasive ventilation, broncho-pulmonary dysplasia, tracheostomies, asthma and sleep medicine screening and ventilation titration. There are significant increases in referrals particularly for sleep medicine and asthma. The catchment area population is approximately 850k with rapid expansion particularly in the Galway city area.

CF Service:

The CF consultant-provided service provides daily medical out-patient reviews, OPD, and in-patient care for 79 patients from the Saolta University Healthcare Group. Some of our patients share care with their local hospital, however outreach from GUH is yet to be established due to staffing and patients continue to travel long distances to attend their CF appointments in Galway. GUH is one of 6 specialist paediatric CF centres nationally and sees patients from diagnosis. Almost all patients are enrolled in the CF Registry of Ireland which enables data collection, benchmarking, and CF modulator therapy assessment. Further expansion and resourcing is required, particularly in the areas of radiology and pulmonary function testing with accredited lab access and expertise as GUH is participating in the ENHANCE trial for CF. This is an international multi-centered trial to establish the natural history of CF in the era of modulator therapy. The lack of a psychologist has been highlighted as the major service risk.

Asthma Service

There is a dedicated monthly complex asthma clinic which saw 313 patients in 2024. Patients are referred either directly from primary care or from general paediatrics. All patients are provided with consultant review at every visit together 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 limited case by case basis. Full pulmonary function, exercise, metacholine challenge, and Fraction exhaled nitric oxide testing is not available to paediatric patients in GUH and remains a long-term significant deficit in the service and the respiratory service as a whole.

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

CNS Paediatric Cystic Fibrosis

Respiratory care is ever changing the CNS (clinical nurse specialist) provides leadership in clinical practice.

In paediatric respiratory care the CNS plays a vital role in improving health outcomes for children with respiratory conditions. By combining expert knowledge and advanced clinical skills the CNS provides specialized assessment, diagnosis, and management tailored to young patient's respiratory needs. The CNS also delivers education and support to families to enable them manage chronic illnesses effectively at home. This reduces hospital admissions and length of stay, promoting better use of healthcare resources.

Clinical Activity 2024	
Clinical Contacts	780 Overall /242 nurse led
CNS Referrals	28 /23 ward /2 ED/ 3 Clinic
CPAP Start Up	2
Sleep Studies	120 Patients
Non CF Bronchiectasis	7
Tracheostomies	2

Aims and Achievements 2024

The main aims of the service are tied to the overall National Strategy Documents and will focus on enhancing shared care (especially in areas of deprivation), working with the HSE to fund the staff required, recruiting and retaining experienced staff, and further streamline the service to best meet patient requirements. Waitlists have significantly improved with the investment in general paediatrics as specialist services are freed up to see patients more rapidly. Development in laboratory and radiological diagnostics is needed to meet standards of care.

Team Achievements in 2024 include:

- Commencement of staff training in Lung Clearance Index for pre-school lung function testing
- Staff completion of Good Clinical Practice training
- Cf-nurse led virtual reality and distraction program for patients requiring phlebotomy
- Commencement of recruitment and approval for CF multi-centred trials ENHANCE and BUNNY
- Physiotherapy led Induced sputum study commenced
- Respiratory nurse-led staff training in transport ventilation

5.5.3 Paediatric Allergy Service

CNM 2 Paediatric Allergy

The paediatric allergy nursing service at UHG in 2024 demonstrates a comprehensive and patient-centred approach to allergy care. The service includes both virtual and in-person nurse-led clinics, managing a total of 1,306 appointments, with new and review consultations balanced to ensure continuity of care. The nurse-led clinics maintain a low DNA rate of 5.4%, reflecting strong patient engagement.

The service offers interventions, including oral food challenges (OFC), drug provocation testing (DPT), and immunotherapy treatments such as sublingual (SLIT) and subcutaneous immunotherapy (SCIT). Overall, the paediatric allergy nurse delivers a high standard of care through multidisciplinary collaboration and tailored treatment plans, ensuring optimal outcomes for children with allergic conditions.

UHG Allergy Clinics 2024		Total
Allergy Nurse clinic	Virtual	1173
	New	42
	Review	1131
Nurse-led clinic	Virtual/In-Person	133
	New	77
	Review	56
	New DNA	7
	Review DNA	4
	% DNA Rate	5.4%
PDU Day Case Allergy Activity		
OFC		40
DPT		2
Sub-lingual Immunotherapy (SLIT)		5 new + 5 on continued treatment
Sub-cutaneous Immunotherapy (SCIT)		1 new + 2 on continued treatment
DNA		5
% DNA rate		8.3%

5.5.4 Neurodisability Service

Children with disability have complex and continuing needs and are frequent users of the health service at all levels, they require a holistic approach to care. 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's neurodisability may be the result of congenital or acquired, static or progressive conditions. 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. PDS has changed how disability care is delivered across the country with access to care now being based on geographical location rather than the child's specific diagnosis. This has impacted significantly on patient care in the community.

Current Paediatric Neurodisability Service GUH

The Neurodisability service currently consists of 1 WTE Neurodisability Paediatrician who works across the CDNT Teams and has a 1 day a week hospital commitment and a 1WTE Paediatrician SI Neurodisability who has 0.5 neurodisability commitment. A further post was filled in March 2022 1WTE Paediatrician SI community with a 0.5 commitment also. This consultant provides clinics in both GUH, within the CDNT and at our outreach clinic in Toghermore house.

Clinics

Neurodisability clinics include those both within and outside GUH. A spasticity management clinic was established in 2019 and occurs weekly in Enable Ireland. 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.

Early Intervention	210 children
School age	250 children
Special schools	190 children
GUH new patient	377 children
GUH review patient	1034 children

Neurodisability Clinic Activity	2022	2023	2024
Early Intervention	220 children	140 children	210 children
School age	200 children	250 children	250 children
GUH clinics	1,230 children	1,531 children	1,411 children

The Spasticity management clinic provided assessment and intervention to 29 children with 12 of these children receiving botulinum toxin treatment in the paediatric day ward in GUH. It is hoped that the number of children seen in this clinic can be increased. The specialist OT from the SMC clinic also began an upper limb splinting service in 2024, thus avoiding children from the region having to travel for this service.

In 2022 a sensorineural hearing loss clinic was also established for investigation of the aetiology of hearing loss. 19 new patient appointments occurred in 2024.

A multidisciplinary gross motor clinic was also established with our neurodisability paediatrician, CNS and clinical specialist neonatal physiotherapist to assess and support children with isolated gross motor delay.

Neurodisability paediatricians were part of the team for approximately 15 ADOS assessments and collaborated with both primary care and CDNT teams in Autism diagnoses in order to ensure timely intervention for children and their families.

Paediatric Neurodisability Nursing

In 2022 a Clinical nurse specialist in Neurodisability was appointed to GUH. Our CNS 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.

Neurodisability NCHDs

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

Education in Neurodisability

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

Sligo University Hospital (SUH) Neurodisability Service

As of September 2024 there are 2 permanent Consultant Paediatricians & 1 WTE CNM2 Neuro Disability based in SUH with community paediatric clinics. There are no dedicated NCHDs to support community clinics and NCHDs are allocated to attend community clinics when service provision allows. Neurodisability clinics attached to SUH are carried out both onsite and in community settings depending on patient need. 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. Follow up's of patients outside of appointment is not reflective in the captured data.

Paediatric Neurodisability Activity (Consultant Based)	Numbers
Community Clinic Appointments	347
Clinic Attendance	245
Clinic CNA/DNA	102
Outpatient	150
Virtual MDT Clinic	80

5.5.5 Neurology Specialist Report

Service overview:

Paediatric Neurology is a service in development at GUH primarily seeing children from the Galway region. The service is funded for one consultant in a 0.5 WTE as a paediatrician with a special interest in neurology (Dr. E. Reade) and 1 WTE Clinical Nurse Specialist. The service provides an opportunistic 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. Professor Allen, 0.5 WTE general paediatrician, provides substantial neurology support.

Outpatient referrals are accepted from Paediatricians, GPs and other clinicians.

Data activity:

Approximately 600 patients attending neurology service, with approximately 300 active epilepsy patients.

CNM 2 Paediatric Neurology

The position of Paediatric Neurology Clinical Nurse Manager 2 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.

Clinical Activity	2023	2024
Type	No	No
In person review	83	-
Virtual reviews	478	-
Total	561	663

Neuro-Physiology Service

Paediatric EEG								
	Routine	Sleep deprived	Portable	Prolonged	Unable to tolerate	Cancelled	DNA	Total
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: 1 performed in 2024, 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. Service deficits hampering network development, patient repatriation from CHI, and transition care models have been submitted to MCAN and relayed to national programme leads.

5.6 Children's Advanced and Specialist Nursing Report

5.6.1 Introduction

Childrens Nurses can have a profound impact on the lives of children, young people and their families. Experiences of healthcare in childhood lay down the foundations for all future healthcare experiences into adulthood. Children's Nurses possess a unique knowledge and skillset and continue to play a central role in the care of children across the Saolta group. In 2024 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. We continue to develop specialist and advanced practice roles in children's nursing.

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

5.6.2 Registered/Candidate Advance Nurse Practitioner Reports

GUH:

RANP Acute Paediatric Medicine

RANP Acute Paediatric Medicine Clinic Activity	2023	2024
Neurological	7	-
Febrile Child	54	-
Urinary	6	-
Gastroenterology	72	144
ENT	83	76
Respiratory	121	275
Skin	-	20
Renal	-	17
Neuro		5
Circulatory	-	4
Other	-	4
Sub Total	343	541
Virtual appointments	Not recorded	560
Grant total		1101

Patient Outcome	2023	2024
Discharged Home	312 (91%)	395 (73.0%)
Admissions	31 (9%)	72 (13.3%)
Re-presentations to the ED within 48 hours of discharge	6 (1.75%)	(1.7%)
Patient Reviews	28 (9%)	53 (9.8%)
OPD	-	21 (3.9%)

Mean Times	2023	2024
Time from Triage to be Seen by ANP	31 minutes	19 minutes
ANP Assessment to Discharge	96 minutes	1 hour 51 minutes
Average time from triage to discharge	-	2 hours 11 minutes

Triage Categories	2024
C2	87
C3	223
C4	173
C5	5

Triage Categories	2024
ANP Reviews	53
Ages Seen	2024
1-5 yrs	225
5-12 yrs	148
Under 1 yr	83
12-16 yrs	55

LUH:

RANP Paediatrics (Respiratory)

The Paediatric Respiratory ANP registered in July 2024 and has since had an autonomous patient caseload of children with Asthma, Cystic Fibrosis and other respiratory conditions caring for them in both the acute and outpatient setting. The RANP utilises advanced clinical decision-making skills founded on comprehensive history taking and advanced clinical assessment skills and knowledge to make a clinical diagnosis and establish a patient specific treatment and review plan.

Paediatric respiratory ANP led clinics were established on the 24th September 2024 with the necessary policies, pathways and governance in place.

RANP Data October – December 2024	
New patients appts offered	67
New patients seen	51
Rescheduled	10
DNA	6
Patient Outcome	
Discharged to GP	38.5%
Require review appt	61.5%
Other Activity	
Ward/Virtual/Consultant clinic	177
Spirometry and FeNO measurement	8

RANP Paediatric (Diabetes) – see section 5.4

MUH:

Candidate ANP Paediatric Emergency Medicine

The candidate for the Advanced Nurse Practitioner in Paediatric Emergency Medicine started their position in October 2023 and is currently working towards an MSc in Advanced Practice, which is anticipated to be finished by the summer of 2025.

The cANP is involved in the unscheduled care pathway for children visiting MUH, which encompasses both the Emergency Department and the Paediatric Decision Unit on the paediatric ward, and works closely with the Paediatric registrar and the on-call Consultant.

Education is a significant aspect of the cANP's role both on-site and at the CNME, where they deliver programs that cover The Critically Ill and Injured Child, Medication Management, Venepuncture & Cannulation, and facilitate simulations

PUH:

Registered Advanced Nurse Practitioner General Paediatrics (Integrated Care)

General Paediatrics (Integrated Care) commenced in Portiuncula University Hospital in 2022. This service provides care to patients of low clinical acuity who represent a high volume of referrals to the general paediatric service.

The RANP accepts referrals from General Practitioners (GPs), Paediatric Consultants, the paediatric medical team, and nursing staff. The most common referrals to the general paediatric outpatient service include: constipation, recurrent Abdominal Pain in Childhood, eczema, asthma and coeliac Disease

The introduction of the RANP post has significantly impacted the general paediatric outpatient service in several key areas:

- General paediatric waiting list for non-urgent referrals has decreased from over 6 months to under 4 months
- RANP clinic waiting list is under 3 months for non-urgent referrals, with most patients being appointed within 3 months of referral and triage
- In 2024, RANP activity accounted for 10% of total general paediatric outpatient activity

Specialty	Consultant	Clinic Type	Clinic Code & Description	Attended			
				New	Return	Total	New:Return
Paediatric Medicine	[redacted]	Face-to-Face	PANP-014300, Paediatric ANP Clinic	70	76	146	1:1.09
			PMON-014300, Paediatric ANP Monksland Primary Care Clinic	47	63	110	1:1.34
	[redacted]	Virtual	PTEL-014300, ANP Virtual Clinic	7	99	106	1:1414
		Total		124	238	362	1:1.92
		Virtual	PTEL-403693, ANP Virtual Clinic	-	44	44	1:0
		Total			44	44	1:0
	Total			124	282	406	
		Total		124	282	406	1:2.27
Grand Total				**124**	**282**	**406**	**1:2.27**

PTEL-014300, ANP Virtual Clinic	Paediatric General OPWL1	29	106
PTEL-403693, ANP Virtual Clinic			44
Total		**77**	**409**

Clinic Code	Waiting List Name	Avg Days From Referral to Appt	No of Attendances
PANP-014300, Paediatric ANP Clinic	Paediatric General OPWL1	78	149
PMON-014300, Paediatric ANP Monksland Primary Care Clinic	Paediatric General OPWL1	82	110

Clinical Outcomes and Patient Satisfaction

The care led by the RANP has demonstrated positive clinical outcomes and high levels of patient satisfaction:

- 81% of patients/parents found RANP care extremely valuable
- 90% indicated they would be satisfied to receive care from an RANP in the future
- 90% were satisfied with the time from referral to being seen in clinic
- 60% felt confident and 40% felt extremely confident in managing their child's condition after receiving RANP care.

SUH:

Candidate Advanced Nurse Practitioner (General Paediatrics and Integrated care)

Within the Paediatric Service at Sligo University Hospital (SUH), the cANP supports the care of children presenting with high-volume, low-acuity conditions that frequently lead to referrals to secondary care. The agreed patient cohort includes children with obesity, constipation, recurrent abdominal pain, and coeliac disease.

Data Activity (February-December 2024)

Children presented in the General Paediatric Clinics under the clinical supervision of the Paediatric Consultants full episode of care provided by the cANP (Clinical history, physical examination, case presentation, review of investigations, administration including referrals to tertiary care, primary care and CDNT)	120
Number of Paediatric Clinics attended	100
Number of Ward Rounds attended	15
Referrals to cANP service	147
Hours under Registrar Supervision	25
Virtual Calls	307
Total number of patient contacts	**574**

5.6.3 Paediatric Clinical Nurse Specialists/CNM 2 Specialist Reports 2024

GUH:

Regional Nursing Specialist reports in section 5.5

MUH:

CNS Respiratory

The CNS Respiratory provides a wide breadth of service including spirometry, bronchodilator reversibility testing, exercise testing, educational support in person and virtual. Implementation of an asthma quality indicator contacting parents on admission or within 3 days of discharge and then again at three weeks to prevent re admission. Telephone and email support offering advice and support. A small number of cystic fibrosis clinics are held each year. Services provided include bloods, swabs, port flushes, first dose iv antibiotics where needed.

Activity 2024	
Inpatient Reviews	108
Asthma Clinic	800
Asthma Assessment	192
Virtual calls	512

SUH:

CNS Respiratory Service

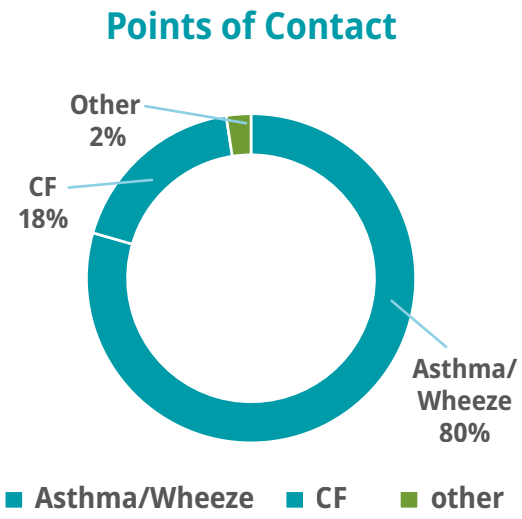
The CNS (0.6) is dedicated to providing specialised care for children with various respiratory conditions, with a primary focus on asthma/wheeze and cystic fibrosis. The CNS supports the paediatric outpatient services by ensuring continuous care and follow-up for these children and young people, offering both face-to-face appointments and virtual consultations to ensure accessibility and convenience for children and their families. The CNS works closely with families to develop individualised asthma action plans, tailored to meet the specific needs of each child, and providing education on managing asthma symptoms, triggers, and medication. This collaborative approach empowers families to manage their child's condition effectively and prevent asthma exacerbations. The CNS plays a critical role in supporting care closer to home for children with Cystic Fibrosis, This includes offering services such as phlebotomy, performing port flushes, and arranging medical reviews as needed.

Paediatric Respiratory Service

Site Activity	Total 2024
Asthma	
New appointments	222
Review appointments	479
Other	**17**

Paediatric Cystic Fibrosis Service

Site Activity	Total 2024
Total No of patients attending service	17
New patients diagnosed in 2023	0
OPD – No of patients seen	15
CNS – activity data	127 (points of contact)
Dietician – activity data	-
Physiotherapist – activity data	-
Psychology – activity data	No service



CNM2 Neurodisability

The role of the CNM 2 is to support both the child and family with the coordination of the care of the child with a Neurodisability and complex medical needs. This also includes consulting with external and internal MDT members. CNM2 Paediatric Neurodisability attends consultant's clinics for patients that meet the criteria for referral. Along with this children are also seen on the ward, day ward, in the community and also in their homes. For 2024 there was a total of 127 children within this cohort.

Of Note these numbers were for January – July 2024 as there was no service for the rest of 2024 (Maternity Leave with no backfill)

CNM2 Neurodisability Contacts 2024	Numbers
Total Contact	743
Consultant Neurodisability Clinics Patient Reviews	151
Face to Face Contact	273
MDT Meetings	2
Points of Care – Administration	477
Home Visits	12
MDT Contact	400
Paeds Ward Contact	19
Day Ward Contact	9

Service Development

- Development of data collection tool to capture data of Neurodisability patients

5.6.4 Clinical Skills Facilitator Paediatrics

The Paediatric Clinical Skills Facilitators continue a vital role across the acute hospital. The role of the Clinical Skills Facilitator is to support qualified nurses, post graduate students and adaptation nurses in developing clinical skills and competencies in order to fulfil their roles and responsibilities in an ever changing health service. In addition they are key to the design, development and implementation of service improvements across the paediatric services.

Service Overview:

- Teaching & demonstrating clinical skills to staff in the paediatric department.
- Rolling out training on portacaths and supporting staff to complete assessments.
- Ongoing training for paediatric venepuncture & cannulation and supporting assessments
- Liaising with CNME to identify learning needs of staff & planning out study days accordingly.
- Participating in audits and implementing QIP's when educational needs identified.
- Supporting staff with mandatory training
- Organising outside training where necessary

Activity:

ISBAR clinical handover:

- The introduction of the ISBAR clinical handover tool has been an important step towards standardisation of care across the hospital groups. It has provided a clear, structured format for relaying essential patient information. The ISBAR handover promotes safety by ensuring critical information is shared accurately and helps to reduce errors and miscommunications while also allowing for a quicker, more concise sharing of information saving time in the clinical environment.

Guideline for safe inter-hospital and intra hospital transfers in Children's Services:

- The introduction of this guidelines to paediatrics allows for standardisation within the hospital group. This guideline provides a clear process of referral, carrying out a risk assessment to ensure the safety of the patient that is being transferred whether it is an intra-hospital or inter-hospital transfer.

Paediatric bedside checklist:

- The introduction of this checklist promotes the safety of the child. Checked at each shift, it assists to identify any safety concerns and ensures consistency in the care by prompting nurses though checking wristband & equipment.

5.6.5 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 Saolta group:

- 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) 2024

Clinical Activity 2024	Donegal	Sligo, Leitrim, South Donegal, North Roscommon	Mayo and West Roscommon	Galway and South Roscommon	HSE West and North West Region
New Referrals	1	3	7	10	21
Deaths	2	1	3	9	15
Discharges	2	1	4	2	9
Total Patients 2024	24	13	18	23	78
Location of Death					
Home	2	0	0	6	8
Local Hospital	0	1	1	3	5
CHI	0	0	1	0	1
Age at Time of Death					
0-1 year	0	1	1	2	4
1-10 years	1	0	1	2	4
10-18 years	10	0	0	5	15
Phone Calls/Meetings/ Mileage*					
Families	873	588	409	935	2,805
Professionals	2234	2111	1212	2122	7,679
Miles Travelled	13,899	6981	11,622	12,266	44,768

* *mileage includes travel for courses/education in Dublin, meetings and children who are not on the CNCCLLC list.*

5.7 Education

5.7.1 Hybrid Children's Nursing Registration Programme

The Hybrid Higher Diploma in Post Registration Children's Nursing Education programme ran with the support of a programme coordinator over 52 weeks from September 2023-2024. The second cohort of seven students successfully completed the programme, facilitating them to register as a children's nurse and crucially prove the viability of this innovative education model. The two year evaluation demonstrated that this programme meets the required NMBI standards to register as a Children's Nurse. There is continued positivity, enthusiasm and support for the Hybrid Higher Diploma in Children's Nursing programme within Saolta and beyond. All seven of the new RCN registrants have returned to work within Saolta after they completed the programme.

The success of developing and delivering the programme is attributable to the collaboration and excellent partnership forged between Saolta University Healthcare Group, Children's Health Ireland and Trinity College Dublin. Additionally, this partnership was encouraged and supported by the Office of the Nursing and Midwifery Services Director (ONMSD) that champion learning, innovation and creativity who also provided vital funding. This innovative education programme was presented at the Recruit, Retain & Reignite Conference.

5.7.2 Regional Children's and Young people Education Group West Midwest Northwest group

The aim of the 'Regional Children's and Young People's Nurse Education Group West/Midwest/Northwest' (RCYPNG) is to strategically identify, develop, deliver, and evaluate programmes in response to service need and professional developmental needs of nurses working with children and young people in the West Northwest Region and Midwest region. A critical success of the RCYP group is its adaptability to clinical needs, incorporating an integrated and collaborative approach with evolving educational approaches.

Critically ill and injured child CPD

A suite of programmes titled 'RCYP Critically ill and injured child Continuing Professional development (CPD) Suite' has been developed and is being implemented across the region to meet a significant learning need in the care, recognition and management of the acutely ill/deteriorating child and young person. The 'RCYP Critically ill and injured child CPD suite' of programmes has 2 pillars: nursing and interdisciplinary CPD.

Interdisciplinary CPD	Nursing CPD
Irish Paediatric Transport Service (IPATS): Paediatric Outreach Transport Study Day	Certificate in Care of Deteriorating, Ill or Injured Child & Young Person (in development)
IPATS/ICAPSS: Inter-professional Simulation Based Education Workshop: Clinical Skills & Simulation	Care and recognition of the acutely ill child – Blended programme (Q3 2024)
Regional stabilisation and transfer of the critically ill child	Care and management of the critically ill child – 4 day attendance programme

The data represented below identifies the programmes attended by acute services in West NorthWest region in 2024. This data does not include RCYP Data related to community, primary care, disability services and child and adolescent mental health only programmes.

Programmes 2024 online	CNME Mayo/ Roscommon	CNME Galway	CNME Donegal	CNME Sligo
Paediatric Early Warning System update RCYP programme- HSeland	11	94	58	56
Breastfeeding Refresher		18		
Breastfeeding Snakes & Ladders Recorded Webinar		87		
Critically examining Clinical Holding for Clinical Procedures - recordings HSeLand	97	50		11
Spotlight on Sepsis Children and Young People	82			
Spotlight on Respiratory in Children and Young People	57			
Webex- Voices from the Margins - Where are we now	138			
Webex- Voices from the Margins - Where are we now Addiction /Homelessness/Poverty	125			
Webex - Voices from the Margins - Traveller & Roma Health and Intercultural Health	131			
Webex - Voices from the Margins - Disability and LGBQI	81			
Webex - Voices from the Margins -Coercive Control/ Domestic Violence	99			
Including Inclusion Health? Voices from the margins webinar series - recordings HSEland	14			
Trauma informed practice: Where do we begin? Webinar Series 2023 recordings - HSeland	99			
Total	**934**	**249**	**58**	**67**

Classroom programmes 2024	CNME Mayo / Roscommon	CNME Galway	CNME Donegal	CNME Sligo
Care and Management of the Critically ill Child - 4 Day Programme (RCYP)	13	20	9	12
Medication Management CYP (RCYP)	6	4	10	13
ICAPSS/IPATS Skills and Simulation Workshop (RCYP)		22		
IPATS	19	44		28
Venepuncture and Cannulation CYP (RCYP)			18	
Regional Stabilisation and Transfer of the Critically Ill Child (RCYP)		29	18	
National Infant Feeding		11		
Sleep Health in Children			10	

Programmes 2024 online	CNME Mayo/ Roscommon	CNME Galway	CNME Donegal	CNME Sligo
S.T.A.B.L.E	11	35	11	
Breastfeeding Education & Skills 2023			26	
CCLA Level A				39
Saolta Paediatric QPS Symposium: Improving care for Children one step at a time	62			
Breastfeeding Update/refresher			6	39
Let's talk Palliative Care – An opportunity to learn and network with colleagues	61	62		
Irish Childrens Triage System			16	
Total	**172**	**227**	**106**	**131**
Programmes combination of online and classroom 2024	**CNME Mayo/ Roscommon**	**CNME Galway**	**CNME Donegal**	**CNME Sligo**
Care and recognition of the acutely ill CYP (RCYP)	7		6	8
Non Invasive ventiliatation NIV in children in the acute setting				23
Total	**7**		**6**	**31**
Podcasts	**CNME Mayo/ Roscommon**	**CNME Galway**	**CNME Donegal**	**CNME Sligo**
Inclusion Health - Voices from the margins Podcast - Series 1	1304			
Total	1304			
Total Overall Attendance	**2417**	**476**	**170**	**229**

5.8 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.

5.8.1 Physiotherapy

Galway University Hospital

GUH Physiotherapy Service	2023	2024
Inpatient	233	
Outpatient	277	
Clinic	73	

Letterkenny University Hospital

LUH Paediatric Physiotherapy Activity	2023	2024
Paediatric Physiotherapy Referrals		
Inpatient	238	
Outpatient	89	
Paediatric Physiotherapy Activity/Contacts	Total	
Inpatient	261	

LUH Paediatric Physiotherapy Activity	2023	2024
Outpatient	356	

Mayo University Hospital

MUH Paediatric Physiotherapy Activity	2023	2024
Paediatric Physiotherapy Referrals		
Inpatient	115	80*
Outpatient	490	784
Other Clinics	353	-
Total Referrals		784
Paediatric Physiotherapy Activity		
Inpatient	218	144
Outpatient	442	806
Other Clinic	353	-
Total Activity		**806**

** as there was no paediatric physiotherapist Aug, Sep, Oct, Nov, physiotherapists from other wards covered and inputted stats with their ward stats. Paed ward stats were not kept separate.*

Service Aims for 2025

Increase focus on junior staff/oncall training through inservices, skill workshops, creation of a revision booklet and one-to-one teaching. Improve paediatric physiotherapy relationships by visiting galway, dublin and linking regularly with local CDNTs. Develop OPD prioritisation list. Aim to reduce waitlist times and increase efficiency of appointments by developing injury pathways and increased use of phone call follow ups for non-complex injuries.

Portiuncula University Hospital

PUH Paediatric Physiotherapy Activity	2023	2024
Paediatric Physiotherapy Referrals		
Ward New	93	121
Ward Return	64	
SCBU New	6	16
SCBU Return	11	
Maternity new	8	33
Physiotherapy Paediatric Out Patients 2023	**Total**	
New	167	188
Reviews	474	509
other clinics	7	N/A
Referrals Received	235*	310*

Paediatric Physiotherapy Service offers in-patient and out-patient physiotherapy in PUH delivered by 1 WTE Senior Paediatric Physiotherapist.

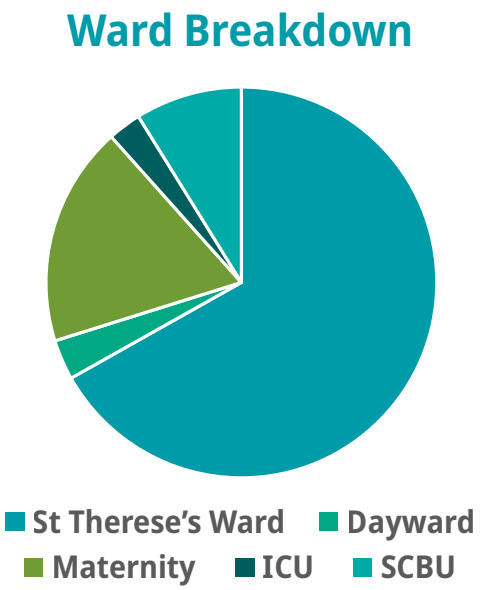
Inpatient referrals are accepted from the paediatric ward, SCBU, ICU, Maternity and inter-hospital transfers. Ward based services see a range of conditions, such as Neonatal conditions (OBPI, Talipes, Torticollis, plagiocephally and developmental conditions); Respiratory conditions (Pneumonia, asthma, bronchiectasis, neuromuscular conditions, scoliosis, habitual cough, dysfunctional breathing, cough assist, NIV and AIRVO); Developmental screening (linking with community teams for follow up as needed); and children with complex postural needs or life limiting conditions.

Outpatient referrals are accepted from the PUH Paediatric team, ED, and tertiary specialities such as Orthopaedic,

Respiratory and Developmental teams, including but not limited to musculoskeletal, rheumatologically, orthopaedic, developmental, persistent pain and chronic conditions (POTS, CFS, Long Covid) and respiratory conditions (dysfunctional breathing, habitual cough and bronchiectasis). Referrals are triaged with the aim of scheduling an appointment within 2 weeks of receiving same.

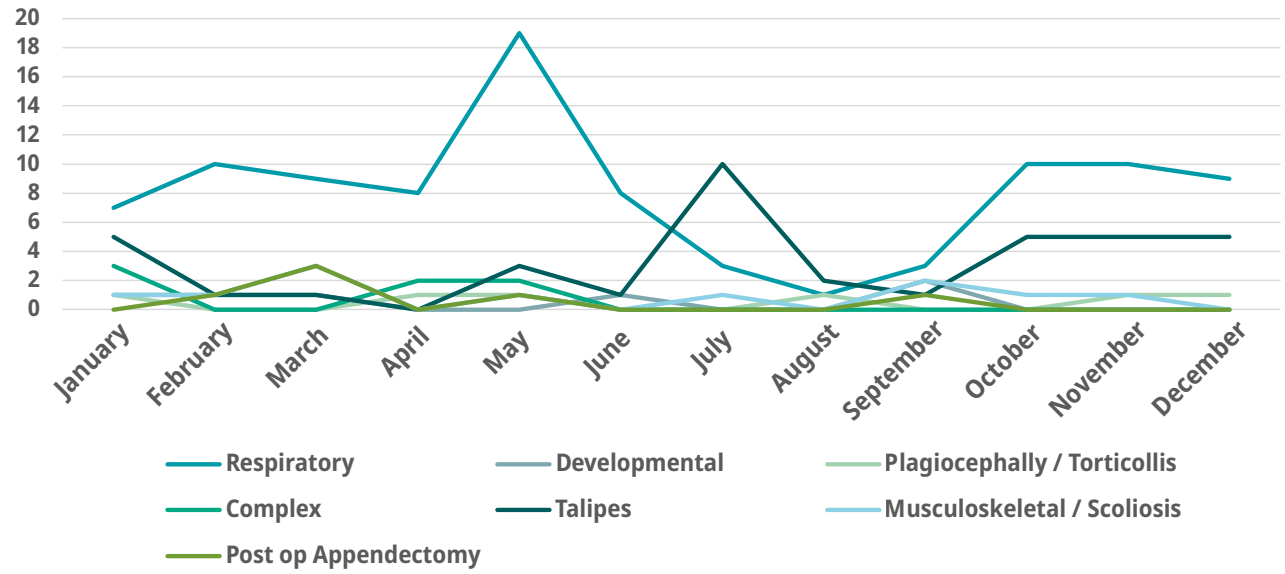
The PUH Paediatric Physiotherapist links closely with the DDH Clinic and Ponsetti Clinic in GUH; and PCCC and CDNTs within the PUH catchment.

- Declining treatment for various reasons, e.g., treated elsewhere, condition resolved, treatment not appropriate at this time
- Referral sent to a different service, e.g., Primary Care, Private Practice, etc.
- Patient seen by another team member (accurate break down of activity is hampered by the lack of a substantive database)



Breakdown of Acute In Patient Referrals	
Complex	7
Developmental	6
Elbow subluxation from birth	1
Functional Ataxia	1
Musculoskeletal / Scoliosis	11
OBPI / Shoulder Dystocia	1
Plagiocephally / Torticollis	6
Post HIE, transfer from outside hospital	3
Post op apendectomy	6
POTS / BPPV	3
Respiratory	97
Talipes	39
Total	181

Breakdown of Acute In Patient Referrals



Achievements

1. Physiotherapy Paediatric On Call Competencies
2. HCHD training on Normal Variances, DDH and Ponsetti referrals.

Aim

1. Development of Spirometry testing Clinic to assist with diagnostics in the Asthma Clinic.
2. Development of physio led neonatal assessment and assist with Premature baby surveillance program in line with NICE guidelines, in partnership with GUH and CHI, requiring upskilling in the LAPI / HINE / Bayley assessment.
3. Development of Developmental handout for SCBU.
4. Develop a training day for community colleagues on respiratory conditions and equipment.

Sligo University Hospital

Sligo University Hospital		
SUH Paediatric Physiotherapy Activity	**2023**	**2024**
Paediatric Physiotherapy Referrals		
Inpatient	209	203
Outpatient	180	161
Postnatal Ward	157	-
On-call	74	-
Total Referrals	**620**	**364**
Paediatric Physiotherapy Activity	2023	2024
Inpatient	751	693
Outpatient	926	822
Postnatal Ward	169	-
Total Activity	**1846**	**1515**

Service Overview 2024

The Paediatric service was reduced by over 40% in 2024 due to a substantial period of unplanned and unreplaced sick leave for five months. Priority was given to all in-patient services and to time critical and time sensitive Out-patient care.

Service Achievements 2024

The majority of time critical and time sensitive physiotherapy services were maintained in the midst of challenging staffing issues in 2024, not just in the paediatric physiotherapy specialty but across several specialties in the physiotherapy department.

Service Aims for 2025

To re-establish patient services based on historical activity and to plan for service development in the area of paediatric rheumatology and neonatal follow up care, in line with national clinical programmes and best practice guidelines.

5.8.2 Nutrition and Dietetics

Galway University Hospital

GUH Paediatric Referrals			
Paediatric Referrals	**2022 Total**	**2023 Total**	**2024 Total**
General Paediatric	155	177	176
Diabetes	152	185	21
Cystic Fibrosis	69	73	4
Activity-Number of Treatment Sessions			
General Paediatric	1139	1105	1221
Diabetes	346	819	782
Cystic Fibrosis	260	257	283

Letterkenny University Hospital

LUH Nutrition and Dietetics Paediatric Referrals		
Paediatric Referrals	**2023**	**2024**
General Paediatric	138	189
Diabetes	17	
Activity-Number of Treatment Sessions		
General Paediatric	1400	1546
Diabetes	128	

Service Overview 2024

The Nutrition and Dietetic service covers inpatients, day ward and outpatients (stand alone clinics and joint appointments with consultants and specialist nurses).

Service Achievements 2024

Appointment of diabetes specialist dietitian to cover paediatrics.

Service Aims 2025

The number of referrals and complexity of the children referred continues to increase. Additionality is required to meet the demand from general paediatrics and NNU.

Mayo University Hospital

MUH Nutrition & Dietetics Paediatric Referrals		
Paediatric Referrals	**2023**	**2024**

MUH Nutrition & Dietetics Paediatric Referrals		
General Paediatric	170 new referrals (incl of in & out-patient referrals) 148 in patient new contacts 27 OPD new contacts	144
Activity-Number of Treatment Sessions		
General Paediatric	**170** new **906** reviews Total of **1076** contacts	814
Diabetes	In patient = 10 new 25 reviews (35 contacts in total) Out-patients = 108 reviews in total	

Service Overview 2024

One Senior Dietitian provides a dietetic service to both the in and out patient paediatric patient cohort. This includes a service to general paeds wards/PDU and SCBU, A dietetic service is also provided to paediatric out-patients including. diabetes and early years clinic

Service Achievement 2024

Providing a dietetic service to the above named patients despite a staffing deficit as per model of care of 0.66 wte to diabetes and 0.5 wte to SCBU.

Service Aims 2025

Continue to provide the above service.

Portiuncula University Hospital

PUH Nutrition and Dietetics Paediatric Referrals		
Paediatric Referrals	**2023**	**2024**
General Paediatric Inpatients	43	58
General Paediatric Outpatients	84	50
Diabetes Inpatients	6	11
Activity-Number of Treatment Sessions	**2023**	**2024**
General Paediatric Inpatients	60	128
General Paediatric Outpatients	263	209
Diabetes	96	136

Service overview from 2024:

The Paediatric Dietetic post here in PUH covers 0.5 WTE for Paediatric Diabetes and 0.5 WTE for General Paediatrics but there is no Dietetic position to cover Paediatric dietetics in her absence. This post covers inpatient referrals and outpatient's referrals.

Service Achievements 2024:

Successful carbohydrate counting completed with all 9 new diagnosed diabetic children and their families, when presented to the ward. Carbohydrate refreshers also provided to ~17 children and their families commencing on a new hybrid closed loop insulin pump in 2024. 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 coeliac disease cases. Paediatric Dietitian is providing training to NCHD new starters on 6 month basis of dietetic issues on the wards and outpatients and how to refer.

Service Aims 2025:

Education organised for the ward level nursing staff on carbohydrate counting and label reading for newly diagnosed diabetes patients. Continued professional development organised for myself in Diabetes and Exercise management. Ongoing clinic slots for paediatric dietetic clinic on Monday mornings and Friday afternoons.

Sligo University Hospital

SUH Nutrition and Dietetics Paediatric Referrals		
Paediatric Referrals	**2023**	**2024**
General Paediatric	New - 51 (in patients) 63 (OPD)	59 (Outpatients) 71 (Inpatients)
Diabetes	27- 4 (new in patients diagnosed DM) + 23 (new OPD referrals)	Included in above figures.
Activity-Number of Treatment Sessions	**Total 2023**	**Total 2024**
General Paediatric	109 255(OPD)	163 268 (OPD)
Diabetes	10 (in patients) 275 (OPD)	

Service Overview

Dietetic services are provided to paediatric in-patients, children on the day unit and an out- patient service – Neonatal figures excluded.

Challenges includ

- Paediatric specialist dietitian providing full cover for general paediatric caseload
- Lack of care-pathways for both food allergy referrals and childhood obesity referrals
- Eating disorder referrals can be very challenging and time consuming.

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 Saolta working groups for paediatric Type 1 Diabetes working group, paediatric eating disorders and paediatric acute dietitians working group.

Aims

- Achieve additional resources to support the development of general dietetic service to paediatrics – including resources to support a food allergy pathway and an obesity management pathway.

5.8.3 Medical Social Work

Galway University Hospitals - Women's and Children Medical Social Work:

Maternity Medical Social Work Team	Referrals in 2024	Contacts as a result of open cases in 2024
Paediatric Inpatients	95	2697
Paediatric Outpatients	31	155
Total	614	23973

Education and Training 2024

- Completed – 'Using Play and creative approaches when working with Adolescence (1 day online)
- Project leader completed Circle of Security Parent Facilitator Training.
- Project staff completed Circle of Security add on course – Bigger Stronger Wiser Kinder facilitators.

- Steps to Cope Practitioner training – online over a number of mornings
- TPSP project staff have completed (PUP) Parents under Pressure Training; this training was ran over 10 months. PUP training will enhance PUP therapists work with parents to assist them with their understanding of their child's development while focusing and responding to their child's emotional needs, and in turn improving the way they interact with their children. TPSP Project Leader started the training in 2024 and is currently completing it.
- 'Working with Father's Workshop' with Treoir in person in Dublin.
- 'The TPSP Toolkit Workshop' in person with Treoir in Dublin.
- 'Therapeutic Parenting Conference' in person in Mayo.
- 'Parenting Support Champions Symposium in Mullingar

Achievements 2024

- Willow Bereavement Support group for bereaved parents experiencing all types of pregnancy loss launched in November 2024. This is a monthly, multi-disciplinary peer support group supported by Senior Medical Social Workers, Midwives and a representative bereaved parent.
- TPSP established connections with Water babies in Galway and provided swimming lessons for young parents and their babies /toddlers in Galway city for 6 weeks. This was a very positive
- The project was successful in registering with the Giving Tree for Christmas donations in 2024. All young parents and children involved in the programme received a decent Christmas present through this.
- TPSP successfully held several big outings for young parents and children throughout the year. Young parents were brought to Turoe Pet farm in the summer, Monkey Business for Halloween and Kidsplace at Christmas for a Santa visit and lunch.
- TPSP met with young parents and encouraged new workshops. We offered to facilitate a sleep consultant however there wasn't any uptake.
- The project continued to facilitate TPSP Parent/Baby peer support group in Galway City throughout the year.
- The team made plans for the service expansion. Project leader made a proposal that addresses the needs for the services and anticipated referral rates.

Portiuncula University Hospital

PUH Medical Social Work		
Paediatric Referrals	**2023**	**2024**
Inpatient Referrals	43	

Letterkenny University Hospital

LUH Medical Social Work		
Paediatric Referrals	**2023**	**2024**
Inpatient Referrals	42	70

Mayo University Hospital

MUH Medical Social Work		
Paediatric Referrals	**2023**	**2024**
Inpatient Referrals	63	38
Outpatients Referrals	8	12
Inclusion Health	-	41

Service Overview 2024:

- The MUH Medical Social Worker on duty will respond to high priority referrals from Paediatric Ward/ Outpatients.
- The Senior Medical Social Work post in the Paediatric Social Inclusion Health Team ended on the 31.12.24

Aims 2025:

- Services to Paediatrics will continue to be limited as MUH has no dedicated MSW resource for Paediatrics.
- Every effort will be made to cover high priority cases within existing resources.

Sligo University Hospital

SUH Medical Social Work		
Paediatric Referrals	**2023**	**2024***
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.*

Service Aims 2025

- To continue to advocate for a dedicated MSW 1.0 wte.

Paediatric Clinical Psychology Service (University Hospital Galway)

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 and to outpatient children whose psychological difficulties are severely impacting on their ability to receive urgent medical care or to children who require urgent 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.
- Coping with loss or trauma relating to a health condition or its treatment.
- Preparation and proactive interventions regarding hospitalisation and procedures.
- Support for complex functional presentations.
- Consultation with MDT colleagues including provision of a psychological formulation of presenting issues with a view to promoting positive patient engagement in their medical care.
- Signposting of services or supports, onward referral as appropriate and provision of psychoeducational materials to patients and families

Paediatric Clinical Psychology Data 2024

Paediatric Clinical Psychology	2024
Total number of referrals received	50
Inpatient referrals	22
Outpatient referrals	28
Number of children and families who received a service	40
Number of contacts	261
No of patients on waiting list (as of Dec 2024)	18
Longest waiting time (as of Dec 2024)	18 months

During 2024 Paediatric Psychology 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 also contributed to a review of the curriculum for the Doctorate in Clinical Psychology Programme at University of Galway. Paediatric Psychology presented at the Saolta Paediatric QPS Symposium in April 2024 in relation to a paediatric chronic pain group initiative.

Paediatric Clinical Psychology	2021	2022	2023	2024
Total number of referrals received	118	73	67	101
Inpatient referrals	25	19	25	3
Outpatient referrals	93	54	42	98
Number of children and families who received a service	65	56	44	70
Number of contacts	286	289	268	536

5.8.4 Pharmacy

Pharmacy Service at UHG

0.4 WTE Senior Pharmacist resourced to cover the paediatric ward, 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
- Training of staff grade pharmacists in paediatrics to provide cover
- 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

Achievements in 2024:

- 1 staff grade pharmacist trained in paediatrics to provide annual leave cover
- First shared care oncology patient with CHI Crumlin treated using the National Cancer Information System

Service Aims for 2025:

- Update 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

Pharmacy Service at PUH

Referrals	Total
Inpatient Referrals	351
Outpatient Referrals	75
Total Referrals	347
Activity	**Total**
No. of Inpatient Contacts	3,450
No. of Outpatient Contacts	23
Total Activity	3,473

Service Overview 2024:

It been another busy year providing education sessions on Medication Management for RCYP study days, for Paediatric nurses, Paeds ED and also ICU. I also present Medication Management on our Stabilisation and Transfer of our Critically Ill Child. The new RSV programme available to new-borns rolled out the 1st September. With any new campaign, a signification collaboration effort is required amongst our teams to get it right first time. I was asked to be part of the roll-out group. A new account was set up with the supplier. I engaged with medical physics to ensure that appropriate refrigeration equipment and conditions were achieved for both Maternity and SCUBU. I designed temperature logging folders for each area which included guidelines on correct temperature storage. I continue to work tirelessly to ensure adequate stock levels were ordered in advance. It was great to be assist in the set-up of Ambulatory Gynae, sourcing and providing medication and locks for medication presses for this service. Researching and souring suitable analgesic control challenging. The team met monthly/bimonthly to discuss any issues. I collaborated with the maternity CNF to deliver a relevant Medication Management Programme on subjects that can be complex. The course which we developed is available on HSELand and carries CPD credits for all midwives enrolled. To-date I have presented to over 80% of midwives and to NUIG final fourth year midwifery students NUIG.

Service Achievements 2024:

PUH achieved the highest RSV uptake rate nationally. I was selected to be part of a National RSV Data Collection subgroup which includes director of Public Health and members of the NHPO. In house we designed a Stabilisation and Transfer of a Critically ill Child Programme. The group consists of anaesthetist, two CNF's and our Simulation and Clinical Educator at PUH. Off the success of this multi-disciplinary approach Programme, it gained the attention of CNME Galway and was delivered across Saolta where I present on Medication Management and Smart-Pump Training and Calculations. NCHD's are thought about Pharmacy related issues that may occur. The set-up of EPU and Ambulatory Gyane has proved to be a positive implementation for service users.

Service Aims 2025:

- To be selected to present a poster on my palliative care plans poster at NOCA day.
- To help standardise and redesign the paediatric drug kardex for five sites across WNWHG.
- To assist in the set-up of a paediatric allergy clinic.
- To assist in the set-up of the Early Pregnancy Options clinic.

5.8.5 Occupational Therapy

Occupational Therapy Service in GUH	2024
Paediatric Referral	118
Inpatient Referrals	74
Outpatient Referrals	44
Treatment sessions	337
Inpatient Treatment Sessions	125
Outpatient Treatment Sessions	225

Opportunities

In 2024 there was increased opportunity to work with other HSCP colleagues to support children with multidisciplinary needs such as those experiencing Chronic Pain and Chronic Fatigue with groups and joint sessions. With a new consultant with an interest in Adolescent medicine coming on board an interest group in functional disorders was begun.

Paediatric OT and OT in hands and plastics spear headed a joint clinic to support paediatric patients with orthopaedic hands and plastics needs. This is run monthly and has continued into 2025.

Paediatric O.T., with support from Neurodisability Consultant, undertook training in the mini AHA assessment in order to provide assessment and outcome measure for infants with unilateral C.P. The availability of this assessment for indivdiauls has supported community services who have not previously had access to this outcome measure. Support has been provided to individuals alongside their primary teams to provide constraint induced movement therapy for individuals with unilateral C.P.

Challenges

Staffing issues in the wider O.T. department in 2024 required that Paediatric O.T. at times needed to cover other areas. The shortage of appropriate space has continued to be a challenge with the limited space available to HSCPs being in ongoing high demand.

Service Achievements 2024: Occupational Therapy are going to support the Pilot Multi disciplinary Weight Mangement service beginning in Jan 2025 that will run for 18 months.

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 participate in a joint HSCP QI project to increase appropriate referrals to services from inpatient Paediatrics.

Occupational Therapy Service in SUH		
Paediatric Referral	2023	2024
Inpatient Referrals	22	
Outpatient Referrals	6	
Treatment sessions	2023	2024
Inpatient Treatment Sessions	46	
Outpatient Treatment Sessions	8	

5.8.6 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.

In 2024, the Play Specialist:

- Continued with training on introducing the Smiley Scope headset 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. They can also be used for preparing patients for MRI and CT scans and for a fun patient experience with the games app. We intended to have these in operation in 2025.
- Had a continued increase in scheduled appointments for 1:1 therapeutic support for children with complex care needs, needle phobia, phobia of medical examinations/ procedures and anxiety around hospital visits and medical staff.
- Supervised two 3rd year Placement Practice Students for a period of 12 weeks, from the Children's Studies Degree run by The National University of Ireland Galway.
- Advised Anne McKeown, The End of Life Care Coordinator in Galway University Hospital, on ideas for resource packs and keep sakes for children and adolescences visiting parents/ siblings/ grandparents/ relatives or those close to them, that are receiving palliative care/ who are at the of life in the University Hospital Galway. The project that Anne and her team were working on is called, 'Including me.' I spoke with the team and assisted them in how a distraction resource box could be implemented on a few of the wards for children who are visiting, especially keeping in mind children with additional needs. Anne with funding intends for this project

to be rolled out across all wards in the future.

- Attended the Children in Hospital Ireland's Annual Lecture entitled, 'Play - An Essential Tool in a Child's Hospital Care' & The All Island Play Specialist and Play Assistant Networking Session in April. The lecture explored the role of the hospital play specialist globally, the potential impacts of fully utilising play as a tool to support children and families in hospital and how to achieve this.
- At the start of April, as part of my continued professional development I visited the Paediatric Ward in Cork University Hospital (CUH) and shadowed both play specialist Rachel and Katie for the day, which was very insightful, to see how their service runs and the similarities and differences in patient care and facilities, resources and funding.
- Attended the CUH Child and Family Nursing Conference, 'Embrace the Present with Vision for Future.' There were 3 keynote speakers on the topics of Digital Health-Now, Next and the Future, Psychological Care and Current Challenges for children and adolescence and Palliative Care Management: Present and Future. There were also 11 guest speakers on various topics related to children's health and play.
- In April to highlight, Paediatric Sepsis Awareness Week (22 to 28 April 2024), I made a sepsis awareness booklet for the older children and their parents/ carers/ guardians and distributed a child friendly sepsis awareness picture information sheet. For the adolescences and their parents/ carer/ guardians I made a sepsis related cross words and compiled a sepsis awareness quiz, along with a cutting and sticking activity for the younger patients.
- On International Book day on April 23rd, we gifted our patients and patients attending the PDU a book, which was donated by the charity Children in Hospital Ireland. The theme for 2024 was, 'Changing lives through a love of books and reading', and we encouraged an emphasis on nurturing a love for reading across all ages.
- On the 11th June, along with the CIH play volunteers the first-ever United Nations, International Day of Play, was celebrated with the theme being, 'Play Makes A Better World.' This marked a significant milestone in efforts to preserve, promote, and prioritise playing, so that all people, especially children, can reap the rewards and thrive to their full potential. On this day we gifted toys, games and play resources to our patients and patients attending the PDU.
- In June 2024 on the request of Stephen McNulty, the GUH Radiation Protection Officer, I visited the x-ray rooms, to see if I had any ideas on how to make them, more child friendly and ideas for making children more compliant when have an x-ray. This was for Quality Improvement (QI) project that they were doing in order to reduce the amount of exposure children had to radiation, due to having to repeat x-rays for children who moved during their procedure/ needing to x-ray a larger area than usually necessary in order to get a sufficient reading.
- Met with Anne Blaine, the Social Care Worker, who is involved in the Teen Parents Support Programme in August. I visited the room that teen parents and their babies and siblings use and we discussed ideas on how to make it more welcoming and child friendly for service users.
- In September I was asked to deliver a presentation to the staff in the radiology department on play and distraction and promoting play in a hospital setting. I discussed ideas for making children more, relaxed, encouraging language and rewards for good behaviour/ compliancy.
- Spoke to the staff caring for patients at the end of life, during Bereaved Children's Awareness Week (Monday 18th November to Friday 22nd November 2024.) on how to support children who are visiting a loved one in the hospital. I had some information leaflets and a display box resources that could be given to/ borrowed by children during their visit.
- Along with the CIH play volunteers on Wednesday 20th November 2024, for the 2nd year running and with the help and support of Saolta Arts, we celebrated International Day for Children. We had a morning of fun and joyful activities, such as the novelty balloon artistry and face painting. This year, these activities were extended to the paediatric emergency department.

Service Improvements 2024:

- The wall toys on St. Bernadette's Ward and the Paediatric Day unit, the Paediatric Out Patients Department and the Paediatric emergency department, were introduced and these have shown to be a great success in promoting a child friendly environment.
- The parent's tea room refurbishment was completed and all service users seem to be pleased with the result of the upgrade and new resources.
- We have had a huge increase in the amount of toy donations to the Paediatric unit around Christmas time, due to donators promoting their giving campaigns on social media. This is great, as the number of patients presenting to the Paediatric Emergency Department have increased, as well as the number of patients attending paediatric services throughout the unit. These donated toys were not only distributed as gifts at Christmas time, but also used in the playroom, and in the consultants rooms of the Paediatric Outpatient Department whilst children have their appointments, are given as birthday gifts/ gifts at the end of oncology treatment/ end of life/ given to children in long term isolation/ confinement and as gifts for children experiencing/ who have experienced trauma.

- In 2024, the paediatric outpatient services extended to clinics in Shantalla Primary Care Health Centre in Galway City and to Toghermore House in Tuam Co. Galway, in order to reduce the paediatric OPD waiting list. I assisted in ordering storage for these facilities and sourcing age and stage appropriate toys, resources and distraction packs for the service from donated toys and from the national charity, Children in Hospital Ireland.
- From the charity Children in Hospital Ireland in collaboration with Enterprise, as sponsors, we received more hygiene packs for our parents/guardians/carers and patients. We also received more distraction packs and packs especially for children in isolation/ confinement.

Service Aims 2025:

- In 2025 the paediatric service aims to have four Smiley Scope VR headsets in operation, one for the paediatric day ward, one in the sexual assault treatment unit (SATU), one for St. Bernadette's inpatient Ward and one for the paediatric emergency department.
- Next year, we hope to have a Therapy Dog from Irish Therapy Dogs, visit the Paediatric Unit on a weekly basis.
- The aim is to continue enhancing our patients and their families experience in the hospital, by refurbishing the inpatient waiting area and the waiting area in the paediatric outpatient department.
- The plan is to improve signage to the Paediatric Unit from the main hospital building and throughout the unit and to paint the doors and door frames of the patient's bedroom bright colours with child friendly numbers.

Mayo University Hospital:

Activity data

- Engaged with approx. 1379 patients from activity log Jan. to 30/12/2024.
- In addition play activity: venepuncture and cannulations distraction play = 55 approx.
- Pre procedure play: 46. Post procedure 28.

Service Development 2024

- Jointly formed working group with staff nurses and completed presentation to secure sensory room on paediatric ward to stakeholders.
- Presentation of play resources and benefits of play/play therapy/play specialist role on ward to student doctors, SHOs, and Consultant.
- I further expanded number and type of sensory toys and equipment to support emotional regulation in particular children with additional sensory needs. Use of the art and play room has been expanded to increase group activities and adapted for sensory space usage.
- Liaised with Diabetes Nurse Specialist for support with child patients and carers.
- Liaised with OPD CNMs regarding demonstration and support for clinics and use of beneficial play materials/ distraction equipment, including use of 'Buzzy 4 Shots' for those attending.
- Engaged with consultant to support child patients with additional needs and expanded role to begin in 2025 to attend monthly clinic.
- I continued to engage in regular professional supervision and CPD courses re trauma and engaging with patients with intellectual disability, as well as maintaining hospital mandatory training requirements.
- I have continued to provide information regarding play and further support post procedures to support recovery and possible future engagement with health settings.

Aims for 2025

- Further develop library of therapeutic stories for chronic illnesses and procedures. I would like to increase of number of musical instruments available on the ward. To proceed with further presentations to advocate for sensory room development on the paediatric ward.

5.9 Quality Improvement Report

5.9.1 Quality Improvement (QI) Summary – 2024 - Review of Paediatric Outpatient Service Processes, Pathways, Demand & Capacity

Paediatric outpatient services across the West and North West of Ireland serve approximately 159,000 children and young people across Galway, Mayo, Roscommon, Sligo, and Donegal. Referrals have risen by **76%** (2021–2024), highlighting the need for improved efficiency and consistency in service delivery.

This regional QI project reviewed outpatient processes, pathways, demand, and capacity across GUH, LUH, MUH, PUH, and SUH, aiming to identify best practices, gaps, and opportunities for improvement.

% Increase in Paediatric Referrals 2021-2024					
Site	**2021**	**2022**	**2023**	**2024**	**% Increase 2021-2024**
GUH	2,352	3,152	3,191	3,548	50.9%
LUH	1,242	1,611	2,298	2,467	98.6%
MUH	1,090	1,447	1,555	1,623	48.9%
PUH	458	1,423	1,517	1,624	254.6%
SUH	1,054	1,266	1,521	1,649	56.5%
Total	**6,196**	**8,899**	**10,082**	**10,911**	**76.0%**

Key Findings

- **Triage & Governance:** PUH's weekly multidisciplinary triage provided a strong model for timely referral management; other sites showed inconsistent approaches.
- **Waitlist Management:** Generic paediatric waitlists (PUH, MUH) improved fairness and capacity use versus consultant-specific lists elsewhere.
- **Clinic Processes:** Variability in clinic capping, phlebotomy, and documentation affected efficiency. PUH's one-stop, nurse-led, and virtual clinics improved patient flow.
- **Standardisation Gaps:** Limited use of transition, ANP-led, and virtual clinics across sites.
- **Communication:** Inconsistent GP engagement and education influenced referral quality and waiting times.

Outcomes

Between **April 2023 and May 2025**, paediatric waitlists reduced by **22.4%** (from 4,347 to 3,373).

Longest waits reduced:

- GUH: 48+ → 24–36 months
- MUH: 18–21 → 6–9 months
- PUH: 6–9 → 3–6 months

Key Enablers

- Active, multidisciplinary triage and governance
- Rapid access and targeted clinics
- Shared learning and real-time process improvement
- Expansion of clinic space and use of off-site facilities

Recommendations

- Standardise **triage**, **waitlist management**, and **SOPs** across all sites
- Expand **ANP**, **rapid access**, and **virtual clinics**
- Strengthen **communication with GPs** and introduce standard clinic letter templates
- Enhance **nurse-led phlebotomy** and **transition pathways** for adolescents

Conclusion

A collaborative, data-driven approach has delivered measurable reductions in waiting times and improved efficiency. Continued standardisation, proactive triage, and multidisciplinary engagement are key to sustaining high-quality, equitable paediatric care across the region.

5.9.2 Quality Improvement Project: Implementation of DigiBete App to Support Self-Management of Type 1 Diabetes in Paediatric Patients

Type 1 diabetes in children and adolescents requires intensive management, education, and engagement of both patients and families. In Ireland, variability in resources and educational support across paediatric diabetes services can create inconsistencies in self-management guidance.

DigiBete is a multi-award-winning UK-based digital self-management app designed to support healthcare professionals (HCPs) and families.

The project aimed to enhance education, engagement, and care coordination through a shared digital platform.

By Q4 2024, **51% (315/620)** of eligible patients were registered, with the highest uptake at **LUH (70%)**.

Patient Registration and Uptake: as of Q4 2024:

Hospital Site	Patient Cohort	Registrations	% Uptake
GUH	190	75	39%
LUH	141	99	70%
MUH	109	68	62%
PUH	87	36	41%
SUH	93	37	40%
Total	**620**	**315**	**51%**

Insights:

- Continuous engagement, regular communications, and in-clinic reinforcement positively correlate with higher uptake and engagement.
- Comms features within the app remain underutilised; further training is planned.
- Use of educational videos and quizzes supports patient learning and allows HCPs to monitor self-management competence.
- The rollout demonstrates successful regional collaboration and the value of digital tools in improving paediatric diabetes care.

5.9.3 Saolta Paediatric Quality & Patient Safety (QPS) Symposium 2024

"Improving Care for Children – One Step at a Time"

In 2024, the Saolta Women's & Children's Managed Clinical and Academic Network (MCAN) hosted the first **Paediatric Quality and Patient Safety (QPS) Symposium**, bringing together multidisciplinary teams from across the West and North West to share learning, innovation, and quality improvement (QI) initiatives in paediatric care.

The event reflected HSE and Saolta priorities of **integrated care, safety, staff engagement, and continuous improvement**. It provided a platform for colleagues from both acute hospitals and community services to showcase improvements in clinical pathways, patient safety, education, and family experience.

The symposium focused on strengthening a **networked approach** to paediatric care, promoting shared learning across hospital and community teams. Presentations highlighted projects that improved access, reduced waiting times, enhanced communication, and supported safer, more efficient care delivery.

A key feature of the event was the inclusion of the **Saolta Critically Ill and Injured Child Project**, a collaborative programme to standardise care processes, governance, and education across all sites. Workstreams focused on early recognition and escalation of care, transfer protocols, clinical education, digital tools, and equipment standardisation, ensuring equitable, high-quality care for all children in the region.

The symposium was developed collaboratively through the Saolta Women's & Children's MCAN, supported by Quality and Patient Safety teams, clinical leaders, and management across all hospital sites. Engagement from local teams ensured broad participation, inclusivity, and alignment with **HSE quality and safety improvement frameworks**.

Learning was shared through presentations, workshops, and case examples demonstrating practical, evidence-based improvements implemented within local services. These initiatives showcased how QI tools and methodologies can drive measurable change across diverse care settings.

Benefits and Impact

The symposium strengthened regional collaboration, improved communication across services, and promoted the sharing of best practice. Key outcomes included:

- Greater consistency in paediatric care processes across the Saolta region.
- Increased staff awareness and capacity in QI and patient safety.
- Stronger links between hospital and community teams, supporting more integrated care pathways.
- Enhanced focus on family-centred care and timely, safe treatment for children.
- Alignment with HSE strategic priorities around learning systems, staff empowerment, and integrated, high-quality service delivery.

Looking Ahead

The success of this first event has established a foundation for an annual Saolta Paediatric QPS Symposium, supporting a culture of shared learning and continuous improvement. The collaborative and inclusive approach demonstrated through this initiative will continue to shape ongoing QI work, ensuring that every child across the West and North West receives safe, effective, and person-centred care.

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) Galway Executive Report 2024

Total attendances:

The total number of patients engaged with CASATS in 2024 was 96 with 93 examinations undertaken. Three patients declined forensic medical examination and did not attend despite initial engagement. Fifteen (16%) CASATS patients were aged 14-18 years old. In addition, 19 patients aged 14-18 years were seen through Adult SATU Galway and 22 patients aged 14-18 years were seen through Adult SATU Letterkenny, all eligible for Barnahus West Interagency supports and engagement.

CASATS patients:

- 19 (20%) were seen out of hours (between 16:00-08:00 Monday to Friday or over the weekend s/ bank holidays)
- Of the 93 patients examined, 23 (25%) were acute cases with forensic sampling completed, 22 (24%) were seen acutely (less than 34 days from the alleged sexual assault without forensic sampling) and 48 (51%) patients were seen non- acutely (more than 34 days from the alleged sexual assault)
- Of the 96 patients referred to CASATS, 74 (77%) patients were female and 21 (22%) patients were male, 1 (1%) identified as transgender. There were no patients who identified as non-binary. The mean patient age was 8 years.

Telephone Referrals to the CASATS service

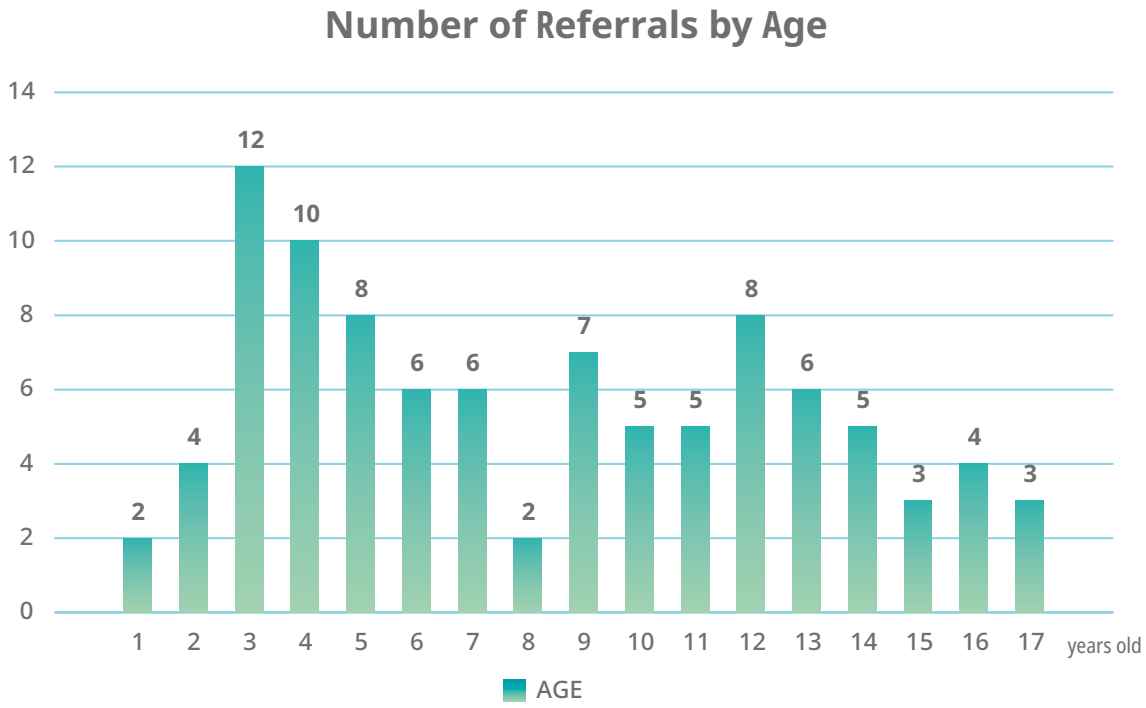
- Excluding children referred to Barnahus West, where FME was not indicated following interagency discussion, a significant number of referrals were received by Galway CASATS in 2024 (n=126). These included telephone queries as well as referrals through Barnahus West where FME was indicated. Not all telephone queries resulted in examination but all required advice and direction. Of these 38 /126 telephone referrals (30%) concerning 42 children were received outside Galway CASATS normal workday of 08:00-16:00. Twenty-nine telephone calls concerning 33 children (29/126 = 23%) were received outside 08:00-20:00 on M-F, weekends or bank holidays.
- Seventeen telephone calls concerning 20 children (17/126 = 13%) were received outside the 08:00-20:00 12/7 service which conveys the need for continued 24/7/365 on call out of hours services for Paediatric FME. These referrals may have been lost, delayed or managed inappropriately if CASATS Galway was limited to a 08:00-20:00 seven day service as suggested in the 2023 HSE publication "SERVICE SPECIFICATIONS FOR CHILD AND ADOLESCENT FORENSIC MEDICAL SERVICES FOLLOWING CONCERN OR DISCLOSURE OF SEXUAL ASSAULT/ ABUSE" FME Service Specification Document [1]

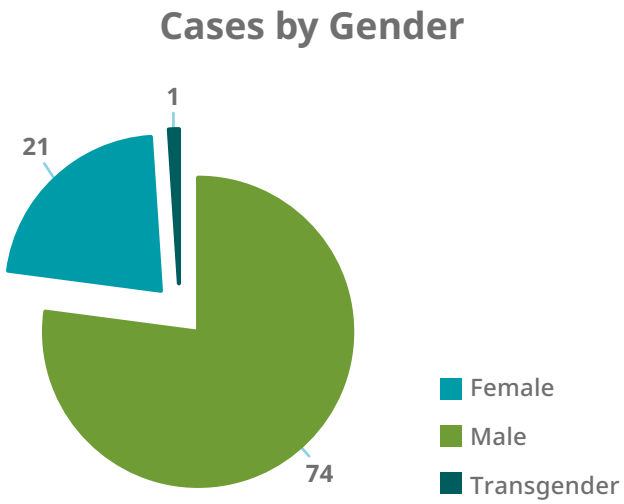
Barnahus Meetings

- In 2024, there was a total of 95 Barnahus Multidisciplinary referral meetings held which involved TUSLA, HSE and An Garda Síochána. A total of 793 cases were discussed (575 review cases and 218 new cases). This involved members of the CASATS team attending each meeting which involved at least 119 hours overall where CASATS team were engaged in interagency discussions from Barnahus with a further time commitment in coordinating, planning and organising cases with families, social workers and Gardaí.

1 https://www.hse.ie/eng/about/who/cspd/ncps/paediatrics-neonatology/resources/barnahus/fme-service-specification-document.pdf

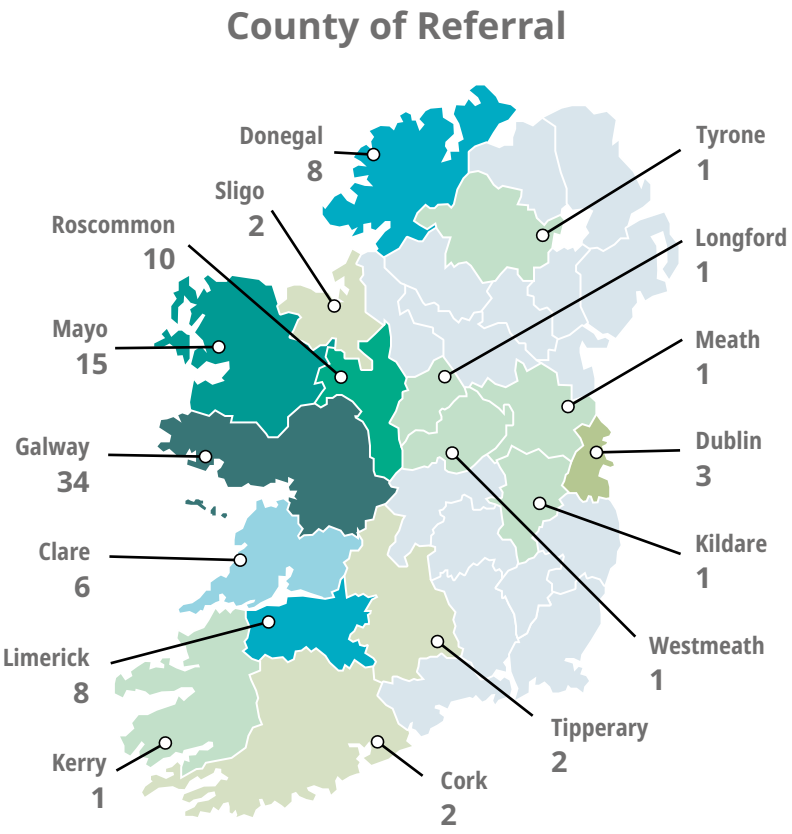
Information on the 96 referrals to CASATS





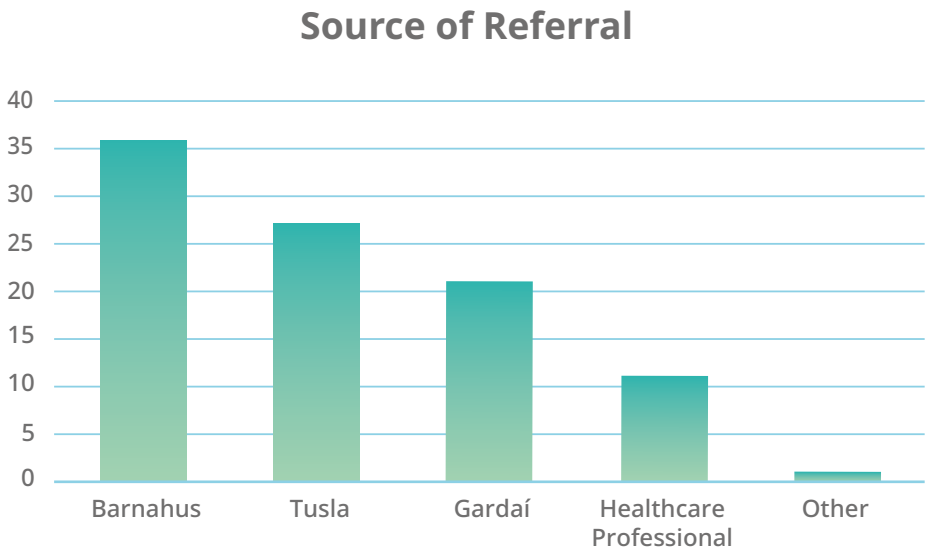
County of referrals for 96 cases with CASATS engagement:

The majority of referrals came from Galway (n=34), Mayo (n=15) and Roscommon (n=10) Donegal (n=8), Clare (n=6), Limerick (n=8) and 15 (16%) patients were from outside of the catchment area i.e. from Dublin, Kerry, Meath, Tyrone, Kildare, Westmeath, Cork and Longford and Sligo.



Source of Referrals for Cases engaged with CASATS 2024:

The majority of referrals for Paediatric Forensic Medical Examination came through the Gardaí 21 (21%), directly from TUSLA / Social Workers n=27 (28%) or following Barnahus Interagency Planning meetings 36 (38%), health care professional 11 (12%) and other 1 (1%).



Alleged Perpetrators for 96 cases engaged with CASATS 2024

Child perpetrators (Defined as <13 years at the time of the alleged assault)

- 6 (6%) of cases involved child perpetrators.

Teenage Perpetrators (Defined as 14-17 years at time of alleged assault)

- 6 (6%) involved teenage perpetrators defined as 14-17 years

Adult Perpetrators (Defined as ≥ 18 years at the time of the alleged assault)

- In 55 (58%) of cases the alleged adult perpetrator was a family member.
- In 13 (14%) of cases the alleged adult perpetrator was known to the patient but not a family member.
- In 1 (1%) of cases the alleged adult perpetrator was unknown to the patient
- In 3 (3%) of cases there was multiple alleged perpetrators

Age of Perpetrator Unknown

- In 12 (13%) 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.

Information on the 93 patients examined

Intimate images

Of the 93 patients examined 75 (81%) had intimate images taken using a colposcope with attached camera. In 18 (19 %) cases, photo-documentation was declined, not indicated or not possible given the cooperation of the patient.

Medications

- Emergency contraception was not required for any patient.
- A Hepatitis B vaccination schedule was commenced for 1 patient.
- 87 (94%) patients had STI screening carried out as part of their initial examination. Six (6%) patients did not have an initial STI screen as they either declined or a sexual health screen was not indicated at the time of their initial attendance.
- 6 (6%) had a further follow up STI screen done in CASATS following their initial attendance.
- Post Exposure Prophylaxis (PEP) was not required for any patient in 2024.

ASCC/RCC

In 48 (52%) cases examined an ASCC or RCC support worker attended and supported the CASATS patients and their families.

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.

Glossary

ASSC:	Accompaniment Support Services for Children
CASATS:	Child and Adolescent Sexual Assault Treatment Services
CNS:	Clinical Nurse Specialist
RCC:	Rape Crisis Centre
SATU:	Sexual Assault Treatment Unit
FME:	Forensic Medical Examination

6.2 Galway Sexual Assault Trauma Unit Report 2024

Attendances

In 2024 there were 113 new attendees at the Galway SATU, a decrease of 24 (18%) from 2023 when 137 cases were opened. Of these 113:

- 61 (54%) were Option 1 (sexual assault within previous 7 days and accompanied by An Garda Siochána for forensic examination and medical care).
- 31 (27%) were Option 2 (sexual assault at any time, medical care without forensic samples).
- 21 (19%) were Option 3 (non-Garda referral, sexual assault within previous 7 days, stored forensic samples).
- 62 of 82 (91%) patients were seen within 3 hours of a request to a SATU for a Forensic Clinical Examination (Options 1 & 3).
- 95 (84%) of patients reported incidents which took place within the Republic of Ireland.
- 16% of patients reported incidents which took place outside the Republic of Ireland.
- An Garda Síochána referred 61 (54%) of patients, 25 (22%) patients self-referred and 27 (24%) patients were referred by others (RCC, GP's, ED etc.). These proportions are similar to 2023 figures.
- May 2024 was the busiest month, with 17 first-time patients presenting.
- Tuesday was the busiest day of the week with the highest attendance rate (n=31).
- 91 (81%) of attendances occurred between the hours of 08:00 and 19:59, Monday-Sunday.
- 93 (82%) of patients had the opportunity to speak to a Psychological Support Worker from the Rape Crisis Centre at the first SATU visit.

Reported Sexual Crimes

- 83 (73%) were recent sexual assaults (occurring within 7 days of presentation).
- 101 (89%) of cases involved a single assailant.
- 12 (11%) of cases involved multiple assailants.
- In 73 (55%) cases the assailant was known to the patient, i.e. friend, family member, ex-intimate partner, intimate partner or acquaintance of more than 24 hours. In 56 (43%) of cases the assailant was unknown, a stranger or recent acquaintance (≤ 24 hrs). 4 (3%) were not recorded.
- 93 (82%) of incidents occurred between the hours of 20:00 – 07:59.

Patient Profile

- 108 (96 %) patients identified as female; 5 (4%) patients identified as male.
- Mean patient age at time of assault was 26 years of age; the youngest was 14 years of age and the oldest was over 70 years of age. Please note, SATU sees patients age 14 years and above.
- 61 (54%) patients reported the incident to An Garda Síochána.
- 21 (19%) patients had a forensic examination and storage of evidence without initially reporting to An Garda Síochána.
- 55 (49%) of patients had no physical injuries.
- 45 (40%) of patients had physical injuries that did not require follow-up.
- 3 (3%) patients were referred to, or seen in, hospital due to physical injuries.
- One additional patient was hospitalised for mental health reasons.
- 67 (59%) patients had consumed alcohol in the previous 24 hours; of these 45 (40%) patients had consumed >6 standard drinks of alcohol.
- 19 (17%) of patients had taken recreational drugs prior to the reported incident.
- 20 (18%) of patients were concerned that drugs were used to facilitate sexual assault.
- 27 (24%) of patients were unsure if drugs were used to facilitate sexual assault.

Medical Care

- All patients who required Emergency Contraception received it.
- 35 (31%) patients were appropriately offered Hepatitis B vaccination at the first SATU visit; of these 96% have completed or are in the process of completing the vaccination schedule.
- 3 (3%) patients received Post Exposure Prophylaxis (PEP) for HIV.
- All patients were offered a follow-up appointment for STI screening. Of those who chose to attend SATU for this, 59% patients attended first follow-up appointment.
- 24% had STI screening competed on their initial presentation.

Achievements SATU Galway 2024

Staffing:

- An additional number of assisting nurses were recruited and trained which has greatly enhanced covering the 24 hour on-call roster.
- The 2025 SAFE course in RSCI was advertised and a successful Galway candidate will commence training in early 2025 as CNS

Education and Development:

- The Clinical Nurse Specialists completed the Prescribing Certificate in University of Galway
- Galway Forensic Physicians and Clinical Nurse Specialists gave presentations, undertook clinical audits, facilitated training and professional examinations with a variety of colleagues and allied professionals.
- The Galway team are now embedded in multiagency work as part of Barnahus West, which benefits our 14-18 year old patients.
- The Introduction to SATU course for Doctors was held at University of Galway Irish Centre for Applied Patient Safety and Simulation in October 2024 and 16 doctors attended.

Acknowledgements:

We are indebted to our colleagues across the SATU network, but particularly in our nearest unit, Mullingar, for cross-cover when there are roster gaps in Galway.

Key Objectives for SATU Galway 2025

- Recruitment and training of new forensic medical and nurse examiners for Galway SATU to support daytime and on-call work
- Increased outreach into the community
- Secure storage of historical files

6.3 Donegal Sexual Assault Trauma Unit Report 2024

Clinical Activity

Attendances

- 128 new patient attendances at the Donegal SATU an increase of 11 (9.4%) from 2023.
- 103 (81%) reported incidents took place in Ireland.
- 80 (78%) reported incidents occurred in Donegal, 19 (18%) reported incidents occurred in Sligo/Leitrim, 7 (8%) reported incidents occurred in five other counties and 4 (5%) reported incidents occurred in Northern Ireland.
- 60 (51%) patients attended the SATU within 7 days of the reported incident and 93% 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

- May was the busiest month with 18 (14%) patients attending during this period.
- Monday was the busiest day with 25 (20%) patients presenting to SATU on this day.
- 102 (80%) reported incidents occurred between the hours of 20:00 – 07:59hrs.
- 109 (86%) attended the SATU between the hours of 08:00 – 19:59hrs.

Gender, Age Profile, Referral Source

- 123 (97%) females, 3 (2%) males 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 29 years. 59 (46%) patients were 25 years-of-age and under. 34(27%) were between 18 and 25 years-of-age. 25 (20%) were under 18 years of age.
- 40 (48%) of patients were attending post-primary school or Higher Education Institutes (HEI).
- 57 (45%) patients were referred by An Garda Síochána.
- 50 (43%) patients were referred by others such as Counselling Services, Donegal Women's Domestic Violence Services, Addiction Services, Mental Health Services, Acute Hospitals, HEI student services, Genito-Urinary Medicine Clinics & GPs.
- 17 (13%) patients were self-referrals.
- 16 (13%) patients chose to have a forensic clinical examination (Storage of Evidence: Option 3) without initially reporting to An Garda Síochána. 2 (13%) of these patients subsequently reported the incident to An Garda Síochána within six months of being examined in the SATU. An additional three patient who attended the SATU in 2023 went on to report the incident in 2024.
- Three 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

- 60 (51%) reported incidents were recent assaults (≤ 7 days).
- 107 (84%) involved a single assailant.
- 18 (14%) involved multiple assailants.
- 103 (61%) patient reported the alleged perpetrator was known to them.

Medical Care

- 85 (67%) patients had no physical injuries.
- 26 (20%) 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.
- 46 (36%) patients were appropriately prescribed and administered Hepatitis B vaccination at their first SATU visit; of these 40 (86%) have completed or in the process of completing the vaccination schedule.
- 2 (2%) patients received Post Exposure Prophylaxis (PEP) for HIV and were referred on to Infectious Disease Consultant for follow-up care.
- 93 (73%) patients were appropriately offered follow-up appointments in the Donegal SATU; 86 (93%) attended first follow-up appointment for STI screening and non STI screening where relevant.
- 2 (2%) of patients were treated for Chlamydia.
- 1 (1%) patient was treated for Gonorrhoea.
- 21 (19%) patients were treated for Bacterial Vaginosis.
- 19 (16%) patients were treated for Candida.
- 1 (1%) patient was diagnosed with Hepatitis B, this patient was referred on to Specialist services.

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.

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 2024. The Donegal SATU met all requirements of the scheduled audits.
- LUH Patient Environment Audit was carried in 2024, meeting all the required standards
- 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.

Patient feedback report prepared and disseminated to the relevant senior management, nationally and locally.

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 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:
  - "...I came to SATU the night after my incident. The people up there were so nice, friendly and welcoming. The first guard i spoke to before going to SATU didnt believe my story and asked me did i think i was just being dramatic. This broke my heart as it took so long to build up the courage to talk about it. After my sisters encouragement and a different guards help i made my way to SATU. These women were wonderful. The made me feel safe and kept emphasising it wasn't my fault. They made the experience so comfortable. They gave me so much information and support. From day 1 even until now. And for that I am so grateful" (18 – 24 year old).
  - "...SATU staff were/are amazing, ive never felt so safe in an enviornment before. I could cry about how safe I felt...SATU need to be made aware of and introduced to schools. They are amazing.." (25-34 years).
  - "...Even though I was really anxious I came. I trusted the team. I never had a smear before but I did here. I knew (....) would look after me. I had to go to get a colposcopy which was scary. The staff there work with SATU and they were also so kind even though my legs were shaking like in the SATU, because all of them knew I was in SATU they were really patient and didn't put pressure on to me. If I didnt go to SATU I think I would be dead. Thank you." (35-44 year old).
  - "...From the first day I was brought with into the building and forward all I can say is a big ' thank you' to everyone involved in my care. You have all being very kind and supportive to me during my traumatic time." (>55 year old)
  - "...The nurses and medical staff were lovely and made me feel safe, they talked to me like a normal person and that helped alot, made me feel comfortable and welcome and resured me that i was going to be ok and that made me believe i was, ill will never be able to thank everyone enough for how kind they were, when everyone else just wanted answers they let me process and cry and made it feel ok. Thank you..." (18 – 24 year old).

Key Achievements

- In 2024, Kellyann Moore CNS SAFE and Leah O'Regan CNS SAFE were successful in completing the Certificate in Nursing (Nurse/Midwife Prescribing) awarded by the University of Galway.
- In September 2024, both CNSs commenced the pathway to Advanced Practice in Nursing, supported by the Director of Midwifery, and SATU Clinical Director, Letterkenny University Hospital (LUH). Both CNSs were successful in securing funding through the ONMSD.
- The RANP was invited to contribute to 'Ireland's Cervical Cancer Elimination Plan Strategic Vision 2025-2040' 'Initiative: Trauma-informed approach to cervical screening for women who have

experienced sexual.' The Action Plan was launched in November 2024.

- The RANP was invited to prepare a Case Study to WHO Europe 'Screening in Action' who are spotlighting frontline healthcare workers across the European region.
- The DOM facilitated SATU Support Cover from the LUH on an as-and-when required basis; Tuesday – Friday from 08.30hr to 17:30hrs. This has reduced the need for on-call during operational daytime hours and has been a very effective and positive initiative.
- Additional Outreach sites were sourced in 2024 for Clinics, closer to patients' homes. The Donegal SATU is now able to facilitate follow-up clinics in the North, South, East and West of Donegal as well as an Outreach clinic in Sligo.
- Kellyann Moore CNS, designed and presented a Poster "The Donegal Sexual Assault Treatment Unit (SATU) Cervical Screening Quality Assurance Audit" at the National Colposcopy conference in Limerick in October 2024.
- Additional Outreach sites were sourced in 2024 for Clinics, closer to patients' homes. The Donegal SATU is now able to facilitate follow-up clinics in the North, South, East and West of Donegal as well as an Outreach clinic in Sligo.
- Feedback from patients has highlighted how these outreach sites have benefitted their care.
  - "...Very beneficial living in (...) 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)

Education and Training

- Collaborative (SATU, An Garda Síochána, and Donegal RCC) Education workshops for Law and Humanities undergraduate students, Catering Students, Nursing and Health and Social Care Students were facilitated throughout the year.
- The CNSs facilitated 'SATU Walkthrough' workshops for all ATU Donegal, 3rd and 4th year Health and Social Care students and Garda students throughout the year.
- The CNSs facilitated educational sessions with ED Staff in Letterkenny University Hospital (LUH) and Sligo University Hospital (SUH) throughout the year.
- The CNSs facilitated workshops with migrant and marginalized communities in Donegal and Sligo working in close collaboration with Social Inclusion.
- Leah O'Regan CNS presented at the International Women's Day in Sligo in March 2024.
- Kellyann Moore, CNS recommenced the Post-Primary Schools Education Programme in collaboration with the Donegal Rape Crisis Centre.
- The RANP and CNSs facilitated Information sessions through the northwest region to Foroige, Mental Health Youth Liaison, Community Mental Health teams, Tusla, IPAS, Rape Crisis Centres, Addiction services, the Red Cross, the Civil Defence, the Donegal Family Support Practice Forum and the Probation Service.
- The CNSs presented at the 'Foundation Programme Sexual Health Promotion' in Donegal and Sligo.
- The RANP participated and presented at the Joint Garda/Tusla 'Child Protection Workshop' January 2024.
- The RANP facilitated a lunchtime CNME Webinar 'Challenging the Barriers Faced by People with an Intellectual Disability who Experience Sexual Assault' in April 2024.
- The RANP presented at the HSE/Garda Event: 'Working Together for Vulnerable Victims (How to support and safeguard)' in June 2024.
- The RANP presented at the 'National INMO Telephone Triage Section Conference' in September 2024.
- The RANP presented at the 'Domestic violence postpartum/maternity' Study day in the CNME Letterkenny in October 2024.
- The RANP presented two abstracts at the Academy of Forensic Nursing in November 2024: 'Silent Harm: Improving Access to Sexual Assault Treatment Units (SATUs) for the Deaf Community' and 'An Irish Perspective: - How Little Opportunities can have a Big Impact on Women's Health.'
- The RANP presented at the Northwest Regional Taskforce and Social Inclusion Conference on "Working Effectively with Client who present with Complex Trauma" in December 2024.
- The SATU Team collaborated with ATUs Donegal and Sligo at various events such as the 'Healthy Campus Week,' 'Shift Week' 'Well-being Days,' and 'Consent Workshops' facilitating information sessions with students during these events.
- The SATU Team facilitated Garda Workshops 'The Journey of the patient/injured party following a report of sexual assault' for student and regular Garda, Sergeants, Inspectors and members of DPSU and Specialist Garda in Donegal and Sligo/ Leitrim Garda divisions.
- One to two week placements continued to be facilitated for pre-registration General, Intellectual Disability and Mental Health nurses throughout the year. This programme is under the governance of NMBI and ATU Donegal and has been running since 2012.
- In 2024, the Donegal SATU also commenced providing placements for pre-registration Midwifery students from Dundalk Institute of Technology and postgraduate Midwifery students from the University of Galway.

Staff Training

- The SATU Team continued to broaden their scope of practice and continuing professional development, attending various online trainings, face-face webinars and conferences.
- All Forensic Examiners in the Donegal SATU attended the online Legal Skills training in 2024.
- The SATU Team attended and maintained all Mandatory Training.
- Peer review of cases and Medico/legal reports continued in 2024 under the governance of the Donegal SATU Clinical lead, promoting collaboration and quality assurance within the Unit.
- The RANP, in collaboration with national SATU Colleagues developed a national SATU Support Staff training programme. This was rolled out in the 2nd quarter of 2024. All Donegal SATU Support staff participated and completed the programme.
- Connie Mc Gilloway (RANP) and Sharon Curran, Donegal SATU Administrator coordinated a national SATU Database Working Group aiming to consolidate, progress and further develop key metrics.

Key Objectives for 2025

- The RANP led national project in improving access to the SATUs for the Deaf Community through Irish Sign Language (ISL) and developed in collaboration with An Garda Siochána, Rape Crisis Centre, CHIME, Justisigns2, Trinity College Dublin; the Centre for Deaf Studies and the Irish Deaf Society was due to be launched nationally in the last quarter of 2024, however, this has been delayed to the 2nd quarter of 2025 to align with an update to the National SATU Website.
- Discussions will continue regarding the need for a Back-Up Generator for the SATU. A position for a third CNS (Sexual Assault Forensic Examiner) continued to be vacant by the end of 2024, however, interviews occurred in October 2024 and one candidate was selected for the Donegal SATU. The Postgraduate Diploma in Nursing (SAFE) course is due to commence in January 2025.
- 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
- Following discussion with partner agencies a post primary schools programme will continue in 2025 as part of a wider collaborative schools programme.
- Throughout 2025, 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.
- To recruit an additional GP on the on-call rota and additional SATU Support Staff.

7

CHAPTER 7

Quality and Patient Safety

7.1 Introduction

The Women & Children's Network 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 have their own local Quality & Safety Committee 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-Serious Incident Management Team (SIMT) 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 SIMT 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 SIMT.

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.

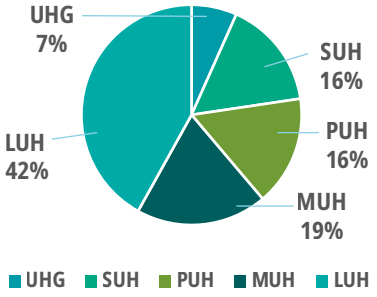
Open Disclosure training continues to be rolled out on an ongoing basis on each site and is mandatory training for all HSE staff.

7.2 Incident reporting

A total of 4,047 incidents related to W&C activity were reported on NIMS in 2024

SITE	Incidents reported on NIMS 2024
UHG	271
LUH	1,683
MUH	784
PUH	658
SUH	651
TOTAL	4,047

% of incidents reported to NIMS per site



Serious Reportable Events (SREs);

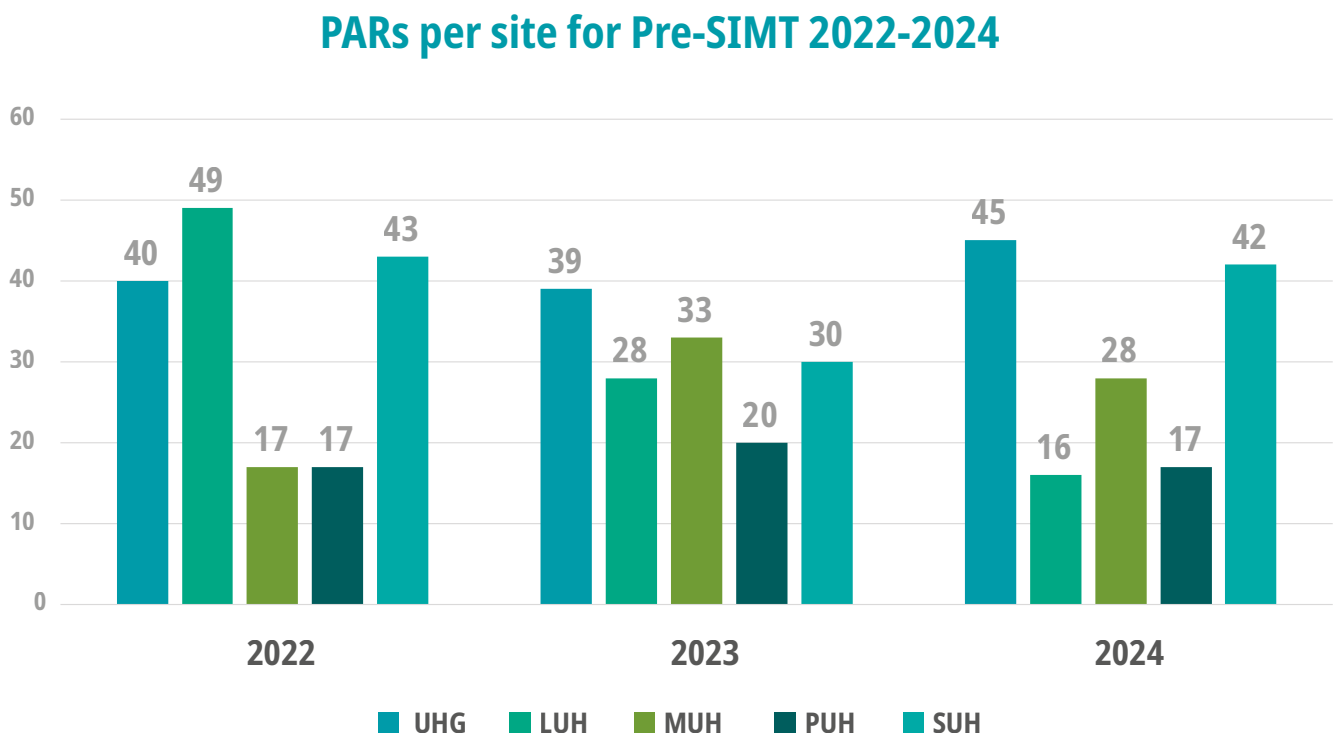
A total of 23 incidents were classified as SREs in 2024.

SITE	2024
GUH	8
LUH	3
MUH	2
PUH	7
SUH	3
TOTAL	23

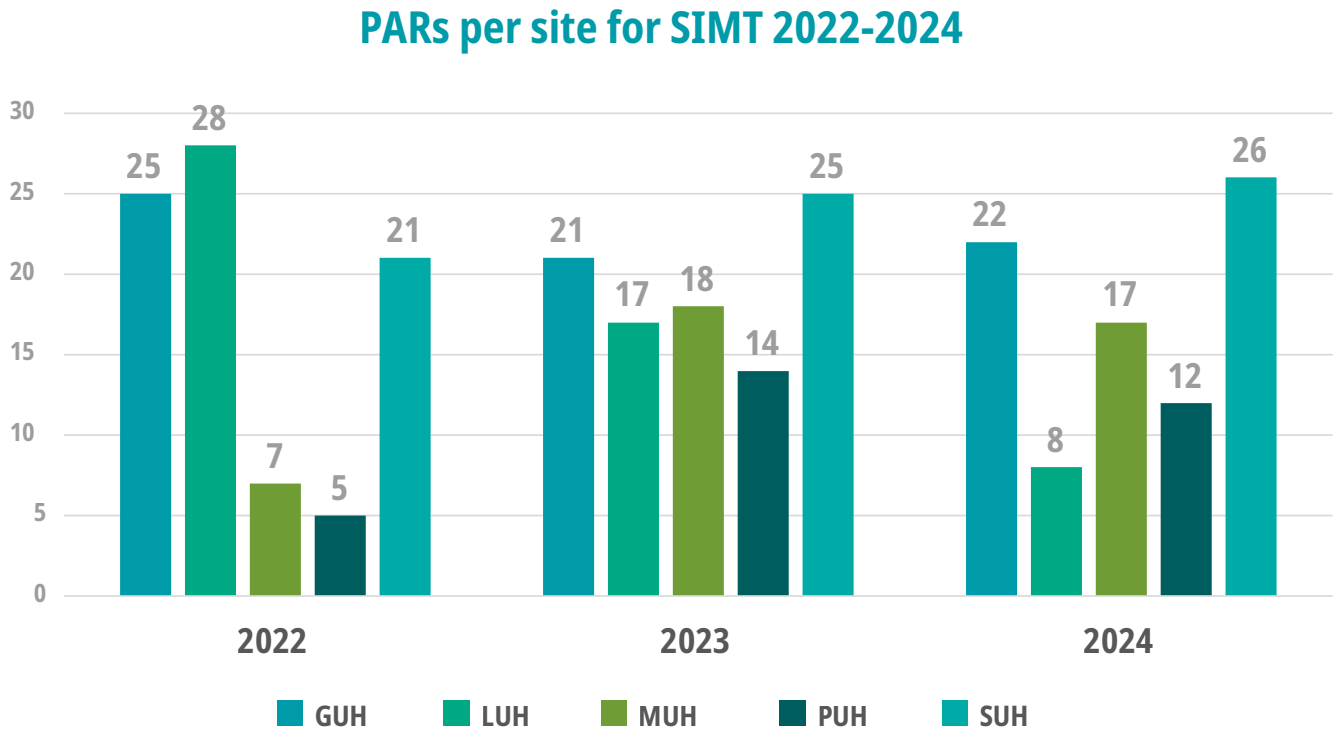
HSE West North West W&C Network continues to engage with the Obstetric Event Support Team (OEST) as appropriate. Nine (9) of the above SREs were babies that showed signs of neonatal hypoxic-ischaemic encephalopathy (HIE) and underwent whole body therapeutic hypothermia (TH).

7.3 Pre-SIMT (Serious Incident Management Team) & SIMT

Below are diagrams illustrating the number of Preliminary Assessment Reviews (PARs) that were discussed at W&C Pre-SIMT and the number that were escalated to W&C SIMT in 2024;



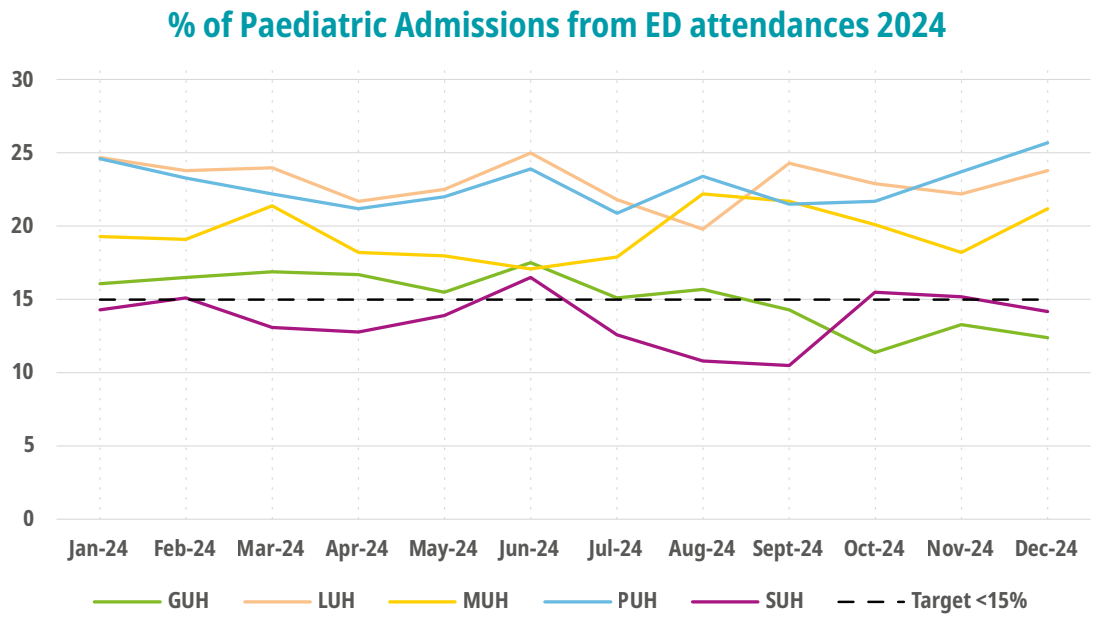
A total of 148 PARs were presented and discussed at W&C Pre-SIMT in 2024.



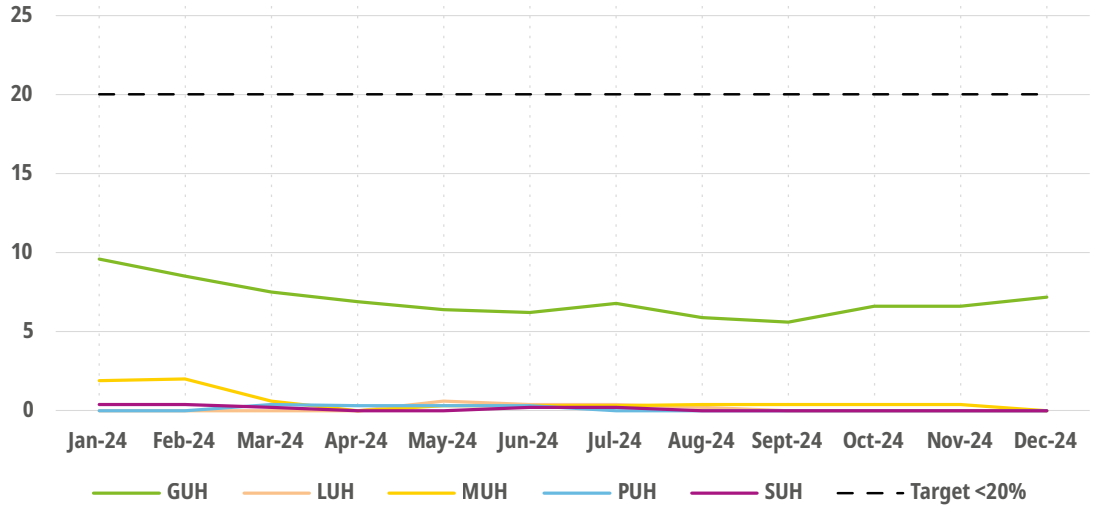
A total of 85 PARs were presented and discussed at W&C SIMT in 2024.

7.4 Key Performance Indicator's (KPI's) 2024

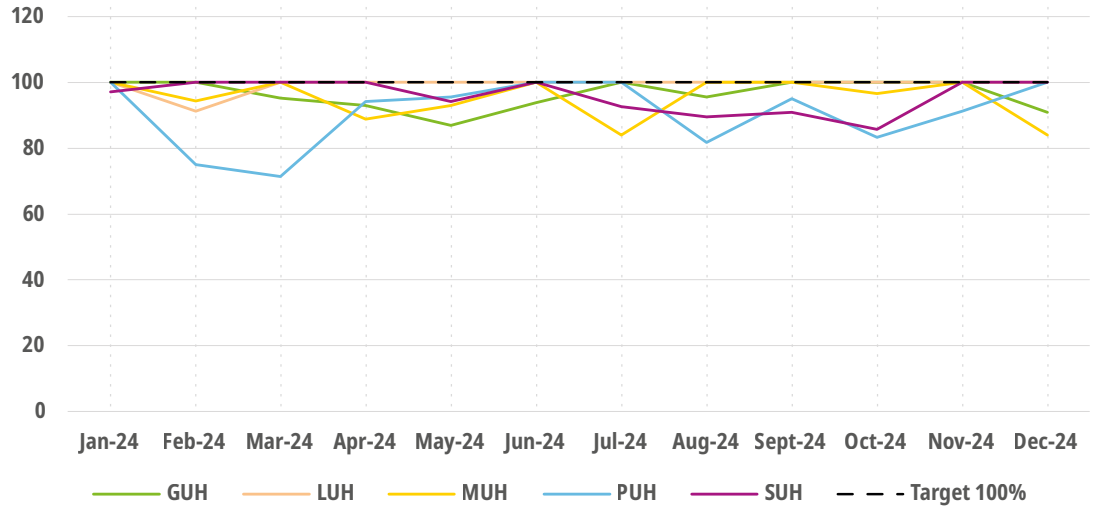
Quality and Patient Safety	% of serious incidents being notified within 24 hours of occurrence to the State Claims Agency.
Quality and Patient Safety	% of Serious Reportable Events which require review completed within 125 calendar days of incident occurrence.
Maternity	% of women receiving one-to-one midwifery care throughout labour and delivery.
Maternity	% of Shifts on Labour ward where a CMM2/CMM3 is in charge / coordinating the shift .
Maternity	% of Women receiving antenatal care via a supported model of midwifery care.
Maternity	% of Category 1 caesarean sections for fetal distress or maternal emergency in which the decision to delivery interval is within 30 mintues.
Maternity	% of Caesarean sections per total mothers delivered.
Gynaecology	% of ADULT women waiting > 15 months for inpatient and daycase treatment.
Gynaecology	% of ADULT women waiting > 12 months for an outpatient appointment.
Gynaecology	All gynaecological oncology patients should have their surgery within 6 weeks of the clinician's decision to operate.
Gynaecology	% of High Grade Colposcopy patients seen within 4 weeks of referral.
Gynaecology	% of Low Grade Colposcopy patients seen within 8 weeks of referral.
Paediatrics	% of children with Type 1 DM receive insulin via CSII.
Paediatrics	% of children waiting > 12 months for an outpatient appointment.
Neonatology	% of babies arriving into NICU/SCBU with a temperature of <36.5 degrees celsius
Paediatrics	% of infants with risk factor for DDH and negative clinical exam have USS between 4 weeks +0 and 6 weeks +6 (adjusted for prematurity)
SATU	% of patients (>14years) seen by a forensic clinical examiner within 3 hours of a request to a SATU for a forensic clinical examination.
Paediatrics	% of Children meeting a target HBAIC of <7.5%
Paediatrics	% of Paediatric Admissions from ED attendances
Gynaecology	% of PMB Patients who are seen in OPD or Amb Gynae within 4 weeks (28 days) of referral
Gynaecology	% of PMB Patients who have histological confirmation within 12 weeks (84 days) of referral
Paediatrics	% of children waiting > 12 months for an outpatient appointment in other specialities



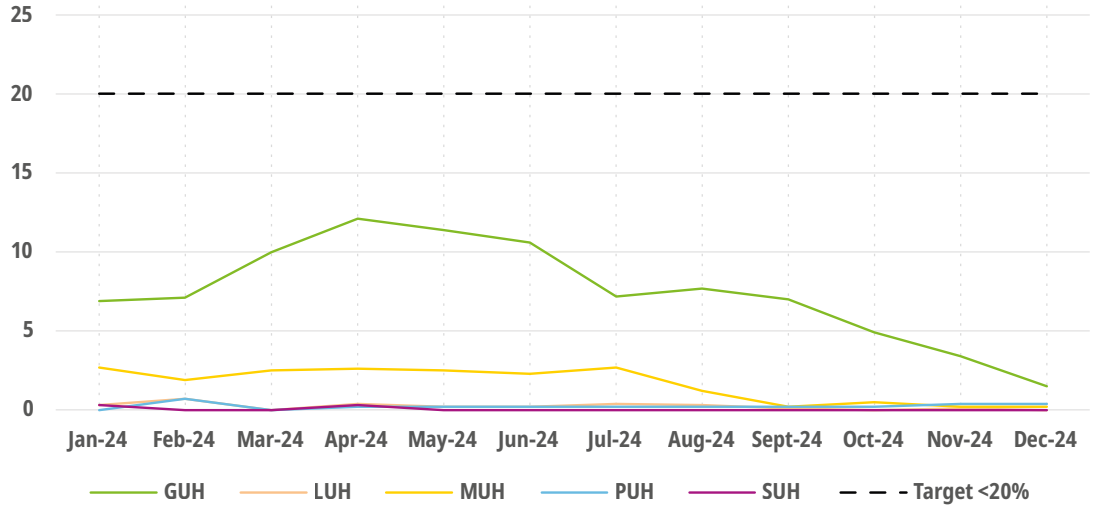
% of children waiting > 12 months for an outpatient appointment 2024



% of PMB Patients who have histological confirmation within 12 weeks (84 days) of referral 2024



% of ADULT women waiting > 12 months for an outpatient appointment 2024



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FSS an Iarthair agus an Iarthuaiscirt
HSE West and North West

Review of Paediatric Outpatient Service Processes, Pathways, Demand & Capacity

To inform recommendations for improvement in service efficiency & delivery of best possible care

Commissioned by Women's & Children's (W&C)
Managed Clinical & Academic Network (MCAN)

Project Sponsor:
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Contents

1. Executive Summary

Paediatric outpatient services and specialist services are provided to a population of almost 159,140 children and young people across the West and North West of Ireland (counties Galway, Mayo, Roscommon, Sligo, Donegal, and adjoining counties).

This report presents a review of the operational delivery of Scheduled Care, specifically, Paediatric Outpatient Services with a review of processes, pathways, demand and capacity where paediatric outpatient services take place. Hospital sites included in the review include Galway University Hospitals, Letterkenny University Hospital, Mayo University Hospital, Portiuncula University Hospital and Sligo University Hospital.

Referrals for outpatient appointments continue to rise, and this relates to several factors including population shift, change in parental attitudes and expectations and the changing paradigm of medical care delivery.

This review seeks to critically examine the processes in place across each of the hospital sites, identifying good practice and areas for improvement, to inform recommendations for improvement in quality, efficiency and safety across the site including managing the challenge of hospital waiting times, thereby ensuring that patients have more timely access to high-quality scheduled care.

Challenges to service provision, some unique to sites and some common to all, were identified in managing the demand for scheduled care. These challenges come against a backdrop of increasing demand for healthcare services nationally as a result of growing population, lack of capacity & infrastructural challenges to meet demand and impact on the long waiting times for scheduled care.

Considerable variability in processes and pathways were found to be in existence across a range of paediatric activity including onsite, outreach and specialist clinics. Valuable insights and learnings were gained through collaborative engagement with key stakeholders on sites. Successive site visits provided a valuable opportunity for sharing these learnings and evidence of good practice proved an efficient way of bringing recommendation for change for good, in a dynamic way, to sites and adopting these practices as 'quick wins' for service improvement as review progressed.

While this review has identified areas for improvement and serves to inform a clear set of recommendations for improvement in service quality and efficiency, it has also emphasised the efficiency that can be built through team work, consistent effort and approach.

Examples of good practice and teamwork were evident throughout. Staff across all sites demonstrate a continuous commitment to the development and delivery of a safe quality healthcare service to children and young people in the region.

This review presents key findings and recommendations for consideration by each Hospital Management Team.

A number of improvements have taken place at Hospital Group oversight level, in the interim period since this review was completed, including targeted fortnightly scheduled care meetings to address 'long waiters' on Outpatient Department (OPD) & Inpatient & Day Case (IPDC) Waiting List (WL), phased introduction of 2 Way Texting, as well as other planned advances to support scheduled care service save also seen improvements in waiting times.

The review found increasing referral rates (up 67.4% from 2021-2024), with contributory factors including population growth, socioeconomic factors and evolving parental expectations.

Despite this pressure, notable reductions in outpatient waiting lists have been achieved, with a 22.4% reduction overall from March 2023 to May 2025 (4,347 to 3,373 patients).

2. Context & Background

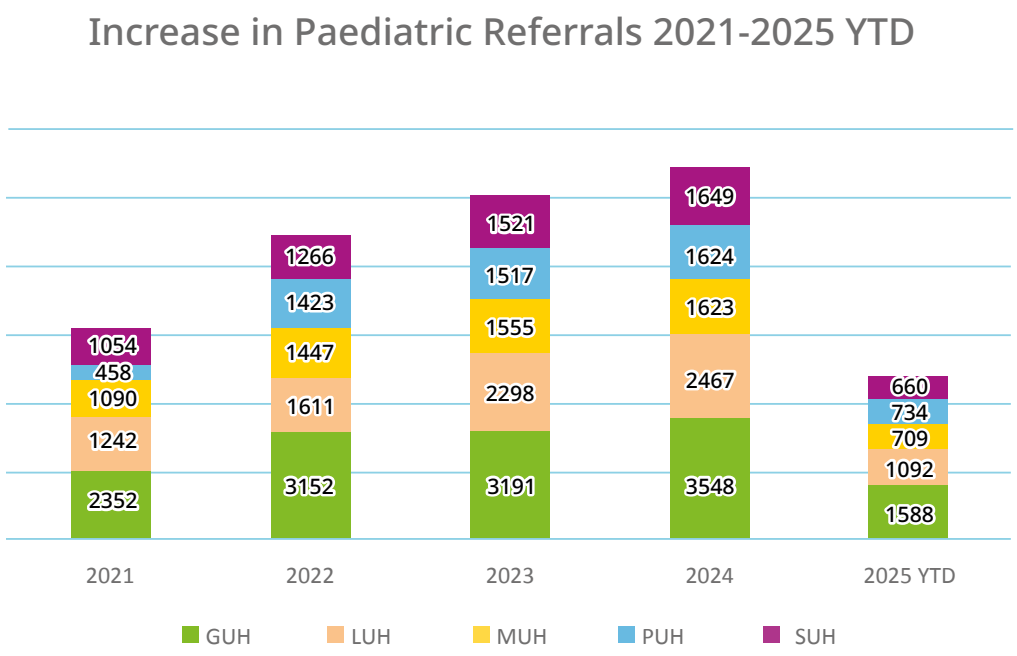
Variability in processes and pathways as they relate to paediatric outpatient services exist across the region.

This is on a background of increasing population and increasing demand on our health services.

It is also acknowledged that as a network, there should be standardisation and sharing of learnings, and the efficiency and quality of the service provided should reflect that accordingly in activity and waiting times.

This provided the drive to complete a review of paediatric outpatient service processes across the West and North West Hospital sites who provided Paediatric Outpatient Services.

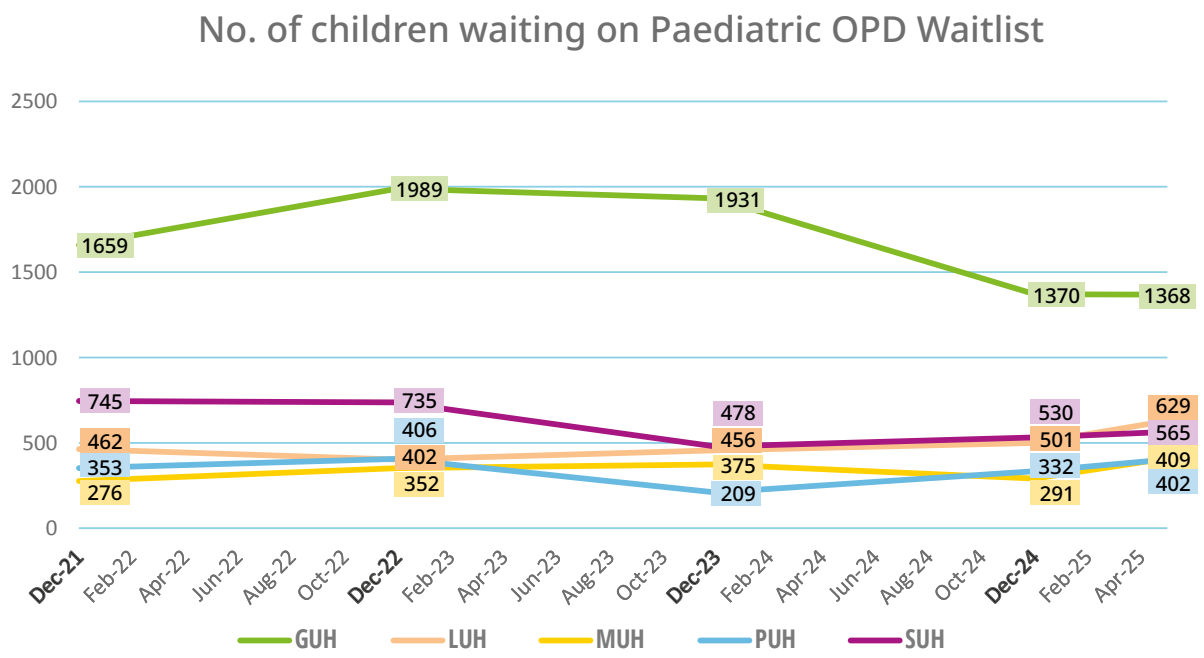
% Increase in Paediatric Referrals 2021-2024					
Site	**2021**	**2022**	**2023**	**2024**	**% Increase 2021-2024**
GUH	2,352	3,152	3,191	3,548	50.9%
LUH	1,242	1,611	2,298	2,467	98.6%
MUH	1,090	1,447	1,555	1,623	48.9%
PUH	458	1,423	1,517	1,624	254.6%
SUH	1,054	1,266	1,521	1,649	56.5%
Total	6,196	8,899	10,082	10,911	76.0%



Challenges to service provision identified:

- Increasing referral rates The COVID-19 pandemic significantly impacted healthcare referrals, leading to a surge in certain areas, and ultimately contributing to increased waiting lists.
- Mismatches between demand and capacity: Competing demand for clinic space has outstripped capacity.
- Infrastructure: Inadequate infrastructure and unsuitable facilities including consultation room, waiting areas, toilet facilities.
- Limited resources: Administration, nursing, medical, HSCP.
- Information technology: Inadequate/Inconsistent IT supports in place across all sites such as dictation software, 2 way text reminder service, Electronic Health Record, etc.
- GP service: Capacity constraints in primary care such as GP services.

The following table shows the variation in the Paediatric OPD Waitlist numbers from 2021 to 2025 YTD



3. Aims

To identify good practice and areas for improvement, to inform recommendations for improvement in quality, efficiency and safety across the site including managing the challenge of hospital waiting times, thereby ensuring that patients have more timely access to high- quality scheduled care.

The aim is to be aligned to the following key Health Service Executive (HSE) policies to provide the reference framework for outpatient service provision and waiting times:

- 2023 Waiting List Action Plan
- National Outpatient Waiting List Management Protocol 2022
- Strategy for the Design of Integrated Outpatient Services 2016-2020
- Sláintecare Action Plan
- Saolta Strategy 2019 – 2024
- Paediatric Model of Care

Overall aims of the review:

- Reduce Paediatric outpatient waiting times across the 5 sites with the aim of achieving the Sláintecare reductions in waiting times (OPD < 10 weeks)
- Map "As Is" process on each site to identify good practice and process efficiencies
- Identify gaps in safety and efficiency
- Standardise processes and pathways across the Hospitals, as appropriate e.g. triage, clinic templates, etc
- Produce recommendations for improvement in efficiency of outpatient service processes

Included in the scope of the review:

- Paediatric outpatient clinics (on site and out-reach outpatient clinics)
- Review of demand, activity and capacity
- Staff / resources to support outpatient services
- Physical environments for paediatric outpatient services

Excluded from the scope of the review:

- Inpatient and Day Case (IPDC) paediatric services
- Paediatric ED attendances and pathways
- Processes and pathway relating to children's outpatient services managed by other MCANs.

4. Method

W&C MCAN issued correspondence to site General Managers for the purpose of communication around the project, potential benefits & build positive rapport from the outset to encourage participation and engagement. Engagement meetings were held on site with key stakeholders and wide hospital enablers inclusive of Director of Nursing, Asst. Director of Nursing, Clinical Nurse Manager (CNM), Staff Nurse, Scheduled care management Teams, Consultants, and General Managers.

A short presentation of the aim and objectives of the project was presented. The slide presentation was modified with successive site visits incorporating any learnings and good practice acquired from previous site visits. This practice provided a platform for discussion and learning and the opportunity in real time for sites to consider adopting efficiencies on their own sites.

This proved successful, as much change for good was observed to happen dynamically as the visits progressed.

A process mapping exercise was applied to gain understanding of the current status on OPD Processes. The patient journey was mapped from receipt of referral to scheduled appointment outcome.

A template of questions relating to key points of the outpatient process was devised and populated from information gathered. The questions related to the following elements of OPD Processes:

- Pre assessment – 'One stop shop'
- Rapid Access Clinics per consultant
- Virtual clinics activity
- Conversion of Did Not Attend (DNA)'s to virtual appointments
- Clinic patients needing phlebotomy
- Generic wait lists
- Letter templates / co signing
- Clinic pre review
- Generic waitlist for general paediatrics
- Active triage and collaborative MDT approach
- Standardise clinic templates
- Extended day clinics
- Scope of Advanced Nurse Practitioner (ANP/ candidate ANP)
- Standard GP referral-return letters
- Last minute 'up to date' clinic list to identify capacity
- GP Hotline
- Nurse Educator role

PUH was approached first, it was agreed that there may be examples of efficiencies and learning from the processes in place with the potential to set standards across the Hospital Group. This unit had led the way, through the completion of a QIP in relation to paediatric OPD services in 2021 and had been identified as having the shortest outpatient waiting lists for paediatrics in the region.

5. Findings

This section sets out the key findings across the 5 paediatric units for managing paediatric scheduled care.

It identifies examples of good practice that are cost neutral and can be adopted easily across hospital sites to improve care delivery and efficiency.

A collective review of processes, pathways, demand and capacity informed where improvement in service efficiency can be made to deliver the best possible care outcome (See Appendix 1).

Triage Process

Triage Process	PUH	SUH	GUH	MUH	LUH
Active Triage	Y	Y	N	N	N
Clerical administration support for triage meeting	Y	Y	N	N	N
Refusal letters copied to parent	N	N	N	N	N
Refusal letters to GP-standardised letter	N	Y	N	N	N
'Cut off' age for acceptance of new referrals (years)	15 Years	15 Years	16 Years	15 Years	16 Years

Active Triage:

This is the timely multidisciplinary management approach to referrals, with participation in scheduled meetings by consultants, nursing and administration staff with robust process for management of referrals.

There is marked variability in the management of referrals across sites.

At the time, only PUH has a weekly active triage meeting, with multidisciplinary attendance including scheduled care lead, consultants, CNM2 for paediatric OPD, cANP and supported by clerical administration. At PUH, a robust process was found to be in place with referrals discussed and distribution agreed. Decision to return referrals is supported by written correspondence explaining reason for return and giving appropriate clinical guidance which may include recommendation for 'clinical work up' to be completed or 'further clinical information required' to support a re-referral. CNM2 liaises with the referrer to get more information or to advise on e.g. blood tests that can be completed prior to appointment and available at appointment to improve efficiency and quality of care.

A variation on the PUH model was in place in SUH, with initial triage being completed once weekly by one consultant. Referrals were distributed evenly to each consultant and decision influenced by specialty interest. A triage meeting attended by all consultants, CNS respiratory and paediatric physiotherapist took place bi-weekly where the distribution of the remaining referrals was decided.

Adherence to national policy for full triage process to be completed within 5 working days is in place on sites PUH and MUH.

Clerical administration support for triage meeting:

In place in 2 sites, SUH and PUH, at the time of review. Supports efficiency, as information on updated status of referral is inputted in real time. Clerical support access to information on episodes of care to date to support appropriate triage decision. 'Pop up' accounts for radiology can be created at time of triage, such that imaging request can be actioned and report available for clinic visit.

Refusal letters copied to parent:

On all sites, the understanding is that parent liaise with GP. No refusal letters copied to GP.

Refusal letters to GP-standard template:

SUH has in place a system where referrals returned to referral source, usually GP, are in template form with clear information regarding reason for refusal, with clinical guidance/current guidelines for common childhood complaints appended in the relevant context.

'Cut off' age for acceptance of new referrals:

A variability in individual cut-off age for acceptance of paediatric referrals as children approached their 16th birthday was noted.

Non acceptance of referrals beyond 15th birthday may result in children experiencing unacceptably long wait times for a new patient appointment in the adult service, as time to first appointment in an adult service tends in general to be considerably longer.

The lack of a structured agreed transition process for children in place across all specialties, for children approaching 16 years is a likely contributor.

The national model of care for paediatrics references 16th birthday as the age limit for paediatric service provision, beyond which young people should be cared for through adult services.

This implies that outpatient appointments should be offered commensurate with the age limit referenced.

Validation Process

Validation Process	PUH	SUH	GUH	MUH	LUH
Clinical validation of long waiters > 12 wk	Y	Y	N	Y	N
Clerical validation of long waiters > 12 wk	Y	Y	Y	Y	Y

Clinical validation of long waiters:

Variation in how often clinical validation is carried out varied across the sites.

MUH confirmed a process in place for regular clinical validation of long waiters for first appointment. Scheduled care manager for the site presents data, bi-monthly, at Directorate meetings. The numbers of referrals breaching the national KPI for waiting time to new patient paediatric appointments are highlighted through and individual consultants contacted directly to clinically validate the referrals.

Clerical validation of long waiters:

In place on all sites, as per national standard (National Outpatient Waiting List Management Protocol 2022 ref).

Generic general paediatrics wait list

Generic general paediatric wait list	PUH	SUH	GUH	MUH	LUH
Generic general paediatric wait list	Y	N	N	Y	N
cANP caseload	Y	N	N	N	N
Gen Paeds cANP in post	Y	Y	N	N	Y
Pre assessment '1 stop shop'	Y	N	N	N	N

Generic general paediatrics wait list:

PUH and MUH have generic general paediatric waitlist process in place, resulting in equal distribution of general paediatric referrals.

In 3 sites at the time of service review, paediatric referrals were allocated to the consultant named on the referral letter, resulting in uneven distribution of referrals with consequent impact on waiting times and burden of work for individual consultants with whom referring GPs may be familiar with, and skewing of the number of referrals to individual consultants.

cANP caseload:

PUH has in place cANP clinics, with cANP working alongside consultants for supervision and governance purposes.

Pre assessment '1 stop shop':

In place in PUH. Where pre assessment with imaging procedure is indicated, management administration staff will telephone radiology and request a 'pop up' account for a patient. Imaging can then be requested pre-emptively to be completed and report available in advance of clinic appointments to facilitate efficiency and better-quality consultation. This practice also reduces the likelihood of further unnecessary review appointments being required.

OPD Policy

OPD Policy	PUH	SUH	GUH	MUH	LUH
Adherence to National Did Not Attend policy	Y	N	N	N	N
Automatic reschedule if Can Not Attend	Y	Y	Y	Y	Y
DNA discharge letter copied to parent	Y	N	Y	N	Y
Two-way SMS text message reminder	N	N	N	N	N
Voice activated dictation	N	N	Y	N	N

Adherence to National DNA Policy:

It was noted there is non-adherence to the National DNA Policy, except in PUH, where it was more commonly applied than on other sites, however there is some flexibility around offering another appointment to non-attenders. Custom and practice on other sites ranged from automatic rescheduling of appointments for all first time DNAs to an individualised approach to each case considering a number of factors including referral reason, presumed social demographics and other potentially mitigating information contained in referral letter.

Automatic reschedule if Can Not Attend (CNA):

All sites confirmed that children whose parents / guardian indicated in advance of appointment CNA were offered a further appointment, on request from parent. This is in place on all sites and does not involve clinician decision.

DNA discharge letter copied to parent:

All referrers receive notification of patient non-attendance and intention to discharge. On SUH and MUH sites, only the referring professional receives correspondence where in the majority of sites the parent or guardian also receives the same correspondence for the purposes of clear shared communication.

Two-way SMS text message reminder:

Not in place at time of review.

Voice activated dictation:

In place for GUH only at time of review.

Clinic Standard Operating Procedure

Clinic patients	PUH	SUH	GUH	MUH	LUH
Clinic cap/block	Y	Y	N	N	Y
Pre review clinic charts	N	Y	N	Y	N
Clinic staffing plan	Y	Y	Y	Y	Y
Consultant reviews each patient	Y	Y	N	Y	Y
Clinic letters					
Clinic template	N	Y	N	Y	N
Co-signing of letters	N	Y	N	Y	N
Phlebotomy service support	Y	Y	Y	N	N

Clinic cap/block:

Administrational governance concerning booking and overbooking of clinics was not clear on 2 (GUH & MUH), as clinics not 'blocked' when the clinic is at capacity. Ability to book patients into a clinic was not restricted to key staff.

On other sites, clinics are 'capped' or blocked once the template is at capacity.

A process is in place in PUH, where free clinic slots, arising from CNA phone calls from parents at short notice are identified, on the last working day of the week preceding a weeks' clinics and are reallocated through the offer of short notice cancellation appointments to children on the waiting lists.

Inability to adopt this practice on other sites is attributable to limited staffing resources.

Pre review clinic charts:

Where this is in place, it is not uniform. It is the individual practice of some consultants to pre review their clinics, prior to going on leave. Annotations are made in some patient charts indicating the plan to be followed, including whether to reappoint or discharge if DNA. This is helpful to locum doctors covering clinic who may not be familiar with patients or practice approach, and it helps to mitigate against a spike in unnecessary review appointments being offered.

Clinic staffing plan:

All clinics are staffed by a consultant and by at least one registrar.

Consultant reviews each patient: Who sees patients:

Most sites have moved towards a model where the consultant reviews each child, even briefly. This change in practice on the majority of sites is attributed to a combination of a shift in parental expectation and also the recognised increased need to supervise the increasing number of less experienced NCHDs in our hospitals partly due to recruitment challenges.

Clinic letter template:

SUH and MUH have a standardised clinic template in place for OPD clinics.

Co-signing letters:

Clinic letters are co-signed by NCHD and Consultant in SUH and MUH. This allows for quality assurance checking of clinic letters. Consultants may use the opportunity of reviewing the letter to prompt the NCHD to check any test results and action them, prior to sending letters out.

Clinic phlebotomy:

In PUH, phlebotomy requirement at clinic is completed same day, with child directed either to the day ward under 5y or to 'adult' phlebotomy service if >5y.

In SUH, the same process is in place, but the age cut off for adult service versus day ward is 7y.

In GUH, there is nurse led phlebotomy at clinics with day ward appointment as an alternative.

In MUH, phlebotomy is performed at the clinic and by the NCHD or consultant. There is no nurse led phlebotomy. This leads to inevitable delays to patient flow.

In LUH, at the time of review there was no capacity for same day phlebotomy with all children being booked into the day ward, necessitating a separate and additional appointment.

Clinic Structure:

Clinic structure	PUH	SUH	GUH	MUH	LUH
Transition clinics	N	N	Y	N	N
Rapid Access clinics	Y	N	N	N	N
Virtual clinic	Y	N	N	N	N
Waiting List initiative clinics	N	Y	N	N	N
General Practitioner GP 'Hotline' clinics	Y	Y	N	N	N

Transition clinics:

There are transition clinics in GUH for young people with diabetes co-facilitated by the paediatric endocrinologist and the adult diabetes team. At time of review, no other transition clinics were in operation on the other 4 sites.

Rapid Access clinics:

PUH has 3 structured rapid access clinics per month, facilitated by several consultants. These clinics facilitate referral triaged as 'urgent' and the 'low hanging fruit' (those referrals with a unisystem complaint) and identified as likely to require one off appointment, seen quickly and then discharged. The proactive practice is a 'quick win' as these children are seen quickly and do not contribute to long wait lists at the expense of those triaged as 'soon' or 'routine'.

All other sites have a process to accommodate urgent referrals, these include the use of 'urgent slots' on clinic templates kept free for last minute referrals, and the use of the day or ambulatory care unit for rapid access appointments.

Virtual clinics:

The review found that PUH has structured consultant delivered virtual clinics, 1 per month each, 10 patients per clinic. All appointments are reviews. All other sites have reverted fully to face to face appointments and have stopped structured virtual clinics activity. Some DNA appointments are converted to virtual in the event of non-attendance, an attempt is made to make phone contact in place of their scheduled appointment. This is in place but is individual practice only on two sites, SUH & GUH.

Waiting List initiative clinics:

SUH and MUH had initiated this activity.

General Practitioner (GP) 'Hot line' clinics:

PUH and SUH have a GP 'hot line' with designated phone and standard operating procedure. This was in place in MUH but has stopped. While GP feedback about the availability of this service is consistently positive, the volume of calls is reportedly low across sites where it is in place or has been previously.

Resources:

Resources	PUH	SUH	GUH	MUH	LUH
Designated paediatric space	Y	Y	Y	Y	Y
Capacity	N	N	N	Y	N
CNM2 paediatric OPD	Y	N	Y	N	Y
Play Specialist OPD	N	N	N	N	N
Clinical Psychology support	N	N	N	N	N

Designated paediatric space:

All sites have designated paediatric OPD space. All sites, other than LUH outpatient waiting area have audio visual separation. In LUH, the space allocated to paediatric outpatient activity including waiting area is insufficient as it is an offsite facility, with 2 paediatric assessment rooms and no adult child separation in the waiting area. The current available area limits the capacity to provide a service and is contributing to long waiting times particularly for review patients. The waiting area in PUH and GUH is inadequate and disproportionately small in relation to the numbers of parents and children in attendance at an average sized outpatient clinic.

Capacity:

MUH has a designated paediatric outpatient space with an adequate waiting area and number of outpatients

rooms and has capacity to accommodate some additional clinics.

CNM2 paediatric OPD:

The availability of a CNM2 for paediatric outpatient services on sites is viewed very positively. This staff member plays a key role in the overall efficient running of the service and contributes to the quality of the service delivered through other activities. These include active participation in the triage process, as well as taking on a nurse educator role opportunistically and where possible at clinics.

Play Specialist OPD:

There is no capacity to provide the services of a play specialist at paediatric outpatient clinics on any site. This is regarded as a real identified need, for children of all ages but is an identified priority need for children with additional needs who are anxious about hospital visits and may have procedure anxiety or needle phobia. The model of care recommends 1 Whole Time Equivalent per model 3 site and all sites across the region are under resourced in this regard.

Clinical Psychology support:

Children attending diabetes clinics have access to clinical psychology, albeit limited and only for that cohort.

6. Key Learning Themes

Governance

Where there is a multidisciplinary and collaborative model to manage outpatient referrals, there is strong and clear governance over the process. On PUH site, there is a weekly scheduled triage meeting, attended by a quorum of consultant paediatricians, CNM2 for paediatric OPD, cANP for general paediatrics, scheduled care manager and management administration support. Referrals are processed and triaged in a timely manner, decisions are collaborative and actioned expediently. There is strong governance of the management of scheduled care, with only specific staff facilitating changes to clinics appointments and templates, and optimisation of use of appointments slots made available from late cancellations.

Where this model does not exist, and there is a more individualised approach to the management of referrals, there are inevitable delays to triage and an overall inconsistent and inefficient process.

Agreed Processes & Standard Operating Procedures (SOP's)

A standard approach to management of referrals including returned referrals and clinic DNAs is an essential component of the efficient management of the outpatient service. The use of standardised letter templates for use for returned referrals to GPs is evidence of good practice. Information specific to referral received and reason for return to sender including suggestion for redirection to more appropriate service (eg Primary Care services, CAMHS, CDNT) or investigations to be completed and results to support referral may be included in correspondence. Equally, normal tests results may reassure referring clinician and re referral may then not occur. Clinical guidance including evidence based guidance for the management of childhood conditions commonly and inappropriately referred and which can usually be managed at primary care level eg first uncomplicated UTI or simple constipation, nonspecific abdominal pain, may be appended as appropriate.

The process whereby capacity in clinics are reviewed some days prior to the scheduled clinic and patients on the waiting list are offered appointment slots made available through late cancellation, ensures that clinics are consistently and maximally filled. This is active wait list management and clinic attendance rates are also optimised by this practice.

The use of clinic letter templates in place on SUH and MUH addresses an organisational need for a clear, consistent and high standard of communication with our GP colleagues. Feedback from management/ administration staff is positive, highlighting the contribution to efficiency.

While a combination of several factors influence the quality of outpatient service provision, adequate management and clerical administration support from the beginning of the process is pivotal for safety, efficiency and success.

Co-signing of clinic letters is in place in SUH and MUH and helps to quality assure the communication with referring healthcare provider. Discussion between consultant and NCHD is an opportunity for mentorship of trainees in relation to the importance of communication and expected standards and this promotes good practice.

In relation to referrals categorised as 'general paediatric' and on PUH and MUH sites, information about the previous episodes of care including lead consultant for that episode and time since last appointment usefully inform allocation of referrals. The distribution of general paediatrics referrals on those sites also takes into account and factors in individual consultant's specialty clinics commitments and their waiting times for first appointment and workload. The practice of automatic allocation of general paediatric referrals to consultant named on referral letter or without factoring in the individual waiting times or specialty clinics commitments for consultants was the described practice in place on a number of sites at the time of review.

Communication

Examples of good teamwork and communication include the 'active triage' meetings model in place in PUH, the GP 'hot line' in place on sites, standardised letters to GPs as well as inclusion of service user in correspondence to GP when decision to discharge patient following non- attendance.

Quality of Data/Activity

On sites where data relating to episodes of care is immediately available at triage, this informs the appropriate triage decision, eg if is identified as already active on consultant clinic list, then there can be safe removal of the patient from the waiting list if a referral is identified as a duplicate.

On sites where there is a robust process for sharing outpatient wait list data with departmental leads or with individual clinicians, this practice is seen to promote more regular clinical validation of longest waiters and more ownership by individuals and wait list initiative 'blitz' clinics.

Continuous monitoring of trends in activity and KPIs compliance data at local level and sharing current up to date scheduled care data with all key stakeholders on site promotes proactive waitlist management.

Education & Training

Knowledge and awareness among clinicians of the key points of the national outpatient strategy policies and procedures including triage, management of DNA, new to review ratios, KPIs and Slaintecare targets was noted to be variable.

The numbers of outpatient referrals is increasing year on year, and there is variable capacity across sites to meet this increase in demand. Contributors to this increase in demand include population demographics, a change in parental expectations influencing the number of GP referrals. All sites cited the challenge of so called 'soft' referrals, meaning either unnecessary referral reasons or poor quality referrals. Shared education meetings with our GP colleagues are in place on all sites, but these are sporadic.

There is a need for more collaboration with our GP colleagues including through structured meetings for communication purposes and as a shared education platform. The best way forward may be for this to be a regional initiative and rotated by the hospitals with invited speakers/guests to present on specific topics relevant to paediatrics focused on common referral reasons, and updates on specialty topics such as diabetes, cardiology, etc.

Access

PUH has a schedule of rapid access clinics, ensuring timely access for urgent referrals. This practice is proven to reduce unnecessary presentations to our Emergency departments by worried parent / guardian and also the burden of out of hours calls to GP services. The utilisation of these clinics as a method of seeing those referrals agreed at triage as simple, unisystem complaints anticipated to need just one appointment is an example of pro-active wait list management. SUH and LUH reserve clinic slots on every clinic as a rapid access pathway for urgent referrals. Rapid access appointments on GUH and MUH sites are facilitated on the day ward or ambulatory unit. Arguably, this last process represents unplanned, unanticipated activity.

There is a dedicated phone for GPs to phone in and access either registrar on call or consultant on call on sites PUH, SUH and LUH. The feedback from GPs about this service is positive. Audit of the service by PUH reports that this service resulted in 30% of children not requiring a hospital appointment at all by consensus agreement with GP as a result of phone facility and this is positive in the context of outpatient waitlists. While all sites reported that the feedback from GPs is positive, utilisation of the facility is, however, surprisingly low.

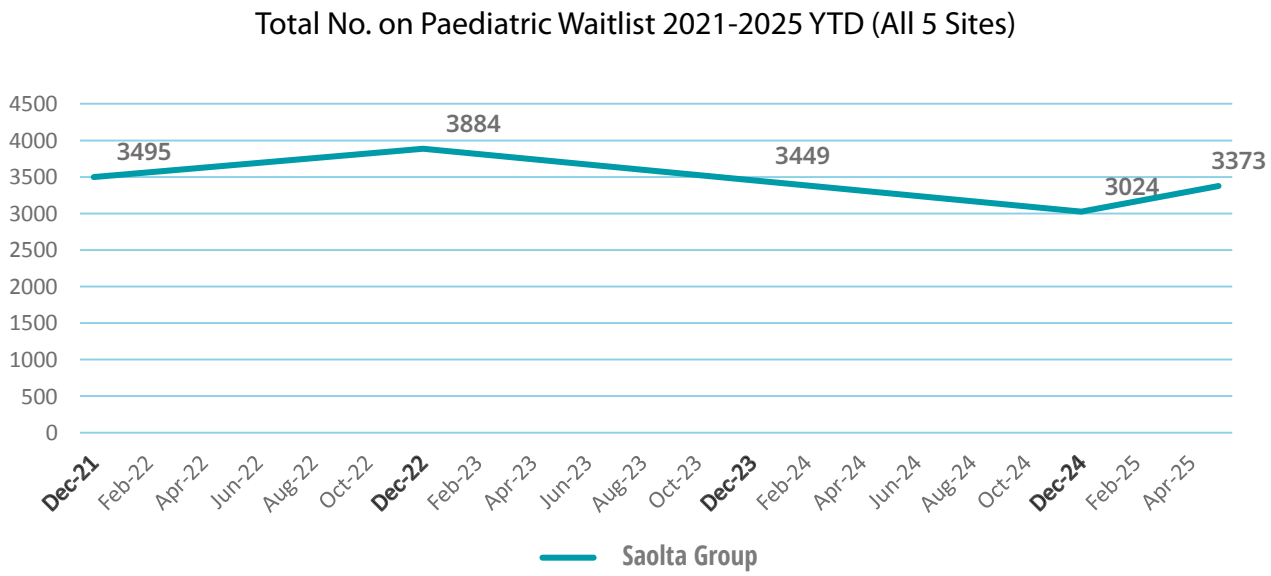
Virtual clinics in place in PUH and the practice of converting some DNA appointments into virtual appointments in GUH provide an alternative to traditional face to face appointments for access to care for service user and Health Care Provider. Virtual activity replacing some attendance may mitigate the challenge on sites where demand for clinics space has outstripped capacity to provide the service contributed by the inability to keep up with new clinics needed for additional consultant appointments and ANPs, and the upward trend of outpatient referrals year on year.

7. Improvements in Waiting Times

The table below illustrates a 22.4% reduction in paediatric outpatient waiters from 4,347 to 3,373 from the commencement of the site visits in April 2023 to May 2025 YTD.

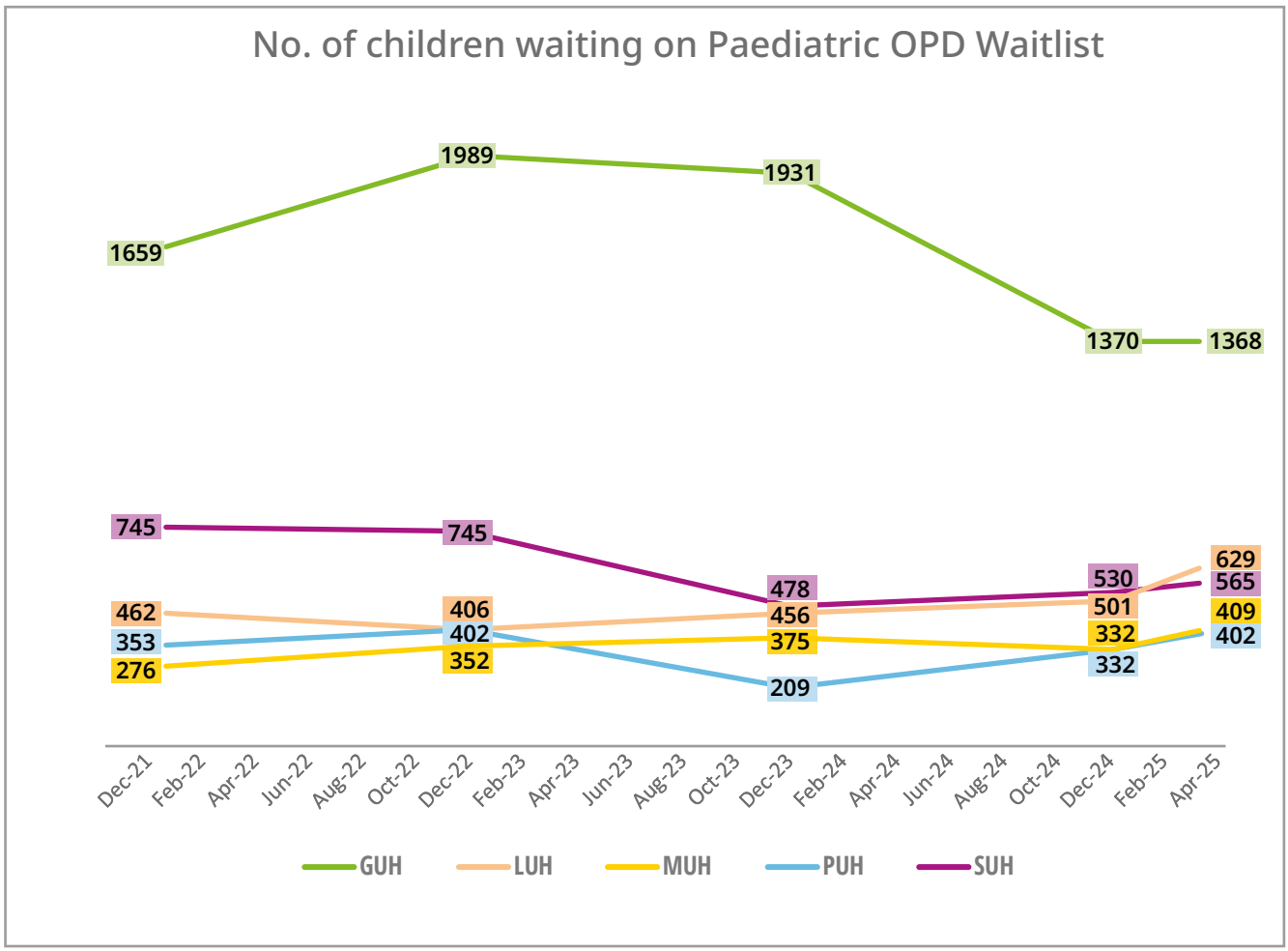
Hospital Site	Mar 2023 Total No. on OPD Waitlist	May 2025 Total No. on Waitlist	% +/- Mar 23–May 25
GUH	2172	1368	-37.0%
LUH	571	629	+9.2%
MUH	399	409	+2.4%
PUH	406	402	-1.0%
SUH	799	565	-29.3%
Total	4347	3373	-22.4%

A number of factors have influenced this positive trend, and these included the commencement of the Slaintecare general paediatrics pilot project in network 5, Galway city in January 2024 and off site OPD accommodation for GUH coming on stream. Additional consultant appointments on 2 sites also resulted in commencement of additional outpatient activity. This review exercise also had an immediate and sustained positive impact as efficiencies and good practices learned through engagements on sites were shared on successive sites visits. New ideas were adopted in real time, influencing immediate changes and improvements.



The table below displays the improvement per site for length of wait time for children on the Paediatric OPD Wait list.

Site	Longest Waiter March 2023	Longest Waiter May-2025
GUH	48+ Months (1)	24-36 Months (1)
LUH	15-18 Months (1)	21-24 Months (1)
MUH	18-21 Months (2)	6-9 Months (9)
PUH	6-9 Months (4)	3-6 Months (75)
SUH	21-24 Months (2)	12-15 Months (2)



Site	0-3 Months	3-6 Months	6-9 Months	9-12 Months	12-15 Months	15-18 Months	18-21 Months	21-24 Months	24-36 Months	36-48 Months	48+ Months	Total
GUH Mar 2023	576	535	353	288	216	121	58	15	8	1	1	2172
GUH May 2025	849	270	186	56	3	3			1			1368

Site	0-3 Months	3-6 Months	6-9 Months	9-12 Months	12-15 Months	15-18 Months	18-21 Months	21-24 Months	24-36 Months	36-48 Months	48+ Months	Total
LUH Mar 2023	506	50	10	3	1	1	1					571
LUH May 2025	509	106	13					1				629

Site	0-3 Months	3-6 Months	6-9 Months	9-12 Months	12-15 Months	15-18 Months	18-21 Months	21-24 Months	24-36 Months	36-48 Months	48+ Months	Total
MUH Mar 2023	307	46	29	4	8	3	2					399
MUH May 2025	345	55	9									409

Site	0-3 Months	3-6 Months	6-9 Months	9-12 Months	12-15 Months	15-18 Months	18-21 Months	21-24 Months	24-36 Months	36-48 Months	48+ Months	Total
PUH Mar 2023	325	77	4									406
PUH May 2025	327	75										402

Site	0-3 Months	3-6 Months	6-9 Months	9-12 Months	12-15 Months	15-18 Months	18-21 Months	21-24 Months	24-36 Months	36-48 Months	48+ Months	Total
SUH Mar 2023	341	184	118	144	6	3	1	2				799
SUH May 2025	362	168	27	6	2							565

8. Recommendations:

Active triage process: Structured scheduled multidisciplinary triage meetings, supported by clerical administration (eg enabling pop up accounts, facilitation of pre assessment tests, accessing attendance history), with an agreed quorum for meetings, including participation by at least 2 consultants.

This clear governance over the process translates into an efficient, effective management of referrals from the time of receipt. This model should be adopted across all sites.

Generic general paediatrics waiting lists: General paediatric waiting lists should be generic, with equitable distribution to consultants, considering specialty clinics commitment and waiting times for individual consultants.

Clinical validation: In line with National Outpatient Waiting List Management Protocol, each individual consultant should receive regular updates on their longest waiters and be supported to clinically validate these, and clinical validation should be completed in a timely manner and an ongoing process.

Development of the ANP role: The ANP role makes a valuable contribution to clinical care and can significantly impact on wait lists and should be developed further on all sites as per the Model of Care for Paediatrics.

Consultant Outpatient clinics activity: Paediatricians should have 2 OP clinics per week, minimum and these should be incorporated into work plans. Distribution of OP clinics' workload should be fair and equitable. Clinic patient numbers should be appropriate to complexity of patient cohort (with larger numbers eg 20 patients per clinic for general paediatric clinics), templates agreed and signed off with Associate Clinical Director or clinical lead.

Capacity: Ongoing monitoring outpatient clinic space utilisation to ensure that outpatient clinic space is being used efficiently and to maximum capacity, with proactive allocation of clinic spaces / slots that may become available because of annual leave etc. This is in the context of increasing pressure on clinic space with competing demands from increasing numbers of consultants, Advanced Nurse Practitioners (ANPs), Health and Social Care Professionals (HSCPs) as well as the projected increase in outreach clinics from Children's Health Ireland (CHI) going forward. There should be ongoing active exploration of feasibility of standing up clinics' activity off sites, to facilitate care closer to home for child and family and the provision of a more integrated care approach.

Clinic correspondence: Standardised letter templates for outpatient clinic correspondence should be adopted on all sites. Co -signing clinic letters with consultants is good practice, allowing for quality assurance and teaching / training opportunity for junior colleagues.

Management of GP referrals for children approaching 16th birthday: Age cut off for acceptance of paediatric referrals is a local decision and should consider waiting times for 'new' patient appointments for both adult and paediatric services.

Transition of Care: Children in the paediatric service approaching 16 years and with a requirement for ongoing care should not be subject to delays to care or 'gaps' in care delivery because of waiting time for adult service appointments. Each site must have a robust process in place agreed between adult and paediatric services. This is especially important for the increasing numbers of young people with chronic illnesses and complex needs.

Phlebotomy: Advancement of nurse led phlebotomy and on the same day as clinics, should be in place on all sites to support flow and efficiency of clinics and minimise the need for unnecessary additional hospital visits. There should be planned development of paediatric phlebotomy services - with dedicated paediatric phlebotomist or expansion of existing phlebotomy services to include children.

Outpatient clinics and particularly phlebotomy clinics should have the support of a play specialist.

Education & Training: Scheduled care leads on sites should provide assurance to their Hospital Management Team (HMT) that clinicians are provided with regular updates on outpatient policies and procedures, to increase service provider awareness and to encourage active, informed participation in management of outpatient waiting lists.

Collaboration with our GP colleagues in the further development of a shared education platform with a more regular schedule of accessible meetings and webinars is required from a regional perspective.

Rapid access clinics: Rapid access outpatient clinics or a clearly defined pathway to facilitate expedient management of urgent referrals should be in place on all sites.

Virtual clinics: Virtual clinics are part of the national strategy for outpatient service provision and the resources to support this activity are available to sites. Virtual clinics are an alternative option for service providers and as an access to care choice for patients. It would also serve to alleviate pressure on demand for clinic space, especially on sites where capacity to run clinics is limited by infrastructure. Active exploration of the incorporation of virtual clinical activity with clear standards and operating procedures to support these would be a positive development.

GP hotline: A scoping exercise is required in collaboration with GPs to explore whether this is required and, if so, a suitable standardised model agreed and implemented. A robust GP hotline providing access by GPs to secondary care providers for clinical advice expediently reduces both unnecessary or 'soft' outpatient referrals and unnecessary emergency department attendances.

9. Conclusion

This review has identified both opportunities and immediate actions to improve the quality, efficiency, and safety of paediatric outpatient services across the region. It has also highlighted innovative and efficient practices for adoption across sites. Standardisation, proactive triage, multidisciplinary collaboration, and strategic capacity expansion will be crucial in meeting the growing demand and ensuring children have timely access to high-quality care.

Saolta

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