



Women's & Children's Managed Clinical & Academic Network

ANNUAL CLINICAL REPORT 2022



Saolta

Grúpa Ollscoile Cúram Sláinte
University Health Care Group



**Galway
University
Hospitals**

Ospidéal na h-Ollscoile Gaillimh
UNIVERSITY HOSPITAL GALWAY
MERLIN PARK UNIVERSITY HOSPITAL



LETTERKENNY UNIVERSITY
HOSPITAL



MAYO
UNIVERSITY
HOSPITAL



PORTIUNCULA
UNIVERSITY
HOSPITAL



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Foreword



This Annual Clinical Report provides a detailed account of the clinic activity related to Women's and Children's Services in the Saolta University Health Care Hospital Group. This clinical activity is provided over five hospital sites. It includes clinical activity in Maternity Services and Gynaecology, it also includes all clinical services in Paediatric (General and sub-speciality areas) and Neonatology. Finally, it also embraces services that are provided outside hospital sites in relation to Sexual Assault Treatment Unit (SATU) and Child and Adolescent Sexual Treatment Service (CASATS). These services are all provided over a large geographical area. It is difficult, if not impossible, to represent all of the clinical activity in all of those areas in one report. I am conscious that this report has expanded over the years and hence we made attempts to summarise the data with a major emphasis on the figures. While this report is statistic heavy, I would like to say at the outset that I wish to acknowledge all of the hard work done by all of the people who have contributed to this clinical activity. Their individual contributions and responsibilities may sometimes become lost in a factual report of this nature.

The report is structured as previously into the following chapters:

1. Governance;
2. Maternity;
3. Neonatology;
4. Gynaecology;
5. Paediatrics;
6. SATU & CASATS Services;
7. Quality & Patient Safety;

In as much as it is possible, we have displayed the relevant data for each hospital site separately, alongside combined data for the overall Saolta Group Activity.

The Maternity services data are outlined in tables with all of the standard demographics and clinical outcome measures. It is apparent that in 2022 there was a decline in the number of deliveries in all of the five hospital sites. This decline has been observed nationally during that time period. The information for the Neonatal Services is outlined carefully in tables.

It is my view that the Neonatal Service across the five hospital sites worked in an improved and integrated way during 2022. These improvements to the service are due in no small way to our Neonatal Steering Group which meets monthly to facilitate and improve service across all of the sites.

In 2022 there was a rebound increase in demand on service in Gynaecology. There had been an increase in waiting lists. I am happy to say that across all sites there was in general a major reduction in outpatient waiting lists for Gynaecology Services during 2022. This was helped by the introduction of Ambulatory Gynaecology Services in most of our hospitals that year. Ambulatory Gynaecology Services have served to enhance access, and have resulted in the combination of outpatient and diagnostic procedures in one visit for the woman. These services have been greatly promoted by the National Women's and Infants Health Programme (NWIHP) who have assisted in funding Ambulatory Gynaecology in the hospital sites in

our region. The list of operative procedures in each hospital site is presented carefully in the report. Our Gynaecological Oncology Service is providing care to a large number of women with Gynaecological Cancer. We are addressing challenges in capacity and related to meeting KPI's for this service.

There are many challenges in providing a general Paediatric Service, while simultaneously addressing all of the sub-speciality requirements needed in provision of medical care to children. We have seen significant improvements in Paediatric Services related to Respiratory disease, Neurology, Cardiology and other areas. We are in discussion with the relevant stakeholders nationally regarding Paediatric Surgical Services, and the ultimate plan for the Galway site to be a regional hub. Significant work has taken place over the course of 2022 in addressing our Paediatric Emergency Department pathways. The figures outlined in this report emphasise the high level of activity that exists in Paediatric Services across the Saolta Group.

We are fortunate to have robust services in SATU and CASATS. We have two SATU sites, Letterkenny and Galway. The data related to activity in these areas has been outlined clearly in this report.

We had a number of new developments during the year 2022. We are delighted that Galway was supported as a Regional Fertility Hub. This services was initiated in April 2022 and has dealt with a large number of referrals since that time. This has served to streamline access for couples to fertility services in a way that did not exist previously. In November 2022 we started our complex menopause clinic. This has been working well since that time and addresses the needs in this area. In January 2022 we initiated the onsite fetal medicine/high risk Obstetric Service in Mayo University Hospital. This has resulted in provision of these services onsite and prevented women travelling long distances during pregnancy. It is our plan to further develop these services. We are grateful, once again, to NWIHP for their support in development of these clinical areas in Saolta. In February we accepted transfer of governance for HSE Home birth services in our region from our Community partners. Throughout 2022 we have progressed integration of Home birth services in to our clinical network.

Finally I would like to thank all the staff in the Women's & Children's Services in the Saolta University Health Care Group for their efforts during the year 2022. I am also grateful to the Saolta Executive Team for their support during this time. A large number of people provided contributions to or gathered data for this report. They are duly listed at the end of each section – thank you very much. Finally I would like to thank the Women's and Children's Managed Clinical and Academic Network (MCAN) Team members in all of the five hospital who have contributed to the various sections of this report – there are too many names to mention!

Professor John J Morrison

Clinical Director W&C Managed Clinical and Academic Network
Saolta University Healthcare Group

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CHAPTER 1

Governance

- 1.1 Governance & Structures
- 1.2 2022 at a Glance

1.1 Governance & Structures

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 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 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 is supported by core services including HR, Finance, Quality and Patient Safety and Information Services.

The Women's and Children's 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

New Services in 2022

- Regional Fertility Services opened in GUH in August
- Regional Specialist Menopause clinic opened in GUH in October
- Specialist Fetal Medicine clinic in MUH opened in January
- Dedicated Paediatric Ukrainian Refugee Clinic established
- Dedicated Paediatric OPD area opened in PUH
- Expansion of TOP service in SUH in April
- Dedicated Paediatric ED area opened in SUH
- Accepted governance of the HSE Home Birth service in the region

1.2 2022 at a Glance

Women's and Children's MCAN Group:

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



Mothers who gave birth
7,954

Babies Delivered
8,071

Neonatal Admissions
1,295 (16%)



Gynae Procedures
8,487

SATU Attendances
(Galway/Donegal)
232

Gynae Cancer Surgeries
147

CASATs Attendances
93

Paeds ED Attendances
51,218

Paeds OPD Attendances
54,510*
*Figure includes Roscommon

Paeds Inpatient Admissions
9,216

Paeds Day Service
Attendances
10,699



Galway University Hospital

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
Mothers Who Delivered	2,595
Babies Delivered	2,634
Neonatal Admissions	354
Gynae Cancer Surgeries	147
Gynae procedures	1,722
Total Caesarean Sections	1,018
Paeds ED Attendances	16,953
Paeds Inpatient Admissions	1,396
Paeds OPD Attendances	22,888
Paeds Day Service Attendances	6,226
SATU Attendances	107
CASATS Attendances	93

Letterkenny University Hospital

LUH is part of the Saolta University Health Care Group, established October 2014. It is a level 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 is an academic teaching hospital attached to the National University of Ireland, Galway (NUIG) for medical staff, and Dundalk Institute of Technology for midwifery staff and Atlantic Technological University for nursing staff. It has strong research, education and service delivery links with all three.



LUH at a Glance	2022
Mothers Who Delivered	1,469
Babies Delivered	1,495
Neonatal Admissions	266
Gynae procedures	2,543
Total Caesarean Sections	601
Paeds ED Attendances	8,825
Paeds OPD Attendances	8,454
Paeds Day Service Attendances	285
SATU Attendances	125

Mayo University Hospital

MUH is the only acute hospital in County Mayo and meets the acute health care needs of >130,000 people living in the county and neighbouring counties. As a Model 3 Hospital, it has 354 beds, an outpatient department, theatres suite and ambulatory care suite. The hospital currently employs 1,394 WTEs with approximately 200 additional supplied through contract services.

Mayo University Hospital is one of the academic teaching hospitals in Ireland and is attached to the National University of Ireland, Galway (NUIG) and Atlantic Technological University (ATU) with strong research, education and service delivery links with NUIG.

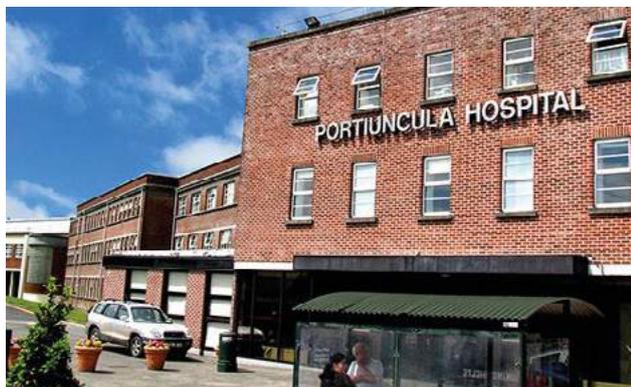
MUH catchment consists of counties Mayo, South Sligo, North Galway, Roscommon & Leitrim and provides a Level 2 paediatric care provision to a local population of 31,968 children and young people (2016 census).



MUH at a Glance	2022
Mothers Who Delivered	1,351
Babies Delivered	1,375
Neonatal Admissions	281
Gynae procedures	1,743
Total Caesarean Sections	545
Paeds ED Attendances	8,676
Paeds OPD Attendances	7,573
Paeds Day Service Attendances	1,402

Portiuncula University Hospital

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. Maternity, neonatal and paediatric services are co-located with the main hospital.



PUH at a Glance	2022
Mothers Who Delivered	1,312
Babies Delivered	1,327
Neonatal Admissions	161
Gynae procedures	1,246
Total Caesarean Sections	534
Paeds ED Attendances	8,691
Paeds OPD Attendances	5,289
Paeds Day Service Attendances	1,353

Sligo University Hospital

SUH a Model 3 Hospital provides high-quality healthcare to the people of Sligo, Leitrim, South Donegal and West Cavan. Maternity, neonatal and paediatric services are co-located with the main hospital. 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
Mothers Who Delivered	1,227
Babies Delivered	1,240
Neonatal Admissions	239
Gynae procedures	1,203
Total Caesarean Sections	527
Paeds ED Attendances	8,073
Paeds OPD Attendances	10,078
Paeds Day Service Attendances	1,433

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CHAPTER 2

Maternity

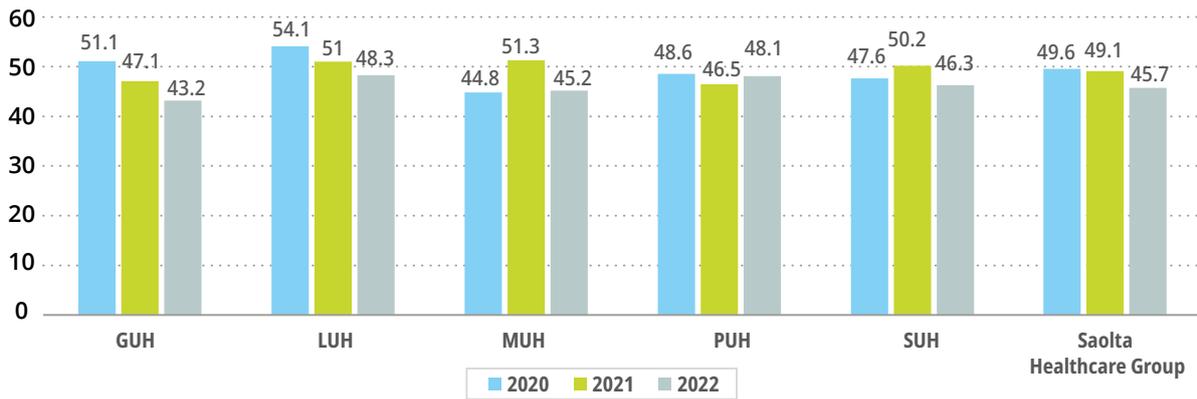
- 2.1 Maternity-Obstetrics Statistics
- 2.2 Ultrasound and Fetal Medicine Report 2021
- 2.3 Early Pregnancy Assessment Unit
- 2.4 Saolta Combined Obstetric and Diabetic Service
- 2.5 Anaesthetic Report in Maternity Services
- 2.6 Perinatal Pathology Service
- 2.7 Maternity- Breastfeeding
- 2.8 Perinatal Mental Health Midwifery Report
- 2.9 Bereavement and Loss
- 2.10 Antenatal Education
- 2.11 Supported Care Pathway
- 2.12 Advance Midwife Practitioner Report
- 2.13 Saolta HSE Homebirth Services
- 2.14 Health and Social Care Professional (HSCP) Maternity Services
- 2.15 Contributors

2.1 Maternity – Obstetrics Statistics

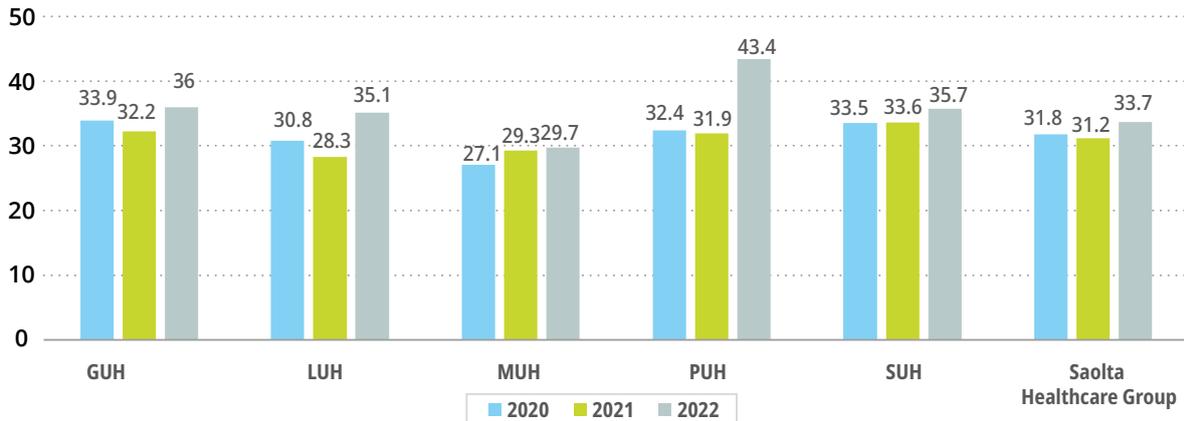
Saolta University Health Care Group Deliveries and Outcomes Summary 2022

Obstetric Deliveries and Outcomes (Mothers) 2022	GUH N % Total Mothers	LUH N % Total Mothers	MUH N % Total Mothers	PUH N % Total Mothers	SUH N % Total Mothers	Saolta University Health Care Group N % Total Mothers
Total Deliveries	2,634	1,495	1,375	1,327	1,240	8,071
Total Mothers	2,595	1,469	1,351	1,312	1,227	7,954
Spontaneous Onset	1,003 (38.7%)	557 (37.9%)	569 (42.1%)	569 (43.4%)	474 (38.6%)	3,172 (39.9%)
Induction of Labour	935 (36.0%)	515 (35.1%)	401 (29.7%)	392 (43.4%)	438 (35.7%)	2,680 (33.7%)
Epidural Rate	1,126 (43.4%)	305 (20.8%)	424 (31.4%)	430 (32.8%)	481 (39.2%)	2,752 (34.6%)
Episiotomy	478 (30.3%)	208 (23.8%)	233 (28.5%)	183 (23.5%)	172 (24.5%)	1,274 (26.8%)
Total Caesarean Section	1,018 (39.2%)	601 (40.9%)	545 (40.3%)	534 (40.7%)	527 (43.0%)	3,225 (40.5%)
Elective Caesarean Section	502 (19.3%)	305 (20.8%)	286 (21.2%)	284 (21.6%)	261 (21.3%)	1,638 (20.6%)
Emergency Caesarean Section	516 (19.9%)	296 (20.1%)	259 (19.2%)	250 (19.1%)	266 (21.7%)	1,587 (20.0%)
Spontaneous Vaginal Delivery	1,120 (43.2%)	709 (48.3%)	610 (45.2%)	631 (48.1%)	568 (46.3%)	3,638 (45.7%)
Forceps Delivery	135 (5.2%)	18 (1.2%)	67 (5.0%)	15 (1.1%)	20 (1.6%)	255 (3.2%)
Ventouse Delivery	314 (12.1%)	141 (9.6%)	136 (10.1%)	131 (10.0%)	112 (9.1%)	834 (10.5%)
Breech Delivery	8 (0.3%)	4 (0.3%)	5 (0.4%)	1 (0.1%)	3 (0.2%)	21 (0.3%)

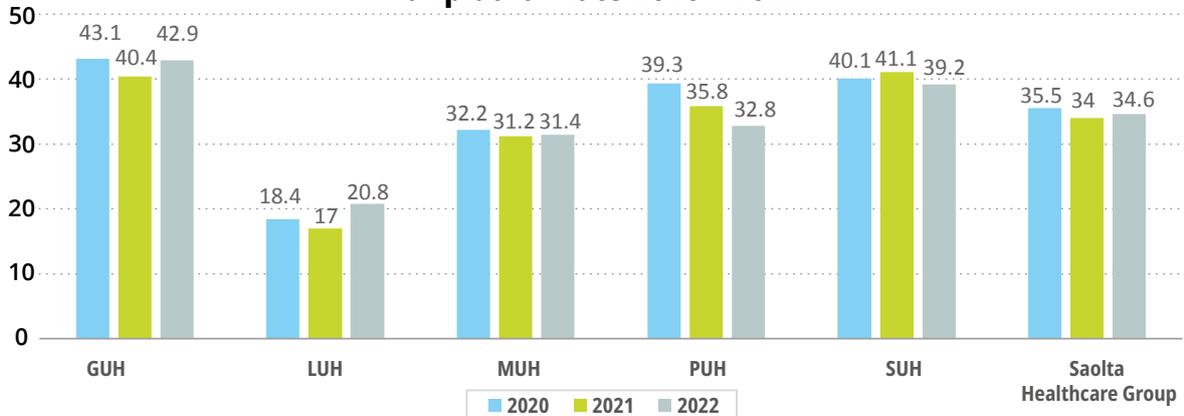
% of Spontaneous Vaginal Delivery 2020 - 2022



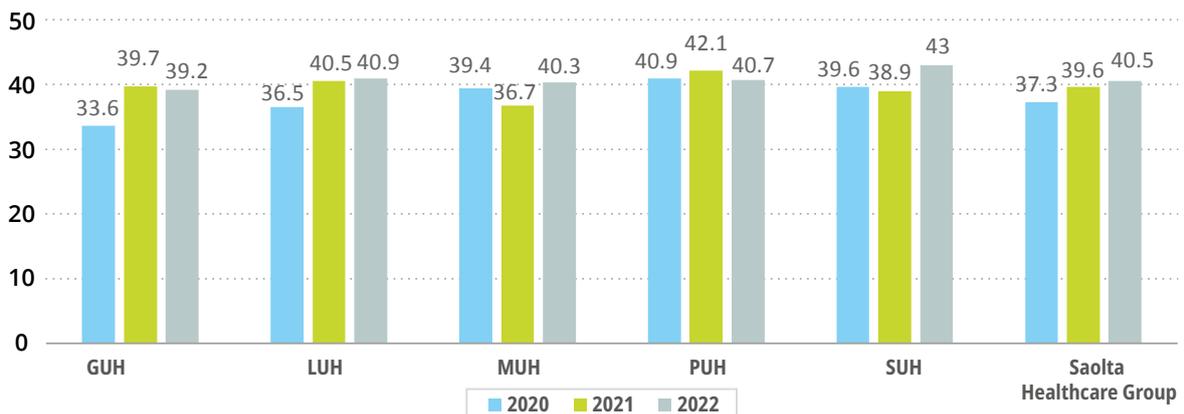
% Induction of Labour 2020 - 2022



% Epidural Rate 2020 - 2022



% Caesarean Rate 2020 - 2022

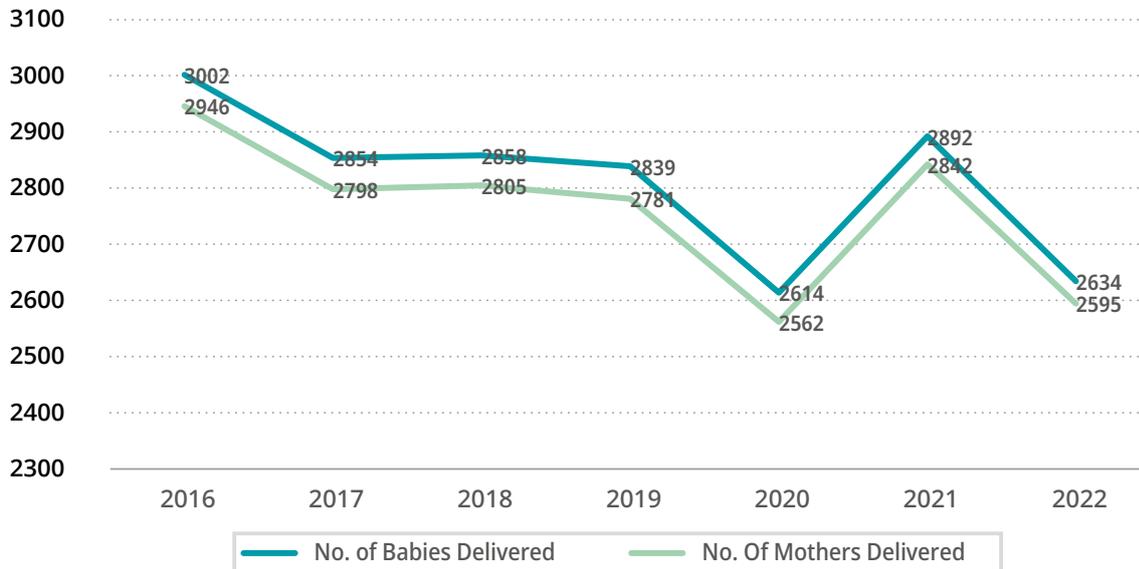


GUH Statistical Summary Template 2022

Number of Mothers/Births, last 7 years	2016	2017	2018	2019	2020	2021	2022
Number of Deliveries	3002	2854	2858	2839	2614	2892	2634
Number of Mothers	2946	2798	2805	2781	2562	2842	2595

No. of Births/Mothers Delivered Last 7 Years

GUH



Obstetric Outcomes (Mothers) 2022	Primip	%	Multip	%	Total	%
Spontaneous Onset	403	39.4%	600	38.2%	1,003	38.7%
Induction of Labour	473	46.2%	462	29.4%	935	36.0%
Epidural Rate	627	61.2%	499	31.8%	1,126	43.4%
Episiotomy	374	36.5%	104	6.6%	478	30.3%
Caesarean Section	405	39.6%	613	39.0%	1,018	39.2%
Spontaneous Vaginal Delivery	270	26.4%	850	54.1%	1,120	43.2%
Forceps Delivery	124	12.1%	11	0.7%	135	5.2%
Ventouse Delivery	221	21.6%	93	5.9%	314	12.1%
Breech Delivery	4	0.4%	4	0.3%	8	0.3%
Total	1,024	100.0%	1,571	100.0%	2,595	

Multiple Pregnancies 2022	Primip (n)	%	Multip (n)	%	Total (n)	%
Twins	12	1.2%	27	1.7%	39	1.5%
Triplets	0	0.0%	0	0.0%	0	0.0%

Onset for Multiple Pregnancies 2022	Primip (12)	%	Multip (27)	%	Total (39)	%
Induced	2	16.7%	5	18.5%	7	17.9%
Spontaneous	2	16.7%	10	37.0%	12	30.8%
No Labour	8	66.7%	12	44.4%	20	51.3%
Elective C.S.	4	33.3%	6	22.2%	10	25.6%
Emergency C.S.	7	58.3%	11	40.7%	18	46.1%

Multiple Births, last 7 years	2016	2017	2018	2019	2020	2021	2022
Twins	55	52	47	54	53	46	39
Triplets	1	2	3	2	0	2	0
Total	56	54	50	58	53	48	39

Perinatal Deaths 2022	Primigravida	%	Multigravida	%	Total	%
Stillbirths	4	0.4%	4	0.3%	8	0.3%
Early Neonatal Deaths	0	0.0%	4	0.3%	4	0.2%

Perinatal Mortality Rate (%), last 7 years	2016	2017	2018	2019	2020	2021	2022
Overall PMR per 1000 births	6	4.6	3.5	3.9	9.9	4.1	4.5
Corrected PMR per 1000 births	3.7	3.5	2.1	0.7	4.2	0.3	0.8

Stillbirth & Neonatal Deaths, last 7 years	2016	2017	2018	2019	2020	2021	2022
Stillbirth Rate	0.40%	0.40%	0.28%	0.31%	0.61%	0.21%	0.30%
Neonatal Death Rate	0.20%	0.10%	0.07%	0.11%	0.38%	0.21%	0.20%
Total	0.60%	0.50%	0.35%	0.39%	0.99%	0.42%	0.46%

Parity 2022	Number	%
0	1,023	39.4%
1	917	35.3%
2	432	16.6%
3	141	5.4%
4	48	1.8%
5	14	0.5%
6	7	0.3%
7	7	0.3%
8	2	0.1%
9	1	0.05%
10	1	0.05%
11+	2	0.1%
Total	2,595	100.0%

Parity %, last 7 years	2016	2017	2018	2019	2020	2021	2022
0	39.30%	39.20%	40.90%	39.91%	39.54%	37.33%	39.42%
1,2,3	57.50%	57.90%	56.30%	57.50%	57.61%	59.89%	57.41%
4+	3.00%	3.00%	2.84%	2.60%	2.85%	2.78%	3.17%

Age, 2022	Primigravida	%	Multigravida	%	Total	%
15-19yrs	17	1.7%	3	0.2%	20	0.8%
20-24yrs	87	8.5%	48	3.1%	135	5.2%
25-29yrs	187	18.3%	158	10.1%	345	13.3%
30-34yrs	375	36.6%	433	27.6%	808	31.1%
35-39yrs	288	28.1%	712	45.3%	1,000	38.5%
40-44yrs	63	6.2%	200	12.7%	263	10.1%
45>	7	0.7%	17	1.1%	24	0.9%
Total	1,024	100.0%	1,571	100.0%	2,595	100.0%

Age At Delivery (%), last 7 years	2016	2017	2018	2019	2020	2021	2022
15-19yrs	0.7%	0.7%	0.4%	0.3%	0.2%	0.1%	0.8%
20-24yrs	6.1%	5.4%	4.9%	4.9%	4.4%	3.7%	5.2%
25-29yrs	14.1%	13.5%	10.2%	10.6%	9.3%	9.3%	13.3%
30-34yrs	34.5%	30.7%	27.7%	27.5%	25.9%	25.9%	31.1%
35-39yrs	34.1%	37.2%	39.5%	39.9%	42.4%	41.7%	38.5%
40-44yrs	9.7%	11.7%	16.4%	15.2%	16.0%	17.8%	10.1%
45>	0.7%	0.8%	1.0%	1.5%	1.7%	1.5%	0.9%

County of Origin, Last 7 years	2016	2017	2018	2019	2020	2021	2022
Galway County	56.5%	57.9%	56.1%	58.9%	58.8%	53.5%	58.7%
Galway City	37.3%	36.0%	37.1%	33.7%	34.0%	38.5%	31.4%
Mayo	2.1%	2.5%	2.5%	2.9%	2.8%	3.7%	3.9%
Roscommon	0.9%	1.0%	1.1%	1.1%	1.4%	1.3%	2.0%
Clare	2.5%	1.9%	2.5%	2.1%	2.0%	1.6%	2.7%
Others	0.7%	0.7%	0.7%	1.2%	1.0%	1.4%	1.2%

Non Irish National Births, last 7 years	2016	2017	2018	2019	2020	2021	2022
Number	731	683	718	682	589	675	599
%	24.4%	24.4%	25.6%	24.5%	23.0%	23.8%	23.1%

Gestation @ Delivery, 2022	Primigravida	%	Multigravida	%	Total	%
<28 weeks	2	0.2%	3	0.2%	5	0.2%
28 - 31+6	8	0.8%	13	0.8%	21	0.8%
32 - 36+6	47	4.6%	87	5.5%	134	5.2%
37 - 39+6	470	45.9%	950	60.5%	1,420	54.7%
40 - 41+6	491	47.9%	514	32.7%	1,005	38.7%
42 weeks	6	0.6%	4	0.3%	10	0.4%
Total	1,024	100.0%	1,571	100.0%	2,595	100.0%

Gestation @ Delivery, last 7 years	2016	2017	2018	2019	2020	2021	2022
<28 weeks	0.3%	0.3%	0.2%	0.3%	0.4%	0.3%	0.2%
28 - 31+6	1.1%	0.7%	0.7%	0.7%	0.7%	0.8%	0.8%
32 - 36+6	5.1%	5.8%	5.0%	5.2%	5.1%	6.0%	5.2%
37 - 39+6	45.9%	49.0%	47.6%	47.8%	47.5%	50.4%	54.7%
40 - 41+6	47.4%	44.0%	46.1%	45.6%	46.1%	42.1%	38.7%
42 weeks	0.3%	0.4%	0.4%	0.4%	0.2%	0.4%	0.4%

Birth Weights, 2022	Primigravida	%	Multigravida	%	Total	%
<1,000gms	3	0.3%	4	0.3%	7	0.3%
1000-1499gms	8	0.8%	11	0.7%	19	0.7%
1500-1999gms	19	1.8%	11	0.7%	30	1.1%
2000-2499gms	38	3.7%	47	2.9%	85	3.2%
2500-2999gms	144	13.9%	170	10.6%	314	11.9%
3000-3499gms	367	35.4%	503	31.5%	870	33.0%
3500-3999gms	313	30.2%	594	37.2%	907	34.4%
4000-4499gms	131	12.6%	224	14.0%	355	13.5%
4500-4999gms	13	1.3%	29	1.8%	42	1.6%
5000-5499gms	1	0.1%	4	0.3%	5	0.2%
>5,500gms	0	0.0%	0	0.0%	0	0.0%
Total	1,037	100.0%	1,597	100.0%	2,634	100.0%

Birth Weights, last 7 years	2016	2017	2018	2019	2020	2021	2022
<500gms	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%
500-999gms	0.5%	0.4%	0.3%	0.3%	0.5%	0.3%	0.3%
1000-1999gms	2.1%	2.5%	1.3%	1.7%	1.7%	1.9%	1.9%
2000-2999gms	14.7%	14.3%	12.5%	14.1%	12.9%	13.7%	15.1%
3000-3999gms	68.7%	67.0%	69.0%	67.5%	66.4%	64.3%	67.5%
4000-4499gms	11.8%	13.6%	14.9%	14.0%	16.3%	16.5%	13.5%
4500-4999gms	2.2%	2.2%	1.9%	2.4%	2.2%	3.1%	1.6%
5000-5499gms	0.1%	0.1%	0.1%	0.1%	0.1%	0.2%	0.2%
>5500gms	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Number of Babies	3002	2854	2858	2839	2614	2892	2,634

Introduction of Labour, last 7 years	Primigravida	%	Multigravida	%	Total	%
2016	443	38.3%	455	25.4%	898	30.5%
2017	460	42.0%	483	28.4%	943	33.7%
2018	464	40.5%	387	23.3%	851	30.3%
2019	432	39.0%	392	23.4%	824	29.6%
2020	423	41.8%	446	28.8%	869	33.9%
2021	452	42.6%	462	25.9%	914	32.2%
2022	473	46.2%	462	29.4%	935	36.0%

Perineal Trauma, 2022	Primigravida	%	Multigravida	%	Total	%
Intact	8	0.8%	203	12.9%	211	13.3%
Episiotomy	374	36.5%	104	6.6%	478	30.3%
2nd Degree Tear	153	14.9%	364	23.2%	517	32.7%
1st Degree Tear	34	3.3%	188	12.0%	222	14%
3rd Degree Tear	31	3.0%	12	0.8%	43	2.7%
Other Laceration	22	2.1%	82	5.2%	104	6.6%

Incidence of Episiotomy, last 7 years	Primigravida	%	Multigravida	%	Total	%
2016	440	58.4%	139	11.2%	579	28.8%
2017	449	64.1%	150	13.0%	599	32.3%
2018	427	59.7%	125	11.2%	552	30.1%
2019	356	49.9%	99	9.2%	455	25.5%
2020	355	52.7%	99	9.5%	454	26.5%
2021	370	60.4%	115	10.2%	485	27.9%
2022	374	36.5%	104	6.6%	478	30.3%

B.B.A, last 7 years	Primigravida	%	Multigravida	%	Total	%
2016	1	0.0%	11	0.4%	12	0.4%
2017	1	0.1%	7	0.4%	8	0.3%
2018	1	0.1%	4	0.2%	5	0.2%
2019	2	0.1%	9	0.3%	11	0.4%
2020	0	0.0%	9	0.4%	9	0.4%
2021	1	0.1%	17	0.9%	18	0.6%
2022	1	0.1%	15	1.0%	16	0.6%

Shoulder Dystocia, 2022	Primigravida	%	Multigravida	%	Total	%
Shoulder Dystocia	9	0.9%	13	0.8%	22	0.8%

Fetal Blood Sampling (n - babies), 2022	Primigravida	%	Multigravida	%	Total	%
PH < 7.20	3	0.3%	4	0.3%	7	0.3%
PH 7.20 - 7.25	11	1.1%	1	0.1%	12	0.5%
PH > 7.25	55	5.3%	34	2.1%	89	3.4%

Cord Blood Sampling (n - babies), 2022	Primigravida	%	Multigravida	%	Total	%
PH < 7.20	223	21.5%	222	13.9%	445	16.9%
PH 7.20 - 7.25	152	14.7%	186	11.6%	338	12.8%
PH > 7.25	402	38.8%	394	24.7%	796	30.2%

Caesarean Sections 2022	Primigravida	%	Multip	%	Total	%
Elective Caesarean Sections	100	9.8%	402	25.6%	502	19.3%
Emergency Caesarean Sections	305	29.8%	211	13.4%	516	19.9%
Total	405	39.5%	613	39.0%	1,018	39.2%

Robson Groups 2022	Total LSCS	Total Women	Rate of CS in Group
Group 1 - Nullip Single Ceph Term Spont Lab	62	377	16.4%
Group 2 - Nullip Single Ceph Term Induced	260	539	48.2%
Group 2(a) - Nullip Single Ceph Term Induced	185	465	39.8%
Group 2(b) - Nullip Single Ceph Term pre-labour CS	75	75	100.0%
Group 3 - Multip Single Ceph Term Spont Lab	12	475	2.5%
Group 4 - Multip Single Ceph Term Induced	59	457	12.9%
Group 4(a) - Multip Single Ceph Term Induced *	26	424	6.1%
Group 4(b) - Multip Single Ceph Term Pre-Labour CS *	33	33	100.0%
Group 5 - Previous CS Single Ceph Term	413	474	87.1%
Group 5 (1)- With one previous C.S. Single Ceph Term	274	334	82.0%
Group 5 (2)- With two or more Previous C.S. Single Ceph Term	139	140	99.3%
Group 6 - All Nullip Breeches	47	50	94.0%
Group 7 - All Multip Breeches	55	56	98.2%
Group 8 - All Multiple Pregnancies	28	39	71.8%
Group 9 - All Abnormal Lies	19	19	100.0%
Group 10 - All Preterm Single Ceph	63	109	57.8%
Total	1,018	2,595	39.2%

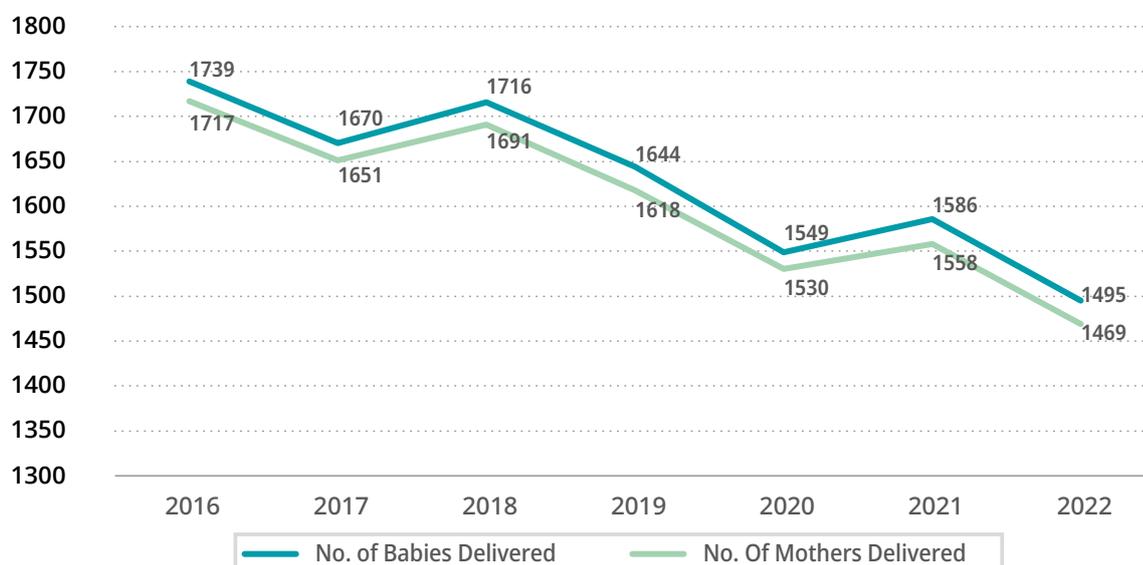
Vaginal Birth after Caesarean Section, 2022	Number	%
Total No. Of Mothers who had 1 previous Caesarean Section	403	15.5%
No of Mothers who opted for an elective caesarean section after 1 previous Caesarean Section	289	71.7%
No of Mothers who went into spontaneous/induced Labour after 1 previous Caesarean Section		
Outcome of this Category:		
• SVD/Spontaneous Breech-45		
• Ventouse-17		
• Forceps-5		
Total VBAC= 67	114	28.3%
Emergency C.S.-47		

LUH Statistical Summary Template 2022

Number of Mothers/Births, last 7 years	2016	2017	2018	2019	2020	2021	2022
Number of Deliveries	1739	1670	1716	1644	1549	1586	1495
Number of Mothers	1717	1651	1691	1618	1530	1558	1469

No. of Births/Mothers Delivered Last 7 Years

LUH



Obstetric Outcomes (Mothers) 2022	Primip	%	Multip	%	Total	%
Spontaneous Onset	214	39.6%	343	36.9%	557	37.9%
Induction of Labour	224	41.5%	291	31.3%	515	35.1%
Epidural Rate	204	37.8%	101	10.9%	305	20.8%
Episiotomy	156	28.9%	52	5.6%	208	23.8%
Caesarean Section	246	45.6%	355	38.2%	601	40.9%
Spontaneous Vaginal Delivery	167	30.9%	542	58.3%	709	48.3%
Forceps Delivery	16	3.0%	2	0.2%	18	1.2%
Ventouse Delivery	111	20.6%	30	3.2%	141	9.6%
Breech Delivery	1	0.2%	3	0.3%	4	0.3%

Multiple Pregnancies 2022	Primip (n)	%	Multip (n)	%	Total (n)	%
Twins	7	1.3%	19	2.0%	26	1.8%
Triplets	0	0.0%	0	0.0%	0	0.0%

Onset for Multiple Pregnancies 2022	Primip (7)	%	Multip (19)	%	Total (26)	%
Induced	0	0.0%	0	0.0%	0	0.0%
Spontaneous	1	14.3%	1	5.3%	2	7.7%
No Labour	6	85.7%	18	94.7%	24	92.3%
Elective C.S.	2	28.6%	13	68.4%	15	57.7%
Emergency C.S.	5	71.4%	6	31.6%	11	42.3%

Multiple Births	2016	2017	2018	2019	2020	2021	2022
Twins	22	19	25	26	19	28	26
Triplets	0	0	0	0	0	0	0
Total	22	19	25	26	19	28	26

Perinatal Deaths 2022	Primigravida	Multigravida	Total
Stillbirths	1	5	6
Early Neonatal Deaths	1	0	1

Perinatal Mortality Rate (%)	2016	2017	2018	2019	2020	2021	2022
Overall PMR per 1000 births	5.8	1.8	5.2	3.6	3.9	3.2	4.0
Corrected PMR per 1000 births	1.2	0.6	1.2	1.8	0.0	1.3	0.7

Parity 2022	Number	%
0	540	36.8%
1	449	30.6%
2	305	20.8%
3	118	8.0%
4	36	2.5%
5	14	1.0%
6	5	0.3%
7	2	0.1%
8	0	0.0%
9	0	0.0%
10	0	0.0%
11	0	0.0%
12	0	0.0%
Total	1,469	100.0%

Age 2022	Total	%
13-19yrs	9	0.6%
20-24yrs	84	5.7%
25-29yrs	210	14.3%
30-34yrs	482	32.8%
35-39yrs	503	34.2%
40-44yrs	167	11.4%
45>	14	1.0%
Total	1,469	100.0%

Age At Delivery	2016	2017	2018	2019	2020	2021	2022
13-19yrs	2.0%	2.3%	1.6%	1.6%	0.9%	0.9%	0.6%
20-24yrs	10.3%	9.0%	10.0%	10.0%	7.8%	6.7%	5.7%
25-29yrs	22.0%	23.1%	19.9%	21.5%	17.9%	18.8%	14.3%
30-34yrs	33.7%	34.9%	34.9%	35.5%	35.4%	35.2%	32.8%
35-39yrs	27.2%	25.9%	27.8%	25.6%	29.8%	30.2%	34.2%
40-44yrs	4.7%	4.4%	5.5%	5.6%	7.5%	7.6%	11.4%
45>	0.2%	0.4%	0.3%	0.2%	0.7%	0.6%	1.0%

Gestation @ Delivery, 2022	Primigravida	%	Multigravida	%	Total	%
<28 weeks	1	0.2%	2	0.2%	3	0.2%
28 - 31+6	4	0.7%	5	0.5%	9	0.6%
32 - 36+6	33	6.1%	57	6.1%	90	6.1%
37 - 39+6	260	48.1%	558	60.1%	818	55.7%
40 - 41+6	240	44.4%	305	32.8%	545	37.1%
42 weeks	2	0.4%	2	0.2%	4	0.3%
Total	540	100.0%	929	100.0%	1,469	100.0%

Gestation @ Delivery last 3 years	2020	2021	2022
<28 weeks	0.0%	0.2%	0.2%
28 - 31+6	0.7%	0.5%	0.6%
32 - 36+6	4.7%	4.9%	6.1%
37 - 39+6	73.8%	50.8%	55.7%
40 - 41+6	20.2%	43.5%	37.1%
42 weeks	0.6%	0.1%	0.3%
Total	100.0%	100.0%	100.0%

Birth Weights 2022	Primigravida	%	Multigravida	%	Total	%
<1,000gms	3	0.5%	2	0.2%	5	0.3%
1000-1499gms	1	0.2%	2	0.2%	3	0.2%
1500-1999gms	7	1.3%	10	1.1%	17	1.1%
2000-2499gms	26	4.8%	28	3.0%	54	3.6%
2500-2999gms	77	14.1%	121	12.8%	198	13.2%
3000-3499gms	199	36.4%	306	32.3%	505	33.8%
3500-3999gms	166	30.3%	323	34.1%	489	32.7%
4000-4499gms	62	11.3%	115	12.1%	177	11.8%
4500-4999gms	2	0.4%	21	2.2%	23	1.5%
5000-5499gms	1	0.2%	4	0.4%	5	0.3%
>5,500gms	0	0.0%	0	0.0%	0	0.0%
Not Weighed	3	0.5%	16	1.7%	19	1.3%
Total	547	100.0%	948	100.0%	1495	100.0%

Introduction of Labour	Primigravida	%	Multigravida	%	Total	%
2016	200		252		452	26.3%
2017	195		173		368	22.4%
2018	196		265		461	27.3%
2019	197		252		449	27.8%
2020	201	40.1%	270	26.2%	471	30.8%
2021	165	32.9%	276	26.1%	441	28.3%
2022	224	41.5%	291	31.3%	515	35.1%

Perineal Trauma 2022	Primigravida	%	Multigravida	%	Total	%
Intact	112	20.7%	490	52.7%	602	69%
Episiotomy	156	28.9%	52	5.6%	208	23.8%
2nd Degree Tear	12	2.2%	19	2.0%	31	3.55%
1st Degree Tear	3	0.6%	6	0.6%	9	1%
3rd Degree Tear	12	2.2%	5	0.5%	17	1.9%
Other Laceration	0	0.0%	5	0.5%	5	0.5%

Incidence of Episiotomy	Primigravida	%	Multigravida	%	Total	%
2016					327	28.3%
2017					291	25.2%
2018					311	28.3%
2019					280	27.4%
2020	176	59.4%	86	12.7%	262	27.0%
2021	117	35.9%	67	11.1%	184	19.8%
2022	156	28.9%	52	5.6%	208	23.8%

B.B.A	Total
2016	7
2017	7
2018	8
2019	4
2020	5
2021	5
2022	4

Shoulder Dystocia 2022	Total	%
Shoulder Dystocia	7	0.5%

Caesarean Sections 2022	Primigravida	%	Multip	%	Total	%
Elective Caesarean Sections	61	11.3%	244	26.3%	305	20.8%
Emergency Caesarean Sections	186	34.4%	110	11.8%	296	20.1%
Total	247	45.7%	354	38.1%	601	40.9%

Robson Groups 2022	Total LSCS	Total Women	Rate of CS in Group
Group 1 - Nullip Single Ceph Term Spont Lab	46	201	22.9%
Group 2 - Nullip Single Ceph Term Induced	145	275	52.7%
Group 2(a) - Nullip Single Ceph Term Induced	88	222	39.6%
Group 2(b) - Nullip Single Ceph Term pre-labour CS	53	53	100.0%
Group 3 - Multip Single Ceph Term Spont Lab	3	277	1.1%
Group 4 - Multip Single Ceph Term Induced	56	280	20.0%
Group 4(a) - Multip Single Ceph Term Induced	24	248	9.7%
Group 4(b) - Multip Single Ceph Term Pre-Labour CS	32	32	100.0%
Group 5 - Previous CS Single Ceph Term	227	278	81.7%
Group 5 (1)- With one previous C.S. Single Ceph Term	149	200	74.5%
Group 5 (2)- With two or more Previous C.S. Single Ceph Term	78	78	100.0%
Group 6 - All Nullip Breeches	26	27	96.3%
Group 7 - All Multip Breeches	23	25	92.0%
Group 8 - All Multiple Pregnancies	26	26	100.0%
Group 9 - All Abnormal Lies	12	12	100.0%
Group 10 - All Preterm Single Ceph	37	68	54.4%
Total	601	1,469	40.9%

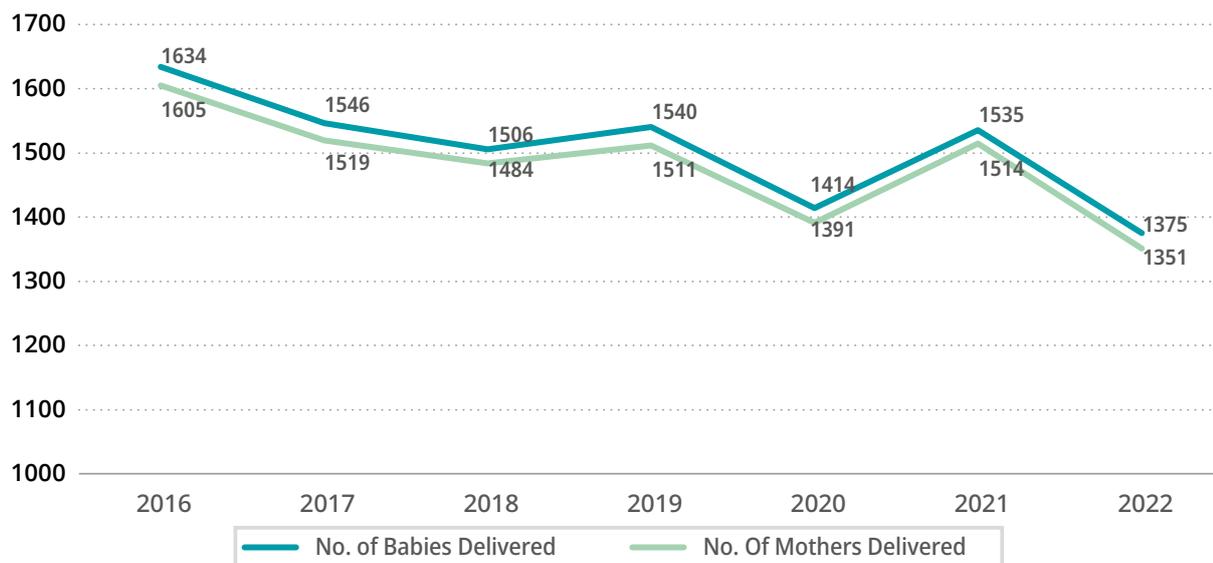
Vaginal Birth after Caesarean Section, 2022		n	%
Total No. Of Mothers who had 1 previous Caesarean Section		222	15.1%
No of Mothers who opted for an elective caesarean section after 1 previous Caesarean Section		145	65.3%
No of Mothers who went into spontaneous/induced Labour after 1 previous Caesarean Section		75	33.7%
Outcome of this category	SVD/Spontaneous	45	
	Ventouse	10	
	Forceps	1	
	Total VBAC	56	
	Emergency C.S.	19	

MUH Statistical Summary Template 2022

Number of Mothers/Births, last 7 years	2016	2017	2018	2019	2020	2021	2022
Number of Deliveries	1634	1546	1506	1540	1414	1535	1375
Number of Mothers	1605	1519	1484	1511	1391	1514	1351

No. of Births/Mothers Delivered Last 7 Years

MUH



Obstetric Outcomes (Mothers) 2022	Primip	%	Multip	%	Total	%
Spontaneous Onset	195	39.6%	374	43.6%	569	42.1%
Induction of Labour	206	41.8%	195	22.7%	401	29.7%
Epidural Rate	234	47.5%	190	22.1%	424	31.4%
Episiotomy	176	35.7%	57	6.6%	233	28.5%
Caesarean Section	199	40.4%	349	40.7%	548	40.6%
Spontaneous Vaginal Delivery	150	30.4%	460	53.6%	610	45.2%
Forceps Delivery	56	11.4%	11	1.3%	67	5.0%
Ventouse Delivery	90	18.3%	46	5.4%	136	10.1%
Breech Delivery	1	0.2%	4	0.5%	5	0.4%
Total (Number)	493	100.0%	858	100.0%	1,351	

Multiple Pregnancies 2022	Primip (n)	%	Multip (n)	%	Total (n)	%
Twins	7	1.4%	17	2.0%	24	1.7%
Triplets	0	0.0%	0	0.0%	0	0.0%

Onset for Multiple Pregnancies 2022	Primip (7)	%	Multip (17)	%	Total (24)	%
Induced	1	14.3%	5	29.4%	6	25.0%
Spontaneous	3	42.9%	5	29.4%	8	33.3%
No Labour	0	0.0%	0	0.0%	0	0.0%
Elective C.S.	3	42.9%	7	41.2%	10	41.7%
Emergency C.S.	0	0.0%	0	0.0%	0	0.0%

Multiple Births	2016	2017	2018	2019	2020	2021	2022
Twins	30	27	22	29	23	21	24
Triplets	0	0	0	0	0	0	0
Total	30	27	22	29	23	21	24

Perinatal Deaths 2022	Primigravida	%	Multigravida	%	Total	%
Stillbirths	3	0.6%	3	0.3%	6	0.4%
Early Neonatal Deaths	0	0.0%	1	0.1%	1	0.1%

Perinatal Mortality Rate (%)	2016	2017	2018	2019	2020	2021	2022
Overall PMR per 1000 births	5.51	3.2	6.0	5.2	2.87	3.96	5.1
Corrected PMR per 1000 births	3.1	1.3	2.0	0.7	0.71	0.0	2.2

Last 6 Years	2017	2018	2019	2020	2021	2022
Stillbirth Rate	3.20%	3.98%	3.25%	0.29%	1.32%	0.44%
Neonatal Death Rate	0.00%	1.99%	1.95%	0.00%	2.64%	0.07%
Total Rate	0.32%	6.10%	0.52%	0.29%	3.96%	0.51%

Parity 2022	Number	%
0	493	36.5%
1	448	33.2%
2	266	19.7%
3	84	6.2%
4	32	2.4%
5	17	1.3%
6	5	0.4%
7	4	0.3%
8	2	0.1%
9	0	0.0%
10	0	0.0%
11	0	0.0%
12	0	0.0%
Total	1,351	100.0%

Parity %	2019	2021	2022
0	32%	32.1%	36.5%
1,2,3	68%	63.6%	59.1%
4+	0.0%	4.3%	4.4%

Age 2022	Primigravida	%	Multigravida	%	Total	%
15-19yrs	3	0.6%	0	0.0%	3	0.2%
20-24yrs	51	10.3%	28	3.3%	79	5.8%
25-29yrs	89	18.1%	72	8.4%	161	11.9%
30-34yrs	158	32.0%	199	23.2%	357	26.4%
35-39yrs	141	28.6%	367	42.8%	508	37.6%
40-44yrs	47	9.5%	178	20.7%	225	16.7%
45>	4	0.8%	14	1.6%	18	1.3%
Total	493	100.0%	858	100.0%	1,351	100.0%

Age At Delivery	2020	2021	2022
15-19yrs	1.2%	0.9%	0.2%
20-24yrs	5.8%	4.8%	5.8%
25-29yrs	15.6%	13.3%	11.9%
30-34yrs	34.5%	31.4%	26.4%
35-39yrs	33.8%	37.6%	37.6%
40-44yrs	8.6%	11.6%	16.7%
45>	0.4%	0.6%	1.3%

County of Origin, Last 3 years	2020	2021	2022
Galway County	3.1%	1.9%	1.3%
Mayo	88.9%	90.6%	92.9%
Roscommon	6.2%	5.6%	4.7%
Sligo	1.7%	1.8%	1.0%
Others	0.1%	0.1%	0.1%

Non Irish National Births	2020	2021	2022
Number	198	36	311
%	14.2%	2.4%	23.0%

Gestation @ Delivery, 2022	Primigravida	%	Multigravida	%	Total	%
<28 weeks	0	0.0%	0	0.0%	0	0.0%
28 - 31+6	1	0.2%	1	0.1%	2	0.1%
32 - 36+6	28	5.7%	36	4.2%	64	4.8%
37 - 39+6	220	44.6%	548	63.9%	768	56.8%
40 - 41+6	243	49.3%	273	31.8%	516	38.2%
42 weeks	1	0.2%	0	0.0%	1	0.1%
Total	493	100.0%	858	100.0%	1,351	100.0%

Gestation @ Delivery last 3 years	2020	2021	2022
<28 weeks	0.4%	0.1%	0.0%
28 - 31+6	0.3%	0.0%	0.1%
32 - 36+6	4.5%	3.5%	4.8%
37 - 39+6	50.6%	52.8%	56.8%
40 - 41+6	43.0%	43.1%	38.2%
42 weeks	0.9%	0.5%	0.1%

Birth Weights 2022	Primigravida	%	Multigravida	%	Total	%
<1,000gms	1	0.2%	0	0.0%	1	0.1%
1000-1499gms	2	0.4%	0	0.0%	2	0.1%
1500-1999gms	2	0.4%	3	0.3%	5	0.4%
2000-2499gms	22	4.4%	23	2.6%	45	3.3%
2500-2999gms	59	11.8%	111	12.7%	170	12.4%
3000-3499gms	163	32.6%	245	28.0%	408	29.7%
3500-3999gms	190	38.0%	325	37.1%	515	37.5%
4000-4499gms	53	10.6%	145	16.6%	198	14.4%
4500-4999gms	6	1.2%	22	2.5%	28	2.0%
5000-5499gms	2	0.4%	1	0.1%	3	0.2%
>5,500gms	0	0.0%	0	0.0%	0	0.0%
Total	500	100.0%	875	100.0%	1375	100.0%

Birth Weights	2020	2021	2022
<500gms	0.1%	0.0%	0.0%
500-999gms	0.5%	0.1%	0.1%
1000-1999gms	1.1%	0.5%	0.5%
2000-2999gms	12.8%	13.9%	15.6%
3000-3999gms	70.9%	68.8%	67.1%
4000-4499gms	12.0%	14.1%	14.4%
4500-4999gms	2.3%	2.3%	2.0%
5000-5499gms	0.1%	0.3%	0.2%
>5500gms	0.0%	0.0%	0.0%
Total Number of Babies	1414	1536	1375

Introduction of Labour	Primigravida	%	Multigravida	%	Total	%
2016	179	33.0%	184	18.7%	363	22.6%
2017	196	39.3%	197	17.3%	393	31.3%
2018	201	39.8%	205	26.4%	406	27.4%
2019	176	36.4%	224	20.9%	400	26.5%
2020	182	37.4%	195	21.5%	377	27.1%
2021	205	42.7%	238	23.0%	443	29.2%
2022	206	41.8%	195	22.7%	401	29.7%

Perineal Trauma 2022	Primigravida	%	Multigravida	%	Total	%
Intact	13	2.6%	103	12.0%	116	14.1%
Episiotomy	176	35.7%	57	6.6%	233	28.5%
2nd Degree Tear	73	14.8%	186	21.7%	259	31.7%
1st Degree Tear	20	4.1%	89	10.4%	109	13.7%
3rd Degree Tear	11	2.2%	8	0.9%	19	2.3%
Other Laceration	0	0.0%	0	0.0%	0	0.0%

Incidence of Episiotomy	Primigravida	%	Multigravida	%	Total	%
2021	167	34.8%	59	5.7%	226	23.2%
2022	176	35.7%	57	6.6%	233	28.5%

Shoulder Dystocia 2022	Primigravida	%	Multip	%	Total	%
Shoulder Dystocia	3	0.6%	1	0.1%	4	0.3%

Caesarean Sections 2022	Primigravida	%	Multip	%	Total	%
Elective Caesarean Sections	53	10.7%	237	27.6%	290	21.5%
Emergency Caesarean Sections	146	29.6%	112	13.1%	258	19.1%
Total	199	40.4%	349	40.7%	548	40.6%

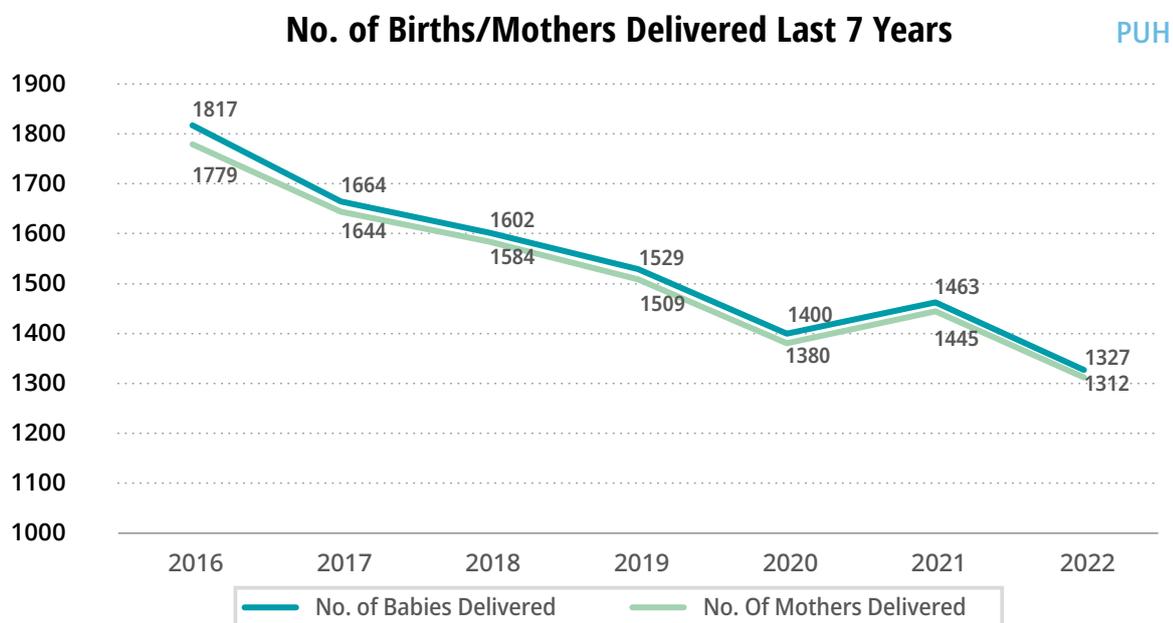
Robson Groups 2022	Total LSCS	Total Women	Rate of CS in Group
Group 1 - Nullip Single Ceph Term Spont Lab	30	200	12.9%
Group 2 - Nullip Single Ceph Term Induced	118	241	45.6%
Group 2(a) - Nullip Single Ceph Term Induced	77	200	36.0%
Group 2(b) - Nullip Single Ceph Term pre-labour CS	38	41	100.0%
Group 3 - Multip Single Ceph Term Spont Lab	11	287	3.8%
Group 4 - Multip Single Ceph Term Induced	93	208	44.7%
Group 4(a) - Multip Single Ceph Term Induced	70	180	38.9%
Group 4(b) - Multip Single Ceph Term Pre-Labour CS	23	28	82.1%

Robson Groups 2022	Total LSCS	Total Women	Rate of CS in Group
Group 5 - Previous CS Single Ceph Term	176	295	86.8%
Group 6 - All Nullip Breeches	33	33	100.0%
Group 7 - All Multip Breeches	33	38	90.0%
Group 8 - All Multiple Pregnancies	17	17	100.0%
Group 9 - All Abnormal Lies	3	3	100.0%
Group 10 - All Preterm Single Ceph	31	41	100.0%
Total	545 *	1,351 *	40.6%*

Vaginal Birth after Caesarean Section, 2022		n	%
Total No. Of Mothers who had 1 previous Caesarean Section		176	13.0%
No. of Mothers who opted for an Elective CS who had 1 previous CS		111	63.1%
No. of Mothers who went into Spontaneous/Induced Labour who had 1 previous CS		65	36.9%
Outcome of this category:			
SVD/Spontaneous Breech	16 (24.61%)		
Ventouse	9 (5.85%)		
Forceps	7(4.55%)		
Total VBAC=	32 (20.8%)		
Emergency CS	33(21.5%)		

PUH Statistical Summary Template 2022

Number of Mothers/Births, last 7 years	2016	2017	2018	2019	2020	2021	2022
Number of Deliveries	1817	1664	1602	1529	1400	1463	1327
Number of Mothers	1779	1644	1584	1509	1380	1445	1312



Obstetric Outcomes (Mothers) 2022	Primip	%	Multip	%	Total	%
Spontaneous Onset	217	44.4%	352	42.8%	569	43.4%
Induction of Labour	191	39.1%	201	24.4%	392	29.9%
Epidural Rate	251	51.3%	179	21.7%	430	32.8%
Episiotomy	132	27.0%	51	6.2%	183	23.52%

Obstetric Outcomes (Mothers) 2022	Primip	%	Multip	%	Total	%
Caesarean Section	215	44.0%	319	38.8%	534	40.7%
Spontaneous Vaginal Delivery	159	32.5%	462	56.1%	631	48.1%
Forceps Delivery	15	3.1%	0	0.0%	15	1.1%
Ventouse Delivery	90	18.4%	41	5.0%	131	10.0%
Breech Delivery	0	0.0%	1	0.1%	1	0.1%
Total (Number)	489	100.0%	823	100.0%	1312	

Multiple Pregnancies 2022	Primip (n)	%	Multip (n)	%	Total (n)	%
Twins	6	1.2%	9	1.1%	15	1.1%
Triplets	0	0.0%	0	0.0%	0	0.0%

Onset for Multiple Pregnancies 2022	Primip (6)	%	Multip (9)	%	Total (15)	%
Induced	0	0.0%	0	0.0%	0	0.0%
Spontaneous	0	0.0%	0	0.0%	0	0.0%
No Labour	6	100.0%	9	100.0%	15	100.0%
Elective C.S.	4	66.7%	8	88.9%	12	80.0%
Emergency C.S.	2	33.3%	1	11.1%	3	20.0%

Multiple Births	2016	2017	2018	2019	2020	2021	2022
Twins	38	20	18	20	20	18	15
Triplets	0	0	0	0	0	0	0
Total	38	20	18	20	20	18	15

Perinatal Deaths 2022	Primigravida	%	Multigravida	%	Total	%
Stillbirths	2	0.4%	1	0.1%	3	0.2%
Early Neonatal Deaths	0	0.0%	1	0.1%	1	0.1%

Perinatal Mortality Rate per 1000	2016	2017	2018	2019	2020	2021	2022
Overall PMR per 1000 births	7.2	6	6.2	5.2	6.4	2.7	3.0
Corrected PMR per 1000 births	1.1	3	1.8	1.3	2.8	0.0	1.5

Parity 2022	Number	%
0	489	37.3%
1	450	34.3%
2	227	17.3%
3	87	6.6%
4	42	3.2%
5	7	0.5%
6	7	0.5%
7	1	0.1%
8	2	0.2%
9	0	0.0%
10	0	0.0%
11	0	0.0%
Total	1312	100.0%

Parity %	2016	2017	2018	2019	2020	2021	2022
0	31.4%	32.2%	34.4%	33.8%	34.10%	35.7%	37.3%
1,2,3	65.0%	63.7%	61.8%	62.6%	62.70%	60.8%	58.2%
4+	3.6%	4.1%	3.8%	3.6%	3.2%	3.5%	4.5%

Age 2022	Primigravida	%	Multigravida	%	Total	%
15-19yrs	18	3.7%	1	0.1%	19	1.4%
20-24yrs	51	10.4%	33	4.0%	84	6.4%
25-29yrs	103	21.1%	112	13.6%	215	16.4%
30-34yrs	178	36.4%	232	28.2%	410	31.3%
35-39yrs	111	22.7%	318	38.6%	429	32.7%
40-44yrs	28	5.7%	122	14.8%	150	11.4%
45>	0	0.0%	5	0.6%	5	0.4%
Total	489	100.0%	823	100.0%	1312	100.0%

Age At Delivery	2016	2017	2018	2019	2020	2021	2022
15-19yrs	0.0%	0.0%	0.0%	0.0%	0.3%	0.3%	1.4%
20-24yrs	0.9%	1.4%	1.1%	0.6%	5.8%	5.7%	6.4%
25-29yrs	7.8%	8.3%	6.2%	5.6%	13.8%	13.3%	16.4%
30-34yrs	14.6%	15.9%	15.6%	15.2%	31.9%	27.9%	31.3%
35-39yrs	30.9%	35.3%	32.0%	31.5%	33.8%	37.9%	32.7%
40-44yrs	36.4%	32.8%	34.3%	35.2%	13.6%	13.9%	11.4%
45>	9.4%	6.4%	10.8%	11.9%	0.9%	1.0%	0.4%

County of Origin, Last 7 years	2016	2017	2018	2019	2020	2021	2022
Galway County	35.1%	35.8%	35.2%	33.9%	34.5%	33.9%	35.4%
Mayo	0	0.3%	0.5%	0.1%	0.1%	0.8%	0.1%
Roscommon	21.7%	20.5%	21.1%	25.1%	25.5%	23.8%	24.2%
Clare	0.6%	0.7%	0.5%	0.4%	0.1%	0.4%	0.5%
Offaly	-	-	-	-	-	16.3%	16.1%
Westmeath	-	-	-	-	-	19.0%	18.4%
Tipperary	-	-	-	-	-	3.9%	3.4%
Longford	-	-	-	-	-	1.5%	1.5%
Others	-	-	-	-	39.8%	0.4%	0.5%
Non Nationals	-	-	-	-	-	18.3%	21.9%

Gestation @ Delivery, 2022	Primigravida	%	Multigravida	%	Total	%
<28 weeks	0	0.0%	0	0.0%	0	0.0%
28 - 31+6	1	0.2%	2	0.2%	3	0.2%
32 - 36+6	30	6.1%	40	4.9%	70	5.3%
37 - 39+6	235	48.1%	507	61.6%	742	56.6%
40 - 41+6	222	45.4%	271	32.9%	493	37.6%
42 weeks	1	0.2%	3	0.4%	4	0.3%
Total	489	100.0%	823	100.0%	1312	100.0%

Gestation @ Delivery	2017	2018	2019	2020	2021	2022
<28 weeks	0.1%	0.2%	0.2%	0.3%	0.3%	0.0%
28 - 31+6	0.2%	0.2%	0.2%	0.1%	0.2%	0.2%
32 - 36+6				4.2%	4.4%	5.3%
37 - 39+6				53.3%	55.3%	56.6%
40 - 41+6	22.2%	17.3%	17.0%	42.0%	39.2%	37.6%
42 weeks				0.1%	0.6%	0.3%

Birth Weights 2022	Primigravida	%	Multigravida	%	Total	%
<1,000gms	1	0.2%	1	0.1%	2	0.2%
1000-1499gms	0	0.0%	1	0.1%	1	0.1%
1500-1999gms	4	0.8%	4	0.5%	8	0.6%
2000-2499gms	31	6.3%	23	2.8%	54	4.1%

Birth Weights 2022	Primigravida	%	Multigravida	%	Total	%
2500-2999gms	72	14.5%	94	11.3%	166	12.5%
3000-3499gms	162	32.7%	261	31.4%	423	31.9%
3500-3999gms	167	33.7%	305	36.7%	472	35.6%
4000-4499gms	49	9.9%	122	14.7%	171	12.9%
4500-4999gms	6	1.2%	20	2.4%	26	2.0%
5000-5499gms	3	0.6%	1	0.1%	4	0.3%
Total	495	100.0%	832	100.0%	1327	100.0%

Birth Weights	2016	2017	2018	2019	2020	2021	2022
<500gms	0.1%	0.0%	0.1%	0.1%	0.1%	0.0%	0.0%
500-999gms	0.0%	0.1%	0.1%	0.2%	0.2%	0.3%	0.2%
1000-1999gms					1.0%	0.8%	0.7%
2000-2999gms					13.3%	15.0%	16.6%
3000-3999gms	66.6%	67.9%	66.7%	68.0%	68.6%	64.9%	67.4%
4000-4499gms	15.0%	14.5%	13.7%	11.8%	14.2%	15.3%	12.9%
4500-4999gms					2.3%	3.5%	2.0%
5000-5499gms	0.1%	0.3%	0.3%	0.0%	0.1%	0.1%	0.3%
>5500gms	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Introduction of Labour	Primigravida	%	Multigravida	%	Total	%
2016	183	32.8%	274	22.4%	457	25.7%
2017	202	38.5%	254	22.7%	456	27.7%
2018	183	33.6%	234	22.5%	417	26.3%
2019	183	35.9%	228	22.8%	411	27.2%
2020	198	42.1%	249	27.3%	447	32.4%
2021	216	41.9%	245	26.3%	461	31.9%
2022	191	39.1%	201	24.4%	392	29.9%

Perineal Trauma 2022	Primigravida	%	Multigravida	%	Total	%
Intact	228	46.6%	460	55.9%	688	52.4%
Episiotomy	132	27.0%	51	6.2%	183	13.9%
2nd Degree Tear	85	17.4%	165	20.0%	250	19.1%
1st Degree Tear	26	5.3%	105	12.8%	131	10.0%
3rd Degree Tear	6	1.2%	6	0.7%	12	0.9%
Other Laceration	23	4.7%	42	5.1%	65	5.0%

Incidence of Episiotomy	Primigravida	%	Multigravida	%	Total	%
2019	190	37.3%	80	8.0%	270	29.1%
2020	131	27.9%	71	7.8%	202	25.1%
2021	152	29.3%	53	5.7%	205	21.8%
2022	132	27.0%	51	6.2%	183	23.5%

B.B.A	Primigravida	%	Multigravida	%	Total	%
2016	0	0.0%	3	0.2%	3	0.2%
2017	0	0.0%	5	0.4%	5	0.3%
2018	2	0.4%	7	0.7%	9	0.6%
2019	2	0.4%	3	0.3%	5	0.3%
2020	0	0.0%	6	0.6%	6	0.4%
2021	1	0.2%	11	1.2%	12	0.8%
2022	1	0.2%	5	0.6%	6	0.5%

Shoulder Dystocia 2022	Primigravida	%	Multip	%	Total	%
Shoulder Dystocia	4	0.8%	1	0.1%	5	0.4%

Fetal Blood Sampling (n - babies) 2022	Primigravida	%	Multigravida	%	Total	%
PH < 7.20	2	0.4%	2	0.2%	4	0.3%
PH 7.20 - 7.25	2	0.4%	1	0.1%	3	0.2%
PH > 7.25	10	2.0%	6	0.7%	16	1.2%

Cord Blood Sampling (n - babies) 2022	Primigravida	%	Multigravida	%	Total	%
PH < 7.20	84	17.2%	48	5.8%	132	10.1%
PH 7.20 - 7.25	49	10.0%	26	3.2%	75	5.7%
PH > 7.25	92	18.8%	77	9.4%	169	12.9%

Caesarean Sections 2022	Primigravida	%	Multip	%	Total	%
Elective Caesarean Sections	56	11.5%	228	27.7%	284	21.6%
Emergency Caesarean Sections	159	32.5%	91	11.1%	250	19.1%
Total	215	44.0%	319	38.8%	534	40.7%

Robson Groups 2022	Total LSCS	Total Women	CS Rate in Group
Group 1 - Nullip Single Ceph Term Spont Lab	41	201	20.4%
Group 2 - Nullip Single Ceph Term Induced	125	227	55.1%
Group 2(a) - Nullip Single Ceph Term Induced	86	188	45.7%
Group 2(b) - Nullip Single Ceph Term pre-labour CS	39	39	100.0%
Group 3 - Multip Single Ceph Term Spont Lab	3	272	1.1%
Group 4 - Multip Single Ceph Term Induced	38	219	17.4%
Group 4(a) - Multip Single Ceph Term Induced	7	188	3.7%
Group 4(b) - Multip Single Ceph Term Pre-Labour CS	31	31	100.0%
Group 5 - Previous CS Single Ceph Term	224	261	85.8%
Group 5 (1)- With one previous C.S. Single Ceph Term	157	194	80.9%
Group 5 (2)- With two or more Previous C.S. Single Ceph Term	67	67	100.0%
Group 6 - All Nullip Breeches	23	23	100.0%
Group 7 - All Multip Breeches	18	19	94.7%
Group 8 - All Multiple Pregnancies	15	15	100.0%
Group 9 - All Abnormal Lies	22	22	100.0%
Group 10 - All Preterm Single Ceph	25	53	47.2%
Total	534	1312	40.7%

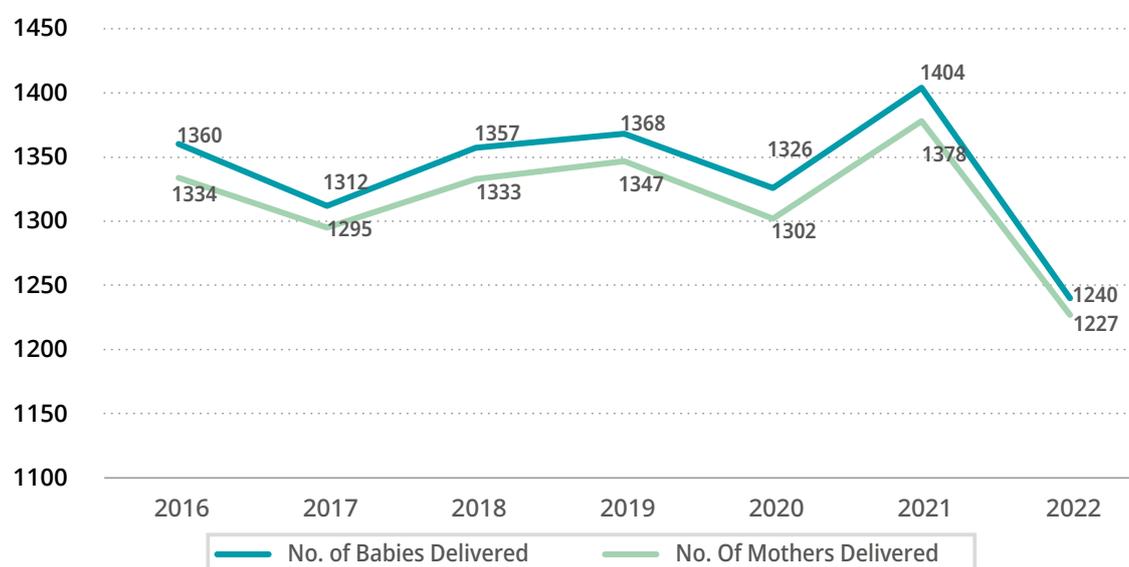
Vaginal Birth after Caesarean Section 2022	Number	%
Total No. Of Mothers who had 1 previous Caesarean Section	210	16.0%
No of Mothers who opted for an elective caesarean section after 1 previous Caesarean Section	121	57.6%
No of Mothers who went into spontaneous/induced Labour after 1 previous Caesarean Section		
Outcome of this Category:		
SVD/Spontaneous Breech-29		
• Ventouse-10	62	29.5%
• Forceps-0		
• Breech-0		
Total VBAC= 39		
Emergency C.S.=23		

SUH Statistical Summary Template 2022

Number of Mothers/Births, last 7 years	2016	2017	2018	2019	2020	2021	2022
Number of Deliveries	1360	1312	1357	1368	1326	1404	1240
Number of Mothers	1334	1295	1333	1347	1302	1378	1227

No. of Births/Mothers Delivered Last 6 Years

SUH



Obstetric Outcomes (Mothers) 2022	Primip (n)	%	Multip (n)	%	Total	%
Spontaneous Onset	191	39.9%	283	37.8%	474	38.6%
Induction of Labour	222	46.3%	216	28.9%	438	35.7%
Epidural Rate	285	59.5%	196	26.2%	481	39.2%
Episiotomy	112	23.4%	60	8.0%	172	24.5%
Caesarean Section	223	46.6%	304	40.6%	527	43.0%
Spontaneous Vaginal Delivery	154	32.2%	414	55.3%	568	46.3%
Forceps Delivery	16	3.3%	4	0.5%	20	1.6%
Ventouse Delivery	86	18.0%	26	3.5%	112	9.1%
Breech Delivery	0	0.0%	3	0.4%	3	0.2%
Total (Number)	479	100.0%	748	100.0%	1227	100.0%

Multiple Pregnancies 2022	Primip (n)	%	Multip (n)	%	Total (n)	%
Twins	7	1.5%	6	0.8%	13	1.1%
Triplets	0	0.0%	0	0.0%	0	0.0%

Onset for Multiple Pregnancies 2022	Primip (7)	%	Multip (6)	%	Total (13)	%
Induced	2	28.6%	1	16.7%	3	23.1%
Spontaneous	2	28.6%	3	50.0%	5	38.5%
No Labour	3	42.9%	2	33.3%	5	38.55
Elective C.S.	1	14.3%	2	33.3%	3	23.1%
Emergency C.S.	6	85.7%	0	0.0%	6	46.2%

Multiple Births	2016	2017	2018	2019	2020	2021	2022
Twins	27	17	24	21	24	27	13
Triplets	0	0	0	0	0	0	0
Total	27	17	24	21	24	27	13

Perinatal Deaths 2022	Primigravida	%	Multigravida	%	Total	%
Stillbirths	4	0.8%	4	0.5%	8	0.7%
Early Neonatal Deaths	0	0.0%	3	0.4%	3	0.2%

Perinatal Mortality Rate (%)	2016	2017	2018	2019	2020	2021	2022
Overall PMR per 1000 births	1	0.8	6	0.45	7	3.5	8.7
Corrected PMR per 1000 births	0	0	1	0.8	1	1.4	2.4

Stillbirth & Neonatal Deaths, last 7 years per 1000	2016	2017	2018	2019	2020	2021	2022
Stillbirth Rate	6.60%	3.80%	3.00%	3.00%	0.60%	0.30%	0.65%
Neonatal Death Rate	0.70%	0.80%	0.00%	0.00%	0.08%	0.10%	0.24%
Total Rate	7.30%	4.60%	3.00%	1.50%	0.68%	0.40%	0.89%

Parity 2022	Number	%
0	479	39.0%
1	413	33.7%
2	223	18.2%
3	65	5.3%
4	30	2.4%
5	6	0.5%
6	6	0.5%
7	3	0.2%
8	0	0.0%
9	1	0.1%
10	0	0.0%
11	1	0.1%
Total	1227	100.0%

Parity (%)	2016	2017	2018	2019	2020	2021	2022
0	29.3%	36.0%	29.3%	35.5%	36.9%	34.2%	39.0%
1,2,3	59.1%	51.7%	48.2%	55.1%	59.4%	62.0%	57.1%
4+	11.6%	12.4%	22.5%	9.4%	3.7%	3.8%	3.9%

Age 2022	Primigravida	%	Multigravida	%	Total	%
15-19yrs	4	0.8%	0	0.0%	4	0.3%
20-24yrs	67	14.0%	22	2.9%	89	7.2%
25-29yrs	90	18.8%	84	11.2%	174	14.2%
30-34yrs	161	33.6%	183	24.5%	344	28.0%
35-39yrs	114	23.8%	307	41.0%	421	34.3%
40-44yrs	40	8.4%	146	19.5%	186	15.2%
45>	3	0.6%	6	0.8%	9	0.7%
Total	479	100.0%	748	100.0%	1227	100.0%

Age At Delivery	2016	2017	2018	2019	2020	2021	2022
15-19yrs	2.1%	2.4%	1.7%	2.0%	0.4%	0.2%	0.3%
20-24yrs	9.0%	10.0%	7.7%	9.7%	5.4%	5.5%	7.2%
25-29yrs	18.5%	18.9%	19.1%	17.2%	12.9%	10.8%	14.2%
30-34yrs	35.3%	34.0%	36.6%	35.8%	27.3%	30.2%	28.0%
35-39yrs	29.0%	28.7%	29.0%	28.5%	37.9%	37.5%	34.3%
40-44yrs	6.0%	6.0%	6.0%	6.9%	14.5%	15.2%	15.2%
45>					1.3%	0.6%	0.7%

County of Origin	2016	2017	2018	2019	2020	2021	2022
Sligo	55.00%	54.30%	55.80%	53.00%	52.9%	54.8%	49.1%
Donegal	11.80%	10.90%	11.70%	12.17%	12.0%	8.0%	14.0%
Leitrim	20.50%	20.20%	20.40%	21.73%	20.6%	22.0%	21.7%
Mayo	1.90%	2.50%	1.30%	0.80%	1.7%	1.6%	3.2%
Roscommon	9.60%	11.10%	9.70%	9.56%	11.6%	12.7%	11.0%
Cavan	0.90%	0.50%	0.60%	1.30%	0.9%	0.0%	0.0%
Galway	0.00%	0.00%	0.00%	0.00%	0.0%	0.0%	0.1%
Longford	0.00%	0.20%	0.10%	0.00%	0.2%	0.0%	0.0%
Dublin	0.10%	0.00%	0.00%	0.00%	0.1%	0.0%	0.0%
Others	0.10%	0.20%	0.3	0.80%	0.0%	0.9%	1.0%
Total	99.90%	99.90%	99.9	99.40%	100%	100%	100.0%

Non National Births	2016	2017	2018	2019	2020	2021	2022
Number	109	97	103	136	265	266	266
%	8.0%	11.5%	7.7%	10.1%	20.3%	19.3%	21.7%

Gestation @ Delivery, 2022	Primigravida	%	Multigravida	%	Total	%
<28 weeks	2	0.4%	2	0.3%	4	0.3%
28 - 31+6	0	0.0%	3	0.4%	3	0.2%
32 - 36+6	37	7.6%	44	5.8%	81	6.5%
37 - 39+6	223	45.9%	458	60.7%	681	54.9%
40 - 41+6	223	45.9%	247	32.8%	470	37.9%
42 weeks	1	0.2%	0	0.0%	1	0.1%
Total	486	100.0%	754	100.0%	1240	100.0%

Gestation @ Delivery	2016	2017	2018	2019	2020	2021	2022
<28 weeks	0.2%	0.2%	0.2%	0.4%	0.5%	0.2%	0.3%
28 - 31+6	0.3%	0.2%	0.3%	0.2%	0.6%	0.3%	0.2%
32 - 36+6					3.6%	5.2%	6.5%
37 - 39+6					52.3%	53.9%	54.9%
40 - 41+6	45.4%	46.5%	41.7%	49.2%	42.1%	39.8%	37.9%
42 weeks	2.1%	1.5%	2.3%	1.2%	0.6%	0.6%	0.1%

Birth Weights 2022	Primigravida	%	Multigravida	%	Total	%
<1,000gms	2	0.4%	2	0.3%	4	0.3%
1000-1499gms	0	0.0%	2	0.3%	2	0.2%
1500-1999gms	3	0.6%	4	0.5%	7	0.6%
2000-2499gms	19	3.9%	30	4.0%	49	4.0%
2500-2999gms	81	16.7%	83	11.0%	164	13.2%
3000-3499gms	201	41.4%	249	33.0%	450	36.3%
3500-3999gms	133	27.4%	261	34.6%	394	31.8%
4000-4499gms	42	8.6%	110	14.6%	152	12.3%
4500-4999gms	4	0.8%	11	1.5%	15	1.2%
5000-5499gms	1	0.2%	2	0.3%	3	0.2%
Total	486	100.0%	754	100.0%	1240	100.0%

Birth Weights	2016	2017	2018	2019	2020	2021	2022
<500gms					0.0%	0.0%	0.0%
500-999gms					0.2%	0.1%	0.3%
1000-1999gms					1.4%	1.1%	0.7%
2000-2999gms					14.3%	15.2%	17.2%
3000-3999gms	66.6%	66.2%	66.7%	66.2%	69.6%	68.3%	68.1%
4000-4499gms	14.2%	14.3%	13.3%	13.9%	11.8%	13.1%	12.3%
4500-4999gms					2.1%	2.0%	1.2%
5000-5499gms					0.2%	0.1%	0.2%
>5500gms					0.0%	0.0%	0.0%

Introduction of Labour	Primigravida	%	Multigravida	%	Total	%
2016	160	32.9%	255	30.1%	415	31.1%
2017	156	30.1%	262	31.6%	418	31.0%
2018	167	34.9%	183	21.4%	350	26.2%
2019	183	13.5%	234	17.4%	417	31.0%
2020	212	44.2%	224	27.3%	436	33.5%
2021	203	44.8%	260	28.1%	463	33.6%
2022	222	46.3%	216	28.9%	438	35.7%

Perineal Trauma 2022	Primigravida	%	Multigravida	%	Total	%
Intact	9	1.9%	102	13.6%	111	9.0%
Episiotomy	112	23.4%	60	8.0%	172	14.0%
2nd Degree Tear	79	16.5%	174	23.3%	253	20.6%
1st Degree Tear	28	5.8%	73	9.8%	101	8.2%
3rd Degree Tear	4	0.8%	4	0.5%	8	0.7%
Other Laceration	18	3.8%	38	5.1%	56	4.6%

Incidence of Episiotomy	Primigravida	%	Multigravida	%	Total	%
2019	158	30.5%	49	5.9%	207	24.1%
2020	130	26.7%	50	6.1%	180	23.3%
2021	123	27.6%	59	6.4%	182	21.3%
2022	112	23.4%	60	8.0%	172	24.5%

B.B.A	Primigravida	%	Multigravida	%	Total	%
2016	1	0.2%	8	0.9%	9	0.7%
2017	0	0.0%	10	1.2%	10	0.7%
2018	0	0.0%	2	0.2%	2	0.1%
2019	0	0.0%	2	0.2%	2	0.1%
2020	1	0.2%	2	0.2%	3	0.2%
2021	0	0.0%	6	0.6%	6	0.4%
2022	2	0.4%	2	0.3%	4	0.3%

Shoulder Dystocia 2022	Primigravida	%	Multip	%	Total	%
Shoulder Dystocia	4	0.8%	6	0.8%	10	0.8%

Fetal Blood Sampling (n - babies) 2022	Primigravida	%	Multigravida	%	Total	%
PH < 7.20	0	0.0%	0	0.0%	0	0.0%
PH 7.20 - 7.25	0	0.0%	0	0.0%	0	0.0%
PH > 7.25	1	0.2%	0	0.0%	1	0.1%

Cord Blood Sampling (n - babies) 2022	Primigravida	%	Multigravida	%	Total	%
PH < 7.20	88	18.4%	92	12.3%	180	14.7%
PH 7.20 - 7.25	79	16.5%	86	11.5%	165	13.4%
PH > 7.25	227	47.4%	431	57.6%	658	53.6%

Caesarean Sections 2022	Primigravida	%	Multip	%	Total	%
Elective Caesarean Sections	57	11.9%	204	27.3%	261	21.3%
Emergency Caesarean Sections	166	34.7%	100	13.4%	266	21.7%
Total	223	46.6%	304	40.6%	527	43.0%

Robson Groups 2022	Total LSCS	Total Women	CS Rate in Group
Group 1 - Nullip Single Ceph Term Spont Lab	40	179	22.3%
Group 2 - Nullip Single Ceph Term Induced	139	245	56.7%
Group 2(a) - Nullip Single Ceph Term Induced	106	212	50.0%
Group 2(b) - Nullip Single Ceph Term pre-labour CS	33	33	100.0%
Group 3 - Multip Single Ceph Term Spont Lab	9	228	3.9%
Group 4 - Multip Single Ceph Term Induced	34	207	16.4%
Group 4(a) - Multip Single Ceph Term Induced	15	188	8.0%
Group 4(b) - Multip Single Ceph Term Pre-Labour CS	19	19	100.0%
Group 5 - Previous CS Single Ceph Term	204	234	87.2%
Group 5 (1)- With one previous C.S. Single Ceph Term	135	165	81.8%
Group 5 (2)- With two or more Previous C.S. Single Ceph Term	69	69	100.0%
Group 6 - All Nullip Breeches	23	24	95.8%
Group 7 - All Multip Breeches	20	22	90.9%
Group 8 - All Multiple Pregnancies	9	14	64.3%
Group 9 - All Abnormal Lies	20	20	100.0%
Group 10 - All Preterm Single Ceph	29	54	53.7%
Total	527	1227	43.0%

Vaginal Birth after Caesarean Section 2022	Number	%
Total No. Of Mothers who had 1 previous Caesarean Section	179	14.6%
No of Mothers who opted for an elective caesarean section after 1 previous Caesarean Section	110	61.5%
No of Mothers who went into spontaneous/induced Labour after 1 previous Caesarean Section		

Outcome of this Category:

- SVD/Spontaneous Breech-29
- Ventouse-3
- Forceps-1

Total VBAC= 33

Emergency C.S.-22

2.2 Ultrasound and Fetal Medicine Report 2022

This section of the report outlines the data for ultrasound scans performed during pregnancy and the information relevant to fetal medicine/ high risk obstetric services within the Saolta Group maternity hospitals. For many years now all women are offered a formal first trimester ultrasound scan, and a detailed fetal anatomy scan at 20-22 weeks gestation. In general, the practice of performing ad hoc or informal ultrasound scans is discouraged, except in the circumstances of an urgent requirement or for some out of hours clinical indications.

In Galway University Hospital there are a number of weekly fetal medicine clinics which also include high risk obstetric cases, multiple pregnancies (particularly MCDA) and significant medical disorders in pregnancy. These clinics provide a tertiary level fetal medicine service to the other maternity hospitals within Saolta. In Portiuncula University Hospital there is a dedicated high risk obstetric clinic which is linked to the fetal medicine service at GUH. In Mayo University Hospital there are two sessions provided weekly on one day to accommodate fetal medicine and high risk obstetric cases. This is provided by a consultant attending (Dr G Ryan) from the Galway MFM team. This service was initiated in January 2022. This is a model we are planning to expand in other sites in the coming year.

The tables provided in this chapter outline the activity in many different sections. As regards multiple pregnancies, the numbers provided represent the number of twin pregnancies that were seen in these services during the year 2022. The actual number of multiple pregnancies delivered during 2022 is included in the maternity statistics section of the report.

The numbers of cases with fetal abnormality diagnosed are included in this report. The number of cases reviewed at the GUH fetal medicine clinics has increased significantly in recent years as integration of the service across 4 of the 5 maternity hospitals has progressed. There is one caveat in interpreting these figures. The tables show the number of abnormalities diagnosed in each hospital. However, the abnormalities outlined for PUH, MUH and SUH may also have been included in the numbers of cases reviewed at GUH. The number of invasive procedures is also included. In 2022 the provision of selective NIPT testing within the fetal medicine service at GUH was commenced. This was provided to selected cases including presence of markers of aneuploidy and other high risk criteria. There were n=80 such tests performed during 2022. NIPT testing was not offered within the hospital system for routine screening. Amniocentesis or CVS was offered as the primary investigation in the presence of diagnosed fetal abnormalities.

The Fetal-Neonatal Multidisciplinary team meetings take place fortnightly, or more frequently on an ad hoc basis if required. They are well attended by consultants in fetal medicine and neonatology. They are also attended by consultant specialists in clinical genetics, radiology, cardiology and neurology as relevant, and as required. The meetings are also attended by specialist midwife sonographers, the fetal medicine midwife manager, the bereavement midwife, social work counsellors, and the doctors in training in obstetrics and gynaecology and neonatology. The meetings are hybrid in nature to facilitate involvement from the maternity hospitals across the Saolta Group.

Saolta University Health Care Group Fetal Medicine Summary Table 2022

	Galway University Hospital	Letterkenny University Hospital	Mayo University Hospital	Portiuncula University Hospital	Sligo University Hospital	Total
Total number of scans performed 2022	14,232	8,444	5,244	6,420	5,932	40,272
Number of EPU scans	2,665	952	1,191	1,131	1,329	7,268
Number of Early Pregnancy Scans (inc EPAU & booking scans)	4,324	2,620	2,521	2,383	2,346	14,194
Number of detailed anomaly scans	2,393	1,488	1,188	1,309	1,174	7,552
Percentage of patients who had an anomaly U/S	100.0%	99.9%	100.0%	100.0%	100.0%	100.0%
Number of other clinically indicated scans	5,365	4,136	2,325	2,728	1,083	15,637
Number of twins	80	44	44	23	13	204
DCDA	67	39	30	17	11	164
MCDA	35	5	13	6	2	61

	Galway University Hospital	Letterkenny University Hospital	Mayo University Hospital	Portiuncula University Hospital	Sligo University Hospital	Total
MCMA	2	0	1	0	0	2
Triplets	2	0	0	0	0	2
Number of Amniocentesis or CVS	50	0	0	0	0	50
Fetal abnormalities diagnosed	238	34	40	51	60	423
Number of deliveries	2,634	1,495	1,375	1,327	1,240	8,071

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

No. of Amniocentesis or CVS	GUH	LUH	MUH	PUH	SUH	Total
2020	48	5	4	0	5	62
2021	47	0	0	*9 referred to GUH	0	47
2022	50	0	0	0	0	50

No. of Fetal Abnormalities	GUH	LUH	MUH	PUH	SUH	Total
2020	127	31	19	33	27	207
2021	154	31	49	45	23	299
2022	238	34	40	51	60	423

Ultrasound and Fetal Abnormalities Diagnosed 2022 per Hospital Site and Total

	GUH	LUH	MUH	PUH	SUH	Total
Cranial/ CNS/Neuro	61	2	9	14	7	93
Ventriculomegaly/ Hydrocephalus	24	1	2	2	3	32
CNS posterior fossa abnormality	9	0	0	0	0	9
Microcephaly	0	0	0	0	0	0
Spina bifida	2	0	0	1	0	3
Anencephaly / Exencephaly	9	1	3	2	2	17
Cystic Hygroma	14	0	3	8	2	27
Holoprocencephaly	2	0	1	1	0	4
Agensis Cerebellar Vermis	0	0	0	0	0	0
Dandy-Walker malformation	1	0	0	0	0	1
Cardiac abnormalities	72	7	2	5	1	87
Hypoplastic right/ left heart	6	0	0	1	0	7
Transposition	1	0	0	0	0	1
DORV	3	0	1	0	0	4
VSD & AVSD	20	1	1	2	0	24
Tetralogy of Fallot	2	0	0	0	0	2
Interrupted aortic arch	1	0	0	0	0	1
Ventricular disproportion	1	0	0	0	0	1
Other	20	6	0	0	1	27
Irregular rhythm	17	0	0	2	0	19
Pericardial effusion	1	0	0	0	0	1

	GUH	LUH	MUH	PUH	SUH	Total
Abdominal defects/ GI malformations	9	0	1	2	0	12
Gastroschisis	1	0	0	1	0	2
Exomphalous	1	0	0	1	0	2
Abdominal cysts	2	0	0	0	0	2
Abdominal Ascites	2	0	1	0	0	3
Duodenal atresia	2	0	0	0	0	2
Omphalocele	0	0	0	0	0	0
Body Stalk abnormality	1	0	0	0	0	1
Thoracic	5	1	4	1	0	11
Bronchopulmonary sequestration	2	0	1	0	0	3
Congenital cystic adenomatoid malformation	1	1	2	1	0	5
Pleural effusion	1	0	1	0	0	2
Diaphragmatic hernia	1	0	0	0	0	1
Structural Facial Abnormality	10	0	0	2	2	14
Cleft lip/ Palate	10	0	0	2	2	14
Renal Tract abnormality	31	5	2	4	4	46
Pelvic kidney	1	1	0	0	0	2
Megacystis	4	0	0	2	0	6
Multicystic /Polycystic/ dysplastic kidney	7	0	0	2	3	12
Potters Sequence	0	0	0	0	0	0
Echogenic kidneys	6	0	0	0	0	6
Hydronephrosis	9	4 (2 unilateral and 2 bilateral)	1	0	1	15
Other	4	0	1	0	0	5
Megacystic bladder	0	0	0	0	0	0
Skeletal abnormality/ Limb abnormality	32	2	4	10	3	51
Talipes	13	2 (1 unilateral and 1 bilateral)	0	4	0	19
Long bones <3rd centile	11	0	2	5	1	19
Arthyrogryposis	2	0	1	0	0	3
Osteogenesis imperfecta	0	0	0	0	0	0
Other	1	0	1	1	2 (Absent nasal bone and abnormal hands)	5
Skeletal Dysplasia	5	0	0	0	0	5
Chromosomal abnormality - Genetic Abnormality	14	11	5	0	2	32
Trisomy 21	8	5	3	0	1	17
Trisomy 13	4	0	0	0	0	4
Trisomy 18	2	4	2	0	1	9
Triploidy	0	2	0	0	0	2
Placental	6	0	0	0	3	9
Placenta accreta	3	0	0	0	2	5
Miscellaneous	66	1	8	13	16	104
Abnormal Placenta	2	1	0	0	0	3
CMV	1	0	2	0	0	3
Syphilis	0	0	1	0	0	1
Anti D	5	0	1	0	0	6
Anti K	0	0	3	0	0	3
Anti E	3	0	1	0	0	4

	GUH	LUH	MUH	PUH	SUH	Total
Other	16	0	0	13	0	29
Fetal Echo	26	0	0	0	14	40
Vasa Praevia	1	0	0	0	1	2
Antibodies	12	0	0	0	1	13

2.3 Early Pregnancy Assessment Unit

Introduction

The Early Pregnancy Assessment Unit (EPAU) are dedicated to providing care to women in early pregnancy. We have units on each site. 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.

While in theory, the EPAU pathway is mirrored across our sites the level of reported activity for first visits in practice there is a wide variation year-to-year and unit to unit. IMIS has advised that the extreme variation, or over-dispersion, in the measurement of EPAU first visits might imply that the indicator may not be measuring the same type of activity at all maternity units.

Activity in EPAU across the group: First Visits to EPAU (IMIS data)

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).

	2018 EPAU 1 st visit	2018 Rate per % delivered	2019 EPAU 1 st visits	2019 Rate per % delivered	2020 EPAU 1 st visits	2020 Rate per % delivered	2021 EPAU 1 st Visits	2021 Rate per % delivered	2022 EPAU 1 st visits	2022 Rate per % delivered
National rate per % delivered		42.3%		42.9%		42.8%		36.8%		53.7%
GUH	1375 **	49.0%**	2781 **	49.4%**	1416	55.3%**	1611	56.7%	1560	60.1%
LUH	649	38.4%	1618	44.5%**	545	35.6%	511	32.8%	618	42.1%
MUH	566	38.1%	1511	38.3%	561	40.3%	637	42.0%	650	48.1%
PUH	1212 **	76.1% **	1509 **	74.2%**	819	59.4% **	806	55.8%	644	49.1%
SUH	1145**	49.0%**	1347 **	60.6%**	948	72.8%**	826	60.0%	866	70.6%
Total	4947		8766		4289		4391		4338	

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

This is the clinical activity and outcomes for the EPAU in the Saolta Group for 2022:

Saolta Activity/Diagnosis	GUH	LUH	MUH	PUH	SUH	Saolta Total
Total Attendances	2551	952	1186	3100	1329	9118
New	1560	618	650	644	866	4338
Return	991	334	536	2456	463	4780
Viable Intrauterine Pregnancies	1157	441	359	619	693	3269
Complete Miscarriages	297	178	129	124	213	941
Incomplete Miscarriages	135	85	55	68	68	411
Missed Miscarriages	242	120	104	128	125	719
Medical Management	88	56	71	65	68	348
Surgical Management	77	82	26	53	36	274
Conservative Management	59	230	29	18	6	342
Ectopic Pregnancies	23	36	20	18	23	120

Saolta Activity/Diagnosis	GUH	LUH	MUH	PUH	SUH	Saolta Total
Pregnancies of Unknown Location	282	79	115	51	112	639
Molar Pregnancies	21	7	1	4	2	35
Pregnancies of Unknown Viability	241	130	159	115	127	772
BHCG Levels Recorded	1242	633	346	320	293	2834

Saolta Group/Year	2020	2021	2022
Total Attendances	8139	7359	9118
1 st Visits	4333	4391	4338
Missed Miscarriages	646	687	719
Ectopic Pregnancies	65	88	120
Molar Pregnancies	12	27	35
BHCG Levels Recorded	1313*	2559	2834

*Data not available in 2020 for LUH and SUH

2.4 Saolta Combined Obstetric and Diabetic Service

Effective management of 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) & MODY. In the Saolta group women with DIP are care for by combined Obstetric and Endocrine multidisciplinary team care.

Across the Saolta group in 2022, 18.9% of births were complicated by diabetes this is an increase from 13.8% in 2021 and 11.2% in 2020. The most significant rates of increase in 2022 was in Letterkenny, Mayo and Galway. In 2022 we were able to appoint additional Clinical Midwife Specialist / CMM2 in each of the sites to support the growing service.

The numbers of women entering pregnancy in 2021 with Type 1 or Type 2 diabetes remains low.

This is the clinical activity for the combined Obstetric and Endocrine service.

Group Summary Table 2022

Diabetic Pregnancies, Type and Treatment	GUH	LUH	MUH	PUH	SUH	Saolta Hospital Group
Activity						
Total number of mothers delivered	2595	1469	1355	1312	1227	7958
Total number of pregnancies complicated by diabetes	722	236	184	228	132	1502
% of women delivered with pregnancy complicated by diabetes	27.8%	16.1%	13.57%	17.4%	10.8%	18.9%
Classification						
Numbers of Type 1	17	6	1	2	6	32
Numbers of Type2	4	7	5	6	3	25
MODY	0	0	0	0	0	0
Numbers of Gestational Diabetes	701	223	178	220	123	1445
Mode of Management						
Diet and exercise	402	97	82	71	38	690
Metformin	29	36	22	0	36	123
Insulin	291	103	74	157	58	683

Chart: Saolta Group % of Pregnancies Complicated by Diabetes 2020-2022

*Missing MUH data

MCAN Group/Year	2020	2021	2022
No. of Pregnancies Complicated by Diabetes	915	1204	1502
Type 1	43	28	32
Type 2	23	17	25
MODY	1	2	0
Gestational Diabetes	846	1157	1445
Diet and Exercise	349	547	690
Metformin	162	158	123
Insulin	400	506	683

*Missing MUH data

GUH 2022 Combined Obstetric and Diabetes Service

Diabetes GUH 2022 women (27.8% of Delivered Women)	Treatment			Parity		Delivery		NICU
	Diet & Exercise Only	Metformin or Emerge	Insulin	Primip	Multips	Vaginal Delivery	LSCS	NICU Admission
Type 1	17	0	17	7	10	2	15	6
Type 2	4	0	4	2	2	0	4	1
Gestational	701	402	270	250	451	385	316	100
Grand Total	722	402	291	259	463	387	335	107
% of Diabetic Women	55.7%	4.0%	40.3%	35.9%	64.1%	53.6%	46.4%	14.8%

BMI Breakdown Diabetic Women GUH 2022

BMI	<19	19 to 24.9	25 to 29.9	30 to 34.9	>35	Not Recorded	Total
Number of Women	3	150	202	140	117	110	722

Labour Onset Diabetic Women GUH 2022

Type	Spontaneous	Induced	No Labour	Total
Number of Women	184	305	233	722

Delivery Type Diabetic Women GUH 2022

Type	SVD/Spont Breech	OVD	ELECTIVE CS	EMERGENCY CS	Total
Number of Women	282	105	180	155	722

Infant Feeding Method Diabetic Mothers GUH 2022

Type	Breast alone at Discharge	Breast & Artificial at Discharge	Artificial at Discharge	NND	Total: Total Infants to Diabetic Mothers 732 (10 sets of Twins)
Number of Women	263	189	278	2	732

LUH 2022 Combined Obstetric and Diabetes Service

LUH Diabetes 2022 women (16.1% of Delivered Women)	Treatment			Parity		Delivery		NICU	
	Diet & Exercise Only	Metformin or Emerge	Insulin	Primip	Multip	Vaginal Delivery	LSCS	NICU Admission	
Type 1	6	0	6	3	3	2	4	1	
Type 2	7	0	7	2	5	4	3	1	
Gestational	223	97	36	90	101	112	111	26	
Grand Total	236	97	36	103	106	118	118	28	
% of Diabetic Women		41.1%	15.3%	43.6%	44.9%	55.1%	50.0%	50.0%	11.9%

BMI Breakdown Diabetic Women LUH 2022

BMI	<19	19 to 24.9	25 to 29.9	30 to 34.9	>35	Not Recorded	Total
Number of Women	0	43	106	49	38	0	236

Labour Onset Diabetic Women LUH 2022

Type	Spontaneous	Induced	No Labour	Total
Number of Women	29	135	72	236

Delivery Type Diabetic Women LUH 2022

Type	SVD/Spont Breech	OVD	ELECTIVE CS	EMERGENCY CS	Total
Number of Women	92	26	63	55	236

Infant Feeding Method Diabetic Mothers LUH 2022

Type	Breast alone at Discharge	Breast & Artificial at Discharge	Artificial at Discharge	NND	Total
Number of Women	102	22	111	1 (TOP)	236

MUH 2022 Combined Obstetric and Diabetes Service

MUH Diabetes 2022 women (13.57 % of Women Delivered)	Treatment			Parity		Delivery		NICU	
	Diet & Exercise Only	Metformin or Emerge	Insulin	Primip	Multips	Vaginal Delivery	LSCS	Adm	
Type 1	1		1	1				0	
Type 2	5		5	1				0	
MODY	0		0	0				0	
Gestational	178	82	22	74	25			23	
Grand Total	184	82	22	80	51	133	97	87	24
% of Diabetic Women	13.6%	44.6%	12.0%	43.5%	27.7%	72.3%	52.7%	47.3%	13.0%

BMI Breakdown Diabetic Women MUH 2022						
Type	<19	19 to 24.9	25 to 29.9	30 to 34.9	>35	Total
Number of Women	2	34	59	49	40	184
Labour Onset Diabetic Women MUH 2022						
Type	Spontaneous		Induced		No Labour	Total
Number of Women	52		71		61	184
Delivery Type Diabetic Women MUH 2022						
Type	SVD/Spont Breech		OVD	Elective CS	Emergency CS	Total
Number of Women	79		18	50	37	184
Infant Feeding Method Diabetic Mothers MUH 2022						
Type	Breastfeeding		Breast and Artificial		Artificial	Total
Number of Women	80		27		77	184

PUH Combined Obstetric and Diabetes Service 2022

PUH Diabetes 2022 women (17.4%) of Women Delivered)		Treatment			Parity		Delivery		NICU
		Diet & Exercise Only	Metformin or Emerge	Insulin	Primip	Multips	Vaginal Delivery	LSCS	NICU Admission
Type 1	2	0	0	2	0	2	1	1	0
Type 2	6	0	0	6	1	5	2	4	3
Gestational	220	71	0	149	68	152	120	100	30
Grand Total	228	71	0	157	69	159	123	105	33
% of Diabetic Women		31.1%	0.0%	68.9%	30.3%	69.7%	53.9%	46.1%	14.5%

BMI Breakdown Diabetic Women PUH 2022								
BMI	<19	19 to 24.9	25 to 29.9	30 to 34.9	>35	Not Recorded	Total	
Number of Women	1	34	49	52	76	16	228	
Labour Onset Diabetic Women PUH 2022								
Type	Spontaneous			Induced		No Labour		Total
Number of Women	50			104		74		228
Delivery Type Diabetic Women PUH 2022								
Type	SVD/Spont Breech		OVD	ELECTIVE CS		EMERGENCY CS		Total
Number of Women	106		17	54		51		228
Infant Feeding Method Diabetic Mothers PUH 2022								
Type	Breast alone at Discharge		Breast & Artificial at Discharge		Artificial at Discharge		NND	Total
Number of Women	113		79		36		0	228

SUH 2022 Obstetric and Diabetes Service

Diabetes 2022 women (10.8% of Delivered Women)	Treatment			Parity		Delivery		NCIU
	Diet & Exercise Only	Metformin or Emerge	Insulin	Primip	Multips	Vaginal Delivery	LSCS	NICU Admission
Type 1	6	0	6	2	4	0	6	6
Type 2	3	0	3	1	2	0	3	3
Gestational	123	38	49	49	74	62	61	23
Grand Total	132	38	58	52	80	62	70	32
% of Diabetic Women	28.8%	27.3%	43.9%	39.4%	60.6%	47.0%	53.0%	24.2%

BMI Breakdown Diabetic Women SUH 2022

Type	<19	19 to 24.9	25 to 29.9	30 to 34.9	>35	Not Recorded	Total
Number of Women	0	17	43	32	34	6	132

Labour Onset Diabetic Women SUH 2022

Type	Spontaneous	Induced	No Labour	Total
Number of Women	19	72	41	132

Delivery Type Diabetic Women SUH 2022

Type	SVD/Spont Breech	OVD	Elective CS	Emergency CS	Total
Number of Women	51	11	30	40	132

Infant Feeding Method Diabetic Mothers SUH 2022

Type	Breastfeeding	Breast and Artificial	Artificial	NND	Total
Number of Women	29	46	54	3	132

2.5 Anaesthetic Report in Maternity Services

On each site anaesthetic team members 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.

Here is some of the activity and outcome related to obstetric anaesthetic service across our group:

Site	Rate of GA	2018	2019	2020	2021	2022
GUH	per total mothers delivered	2.7%	1.9%	2.3%	2.0%	1.9%
	per total CS	7.7%	5.2%	6.9%	5.1%	4.9%
LUH	per total mothers delivered	2.5%	2.7%	2.2%	2.1%	2.0%
	per total CS	6.8%	7.2%	5.9%	5.2%	5.0%
PUH	per total mothers delivered	1.8%	1.7%	1.8%	2.3%	1.6%
	per total CS	4.8%	4.3%	4.4%	5.4%	3.9%
MUH	per total mothers delivered	2.0%	2.1%	2.3%	1.3%	1.6%
	per total CS	5.3%	5.5%	5.8%	3.4%	1.7%

Site	Rate of GA	2018	2019	2020	2021	2022
SUH	per total mothers delivered	3.2%	4.6%	3.0%	1.2%	1.7%
	per total CS	8.5%	13.0 %	7.6%	3.0%	3.9%
National average (IMIS Data)	per total mothers delivered	1.9%	1.8%	1.6%	1.5%	*
	per total CS	4.8%	5.2%	4.5%	3.9%	*

*Awaiting IMIS 2022 data

Rate of Epidural in labour

Site	2018	2019	2020	2021	2022
GUH	45.7%	40.9%	43.1%	40.0%	43.4%
LUH	18.9%	18.4	18.4%	17.0%	20.8%
PUH	39.7%	38.6%	39.3%	35.8%	31.4%
MUH	29.1%	26.5%	32.1%	31.9%	32.8%
SUH	36%	39.4%	40.1%	41.0%	39.2%
National average	39.4%	40.6%	41.6%	40.3%	*

*Awaiting IMIS 2022 data

GUH Anaesthetic Report 2022

During 2022, the anaesthesia service in UHG implemented a number of quality improvement projects in patient care. A combined programmed intermittent epidural bolus and patient controlled epidural analgesia (PIEB/PCEA) service for epidural analgesia in labour was introduced in line with international best practice. Analgesia following caesarean section was audited and a standardised pre-printed drug prescription introduced to improve post LSCS analgesia. Pre operatively, "sip till send" was introduced, aiming to decrease levels of dehydration when patients present for elective caesarean section by allowing free clear fluid intake by mothers while waiting to go to theatre for elective LSCS.

We have commenced an obstetric research programme with the first obstetric anaesthesia research fellow commencing an MD programme in July 2022. This research programme aims to develop over the coming years.

Labour analgesia

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

11 Patients reported a post dural puncture headache after an epidural in labour in 2022. A further 4 patients reported PDPH after a single shot spinal for caesarean section. In total 12 patients had an epidural blood patch carried out, with 2 patients requiring a second blood patch.

Theatre activity

2114 procedures were performed in theatre of which 1357 were elective and 757 were emergencies. This number included all gynaecological and obstetric procedures for which anaesthesia care was provided in the maternity hospital.

A further 55 gynae oncology cases were carried out in the main theatre complex in 2022.

ICU/HDU

5 patients presented with placenta accreta spectrum, of whom 4 had caesarean hysterectomy carried out, with subsequent care in ICU/HDU and labour ward HDU settings.

A total of 111 patients required HDU care on the labour ward, with 35 of those patients meeting the NPEC MMC criteria for HDU.

A total of 23 patients were admitted to ICU / HDU for care in pregnancy or the puerperium. Of those, 4 were admitted following treatment for placenta accreta, 4 for major obstetric haemorrhage and another haemorrhage after surgery for an ovarian cyst, 3 were admitted with Sepsis, 3 with Influenza and 2 COVID Pneumonitis. Other reasons for admission were refractory seizures (Not PET), ureteric and bowel obstruction, meningitis, anaphylaxis and HELLP syndrome.

Epidurals

Epidurals 2022	Primip	%	Multip	%	Total	%
Epidural Rate	627	61.2%	499	31.8%	1,126	43.4%
Labour Onset (Women Who Received Epidural)	Primip	%	Multips	%	Total	%
Induced	359	57.3%	283	56.7%	642	57.0%
No Labour	0	0.0%	0	0.0%	0	0.0%
Spontaneous	268	42.7%	216	43.3%	484	43.0%
Total	627	100.0%	499	100.0%	1,126	100.0%

Deliveries (Post Epidural)	Primip	%	Multips	%	Total	%
SVD	152	24.2%	364	72.9%	516	45.8%
Breech Extraction	1	0.2%	0	0.0%	1	0.1%
Ventouse	175	27.9%	70	14.0%	245	21.8%
Forceps	78	12.4%	4	0.8%	82	7.3%
Elective C.S.	0	0.0%	1	0.2%	1	0.1%
Emergency C.S.	191	30.5%	55	11.0%	246	21.8%
Failed Ventouse/Forceps	30	4.8%	5	1.0%	35	3.1%
Total	627	100.0%	499	100.0%	1,126	100.0%

Caesarean Deliveries

Mode of Anaesthesia for Elective Caesarean Delivery 2022

Anaesthesia	Primip	%	Multips	%	Total	%
Spinal	94	96.0%	365	90.8%	459	91.8%
Epidural	0	0.0%	10	2.5%	10	2.0%
Combined Spinal	2	2.0%	19	4.7%	21	4.2%
General Anaesthetic	2	2.0%	8	2.0%	10	2.0%
Total	98	100.0%	402	100.0%	500	100.0%

Mode of Anaesthesia for Emergency Caesarean Delivery 2022

Anaesthesia	Primip	%	Multips	%	Total	%
Spinal	121	39.4%	144	68.2%	265	51.2%
Epidural	102	33.2%	25	11.8%	127	24.5%
Combined Spinal	65	21.2%	21	10.0%	86	16.6%
General Anaesthetic	19	6.2%	21	10.0%	40	7.7%
Total	307	100.0%	211	100.0%	518	100.0%

Mode of Anaesthesia for Caesarean Delivery following Unsuccessful Attempt at Instrumental Delivery 2022

Anaesthesia	Primip	%	Multips	%	Total	%
Spinal	1	12.5%	1	25.0%	2	16.7%
Epidural	6	75.0%	3	75.0%	9	75.0%
Combined Spinal	0	0.0%	0	0.0%	0	0.0%
General Anaesthetic	1	12.5%	0	0.0%	1	8.3%
Total	8	100.0%	4	100.0%	12	100.0%

High Risk Obstetrics Anaesthetic Care Reason for Admission	2022
Post-Partum Haemorrhage	8
Sepsis Post Delivery	3
Covid Related Illness	2
Respiratory Illness	2
HELLP Syndrome	1
Surgical (Antenatal)	2
Anaphylaxis	1
Cardiac (Support)	1
Cardiac (Surgical)	1
Total	21

LUH Anaesthetic Report 2022

Overview: The Anaesthetic Department has 13 WTE consultants and 17 NCHDs providing a comprehensive service to maternity patients. We have one maternity theatre situated on the labour ward which is open during the daytime Monday to Friday. Out of hours emergency work is undertaken in the main theatre complex.

Services Provided: We provide a 24 hour a day, seven day a week labour epidural service and a Caesarean section service. We have 3 elective caesarean section lists a week. We introduced new PIEB epidural pumps successfully. In July 2022 we introduced a high risk pre-assessment clinic which is consultant delivered. This clinic includes all referrals of patients with a BMI>40. We also routinely follow up on all patients who have received an epidural or undergone a caesarean section to screen for any complications and provide an epidural blood patch service for those patients with a post-dural puncture headache.

Aims for 2023: We would like improve epidural information delivery to ensure all patients are fully informed about choices available to them. We would like to extend the hours of the maternity theatre, resource depending. We aim to improve our data collection regarding anaesthetic service for obstetric patients.

Epidurals

Rate of epidural in labour (2018-2022)

Year	2018	2019	2020	2021	2022
%	18.9%	18.4%	18.4%	17.0%	20.8%

Epidurals 2022	Primip	%	Multip	%	Total	%
Epidural Rate	204	37.8%	101	10.9%	305	20.8%
Labour Onset (Women Who Received Epidural)	Primip	%	Multip	%	Total	%
Induced	115	56.4%	52	51.5%	167	54.8%
No Labour	0	0.0%	0	0.0%	0	0.0%
Spontaneous	89	43.6%	49	48.5%	138	45.2%
Total	204	100.0%	101	100.0%	305	100.0%

Deliveries (Post Epidural)	Primip	%	Multip	%	Total	%
SVD	54	26.5%	76	75.2%	130	42.6%
Breech Extraction	0	0.0%	0	0.0%	0	0.0%
Ventouse	58	28.4%	10	9.9%	68	22.3%
Forceps	12	5.9%	2	2.0%	14	4.6%
Elective C.S.	0	0.0%	0	0.0%	0	0.0%
Emergency C.S.	74	36.3%	12	11.9%	86	28.2%
Failed Ventouse/Forceps	6	2.9%	1	1.0%	7	2.3%
Total	204	100.0%	101	100.0%	305	100.0%

Caesarean Deliveries

Mode of Anaesthesia for Elective Caesarean Delivery 2022

Anaesthesia	Primip	%	Multips	%	Total	%
Spinal	61	100.0%	237	97.1%	298	97.7%
Epidural	0	0.0%	0	0.0%	0	0.0%
Combined Spinal	0	0.0%	2	0.9%	2	0.7%
General Anaesthetic	0	0.0%	5	2.0%	5	1.6%
Total	61	100.0%	244	100.0%	305	100.0%

Mode of Anaesthesia for Emergency Caesarean Delivery 2022

Anaesthesia	Primip	%	Multips	%	Total	%
Spinal	106	57.0%	88	80.0%	194	65.5%
Epidural	54	29.0%	8	7.3%	62	20.9%
Combined Spinal	14	7.5%	1	0.9%	15	5.1%
General Anaesthetic	12	6.5%	13	11.8%	25	8.5%
Total	186	100.0%	110	100.0%	296	100.0%

Mode of Anaesthesia for Caesarean Delivery following Unsuccessful Attempt at Instrumental Delivery 2022

Anaesthesia	Primip	%	Multips	%	Total	%
Spinal	0	0%	0	0%	0	0%
Epidural	1	100%	0	0%	1	100%
Combined Spinal	0	0%	0	0%	0	0%
General Anaesthetic	0	0%	0	0%	0	0%
Total	1	0%	0	0%	1	100%

High Risk Obstetrics Anaesthetic Care Reason for Admission	2022
Pre-eclampsia	10
Sepsis Post Delivery	18 (antenatal and postnatal)
HELLP Syndrome	1
PET	10 (repeated as under Pre-eclampsia)
Other	36
ICU Admissions	5
Total	80

12 of the above cases in total reported to NPEC under SMM.

Reasons Seen in Anaesthetic Clinic	2022
Raised BMI	55
Total	55

MUH Anaesthetic Report 2022

Overview

In 2022, the Department of Anaesthesia at Mayo University Hospital provided anaesthesia services for **279** patients undergoing elective Caesarean Section, **267** patients undergoing emergency caesarean section, **37** patients in theatre for instrumental delivery and **418** epidurals for labour.

A Consultant Anaesthetist covers the elective obstetrics and gynaecology theatre during the day and is on call for any obstetric emergencies with an NCHD who is not rostered for any elective theatre and provides the epidural service and emergency delivery suite anaesthesia cover.

There are two Consultant co-leads in Obstetric Anaesthesia, who participate in education, audit, training and policy implementation.

Services Provided: The Department of Anaesthesia provides a 24/7 epidural service for labour analgesia, pre-assessment of all patients for elective caesarean section and a fortnightly high risk antenatal anaesthesia clinic for all patients meeting OAA/AAGBI criteria for referral. The high-risk antenatal clinic has now been formalised since June 2021 with a dedicated Consultant session allocated. Figures from May-December 2022 include 15 patients referred for high BMI, 2 for cardiac, 7 for minor back issue, 2 for scoliosis, 4 for major back issue, 1 for previous post-dural puncture headache, 1 Jehovah witness and 8 miscellaneous.

Operative Anaesthesia

Mode of Anaesthesia for Elective Caesarean section: **276** performed under spinal anaesthesia, **2** under elective general anaesthesia and 1 combined spinal anaesthesia.

Mode of Anaesthesia for Emergency Caesarean section: **165** performed under spinal anaesthesia. **87** performed after epidural top-op. 5 under general anaesthesia and **10** under combined spinal-epidural anaesthesia.

Epidural

418 epidurals in labour were performed. There were 7 blood patches required.

Critical care admissions. There were 4 patients requiring ICU admission. Reasons for admission were:

Respiratory failure needing Airvo

- Anaphylaxis
- PPH
- HELLP post- partum

Audit: Post-natal follow up at 24 hours of all patients who receive anaesthesia care has allowed us to document complications and side effects in a formalised hardback ledger.

Education: The Department is actively involved in teaching on the PROMPT course locally. We also have regular simulation teaching using the hi-fidelity simulator.

Aims for 2023

To increase our Consultant Anaesthetist staffing levels to allow for 24/7 exclusive Consultant cover for Delivery Suite and High Risk antenatal clinic as per recommendations of the National Maternity Strategy two by two model.

To introduce PIEB protocol for epidural analgesia in labour using low dose local anaesthesia. We were the first to conduct a national survey on this practice and presented our results at the OAA meeting, Edinburgh 2023.

Epidurals

Epidurals 2022	Primip	%	Multip	%	Total	%
Epidural Rate	251	51.5%	209	24.4%	460	34.0%
Labour Onset (Women Who Received Epidural)	Primip	%	Multips	%	Total	%
Induced	132	52.6%	96	45.9%	228	49.6%
No Labour	0	0.0%	0	0.0%	0	0.0%
Spontaneous	119	47.4%	113	54.1%	232	50.4%
Total	251	100.0%	209	100.0%	460	100.0%

Deliveries (Post Epidural)	Primip	%
SVD	72	28.7%
Breech Extraction	0	0.0%
Ventouse	100	39.8%
Forceps	0	0.0%
Elective C.S.	79	31.5%
Emergency C.S.	0	0.0%
Failed Ventouse/Forceps	0	0.0%
Total	251	100.0%

Caesarean Deliveries

Mode of Anaesthesia for Elective Caesarean Delivery 2022

Anaesthesia	Total	%
Spinal	276	98.9%
Epidural	0	0.0%
Combined Spinal	1	0.4%
General Anaesthetic	3	1.1%
Total	279	100.0%

Mode of Anaesthesia for Emergency Caesarean Delivery 2022

Anaesthesia	Total	%
Spinal	165	61.6%
Epidural	87	32.5%
Combined Spinal	10	3.7%
General Anaesthetic	6	2.2%
Total	268	100.0%

High Risk Obstetrics Anaesthetic Care Reason for Admission	2022
Ruptured Ectopic	15
Blood Patch	7
Total	22

Reasons Seen in Anaesthetic Clinic	2022
Raised BMI	15
Cardiac	2
Minor Back Issue	7
Scoliosis	2
Major Back Issue	4
Previous Post Dural Puncture Headache	1
Jehovah Witness	8
Other	8
Total	47

PUH Anesthetic Report 2022

Service Overview

Our department consists of 7 consultants (5 substantive post holders and 2 long term locum consultants) and 14 NCHDs (senior registrars, registrars and SHOs). We do not have any NCHDs who are new to obstetric anaesthesia in our department, everyone having some prior experience. Some of our NCHDs would have graduated from other countries and have experience from abroad.

Antenatal assessment clinic

- In 2022 we saw 107 patients, so approximately 5% of the total number delivered in our hospital.
- The majority of these were those with a BMI > 40, followed by those with minor back problems.
- The aim of the clinic is to assess those who are or are perceived to be of high risk, so that a care plan can be developed in advance.
- A secondary aim is to provide education to the women so that they are familiar with what to expect.
- We also see those who had complications previously, like a PDPH and provide adequate counselling and reassurance for their delivery.

Aims for 2023/24

- Recommencement of our in person antenatal education on analgesic options for labour pain
- Changing over from our current Epidural infusion pumps to ones that have a patient controlled bolus function (PCEA).
- Re-establishment of our combined obstetric and anaesthesia review/education sessions
- We are one of the sites taking part in the international ACCESS (Anaesthesia practice for Caesarean Delivery, a snapshot study).
- We are revising our referral criteria for the Anaesthesia Antenatal assessment clinic so that more relevant cases are seen.

Epidurals

Epidurals 2022	Primip	%	Multip	%	Total	%
Epidural Rate	251	51.3%	179	21.7%	430	32.8%
Labour Onset (Women Who Received Epidural)	Primip	%	Multips	%	Total	%
Induced	119	47.4%	80	44.7%	199	46.3%
No Labour	0	0.0%	0	0.0%	0	0.0%
Spontaneous	132	52.6%	99	55.3%	231	53.7%
Total	251	100.0%	179	100.0%	430	100.0%

Deliveries (Post Epidural)	Primip	%	Multips	%	Total	%
SVD	95	37.8%	143	79.9%	238	55.3%
Breech Extraction	0	0.0%	0	0.0%	0	0.0%
Ventouse	67	26.7%	23	12.8%	90	20.9%
Forceps	12	4.8%	0	0.0%	12	2.8%
Elective C.S.	0	0.0%	0	0.0%	0	0.0%
Emergency C.S.	73	29.1%	13	7.3%	86	20.0%
Failed Ventouse/Forceps	4	1.6%	0	0.0%	4	0.9%
Total	251	100.0%	179	100.0%	430	100.0%

Caesarean Deliveries

Mode of Anaesthesia for Elective Caesarean Delivery 2022

Anaesthesia	Primip	%	Multips	%	Total	%
Spinal	54	96.4%	220	96.5%	274	96.5%
Epidural	0	0.0%	1	0.4%	1	0.4%
Combined Spinal	0	0.0%	2	0.9%	2	0.7%
General Anaesthetic	2	3.6%	5	2.2%	7	2.5%
Total	56	100.0%	228	100.0%	284	100.0%

Mode of Anaesthesia for Emergency Caesarean Delivery 2022

Anaesthesia	Primip	%	Multips	%	Total	%
Spinal	87	54.7%	67	73.6%	154	61.6%
Epidural	50	31.4%	12	13.2%	62	24.8%
Combined Spinal	16	10.1%	4	4.4%	20	8.0%
General Anaesthetic	6	3.8%	8	8.8%	14	5.6%
Total	159	100.0%	91	100.0%	250	100.0%

Mode of Anaesthesia for Caesarean Delivery following Unsuccessful Attempt at Instrumental Delivery 2022

Anaesthesia	Primip	%	Multips	%	Total	%
Spinal	0	0.0%	0	0.0%	0	0.0%
Epidural	2	50.0%	0	0.0%	2	50.0%
Combined Spinal	1	25.0%	0	0.0%	1	25.0%
General Anaesthetic	1	25.0%	0	0.0%	1	25.0%
Total	4	100.0%	0	0.0%	4	100.0%

High Risk Obstetrics Anaesthetic Care Reason for Admission	2022
Pre-eclampsia	2
Sepsis Post Delivery	1
Other	2
Total	4

Reasons Seen in Anaesthetic Clinic	2022
Coagulation	3
Jehova Witness	1
PDPH	3
Other Ortho	2
Major Back Issue	5
Scoliosis	5
Minor Back issue	25
Serious Misc	16
Reaction to LA/GA	8
Cardiac	6
Raised BMI	26
Failed Epidural/Spinal	7
Total	107

SUH Anaesthetic Report 2022

Overview

In 2022, there were 527 **caesarean sections**, of which 261 were elective and 266 emergency. 20 general anaesthetics were administered for Caesarean Sections (3.8%) of which two were elective cases and 18 emergencies

Spinal anaesthesia accounted for 258 of elective c/sections (98.8%) and 135 of emergency c/sections (50.7%). Epidural anaesthesia accounted for only 1 elective case and 113 (42.5%) of emergency cases.

481 **epidurals** in total were administered for labour analgesia. 285 (59.3%) for primips and 196 (40.7%) for multips.

They were 123 Obstetric referrals recorded to the **anaesthetic pre-assessment clinic**. Data was only available on 101 referrals with some data possibly not filed due to challenges in recruiting permanent clerical staff (now resolved). The most common reason for referral was a high BMI (n= 32) followed by orthopaedic/ back issues. <Other> cases included patients with previous neurology (unrelated to obstetrics) or allergies (eg latex). Epidural/spinal problems (n=12) mostly referred to previous difficulty with insertions or incomplete pain relief.

There were 11 obstetric admissions to our **ICU** in 2022:

- One Level 3 care
- Six Level 2 care
- Four Level 1 care

The 11 ICU cases included:

- 7 PPHs
- 5 MOHs
- 1 hysterectomy
- 3 PETs
- 1 Eclamptic fit

There were four symptomatic cases of PDPH referred in 2022. Only one blood patch was required and performed for treatment.

Aims 2023

- A review the Obstetric referral criteria for the PAC (quite a few of the 'high' BMIs referred in 2022 were between 35 and 40).
- PROMPT multidisciplinary team training is continuing and back on track after Covid.
- Successful implementation and continued use of the CADD PIEB/PCEA epidural pumps.
- Review of all postop c/sections next day on APS (pain) rounds as before.
- Mock simulations last year of MOH and 'Level 6' c/sections.
- Proposed introduction of "sip till send" for elective caesarean sections.

Epidurals

Epidurals 2022	Primip	%	Multip	%	Total	%
Epidural Rate	285	59.5%	196	26.2%	481	39.2%
Labour Onset (Women Who Received Epidural)	Primip	%	Multips	%	Total	
Induced	155	54.4%	112	57.1%	267	55.5%
No Labour	0	0.0%	0	0.0%	0	0.0%
Spontaneous	130	45.6%	84	42.9%	214	44.5%
Total	285	100.0%	196	100.0%	481	100.0%

Deliveries (Post Epidural)	Primip	%	Multips	%	Total	%
SVD	95	33.3%	156	79.6%	251	52.2%
Breech Extraction	0	0.0%	1	0.5%	1	0.2%
Ventouse	67	23.5%	10	5.1%	77	16.0%
Forceps	7	2.5%	1	0.5%	8	1.7%
Elective C.S.	1	0.4%	0	0.0%	1	0.2%
Emergency C.S.	107	37.5%	26	13.3%	133	27.7%
Failed Ventouse/Forceps	8	2.8%	2	1.0%	10	2.1%
Total	285	100.0%	196	100.0%	481	100.0%

Caesarean Deliveries

Mode of Anaesthesia for Elective Caesarean Delivery 2022

Anaesthesia	Primip	%	Multips	%	Total	%
Spinal	56	98.2%	202	99.0%	258	98.9%
Epidural	1	1.8%	0	0.0%	1	0.3%
Combined Spinal	0	0.0%	0	0.0%	0	0.0%
General Anaesthetic	0	0.0%	2	1.0%	2	0.8%
Total	57	100.0%	204	100.0%	261	100.0%

Mode of Anaesthesia for Emergency Caesarean Delivery 2022

Anaesthesia	Primip	%	Multips	%	Total	%
Spinal	67	40.4%	68	68.0%	135	50.8%
Epidural	90	54.2%	23	23.0%	113	42.4%
Combined Spinal	0	0.0%	0	0.0%	0	0.0%
General Anaesthetic	9	5.4%	9	9.0%	18	6.8%
Total	166	100.0%	100	100.0%	266	100.0%

Mode of Anaesthesia for Caesarean Delivery following Unsuccessful Attempt at Instrumental Delivery 2022

Anaesthesia	Primip	%	Multips	%	Total	%
Spinal	0	0.0%	0	0.0%	0	0.0%
Epidural	0	0.0%	0	0.0%	0	0.0%
Combined Spinal	0	0.0%	0	0.0%	0	0.0%
General Anaesthetic	0	0.0%	0	0.0%	0	0.0%
Total	0	0.0%	0	0.0%	0	0.0%

High Risk Obstetrics Anaesthetic Care Reason for Admission	2022
Pre-eclampsia	4
Other	7
Total	11

Reasons Seen in Anaesthetic Clinic	2022
Coagulation	8
Jehova Witness	1
PDPH	4
Other Ortho	3
Major Back Issue	4
Scoliosis	2
Minor Back issue	10
Reaction to LA/GA	2
Cardiac	3
Raised BMI	32
Failed Epidural/Spinal	12
Other	20
Other women Attended-No reason recorded	22
Total	123

2.6 Perinatal Pathology Service

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.

Placental Pathology

From 1st of January until 31st of December 2022; 760 placentas from deliveries from Galway University Hospital underwent histopathological investigation at the histopathology department at Galway University Hospital. Additional cases were received for second opinion and review from the wider Saolta 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.

In the wake of the Sars-Covid 2 pandemic, all placentas with a history of Covid – 19 infection in pregnancy were examined to assess for the presence of the recently described pathological entity of Covid associated placentitis. Confirmed features of Covid placentitis were not encountered in vaccinated women.

Suspicious cases showed features of chronic histiocytic intervillitis with associated increase in fibrinoid deposition. Three of the suspicious cases were associated with intrauterine fetal death and follow up investigations

with antibody testing is currently ongoing on these placentas.

These cases were all associated with C TG anomalies and in two cases also with intrauterine growth restriction, raising the possibility that these cases were predominantly involved by classical form of chronic histiocytic intervillitis, warranting close follow up in subsequent pregnancies.

Placental pathological findings overview and breakdown of most relevant findings

Of the total of 760 placentas received for investigation:

- Overall: 234 cases had a single coded pathology – commonest was mild acute chorioamnionitis, often subclinical and without fetal response. This was followed by acute and chronic inflammation, placentas involved by maternal vascular malperfusion and several cases of fetal vascular malperfusion.
- Remaining placentas with pathological findings identified, coded two or more co-existing pathologies.

Range of coded pathologies comprised

➤ **Inflammatory conditions of the placenta:**

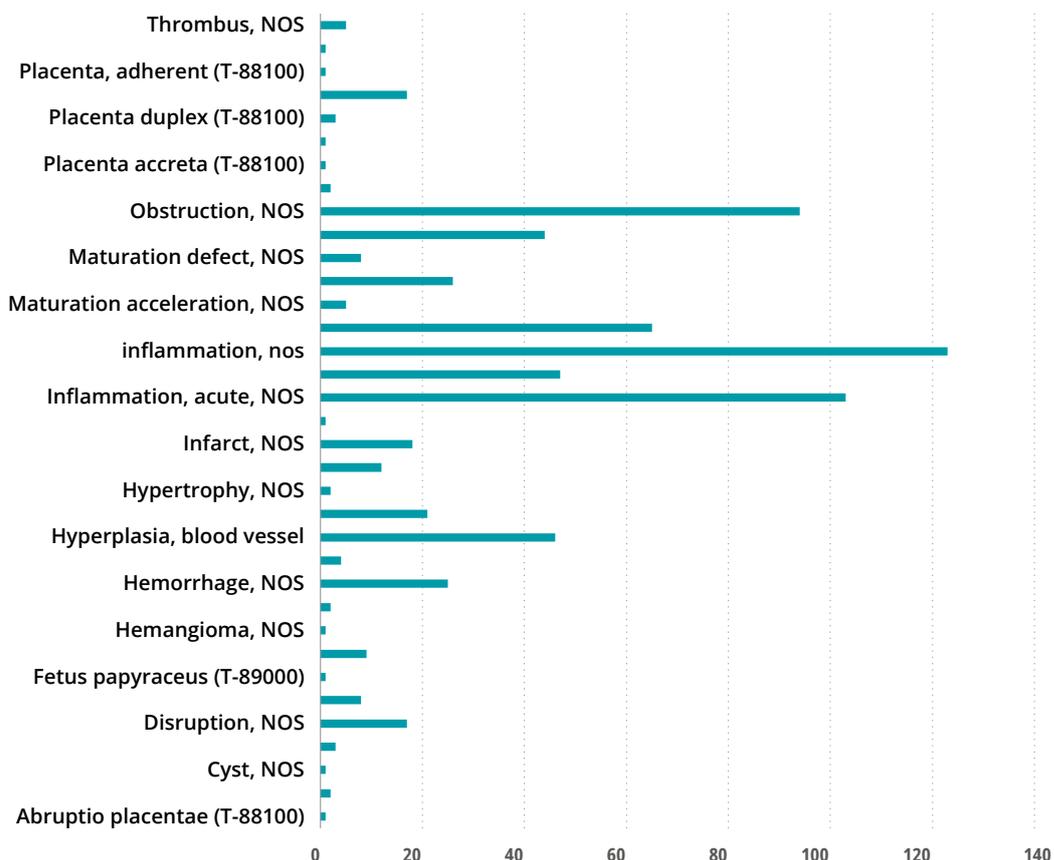
- ❖ 103 cases showed features of acute chorioamnionitis in keeping with histological effects of ascending infection.
- ❖ 47 cases showed chronic inflammation – predominantly Chronic Villitis of Unknown Aetiology.
- ❖ 123 cases had a component of mild acute inflammation – likely of questionable clinical importance.

➤ **Vascular malperfusion of the placenta:**

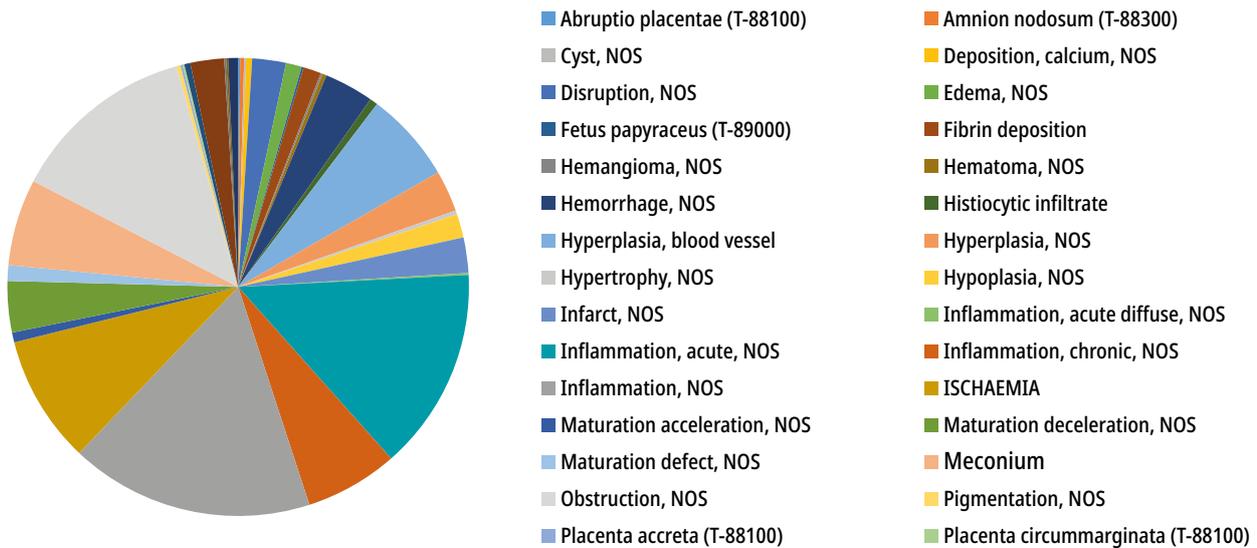
- ❖ Maternal: 65 cases were coded with Maternal vascular malperfusion (MVM) spectrum pathology.
- ❖ Additional cases presenting with ischaemic changes, but not meeting histological criteria for Maternal vascular malperfusion included:
 - 5 cases with accelerated maturation only – not classifiable as MVM spectrum
 - 18 cases with villous infarction only– not classifiable as MVM spectrum
- ❖ 179 cases had evidence of fetal vascular malperfusion; including cases of cord pathology – further delineated below

- 12 cases of isolated placental hypoplasia were coded.

Placental pathologies of 760 placentas in 2022



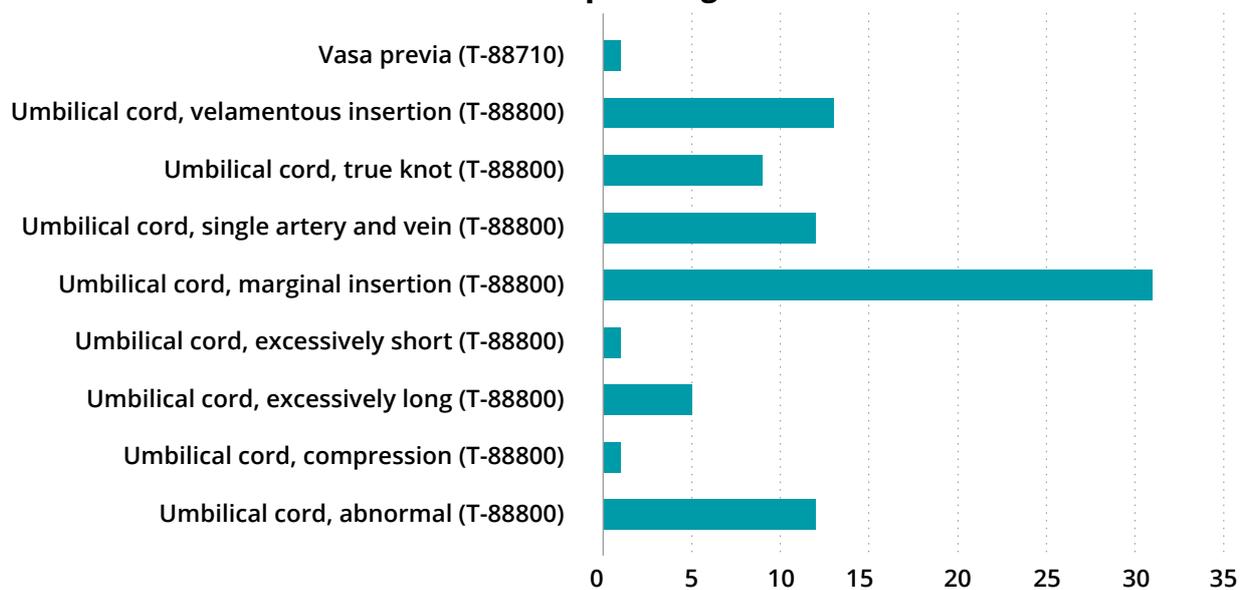
Placental pathologies of 760 placentas 2022



➤ **Cord anomalies were detected in a total of 85 cases including:**

- ❖ 5 cases of an excessively long umbilical cord i.e length greater than 70cm
- ❖ Excessively short umbilical cord i.e length less than 20 cm: 3 cases
- ❖ 9 cases with a true umbilical cord knots
- ❖ 13 cases with a velamentous insertion of umbilical cord
- ❖ 12 cases with a single umbilical cord artery (2 vessel cord)
- ❖ 31 cases of marginal umbilical cord insertion.
- ❖ 12 cases with cord anomalies not otherwise specified.
 - Including haemangiomas, cord myonecrosis etc.
- ❖ (Coiling anomalies recorded under obstruction)

Umbilical cord pathologies 2022



- **At least 29 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 assessment of chorionicity.
- Structural variations of the placental disc included:
 - ❖ 17 cases of placenta succenturiate
- **Other pathologies detected included:**
- 44 cases were associated with microscopic confirmation of meconium exposure.
- 26 cases of decelerated villous maturation were coded.
- At least 46 cases of villous chorangiomas were detected.
- One mass forming chorangioma were detected.
- 2 cases of Amnion nodosum coded.
- 8 cases with villous oedema, either acute or stromal.
- 1 case of suspected sickle cell trait
- 4 cases of chronic histiocytic intervillitis other than COVID
- 9 cases of Massive Perivillous Fibrinoid Deposition.

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 addition 26 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 some associated mainly with fetal anomalies. A significant number of cases carried dual placental and fetal pathologies.

2 cases of Sudden Infant Death were investigated with anatomical cause of death identified in in one instance, with the second case carrying the diagnoses of Sudden Infant Death Syndrome (SIDS). Specialist neuropathology input in collaboration with Children's Health Ireland - Temple Street Hospital was received into all the neonatal deaths.

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

2.7 Maternity- Breastfeeding

Promotion and support for breastfeeding is a priority in the Saolta Hospital Group. In 2022 we were successful with growing the numbers of Midwife working as Clinical Specialist in Breastfeeding

The performance in breastfeeding across each of the metrics has improved and is above the National average in each of the sites with significant improvements achieved in each metric in Mayo and Letterkenny. This is the clinical outcomes related to breastfeeding in the Saolta Group for 2022:

Saolta Breastfeeding Metric		2019	National Averages 2019	2020	National Averages 2020	2021	National Averages 2021	2022	National Averages 2022*	National standard
GUH	Breastfeeding initiation	69.1%	63.8%	71.1%	62.3%	71.6%	62.7%	70.9%		≥80%
	Breastfeeding exclusively on discharge	41.3%	37.3%	42.3%	37.0%	43.5%	35.6%	41.6%		≥80%
	Breastfeeding non-exclusively on discharge	22.7%	26.1%	21.7%	21.8%	21.3%	22.0%	23.8%		
	Skin to skin contact	93.0%	Not reported	92.0%	Not reported	84.4%	Not reported	85.2%		≥80%
LUH	Breastfeeding initiation	52.8%	63.8%	50.4%	62.3%	48.4%	62.7%	54.0%		≥80%
	Breastfeeding exclusively on discharge	34.1%	37.3%	43.9%	37.0%	43.3%	35.6%	35.9%		≥80%
	Breastfeeding non-exclusively on discharge	10.8%	26.1%	3.2%	21.8%	3.5%	22.0%	13.1%		
	Skin to skin contact	75.0%	Not reported	75.0%	Not reported	76.8%	Not reported	77.9%		≥80%
SUH	Breastfeeding initiation	56.9%	63.8%	52.7%	62.3%	49.7%	62.7%	49.2%		≥80%
	Breastfeeding exclusively on discharge	33.6%	37.3%	28.3%	37.0%	31.7%	35.6%	33.0%		≥80%
	Breastfeeding non-exclusively on discharge	16.7%	26.1%	20.0%	21.8%	17.7%	22.0%	22.2%		
	Skin to skin contact	75.0 %	Not reported	76.4%	Not reported	84.2%	Not reported	80.4%		≥80%
MUH	Breastfeeding initiation	65.8%	63.8%	63.8%	62.3%	59.6%	62.7%	75.9%		≥80%
	Breastfeeding exclusively on discharge	34.8%	37.3%	45.1%	37.0%	44.6%	35.6%	61.0%		≥80%
	Breastfeeding non-exclusively on discharge	26.4%	26.1%	17.6%	26.1%	17.1%	22.0%	24.5%		
	Skin to skin Contact	95.0%	Not reported	92.0%	Not reported		Not reported	84.5%		≥80%
PUH	Breastfeeding initiation	62.5%	63.8%	58.7%	62.3%	62.6%	62.7%	64.0%		≥80%
	Breastfeeding exclusively on discharge	37.2%	37.3%	33.9%	37.0%	35.0%	35.6%	45.4%		≥80%
	Breastfeeding non-exclusively on discharge	15.1%	26.1%	15.0%	21.8%	16.8%	22.0%	20.5%		
	Skin to skin Contact	80.0%	Not reported	81.0%	Not reported	78.3%	Not reported	81.7%		≥80%

*Awaiting IMIS 2022 Report

GUH Breastfeeding 2022

Service Provision

To continue improving breastfeeding outcomes for mothers attending the maternity services at GUH by implementing the National Standards for Infant Feeding in Maternity Services 2022

Education and Training

- Antenatal breastfeeding online webinar monthly available to all expectant mothers.
- Weekly Postnatal virtual support group and face to face consultations provided.
- Monthly NMBI certified breastfeeding refresher course in conjunction with CNME provided to midwives, nurses, neonatal staff and PHNs.
- Provision of clinical skills and lactation management for staff and student midwives throughout the maternity unit using evidenced based practice to maintain their clinical competence.
- Learning opportunities offered within the MDT based on support and management of breastfeeding challenges.
- Four new online breastfeeding modules on www.hseland.ie available for all staff.

Achievements

- Funding approved from DOH and NWHIP for 1.5 WTE specialist posts in Breastfeeding/Lactation. Funding provided for new breastfeeding equipment for our unit and breastfeeding room.
- Winner for poster competition (non-research category) at national ALCI conference 2022.
- National Breastfeeding Week 1-7 October. Successfully launched our promotional campaign including media release of our service user video for breastfeeding her premature twins.
- GUH chosen as one of the sites to pilot the breastfeeding skills training for the new National Infant Feeding Education Programme.
- Collaboration with Clare Kennedy the new Project Co-ordinator for HSE Baby Friendly Initiative through the Infant Feeding Specialist Support Forum.

LUH Breastfeeding 2022

Service Provision

In 2022, following the launch of the National Standards for Infant Feeding in Maternity Services, LUH Lactation CNS was an integral part of the national CNS group for rolling out the 8 themes.

Education and Training

- 4 hour online refresher courses were offered via the CMNE, for midwives, neonatal staff and public health nurses. This was supported by the Lactation/Infant Feeding Coordinator and breastfeeding modules on HSEland which were completed in advance.
- Further training opportunities offered at ward level by the Lactation Clinical Nurse Specialist.
- 4 hourly updates to ward staff and adaptation midwives provided in CNME

Achievements

- Audit on supplementation feeding in post-natal ward
- Secured funding for hospital standard breast pumps for lending to mothers.
- Purchased breast feeding friendly cots and chairs * 6 of each
- Antenatal referrals facilitating 'one to one' support.
- Talks to antenatal gestation diabetic mothers increasing awareness of additional benefits of breastfeeding and promotion of breastfeeding within the antenatal period.
- Provision of support in early initiation of breastfeeding.
- Daily collaboration with postnatal staff and provision of additional breastfeeding support.
- Access to individualised 'one to one' support post discharge.
- Telephone support provided to mothers and other colleagues (PHN /GP).
- Reviewed and implemented a referral pathway to facilitate access to ENT services where further

assessment of a restrictive frenulum (tongue tie) is required.

- Increased access to donor milk for vulnerable preterm infants within the NNU.
- Early initiation packs introduced where direct feeding not possible.
- Provision of additional on-going support in establishing breastfeeding where challenges have occurred.

SUH Breastfeeding 2022

Service Provision

During 2022 new hospital grade pumps and breastfeeding chairs were placed into service. A pump loan service has also been successfully rolled out for mothers who were identified as requiring same.

The appointment of the an infant feeding and lactation specialist came into effect on 25/9/22 with the service user now having the opportunity to seek support from the antenatal period until 6 weeks post-partum.

Provision of antenatal colostrum packs and support to mums who are identified as having potential feeding problems.

Education and training

While awaiting the roll out of the national training informal education sessions has been happening weekly in the clinical areas tackling the topics outlined in the National Feeding Standards. The paediatric NCHDs have also received appropriate training specific to their roles which is a new development. Nursing and midwifery students have got the opportunity to spend part of their placement shadowing and learning from the infant feeding and lactation CNS.

Achievements

Feedback from the service user has been very positive in regards to the support offered by the infant feeding and lactation CNS. Breastfeeding rates on discharge have subsequently improved with less abandonment of breastfeeding during their hospital stay. Post discharge referrals have increased which shows ongoing support is needed and valued and having an effect on ongoing feeding rates.

Relationships have strengthened with the wider multidisciplinary team in relation to infant feeding and new clearer pathways are emerging for both support and treatment.

A new infant feeding committee has been established.

New posters have been devised for the benefit of staff to feedback and encourage the monthly feeding stats and also education regarding supplementation and correct use of shields and other accessories.

MUH Breastfeeding 2022

Service Provision

- This is an outline of the implementation of initiatives since commencing in the post.
- Implementation of trail Skin to skin in theatre recovery for all mothers having an elective section.
- New operational policy for Skin to Skin in theatre.
- Provision of information and Breastfeeding support to all antenatal and postnatal mothers.
- Breastfeeding training to Adaptation Midwives in November/ December.
- Breastfeeding classes provided to all mothers and partners attending the maternity services which has moved from a Hybrid model to in house training.
- Implementation of revised feeding chart for mothers use in the postnatal period.
- Funding secured to compile Breastfeeding Health link videos for use in both the Antenatal and Postnatal period.
- Development of leaflet to support mothers bereaved in relation to lactation and loss.
- National development of new referral form and Breastfeeding assessment tool.

Education and Training

- Provision of training for staff on Skin to Skin and Hand expression – weekly
- Monthly training to obstetric GP rotations.
- Adaptation Training

- Education of benefits on Colostrum harvesting for antenatal mothers and Diabetic mothers.
- Provision of information to staff on the new skilled-based training programme.
- E learning modules.

PUH Breastfeeding 2022

Service Provision

The breastfeeding rates for 2022 were in line with national rates. The service was covered by a 0.5 Lactation consultant post. Education remained online for service users. A monthly antenatal breastfeeding workshop was offered to all breastfeeding mothers to be. Attendance at The Workshop is encouraged to all pregnant women on their first or subsequent pregnancy and to women who experienced challenges in establishing breastfeeding previously.

A virtual online postnatal breastfeeding support group was held 1-2 Wednesdays a week while a once a month face to face breastfeeding support group was also facilitated.

Education and Training

The pilot staff and education training was launched December. This new staff education includes both on line learning (the 4 new HSE learning modules) and practical classroom based training. This pilot study is now been evaluated and hopes to be rolled out in September 2023.

Training continues for Medical Staff.

Achievements

Antenatal Harvesting of Colostrum Initiative launched in 2021 continues to gain interest and popularity with our antenatal mothers. To date it has been very successful with post-natal midwives reporting a higher competence in the skill of hand expressing post-delivery and a reduction in the need for medical supplementation of formula. Our mothers are offered antenatal harvesting colostrum packs at their antenatal clinic.

Securement of another lactation consultant to post in PUH. Now aim to cover a five day service cover to support out breastfeeding moms.

2.8 Perinatal Mental Health Midwifery Report

GUH Specialist Perinatal Mental Health Care Team 2022

Perinatal Mental Health midwife Stats 2022	Total
New Referrals	108
New referral assessments Face to Face	105
New referral assessments Virtual	3
Reviews	364
Reviews Face to Face	249
Reviews Virtual	115
Telephone follow up/triage/GP/PHN	416
Birth Experience reflection session	20
Psychotherapy	24
Mellow Bumps	54

University hospital Galway is a hub site with the PMH Midwife a key member the multidisciplinary SPMHS and the maternity workforce. The perinatal mental health midwife holds specific knowledge of the physiology of pregnancy, birth and the postpartum and training in mental health and wellbeing of women

The aim of integrating midwifery with obstetrics, psychiatry, mental health nursing, psychology, social work and occupational therapy is to support a collaborative working model that places the woman centre of the care. This collaboration and integration of a multidisciplinary specialised psychiatry service within a maternity service is to offer continuity support which is holistic and individualised to women, the ethos of midwifery. The PMH midwife also acts as liaison with midwives, nurses, obstetricians, public health nurses, and community and liaison mental health services 'to provide seamless perinatal mental health care to women and their families' (NMBI, 2021 p. 4).

Clinical Activity

The PMH midwife working with the MDT SPMHS provides mental health assessments, implementation of the referral pathway and supportive care to women in the antenatal period and immediate postpartum. She acts as liaison between obstetric, psychiatry and community care. The role has evolved in response and anticipation of the needs of women booked for maternity care in the UHG site. Siobhan also worked with women experiencing birth trauma, mild to moderate perinatal mental illness and in 2022 began offering psychotherapy to women in this cohort. Facilitation of antenatal peer group support Mellow Bumps.

Education and training in 2022

The perinatal mental health midwife continues to maintain her mandatory training along with role specific training in psychotherapy, trauma training, bereavement training and national PMH model program in virtual webinars and training events.

- Facilitated and co-organised the Maternal Mental Health Symposium speaking at the event on birth experience titled 'Listening to Women'.
- Co-organiser on the bi-annual Perinatal Mental Health half day training day for Saolta. In the provision of lectures to NUIG students of midwifery, public health nursing, psychiatric nursing and the high dependency postgraduate course.
- Delivered staff education on 1 to 1 basis as referrals are triaged and care plans are initiated within the hospital setting. This facilitates a practical and personalised teaching approach that encourages staff to consider how the complex needs of a woman may impact their experience of their maternity care. It encourages a collaborative approach to working with multidisciplinary teams and reinforces individualised care planning.

Achievements in 2022

- Award for poster at the National Midwifery Conference in 2022 titled; 'SPMHS support for women experiencing anxiety specific to pregnancy and or fear of childbirth: A midwifery perspective.'
- Contribution to the ongoing development of the SPMHS with UHG in collaboration with the wider MDT.
- Ongoing professional development.
- Development of birth trauma service as a woman centred framework with collaboration with women , the wider MDT and midwife specialist in bereavement and supported care pathway.
- Poster presentation at the international MARCE international Conference on Perinatal Mental Health with Dr Katherine McEvoy and Dr Genevieve Crudden titled; 'The association of the COVID-19 pandemic and the mental health of women in the perinatal period'.

Aims for 2023

- Complete MA in Humanistic and integrative psychotherapy research.
- Ongoing contribution to PMH midwife forum as chair.
- Further development of PMH role with MDT, service provision in line with the needs of the women attending our service for early identification, increased awareness, stigma reduction, education, woman centred support and appropriate referral for specialised treatments.
- Ongoing development and increased frequency of Antenatal group work.

LUH - Perinatal Mental Health Care Team 2022

Clinical Activity

There was increased clinical activity during 2022 for the perinatal mental health midwife service at LUH, as reflected in the breakdown of the 2022 statistics.

Maternity Perinatal Mental Health Stats 2022	Total
Total New Referrals	235 (21 DNA)
Total New Referrals seen Face to Face	155
Total New Referrals seen by Telephone	59
Total Follow Up Appointments	1228
Total Follow Up Appointments Face to Face	155
Total Follow Up Appointments by Telephone	373
Total Birth Reflections (All seen face to face)	30

Service Overview

The Perinatal Mental Health Service at LUH is a component of the National Specialist Perinatal Mental Health Service (SPMHS) Model of Care. The PMH midwife service aims to promote parity between physical and mental health for women attending LUH maternity services, with an emphasis on prevention, early identification, management and treatment. The PMH midwife provides mental health assessments, implementation of the referral pathway and supportive care to women with low to moderate mental health issues. PMH midwife involvement usually begins from the antenatal booking visit up until six weeks after birth. The PMH midwife also supports women with severe mental health issues but care remains with their community mental health team. Geraldine works in collaboration with a Multidisciplinary Team (MDT) including Obstetricians, GPs, Midwives, Liaison Psychiatry, Community Mental Health Teams, Social workers, TUSLA, PHNs, and voluntary organisations. The role of the PMH has evolved in response to the expressed and anticipated needs of women attending for maternity care at LUH. There is a strong emphasis on prevention and early intervention and close links are maintained with the hub site in Galway, and other SAOLTA spokes.

Education and Training

Throughout 2022, the PMH midwife continued her professional development with mandatory and other relevant education and training including: SPMHS National Virtual Training Sessions, National PMH Webinars, Domestic Violence Training, Coercive Control Training, Traumatic Bereavement Training, and CBT qualification.

The PMH midwife facilitates education for staff in the clinical areas, as required. This includes education on a 1-1 basis as referrals are triaged and plans of care established within the maternity unit setting. This highlights the importance of using a collaborative approach and working with multidisciplinary teams in order to develop an individualised care plan. In collaboration with the CNME, the PMH midwife facilitates virtual and face to face group education for staff including information updates on; the Role of the PMH Midwife in LUH, the SPMHS Model of Care, Referral Pathways, Emotional Wellbeing in Pregnancy and specific mental health issues. The PMH midwife also facilitates a PMH information session as part of the Adaptation Midwife Induction Programme. The PMH midwife co-facilitates the National Healthcare Communication Programme (NHCP) and incorporates the role of the PMH Midwife as a component of this training.

Achievements

- Further development of the PMH service in LUH Maternity Unit in response to the needs of mothers attending the service.
- Further development of the Birth Reflections Service and establishment of a self-referral pathway for pregnant and postnatal women.
- Personal and Professional Development.
- Enhanced MDT collaboration and working in partnership.
- Enhanced collaboration with Peers via the National Peer Support Group.
- CBT qualification to practice.

Aims 2023

- Continue to raise awareness of perinatal mental health problems and promote parity between physical and mental health care in maternity services.
- Continue to ensure early detection, management and treatment of PMH issues for women attending our maternity unit.
- Continue future advancement towards anticipating and meeting the needs of women requiring the perinatal mental health service, and their carers'.
- Continue to build on the positive engagement that has been established and developed since the PMH service was introduced.
- Further roll out of information and training sessions for staff.
- To continue ongoing professional development and participate in; Mellow Bumps training, Trauma Informed care Training, and Infant Mental Health Training.
- To develop Peer group work by completing the Mellow Bumps training and facilitating the Mellow Bumps antenatal group online, in partnership with other SAOLTA PMH midwives.

Mayo Perinatal Mental Health Service 2022

Clinical Activity

Maternity Perinatal Mental Health Stats 2022	Total
Total New Referrals	201
Total New Referrals seen Face to Face	98
Total New Referrals seen by Telephone	146
Total New Referrals seen by Attend Anywhere	6
Total Follow Up Appointments	369
Total Follow Up Appointments Face to Face	Not recorded
Total Follow Up Appointments by Telephone	Not recorded

Service Overview

2022 saw the Perinatal Mental Health service in Mayo continue to develop and become an embedded part of maternity care, with approximately 15% of all patients booking for antenatal care being referred to the service. A fresh poster outlining the referral pathway was designed and shared across all Clinical areas.

Education and Training

In July 2022, 92 Maternity Staff across all Clinical areas and grades in Mayo University Hospital were asked to complete a Perinatal Mental Health Training Questionnaire. This was to assess the current uptake in training and identify training need. A “free text” question was also included, which facilitated Midwives suggesting what sort of training would be most accessible and appropriate for them. There was a 56.9% response rate. Informed by the responses, the PMH Midwife produced an Infographic poster for all the clinical areas highlighting what training resources were available for all staff.

The perinatal mental health midwife offered bespoke teaching sessions on Perinatal Mental Health and the service in MUH to colleagues across the Maternity Services, Anaesthetics and the Adult Mental Health teams. She also presented a session as part of the CNME Trauma Informed Care Masterclass series.

Achievements

2022 saw the rollout of a new online monthly “Mental Wellbeing in Pregnancy Class” offered to all accessing Maternity Care in Mayo University Hospital. Aine also presented a poster at the 2022 National Maternity Conference in Dublin. The 2022 World Maternal mental health Day was marked by two events – an information stand in the Hospital foyer and a Mums & Babies Wellbeing Walk around Lough Lannagh.

Aims 2023

As the number of referral to the service continue to increase, we are exploring ways to increase efficiency and accessibility.

SUH Perinatal Mental Health Service 2022

Clinical Activity

Maternity Perinatal Mental Health Stats 2022	Total
Total New Referrals	130
Total New Referrals seen Face to Face	115
Total New Referrals seen by Telephone	14
Total Follow Up Appointments	308
Total Follow Up Appointments Face to Face	421
Total Follow Up Appointments by Telephone	3

Service overview

Mairead Beirne continues as the Perinatal Mental Health Midwife for SUH with the clinical leadership and support of Dr E. Gethins Liaison Consultant Psychiatrist and the wider Liaison team, with governance provided by the Maternity service. Mairead remains the only member of the team and so her role is Liaison in nature and supports

women with low to moderate mental health issues. The focus of her service is prevention, early recognition and intervention in mental health issues for pregnant women who attend SUH. She has maintained the monthly perinatal clinic with the Psychiatric Registrar from Liaison Psychiatry.

Education & Training

Mairead has continued her professional development by attending all of the training sessions ran by the National SPMHS (2021-2022). She attended a Lean study day to attain her white Belt- from the Mater Lean Academy Sept' 22. She did the Masterclass in perinatal mental health from NMPDU Dublin North Oct '22 and Leadership development programme for CMM2's from the ONMSD Nov' 22, and training in the Decider Skills Nov '22.

She presents at each set of antenatal classes on the importance of minding your mental health in pregnancy and motherhood.

There is ongoing bespoke individualised perinatal mental health education in the clinical areas for staff as required. Education includes the role of the PMH Midwife in SUH, the model of care, referral pathways, spotlight on specific MH issues, Trauma informed care etc.

Achievements

- Mairead, in conjunction with Liaison Psychiatry completed an Audit (2021) of The Service User Experience of the first year of the Perinatal Mental Health Service at SUH, printed a poster of the findings and presented those findings at a conference in Sligo entitled "Supporting, Showcasing & Sharing" A Nursing & Midwifery Conference of Innovation, Research & Success 2022 Nov '22.

Aims 2023

- Improved partner/family involvement in perinatal mental health service post covid.
- Attainment of CMS Status
- To continue to raise awareness of Perinatal Mental Health issues which affect many of our women, as we know they can have profound negative consequences for the mother, the infant and the family long-term. Ongoing education of women in recognising signs and symptoms of mental health difficulties, services available and self-care advice.
- More emphasis on group work – feather your nest and anxiety classes.
- Improved relationships with other services GP, PHN, CMHT, Tusla, Social Work etc.

2.9 Perinatal Bereavement and Loss

Bereavement and loss services Saolta

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

In 2022 the Saolta Hospital Group

- We undertook to improve the quality of written information available for women and their families who have experienced loss in pregnancy these included a booklet on Information for Parents following the death of your Baby and A guide to perinatal post mortem examination for Parents. These patient information booklets were developed in collaboration with wide range of stakeholders from all five sites.
- We participated in the first National Perinatal Bereavement Survey.
- In MUH a designated suite in the Maternity Unit for bereaved families. "The Rose Room "is named in memory of a much loved baby who sadly died at 9 days of age in 2017. This was achieved in collaboration with service users.

GUH Bereavement and Loss services 2022

Clinical Activity

Maternity Bereavement and Loss Stats 2022		Total
Perinatal Loss 2022		
1st Trimester (Miscarriage/TOP)		458
2nd Trimester (Miscarriage/TOP)		66
Stillbirth		8
Neonatal Death		9 ENND, 1 LNND.
Bereavement Support 2022		
Total Telephone Consultation		384
Total Face to Face		160

Service Overview 2022

- All women experiencing pregnancy loss are given the contact card for the Bereavement midwife to enable them to access support from the bereavement services.
- All women who experience loss in the 2nd trimester are referred to the Pregnancy loss clinic. This clinic is held in Knocknacarra medical centre every second Wednesday and is facilitated by the bereavement support midwife and the obstetric consultant in bereavement. Women experiencing loss in the 3rd trimester will be followed by the bereavement midwife and their obstetric consultant.
- All women whose babies undergo a post mortem will be followed up until they receive the report at a meeting with their obstetric/neonatal consultant
- Families who experience a neonatal death are supported by the bereavement midwife
- Women undergoing a pregnancy following a loss are offered support from the bereavement midwife

Education and Training 2022

- Weekly ward based training addressing the needs of clinical staff and updating with new developments.
- Bereavement lectures to NUIG midwifery students introducing compassionate bereavement care
- Organisation and facilitation in conjunction with the CNME and Saolta bereavement midwives of 2 multidisciplinary bereavement study days
- Attended Teardrop training in CUMH

Achievements 2022

- Development of Saolta Neonatal Death Pathway
- Introduction of Previous loss indicator sticker
- Development of Fetal Tissue in pregnancy Leaflet and updating of Burial option forms to include option of external examination of 2nd trimester loss
- Membership of GUH children's remembrance committee who organise the Golden Enrolment mass, Children's remembrance mass and the GUH Christmas tree
- 6th Annual Remembrance ceremony held on 15th October to mark International Pregnancy and Infant loss day and join the Wave of Light. This year it was back to being in person and we also broadcast on zoom. This year the speaker was a father who spoke about the loss of his son.
- Development of pathway of formal identification in the case of a coroners post mortem which removed the need for Gardaí to attend the maternity unit apart from the exceptional cases.
- Development of an organ tracking form in conjunction with the mortuary staff, for temporarily retained organs

Aims 2023

- Introduction of the Teardrop training to GUH. This is a workshop which has been designed addresses the educational needs of all health professionals involved in maternity and newborn care in managing perinatal death and pregnancy loss and is based on the National Standards for Bereavement Care following Pregnancy Loss and Perinatal loss. It is planned for April and November 2023 in GUH.
- Coordination of monthly Saolta bereavement midwives meetings with Dr. Aalto to discuss perinatal pathology reports and updates.

LUH Bereavement and Loss services 2022

Clinical Activity

Maternity Bereavement and Loss Stats 2022	Total
Perinatal Loss 2022	
1 st Trimester (Miscarriage/TOP)	335
2 nd Trimester (Miscarriage/TOP)	15
Stillbirth	6
Neonatal Death	0

Service Overview

The Bereavement Team in Letterkenny University Hospital consists of a multi-disciplinary team, which include a designated bereavement Midwife, Consultant Obstetrician, Medical Social worker, Chaplaincy and the Multi-disciplinary team on the floor.

Education and training

The Bereavement Midwife

- Completed a Certificate in Counselling
- Attended the TEARDROP workshop in Cork
- Attended the Traumatic Bereavement Webinar.

The Bereavement Midwife provided

- Workshops on perinatal bereavement care in CNME
- Ward updates to MDT
- Facilitation of the SAOLTA perinatal training day through CNME
- Facilitation of communication modules.

Achievements

A Recurrent Miscarriage clinic was set up. A counselling room was developed both in the Fetal Assessment Unit and offsite which now facilitates optional onsite and offsite face to face bereavement support. Funding was secured for tea and coffee making facilities for the bereavement suite on the maternity unit and also the counselling rooms.

Other achievements included the Remembrance Service in October, new post-mortem consent forms introduction and the development of a QIP in response to feedback from the National Maternity Bereavement Experience Survey.

Aims 2023

- Implementation of the National Stillbirth Guideline
- Organise and hold a Pregnancy and Infant Loss study day- autumn 2023

SUH Bereavement and Loss Service 2022

Clinical Activity

Maternity Bereavement and Loss Stats 2022	Total
Perinatal Loss 2022	
1 st Trimester (Miscarriage/TOP)	
2 nd Trimester (Miscarriage/TOP)	15
Stillbirth	8
Neonatal Death	3

Service Overview

The 2022 Annual Remembrance service took place in St. Anne's church Cranmore 21st November 2022 at 8pm. Parents and families who have experienced bereavement through the death of a baby or child or who have experienced pregnancy loss were invited to the Remembrance Service. The service was a reflection and remembrance to support those people who have experienced or touched by grief. It was an opportunity for parents and families to come together and share their grief in an understanding and empathetic environment. The service was also provided through the live stream online for anyone who was unable to attend.

The National Maternity Bereavement Experience Survey offered women and their partners the opportunity to share their experiences of Ireland's maternity bereavement care services across the 19 maternity hospitals/units including Sligo University Hospital. The survey was part of the National Care Experience Programme. The findings of this national survey provide valuable information on the standard of maternity bereavement services in Ireland, acknowledging what is working well and identifying areas where improvements are needed. The survey was available online on www.youreexperience.ie between 1 September and 31 October 2022.

The appointment for the new Bereavement Support Midwife, Julie Fox, was confirmed in November 22' and to commence in January 2023. Prior to this time the post had been vacant for most of 2022. Women's and their families bereavement needs were provided by the experienced midwives working in our unit.

Aims 2023

- Appointment of the Bereavement Support Midwife in Sligo University Hospital
- Follow up on recommendations outlined in the National Maternity Bereavement Survey. A quality improvement plan was collectively compiled in SUH taking into account the feedback of this survey. To date education sessions have been delivered to staff in all areas of the maternity unit on this, and further improvements to come.
- Provide further Bereavement Support education and training to healthcare workers.
- Ensure follow up appointments with parents is provided in an efficient and timely manner.
- Update information booklet provided to parents following a Pregnancy loss.

PUH Bereavement and Loss service 2022

Clinical Activity

Maternity Bereavement and Loss Stats 2022	Total
Perinatal Loss 2022	
1 st Trimester (Miscarriage/TOP)	328
2 nd Trimester (Miscarriage/TOP)	16
Stillbirth	4
Neonatal Death	3

Service Overview

To expand and develop our current bereavement support services in line with The National Standards for Bereavement Care Following Pregnancy Loss and Perinatal Death 2022.

We aim to develop staff training and education on an ongoing basis with a view to awarding them the confidence and competence to work with families experiencing perinatal bereavement. This will be conducted in the form of full study days and both formal and informal one to one sessions with staff.

Updating and improving of all written information material given to patients to ensure accessibility for all.

We will progress environmental upgrade of the Bereavement Room to ensure that it is appropriate to the needs of bereaved women and their families.

We will improve our communication post pregnancy loss to Public Health Nurses and General Practitioners.

We will continue to run our two-weekly Pregnancy Loss Clinic.

MUH Bereavement and Loss Service 2022

Clinical Activity

Maternity Bereavement and Loss Stats 2022		Total
Perinatal Loss 2022		
1st Trimester (Miscarriage/TOP)		12
2nd Trimester (Miscarriage/TOP)		2
Stillbirth		0
Neonatal Death		0
Bereavement Support 2022		
Total Telephone Consultation		1
Total Face to Face		2

Service Overview

The bereavement support midwife commenced in the post in December 2022 on a part time basis, and works as part of the multidisciplinary team in the provision of bereavement care.

This role is adapting to requirements of Parents, it involves supporting families during and following perinatal loss, providing support for parents where there is a diagnosis of fatal fetal abnormalities as well as supporting women in a subsequent pregnancy.

The role acts as a liaison for information / Plans of care from tertiary centres for the Interdisciplinary team and the close follow up and subsequent meetings with families with Paediatric services has been invaluable In reassuring / preparing families and staff with clear plan for, delivery and care of baby.

Parents are cared for in the Rose room (bereavement suite) while in the maternity unit. A multifunctional room is available on the Gynae unit for both inpatient and outpatient support. Referral Pathways can be made by the nurse/midwife/GP / clinician / women can also self-refer. Parents can also avail of bereavement support by telephone or face-to-face appointments.

MUH and the bereavement midwife have worked as part of the Saolta working group for the implementation of the national bereavement standards. The bereavement midwife also facilitates the provision of bereavement training and education for staff both onsite and in CNME. The national care pathways for perinatal loss have been implemented, and we are continuing to implement recommendations in 2023.

Education and Training

The Bereavement Midwife is in the second year of a Masters program with RCSI & Irish Hospice Foundation for MSc Bereavement & Loss.

Achievements

The Bereavement Midwife is in the second year of a Masters program with RCSI & Irish Hospice Foundation for MSc Bereavement & Loss.

Aims 2023

- The Bereavement Support Midwife plans to provide education sessions & workshops for the multi-disciplinary team on the Perinatal Bereavement pathways of care for 1st, 2nd and 3rd trimester loss.
- Secure funding for tidying up and providing seating at the 'Little Angels' plot in local cemetery.
- Facilitate communication modules.
- Provide education sessions & workshops for the multi-disciplinary team on the importance of and how to do memory making with parents.
- Attend Bereavement training workshops and study days.
- Develop new care pathway for women attending Emergency Department with pain/bleeding in early pregnancy and roll it out.
- Develop bereavement support patient information leaflets

2.10 Antenatal Education

Antenatal Education 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. Each of the Maternity units is Saolta offer this service. This is a summary of their activity in 2022:

UHG Education Report 2022

Antenatal Education

Maternity Antenatal Stats 2022	Primip	Multip	Total
Attendance at Antenatal Classes (all classes inclusive of Teen Parent Project, Early Pregnancy, One to Ones, Preparation for Birth and Pregnancy, Refresher and Hypnobirthing)	2309	183	2491
Preparation for Birth and Parenthood	1015		1015
Attendance at Antenatal Breastfeeding Workshop	580	49	629
Attendance at Weekday Sessions			
			2491
Attendance at Evening Sessions			
			n/a
Attendance at Refresher Sessions			
			183
Attendance at Postnatal Reunions New Mums Wellbeing Hub (3 Hubs Oct/Nov/Dec)			
			54
Attendance at Teen Class Sessions			
			18
Attendance at 1:1 Antenatal Classes			
			84
Attendance at Tours of the Maternity Unit (Virtual)			4,700 sessions/ 3,200 users

Achievements

- UHG launched a new Service commenced in October 2023. The New “Mum’s Wellbeing Hub” is a collaborative initiative which involves the MDT of the Maternity Dept, and our Community PHNs’. It provides evidence based information and signposting to services for new mothers and their families during their transition to parenthood.
- Parent Education CMM, UHG Maternity attended and completed the Pilot Programme. *FLIG PROGRAMME; National Facilitators Education Programme (NFEP). The aim of this programme is to equip antenatal educators (Midwives, Nurses, PHN’s) with the knowledge, skills, confidence and mind-set to provide evidence based antenatal education to women and their partners in accordance with the National Standards for Antenatal Education in Ireland.
- Development & Facilitation of Hypnobirthing Programme
- Member of National Work stream 1+2 to standardise National Programme for Antenatal Education
- Participated in a poster Presentation at National Breastfeeding Conference (IBCLC)
- Finalists in 4 Categories in the HSE National Health care awards
- Member of the Maternity Voices Service User Feedback Group
- Completed “Just Take 5 “ a weekly GUH MDT communication bulletin for staff on two occasions
- Pitched for Funding at Spark seed Innovation event and secured €3000 funding for podcasts. This is the next phase of the New Mums Wellbeing Hub.
- Participated and completed new National programme IBCLC.

PUH Education Report 2022

Maternity Antenatal Stats 2022	Total
Attendance at Antenatal Classes	92
Attendance at Antenatal Breastfeeding Workshop	370
Labour and Delivery Class	171
Postnatal Breastfeeding Class	2
Virtual Breastfeeding Support Group	4
Hypnobirthing Class	179

SUH Education Report 2022

Maternity Antenatal Stats 2022	Primip	Multip	Total
Attendance at Antenatal Classes	337	119 (vbac 43)	456
Attendance at Antenatal Breastfeeding Workshop	144	14	158
Attendance at Weekday Sessions	337	76 (vbac 43)	456
Attendance at Evening Sessions	0	2*	2*
Attendance at Refresher Sessions	0	76	76
Attendance at Teen Class Sessions	5	0	5
Attendance at 1:1 Antenatal Classes	13	2	15
Attendance at Tours of the Maternity Unit	online	online	online
Attendance at Drop in Breastfeeding Clinic (including phone support)	8	4	12

Key Achievements

- One to one breastfeeding support has been given by phone and ward visits. It is recognised that this service needs better resourcing to provide the optimum support. Face to face consults were also facilitated up to 6 weeks postnatally. We were delighted to Welcome Lynne Cunningham to the service as lactation Consultant.
- A birth wishes template was developed and is available at all antenatal clinics for all to use. Included in this is the use of The BRAIN acronym, this poster is displayed in all areas including Labour Ward to facilitate informed decision making.
- Hypnobirthing classes commenced for the first time ever in SUH, on completion of the class further scripts for hypnobirthing along with affirmations are emailed to participants.
- The CMM2 in Antenatal education is an active participant on the national forum for Antenatal Educators and part of the work stream that meet separately to devising a template for a national curriculum for education classes.
- The CMM2 accepted the request from local secondary schools to speak with transition year students, speaking to them about career options in midwifery, childbirth and promoting breastfeeding.
- In the absence of a lactation consultant (being an IBCLC) the CMM2 completed a feeding audit alongside colleagues from LUH and Cavan as part of CHO area 1. We based this audit on the national breastfeeding Audit and focused on the need/frequency of formula supplements to breastfed babies. The findings were presented to all Clinical Midwife Managers in Maternity services. This resulted in staff education sessions and closer monitoring of distribution of formula.
- We launched a number of education sessions specifically women who have had previous experienced pregnancy loss and were in the 3rd trimester of this pregnancy.
- The CMM2 also accepted an invitation from Aras an Uachtarain on breastfeeding week to speak about the introduction of colostrum harvesting and the positive impact this has had on our breastfeeding rates.
- The CMM2 received distinction on this Level 9 course in Breastfeeding and lactation studies in UCD the first time this course was ran in this country.
- The Antenatal Education department coordinated recordings of education videos for antenatal and postnatal use. A multidisciplinary team approach was adopted and input given from physiotherapy department, obstetricians, midwives, perinatal mental health midwife and our lactations consultant.

Quality Initiative – Maternity Experience Forum

- In February 2022 I was asked if would lead out on a Quality Initiative in SUH to hold a forum where the women that had recently used our service could provide us with feedback about our service and what areas we could improve.
- Meetings were held with representatives from all areas within maternity services at SUH and it was decided a comment card should be provided to all postnatal women, we provided a secure box that this card could be deposited on departure from the postnatal ward. This commenced 1st June 2022.
- These cards are collected daily from the box and data collated and feedback given to relevant staff/areas.
- We decided that we would hold a 2 monthly open forum inviting women to a local hotel for their own feedback. This was widely advertised on local papers/social media and local radio stations.
- These forums commenced in July 2022, with great interaction from multidisciplinary staff and great feedback from new mums.



Marla Kennedy CMM2, Juliana Henry DoM,
Dr Ravi Garrib Consultant.

LUH Education Report 2022

Maternity Antenatal Stats 2022	Primip	Multip	Total
Attendance at Antenatal Classes	375	68	443
Attendance at Antenatal Breastfeeding Workshop	346	16	362
Attendance at Weekday Sessions	375	68	443
Attendance at Evening Sessions	256	10	266
Attendance at Refresher Sessions	n/a	68	68
Attendance at Postnatal Reunions	50	n/a	50
Attendance at Teen Class Sessions	9	n/a	9
Attendance at 1:1 Antenatal Classes	41	19	60
Active pregnancy	Added in	Added in	146

Service Overview

During 2022 the antenatal education service continued to be delivered in person and via the zoom platform. The service facilitated over 500 women in total including 60 on a one to one basis. The service also accommodated 133 birth companions. The Antenatal Education Coordinator worked closely with outside groups including Foroige, TPSP & was also a member of the Postnatal Community Working Group.

Education & Training

The Antenatal Education Coordinator undertook the following education and training in 2022: Hypnobirthing Teacher Training Diploma, The First Time Managers Programme, Mental Health Workshop and Newborn Observation Training Programme.

Achievements

In 2022 we were the only hospital in the country to provide both online & in person antenatal classes. Following completion of the hypnobirthing diploma the class content was developed ready to commence in 2023. The Antenatal Education Coordinator provided update study days for both midwives and Public Health Nurses. The Antenatal Education Coordinator was invited by the ATU to teach the birth physiology & breastfeeding modules to general nursing students and has been asked to teach these modules going forward.

- The Active Pregnancy & Postnatal Class ran throughout 2022 a total of 146 women attended on Friday mornings in a time of great isolation for women.
- Feedback was obtained from 50 postnatal women during 2022.

MUH Education Report 2022

Maternity Antenatal Stats 2022	Primip	Multip	Total
Attendance at Antenatal Classes	272	9	281
Attendance at Antenatal Breastfeeding Workshop	77	12	89
Attendance at Weekday Sessions	66	5	71
Attendance at Evening Sessions	206	4	210
Attendance at 1:1 Antenatal Classes	70	2	72
Attendance at Tours of the Maternity Unit	40	0	40

Quality Initiative for Maternity Service User Feedback

In 2022 the Maternity MDT in Mayo introduces a service user forum for women that had recently used the Maternity service to provide us with feedback about our service and what areas we could improve. The forum aims to meet quarterly and is widely advertised on local papers/social media and local radio stations.



Jennifer Moynihan CMM2, Jacinta Byrne CMM2, Andrea McGrail DoM

2.11 Supported Care Pathway

In the Saolta 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)

In each of our Maternity units, we have established midwife led antenatal clinics. In addition to antenatal clinics, the service in GUH offers an early transfer home service and in LUH for the supported care extends to a continuity model of care for intrapartum and postnatal period. This is the activity in the antenatal supported care pathway

GUH Supported Care Pathway, 2022

Clinical Activity

Supported Care Pathway Data 2022		Total
Midwives Clinic 2022		
Total No. of Women who attended the Midwives Clinic 2022		1027
Onset of Labour for Supported Care Pathway Women 2022		
Induced		67
No Labour		8
Spontaneous		150
Mode of Delivery Outcome Supported Care Pathway Women 2022		
SVD		144
Vacuum		36
Forceps		13
Elective CS		6
Emergency CS		26
Epidural		116
Reason for Transfer Out of Midwives Clinic Care 2022		
Total No. Transferred Out (>/=3 Visits, </=5 visits)		
Including 104 previous LSCS. Some women multiple reasons for return to Consultant Led Care, primary reasons listed below.		572
Not Specified/Redirected to more appropriate clinic		
Including Not Specified/Redirected to more appropriate clinic, Inappropriately Referred Smoker, BMI >30, Age >40), Cared for by MWC,		241
Covid		206
Various Maternal Morbidities (Hypertension, Gest Thrombocytopaenia, Placenta Previa/Low Lying Placenta, Cholestasis, Cardiac, APH, CA, ?PE, Renal Issues, Fibroids)		41
Gestational Diabetes		52
High Risk Clinic		20
LGA/Increased		8
IUGR/SFD/Reduced		4

LUH Supported Model of Care 2022

Clinical Activity

Supported Care Pathway Data 2022		Total
Midwives Clinic 2022		
Total No. of Women who attended the Midwives Clinic 2022		388
Onset of Labour for Supported Care Pathway Women 2022		264
Induced		63
No Labour		0
Spontaneous		201
Mode of Delivery Outcome Supported Care Pathway Women 2022		
SVD		162
Vacuum		52
Forceps		3
Elective CS		0
Emergency CS		47
Epidural		64
Reason for Transfer Out of SCP 2022		
Total No. Transferred Out		139
Fetal Anomaly		1
Bleeding/Low Blood Pressure		0
LGA/Increased		18
IUGR/SFD/Reduced		7
PIH/PET		8
Gestational Diabetes		31
Malpresentation/UNS		19
Other		55

SUH Supported Care Pathway 2022

Clinical Activity

Supported Care Pathway Data 2022		Total
Midwives Clinic 2022		
Total No. of Women who attended the Midwives Clinic 2022		180
Onset of Labour for Supported Care Pathway Women 2022		
Induced		25
No Labour		3
Spontaneous		73
Mode of Delivery Outcome Supported Care Pathway Women 2022		
SVD		63
Vacuum		16
Forceps		1
Elective CS		0
Emergency CS		21
Epidural		54
Reason for Transfer Out of SCP 2022		
Total No. Transferred Out		79
Fetal Anomaly		0
Bleeding/Low Blood Pressure		3
LGA/Increased		3
IUGR/SFD/Reduced		9
PIH/PET		10
Gestational Diabetes		5
Malpresentation/UNS		7
Other		42

PUH Supported Care Pathway 2022

Clinical Activity

Supported Care Pathway Data 2022		Total
Midwives Clinic 2022		
Total No. of Women who attended the Midwives Clinic 2022		587
Onset of Labour for Supported Care Pathway Women 2022		
Induced		137
No Labour		17
Spontaneous		312
Mode of Delivery Outcome Supported Care Pathway Women 2022		
SVD		302
Vacuum		52
Forceps		19
Elective CS		16
Emergency CS		87
Epidural		n/a
Reason for Transfer Out of SCP 2022		
Total No. Transferred Out		125
Fetal Anomaly		0
Bleeding/Low Blood Pressure		0
LGA/Increased		11
IUGR/SFD/Reduced		14
PIH/PET		14
Gestational Diabetes		59
Malpresentation/UNS		8
Other		19

MUH Supported Care Pathway 2022

Clinical Activity

Supported Care Pathway Data 2022		Total
Midwives Clinic 2022		
Total No. of Women who attended the Midwives Clinic 2022		388
Onset of Labour for Supported Care Pathway Women 2022		
Induced		63
No Labour		0
Spontaneous		201
Mode of Delivery Outcome Supported Care Pathway Women 2022		
SVD		162
Vacuum		52
Forceps		3
Elective CS		0
Emergency CS		47
Epidural		64
Reason for Transfer Out of SCP 2022		
Total No. Transferred Out		139
Fetal Anomaly		1
Bleeding/Low Blood Pressure		0
LGA/Increased		18
IUGR/SFD/Reduced		7
PIH/PET		8
Gestational Diabetes		31
Malpresentation/UNS		19
Other		55

2.12 Advance Midwife Practitioner Report

GUH Advanced Midwife Practitioner – Supported Midwifery Care 2022

Clinical Caseload

The clinical caseload of the RAMP is varied and includes the Birth After Caesarean (BAC) section Clinic. The clinic is run weekly on site at GUH and fortnightly at an outreach clinic. This is a summary of the clinic activity:

- 169 of the 400 women with one previous caesarean section attended the BAC clinic.
- The 169 women who attended the RAMP led BAC clinic received 305 follow up phone calls, as a support and preparation for labour with a previous caesarean section.
- A further 41 women were referred from the multidisciplinary team for debrief and/or birth preparation education following a previous negative experience, tocophobia and/or Perinatal Mental Health (PMH) concerns.
- 77 women who attended the BAC clinic attempted VBAC giving a 45.6% attempt rate, this compares to the 18.6% for the cohort of women who did not attend the clinic.
- Successful VBAC was achieved in only 48% (37/77) of the women who attempted a VBAC and 21% (37/169) of total women attending the BAC clinic.
- Comparatively VBAC was achieved in 81% (30/37) of women who had a trial of labour, but only 13% (30/231) of total women who attended the consultant clinics alone. (Figure 1.)

Service User Feedback

A service user feedback survey was sent to all 169 women who attended the BAC clinic with 53 responding, resulting in a 31% response rate. The vast majority of respondents described their BAC clinic experience as “excellent”

RAMP Training and Education facilitated

- The RAMP has facilitated this through the sessions outlined below.
- Fetal monitoring in practice – fetal monitoring with a promoting normality aspect
- National Healthcare Communication Programme - Module 1 Making connections and Module 2 Core Consultation Skills
- Weekly ward based education sessions in promoting physiological labour and birth, some topics covered include
 - ❖ Labour Hopscotch
 - ❖ Stages of labour guidelines application to practice
 - ❖ Maternal positions for first and second stage of labour
 - ❖ Stratification of clinical risk in pregnancy
- Labour Ward Midwifery information board – communication tool to share midwifery evidence and forum for staff to request updates of interest.
- A Midwifery highlight of 2022 was the introduction of Labour Hopscotch® Education and installation of the Labour Hopscotch® Station in the Maternity Department.

Audit and research

The RAMP has accomplished the following poster presentation and audits

- Poster presentation “RAMP led Birth After Caesarean Section clinic: outcomes and women’s experiences” submitted to National Midwifery Conference
- BAC clinic audit of RAMP care and outcomes
- Audit on implementation of labour guideline – Vaginal examination timing
- Audit of records to identify care pathway for antena

PUH Advanced Midwife Practitioner – Supported Midwifery Care 2022

For 2022, the Advanced Midwifery Services in Portiuncula University Hospital remained one of a candidate position, as the incumbent completed the MSc in Advanced Practice. The role continued 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.

Clinical Practice

The provision of clinical care is a substantial part of the role of cAMP in Portiuncula Hospital with a busy stand-alone outreach clinic, Birth After Caesarean (BAC) clinic commenced weekly in Q2 of 2022 and Birth Reflection clinic, currently referral by MDT only, commenced in Q4 of 2022. Additionally, twelve hours per week are on the antenatal, labour and postnatal wards, providing clinical care, with particular focus on continuity of care to women within the Supported Care pathway where feasible. While facilitating the cAMP to remain abreast with the many changes in clinical practice, their clinical ward day supports informal education as a resource for staff, opportunities for engagement, role modelling normal birth practices, promotion and leadership. Clinical activity for the cAMP includes:

- Supported Care Pathway antenatal clinic - 988 appointments
- Birth After Caesarean antenatal clinic - 261 appointments
- Birth Reflections Clinic - 17 appointments
- Additionally, where possible, the cAMP completes Newborn Infant Physical Examinations (NIPE), primarily outside routine paediatric hours to facilitate discharge of women and their babies and IBCLC services for complex episodes of care.

Birth after Caesarean Clinic

Women, choosing LSCS following previous birth by caesarean section (LSCS) are a significant contributor to the increasing LSCS rates nationally. In Ireland, VABC rates remain around 20% nationally. Evidence demonstrates the critical role played by the health care professionals in decision making, whereby women are more likely to consider VBAC when promoted as a normal standard of maternity care. Of the women with one previous caesarean section 39.6% delivered vaginally, 75 of these women attended the BAC clinic, having between 1 and 4 appointments each. 72% of women who attended the BAC clinic, initiated breastfeeding.

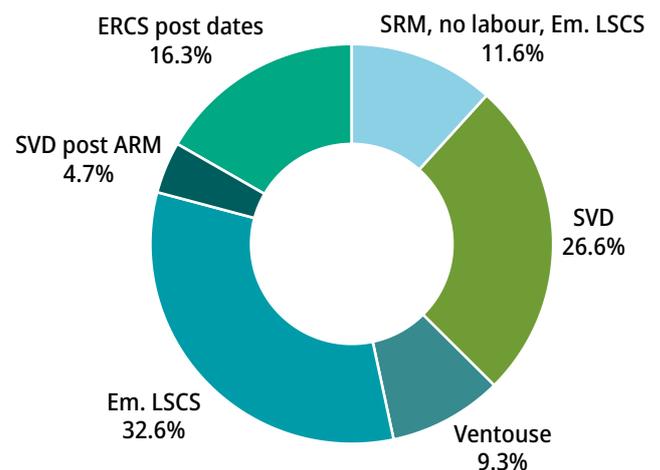


Fig. 1: Birth Outcomes for all women, due in 2022, who attended the BAC clinic

MUH Advanced Midwife Practitioner (AMP) Supported Care 2022

The Advanced Midwife Practitioner (AMP) supported model of care service was established in Mayo University Hospital (MUH) in April 2021. The caseload and scope of practice for the AMP service continues to evolve to reflect changing service needs. The AMP has responsibility for an initial defined caseload within the AMP scope of practice who fit the criteria for: Supported Model of Care, Continuity of carer with an agreed inclusion/exclusion criteria for the AMP Caseload and Birth after Caesarean Section (BAC)

The AMP (Supported Model of Care) caseload

In 2022 a total of 173 women were cared for by the AMP from ≥ twenty weeks gestation to postnatal discharge with over 300 antenatal clinic and maternity day assessment reviews. This includes women attending the newly established supported model of care, continuity of carer AMP clinic which commenced in November 2022.

Birth after Caesarean Section (BAC)

148 women with one previous caesarean section attended for AMP care in 2022. 5 of these women delivered in tertiary hospital for various reasons. Of the remaining 143 women 73 (51%) of them had a preferred choice of

VBAC as their mode of birth. The remaining 49% delivered by elective caesarean section.

A service user feedback survey was sent to all women who attended the BAC clinic with the majority reporting a very positive experience of this service.

SUH Advanced Midwife Practitioner (AMP) Supported Care 2022

The Registered Advanced Midwife Practitioner (RAMP) service has been in Sligo University Hospital since January 2017. It provides a continuity of care pathway from the second trimester to postnatal discharge, underpinned by the midwifery philosophy of care giving, for an agreed caseload of assisted care women who would normally have obstetric led care (table 1).

In 2022 a total of 231 (19%) women were cared for by the AMP assisted care from booking to postnatal discharge, with 1418 scheduled antenatal reviews and 545 antenatal and postnatal inpatient reviews. Another 57 women had some care from the RAMP but for a variety of reasons were transferred back to consultant care antenatally between 22 and 36 weeks (Table 2). A total of 126 (10%) women attended for Midwife Model of Supported Care (MMC), 775 (63%) attended for supported and assisted Consultant Care and a total of 95 (8%) were specialised care (E3 Stats generator).

Table 1 RAMP Caseload 2022

Medical Problem	n	%
Age >40yrs	31	13%
Lletz/colposcopy	18	8%
Anxiety and depression	55	24%
Hb/B12/folate	15	6%
BMI	48	21%
Asthma	19	8%
Previous ICP	v6	3%
Previous PPH	11	5%
Thyroid	19	8%
Previous PET	13	6%
Fibroids	6	3%
Perineum problems	8	3%
Previous Shoulder dystocia	4	2%
GBS	19	8%
GDM	9	4%
OASI	3	1%
PCOS	11	5%
Platelets	6	3%
Recurrent UTI	2	1%
IVF	5	2%
Ulcerative colitis	3	1%
VBAC	31	13%
Covid 19	116	50%

*does not equal 100% as some women had more than one underlying problem.

Table 2 Transfer back to Consultant 2022

Anxiety	4	7%
APH	2	4%
Breech	6	11%
Fetal Anomaly	1	1%
GDM Meds	15	26%
Other	6	11%
ICP	3	4%
LGA/ polyhydramnios	2	4%
PET	0	0%
SGA	2	4%
TF other hospital	3	5%
VBAC Mat request	11	19%
Preterm ROM	3	4%

Drop in Feeding Clinic

This is a self-referral clinic that all women attending SUH can avail of in the first 4 weeks and be seen by the RAMP who is a registered IBCLC. Twelve women used the service. Ten were seen face to face and three of these had a phone follow up. Two women had a phone consult.

Postnatal review

A RAMP virtual postnatal review service commenced in June 2022 on foot of service users' feedback. All women who attended RAMP care, receive a text message between 2-4 weeks postnatal inviting them to an Attend Anywhere virtual postnatal review clinic. Twenty four women availed of the service in 2022. Five women were referred back to their named consultant Gynae clinic for further review and three were referred to physiotherapy for pelvic floor review.

Presentations

- **Virtual International Day of the Midwife**, May 2022. Monitoring weight gain in pregnancy
- **NWIHP Midwife conference**, Dublin, May 2022 Poster presentation 'To weigh or not to weigh in pregnancy.'
- NWIHP Midwife conference, Dublin, May 2022 Poster presentation 'AMP Continuity of care Qualitative research findings.'
- Nursing and Midwifery Conference Sligo November 2022.
- IAANMP (advanced practice) conference, Dublin, November 2022.

Articles

- The Practising Midwife: February (part 1) and March (part 2) 2022. 'Using service users' feedback to inform and evolve an Irish advanced midwife practitioner service.'
- British Journal of Midwifery. November 2022. 'To weigh or not to weigh in pregnancy.'

2.13 Saolta HSE Home Birth Service

In February 2022 at the request of the HSE's Chief Operations Officer (COO) and HSE Chief Clinical Officer (CCO) Saolta accepted governance of the existing HSE National Home Birth Service governance from Community Operations. The aim in transferring the governance its acute maternity services is to preserve a safe, quality and woman-centred care service while providing for choice, enhanced clinical governance and wider access to an expert workforce.

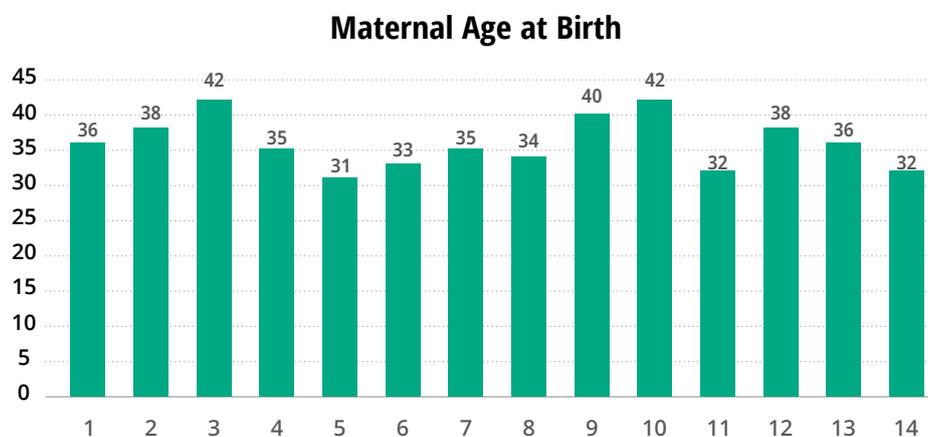
Service overview

Four midwives facilitated the Homebirth Service in the Saolta Group in 2022. Two were full-time SECMs, who worked in other hospital groups and carried out one and two homebirth(s) each. The other two SECMs worked part-time and carried out five and six births each. The demand for a homebirth outstripped the supply, with 87 inquiries and 20 women booked for a homebirth in 2022. The majority of women booked into PUH, with the remainder booking into UHG (see table below).

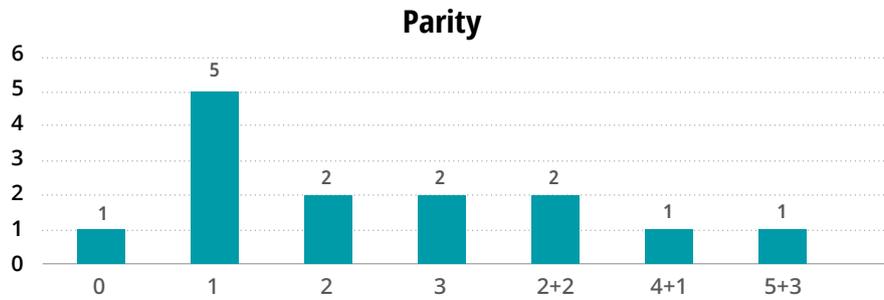
Activity

Saolta University Health Care Group	
Total number of inquiries	87
• University Hospital Galway	8
• Portiuncula University Hospital	12
Total	20
Total Number of Homebirths	14/20 (70% of those booked)

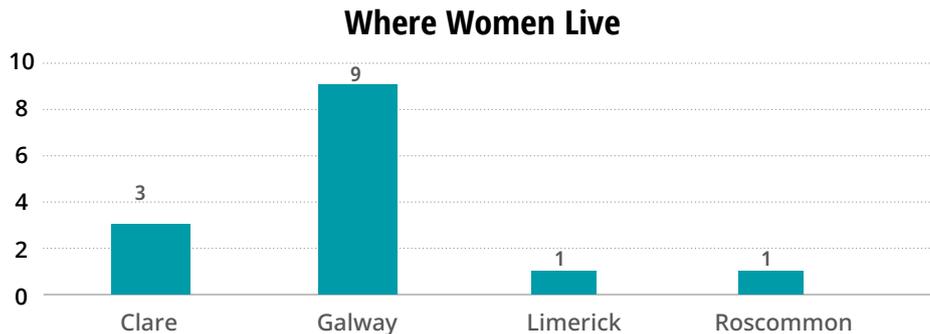
The maternal age at birth varied between 31 - 42 years, with an average age of 36yrs as seen in the table below.



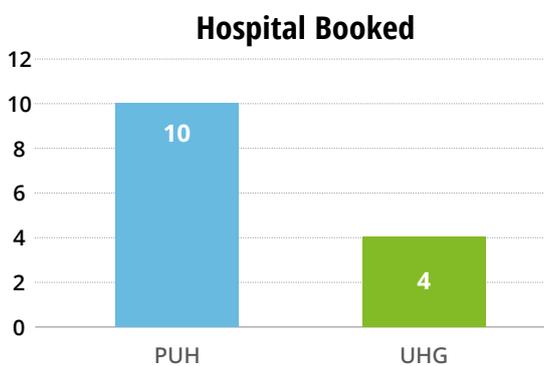
As seen in the table below the majority of women were multigravidas (n=13, 92.8%), with the majority of women having their second baby (n=5, 35.7%). There was one (7.1%) primigravida.



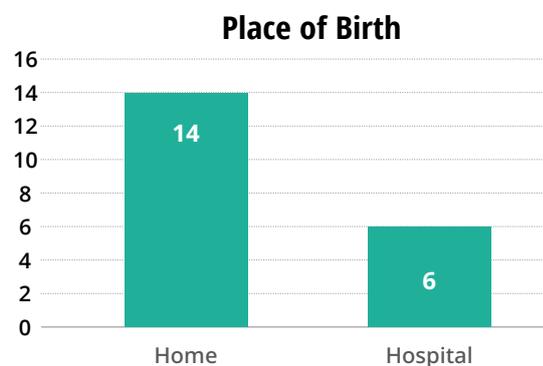
The homebirths were undertaken in counties; Clare, Galway, Limerick, and Roscommon with the majority n=9 (45%) women residing in Galway County (see table below).



As seen in the table below the hospitals booked by women at the time of the planned homebirth. The majority n=10 (71.4%) in PUH and n=4 (20%) in UHG.



As seen in the table below, the majority of women who planned a homebirth (n=14, 70%) gave birth at home. N=6 (30%) of women gave birth in the hospital.



The table below identifies the total number of women transferred to a hospital, n= 7, (35%), and the reason for transfer. There was one (5%) intrapartum transfer and one (5%) postnatal transfer. N=5, (25%) of women were antenatal transfers. The birth outcomes for four of the five antenatal transfers are unknown. For one antenatal transfer (compound presentation), the birth outcome was a caesarean section. The birth outcome for the intrapartum transfer was a ventouse delivery.

2.14 Health and Social Care Professionals-Maternity Services

The Health and Social Care Professions (HSCPs) are core service providers to women and their partners, children, other service users and staff in the Women and Children's MCAN. This section highlights the activity and services delivered by the principal HSCP teams in Maternity Services. Other HSCP Services also are involved in the care we deliver to our service users.

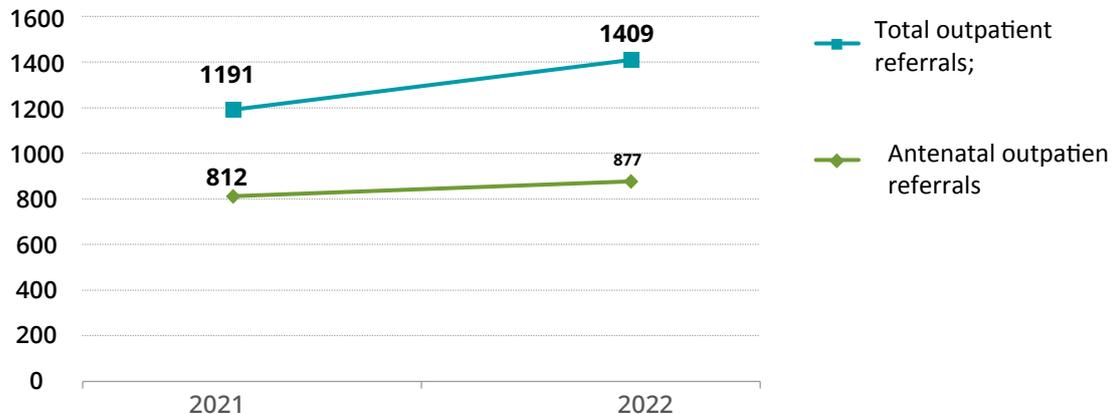
Physiotherapy Services in 2022

GUH Physiotherapy Service 2022

Physiotherapy

Physiotherapy Referrals 2022		Total
No. Referred from Antenatal Outpatients	877	
No. Referred from Postnatal Outpatients	238	
No. Referred from Inpatients	<ol style="list-style-type: none"> 1. Postnatal Checks: 645 2. Postnatal referrals: 56 3. Antenatal referrals: 14 	
Physiotherapy Treatments 2022		
Total Treatment Sessions	Average x3- 6 treatment sessions per patient referred	
Low Back Pain/Pelvic Girdle Pain	773 patients treated antenatally 63 patients treated postnatally	
Group Education workshops	<ol style="list-style-type: none"> 1. Antenatal Physiotherapy 'Preparation for Birth' Workshop: 843 patients attended 2. Antenatal Pelvic Girdle /Low Back Pain Workshops: 434 patients attended 3. Postnatal 'Bodycare' Workshops: 192 Patients 	
Maternity Inpatients	866 inpatients treated	

Service Overview 2022



Services provided in 2022 included

- Physiotherapy inpatient service to antenatal, postnatal and gynaecology wards in UHG ;
- 1:1 Physiotherapy outpatient service for women with musculoskeletal issues during and after pregnancy, as well as women of all ages with gynaecological/pelvic floor conditions.
- Group-based workshops providing education, advice and safe exercise for antenatal and postnatal women

Education and Training 2022

- Weekly staff in-service training sessions for all physiotherapists in the Women's Health physiotherapy team;

Achievements 2022

Maintenance of all services listed above with reduced core staffing. An 18% increase in outpatient physiotherapy referrals was evident, compared with 2021 figures.

Aims 2023

Gradual return of face-to-face group education workshops to antenatal women with pelvic girdle pain

LUH Physiotherapy Service 2022

Physiotherapy Treatment Sessions 2022	
Total Treatment Sessions	932
Maternity Inpatients	932
Other	68 (group education workshops)

Service Overview

Extensive wait lists for access to physiotherapy have been an issue for a considerable time both within LUH and PCCC. Improved staffing within LUH and some areas of PCCC will see improvements in wait lists in the future.

Education and Training

Attendance at face-to-face antenatal classes have decreased post-Covid as more people access classes online. An online antenatal physiotherapy class would be of benefit and needs to be factored into antenatal education schedules.

Meetings took place between physiotherapy and maternity services to discuss improved referral efficiency between antenatal outpatients and physiotherapy. It was agreed to enhance physiotherapy resources to antenatal out-patient clinics and for educational information to be provided to midwifery staff in relation to content of the antenatal physiotherapy class and the education of antenatal patients in management of pelvic girdle pain.

Aims 2023

- Improve access to physiotherapist-led antenatal education via provision of online classes.
- Introduction of a late stage physiotherapy labour class to be considered.
- Improve statistics collation for maternity services in physiotherapy.
- Reduce waiting lists and efficiency of service with 2 whole time physiotherapy posts now in place.

MUH Physiotherapy Service 2022

Maternity Physiotherapy Stats 2022		Total
Physiotherapy Referrals 2022		
No. Referred from Antenatal Outpatients		17
No. Referred from Postnatal Outpatients		30
No. Referred from Inpatients		32
Physiotherapy Treatment Sessions 2022		
Total Treatment Sessions		0
Low Back Pain/Pelvic Girdle Pain		17
Pelvic Floor Dysfunction		28
Other Musculoskeletal Issues		21
Obstetric Anal Sphincter Injury		17
Other Pelvic Floor Muscle Dysfunction		0
Group Education workshops		117
Maternity Inpatients		41
Other		0

Service Overview

The senior physiotherapist position was vacant from 12/2/2022 to 30/5/22. The newly recruited Senior Physiotherapist in Women's Health and Continence commenced on 30th May and prioritised urgent cases, a small number of non-urgent cases and carry-over clients from previous post holder.

Education and Training

- Created new and up-to date information leaflets for common conditions and treatments of PFD.
- Education provided to Staff grade physiotherapists on assessment and treatment of Pelvic Girdle Pain (PGP).
- Commenced early pregnancy class education in collaboration with ante-natal educator.
- Re-commenced post-natal education classes for post-natal in-patients.

Achievements

Service was resumed after a gap and urgent post-natal and post-operative cases were assessed and managed. Past clients who had management interrupted due to Covid or staff shortages in the past 2 years were prioritised for review.

Aims 2023

- Plan to update of postnatal handout
- Commence exercise sessions for pre and post natal mums, Spark Seed application for funding and support for same.
- Offer all clients who had management interrupted a review and recommence management as required.
- Achieve wait list management targets: Urgent clients will be offered an appointment within 3 weeks.
- Non-urgent waitlist will be reduced to 3 months by year end 2023.
- Provide education to maternity MDT on the role of physiotherapy in ante-natal and post-natal care.
- Attend Spark Summit

PUH Physiotherapy Service 2022

Maternity Physiotherapy Stats 2022	Total
Physiotherapy Referrals 2022	
No. Referred from Antenatal Outpatients	630
No. Referred from Postnatal Outpatients	49
No. Referred from Inpatients	80
Physiotherapy Treatment Sessions 2022	
Maternity Inpatients	80

Portiuncula University Hospital provides a Women's Health Physiotherapy service in both in patient and outpatient settings, treating women with ante natal, post natal and gynaecological dysfunctions.

The out patient service is provided to Consultant and GP referrals from South Roscommon and East Galway. We also accept referrals from outside our catchment area if the specialist service is not available there.

Currently the service is provided by 0.8 WTE Senior Physiotherapist. This allocation is from the general staffing levels and not a Physiotherapist appointed specifically for this service. There is a 1 WTE Clinical Specialist Physiotherapist in Ambulatory Care approved but, to date, recruitment into this post has proven unsuccessful.

Numbers referred to this services continues to increase (2021 = 140, 2022 = 250) and the demand on the gynaecology service in particular has resulted in some women waiting greater than a year for treatment. At year-end 2022, this waiting list had approximately 76 people waiting for treatment. With regard to out patient ante natal lists, we prioritise patients presenting after 30/40 weeks and those with significant pregnancy related pelvic pain. They are assessed and triaged over the phone: some are dealt without having to attend the hospital while arrangements are made to see others in the hospital setting. We also provide teaching of NCHDs and midwives.

We provide the following services:

Ante Natal

- MSK physiotherapy for pregnancy related pain and dysfunction, including pelvic girdle pain, carpal tunnel syndrome, back pain and other musculoskeletal conditions
- Antenatal classes
- Continence care – bladder and bowel

Post Natal

- Post-natal ward based information classes (three times weekly) for OASI, back pain / MSK conditions, respiratory conditions and any issue preventing timely discharge
- OASI, both as an inpatient and outpatient follow up, as per national guidelines
- Scar management: Caesarean, episiotomy and perineal tears
- Post-natal continence advice and treatment
- Prolapse advice and management
- Post-natal MSK conditions
- Inpatient service where Maternity Related In Patient Referrals in 2022 were 67 and 13 returns

Maternity Related (Ante & Post Natal) OPD Referrals 2017-2022

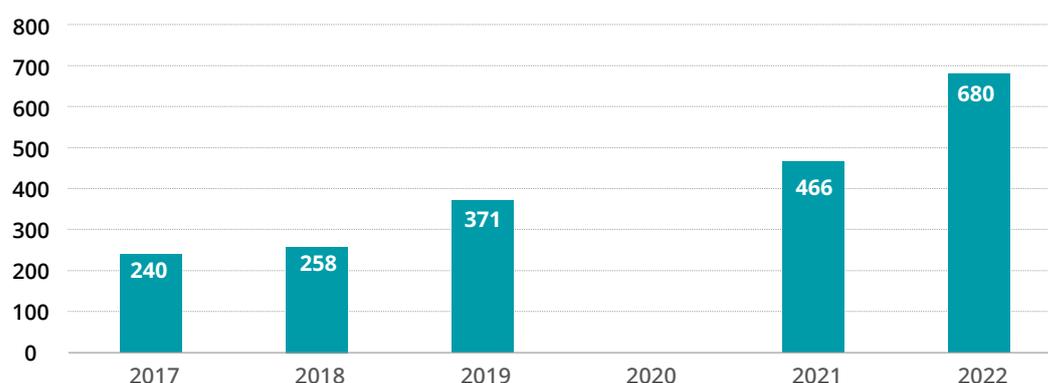


Figure 2: 2022 Maternity Related OPD Referrals – Ante Natal = 631, Post Natal = 49

SUH Physiotherapy Service 2022

Maternity Physiotherapy Stats 2022	Total
Physiotherapy Referrals 2022	193
No. Referred from Antenatal Outpatients	108
No. Referred from Postnatal Outpatients	25
No. Referred from Inpatients	60
Physiotherapy Treatment Sessions 2022	
Total Treatment Sessions	646 (obs and gynae combined)
Low Back Pain/Pelvic Girdle Pain	107
Pelvic Floor Dysfunction	61
Other Musculoskeletal Issues	24
Obstetric Anal Sphincter Injury	7
Other Pelvic Floor Muscle Dysfunction	(included in above stats)
Group Education workshops	Physiotherapy portion delivered on line, pre-recorded.
Maternity Inpatients	1037+98
Other	

Service Overview

The 2022 statistics have shown that 30% of the referrals pertain to musculoskeletal pain in antenatal and post-natal women. 37% of patients seen complain of urinary incontinence issues and the remainder account largely for pelvic organ prolapse, dyspareunia and faecal incontinence.

Education and Training

New Evidence continues to evolve and the 2022 International Research Update by the Australian Women's Health and Training Association focused on the childbearing year. These research updates again prove invaluable in informing best practice and new evidence pertaining to the Physiotherapy education and management of this patient cohort.

Medical Social Work 2022

Referrals	2021
Maternity Social Work New Referrals	192

GUH Women's and Children Medical Social Work

Maternity Medical Social Work 2022	Total
New Referrals (Mat, Obs & Gynae)	236
Teen Parents Support Program 2022	
New Referrals	40
Paediatric Medical Social Work 2022	
Inpatient Referrals	116
Outpatients Referrals	74

Maternity Medical Social Work Department - Service Overview 2022

The Maternity Medical Social Work team is comprised of a Senior Medical Social Worker covering Paediatric services, 2.5 Medical Social Workers covering Maternity, Obstetrics and Gynaecology Services in GUH and a Project Leader and 2 Social Care Workers covering the Teen Parent Support Programme.

During 2022 there was a noticeable increasing pattern of referrals to Maternity Social Work amid the context of a global refugee crisis. Persons seeking international protection, particularly those coming to Ireland as a result of the war in Ukraine required significant intervention, time and support. There were also significant implications for international protection applicants seeking intervention under termination of pregnancy services not being able to access services in Britain due to Brexit.

Towards the close of 2022 additional funding was provided to GUH in the provision of a new permanent Senior MSW in Maternity which is a very welcome development as it has been the only new post provided to Maternity Social Work Services in GUH in 18 years.

Education and Training 2022

TEARDROP was attended by MSW's and CMM2 in Bereavement in October 2022 where links were established and a plan was formulated to deliver TEARDROP in early 2023.

MSW Criona Healy awarded Advanced Diploma in Medical Law.

Achievements

- MSW's supported the delivery of the Wellbeing Hub for post-natal mothers with MDT colleagues
- MSW's are active members of the Peri-natal bereavement Committee
- Provision of education and training mandatory day in GUH presenting on 'Supporting parents who experience fetal or fatal fetal abnormalities'
- Attendance at TEARDROP training in CUH developing links to adopt this model of training for Saolta staff
- In person annual remembrance ceremony of light for pregnancy loss in line with national Bereavement standards
- MSW along with Psychology colleague developed a new initiative to support group for parents of children with Chronic Pain.
- Promotion for Criona Healy to Senior Social Work Practitioner, and Triona O Toole to Senior Medical Social worker (which will commence on return from Maternity Leave 2023).

Aims 2023

- We have approved new post of Senior Medical Social Worker and once staffing is in place, this post is in place we can develop services across Women and Children's services. This will allow for service development with our colleagues to include;
 - Parents support groups in NICU
 - Pregnancy Loss bereavement support group
 - Dedicated support to Paediatrics
 - Senior Medical Social Worker invited to contribute to the 'National advisory group on Bereavement standards in Maternity care'

Teen Parent Support Programme - Service Overview 2022

The Teen Parents Support Programme is located at Galway University Hospital and managed by the Social work Department.

The Teen Parents Support Programme provides support to young people who become pregnant when they are aged 19 years and under. Support is available to them until their child is two years old. This service is open to all young parents living in Galway City and County. This is a HSE West service which provides support in all areas of a young person's life: access to antenatal education during pregnancy, information on caring for your baby, assessing accommodation needs, financial/budget information, education & training support, child development information, parenting and emotional support with relationships/family. Support is offered on a one to one basis, through group activities and through referral to and liaison with other services. TPSP has access to School Completion Programme fund, administered by Tusla Education Support Service (TESS). This fund is available to the young parents to enhance their education prospects. The majority of TPSP referrals come from the Maternity Department GUH and Medical Social work in both GUH and PUH. Referrals can also be made from outside agencies e.g. Youth services, GP's, schools and self-referrals.

Activity

Referrals	2021	2022
New referrals	36	40
Annual Caseload	51	50

Education and Training 2022

- Children First Training.
- Masterclass in Trauma Informed Practice.
- Women's Aid Domestic Abuse Training in a Maternity Setting.
- Transforming the parent Infant Relationships – (AiMH UK).
- Foundation Course in Sexual Health promotion.

Achievements 2022

- TPSP supported 33 young parents to achieve their education goals.
- Anne Blaine developed an Infant/Toddler Play pack to promote the benefits of play for child development and the parent child relationship.
- Pregnancy Yoga with Marie Hehir was offered to all expectant young parents and took place in TPSP room.
- 70% expectant young parents attended Parentcraft antenatal education in GUH & PUH.
- Anita Glynn developed and facilitated a fortnightly TPSP Parent and Baby group in Ballinasloe Library.

Aims 2023

Project Staff will attend Circle of Security Facilitator Training - Early Intervention Programme for parents and their children. This training is based around Attachment theory.

To strengthen links with Parentcraft in Portiuncula University Hospital.

Collaborate with Galway City Partnership to organise and fund 3 workshops for the young parents in Croi na Gaillimhe resource centre Millstreet. Workshops will include Weaning, Paediatric First Aid and Active Play.

Establish fortnightly TPSP Parent/Baby peer support group in Galway City.

To continue to promote TPSP within rural towns and communities in Galway, with the aim to offer continued accessibility to the service, for expectant young parents both during pregnancy at hospital/community midwife clinic appointments and post-delivery through homevisits.

LUH Medical Social Work

Maternity Medical Social Work 2022		Total
New Referrals		46
Total Attendances		46
Teen Parents Support Program 2022		Total
New Referrals		9
Total Attendances		9

The paediatric Medical Social Worker has extended their role to offer a service to Maternity Services. The absence of additional MSW staff in Women's and Children's Service impinges on the development of the MSW role in Paediatrics and Maternity.

MUH Medical Social Work

Service Overview 2022

There are 1.5 senior social work posts for the Maternity service.

We work as part of the multidisciplinary team on the Labour & Maternity wards and in the Ante natal Clinic both in the hospital and in outreach clinics, i.e Ballina. We also work in Special Care Baby Unit in supporting parents practically and emotionally while baby is in the unit and also afterwards, at out patient appointments.

There has been a significant increase in referrals from International Protection Applicants and Ukrainian people seeking practical support with accommodation, transport to appointments and accessing General Practitioners. Referrals have also included requests for emotional support in dealing with the significant trauma that they may have suffered in their home country and in adjusting to their move to Ireland.

Medical Social Workers have developed positive working relationships with social inclusion workers in the community to try to advocate and improve overall outcomes for women, their partners and children in the International Protection system.

Maternity Medical Social Work 2022		Total
	Maternity Ward	22
New Referrals	Ante Natal	61
	Special Care Baby Unit	14
Total Attendances		83

MUH Pregnancy Support and Counselling Service

Service Overview

In 2022 there were 71 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 abnormality. 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.

Bereavement: The Counsellor works as part of a multi-disciplinary team, which includes a designated bereavement Midwife, Consultant Obstetricians, Medical Social worker, Chaplaincy and the Multi-disciplinary team on the floor of the Maternity Services. Bereavement support and anticipatory bereavement support 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.

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.

Achievements

Delivery of training: Counsellor engaged with Centre of Nurse & Midwifery Education in the provision of education for Multidisciplinary Professionals on:

- 'The Psychological Impact of loss in early Pregnancy.'
- 'Childhood Bereavement and Loss; Empowering Families and Health Care Professionals'.

Counsellor also provided training to Mayo ATU on:

- The emotional impact of loss in pregnancy'.

Service of Remembrance

The Counsellor in the Medical Social work Department was a founder member of the Service of Remembrance committee that has coordinated this service for families who have suffered a loss through miscarriage or stillbirth, termination or at any age since 2002. The counsellor is the chairperson of the committee of the Service of Remembrance and this year co-ordinated the provision of a non-religious service for parents who experienced loss in pregnancy in the last 3years. Aprox 200 people attended. 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 3 years. It was a multi-professional approach to provide a reflective, spiritual and therapeutic space of acknowledgement and support to families.

Committees: 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
- Early Year's Service Committee

Professional development/ training: webinars attended on topics of interest such as, bereavement, foetal alcohol syndrome, Trauma Informed Practice, Assisted Decision making, Recurrent miscarriage.

Aims

Counsellor has developed a new brochure and information leaflet on the Mayo Pregnancy Support and Counselling Service for use and information by various professionals both in the hospital and in the community. It is hoped that once finalised and disseminated they will be useful in informing professionals of the support the service provides. The counsellor aims to continue to improve links with community services both locally and nationally and will continue to develop policy for the service.

Education and Training 2022

- Medical Social Worker has delivered a joint workshop with Tusla Duty Social Work Team Leader about reporting concerns to Tusla, in an effort to improve outcomes for Children and Families attending Mayo University Hospital by educating staff on their roles and responsibility under Children First Act 2015. There are two further workshop dates in July & August.
- All mandatory training has been completed by Medical Social Worker

Achievements 2022

- Medical Social Worker has been involved in organising the Remembrance Service, for families who suffered a loss through miscarriage or stillbirth, termination or at any age since 2020. The service took place on 27th February 2023 and was attended by over 200 people.
- Development of Child Safeguarding folders for Labour, Maternity Wards and Special Care Baby Unit, containing accessible information for staff, including all necessary contact numbers.
- Medical Social Worker attends the Complex Maternity Meeting monthly, to share information and offer advice on complex cases. This helps to ensure good communication both to enhance family's experience of the maternity service.
- Medical Social worker has developed close working relationships with Tusla and this helps to ensure that there are safety plans in place for all babies and families on discharge from Mayo University Hospital where there is a Child Protection concern identified.
- Medical Social Worker presents on the service at Ante Natal Classes once a month to inform patients of the

support available from the Medical Social Work Department.

- Medical Social Work team have been working on updating the Mayo University Hospital Domestic Violence policy.

Aims 2023

- To continue to develop links with community supports for families attending Maternity services in Mayo University Hospital.
- Raise awareness of the role of the Medical Social Worker, hosting a stand in Mayo University Hospital foyer on World Social Work Day 21st March 2023
- Raise awareness of Infant Mental Health, through participation in the Mayo Infant Health Forum, hosting a stand in the foyer of Mayo University Hospital for Infant Mental Health Week 12th - 6th June 2023.
- Develop a leaflet outlining the service and supports available from the Medical Social Work service to be given to families attending Maternity service
- Recruitment for 0.5 Senior Social Work post vacated in June 2023.
- Application for Senior Medical Social Worker to complete Postgraduate Diploma in Supervision & Management to further develop the service.

PUH Medical Social Work

Activity

Maternity Medical Social Work 2022	Total
New Referrals	254
Total Attendances	

Service Overview

The medical social worker attached to the maternity department provides practical and emotional support services to women, their partners and their families who may be experiencing additional challenges. The medical social worker works closely with other professionals both within the hospital and in the community to ensure service users get the support they need.

The medical social worker provides counselling, emotional support and practical information to women, their partners and families promoting a positive parenting experience. Assessment and identification of bio psycho social and psychological needs is a key role of social work intervention from ante natal through to post-natal phase. The service remains focused on providing an individualised supported pathway to women throughout their pregnancy. Referrals are made to relevant health and social care services and community supports based on identified needs.

Achievements

The challenge of providing a comprehensive medical social work service post a pandemic was successfully responded to in 2022. The medical social worker continued to meet service users face to face, where possible, adhering to all safety guidelines. They also provided support and counselling over the phone so that service delivery was not undermined. They attended child protection case conferences and service related meetings virtually. Along with other members of the multi-disciplinary team, they contributed to virtual ante natal classes.

Child protection and welfare referrals are prioritised by the medical social work team for timely assessment and intensive support. Our department maintains close interdisciplinary working relationship with Tusla – child and family agency, in supporting and promoting the development, welfare and protection of children and in supporting and encouraging the effective functioning of families.

The senior medical social worker participated in the service of remembrance for parents and families who have experienced bereavement through the death of a child or who have lost a baby through miscarriage, ectopic pregnancy or still birth.

The medical social worker engaged in providing a psychosocial response to pregnant Ukrainian refugees presenting for maternity care in Portiuncula University Hospital.

Preparing for life which is a new preventive and early intervention programme for families expecting a baby in the Ballinasloe town area was supported by the medical social worker and the maternity team in Portiuncula University Hospital

Ballinasloe Crisis Pregnancy Support Service

Ballinasloe crisis pregnancy support service has operated from the social work department since 2003 and is funded by the HSE Crisis Pregnancy and Sexual Health Programme.

The service provides non-judgemental, non-directive counselling and information on all options including parenting, adoption and abortion. This support is available to those presenting with an unplanned pregnancy both in the hospital setting and via an outreach service attached to a local GP practice.

During 2022 the vast majority of referrals were received in the hospital setting, from the ante natal clinics, maternity department and the early pregnancy assessment unit. In a significant number of cases the women presenting had already made a decision to continue with the pregnancy. However our experience is that they have ambivalent feelings around the pregnancy and require ongoing support to prepare for the transition to parenting.

Additionally the service offers post abortion counselling as part of a range of state funded post abortion services.

Education and Training

The medical social worker engaged in training to improve intervention in working with signs of safety assessment framework, infant mental health, trauma informed practice and migrant rights training, unplanned pregnancy and abortion care, women's aid domestic violence and coercive control training

Continued engagement and involvement on a national level with the maternity and neonatal hospice friendly hospitals network meetings, which includes representation from the nineteen maternity hospitals.

Medical social worker involvement in the advisory group with the re (a)l productive justice project NUI Galway in the development of a toolkit for professionals working with disabled people and pregnancy.

As part of supervising a 2nd year student social worker, the medical social worker participated in practice teacher days in Trinity College.

The senior medical social worker completed a HSE 2 day first time managers course.

SUH Medical Social Work

Activity

Maternity Medical Social Work 2022		Total
New Referrals		109
Total Attendances		572 (Direct Contacts)
Teen Parents Support Program 2022		Total
New Referrals		8 (under 19 years)
Total Attendances		40

Service Overview

Medical Social Worker (MSW) provides 0.25 wte cover to Maternity Services (antenatal and postnatal) for Women and their families.

MSW supports women and their families with psychological, emotional, social and practical difficulties during the pregnancy, in preparation for the birth, and after delivery. MSW assesses for any worries or concerns during the pregnancy and will refer to relevant community services. Social worker provides support and counselling to women and families with pregnancy loss, end of life and neonatal death.

Teen Parents Support Programme –MSW provides psychosocial support, counselling, advocacy, and education in response to young parent's health and social needs. Medical Social Worker follows the core principles, and evidence based practice to ensure the best possible support and outcomes for the young parents are provided/ achieved.

Education and Training

Recurring Guest lecturer on Loss and Bereavement to Masters in Social Work Students in ATU

Participate in Bereavement Awareness Day in SUH

Aims 2023

To continue to advocate for a dedicated full-time social worker for Women attending the Maternity Services in SUH.

GUH Nutrition & Dietetics 2022

Service Overview

Dietetic Services to the Maternity Unit 2022 included:

- Dietetic inpatient service to antenatal and postnatal wards
- Outpatient services available to all women diagnosed with Gestational Diabetes as well as those who fall under specific criteria.
- Early Pregnancy Nutritional Education Classes
- New Mums Well Being Hub – supporting new mums eat well post-partum as well as sign posting to dietetic services in the community.
- There has been a 23% rise in outpatient activity in 2022.
- These services are provided by a Maternal Health: Senior Dietitian (1 WTE)

Maternity Nutrition and Dietetics 2022	Total
Total New Referrals	652
Total Referred from Inpatients	7
Total Referred from Outpatients	645
Total Attendances	714
Total Attendances from Inpatients	33
Total Attendances from Outpatients	714 (645 new, 69 review)

Achievements

- Increase frequency of group education in relation to women who develop Gestational Diabetes.
- Reduced time frame from GDM diagnosis to dietary delivery.

Education and Training

- One to one education to GDM patients as required
- Continue to offer 1:1 education for all none GDM patients
- Continue to be an active member of the Maternal Health Dietitians' Group
- Member of the BDA Fertility and Maternal Health Dietitians' Group
- Contribute to the 'New Mums Well Being Hub' on a monthly basis

LUH Nutrition and Dietetics

Maternity Nutrition and Dietetics 2022	Total
Total New Referrals	124
Total Referred from Inpatients	5
Total Referred from Outpatients	119 (All Gestational Diabetes)
Total Attendances	132
Total Attendances from Inpatients	6 (5 new, 1 review)
Total Attendances from Outpatients	126 (119 new, 7 review)

Service Overview

The nutrition and dietetic service for maternity is an inpatient service only, there is no general outpatient service. Group sessions are available for those diagnosed with gestational diabetes, this service is limited as the specialist diabetes dietitian posts are vacant. There is no specialist or funded service for maternal health.

Education and Training

Training and development needs are identified through the Performance Achievement process and in line with CORU requirements.

Aims 2023

- Continue to seek support for previously presented business case for dietitian to provide inpatient and outpatient service to maternal health
- Continue to try and recruit to the diabetes specialist post

MUH Nutrition and Dietetics

Maternity Nutrition and Dietetics 2022	Total
Total New Referrals	9
Total Referred from Inpatients	28
Total Referred from Outpatients	31
Total Attendances	59
Total Attendances from Inpatients	28
Total Attendances from Outpatients	31

SUH Nutrition and Dietetics

Maternity Nutrition and Dietetics 2022	Total
Total New Referrals	112
Total Referred from Inpatients	13
Total Referred from Outpatients	90 GTT-30min weekly group education session, 9 IDDM/NIDDM-other referrals not accepted.
Total Attendances	230
Total Attendances from Inpatients	48
Total Attendances from Outpatients	182

Service Overview:

No funded dietetic service available in SUH and consequently no specialist service available. Priority based service is available to in-patients (provided by general dietetic pool) with no out-patient follow up available. Ladies with newly diagnosed gestational diabetes are invited to attend a weekly 30min group education session which provides an overview of the role of diet in management of diabetes. This is provided by a number of dietitians on a rotational basis. Patients with type 1 diabetes are seen by the senior diabetes dietitian. There is no service for those with type 2 DM / pregnancy planning. There is currently no out-patient service available to the women attending SUH.

In 2022 there were a number ladies with very complex nutritional presentations which staff felt very ill-equipped to manage. They really highlighted the need for a specialist service in SUH.

Achievements:

On-going submissions of risk assessment and business cases to support specialist dietetic service to the speciality
Aims 2023:

Aim to gain approval of resources to support development of specialist maternal health dietetic service in SUH

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CHAPTER 3

Neonatology

- 3.1 Introduction
- 3.2 Neonatology Activity Report
- 3.3 Transfer Data
- 3.4 RANP and Nursing Reports
- 3.5 Health & Social Care Professions (HSCP)
- 3.6 Achievements & Challenges
- 3.7 Contributors

3.1 Introduction

The Neonatology service forms part of the Women's & Children's (W&C) Managed Clinical & Academic Network (MCAN) which are delivered by the four Model 3 hospitals (PUH, MUH, SUH & LUH) providing level 1 special care for infants born >31 completed weeks gestation and one Model 4 hospital (GUH) providing level 2 care for infants at >26 completed weeks gestation, within the Saolta Group.

Galway University Hospital (GUH) Neonatal Intensive Care Unit (NICU) is a level 2 (Regional) unit for the Saolta Group and is the referral centre for the Saolta Group. It provides high dependency and neonatal intensive care to very premature infants (>26 completed weeks gestation) and some sick term infants.

There were 8,071 babies born in the Saolta Group in 2022, a slight decrease on 2021 (8,881) with 1,295 (16%) of these babies admitted to the neonatal units within the Group.

Site based Neonatology Unit Profile

Hospitals / Sites	GUH	LUH	MUH	PUH	SUH
Model of hospital care	Model 4	Model 3	Model 3	Model 3	Model 3
Neonatal Unit level of care	N.I.C.U. Level 2	S.C.B.U. Level 1	S.C.B.U. Level 1	S.C.B.U. Level 1	S.C.B.U. Level 1

Site based births and % admissions to Neonatology Units 2020 – 2022

2022	GUH	LUH	MUH	PUH	SUH	Saolta Group
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	13.4%	17.8%	20.4%	12.1%	19.3%	16.0%
2021	GUH	LUH	MUH	PUH	SUH	Saolta Group
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	13.40%	16.30%	18.01%	14.42%	19.80%	15.9%
2020	GUH	LUH	MUH	PUH	SUH	Saolta Group
Hospital Births	2,614	1,549	1,414	1,400	1,326	8,303
Neonatal Admissions	379	242	324	211	246	1,402
% Neonatal Admissions	14.50%	15.62%	22.91%	15.07%	18.55%	16.9%

3.2 Neonatology Activity Report

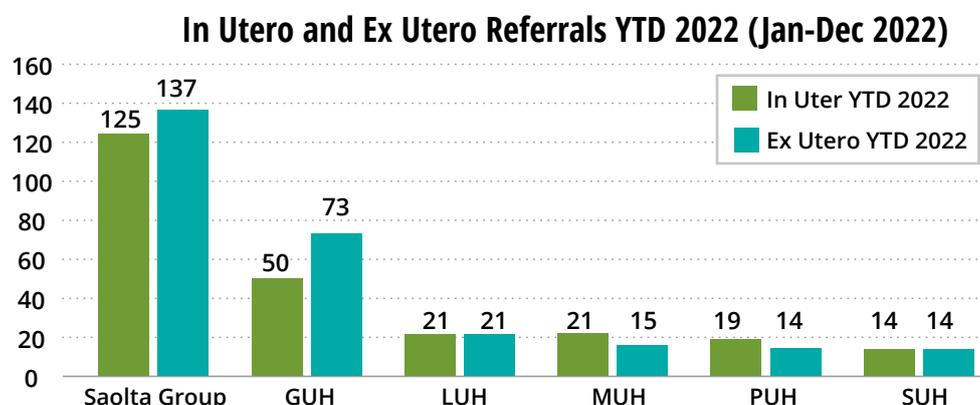
Neonatology Activity Report	GUH	LUH	MUH	PUH	SUH	Saolta Group
Number of births (23 weeks or >= 500g)	2,634	1,494	1,375	1,327	1,240	8,070
Total no. of Admissions	354	266	281	161	239	1,295
Admissions as a % of births	13.4%	17.8%	20.4%	12.1%	19.3%	16.0%
Mode of delivery	GUH	LUH	MUH	PUH	SUH	Total
SVD	84	48	78	53	69	332
Assisted VD: Vacuum or Forceps	47	22	40	12	18	139
C-Section: Elective or Emergency	223	188	162	96	152	821
Gestation of infant at admission	GUH	LUH	MUH	PUH	SUH	Total
>37 weeks	221	166	186	101	169	843
32-36 weeks	95	108	76	57	63	399
27-32 weeks	35	10	16	2	5	68
23-26 weeks	3	1	3	1	1	9
Weight of infant on admission	GUH	LUH	MUH	PUH	SUH	Total
>4000g	37	26	31	11	24	129
3000-3999g	155	111	118	62	112	558
2500-2999g	35	54	58	27	57	231
1500-2499g	88	84	63	57	41	333
1000-1499g	22	9	7	3	4	45
<1000g	17	1	4	1	0	23
Admission source	GUH	LUH	MUH	PUH	SUH	Total
Labour ward	92	54	58	34	51	289
Theatre	146	180	114	61	116	617
Postnatal ward	78	21	84	56	56	295
Referral from another hospital	33	19	25	8	15	100
Home births (scheduled)	0	0	0	0	0	0
Born Before Arrival (BBA)	0	0	1	2	0	3
Reasons for Admissions (often more than one)	GUH	LUH	MUH	PUH	SUH	Total
Prematurity/Low Birth Weight (<37 Weeks/<2500gms)	132	130	70	69	74	475
Respiratory Distress	181	163	106	51	88	589
Infection Risk Factors/Symptoms	140	142	57	22	97	458
Hypoglycaemia/At Risk for Hypoglycaemia	75	77	35	35	149	371
Jaundice	41	58	21	16	27	163
Feeding Problems	43	90	18	19	77	247
Congenital Anomalies (Including Genetic Disorders)	16	11	5	1	11	44
Post resus care/Low Cord pHs/Abnormal neuro status	29	17	3	4	19	72
Social	18	19	6	5	5	53
Surgical Diagnosis	11	4	0	0	5	20
Birth Trauma/Injury	21	6	1	1	5	34
Hypothermia	16	4	7	9	16	52
Other	40	6	3	20	7	76
Significant Neonatal Care	GUH	LUH	MUH	PUH	SUH	Total
Non-invasive ventilation: CPAP/BiPAP/HFNC	146	122	100	44	32	444
Mechanical Ventilation	23	19	9	1	13	65
Surfactant Administration	43	22	9	3	9	86
Pneumothorax needing needle aspiration/chest drain	2	2	2	0	3	9
Negative Blood Cultures	165	236	94	82	74	651

Neonatology Activity Report	GUH	LUH	MUH	PUH	SUH	Saolta Group
Early Onset NN Sepsis <72 hours with pos blood culture	2	2	3	1	0	8
Late Onset NN Sepsis >72 hours with pos blood culture	10	1	0	0	0	11
Cranial Ultrasound Scan	56	21	18	6	2	103
Significant Congenital Heart Disease	15	3	4	1	0	23
Echocardiogram	63	6	12	2	0	83
Central Line Inserted: UAC/UVC/PICC	40	9	5	2	2	58
HIE and Transferred Out for Therapeutic Hypothermia	4	1	1	0	0	6
Phototherapy Treatment	67	41	27	25	18	178
Hypoglycaemia and IV glucose bolus	35	32	27	32	10	136
Total parenteral nutrition (TPN)	75	1	0	1	1	78
CNS Morbidity-IVH/NN stroke/PVL/Seizures/Brain malformations	18	1	0	0	0	19
ROP treatment (Laser/Avastin)	2	0	0	0	0	2
Necrotising enterocolitis	1	0	0	0	0	1
Neonatal Unit Deaths	5	0	0	2	0	7
Other	20	21	0	56	9	106
Significant Neonatal care 2022	GUH	LUH	MUH	PUH	SUH	Total
CNS/ENT/Orthopaedic/GIT/GU/Cardiac/Respiratory/Plastic	30	10	2	3	10	55
Other	10	4	0	3	2	19

3.3 Transfer Data

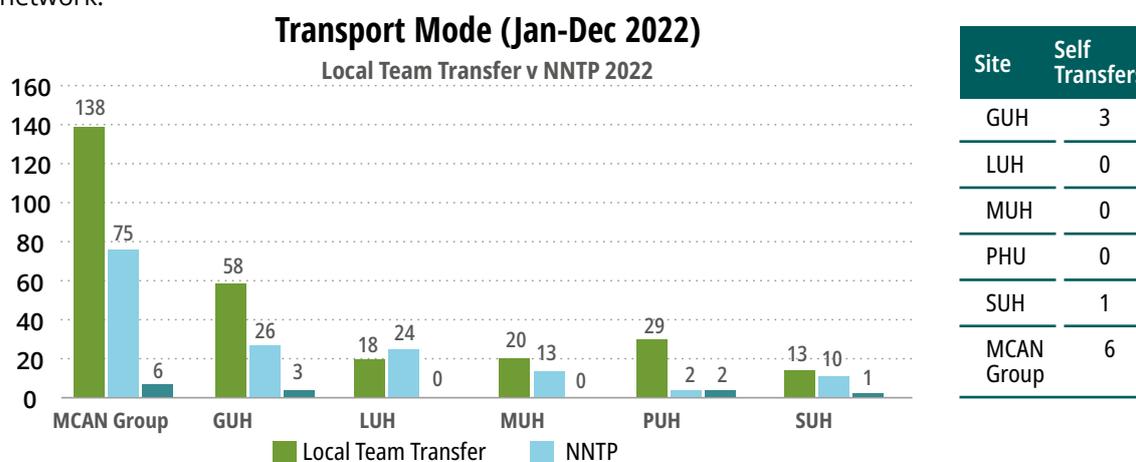
Infants are admitted from labour ward, postnatal ward, theatre, other hospitals and also those born outside hospital.

3.3.1 In Utero and Ex Utero Referrals



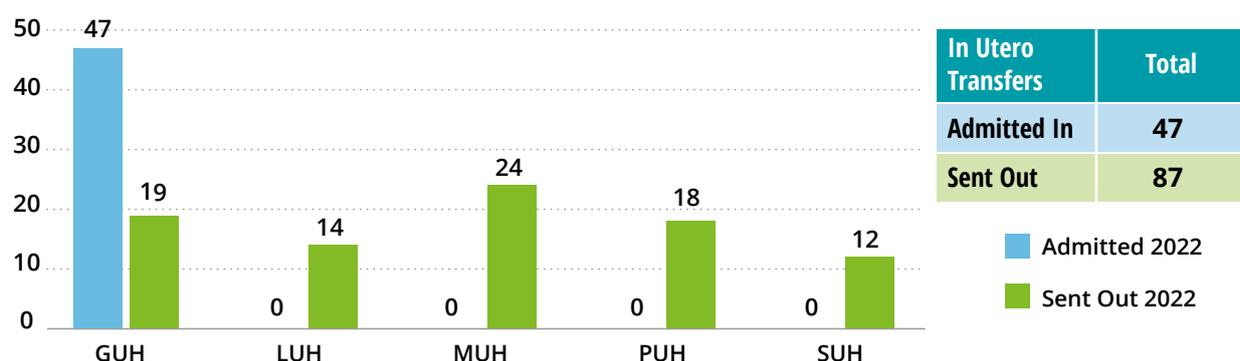
3.3.2 Transport Mode Local Hospital Site v National Neonatal Transport Programme (NNTP)

The National Neonatal Transport Programme (NNTP) 24/7 is an essential component of an integrated neonatal clinical network.



3.3.3 In Utero and Ex Utero Transfers per Site as published on the Maternity Safety Statements

In Utero Transfer Admitted and In Utero Transfer Sent Out Per Site 2022



3.4 RANP and Nursing Reports

3.4.1 Registered Advanced Nurse Practitioner (RANP) Report

Service Overview:

The role of the Registered Advanced Nurse Practitioner (RANP) is constantly evolving to meet the increased acuity demands of our NICU. There are two Advanced Nurse Practitioners (ANP) in the NICU, Jean James & Áine Binchy. Both are modulator examiners for the Neonatal Higher Diploma Course with RCSI and Adjunct Lecturers in NUIG.

Education & Training:

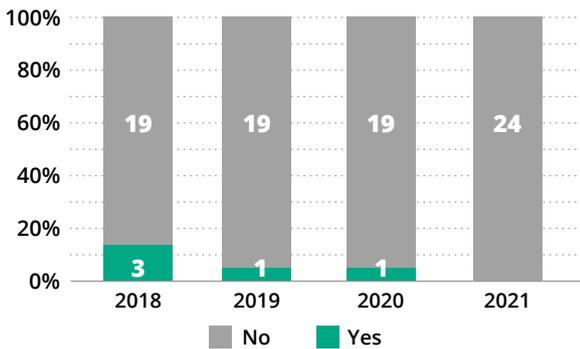
The ANNPs provide regular ongoing clinical education to neonatal nursing & medical colleagues, inclusive of:

- Surfactant administration via the LISA technique or Intubation if required
- Twice weekly Simulated Clinical drills
- Use of Nitric Oxide
- Insertion & management of Central lines
- Pneumothorax: Insertion & care of Pigtail catheters
- Peripheral cannulation/blood cultures



Sharon Hynes, RANP

Chest Compressions



Table; Chest Compression Infants less 32/40

Incubation at Resuscitation

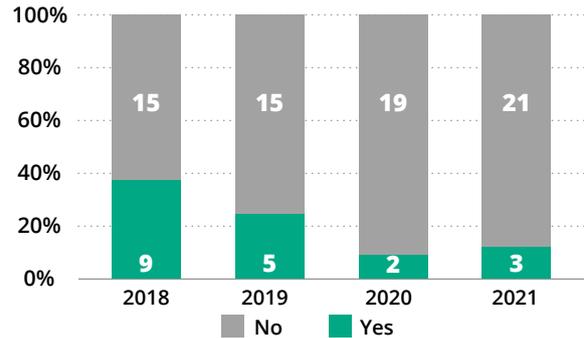


Table: Intubation rate infants less 32/40

Audit & Research:

Winners of the GUH Chief Director of Nursing and Midwifery's Award 2022: "An Audit of Resuscitation of Preterm $\leq 32/40$ at birth". This audit reviewed the interventions provided at resuscitations as documented on the point of care scribe sheet, developed locally and introduced in 2018. Increased awareness of the importance effective neopuff ventilation has resulted in a reduction in intubations and cardiac compressions in the Delivery Suite.

Education across all sites:

- Peripheral Neonatal Cannulation course provided through the CNME Galway
- Neonatal Care Evidenced based update: For nursing staff in Level 1 units
- Quality Improvement Initiatives; Central line management, Safety huddle, 'Golden drops'
- Present at the Saolta Journal Club evidence based practices
- Collaboration at national level on Saolta Group neonatal guidelines

Aims for Neonatology in 2023:

- Reduce the CONS sepsis rate
- Improve the breast feeding at discharge rate for the late preterm in NICU
- Update and introduce new neonatal guidelines for the SAOLTA group
- Administration of Surfactant via the LMA for all neonates >34 weeks



Saolta Neonatal Peripheral Cannulation Course

3.4.2 Nursing Reports

Nursing Updates at GUH

Education and Training

- 2 staff nurses trained as NRP instructors
- 3 staff nurses completed an infant massage course
- 1 staff nurse obtained lactation consultant qualification
- 2 staff nurses completed the Higher Diploma in Neonatal Intensive Care Nursing

Achievements

- Refurbishment of Parents room and establishing a “rooming in” policy
- Development of a working group to establish a NICU at GUH footprint online.
- Rolling out a successful international nursing recruitment campaign
- Commencement of national tender from GUH for new national transport incubator
- Introduction and roll out of quiet time from 14:30 – 18:30.
- Commencement of a themed monthly parent’s information board adopted by the MDT.
- Establishment of a parents group in conjunction with the FiCare ethos.
- Successful roll out and implementation of the national CHI drug library ‘smart pump’ initiative.
- Facilitation of high numbers retro transfers to and from the GUH NICU site to enable streamlined transition services.

Aims

- Progress the national tender for the new transport incubator system to completion.
- Develop the working group and successfully have an online footprint for the NICU @ GUH.
- Continue to provide high standards of nursing care through ongoing training education and support.
- Obtain further developmental care supports for our infants within the current infrastructure.
- To support, devise and deliver the next SAOLTA annual Neonatal Study Day.
- To continue to support infant transition throughout the group through facilitation of retro transfers where possible.
- Broaden the scope of the Neonatal Nursing Induction Day to include the level 1 sites within the Group.
- Continue to support the SAOLTA Neonatal Steering group.
- Progress sourcing of on or off site family room and parent’s accommodation in conjunction with the FiCare ethos.

Nursing Updates at PUH

Education and Training

- 3 Staff Nurses have commenced PgDip in Neonatology Nursing in UCC
- 1 Staff Nurse currently studying Msc Nursing in Leadership & Quality Healthcare
- 2 Staff members are NRP instructors
- Hosted STABLE Course
- IV Cannulation and Venepuncture training completed in GUH, attended by 2 staff members.

Achievements

- Successful roll out of Little Library Innovation.
- Monthly education boards.
- Kangaroo care education board for both staff and parents.
- Successful roll out of Fabian ventilators to standardise equipment use on the unit and improve patient experience.
- Post-natal education video playing for parents on the unit, also weekly parent craft classes attended in Maternity Dept.

Aims for 2023

- Complete Sensory Care Guideline
- Neonatal simulations in SCBU
- Upgrade existing parent's room

Nursing Updates at MUH**Education and Training**

- 2 staff nurses completed Masters Degrees in Leadership and Management in Healthcare & Masters in Nursing
- 2 staff nurses received a Higher Diploma in Neonatal Nursing
- Poster presentations displayed at the International Day of the Midwife
- 1 staff nurse trained in Advanced Neonatal Resuscitation and facilitates training as NRP instructor
- Daily Safety Huddle successfully introduced to enhance communication and patient safety
- We welcomed international neonatal nurses who bring with them a wealth of experience

**Achievements**

- The 'Red Hat' QI initiative has positively impacted the incidence of neonatal hypoglycaemia necessitating SCBU admission
- The 'Golden Drops' QI initiative now supports mothers with ante natal breast milk harvesting
- SMART PUMPS introduced in all clinical areas, with nurse led training for all staff in place.
- Strong collaborative relationship with Saolta Group colleagues through engagement with the Neonatal Steering Group to drive enhanced care and continuous improvement.

Nursing Updates at LUH**Education and Training**

- Participation in STABLE course, 'Principles of High Dependency and Special Care course' (CWH) 2 nurses attended
- IV cannulation and Venepuncture training in GUH--3 nurses attended

Achievements

- Introduced emergency bleep to request NNU nurse assistance at a prolonged resuscitation following birth of a baby
- ROP parent information leaflet
- 'Quiet time' on SCBU introduced 13.30 and 15.30 daily

Aims for 2023

- Upgrade parent's room to facilitate rooming-in for a new parent
- Introduce noise activation sensor to NNU as part of new Saolta guidelines
- New Fabian non-invasive ventilation machines to be introduced
- Smart pumps to be rolled out in March 2023
- Breastfeeding education for new staff members to be facilitated by lactation consultant
- Pharmacist to be assigned to NNU
- Parent questionnaires will be launched and will be looked at on a quarterly basis
- Facilitate training for IV cannulation and venepuncture in neonates

Nursing Updates at SUH

Education and Training

- NRP- all Staff (Medical and Nursing) up to date with Neonatal Resuscitation certification.
- Simulation training for all staff involved in the new-born care
- 3 Consultants and 1 Senior Registrar are NRP Instructors

Achievements

- Clinical skills facilitator has been employed
- Feeding and Lactation Consultant appointed
- Secured funding for Fabian machines- to deliver safer and better NIV for infants with RDS

Aims for 2023:

- QI Project- Reduction in admissions of infants of diabetic mothers to NICU
- Lactation Consultant to start attending Antenatal Clinics to help improve breastfeeding rates
- Employment of a Permanent Consultant Paediatrician with S.I. in Neonatology
- Ensure adherence to SAOLTA Guidelines (especially for RDS and Neonatal Sepsis)
- Maintain strong emphasis on neonatal simulation training and 'skills & drills'
- NNTP Study Day/ visit

3.5 Health & Social Care Professions (HSCP)

The Health and Social Care Professions (HSCPs) are core service providers to women and their partners, children, other service users and staff in the Women's and Children's MCAN.

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

3.5.1 Physiotherapy

Physiotherapy Service SUH

Physiotherapy Service SUH The Paediatric Physiotherapy Team comprises 1 WTE Clinical Specialist in Paediatrics and Neonatology and 0.5 WTE Senior Paediatric Physiotherapist, who offer an inpatient and outpatient service (including 'same day referrals') for babies and children born in Sligo University Hospital. The Physiotherapy Department at SUH coordinates the Baby Hip Team for Developmental Dysplasia of the Hip (DDH) and has offered a regional service to babies presenting with DDH since 2008. SUH paediatric physiotherapy service works closely with the Paediatric Orthopaedic Consultant and plaster technicians for babies born with structural talipes in the ponseti clinic. We run a premature baby surveillance programme based on gestation either acutely or in community and carry out a Bayley's 3rd Edt. Developmental assessment aged 2 years corrected. The physiotherapy department carries a role in triage of Paediatric clinic referrals to signpost for physiotherapy services to ensure efficient referral to relevant acute or community services.

	2016	2017	2018	2019	2020	2021	2022
NICU Inpatient Referrals	27	30	11	21	32	30	27
NICU Inpatient Treatments	46	49	21	62	167	112	74

SUH Key achievements for 2022:

- Continuation of the Baby Hip Team services for all babies suspected of/confirmed diagnosis of hip dysplasia. The Baby Hip Team in SUH in 2022 had a success rate of over 98.6% for all babies treated conservatively in a Pavlik harness
- Annual audit of physiotherapy provision within DDH service
- Continuation of the premature baby surveillance programme for all premature babies born at less than 30 weeks who reside in the catchment area of SUH.

- Development of Physiotherapy library resource pack based on developmental programmes and advice for parents with premature babies in our NICU
- NCHD training on common musculoskeletal, respiratory and orthopaedic conditions in neonates and paediatrics
- Teaching NUIG medical academy students based in SUH for year 4 medical students on importance of good communication and of role of physiotherapist in paediatrics
- Role in MDT Paediatric outpatient waiting list initiative in SUH

Aims for 2023:

- Role out of Parent and baby class for premature babies in SUH
- Development of MDT discharge patient feedback questionnaire from Neonatal Unit
- Meeting with GP's re: role out of Baby Hip Team (BHT) in SUH

Physiotherapy Service MUH

Since February 2022 there has been a focus in SCBU reviewing babies born <37 weeks based on the NICE guidelines on Developmental follow up of children and young people born preterm. There are specific criteria in these guidelines of preterm babies eligible for enhanced developmental surveillance whereby first contact is made by Physiotherapy in SCBU with further developmental assessments performed at 4, 8 and 24 months corrected age. A Bayley Assessment is then carried out at 2 years corrected age.

Physiotherapy data	2020	2021	2022
Referrals	16	6	52
SCBU Treatment	16	12	71

Physiotherapy Service GUH

The NICU-based, neurodevelopmental physiotherapist role is delivered by Clinical Specialist Physiotherapist (1.0 WTE). The role of the Neonatal physiotherapist in GUH is divided into three main areas;

Inpatient care (Neurology, Musculoskeletal, Neurodevelopment, Orthopaedics)

Criteria include:

- ❖ <32 week gestation babies
- ❖ <1000g Birth weight
- ❖ Grade 3 or 4 IVH or PVL
- ❖ Term Asphyxia/Stroke/hypotonia
- ❖ Congenital Infections
- ❖ Complex neurodevelopment babies
- ❖ Asymmetries of movement
- ❖ Orthopaedic/birth-related complications eg facial palsy and Erbs palsy

Outpatient follow up and surveillance of neurodevelopment of NICU graduates as per the Enhanced Surveillance programme

Key Achievements

- Inpatient services NICU - The continued provision of inpatient assessment and intervention to the highest risk neonates
- Reviewing referral pathways for preterm infants from NICU - Pathway development for at risk babies born between 28-32 weeks gestation. Collaboration with the Children's Disability Network Teams (CDNT) and Primary care community services (PCCC) to plan rollout of agreed pathways.
- Infant Developmental dysplasia of the hip (DDH) pathway - An MDT clinical pathway for conservative management of hip dysplasia established, in line with national guidelines and evidence based practice. This QI project to replace bracing with the use of Pavlik harness, was completed in collaboration with the departments of neonatology & radiology & CHI orthopaedics.

Key Challenges

- Continued transition of HSE early-intervention services in the community to Children's Disability Network Teams with a consequent delay or gap in the community services for new referrals resulting in backlogs for our high risk preterm infants. Our paediatric outpatient physiotherapy service in GUH treated and monitored the highest risk neonates for much of 2022 to ensure provision of care.
- Absence of a primary Neonatal Clinical Specialist Physiotherapist for majority of 2022 significantly affected enhanced surveillance and developing the program of NICU inpatient neurodevelopmental services. The medical team took over the referral process to community physiotherapy services for 2022.

3.5.2. Nutrition and Dietetics

Nutrition and Dietetics Services at GUH

Nutrition is essential for the health of all infants but is particularly critical in the care of preterm and unwell neonates to avoid long term morbidity. 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), with improvements in dietetic services, including the necessity to develop enhanced dietetic services at network level, identified as a priority in the National Women and Infants' Health Programme (NWIHP) implementation plan for the National Maternity Strategy (HSE, 2017).

Neonatal dietitians have specialist expertise in nutritional assessment of the neonate; provision and monitoring of enteral and parenteral nutrition; transitioning to breastfeeding or infant feeding; assessment and monitoring of growth; provision of therapeutic diets; outpatient follow-up; research, audit, training and education on nutrition-related topics. They are central to the development of nutrition policies and guidelines within the unit and across hospital groups.

The Nutrition and Dietetic service to Neonatology in GUH comprises;

Inpatient Service; Neonatology service continued to generate highest percentage of all inpatient dietetic consultations reflecting the intensive dietetic support required by this long stay patient population.

Neonatal Dietetic Inpatient	2018	2019	2020	2021	2022
New NICU dietetic Referrals	70	64	61	46	59
Total NICU Dietetic Consultations	1040	344	655	493	914

Neonatal Dietetic Outpatient	2018	2019	2020	2021	2022
Neonatal Dietetic Outpatient New	25	86	36	41	25
Neonatal Dietetic Outpatient Contacts	120	129	81	226	233

Outpatient Service; Out-patient dietetic service is provided to Neonatology with 2 sessions per week.

Key Challenges

- Resource deficits present a challenge to service development, essential staff education, quality improvement initiatives, outpatient follow up for high risk infants.

Key Achievements

- Neonatal Dietitian 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', implemented on the Neonatal Unit in 2022
- Revision of NICU Guidelines on Fortified EBM on NICU
- The Neonatal dietitian coordinated and led on the implementation of the new national Model of Care (MoC) for Standardised Parenteral Nutrition (SPN) for preterm infants in GUH.

Nutrition and Dietetic Service at SUH

The Dietetic service in SUH provide cover/support (limited service) to the neonatal unit from general cover resources, providing an 'on-call service' on request. Referrals mainly focus on babies with poor feed tolerance or failing to grow as expected.

Referrals & Activity	2020	2021	2022
Referrals: Dietetic referrals Services in SUH	35	36	23
Activity: number of treatment sessions or equivalent	85	104	73

Challenges

SUH do not have routine screening for all babies remaining in the unit > 48hrs or an established follow up clinic for these neonatal babies.

3.5.3 Medical Social Work

Medical Social Work Services in GUH

The MSW department have received funding approval from the National Women and Infants Programme for an additional 1 WTE Senior MSW to support Neonatal services in GUH. The recruitment process has been compromised due to extended time lines but it is envisaged to have a person in post in 2023 which will further enhance and complement the existing social work service to women and children’s services, particularly neonatal care.

Galway NICU is a primary centre for neonatal care for the Saolta group, resulting in families from our 4 level 1 units availing of specialized NICU services often for a prolonged period of time. These medical advances have introduced a very uncertain and difficult time for parents and families of infants who require this specialized level of care. Family psychosocial dynamics are also evolving with increased single parent families,

co-parenting, and social demographics impacting on how parents respond to crisis and trauma.

Social Work includes;

- Support NICU MDT initiatives including Family Integrated Care, Tiny Gym, attending morning ‘huddle’
- Links with specialist community support services e.g. disability services, charities etc.
- Supporting emotional needs of parents of infants admitted to NICU / sick and preterm infants
- Advocacy for practical needs such as securing maternity benefit, emergency medical cards, / travel costs from the CWO Etc.

Referrals	2021	2022
Referrals to SMSW	50	50

3.5.4 Occupational Therapy

There is no dedicated Occupational Therapist for

neonates in the Saolta Group Hospitals.

3.5.5 Clinical Psychology Service at GUH

A Clinical Psychologist provides 0.5 WTE support to GUH, funded by the National Women’s and Infants Health Programme (NWIHP). This new and evolving service helps the neonatal service provide psychology informed care, identifying any challenges and patient needs may have and supporting parents to be confident in their ability to support their child’s development.

Identifying Need for Intervention

The current priority of the service is to monitor babies at a higher of risk developmental difficulties, identifying any difficulties early and to facilitating timely access to early intervention services. At the end of a 2 year surveillance period, The Bayley Scales of Infant and Toddler Development is used to assess these toddler’s cognitive, language and motor skills. Current parameters for this high risk category are babies born at 30 weeks or less gestation and/or whose birthweight was less than 1500 kilograms

Supporting Parents to be Confident Carers

Parents of premature babies are at a higher risk of psychological distress. This services addresses parental

stress, anxiety and low mood to improve outcomes for our patients and their families. Current developments to support parent’s wellbeing and confidence to care for premature infants include:

- Weekly peer support meeting
- Meeting with new parents in the unit to give them an opportunity to process the narrative of the birth, voice concerns and to consider ways to manage stress on relationship/family
- Providing information and resources to parents while in the unit about ways to encourage development of their premature babies
- Plans for Future Implementation
- Website page for parents to orientate them to the NICU service and to obtain and learn from resources about caring for premature babies
- NICU parent & baby diary for parents to log feelings/emotions, baby related activity, place to log what is happening in the ‘outside world’ today
- ‘Tiny Gym’ to encourage child development and parent-child bonding

3.5.6 Speech and Language Therapy

A dedicated Neonatal Speech and Language Therapist (0.5 WTE) started in post in Q4 of 2022. There are still challenges with recruitment and retention issues for

this post and we envisage challenges in extending it to the whole of the Saolta Group because it is a part time post with no back-up.

3.5.7 Pharmacy

Pharmacy service at GUH

0.3 WTE senior pharmacist resourced for the neonatal unit provides the following service:

- Attendance at the daily safety huddle
- A daily ward visit to review drug charts for accuracy and appropriateness of each medicine prescribed.
- Proactive advice to other healthcare professionals involved in the care of the neonate
- Ensure access to the CHI Formulary is maintained and readily accessible.
- Member of the GUH neonatal management committee and Saolta neonatal steering committee reviewing policy documents in relation to medication prescribing and administration.

Education and Training

- Involved in training of the nursing and medical staff on the use of CHI Smart Pumps.

- Training of a staff grade pharmacist in neonates to provide cover
- Induction training to the new NCHDs on the pharmacy services and resources available in GUH and on tips for safe prescribing

Achievements in 2022

- CHI Smart Pumps are now implemented and in use in the Neonatal Unit
- 3 staff grade pharmacists now trained in neonates and provide cover

Aims for 2023

- Train x 3 staff grade pharmacists in neonates
- Update Paediatric/Neonatal Drug Chart
- Implement a Vitamin K prescription and Administration Record for Neonates

3.6 Achievements & Challenges

Achievements

- Neonatology Steering Group: Saolta MDT Steering Group continues with monthly meetings, providing a forum for key clinical and strategic issues related to Neonatal service across the Saolta Group to inform and drive improvements in clinical care and outcomes.
- Standardisation of pathways: Group-wide policies and clinical pathways review and update to ensure improved services for patients during 2022 led by ANPs in GUH.

Challenges

- Staffing Levels: The biggest challenge within the Group remains staffing levels. The Model

of Care for Neonatal Services in Ireland (2015) recommends that units are staffed to include a range of dedicated posts to include Nursing & Health and Social Care Professionals (Pharmacy, Dietician, Occupational Therapist, Physiotherapist and Medical Social Worker).

- Specialised Equipment: There have been ongoing efforts to purchase the Neonatal Transport Incubator at GUH with collaboration with MDT from NNTP, Procurement, Bioengineering, National Ambulance Service and the Neonatal Team. Once the process concludes and is successful, this service may be extended to the rest of the units in the country.

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4

CHAPTER 4

Gynaecology

- 4.1 Gynae Surgery Report
- 4.2 Gynae Oncology
- 4.3 Saolta Placenta Accrete Pathway
- 4.4 Uterine Fibroid Embolization Pathway
- 4.5 Saolta Termination of Pregnancy Service
- 4.6 Ambulatory Gynae
- 4.7 Colposcopy
- 4.8 Urogynaecology
- 4.9 Regional Fertility Hub
- 4.10 Specialist Menopause Clinic
- 4.11 HSCP Gynaecology
- 4.12 Chapter Contributors

4.1 Gynaecology Surgical Report

Gynaecology Surgical Report 2022

GUH Gynaecological Surgery Report 2022

Procedure	Number carried out in 2020 (On and Off Site)	Number carried out 2021	Number carried out in 2022
ERPC	155	135	142
Abdominal hysterectomy +/- BSO	51	21	47
Radical hysterectomy	1	5	7
TAH, BSO & PLND	12	12	14
TAH, BSO & omentectomy & appendicectomy +/- PLND <i>(*Please see Gynaecology Oncology Report)</i>	34	49	47
Omentectomy	1	6	2
Ovarian debulking	27	9	11
Bilateral Salpingo Oophorectomy	3	2	0
Caesarean hysterectomy	3	2	4
Myomectomy	6	6	2
Laparotomy	23	26	11
Diagnostic laparoscopy	37	26	14
Laparoscopy Hysterectomy/BSO/PLND	7	17	12
Laparoscopic hysterectomy +/-BSO	17	0	8
Laparoscopic BSO	19	19	21
Laparoscopic unilateral salpingo-oophorectomy	15	9	20
Laparoscopic tubal ligation	13	12	0
Laparoscopic ectopic	17	5	25
Laparoscopic dye hysteroscopy	32	13	34
Laparoscopic cystectomy	11	28	16
Hysteroscopy D&C	487	317	338
Hysteroscopy *	168	242	521
Mirena insertion	51	79	116
Endometrial ablation	22	14	9
TCRE	26	18	29
Vaginal hysterectomy	5	1	1
Vaginal hysterectomy and PFR	8	8	10
Pelvic Floor Repair	20	12	15
Vulvectomy	7	2	6
Cystoscopy	16	9	11
Examination under anaesthetic	21	24	28
Cervical Suture	10	11	7
Fentons procedure	5	1	4
Vulval biopsy	49	5	27
LLETZ	10	10	8
Bartholins	12	11	13
Instrumental delivery	52	14	47
Third degree tear repair	42	39	42
Manual removal of placenta	20	37	26
Excision of skin tag	1	16	0
PPH Bakri balloon insertion	2	2	3
Removal of mirena coil	4	5	14
Cervical smear under GA	6	4	4
Labioplasty	3	4	3
Excision of labial cyst	3	8	3
Total	1534*	1295*	1722

* Includes diagnostic and operative Hysteroscopies performed in Ambulatory

** Hysteroscopy number includes those performed in Ambulatory Gynaecology

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

• Majority of data captured through HIPE

* Includes diagnostic and operative Hysteroscopies performed in Ambulatory

Gynaecology Procedures	MUH 2020	MUH 2021	MUH 2022
Total Abdominal Hysterectomy (TAH)	14	13	10
Bilateral Salpingo Oophorectomy (BSO)	25	23	20
Vaginal Hysterectomy	20	11	12
Pelvic Floor Repair	-	6	30
Hysteroscopy*	1	757	901
Dilation & curettage of uterus (D&C)	90	2	91
Insertion/Replacement/Removal of intrauterine device (IUD)	49	399	499
Evacuation of retained products of conception (ERPC) <i>(2021 Surgical Management of Missed Miscarriages, figure could be higher due to incomplete miscarriages)</i>	64	33	50
Smear	6	9	11
Examination under Anaesthetic (EUA) Gynae	4	0	0
Large Loop Excision of Transformation Zone (LLETZ)	7	8	2
Trans cervical resection of the endometrium (TCRE)	27	0	8
Biopsy Gynae	2	23	6
Laparoscopy/Laparotomy	23	6	57
Colposcopy	0	0	0
Polypectomy	0	36	24
Other Procedures	116	128	22
Total	448	1,454	1,743

• Majority of data captured through HIPE

* Includes diagnostic and operative Hysteroscopies performed in Ambulatory

Gynaecology Procedures	PUH 2020	PUH 2021	PUH 2022
Total Abdominal Hysterectomy (TAH)	12	10	14
Bilateral Salpingo Oophorectomy (BSO)	11	10	0
Vaginal Hysterectomy	1	6	8

Gynaecology Procedures	PUH 2020	PUH 2021	PUH 2022
Pelvic Floor Repair	-	2	33
Hysteroscopy*	233	111	345
Dilation & curettage of uterus (D&C)	297	225	360
Insertion/Replacement/Removal of intrauterine device (IUD)	159	62	237
Evacuation of retained products of conception (ERPC) <i>(2021 Surgical Management of Missed Miscarriages, figure could be higher due to incomplete miscarriages)</i>	0	94	27
Smear	3	0	8
Examination under Anaesthetic (EUA) Gynae	0	1	0
Large Loop Excision of Transformation Zone (LLETZ)	0	1	0
Trans cervical resection of the endometrium (TCRE)	0	0	0
Biopsy Gynae	13	17	10
Laparoscopy/Laparotomy	50	10	9
Colposcopy	0	0	0
Polypectomy	47	27	82
Other Procedures	229	231	113
Total	1,055	807	1,246

- Majority of data captured through HIPE
- * Includes diagnostic and operative Hysteroscopies performed in Ambulatory

Gynaecology Procedures	SUH 2020	SUH 2021	SUH 2022
Total Abdominal Hysterectomy (TAH)	22	11	17
Bilateral Salpingo Oophorectomy (BSO)	39	10	22
Vaginal Hysterectomy	9	1	4
Pelvic Floor Repair	-	0	3
Hysteroscopy*	312	249	279
Dilation & curettage of uterus (D&C)	292	294	326
Insertion/Replacement/Removal of intrauterine device (IUD)	152	109	120
Evacuation of retained products of conception (ERPC) <i>(2021 Surgical Management of Missed Miscarriages, figure could be higher due to incomplete miscarriages)</i>	62	97	75
Smear	25	16	35
Examination under Anaesthetic (EUA) Gynae	33	1	52
Large Loop Excision of Transformation Zone (LLETZ)	18	29	23
Trans cervical resection of the endometrium (TCRE)	0	0	0
Biopsy Gynae	20	20	50
Laparoscopy/Laparotomy	59	11	47
Colposcopy	9	2	28
Polypectomy	25	59	46
Other Procedures	66	170	96
Total	1,143	1,079	1,203

- Majority of data captured through HIPE
- * Includes diagnostic and operative Hysteroscopies performed in Ambulatory

4.2 Gynaecology Oncology Figures

The Gynaecological Oncology tertiary level service for the Saolta Hospital 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, radiotherapy, and a multidisciplinary team of radiologists, pathologists, nurse specialists, psychologists, dieticians, physiotherapists and research nurses.

This is a summary of the activity in the Gynaecological Oncology service for 2022:

- Within the geography of the Saolta Group in 2022, there was 250 Gynaecology cancers, however due to historic referral pathways a number of women were referred for treatment outside of the Saolta group
 - LUH referred 48 patients to St James Hospital in Dublin
 - SUH referred 20 patients to the Mater Hospital in Dublin
 - MUH referred 3 patients outside the Saolta Group (2 to Dublin and 1 to Limerick)
- In 2022 in the Saolta Group there were 179 New or Recurrent Gynae Cancers diagnosed in 2022 and treated in GUH.

New/Recurrent Gynae Cancers	2021	2022
Diagnosed in Saolta Group and Treated in GUH	175	179
Diagnosed in LUH	72 (72 Seen in Dublin)	48 (48 Seen in Dublin)
Diagnosed in MUH	19 (19 Seen in GUH)	33 (30 Seen in GUH) (1 Seen in Limerick) (2 Seen in Dublin)
Diagnosed in SUH	27 (15 Seen in GUH) (12 Seen in Dublin)	28 (8 Seen in GUH) (20 Seen in Dublin)
No. Referred outside Group	84	71
Potential Gynae Cancers if all seen in GUH	259	250

In 2022 the 179 patients ranged in age from 16 years to 99 years old with a breakdown as follows:

Age Group	16-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71-75	76-80	+80
2021	2	2	7	4	6	11	14	24	27	24	26	15	13
2022	4	4	4	9	7	13	16	14	22	28	23	16	19

The 179 patients were broken into New and Return patients, with 157 new patients in 2022 and **22 return patients**.

Type of Gynae Cancer 2021 v 2022:

Cancer Type	Cervical	Endometrial	Ovarian	Vulval	Uterine	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

Other included 2 Colorectal cancer with metastatic disease to the ovaries, 1 Breast cancer to uterus, 1 Lung Cancer to the cervix, 1 Melanoma to Vulva, 1 pelvic mass and a cancer of the fallopian tube.

Type of Tumour 2021 v 2022:

Year	Primary	Secondary	Metastatic	Recurrence
2021	129	7	11	28
2022	133	7	13	26

Types of Surgeries 2021 v 2022

Total Surgeries	2021	2022
Patients Diagnosed in this year	99	98
No. of Surgeries that actually took place in this year (includes patients diagnosed in the previous year)	112	147

Of the 98 surgeries/procedures that took place for patients diagnosed in 2022, they were as follows:

Surgery/Procedure	2021	2022
Cytoreductive Surgery	7	8
Debulking Surgery	5 (1 Laparoscopic)	4
TAH and BSO	18 (4 Laparoscopic)	20 (2 Laparoscopic)
Lap TAH, BSO and Sentinel Lymph Node Biopsy	22 (6 open)	11
Lap Assisted Vaginal Hysterectomy and BSO	3	-
TAH, BSO, Omentectomy, Appendicetomy and Lymph Node Biopsy/ Dissection (SLNB and PLND)	28 (1 laparoscopic)	37
Radical Hysterectomy, BSO and SNLB	2	8
Radical Anterior Vulvectomy and SNLB	1	1
Posterior Vulvectomy	1	-
Lap to Open BSO	1	-
Laparotomy of Left Tube and Ovary and Omentectomy	1	1
RSO and Omentectomy	1	-
Lap LSO and Omental Biopsy	1	-
Lap Lymph Node Excision	1	-
Wide Local Excision of the Vulva and Sentinel Lymph Node Biopsy	6	6
EUA and Cervical Biopsy	1	-
Radical Tracelectomy, Right Salpingoophorectomy and Bilateral pelvic Node Dissection	0	2

Year	Number of Surgeries per Cancer Type				
	Endometrial	Ovarian	Vulval	Cervix	Total
2019	42	52	1	6	101
2020	37	55	13	15	109
2021	44	52	8	8	112
2022	59	62	7	19	147

Gynaecological Oncology Service Surgical Activity

doesn't include benign surgical cases nor adjunct therapy patients

Management and Treatment

- Of the 179 patients diagnosed with a gynae cancer in 2022, 91.6% were discussed at the Gynaecology MDT. (374 cases were discussed in total for 2022 including benign cases and patients diagnosed with a Gynae cancer in 2021)
- 91.6% (164) of Gynae Onc patients diagnosed in 2022 had an initial MDT discussion, 35.2% (63) had a 2nd MDT discussion, 5.6% (10) had a 3rd MDT discussion and 1.1% (2) had a 4th MDT discussion.
- Outcomes and Recommendations from the 1st Gynae MDT for Gynae Onc Patients were as follows:

1st MDT Recommendations/Outcomes	Number
Surgery	33
Neo Adjuvant Chemotherapy	17
Neo Adjuvant Radiotherapy	4
Neo Adj Chemoradiotherapy	4
Adjuvant Chemotherapy	4
Adjuvant Radiotherapy	4
Adjuvant Chemoradiotherapy	4
Systemic/Palliative Chemotherapy/Radiotherapy	14
Conservative Management	4
Surveillance	20
Further Investigations	11
Other	45

Other Includes: Braky Therapy, Cardiac Review, Defer to Next MDML, Hormonal Therapy, Colorectal Team Referral, EBUS Referral and Urology Referral.

- Outcomes and Recommendations from the 2nd Gynae MDT for Gynae Onc Patients were as follows:

2nd MDT Recommendations/Outcomes	Number
Surgery	6
Neo Adjuvant Chemotherapy	1
Neo Adjuvant Radiotherapy	-
Neo Adj Chemoradiotherapy	-
Adjuvant Chemotherapy	9
Adjuvant Radiotherapy	7
Adjuvant Chemoradiotherapy	5
Systemic/Palliative Chemotherapy/Radiotherapy	9
Conservative Management	2
Surveillance	15
Further Investigations	-
Other	9

Other Includes: Braky Therapy, defer to next MDM, OPD Review, Discharge and Hormone Treatment

- Outcomes and Recommendations from the 3rd and 4th Gynae MDT for Gynae Onc Patients were as follows:

3rd and 4th MDT Recommendations/Outcomes	Number
Surgery	-
Neo Adjuvant Chemotherapy	-
Neo Adjuvant Radiotherapy	-
Neo Adj Chemoradiotherapy	-
Adjuvant Chemotherapy	3
Adjuvant Radiotherapy	-
Adjuvant Chemoradiotherapy	-
Systemic/Palliative Chemotherapy/Radiotherapy	2
Conservative Management	-
Surveillance	3
Further Investigations	-
Other	4

Other includes: Octreocide Scan, Defer to Next MDM and Hormone Treatment

4.3 Saolta Placenta Accrete Pathway

Saolta Placenta Accrete Pathway

The Saolta Hospital 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 delivered in GUH and is a collaboration between Obstetrics and Gynaecology services, Fetal Medicine, Specialised Obstetric Anaesthetist, the GUH blood and tissue establishment and interventional radiology.

In 2022, there was 6 women in the Saolta group whose pregnancy was complicated by Placenta accrete spectrum. In five cases this had been identified in the antenatal period these were managed in GUH, the final cases accrete had not been anticipate it was confirmed during the management of a complicated third stage of labour following a spontaneous vaginal delivery. Four of these six women had a peripartum caesarean hysterectomy.

Delivery was achieved by elective caesarean section for 5 of the 6 women with interventional radiology was used in these five cases to manage the delivery. The estimated blood loss was below 1500mls in 4 cases. With the other 2 cases requiring multiple transfusions.

Year	Number of Acreta	Elective	Emergency	Outcome Hysterectomy	Baby
2018	7	5	2	3	All live births
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

4.4 Saolta Uterine fibroid embolization Pathway

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. The activity for UFE is as follows:

2020	2021	2022
29	33	22

4.5 Saolta Termination of Pregnancy Service

The Saolta Termination of pregnancy 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.

In April 2022 lead by Consultant providers, Dr Ravi Garrib and Dr Heather Langan and facilitated by the wider multi-disciplinary team Sligo University Hospital extended the TOP service to include all sections of the act.

Site	GUH 2021	GUH 2022	LUH 2021	LUH 2022	MUH 2021	MUH 2022	PUH 2021	PUH 2022	SUH 2021	SUH 2022	Total 2021	Total 2022
Risk of Life or Health to the Woman (section 9)	2	2	-	0	0	0	1	0	0	0	3	2
Risk of Life or Health in Emergency to the Woman (section 10)	1	1	-	0	0	1	0	0	0	0	1	2
Condition Likely to Lead to Death of Foetus (section 11)	4	4	-	4	3	3	4	2	3	1	14	14
Early Pregnancy (section 12)	16	17	-	0	13	12	0	0	0	15	29	44

4.6 Ambulatory Gynae

Ambulatory gynaecology services are one-stop, see and treat clinics as they provide an important diagnostic and treatment facility for women attending gynaecology services. Internationally, these clinics have demonstrated improved patient safety and experience, minimising unnecessary hospital admissions and providing timely gynaecology care to patients referred as urgent and non-urgent. In the Saolta Group we currently have 3 ambulatory gynaecology units, funding to open 2 additional units has been secured from NWIHP, these are expected to open in late 2023.

This is the clinical activity for the Ambulatory Gynaecology service in Saolta:

Group Summary Table of Activity

Treatments	GUH 2022	LUH 2022	MUH 2022	Total
Total Attendance	1094	768	1335	3197
NEW	1002	738	1074	2814
REVIEW	92	30	261	383
DNA	130	42	422	594
% Rate of DNA	11.0%	5.5%	24.0%	13.5%
TVS	646	500	1262	2408
Hysteroscopy - Diagnostic	408	208	257	873
Hysteroscopy - Operative	113	53	7	173
Mirena - In	148	185	336	669
Mirena - Out	62	48	171	281
Bloods Taken	29	59	76	164

GUH Ambulatory Gynae

Activity and Services offered

In 2022, there was a 49% increase in the number of women seen in Ambulatory Gynecology compared to 2021. There were a number of factors that helped to facilitate this, inclusive of Extra Consultant lead Clinics with input from the Hysteroscopy trained Candidate Advanced Nurse Practitioner, and the utilization of a second clinical space.

There was an increase in the number of women who were seen and treated on the same day, with the majority of these women having an endometrial polypectomy. There were 25 women diagnosed with abnormal histology in 2022. A more detailed breakdown of activity is summarized in the tables below.

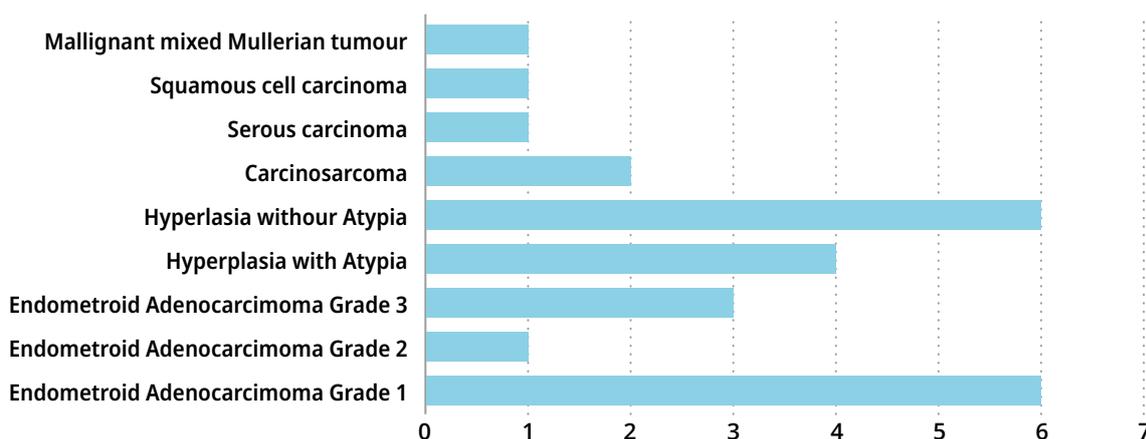


Nurse Lisa O'Connell, Clerical Officer, Niamh Kelly and Runagh Burke cAMP Ambulatory

GUH Activity for 2020-2022:

Treatments	Total 2020	Total 2021	Total 2022
Total Attendance	350	536	1094
NEW	331	478	1002
REVIEW	19	58	92
DNA	7	44	130
Rate of DNA	2.0%	7.6%	11.0%
TVS	177	289	646
Hysteroscopy - Diagnostic	140	210	408
Hysteroscopy - Operative	28	32	113
Ring Pessary	Data Not Available	6	148
Mirena - In	47	61	62
Mirena - Out	17	20	62
Bloods taken	6	12	29

Number of Abnormal Histologies 2022



Audit of Patient Satisfaction and Feedback

An audit of 100 patient satisfaction surveys was carried out by Lisa O’Connell. Data was gathered over a three-month period from February to May 2022.

Outcomes revealed a positive response rate of 84% with respect to women’s experience attending the clinic, 93% in relation to the Ambulatory Gynaecology clinic environment, 96% for communication within the service, 91% for their experience during the procedure and 88% for aftercare information. Despite the majority reporting mild to moderate pain, almost all the women would recommend the clinic to others

Key Achievements

Training and Expansion of cANP and Nursing staff

In 2022 the cANP Ms Runagh Burke qualified as a Nurse Hysteroscopist from Bradford University, obtained a Diploma in Early Pregnancy and Gynaecology Ultrasound Courses through UCD early in 2022 and completed a Certificate in Nurse Prescribing through the University of Galway and am awaiting registration through NMBI. These qualification’s facilitated independent practice but with experienced consultant support if required. The role, in addition has a large component of monitoring service and clinical performance against NWHIP and Saolta KPI’s for Post-Menopausal Bleeding (PMB) timelines. In, addition planning the cANP role encompasses the coordination of clinics with clerical colleagues to maintain referrals to be seen within national guidelines.

In 2022 nurse Lisa O’Connell commenced a Postgraduate Certificate in Diagnostic Outpatient Hysteroscopy also with Bradford University and hopes to qualify early in 2023. She is gaining the ‘on -hands’ experience required to complete the stringent competencies to meet the course requirements, with the invaluable mentorship and support of our consultant colleagues.

MUH Ambulatory Gynaecology Service

MUH Activity 2020-2022

Treatments	Total 2020	Total 2021	Total 2022
Total Attendance	1,238	1,103	1,335
NEW	937	821	1074
REVIEW	301	282	261
DNA	318	319	422
Rate of DNA	20.4%	22.4%	24.0%
TVS	1029	1042	1262
Hysteroscopy – Diagnostic	170	204	257
Hysteroscopy – Operative	25	46	7
Ring Pessary	12	50	336
Mirena – In	275	245	171
Mirena – Out	126	150	76
Bloods taken	165	133	76

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

MUH cANP Role

2023 a year of Learning and Progression

In 2022, the first cANP was appointed to Ambulatory Gynaecology in MUH. Ms Priscilla Fair started in role of Candidate Advanced Nurse Practitioner in November 2022. Prior to this appointment she worked as a Clinical Nurse Manager II in Ambulatory Gynae for four years with a background in Gynae theatre management and nursing. She is currently undertaking the Postgraduate Certificate in Diagnostic Outpatient Hysteroscopy through Bradford University.

LUH Ambulatory Gynaecology Service

Service Overview

The Ambulatory Gynaecology Unit is within its second year in Letterkenny. It offers a see and treat approach with 20 clinics per month with a further 10 dedicated PMB Clinic sessions. Clinics are staffed by a Consultant, cANP, Staff Nurse and Health Care Assistant. The cANP is a qualified nurse hysteroscopist, also completing operative hysteroscopies.

LUH Activity 2021-2022:

Treatments	Total 2021	Total 2022
Total Attendance	578	768
NEW	576	738
REVIEW	2	30
DNA	16	42
Rate of DNA	2.7%	5.5%
TVS	224	500
Hysteroscopy - Diagnostic	340	208
Hysteroscopy - Operative	50	53
Ring Pessary	1	185
Mirena - In	137	48
Mirena - Out	43	59
Bloods taken	22	59

Education and Training

The cANP is currently completing the MSc in Advanced Practice (to be completed June 2023) through NUIG, alongside the Gynaecological ultrasound certificate through UCD. It is envisaged that ANP led clinics to start by the end of the year.

Audit

Patient satisfaction survey carried out over a period of one month for both AGU and PMB Clinics with 81 women returning the questionnaire. 98% women reported to have been treated with dignity and respect and overall comments were highly commending of the service.

4.7 Saolta Colposcopy Services

There are currently 4 colposcopy units located within the Salta Hospital group each of which are part of the National Cervical Screening Programme. Each of the colposcopy clinic 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.

Here are the clinical statics for the Colposcopy services in the Saolta University Healthcare Group:

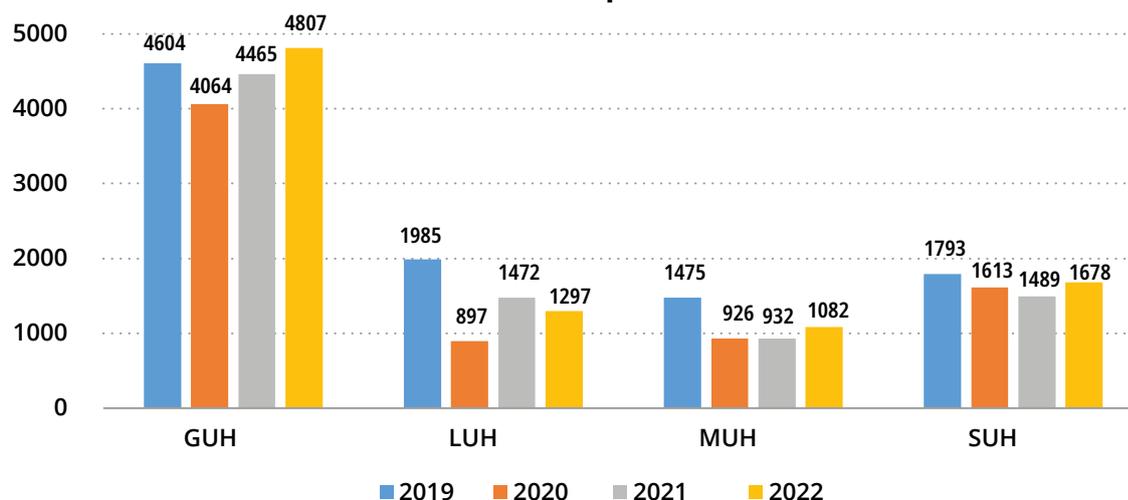
Group Histology Result Summary Table:

Histology Result 2022	GUH	LUH	MUH	SUH	Total
Cancer Total	30	3	0	2	35
Cervical Cancer	29	3	0	2	35
Vulval cancer	1	0	0	0	1
Cancer Break down					
Squamous cell carcinoma	19	0	0	0	19
Adenocarcinoma in situ	10	7	2	1	29
Neuroendocrine carcinoma	1	0	0	0	1
CIN 3	212	64	36	124	436

Group Activity Summary Table:

Activity 2022	GUH	LUH	MUH	SUH	Total
Total Attendance	4807	1297	1082	1678	8864
New Referrals	1781	577	561	737	3656
Follow Ups	3478	720	521	887	5606
Non-Attendance	350	92	151	159	752
% Non-Attendance	7.3%	7.1%	12.2%	9.5%	8.48%

Total Attendance per Site 2019-2022



GUH Colposcopy Clinic Report

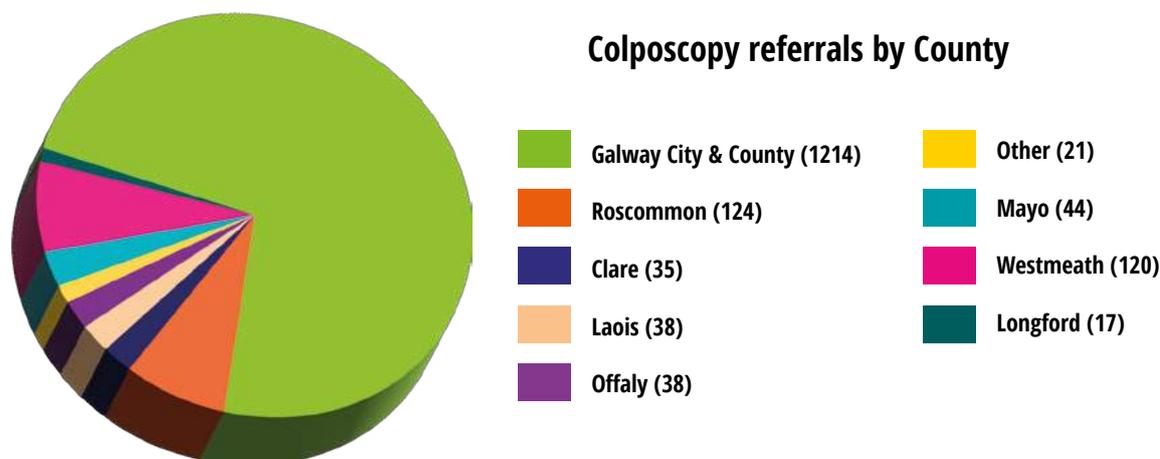
Activity:

4807 women attended Galway Colposcopy clinic in 2022, of these **1716** were first visits and **3091** were review appointments. **1329** were seen by the 2 Consultants many of these complex cases. The nursing team saw **3478** of the women attending colposcopy highlighting the significance of nurse led clinics to the colposcopy services.

A total of **1781** new referrals to Colposcopy were seen from Jan 2022- Dec 2022 (130 of these referrals were received in the last 2 months of 2021 and seen in early 2022), The referrals consisted of **147** high grade cytology, **955** low grade cytology, **473** following positive HPV x 2 with negative cytology and **201** had a clinical indication for referral and 5 had unsatisfactory screening test result.

Non-attendance was 7.3% and the target for DNA set by CervicalCheck is <10%. Reminders were issued by text message 7 days in advance of appointments. This facilitated keeping DNA rates within targets.

Total referrals received in 2022 was **1651**, the majority came from Galway city and county (**1214**) and most of the other referrals came from the surrounding counties and midlands (see chart).



There were **339** LLETZ treatments performed and **151** cold coagulation ablative treatments. Cervical biopsies were taken on **2258** women in 2022. 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 diagnosed by biopsy or LLETZ treatment.	11	13	24
Adenocarcinoma in situ / CGIN	8	11	19
CIN3	114	98	212
CIN2	252	95	347
CIN1	1135	95	1230
CIN Uncertain Grade	6	0	6
VAIN3	4	1	5
VAIN2	12	1	13
VAIN1	53	0	53
VIN3	3	0	3
VIN2	0	0	0
VIN1	4	0	4
HPV / cervicitis only	288	15	303
No CIN / No HPV (normal)	344	14	358
Inadequate	21	0	21
Other*	3	0	3
Total	2258	343	2601

* Endometrial Pipelle taken.

Cancer Summary

There were 30 cases of cancer confirmed in colposcopy in 2022. 24 of these were diagnosed from either a biopsy or LLETZ treatment performed in colposcopy. The other 6 were made up of referrals for second opinion from colposcopy in Castlebar and Sligo, the Ambulatory Gynae unit and referrals from the general hospital. 29 were cervical cancer and 1 vulval cancer. The Cervical cancers were broken down as follows 19 Squamous cell carcinoma and 10 Adenocarcinoma and 1 a neuroendocrine differentiation large cell neuroendocrine carcinoma.

MDT

Multidisciplinary team meetings between Colposcopy clinical staff, Quest and UHG histology laboratory were held quarterly using Zoom 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 2022 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

Dr Katharine Astbury took over the role of lead colposcopist in June 2022 from Dr Michael O Leary who had held the position since 2009.

Assumpta Casserly completed a Masters in Advanced Nursing Studies and was appointed as an Advanced Nurse Practitioner.

Assumpta Casserly and Pat Rogers continued to give lectures on Cervical Screening and Colposcopy to the undergraduate and postgraduate midwifery students in UCG. Both also continued to act as mentors to practice nurses who attended sessions in the unit as part of their training course in cervical screening in UCG and other education providers.

Our esteemed colleague Pat Rogers RAMP retired following many years of dedicated service in August 2022.

Maura Molloy retired RAMP reaccredited as a colposcopist and was a welcome return to train in new staff members.

New additions to the Team: Cara McNally SM, Carmel Finnerty RGN. Roisin Connelly SM.

Cara McNally commenced training as a Colposcopist in September 2022.

Roisin Connelly SM started her cervical screening course in September 2022.

Marguerite Bourke was appointed CNM 2 in March 2022.

LUH Colposcopy Clinic Report

Colposcopy Clinic Activity 2022	Total
New Referrals	577
Follow Up	720
High Grade	30
Low Grade	423
Non Attendance	92
LLETZ Treatments	102
Cervical Biopsy	440
Ablative Treatment	16
Cold Coagulation	1
Diathermy Destruction	0

Histology Result 2022	Diagnostic Biopsy	Excision	Total
Cancer	3	0	3
Adenocarcinoma in situ/CGIN	4	3	7
CIN3	33	31	64
CIN2	59	36	95
CIN1	322	18	340
CIN Uncertain Grade			
VAIN3			
VAIN2			
VAIN1			
VIN3		5	5
VIN2			
VIN1		1	1
HPV/Cervicitis only	142	5	147
No CIN/No HPV (normal)	25	1	26
Inadequate	11	0	11
Other	20	0	20

Type of Cancer	No. of Cancers
Cervical	3
Endometrial	0
Vulval	0

Service Overview

The clinical lead for the Colposcopy Unit at Letterkenny University Hospital is Professor E Aboud, with the service being predominantly delivered by nurse colposcopists. In 2022 Ms Pat Hirrell (CNM2) was appointed to oversee the management of the Colposcopy Unit.

Education and Training

Dr Farhat Shireen; Senior Registrar and Ms Louise Gallen (CNM2) are training in Colposcopy and aim to complete their training and register as accredited Colposcopists with the BSCCP in 2023.

Ms Pat Hirrell (CNM2), Ms Louise Gallen (CNM2) and Ms Charlene Bogan (Accredited Nurse Colposcopist / cANP) attended a Wisap Thermocoagulation Course at Dundee Institute for Healthcare Simulation, University of Dundee.

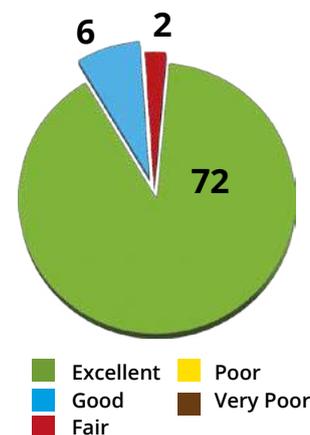
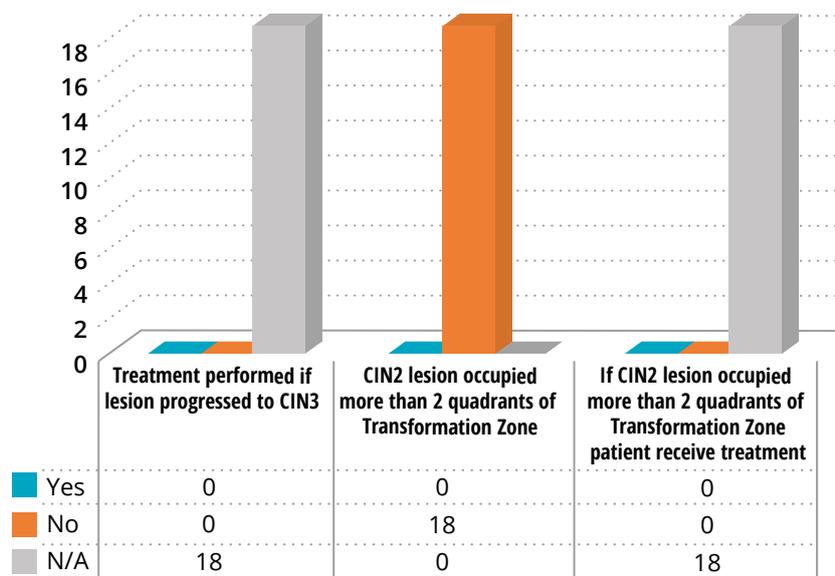
Ms Charlene Bogan (cANP) commenced the Postgraduate Certificate Diagnostic Hysteroscopy and Therapeutic Management and continues to gain practical training within the Ambulatory Gynaecology Unit.

Achievements

An audit was undertaken on the conservative management of CIN 2. Eighteen women who opted for conservative management of CIN2 were included in the audit. The audit highlighted high rates of compliance with the criteria for conservative management, and demonstrated a 44% regression rate of CIN 2, which is in keeping with larger, international studies having reported regression rates of 47% and 50% respectively (Skorstengaard et al 2020, Tainio et al 2018).

A patient satisfaction survey was carried out within the colposcopy unit, 80 women returned the questionnaire. High levels of patient satisfaction were found. 76 women reported being treated with respect and dignity and 90% of patients reported an excellent overall experience.

	CIN2 regression
Yes	8
Opted for treatment	4
Remains within conservative management follow-up (within 24 months conservative management)	6



Aims 2023

We aim to continue the audit on the conservative management of CIN 2. We also aim to undertake an audit assessing the outcome of patients who opt for Cold Coagulation for the treatment of CIN 2. A further patient satisfaction survey will also be completed to assess and address areas of patient concerns within the service. Professor E Aboud plans to step down as lead Consultant and we plan to welcome Dr M. Salim to the unit as lead Colposcopy Consultant. There are also plans for Ms Khristeena Kingsley (CMM2) to begin her training in Colposcopy.

MUH Colposcopy Clinic Report 2022

Colposcopy Clinic Activity 2022	Total
New Referrals	561
Follow Up	521
High Grade	52
Low Grade	274
Non Attendance	151
LLETZ Treatments	90
Cervical Biopsy	251
Ablative Treatment	0
Cold Coagulation	0
Diathermy Destruction	0

Histology Result 2022	Diagnostic Biopsy	Excision	Total
Cancer	0	0	0
Adenocarcinoma in situ/ CGIN	1	1	2
CIN3	8	28	36
CIN2	14	26	40
CIN1	740	8	82
CIN Uncertain Grade	0	0	0
VAIN3	0	0	0
VAIN2	0	0	0
VAIN1	0	0	0

Histology Result 2022	Diagnostic Biopsy	Excision	Total
VIN3	0	0	0
VIN2	1	0	1
VIN1	0	0	0
HPV/Cervicitis only	35	1	36
No CIN/No HPV (normal)	77	9	86
Inadequate	4	0	4
Other	0	0	0

Service Overview

The Colposcopy service at Mayo University Hospital is Consultant led. One clinical nurse specialist is trained and providing Colposcopy service in Mayo University Hospital. Our trainee nurse Colposcopist has commenced in a new role of CNM2 within the unit, and is continuing her training.

The DNA rate new referrals for 2022 was 9.4%, which was below the guidelines. The DNA rate for follow up appointments was 19%- this is above the accepted rate and we identified our text reminder service was not working, hospital management were addressing same. With the introduction of HPV screening in Primary Care, we have noted an increased in referrals to the Colposcopy Service, and the extension of screening to 65years has also added to the referrals received in the Colposcopy Service.

County Mayo has the highest number of people with advanced age which also is reflected in our age profile in colposcopy. The woman over 50 presents certain challenges for cervical screening.

SUH Colposcopy Clinic Report 2022

Colposcopy Clinic Activity 2022	Total
New Referrals	737 (MOU 600)
Follow Up	887
High Grade	103, High Cytology 60, High grade clinical indication 43
Low Grade	625, Low Cytology 542, Low Grade Clinical Indication 83
Non Attendance	DNA's = 159
(DNA for TX=3,DNA New Ref=38, DNA for f/up=118)	
CNA's by Pt= 618	
(F/up=370, Tx=43, New ref=205)	
CNA by clinic = 318	
(F/Up=222, TX=23, New Ref=71)	
LLETZ Treatments	98
Cervical Biopsy	523
Ablative Treatment	N/A
Cold Coagulation	17
Diathermy Destruction	N/A

Histology Result 2022	Diagnostic Biopsy	Excision	Total
Cancer		2	2
Adenocarcinoma in situ/CGIN		1	1
CIN3	83	41	124
CIN2	80	25	105
CIN1	234	20	254
CIN Uncertain Grade	1	-	1
VAIN3	-	-	-
VAIN2	-	-	-
VAIN1	-	-	-
VIN3	-	-	-

Histology Result 2022	Diagnostic Biopsy	Excision	Total
VIN2	-	-	-
VIN1	-	-	-
HPV/Cervicitis only	92	8	100
No CIN/No HPV (normal)	17	0	17
Inadequate	3	-	3
Other	15	1	16

Type of Cancer	No. of Cancers
Cervical	2
Endometrial	0
Vulval	0

Service Overview:

2022 saw our new referral numbers exceed the MOU again, seeing over 137 extra patients. At times it has been very difficult to keep our Low grade referrals within timeframe but due to the dedication of our team and running extra clinics by the end of 2022 our Low grade referrals were within KPI.

The total number of colposcopy appointments offered in 2022 was 2773 with 1678 attended, our DNA rate was 5.7%. A total of 2 cases of cervical cancer were identified/ diagnosed. Squamous cell carcinoma of the cervix was identified in both cases. Prompt referrals were arranged to Gynaecology - Oncology Centres of Excellence, in either Dublin or Galway, for further management.

We have had I.T issues during the year and this has impacted on service provision and the number of MDTs held. The MDT continues to be facilitated by Dr Paul Hartel our Histopathologist, the colposcopy consultants, Quest and Coombe labs and CNM II.

NICCIA Conference in Sligo

In February 2022 Sligo Colposcopy Clinic Hosted the NICCIA conference in the Radisson Hotel Sligo, The evening prior to the conference we held a pre-conference dinner and light Entertainment, hosting the "Sligo Cx Factor" Judged by Sligo's own X-Factor contestant Tabby. Each clinic was given a song to perform. With Tallaght winning the night.

It was lovely to see everyone in person for the first time in more than 2 years. With Topics of Sexual abuse and LGBTQ screening being covered on the day.

Nurse-led Smear Clinic

We continue to run a full day Screening clinic, one day a week on a Friday. The DNA rate for this clinic is high so we have introduced a web text reminder 48hours prior to the appointment with the aim of increasing attendance.

Rapid Access Gynae Clinic (RAGC)

We continue to run our R.A.G.C on alternate Thursday afternoons to reduce the number of non- cytology/HPV referrals to colposcopy. This service has continued to assist in reducing the number of gynaecology issues being referred into the colposcopy service so that we can see our cytological/HPV positive referrals within timeframe.

Education and Training:

Dr Heather Langan and Jenny Curley CNM II attended the BSCCP Conference in Belfast

Jenny Curley continues to pursue her training as a nurse Colposcopist and submitted her training cases for accreditation with the BSCCP and is awaiting OSCE exam date in October 2023.

Ger Burke our Staff Midwife started her Nurse screening training at the end of 2022 and hopes to sit her exams early 2023.

Achievements:

We got air-conditioning in the clinic rooms making a more comfortable environment for both staff and patient.

Jenny Curley Orally presented her ASC-H audit, "ASC-H (Atypical squamous cells cannot exclude high grade): High grade or Low grade? A 4 year, retrospective review of ASC-H referrals to Sligo Colposcopy Clinic" at the West of Ireland Nursing Conference.

Jenny Curley continues to run tutorials for the Medical students on a monthly basis in the Medical Academy on Colposcopy and cervical screening.

4.8 Urogynaecology Report 2022

GUH Urogynaecology report 2022

This is the activity for Urogynaecology in GUH for 2021.

Diagnosis and Treatments

Total number of Urodynamic tests performed	2019	2020	2021	2022
	60	43	40	51
Cystistat	Data not available	55	76	40

Surgery

The pause on use of Mesh in urogynaecology is still in place. Prolapse repairs and apical suspension using absorbable sutures were carried out when possible.

Perineal Clinic

The Perineal Clinic runs on the first Monday of each Monday with women seen by colorectal surgeons, urogynaecology and physiotherapy. 189 women received appointments for this clinic in 2022 and 163 women attended.

Ring pessary clinic

68 women attended the nurse lead ring pessary clinic run by Geraldine Adair in 2022.

We continue to be indebted to the Physiotherapists in women's health, who provide the bulk of conservative management for patients with prolapse and urinary symptoms and continue to facilitate a combined clinic on a Monday morning. Special thanks are given to Ms Aisling Hogan, Colorectal Surgeon for her invaluable contribution to the Perineal Clinic as well as Debbie Fellowes physiotherapist for her invaluable help.

4.9 Regional Fertility Hub 2022

In the first four and a half months of 2022, prior to the establishment of the Dept of Reproductive Medicine the Fertility services involved two Consultant led clinics per week.

The Department of Reproductive Medicine commenced services on the 16th of May 2022, under the guidance of the Saolta Women & Childrens Directorate, Professor John Morrison and the National Women and Infants Health Programme.

The Department now manages all Fertility Care for the SAOLTA Group. The aim of this service was to centralise all fertility care so as to provide an exceptional fertility service that is streamlined with reduced waiting times. This service involves two Fertility Sub Specialists, two Clinical Midwife Managers and one Assistant Staff Officer. The service provides female and male fertility investigations which include; Pelvic ultrasound, anti-mullerian hormone, tubal patency testing and semen analysis amongst other tests.

Currently the semen analysis service is provided off site with a private provider funded by the hospital with the aim for this service to be brought back to the hospital towards the end of the year in 2023 or in early 2024. The service has two high spec ultrasound machines which are used for baseline pelvic scans and follicle tracking for Ovulation Induction treatment. At the onset of starting the service in May 2022, clinical guidelines for referrals were established consistent with best clinical practice. Patient information leaflets were developed for couples to help improve chances of pregnancy and a healthier pregnancy. This was a very successful year for the fertility service.

The total number of new attendances were 273. The total number of review appointments were 294. Waiting time for a first appointment for the first visit was brought down to less than six weeks. The aims for 2023 are to expand the service and to meet the demands that will potentially arise when public funding is provided for assisted reproduction treatments.

Clinic Activity 2022	Total
No. of Referrals	350
New Attendances	273
Review Attendances	294
DNA Rate	89
No. of women requiring reproductive surgery	9
No. of men requiring endocrine therapy	0
No. of women requiring follicle tracking	9
No. of women who had to stop cycles	6
No. of women who have completed a cycle	9
Ovulation Induction Cycles	15
No. of Semen Analysis Requested	240
No. of Semen Analysis results completed	134 (Service with ReproMed commenced Sept 2022)
No. of Semen Analysis cancelled	30 (Some did tests privately while awaiting for service with ReproMed to commence)

4.10 Specialist Menopause Clinic 2022



*Regional Complex Menopause team:
Ms Sharon Cullinan Clerical officer, Clinical Nurse Manager 2 Ms Helena Carr, Dr Marina Curran.*

Galway complex menopause service launched in December 2022 seeing its first patient. Improving menopause services has been identified as a priority by the Women's health taskforce, the Galway service is one of the six in the country to open. The service is dedicated to helping patients with complex medical conditions to manage their menopausal symptoms. While the majority of women needing help with their menopause symptoms' will be supported and treated by their GP some women will meet the criteria for specialist care such as the specialist clinic in Galway.

The clinic is staffed by a GP Menopause Specialist, a Nurse Specialist and an administration team.

4.11 HSCP Gynaecology 2022

The Health and Social Care Professions (HSCPs) are core service providers to women and their partners, children, other service users and staff in the Women's and Children's MCAN. This section highlights the activity and services delivered by the principal HSCP teams in Gynaecology. Other HSCP Services also have involvement in the care we deliver to our service users.

Physiotherapy

GUH Physiotherapy Service 2022

Physiotherapy Referrals 2022	
No. Referred from Gynae Outpatients	315
No of Patients Triage'd from Consultants Urogynaecology Waiting List	114
No. Referred from Inpatients	Gynae referrals: 151
Physiotherapy Treatments 2022	
Total Treatment Sessions	Average x3- 6 treatment sessions per patient referred
Pelvic Floor Dysfunction	Patients treated with: 1) Urinary Incontinence: 300 2) Pelvic Organ Prolapse: 117 3) Faecal Incontinence: 53 4) Pelvic Pain / Overactive Pelvic floor: 8
Other Musculoskeletal Issues	68 patients treated
Obstetric Anal Sphincter Injury	50 patients treated

Hospital: UHG Physiotherapy	2017	2018	2019	2020	2021	2022
Urinary Incontinence	166	163	164	111	82	300
Pelvic Organ Prolapse	58	58	70	73	75	117
Faecal Incontinence	8	6	25	16	27	53
Pelvic Pain/Overactive Pelvic Floor	10	12	12	11	17	8
Urogynaecology Clinic *	99 (40%)	99 (40%)	85 (31%)	87 (41%)	63 (32%)	114 (24%)

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

Services Overview

- 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.
- Direct referral of patients from Urogynaecology and Perineal Clinics
- New Urogynaecology triage service provided in 2022 aimed at reducing Urogynaecology waiting lists in GUH

Education and Training

- Weekly staff inservice training sessions for all physiotherapists in the Women's Health physiotherapy team;
- Attendance at national Urogynaecology conferences and appropriate pelvic health courses;
- Achievements:
- Maintenance of all services listed above with reduced core staffing. An 18% increase in outpatient physiotherapy referrals was evident, compared with 2021 figures.
- Implementation of Physiotherapy waiting list triage service to Urogynaecology Consultant. In 2022, 114 patients were triaged, assessed and treated from this waiting list prior to medical review.
- Implementation of a physiotherapy-led pessary service to Urogynaecology patients, alongside the multidisciplinary team

- Implementation of a monthly multidisciplinary Urogynaecology team meeting
- Completion and presentation of a Multidisciplinary Obstetric Anal Sphincter Injury audit for 2020.

Aims 2023

- Implementation of a new NHWIP-funded Clinical Specialist Physiotherapy post in Endometriosis and chronic pelvic pain alongside multidisciplinary team.
- Further development of Physiotherapy Triage services to Urogynaecology
- Increase in training of senior / specialist staff in RTUS scanning of the pelvic floor and bladder
- Attendance at Specialist Physiotherapy 'Pelvic floor disorders' course to include training in pelvic floor scanning

PUH Physiotherapy Service 2022

Portiuncula University Hospital provides a Women's Health Physiotherapy service in both inpatient and outpatient settings, treating women with ante natal, post natal and gynaecological dysfunctions.

The out patient service is provided to Consultant and GP referrals from South Roscommon and East Galway. We also accept referrals from outside our catchment area if the specialist service is not available there.

Currently the service is provided by 0.8 WTE Senior Physiotherapist. This allocation is from the general staffing levels and not a Physiotherapist appointed specifically for this service. There is a 1 WTE Clinical Specialist Physiotherapist in Ambulatory Care approved but, to date, recruitment into this post has proven unsuccessful.

Numbers referred to this services continues to increase from 140 in 2021 to 250 in 2022. Due to the increased demand on the gynaecology service some women waiting greater than a year for treatment. At year-end 2022, this waiting list had approximately 76 people waiting for treatment.

We also provide teaching of NCHDs and midwives.

We provide the following services:

Gynaecology

- Continence care for bladder and bowel, including SUI, UUI, mixed incontinence and constipation
- Sexual Dysfunction, including Dyspareunia and Vaginismus
- Chronic Pelvic Pain
- Oncology – post radiation and surgical complications
- Painful Bladder Syndrome
- Post-operative care for all urogynaecological patients
- MSK conditions
- Prolapse assessment and Pessary fitting
- Overactive Bladder

Women's Health OPD Referrals 2017 - 2022

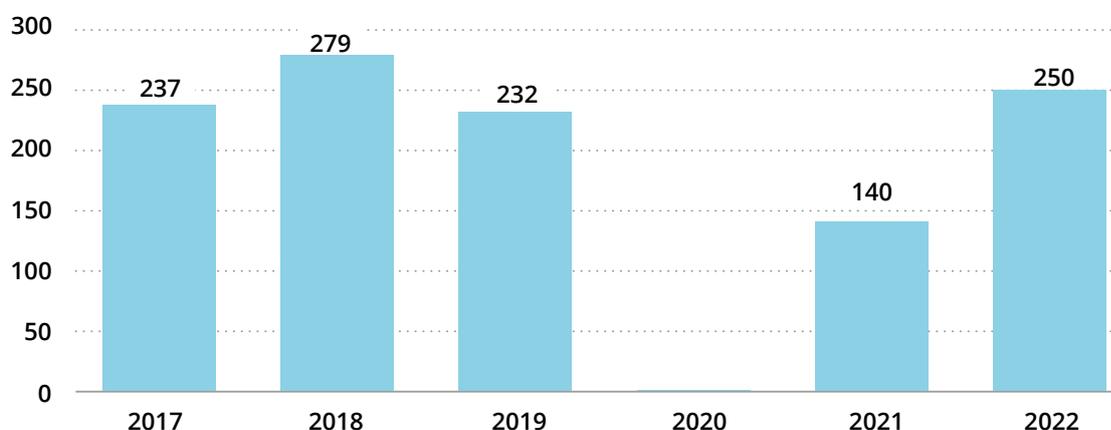


Figure 2: 2022 Gynae Referrals (2021 (= 140) – 2022 (= 250) excludes Post Natal referrals)

LUH Physiotherapy Service 2022

Physiotherapy Referrals 2022	Total
Outpatient referrals	150
Physiotherapy Activity 2022	Total
Total Outpatient Treatments	342

Aims 2023:

The development of the uro-gynaecological service which will include a clinical specialist physiotherapist in pelvic health in addition to a full time senior physiotherapist in pelvic health will help improve efficiency and functioning of this service.

MUH Physiotherapy Service 2022

Physiotherapy Referrals 2022	Total
Outpatient referrals	234
Inpatient referrals	24
Physiotherapy Activity 2022	Total
Urinary Incontinence	174
Pelvic Organ Prolapse	115
Faecal Incontinence	23
Pelvic Pain/Overactive Pelvic Floor	15
Total Outpatient Treatments	327

Service Overview:

The senior physiotherapist position was vacant from 12/2/2022 to 30/5/22. The newly recruited Senior Physiotherapist in Women's Health and Continence commenced on 30th May and prioritised urgent cases, a small number of non-urgent cases and carry-over clients from previous post holder.

Education and Training:

Senior Physiotherapist completed Taryn Hallum course on POP and SUI including a pessary fitting practical.

Achievements:

Service resumed after a gap and urgent post-natal and post-operative cases were assessed and managed. Previous clients who had management interrupted due to Covid or staff shortages in the past 2 years were prioritised for review.

There was approval for the recruitment of Clinical specialist Physiotherapist in Ambulatory Gynaecology. To commence in post Feb 2023.

Commenced work on development and updating of all maternity and gynaecology related Initiated development/ update of patient information handouts. o completed in 2023.

Aims 2023:

CSP to collaborate with key stakeholders to initiate Physiotherapy triage of appropriate clients on Gynaecology waitlist to reduce waitlist and improve patient care in line with SUI and Prolapse guideline released by NWHIP January 2023.

QI project to determine education needs of women attending Gynae clinics with prolapse symptoms and institute a standard written information package for those with Prolapse +/- pessary management.

Physiotherapy involvement in pre-operative assessment for clients having a vaginal hysterectomy and/or vaginal wall repair surgery. Review of post-operative information for clients on ward

Wait list management targets: Urgent clients will be offered an appointment within 3 weeks.

Non-urgent waitlist will be reduced to 3 months by year end 2023. All clients who had treatment interrupted will be offered a review and intervention will recommence as required.

Collaboration with cANP to procure different pessaries to suit the growing demand for alternatives to surgery for POP patients.

SUH Physiotherapy Service 2022

Physiotherapy Referrals 2022		Total
Outpatient referrals		87
Inpatient referrals	Gynaecology wards stats include medical patients and medical rehab.	
Physiotherapy Activity 2022		Total
Urinary Incontinence		55
Pelvic Organ Prolapse		28
Faecal Incontinence		6
Pelvic Pain/Overactive Pelvic Floor		5
Total Outpatient Treatments		87
Number direct from Urogynaecology Clinic		64
% Direct from the Urogynaecology Clinic		73%

Aims 2023:

Will see the appointment of a Clinical Specialist Physiotherapist through the Ambulatory Gynaecology program. The role of this Physiotherapist will be to join the MDT at the Urogynaecology clinics in order to provide more timely and efficient Physiotherapy assessment and treatment from the Pelvic Health Physiotherapist. The benefits will also extend out into creating a stronger and more cohesive working relationship with the Urogynaecology team.

4.12 Contributors

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5

CHAPTER 5

Paediatrics

- 5.0 Introduction
- 5.1 Unscheduled Care
- 5.2 Scheduled Care
- 5.3 Specialist Regional Reports
- 5.4 Children's Nursing
- 5.5 Education
- 5.6 Integrated Services
- 5.7 Health and Social Care Profession (HSCP) & Allied Health Profession report
- 5.8 Contributors

5.0 Introduction

Saolta University Health Care Group provides acute and specialist paediatric services to the West and North West of Ireland (counties Galway, Mayo, Roscommon, Sligo, Leitrim and Donegal and adjoining counties). We have a relatively dispersed rural population spread across one third of the land mass of Ireland, which equates to 21% of the population.

There are 159,140 children and young people under the age of 16 years living in the Saolta region (2022 Census).

CSO population figures for children under 16 years of age

Galway	Mayo	Roscommon	Leitrim	Sligo	Donegal	TOTAL
57254	28202	15103	7689	14327	36565	159140

In 2022 a significant number of children availed of ED (n= 51,218), OPD (n= 54,510) inpatient (n=18,677) and day case (n=6523) services. 330 children required transfer for a higher level of care. 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.

5.1 Unscheduled Care

5.1.1 Emergency Department (ED) Admissions and Attendances Summary Table

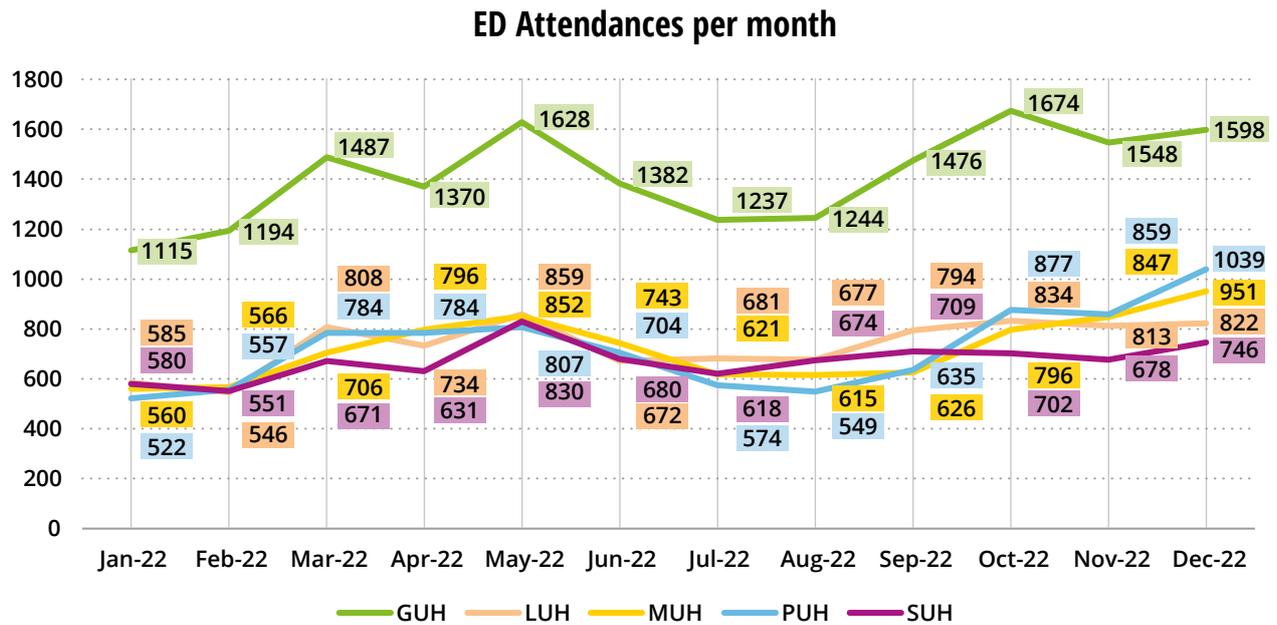
2022 Emergency Department	Galway University Hospitals	Letterkenny University Hospital	Mayo University Hospital	Portiuncula University Hospital	Sligo University Hospital	Total
Paediatric Attendances	16,953	8,825	8,676	8,691	8,073	51,218
Paediatric Admissions	1,396	1,660	2,502	1,424	1,483	8,465
% Paediatric Admitted	8.2%	18.8%	28.8%	16.4%	18.4%	16.5%

5.1.2 Emergency Department Paediatric Attendances up to 16th birthday

Registration Year	Galway University Hospitals	Letterkenny University Hospital	Mayo University Hospital	Portiuncula University Hospital	Sligo University Hospital	Total
2019 Total	15,537	6,957	9,296	7,168	8,057	47,015
2020 Total	11,000	5,481	5,480	4,363	5,531	31,855
2021 Total	13,129	6,900	6,969	5,964	6,614	39,576
2022 Total	16,953	8,825	8,676	8,691	8,073	51,218

From 2018 to 2022, there is a 15% increase across Saolta hospitals in paediatric ED attendances.

5.1.3 ED Attendances per month



5.1.4 Emergency Department Paediatric Medical admissions under the care of paediatrician

Registration Year	Galway University Hospitals	Letterkenny University Hospital	Mayo University Hospital	Portiuncula University Hospital	Sligo University Hospital	Total
2019 Total	2,714	1,740	1,178	1,584	1,467	8,683
2020 Total	1,121	1,408	663	1,016	1,051	5,259
2021 Total	1,553	1,690	1,057	1,247	906	6,453
2022 Total	1,396	1,660	2,502	1,424	1,483	8,465

5.1.5 Percentage children admitted from the Emergency Department under the care of paediatrician

Registration Year	Galway University Hospitals	Letterkenny University Hospital	Mayo University Hospital	Portiuncula University Hospital	Sligo University Hospital	Total
2019 Total	17.5%	25.0%	12.7%	22.1%	18.2%	18.5%
2020 Total	10.2%	25.7%	12.1%	23.3%	19.0%	16.5%
2021 Total	11.8%	24.5%	15.2%	20.9%	13.7%	16.3%
2022 Total	8.2%	18.8%	28.8%	16.4%	18.4%	18.1%

5.1.6 Roscommon Injury Unit – unscheduled care report

Roscommon Injury Unit is open from 8am to 8pm, 365 days per year and is located within the Urgent Care Centre at Roscommon University Hospital. The team are able to see, diagnose and treat a wide range of injuries for both adults and children over five years old. The staff at Roscommon Injury Unit will refer patients to different specialist teams if needed.

Paediatric attendees 2018 – 2023

	2018	2019	2020	2021	2022
New Attendance	1130	1435	1124	1811	2869
Scheduled Return	228	194	182	204	294
Unscheduled Return				8	13
Ambulance Transfers				3	12

There has been a 217% increase in the number of children attending the department since 2018.

5.1.7 SSOU (Short Stay Observation Unit) & PDU (Paediatric Decision Unit)

The SSOU model of care provides a short stay service for the assessment and treatment of children up to 6 hours. The aim of the SSOU is to improve emergency flow and to ensure that children receive care in an appropriate environment, prevent unnecessary admissions and reduce length of stay. The SSOU in PUH consists of a 3 bedded unit. The PDU in MUH consists of a 6 bedded unit including 1 isolation bay. Currently, both units are located on the Paediatric Ward. The model is supported by senior decision making and aims to improve patient and family experience. During the pandemic, the short stay units at PUH and MUH (Paediatric Decision Units or PDU) were utilised to support unscheduled care numbers diverted from the main ED.

5.1.8 Intensive Care Unit (ICU) Admissions

Registration Year	Galway University Hospitals	Letterkenny University Hospital	Mayo University Hospital	Portlinculla University Hospital	Sligo University Hospital	Total
2019 Total	62	6	10	6	6	90
2020 Total	8	5	11	4	5	33
2021 Total	31	8	16	5	3	63
2022 Total	41	12	18	13	10	94

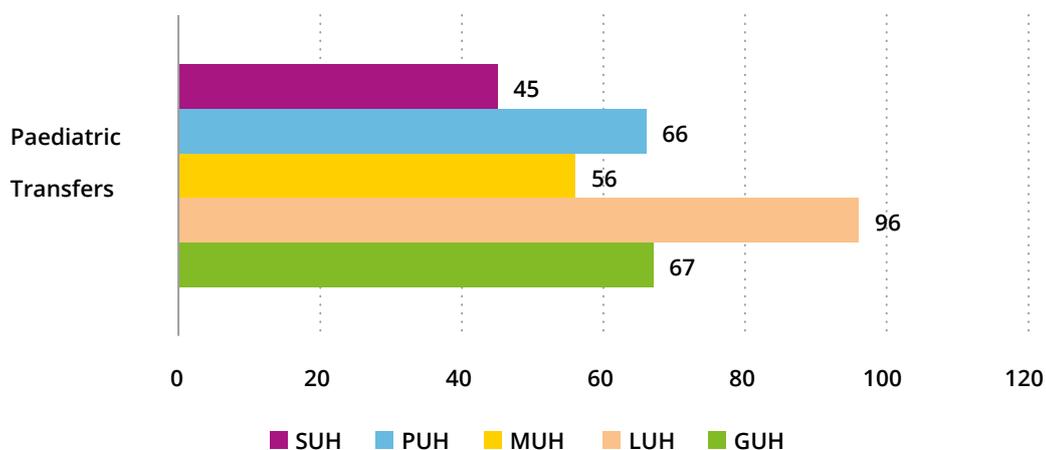
Age Breakdown (Number)	GUH	LUH	MUH	PUH	SUH	Total
Neonate <1 month	1	0	0	1	2	4
Infant <1 year	8	1	2	2	2	15
Preschool 1-4 years	10	2	4	3	0	19
Child 5-16 years	22	9	12	7	6	56
Total	41	12	18	13	10	94

Admission Diagnosis to ICU (Number)	GUH	LUH	MUH	PUH	SUH	Total
Respiratory	18	1	5	17	5	46
Diabetes/Endocrine	2	2	7	2	1	14
Neuro/Seizures	2	5	2	2	2	13
Surgical/Post Op/Trauma	0	3	1	3	2	9
Cardiac	3	0	1	1	0	5
Polypharmacy overdose	1	1	2	0	0	4
No Notes Provided	6	0	0	0	0	6
Other	9	0	0	0	0	9
Total	41	12	18	25	10	106

Paediatric Discharge Destination from ICU	GUH	LUH	MUH	PUH	SUH	Total
Home	22	0	0	3	0	25
Paediatric Ward	0	5	13	0	4	22
Adult Ward	0	0	0	0	0	0
Other Hospital	7	7	5	10	6	35
Not Specified	5	0	0	0	0	5
Other	7	0	0	0	0	7
Total	41	12	18	13	10	94

5.1.9 Paediatric Transfers

Total Number of Paediatric Transfers to another hospital, per site including retrospective transfer



Transfers From Per Site

Site	ED	Ward	ICU/PICU	Theatre	CHI	Other	Not Inputted
GUH	-	54	13	-	-	-	-
LUH	19	69	7	1	-	-	-
MUH	2	46	1	-	6	-	1
PUH	3	35	25	1	-	1	1
SUH	7	26	6	1	5	-	-
Total	31	230	52	3	11	1	2

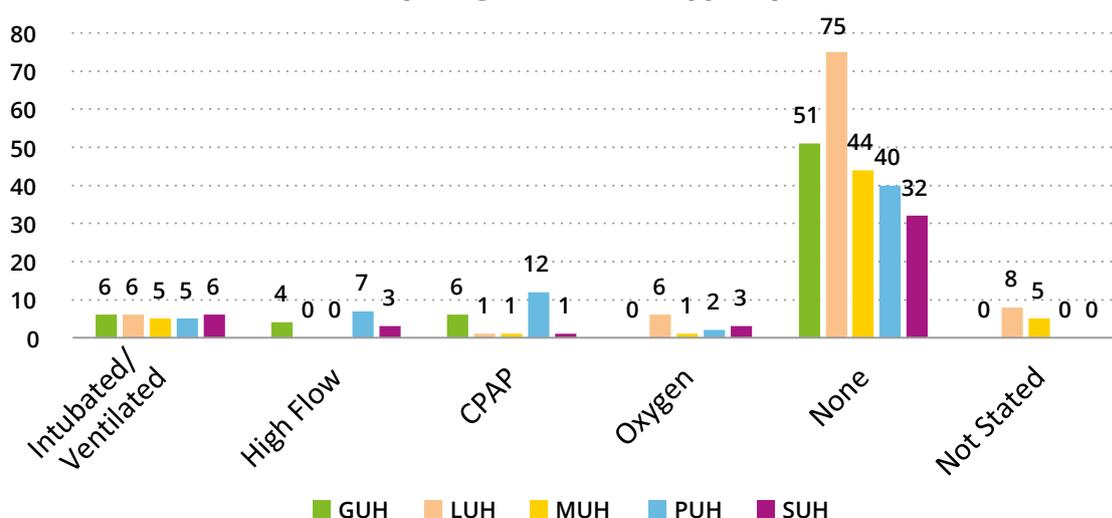
Transfer To Per Site 2022

Site	CHI Crumlin	CHI Temple St	GUH	LUH	MUH	PUH	SUH	Other
GUH	62	5	-	-	-	-	-	-
LUH	46	37	4	-	-	-	3	6
MUH	25	10	12	-	6	-	1	2
PUH	40	20	6	-	-	-	-	-
SUH	20	18	1	-	-	-	5	1
Total	193	90	23	-	6	-	9	9

Reasons for Transfer in 2022 for Group

Reasons for Transfer	Total No.	Percentage %
Escalation In Care	60	18.2%
Speciality	126	38.2%
Investigations	22	6.7%
OPD Review	2	0.6%
PICU	28	8.5%
Ongoing Care	89	27.0%
Other	1	0.3%
Not Stated	2	0.6%

Transfer requiring ventilation support per site



Transport Mode Per Site 2022

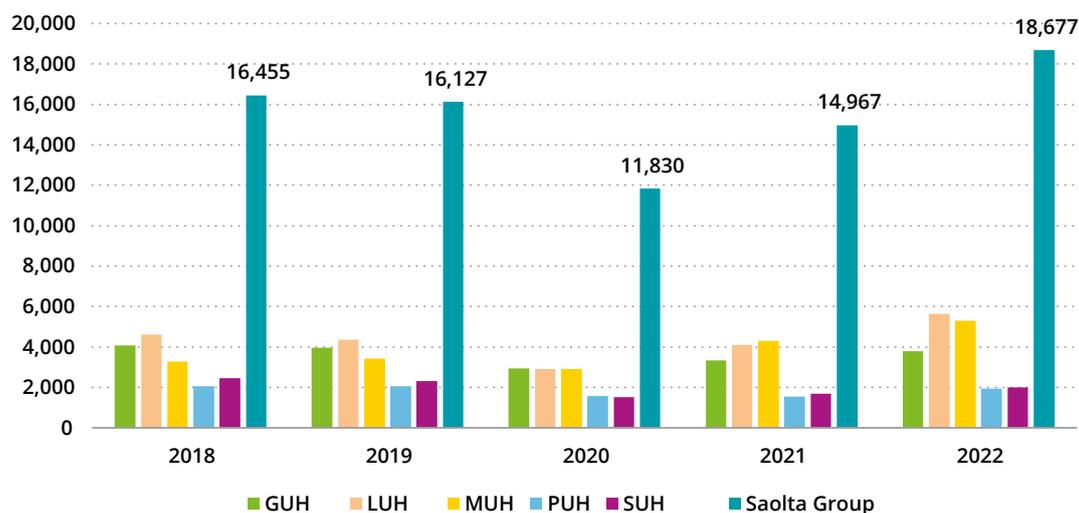
Site	Parents	Taxi	Ambulance Service	IPATS	NTPP	Other	Not Documented
GUH	8	0	40	14	3	2	0
LUH	8	5	59	10	4	0	10
MUH	1	5	45	4	0	0	1
PUH	2	0	47	10	7	0	0
SUH	3	1	35	6	0	0	0
Total	22	11	226	44	14	2	11

68 % of transfers were completed by Saolta staff, a child may be accompanied by 1 to 3 members of staff. This has an impact on the site to ensure adequate cover of the paediatric service.

5.2 Scheduled Care

5.2.1 Inpatient Activity

Inpatient Discharges 2018 - 2022



Year	GUH	LUH	MUH	PUH	RUH	SUH	Total
2018 Total	4074	4613	3270	2047	1	2451	16,456
2019 Total	3973	4364	3434	2056	1	2300	16,128
2020 Total	2950	2900	2897	1561	0	1522	11,830
2021 Total	3334	4113	4295	1,542	2	1681	14,967
2022 Total	3787	5646	5295	1938	0	2011	18,677

* This data includes both scheduled and unscheduled care- medical surgical and speciality admissions



Visit of National Clinical Programme Paediatrics & Neonatology to MUH
 Dr H. Stokes, Prof M. O Neill, Dr E. Crushell (National Clinical Lead Paediatrics) Dr D. Staunton,
 Prof J. Murphy (National Clinical Lead Neonatology), DOM A. McGrail

5.2.2 Inpatient Discharges by Speciality

Inpatient Discharges by Speciality	GUH	LUH	MUH	PUH	SUH	Total
Paediatrics	1,992	4,409	4,957	1,628	1,239	14,225
Cardiology	1	-	-	-	-	1
Cardio-Thoracic Surgery	1	-	-	-	-	1
Dermatology	28	-	-	-	-	28
Endocrinology	255	-	3	-	-	258
Gastro-Enterology	1	1	-	-	-	2
Gastro-Intestinal Surgery	1	-	-	-	-	1
General Medicine	10	7	26	-	-	43
General Surgery	214	371	188	297	210	1,280
Gynaecology	9	18	4	10	5	46
Haematology	8	-	-	-	-	8
Infectious Diseases	1	-	-	-	-	1
Maxillofacial	56	-	-	2	-	58
Neonatology	360	293	-	-	195	848
Ophthalmology	18	-	-	-	9	27
Orthopaedics	300	212	113	-	129	754
Otolaryngology (ENT)	197	-	-	-	221	418
Plastic Surgery	274	-	-	1	-	275
Respiratory Medicine	2	5	-	-	-	7
Urology	57	4	-	-	2	63
Other	2	326	4	-	1	333
Total	3,787	5,646	5,295	1,938	2,011	18,677

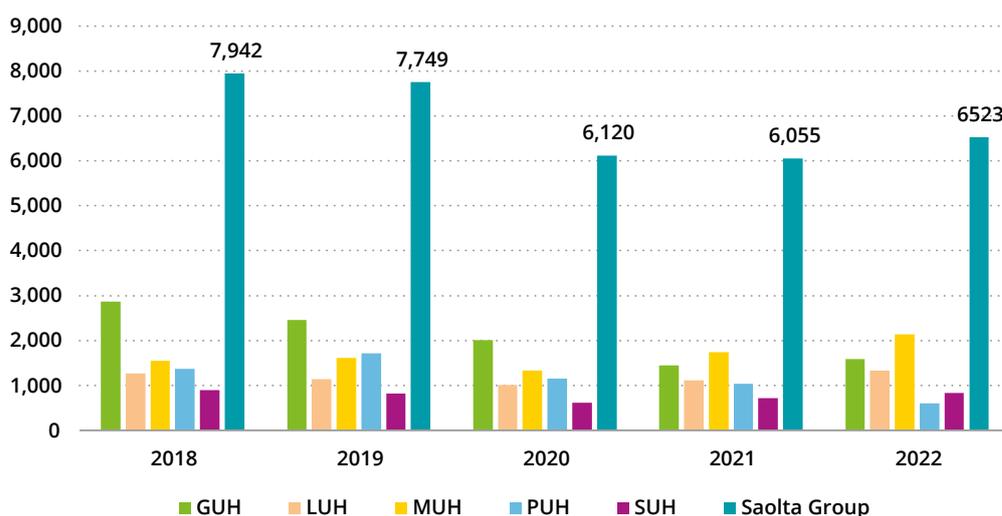
5.2.3 Average Length of Stay (days)

AVLOS	GUH	LUH	MUH	PUH	SUH	Total
2021	2.68	1.25	2.87	1.92	1.91	2.13
2022	4.34	1.22	1.30	2.30	3.03	2.44

5.2.4 Day Case Discharges

Year	GUH	LUH	MUH	PUH	RUH	SUH	Total
2018 Total	2863	1263	1549	1372	156	895	8098
2019 Total	2464	1134	1613	1720	147	818	7896
2020 Total	2016	1016	1327	1148	43	613	6163
2021 Total	1442	1119	1742	1035	13	717	6068
2022 Total	1591	1337	2143	600	18	834	6523

Day Case Discharges 2018 - 2022



5.2.5 Day Case Discharges by Speciality

Day Case Activity by Speciality 2022	GUH	LUH	MUH	PUH	RUH	SUH	Total
Paediatrics	746	1,059	1,948	157	-	377	4,287
Clinical Immunology	1	-	-	-	-	-	1
Dental Surgery	11	159	-	137	-	47	354
Dermatology	51	-	-	-	-	2	53
Gastro-Enterology	6	1	-	-	-	5	12
General Medicine	-	3	-	-	-	1	4
General Surgery	9	49	158	82	-	63	361
Gynaecology	3	2	1	-	-	1	7
Haematology	7	-	-	-	-	-	7
Maxillofacial	29	-	-	126	-	4	159
Neonatology	19	2	-	-	-	-	21
Neurology	-	-	-	-	-	8	8
Ophthalmology	75	-	-	-	-	21	96
Orthopaedics	58	42	34	-	-	24	158
Otolaryngology (ENT)	284	-	2	-	-	254	540
Paediatric Endocrinology	141	-	-	-	-	-	141
Plastic Surgery	98	-	-	18	18	-	134
Radiology	-	-	-	-	-	9	9
Respiratory Medicine	2	-	-	-	-	-	2
Urology	41	20	-	79	-	16	156
Other	10	-	-	1	-	2	13
Total	1,591	1,337	2,143	600	18	834	6,523

5.2.6 Outpatient Attendances

Year	GUH	LUH	MUH	PUH	RUH	SUH	Total
2018 Total	22,476	9,167	9,681	4,589	400	10,720	57033
2019 Total	23,180	9,055	9,672	4,589	419	11,242	58157
2020 Total	19,167	6,084	5,848	3,037	228	9,920	44284
2021 Total	19,963	6,612	6,684	4,421	239	10,388	48107
2022 Total	22,888	8,454	7,573	5,289	228	10,078	54,510

- * Not all general paediatric appointments are captured on IPMS such as community and outreach clinics
- ** This table includes all children under the age of 16 years attending all OPD specialities across the Group e.g. Orthopaedics, ENT, Urology, Plastics, dermatology & Ophthalmology. This is reflected in the range of numbers attending OPD e.g. Children attend PUH for general paediatric and dermatology services.
- *** MUH attendance number excludes selected urgent referrals preferentially triaged to PDU.

5.2.7 New, Review and DNA OPD Activity 2022 (Paediatric Medicine Speciality Only)

Site	New Patients	Review Patients	New to Review Ratio	Total Paediatric Patients	DNA's	Rate of DNA
GUH	2,710	6,811	1:3	9,598	1,182	11.0%
LUH	1,307	2,695	1:2	4,002	759	15.9%
MUH	788	3,835	1:5	4,623	1,438	23.7%
PUH	1,000	3,411	1:3	4,411	913	17.1%
SUH	1,171	3,989	1:3	5,160	996	16.2%
Saolta Group	6,976	20,741	1:3	27,794	5,288	16.0%

*This table includes children attending Medical Paediatrics OPD only and does not include other specialities across the group.

5.2.8 Paediatric Day Assessment Clinic/Ambulatory Care

Registration Year	Galway University Hospitals	Letterkenny University Hospital	Mayo University Hospital	Portiuncula University Hospital	Sligo University Hospital	Total
2021	3049	298	1379	1075	1689	8085
2022	6226	285	1402	1353	1433	10699

There is a 32% increase in children attending paediatric ambulatory services in the Saolta Group

5.3 Specialist Regional Reports

5.3.1 Endocrinology; Childhood Diabetes

Hospital	Total No. Of Children with Type 1 Diabetes	Total No. of new diagnoses in 2022	Total no. of children with a CSII	Mean HbA1c
GUH	202	19	87	8.0%
LUH	130	15	77	7.9%
MUH	110	12	30	7.9%
PUH	68	6	30	7.8%
SUH	82	6	48	8.1%
TOTAL	592	58	272	7.9%

Newly diagnosed Children

Hospital	Total No. of Patients	Total Aged 0-4.99 yrs			Total aged 5-9.99 yrs			Total aged 10- 14.99 yrs			Total aged 15-15.99yrs		
		Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
GUH	20	0	0	0	10	3	7	6	4	2	4	2	2
LUH	15	4	2	2	8	3	5	3	1	2	0	0	0
MUH	12	1	0	1	5	0	5	6	2	4	0	0	0
PUH	6	2	2	0	2	1	1	2	0	2	0	0	0
SUH	6	0	0	0	2	1	1	4	2	2	0	0	0
TOTAL	59	7	4	3	27	8	19	21	9	12	4	2	2

Saolta Children And Young Persons Diabetes Network

We have established the first Paediatric Diabetes Network in Ireland. Galway and Sligo work in partnership with each other in the provision of services across the Saolta Group. This has been expanded to include specialist tertiary diabetes care and an insulin pump service to the whole catchment area. There are currently nearly 600 children with type 1 diabetes attending the Saolta Network. Galway and Sligo function as the hub for delivery of this service, with monthly outreach clinics that have already been established. Almost all children with type 1 diabetes previously attending tertiary services in Dublin have been re-patriated to deliver care closer to home. We run a busy insulin pump service. There is Paediatric diabetes CNS/ANP support at peripheral sites such as Mayo, Portlinculla and Letterkenny which is essential to ensure consistent locally-delivered services. The Network meets quarterly with the aim of standardising diabetes care across the Saolta Group and offering equal access to insulin pump therapy. We support the provision of education, training, and continuing professional development of all staff involved in the care of children with type 1 diabetes and are actively involved in audit and quality improvement.

Service Overview

The Paediatric Diabetes Service provides expertise and specialist training, education and continued support to paediatric patients and their families who live with diabetes. Care is provided through outpatient reviews, virtual review supported by Cloud based Diabetes Technology, structured group education and phone consultation.

Patients and their families/carers have access to timely and high quality care through assessment, planning, implementation and evaluation of care delivery. We ensure that there is a patient and family centred approach to care delivery through every interaction. Our role provides support to Paediatric and Transition patients, along with their families, and supports families using both Multiple Daily Injections and Insulin pump therapy.

Education and Training

- ▶ **Patient Education:** We recognize the importance of educating patients and their families about Type 1 Diabetes management. Our Diabetes Nurse Specialists provide in-depth educational sessions that cover various aspects of treatment and self-care. This includes guidance on insulin administration, blood glucose monitoring, carbohydrate counting, exercise planning, recognizing and managing hypo/hyperglycemia, as well as stress and illness management. We believe that empowering our patients and their families with

education and skills will enhance their ability to successfully self-manage their condition.

- Schools Education: We have facilitated training and education in the management of Diabetes Mellitus with school staff. This involves preparing, updating and developing school Care-plans and Action plans for each individual school age child.
- Staff Education: Provision of formal update sessions at ward and departmental level to Paediatric staff, supporting their knowledge and understanding of the management of diabetes while a child is in hospital under their care. We link with our local CNME and have provided talks and education for HSE staff across the Saolta group sites

Achievements

- Upgrade of Insulin pumps to Advanced Hybrid Closed Loop * 30 patients throughout 2022 (LUH)
- Insulin pump initiation and maintenance commenced on PUH and MUH sites
- Development of insulin drug kardex (PUH)
- Saolta Childrens & Young Persons network Educational event – Diabetes Family Conflict
- Appointment of cANP on GUH and SUH sites, dietitian on PUH site

Aims

- Transition onto adult services: develop a standardised transition process for young persons to adult services, establishing transition clinics on all sites.
- Standardise timed education required for all children and families with a new diagnosis of diabetes.
- Increase numbers of insulin pump initiations on every site
- Explore the development of child, young person and family engagement forum across sites

5.3.2 Respiratory Service

General Respiratory and Asthma Service GUH

The Respiratory Service is based in GUH and accepts specialist referrals from the Saolta University Healthcare Group. 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. The service is seeing significant increases in referrals particularly for sleep medicine, poorly controlled asthma and long-term non-invasive ventilation.

Cystic Fibrosis Service

GUH is one of 6 specialist paediatric CF centres nationally and sees patients from diagnosis including from newborn screening. Almost all patients are enrolled in the CF Registry of Ireland which enables data collection, benchmarking, and CF modulator therapy assessment. The CF service provides daily out-patient reviews, OPD, and in-patient care for 67 patients from the Saolta University Healthcare Group. Ideally some of our patients would be shared care with their local hospital but this is not yet resourced. Further expansion and resourcing is required, particularly in the areas of radiology and pulmonary function testing, for the GUH service to participate in available international multi-centred international trials for CF and to achieve best practice with advancements in care.

Numbers of patients

	2021	2022
Asthma	335	310
CF	64	67
Sleep Medicine Admissions	58	80
NIV/Complex Respiratory	20	25

Aims 2023

- Recruitment of funded posts
- Development of shared care.



Senior Clinical Psychologist Dr Hazel Moore (GUH) presenting at the Saolta Children and Young Persons Diabetes network

General Respiratory and Asthma Service PUH

Site Activity	Total 2022
NIV	65 patients (HiFlow, CPAP and intubation)
Asthma	193 patients

Education and Training

- CPAP training
- Hiflow training

Achievements

Many children avoided intubation with the increased use of CPAP.

Aims

- Develop CNS in Respiratory role.
- Increase dedicated OPD service.

5.3.3 Neurology Specialist Report

Paediatric Neurology Service in GUH

The number and types of conditions encountered in a paediatric neurology service is vast. The impact of a neurological diagnosis is enormous. Childhood epilepsy and other neurological diseases are often complex and highly unpredictable, with frequent acute deteriorations, and a particular cause of anxiety for families, paediatricians and AHPs. A quarter of all paediatric admissions to hospital would benefit from a paediatric neurology service. Epilepsy affects 0.5-1% of the childhood population. Approximately 30% of a neurodisability cohort experience a seizure-related disorder. Up to 50% of patients with epilepsy also have a neurodevelopmental disorder ranging from severe neurological impairment to isolated delay, or behaviour-psychiatric co-morbidities. Psychological disorders are prevalent and present with neurological symptoms. Neurology diagnostics have exponentially advanced in the last 10 years, with therapeutics and the explosion in patient-specific care surrounding genetic diagnoses, precision medicines and parental involvement in care. Perinatal neurology is a service increasing at GUH due to integration of the fetal medicine programme in Maternity Services

Current general paediatric neurology service

The Paediatric Neurology service at GUH consists of a 0.5 WTE General Paediatrician with Paediatric Neurology Expertise (since 2016) AND a 1.0 WTE Consultant General Paediatrician with S.I Neurology was appointed in October 2022 (previously in a locum capacity since July 2021). Due to capacity and infrastructural issues, reviews are prioritised from GUH (Galway Region). In line with the models of care, a further consultant Paediatric Neurology Post is required to develop a formal pathway (Network) to serve the Mayo and Roscommon catchment area.

The neurology service operates during routine core hours (Monday to Friday (9am-5pm) at GUH. The current active paediatric neurology patient cohort at GUH is ~400 patients (>250 epilepsy). At GUH, sources of referral to Paediatric Neurology are diverse and include.

- Out-patients
 - ❖ Paediatricians and GPs mainly
 - ❖ Psychiatrists of CAMHS services
 - ❖ Surgeons including ENT and Orthopaedics
 - ❖ AHPs: physios, AMOs, OTs, audiologists.
 - ❖ Adolescents transitioning/shared with the adult neurology/epilepsy department.
 - ❖ The emergency department.
 - ❖ Admitted in-patient acute consults.
 - ❖ Day cases, for rapid assessment
 - ❖ Neonatal intensive care unit.

Clinics

Twice weekly clinics occur, with a case mix of general paediatric patient follow-ups, and general paediatric neurology, epilepsy and other complex disorders. We transition our patients to local on-site adult Neurology services at age 16 years. NCHD, specialist nurse or Consultant phone appointments answer daily patient queries.

Paediatric Neurology Nursing

A Paediatric Neurology Clinical Nurse Specialist was appointed January 2022, a welcome addition to the service, supporting patients and parents through education and training, and often first point of contact for many patients' clinical queries. Paediatric Neurology ANP is required to serve GUH and the wider region and future developing networks.

Neuroimaging

We have intermittent access to neuroimaging and MRI including GA.

Neurophysiology

EEG is a fundamentally critical tool utilised to support a paediatric neurology services for diagnosis, follow-up and monitoring of epilepsy AND in the evaluation of the many non-epileptic disorders. Careful joint neurophysiology and/or paediatric neurology evaluation is usually required, given the different childhood epochs and different conditions of presenting children (from the preterm baby to the adolescent). Referral pathways for children having EEGs is potentially expansive. Since 2002-to date EEG reporting is performed once weekly by a 0.5 WTE adult service consultant. The majority of EEGs from the Mayo-Roscommon and Sligo-Donnegal region are performed outside of GUH, mainly at CHI, Dublin. All telemetries are done in CHI Dublin.

A consultant neurophysiologist post is required for GUH and regional referrals for routine EEG, sleep EEG, neonatal unit EEG, selected ICU and video-telemetry EEG investigations, at GUH. NCS/EMG would be included in such a role (see below). Capital investment for in-patient EEG recording system with mounted camera to accompany neurophysiology will be required in future.

EEGs at GUH 2022	Number
Total Routine and Portable EEGs performed in EEG Dept (Adult and Paediatric)	632
Total Paediatric	334
Paediatric Routine	262
Paediatric Portable	34
Paediatric Sleep deprived EEG's	20
Paediatric Prolonged	18
Paediatric DNA	5

EMG/Nerve Conduction Studies

Children requiring these services are referred to CHI Dublin.

The following roles are required to expand the service

- A neurology specific psychology WTE is required.
- As the service expands a dietician with ketogenic diet expertise is required for the future.
- Our trainees are general Paediatrics and GP. This emphasizes the importance of expanded ANP capacity in the future.

5.3.4 Cardiology Service

Cardiology Service in GUH

Congenital heart disease (CHD) affects 0.8% of all births in Ireland and causes 13.2% of paediatric deaths from congenital abnormality. The All-Ireland Cardiac Network provides care for children with congenital heart disease in the Republic of Ireland and Northern Ireland, with Galway being one of five PEC (Paediatrician with Expertise in Cardiology) centres outside of Dublin.

The Paediatric Cardiology service in GUH provides an inpatient consult service, a rapid access ambulatory care service, a NICU and postnatal ward echocardiography service and an outpatient cardiology clinic service. There is shared care with the Children's Heart Centre in Children's Health Ireland (CHI) at Crumlin for a number of complex patients, both pre-operative and postoperative. Outpatient referrals are accepted from general practitioners in Galway and all hospitals within the Saolta group, with urgent referrals accepted on a case-by-case basis. Several

pathways are in development to streamline the more common types of referral.

Staffing: There is a full-time Paediatrician with Expertise in Cardiology (PEC)(0.5 WTE Gen Paeds/0.5 WTE Paediatric Cardiology), CNM 2, CNS role in support of the service.

Two new echocardiogram machines have been purchased in support of the service, one for the NICU and one for the Paediatric ward/ outpatients department. Paediatric Exercise Stress Testing is a required resource. Paediatric Holter monitoring is available, though there is shortage of Cardiac Physiologists which limits service provision.

There are approximately 75 out patient appointments available per month for Paediatric Cardiology Clinics. Urgent echocardiograms are carried out in the Paediatric Day Ward.

Education and Training: The Galway paediatric cardiology team participate in weekly multi-disciplinary meetings with Cardiology in Children's Health Ireland at Crumlin. We support the provision of education and training of all staff involved in the care of children with congenital heart disease and are actively involved in audit and quality improvement.

Achievements: The paediatric cardiology service in Galway is now well-established, with 7 clinics per month up and running. The referral rate has risen hugely now the service is available.

878 paediatric echocardiograms were performed in 2022, with a rate of positive findings of 42%.

Aims 2023: Further equipment that is needed include dedicated paediatric Holter monitors and ward-based telemetry. Recruitment in the Cardiac Investigations department would enhance the provision of paediatric-specific services. Additional HSCP services including dietetics, psychology, medical social work and speech & language therapy are required to support a comprehensive paediatric cardiology service.

Five Year Paediatric Echocardiogram Activity

Year	Echocardiography		Total
	Departmental	NICU Consultant	
2018	493	0	493
2019	511	27	538
2020	466	50	516
2021	*621	87	708
2022	*865	13	878

*Figure includes departmental and Paediatric Cardiology Consultant who began in the role in September 2021

5.3.5 Neurodisability Services

Paediatric Neurodisability report

Paediatric Neurodisability may be congenital or acquired, static or progressive, have a neurological, genetic or metabolic aetiology and may be life limiting. There may be multiple associated functional limitations. 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.

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. The role of the Neurodisability paediatrician encompasses the initial assessment, diagnosis and ongoing management of children with potential or established disability. Progressing Disability Services (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 neurodisability commitment also.

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.

Early Intervention	220 children
School age	200 children
Special schools	170 children
GUH new patient	280 children
GUH review patient	950 children

The Spasticity management clinic provided assessment and intervention to 50 children with 23 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 and an upper limb splinting clinic established in 2023 but funding will be required.

33 ADOS assessments for autism diagnosis were completed with consultant paediatrician collaboration.

In 2022 a sensorineural hearing loss clinic was also established for investigation of the aetiology of hearing loss. 28 new patient appointments occurred.

Paediatric Neurodisability Nursing

In 2022 a Clinical Nurse Manager in Neurodisability was appointed to GUH. Our CNM2 is a key part of the team who through communication between the acute hospital and disability network teams supports the child and family and coordinates the care of children with physical disability and those with disability and complex medical needs. A paediatric ANP post is also required to further develop service provision.

Neurodisability NCHDs

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



*A Joseph, A Schmidt, P Keighery, P Lyons, Dr Liqa, Dr Umar, J Downey, B Tully
Portiuncula University Hospital*

5.4 Children's Nursing

5.4.1 Introduction

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. Aligned with the Model of Care for Paediatric Healthcare Services in Ireland (2016), Sláinte Care (2019) and Leading The Way A National Strategy for the future of Children's Nursing in Ireland (2021) the continued focus for 2022 was on progressing and developing advanced and paediatric nurse specialist posts to meet current, emerging and future service needs. The value of these roles is acknowledged, through the provision of quality care, a safe environment and effective patient outcomes that address patient/family expectations, promote wellness and care closer to home.

The Advanced Nurse Practitioners (ANP) roles will play an important role in the implementation of these strategies. In the Saolta group, there are currently three RANP in Paediatrics: RANP Acute Paediatric Medicine (GUH) and RANP Paediatric Diabetes (LUH and GUH). There are eight cANP across the group cANP General Paediatrics Integrated Care (LUH, SUH, GUH, PUH), cANP Acute Paediatric Medicine (GUH and LUH), cANP Paediatric Diabetes (GUH, cANP Paediatric and Young Adult Diabetes (SUH).

2022 saw the development of a Hybrid Higher Diploma Childrens Nursing Registration Programme in partnership with Trinity College Dublin and Childrens Health Ireland. Seven nurses from the Saolta group are attending this programme. This is an innovative programme facilitating Childrens Nursing training in Saolta, accessing quality clinical placements on children's wards, NICU, CAHMS, Community and ED.



"What Matters to me" Workshop R. Sheehan, S. Horkan, M. Donnelly, L. Breslin, T. Vaughan, K. Leonard

5.4.2 ANP Reports

The Registered Advanced Nurse Practitioner (RANP) Paediatric Diabetes: (University Hospital Galway)

Service Overview

The Registered Advanced Nurse Practitioner (RANP) in paediatric diabetes at GUH is an experienced practitioner who employs advanced decision-making skills in the clinical environment through interdisciplinary collaboration and caseload management of children and families who live with Type 1 Diabetes. Autonomous clinical patient reviews are performed by the RANP, who conducts a comprehensive health history and physical assessment of patients referred for continued assessment of their diabetes management. Responsibilities include supportive and continued age appropriate education for child and families who live with this chronic condition. This enables families to manage day to day life and use problem solving skills to achieve improved glycaemic control, thus reducing hospital admissions and also reducing associated co-morbidities and delayed development of complications associated with poorly managed diabetes. Extensive education to child and families also facilitates improved access to technological advancements such as insulin pump therapy or continuous glucose monitors, which, with the correct support can provide families with an opportunity to improve control and quality of life for the child/young person and their families. The RANP will also titrate or commence the child/ young person on medication therapies as necessary, ensures appropriate referral to allied health professionals/teams, conducts serial evaluation of progress and maintains audits of outcomes. The extended 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.

Training and Education

- Inpatient teaching in GUH/MPH Adult and Paediatrics
- Tutor on the Module Diabetes in Primary Care NUIG
- Deliver lectures for Foundation Year Medical students NUIG
- Clinical facilitator for the H Dip/Masters in Diabetes in NUIG

Achievements

- Development of Diabetes Care Pathway, Glucose monitoring and insulin prescription sheet (Paediatrics)
- Development of a Paediatric Pump Booklet
- Clinical Facilitator on the HDip/Masters in Diabetes NUIG

Registered ANP in Acute Paediatric Medicine (University Hospital Galway)

Service Overview

In Oct 2022, the service commenced with its first Registered ANP in Acute Paediatric Medicine, followed by a Candidate ANP at the end of October. We currently provide a five day service in the Paediatric ED Monday to Friday. Scope of practice include children from 4 months to the eve of their 16th birthday, with an extensive inclusion and exclusion criteria. We provide an ANP led review clinic every Thursday morning in the Paediatric ED.



Marian Madden RANP Acute Paediatric Medicine GUH

Education and Training

- Facilitated an NMBI Accredited Situational Awareness of the Unscheduled Child in the Emergency Department Study Day (Yearly Event)
- Facilitated Medication Management in children's services, study day
- Facilitated Smart Pump Training in ED for all staff
- Facilitated Monthly Education Board: Peer education on all things paediatric

Achievements

We established the first ANP Service in Acute Paediatric Medicine, in Saolta and one of the first in the country.

- 120 children seen by the Paediatric ED ANP in 3 months
- 72.7% of the children seen were under 6 years old
- The mean time between triage and assessment by the ANP was 25 minutes
- Initial assessment to discharge: 85 minutes

Aims 2023

- Expand to a 7 day service
- Broaden scope of practice to under 4 months
- Expand inclusion criteria
- Reduce waiting times and increase patient flow in the paediatric ED

➤ RANP Paediatric Diabetes: (Letterkenny University Hospital)

Service Overview 2022

RANP AUTONOMOUS CASELOAD

The RANP clinic review involves undertaking and documenting a complete episode of patient care of patients who are within the defined inclusion criteria. This includes conducting a comprehensive health history and performing a physical exam which allows the RANP to systematically assess, plan, treat, and discharge paediatric patients appropriately, and in accordance with collaboratively agreed local policies, procedures, protocols, and guidelines and/or service level agreements/ memoranda of understanding.

Ongoing age appropriate education & promotion of self-management of care at age appropriate intervals is an essential aspect of the RANP clinic review, to ensure a safe transfer of the balance of care from parents to young person as appropriate.

Prescribe, titrate, educate and/or commence the child/ young person on medication therapies as appropriate and in accordance with best practice guidelines.

Virtual Review (Approximately 15-20 patients per week)

This involves virtual clinical review of patient data for those children and young people who use insulin Pump technology and/or CGM Technology.

RANP SHARED CASELOAD

- 81 children on shared caseload aged 11 months-19 years
- 37 using Multiple Daily injections
- 44 using Insulin Pump Therapy

The RANP provides support to the consultant led caseload, acting as a resource for medical and nursing staff providing care for children and young people living with diabetes, working within agreed policies and protocols.

The RANP also provides ongoing phone support for patients phoning the paediatric diabetes team for extra advice in between clinics and providing cover for the CNS caseload during her annual leave.

Education & training

- Liaise with our local CNME and have provided talks and education for HSE staff
- Liaise with Paediatric and Emergency staff and have provided, talks, education and Simulations for staff
- Provision of education for nutritional and dietetic students Atlantic Technological University
- Liaise with Diabetes Ireland and have provided talks and education for families both Locally and Nationally
- Developed 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. Schools are also supported with training when a child has been newly diagnosed with Diabetes in between the biannual training sessions.

Aims 2023

- Explore development of local insulin pump initiation service
- Development of standardised insulin prescription kardex



Avril McCloskey RANP
Paediatric Diabetes LUH

➤ cANP Respiratory: (Letterkenny University Hospital)

Service Overview 2022

The Advanced Nurse Practitioner Candidate for Paediatric Respiratory commenced the position in December 2022. This a developing role and is the first ANP(c) position for Paediatric Respiratory services within Saolta. Development of a formal paediatric respiratory ANPc service for LUH and the wider community is ongoing and once established, will provide expert, high-quality clinical nursing care which in turn will improve the safety, efficacy and efficiency of care provided to paediatric patients with respiratory conditions in Letterkenny University Hospital.



Niamh Bruton cANP Paediatric Respiratory LUH

Aim 2023

- The ANP will support respiratory patients and their families through the development of inpatient and outpatient services such as ANP nurse led clinics, inpatient reviews, seamless transition to adult services and the development of virtual clinics to support healthcare.

cANP Acute Paediatric Medicine: (Letterkenny University Hospital)

Service Overview 2022

The cANP was appointed in October 2022 and has just completed a Post Graduate Diploma in advanced practice. The cANP is already registered as a Nurse Prescriber since November 2022. The role is primarily based in the Emergency Department and once registered they will be responsible for providing a full episode of care to an identified cohort of the paediatric population with a strict inclusion and exclusion criteria. The overall purpose of the service is to provide safe, timely, evidenced based nurse-led care to patients at an advanced nursing level. This involves undertaking and documenting complete episodes of patient care, which include comprehensively assessing, diagnosing, planning, treating and discharging patients in accordance with agreed local policies, procedures, protocols and guidelines.



*Ann Browne cANP
Acute Paediatric Medicine LUH*

Aim 2023

- Support the development of robust unscheduled care pathways for children attending LIH

CANP General Paediatrics: (Letterkenny University Hospital)

Service Overview 2022

The Candidate Advanced Nurse Practitioner in General Paediatrics (Integrated Care) commenced in October in Letterkenny University Hospital. Once registered the ANP will run ANP- led clinics for children with idiopathic constipation, encopresis and mild- moderate eczema. The aim of this service is to prevent unnecessary presentations to the emergency department and reduce the waiting time for this cohort of patient to be reviewed in the outpatient setting. This will be achieved through rapid access clinics, with review plans to achieve successful maintenance therapy and in depth patient and parent education promoting self-management of condition. Once education is completed and self-management is achieved with the aim to discharge. The cohorts of patients which the ANP will deliver care to may expand in the future depending on the service need.



*Noreen Mc Ginty cANP General
Paediatrics Integrated Care*

CANP General Paediatrics: (Sligo University Hospital)

Service Overview

cANP General Paediatrics Integrated Care appointed October 2022 and commenced Masters in Advanced Nursing Practice in NUIG October 2022 with clinical placement/ supervision onsite in SUH. The aim of this new position is to positively impact the waiting list times for children on our outpatient waiting lists. This will be implemented through the development of nurse led clinics. The goal is to provide an integrated nursing service to children, young persons and their families across the hospital and the community.

Education and training

cANP commenced Post Graduate Diploma in Advanced Practice Nursing in the National University of Galway, October 2022.

Achievements 2022

Whilst on clinical placement achieving the following:

- Developing phlebotomy and intravenous cannulation skills
- Shadowing Consultant Paediatrician in Community and Primary Care clinics & EM
- Observing enuresis clinics delivered in the community
- Committee member of the healthy weight for children steering group for CHO1
- Raising awareness of the post and goals for the future among the Paediatric acute hospital service and community teams involved in child and infant health

Aims for 2023

- To develop nurse led clinics for children and infants who suffer with eczema, constipation, enuresis, established coeliac disease with key stakeholders in the Paediatric service.
- Provide early discharge and home support to children discharged from the acute paediatric ward

CANP General Paediatrics: (Portiuncula University Hospital)

Service Overview 2022

In October 2022, the first cANP in General Paediatrics and Integrated care commenced in Portiuncula University Hospital. The vision of this role, in collaboration with many stakeholders, will be to provide care that is accessible to patients who are low clinical acuity but contribute to high volume of referrals. The cANP is currently developing the service and aims to be able to complete a full episode of care for patients who are within the agreed patient cohort once clinical training and supervision has been completed.

The cANP currently has one clinic per week and reviews patients with Constipation, Coeliac Disease and Recurrent Abdominal Pain. The cANP will extend the patient cohort to patients with Asthma and Eczema once clinical training is complete. The cANP is currently developing guidelines and policies in collaboration with the cANP's General Paediatric and Integrated care who are in post in Sligo University Hospital, Letterkenny University Hospital and Galway University Hospital.

Achievements 2022

- Agreeing patient cohort
 - ❖ Constipation
 - ❖ Coeliac Disease
 - ❖ Recurrent abdominal Pain
 - ❖ Asthma
 - ❖ Eczema

Aims 2023

- Develop nurse led clinics

5.4.3 Paediatric Clinical Nurse Specialists/CNM 2 Report

CNS Respiratory (University Hospital Galway)

Service Overview

Referrals particularly for sleep medicine, poorly controlled asthma and long-term non-invasive ventilation in 2022 have greatly increased. This is welcome as patients can now receive care closer to their home base.

The Clinical Nurse Specialist (CNS) provides direct care to outpatients and inpatients for the above patients in addition to patients with neuromuscular disorders, tracheostomies and non-CF bronchiectasis. Part of the role also includes leadership and teaching best clinical practice locally in UHG and throughout Saolta. The CNS has an active and lead role in clinical practice guidelines development for local and group use and also leads out on new equipment training and implementation. The CNS plays a vital coordination role in triaging referrals, scheduling and making appointments with patients, and facilitating their admissions.

Roles

- Active monitoring and evaluation of patient's response to treatment and amend as necessary the care plan as part of an MDT with medical and family carers.
- Continuous/ongoing education and training for patients and their families to enable them to manage their condition enabling informed choice of treatment options.
- An inpatient service including assessment, education, health and well-being. Utilising principles laid out by MECC (Make Every Contact Count) this includes the provision of educational and health promotion material which is easy to understand and meets patient/families need.
- An outpatient service which involves attending clinics providing and advocating for appropriate assessments, supports and strategies for patients and families with disease related difficulties.
- Working collaboratively with MDT colleagues across primary and secondary care to provide a seamless service delivery to the patient and family. Facilitating the safe transfer of complex NIV dependent children discharged from CHI to GUH and then to home.
- Coordinated the Chronic Respiratory patients for Synagis prophylaxis. 10 patients put forward for home care.

Activity 2022

Virtual Consultations	370
Nurse-Led Clinic	77
Asthma Clinic	310
Sleep Medicine	80
NIV Titration	22
NIV Machine Swap Outs	2

Teaching and Education

- Training sessions provided on
 - ❖ the use of the Hamilton Ventilator
 - ❖ HHFLO
- Facilitated on the GUH Respiratory Study Day x 2 and took part in the CNME Respiratory webinar series.

Aims 2023

- To establish a dedicated clinic for Complex Respiratory patients which will include CNS review, Physiotherapy session. CPAP /BiPAP Machine and interface review.
- To introduce a Sleep Study referral form with referral criteria to assist GPs/ENT and other teams to refer patients appropriately this will steam line the patients who are clinically most symptomatic.

CNM2 Neurodisability (University Hospital Galway)

Service Overview and Summary of Activity

Since May of 2022 there is a WTE 1.0 CNM2 Paediatric Neurodisability in Galway University Hospital. The National Model of Care for Children with neurodisability identifies the neurodisability nurse specialist is a key member of the multidisciplinary team. Children with neurodisability often have complex medical needs, their health outcomes are maximised by providing a multidisciplinary service in the acute and community setting. The nurse

specialist participates in the spasticity management clinic, neurodevelopmental clinic, sensorineural hearing loss clinic, outreach clinics in Enable Ireland and CDNT Spiddal and multidisciplinary clinics in GUH to allow children to access a range of healthcare resources in their own geographical area.

Furthermore, the CNM2 recognises the importance of community supports in the overall management of neurodisability disorders. They actively work to link patients and their families with appropriate community resources, such as support groups, therapy services- both primary and children disability network services which can enhance their well-being and facilitate their long-term development.

2022 Activity of CNM 2 of Neurodisability in the Acute Setting May-December

Face to Face Nurse Lead	37
Virtual Nurse Reviews	164
Total	201

The CNM2 since starting the role has taken over the management and co-ordinating the botulinum toxin injections clinic in GUH. The nurse specialist carefully co-ordinates the scheduling of appointments and advising the team of the scheduled care. Parents have a person they can liaise with in regards to pre and post injection clinic and answer any relevant questions regarding the injection clinic.

Spasticity Management clinic May- December

Attended the SMC	37
Attended for Botulinum Clinic	18

As part of the neurodisability criteria, a sensorineural hearing loss clinic was set up 2022. This consisted of cohorting all children with a sensorineural hearing loss into one clinic and investigating the cause of the hearing loss. Sensorineural hearing loss refers to the impairment of the inner ear or the auditory nerve, which can have various causes such as genetics, medical conditions and infections.

Sensorineural Hearing loss clinic

Nurse Review	14
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Education and Training

- Session for Hybrid Higher Diploma in Children's nursing
- Daily education to the medical and nursing team regarding specific clinical pathways, protocols, and guidelines related to neurodisability

Achievements

One essential component of the neurodisability service is the development of a proforma specifically designed for the sensorineural hearing loss clinic.

Aims for 2023

The CNM 2 neurodisability for 2023 has several important aims focused on improving the care and outcomes of individuals with neurodisability.

- Develop a dedicated sleep clinic within the neurodisability service
- Develop a proforma for the paediatric neurodevelopment clinics
- Increasing nurse-led clinics
- Develop tools to support children with autism spectrum disorder (ASD) during blood-taking procedures.
- Develop key performance indicators (KPIs) and a comprehensive database for all children attending Galway University Hospital with a neurodisability.
- Simultaneously, the creation of a comprehensive database specifically dedicated to children with neurodisability will serve as a valuable resource for collecting and managing relevant clinical information. .

CNM2 Cardiology (University Hospital Galway)

Activity/Service Overview

The role of the Paediatric Cardiology CNM2 in a Level 3 Peripheral Centre involves providing specialised nursing care, support and education to paediatric patients with congenital cardiac conditions. Currently there is 1.0 WTE in position since January 2022. The CNM2 receives referrals directly from UHG and CHI at Crumlin. The catchment area is extensive and support and education is provided from as early as 20 week antenatal scans until 16 years of age. Regular face to face and virtual clinics are required to equip families with essential knowledge cardiac conditions, treatment options and recognising signs of deterioration. The CNM 2 plays a crucial role in the overall management of cardiac patients, the role requires strong working relationships with the multidisciplinary team across CHI at Crumlin and UHG. This ensures optimal care, education and support for patients and their families. The CNM2's primary focus is on promoting positive healthy outcomes and enhancing the quality of life for children with heart conditions.

2022 Activity of CNM2 Paediatric Cardiology

Number of patient contacts	608
In person nurse reviews	234
Virtual Nurse reviews	374

Education and Training

Patient & Family Education

The CNM2 plays an integral role in educating parents and their families about their child's cardiac condition, treatment options and self-care management. Key areas of patient and family education include disease understanding, medication education, lifestyle modifications and recognising signs of deterioration. Regular face-to-face and virtual educational sessions with the nurse specialist, equip families with the essential knowledge about the cardiac condition and treatment options.

Clinical Staff Education

The CNM2 takes a pivotal and active role in providing education to all medical professionals; nurses, NCHDS, and general paediatricians. One of the primary objectives of this education is to ensure a consistent and evidence based approach to care delivery across all healthcare settings. Key areas of cardiology education includes cardiac assessment and recognition skills, cardiac monitoring techniques, medication management and emergency response to a deteriorating cardiac child through simulations.

Education for schools

The CNM2 also provides a pivotal role in supporting the child's educational needs by providing education and guidance to teachers on the specific needs to the child in their classroom with a CHD, as well as including the limitations of the child specific to their condition. This helps create a safe and supportive environment for the child and their teachers. Key areas of education for schools include awareness and emergency response, medication administration, physical activity guidelines and psychosocial support.

Achievements

The establishment of a paediatric cardiology nurse-led clinics has led to significant achievements in improving patient care and outcomes. The service has enhanced access to specialised nursing expertise, resulting in more streamlined and patient-centred care delivery.

1. Nurse led clinics- the clinic is led by an experienced paediatric cardiac nurse with specialised knowledge and training in the management of heart conditions in children. The nurse-led clinic plays a crucial role in providing ongoing care, follow-up assessments and support to patients and their families. This approach enhances the continuity of care and facilitates regular communication between families and healthcare providers in UHG and CHI at Crumlin.
2. The CNM 2 and senior dietitian led clinic- This service has been established to address the unique nutritional needs of paediatric cardiac patients. This collaborative effort ensures that children receive tailored dietary plans, essential for their cardiac health and overall well-being. The close coordination between the nurse and the dietitian helps optimise treatment outcomes and promotes a holistic approach to patient care.
3. Presenter at the All Island Cardiology conference. These achievements offered a unique opportunity to showcase the service's success at the annual All Island Congenital Heart Disease Network Conference, demonstrating the positive impact of a multidisciplinary approach and fostering knowledge exchange among health care professionals. Children with congenital heart defects are now benefitting from receiving cardiac

care closer to home, including more frequent monitoring, in alignment with the vision of the National Model of Care for Paediatric Healthcare Services in Ireland.

- Leadership and responsibility for the Synagis programme for the cardiac cohort of infants. There was a 100% uptake of the monoclonal antibody. As a direct outcome there were zero inpatient admissions for children with a congenital heart defect (CHD) and respiratory syncytial virus (RSV) during the winter season.

Aims for Service Development

1. Education

In the year ahead, the primary aim of the Paediatric Cardiology Service's education programme at UHG is to foster a culture of interprofessional collaboration and knowledge-sharing among healthcare professionals. By bringing together various disciplines, including paediatric cardiology specialists, nurses, dietitians, and support staff, the service aims to create a cohesive and well-coordinated team that can collectively address the complex needs of young people with heart conditions. Implementation of structured nursing education sessions, providing ongoing professional development opportunities to enhance nurses' knowledge and skills in paediatric cardiology. Structural education will be provided for the Regional Children's and Young People's (RCYP) Tuesday Masterclass Webinar Series, for the students undertaking the Hybrid Higher Diploma in Children's Nursing and organised educational sessions for the staff of the paediatric ward and those working in the paediatric Emergency Department, through case studies, simulations and opportunistic moments during inpatients care to provide specific and tailored education to the staff.

2. Information Packs

As part of the continuous efforts to support patients and their caregivers, the nurse specialist is collaborating with dietitians to develop a comprehensive information pack. The pack is specifically designed for caregivers and will provide guidance on what to expect during the care of their babies with heart conditions, as well as essential information to track and monitor their progress. The pack will aim to empower caregivers with the knowledge and tools they need to ensure the well-being of their infants, offering practical advice, resources, and clear instructions in monitoring parameters relevant to their child's condition. By creating this valuable resource, the service aims to enhance caregiver confidence, promote effective home care management, and ultimately contribute to the improved overall outcomes for paediatric cardiac patients.

3. Service Feedback

To enhance the quality of patient experiences, a thorough patient/parent satisfaction survey of the nurse and dietitian service will be undertaken. This survey will be thoughtfully designed to gather valuable feedback and insights to identify areas for improvement. Results will shape the development of KPI's for the nurse specialist.

4. Referral Pathways

Establishing clear pathways of referral within Saolta for children with presenting with cardiac conditions, foreseeing a more streamlined and efficient process, leading to faster diagnosis, timely intervention and improved overall outcomes for young patients with heart conditions.

CNM2 Paediatric Neurology (University Hospital Galway)

Service overview

There is currently x1 WTE Paediatric Neurology CNM 2 (in post since 31st January 2022) for children with complex Neurological conditions in GUH. The Paediatric Neurology CNM 2 primarily provides direct care to children with: (I) primary epilepsy (II) complex/refractory epilepsy (III) epilepsy with intellectual/or physical disability and (IV) children with additional neurological conditions. The CNM 2 in Paediatric Neurology facilitates the management of direct patient care via inpatient contact and operating a telephone outreach service including daily virtual reviews. In addition, the CNM 2 in Paediatric Neurology also provides telephone follow up and support to patients post discharge from hospital/following acute presentations. This in turn prevents and reduces attendances both to GP surgeries/Emergency Departments and enhances patient's journey/overall experience. This role also includes working in collaboration with various MDT colleagues across primary and secondary care settings to provide seamless service delivery to both patients and their families. The CNM2 Paediatric Neurology also maintains close links with CHI Temple Street and Crumlin in terms of shared-care patients and ensuring continuity of care is continually provided. This role facilitates seamless transition between different settings e.g. discharges home, adult services/outpatient/inpatient care. This is achieved through close collaboration with community services, residential settings, home health agencies and schools to ensure a co-ordinated and holistic approach to care is provided to all Paediatric Neurology patients.

Activity

Virtual Reviews	Face – to - Face	Outpatient Clinics
389	73	Attends Bi-weekly clinics with complex Neurology patients providing nursing reviews and educational sessions

However, this number does not capture or reflect: patient acuity, school contacts, liaising with MDT colleagues and any additional follow ups and referrals.

Education & Training

Patient/Parental

- Delivering training and supporting patients with complex neurological conditions and their families. This includes 1:1 educational sessions with patients/families following a new diagnosis alongside those with a long standing history of Epilepsy. Other topics also include: seizure recognition, symptom management, lifestyle modifications, managing changes in patient's condition, and responding to acute episodes (e.g. seizure management).
- Access to support services is also ensured as all newly diagnosed patients are identified by the CNM2 Paediatric Neurology and are now referred to Epilepsy Ireland which ensures ongoing community follow up and support.

Medication management

This includes: Buccolam (Buccal Midazolam) training for parents/carers for emergency management during acute, prolonged seizures. Education on complex medication regimes e.g. titrating doses/weaning plans/addition of new medications, counselling on potential side effects, drug interactions and monitoring.

Staff education

- **Educational Resource:**
Acting as a resource and support for all medical staff/HCP in both hospital and community settings, respite/residential centres, and schools on any related topics including medication administration and monitoring.
- **Educational presentations:**
The CNM2 Paediatric Neurology has given educational presentations to both new Adaptation nurses within GUH – Paediatrics, alongside the 2022 intake of students currently enrolled on the SAOLTA Hybrid Children's nursing program.

Achievements

- Providing independent Vagus Nerve Stimulator (VNS) battery checks. This prevents patients from travelling to CHI Crumlin/Temple Street on a six monthly basis, therefore providing care close to home and in accordance with Slainte Care recommendations.
- The development of a seizure record chart which will be rolled out across SAOLTA sites aiming to standardise seizure documentation and enhance patient care.

Aims 2023

- In the first quarter of 2023, the CNM2 Paediatric Neurology aims to hold a SAOLTA- wide webinar educational series outlining the nursing care and management of children with Epilepsy.
- Provide short in-house educational sessions for nursing staff on topics including: discharge planning/ supports and procedure for recording seizures in conjunction with best practise.
- Providing ongoing education locally in relation to CLLC and their care

CNS Paediatrics (Letterkenny University Hospital)

Service overview

The CNS provides specialist nursing support to children with complex medical needs both in the hospital and community setting. Referrals to the service are from the Consultant Paediatricians. The CNS works as part of the Multidisciplinary teams to ensure individual discharge and care planning for each patient and continued support in the community. The CNS has strong links to the Tertiary teams to ensure changes in treatment plans can be implemented before discharge/ transfer.

Education and training

The CNS supports a working environment which is supportive of evidence based practice, clinical audit, evaluation in keeping with current developments in Paediatric nursing. They participate in educational programmes at Hospital, community, regional and national level. They provide training and support for parents and professionals in the use of specialised equipment and treatments.

Achievements 2022

Service provision during COVID 19 presented many challenges for the Healthcare professions. The CNS provided a lot of surveillance and preventative support to children and their families to avoid hospital attendance/admission. In 2022 we began to see children again in face to face consultations whilst restructuring of clinics was necessary to ensure everyone's safety.

The CNS was delighted to support the new Hybrid Higher Diploma in Children's Nursing [Saolta] by online presentations and accommodation of students on their placements.

Aims 2023

The aims for 2023 is to progress further with the outpatients clinic reviews to streamline the children back in to their appropriate review times. Another aim is to increase the number of home and special school/ specialist unit visits which had been curtailed during COVID.

CNS Paediatric Respiratory (Mayo University Hospital)

Service Overview

- Services provided include, 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.
- This year provided 20 children with an allergy clinic including skin prick testing and auto injector training and advice.

Education and training

- Revisited previous Paediatric allergy training 1, 2 &3 to help improve knowledge for implementation of an allergy clinic.

Achievements

- Development of policy for skin prick testing for q pulse
- Consolidated skin prick testing and established service
- Supported educational workshops for paediatric hdu course and ward staff
- Joined Saolta respiratory nurses group to streamline pathways and treatments for respiratory children

Aims 2023

- Continue to work with CNS group to enhance care
- Development of information sheets for parents
- Maintain timely management of all referrals.
- Continuation of allergy and skin prick testing service

CNS Paediatric Diabetes (Mayo University Hospital)

Service Overview

The paediatric service is continuing to grow. We have a growing migrant/refugee community in the county and have 5 new referrals from here alone.

Training and Education

There are monthly education sessions provide to all staff which take place on the paediatric ward. The Diabetic CNS carries out Zoom education with schools and has led on several webinars with the CNME.

Aim 2023

- introduce the Pump service to MUH and
- expand the clinical support team to include dietician and psychology.

CNS Paediatric Respiratory (Sligo University Hospital)

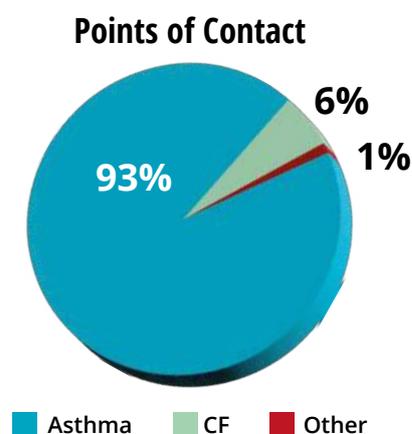
Service overview

In Sligo University Hospital at present there is one 0.6 CNS providing direct care to children with respiratory conditions including asthma, vital wheeze and cystic fibrosis.

The CNS provides both direct face to face contact and virtual clinics. Referrals are accepted from the paediatric ward, outpatient department and emergency department.

Summary of activity points of contact (face to face & virtual)

Site Activity	Total 2022
Admitted sleep study	N/A
NIV/complex respiratory	5
Asthma/wheeze	680
Cystic Fibrosis	29



The CNS aims to

- Provide family centred care and individualised asthma action plan
- Provide ongoing education and training for the child and their family
- Support a large outpatient service, attending clinics and providing follow up virtual clinics
- Working collaboratively with MDT colleagues
- Have close links with shared care hospitals for respiratory care including GUH & CHI
- Provides closer to home service for the cystic fibrosis patients – providing phlebotomy service and port flushes, reviews, with care led by the ‘shared care facility’

At present there is no designated respiratory clinic, children attend various clinics both in the hospital and community. There is a monthly cystic fibrosis clinic. Children also attend the paediatric day ward for reviews or investigations.

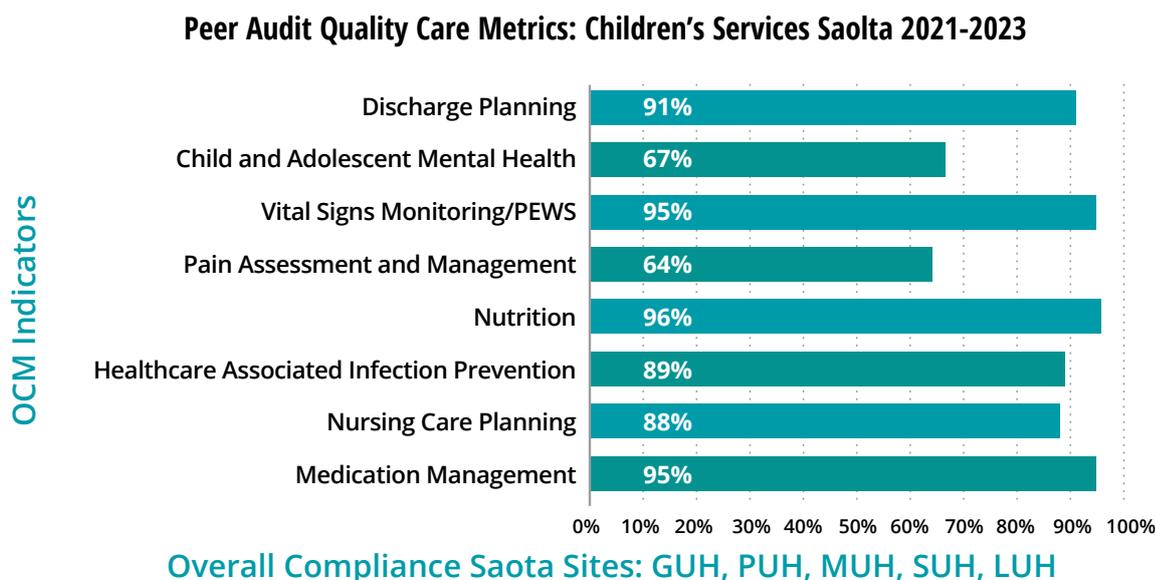
5.4.4 Saolta Quality Improvement Report

A number of Quality Improvement (QI) initiatives were undertaken throughout 2022 with continued focus on patient safety, improved patient outcomes, building shared networks and maintaining compliance with national best practice guidance and standards of care, through the development of standardised patient safety tools and agreed processes achieved through the **Saolta Critically Ill/Injured Child (SCIIC) Groups**.

Quality Care Metrics (QCM) in Children’s Services which provide a suite of metrics and indicators used to measure the quality of children’s nursing care processes and are measured in each Children’s Ward on a monthly basis. The indicators which are measured include:

- Medication Management
- Nursing Care Planning
- HCAI Prevention
- Nutrition
- Pain Assessment and Management
- Vital Signs Monitoring/PEWS
- CAMH
- Discharge Planning

Quality assurance continues to be supported on each Saolta site by performing a biannual peer audit of the QCM audit process in each Children’s Ward. This provides an objective externally validated perspective of the QCM audit process, to identify risks or gaps in care delivery, inform appropriate QI Plans and highlight areas of excellent care provision.

Table 1: QCM cumulative results from GUH, PUH, MUH, SUH, LUH, 2021 – 2023.

Saolta Paediatric Bedside Assessment Booklet: This booklet was developed as a collaborative QI project in response to needs identified through the QCM quality assurance validation process. The 8-page booklet provides a suite of standardised Paediatric Assessment Tools and is supported with a suite of PPPGs. Implementation of this booklet will take place on all sites in 2023 and its' impact on quality care standards will continue to be monitored.

Paediatric Sepsis Training: The national Paediatric Sepsis HSeLanD E-learning module was launched in 2022 to support staff to successfully implement the Paediatric Sepsis Form on all Saolta sites. The baseline Paediatric Sepsis audit was also completed.

Saolta Paediatric Safety Huddle: A Safety Huddle Script with SOP was developed to standardise multidisciplinary Safety Huddle processes across all sites, to support early recognition and timely response to the deteriorating paediatric patient and reduce risk. Implementation of the Safety Huddle will take place in 2023.

Clinical Handover - Nursing: Standardisation of the ISBAR3 Clinical Handover format was agreed and implemented for nursing across all Saolta sites, to comply with national best practice standards.

Paediatric Transfer: Work has been ongoing in developing a Saolta guideline to support the safe inter- and intra-hospital transfer of critically and non-critically ill or injured children.

Quality Champions and Quality Boards: Quality champions were identified in each Children's Ward across Saolta and collaborative agreement was reached to establish quality boards in each Children's Ward.

Nursing Documentation: A standardised suite of PPPGs was developed to support best practice in nursing care and improve patient outcomes across all Saolta sites. In 2022 the following PPPGs were made available to staff on Q Pulse:

- P1: Orientation Support Workbook for Newly Employed Registered Nurses with SOP
- P2: Children Nursing Knowledge and Skill Support Workbook with SOP
- Assessment of Weight and Height CHI + Saolta SOP
- Toy Management, Checking and Cleaning
- Guideline for Nursing Clinical Handover in Paediatric Care
- Venepuncture and Cannulation, Saolta Group
- The Management of Environment and Safety for Young People and Children
- SOP on the Management of Referrals to the Public Health Nursing Service for Children in Saolta
- Restrictive Physical Interventions and the Clinical Holding of Children and Young People



Additional QI 2022 commenced and/or advanced in 2022

The following QI projects were commenced/advanced throughout 2022 with a focus on providing a safe, efficient, high quality and child-centred service across Saolta sites.

Smart Pumps: In collaboration with clinical educators from CHI @ Crumlin, a train the trainer programme was delivered across Saolta to support implementation of the Smart Pump project. Local education and training subsequently continued on each site, to support successful implementation of Smart Pumps across all Children's Services within Saolta, including ED/Ward/ICU.

Local QI Projects

SUH

- Pilot commenced in SUH to support the segregation of children in the ED - project extended.
- Paediatric Play Area was completed in SUH Paediatric OPD.
- Bereavement Boxes introduced for bereaved families.
- MRI under GA (conscious sedation) re-established.

PUH

- Children's First risk assessment completed.
- Outpatients QI project- new dedicated outpatient area opened.
- Paediatric advice line.
- CPAP training completed for nursing staff.
- Nursing Management and Stabilisation of the Critically Ill Child Requiring Transfer - education day facilitated by ICU Clinical Skills Facilitator.
- Simulation and PILS training continues.

MUH

- Compassionate chemotherapy administration (guideline and training)
- Establishment of clinic for Ukrainian refugees

Looking ahead: Priorities in 2023

There will be continued focus on patient safety and our priority will be to complete and support implementation of the existing QI projects on each Saolta site. In addition, we will prioritise the strengthening of existing nursing networks and the establishment of new networks, to continue building a robust communication system across all Saolta sites, to ensure continued staff engagement. Another key priority will be the development of a Child and Family Engagement Partnership, co-designed with key stakeholders in CHO 1 as an integrated QI project.

5.5 Education

Children's Nursing Education Report

Pilot Project Hybrid Higher Diploma in Children's Nursing

It is recognised that there is a need to increase the children's nursing workforce to meet the service needs in our paediatric units and emergency departments, and to support the development of a 'care closer to home' model of care. The National Strategy for the Future of Children's Nursing 2021-31 called for flexible education pathways for registered nurses who do not have a formal children's nursing qualification. Currently in Ireland there are two pathways to achieving a registration in children's nursing: a) an undergraduate integrated degree programme leading to registration as a RCN and as Registered General Nurse; and b) a post-registration higher diploma pathway. The post-registration pathway to registration as an RCN currently only exists within Dublin.



Saolta Post Graduate Childrens Nursing Students 2022/2023

In 2021, a multi-agency working group representing Saolta University Health Care Group, Children's Health Ireland (CHI) and Trinity College Dublin (TCD), was established to explore a pilot hybrid post-registration education pathway leading to a Registered Children's Nurse (RCN) qualification. This programme would involve registered nurses employed within Saolta undertaking their clinical placements across the Saolta Group and CHI, whilst being registered students with TCD. This programme is supported by a programme coordinator funded by ONMSD/NMPDU.

In September 2022 seven Registered General Nurses (RGN) who were existing employees of UHG, PUH, MUH, SUH and LUH commenced the Hybrid Higher Diploma in Children's Nursing programme. The course is to be of one year's duration and the first group of Saolta Registered Children's Nurses will be graduating in late 2023.

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

Since the introduction of the Regional children's and young people nurse education (RCYP) group West/Midwest/Northwest in 2017 nurses, midwives and other healthcare professionals have actively engaged with the group and its continuing professional development programmes. In the current health economy in Ireland, greater integration to ensure more standardised and safer care and better outcomes for patients along with value for money and skills utilisation is critical in maintaining a health service which has finite resources and infinite demand.

The RCYP group continues to explore innovative means to build sustainable capacity within the capability of the Centres of Nurse and Midwifery Education (CNMEs) and services to meet the demand for education and training for nurses and midwives working with children and young people across all healthcare settings within the region.

Since 2020 the transition to online education has provided greater access to programmes in a time efficient manner for participants. In Q3/Q4 2022 a 'RCYP Tuesday Webinar series' was delivered which focused on a theme a month delivered in collaboration with ANP and CNS in the region from across services. Online education has allowed greater access to expertise from outside the region such as national and internal experts over a wide range of programmes. This included the 'Critically examining clinical holding in clinical procedures webinar' in December 2022 in collaboration with Dr Lucy Bray Edgehill University, U.K and the ISupport International collaboration.

It is evident that there is a requirement for both classroom based programmes, online and blended learning programmes. Feedback from CNME attendees indicates there is a desire for classroom based programmes as well as blended learning. A critical success of the RCYP group is its adaptability to clinical needs, incorporating an integrated approach. Examples of this include:

- Webinar series titled "The Newborn Baby" which was a collaboration with midwifery colleagues (2022)
- Neurology and Neurodisability webinar with Intellectual Disability partners (scheduled for 2023)

Eating Disorders in Children and Young People blended programme with Child and Adolescent Mental Health Services and Adult Mental Health partners (scheduled for 2023/2024).

The group would like to acknowledge and thank all stakeholders involved in supporting this group. In particular, the ongoing support of the Director of Paediatric Nursing, Women & Childrens Network, Saolta University Health Care Group and senior nurse and midwife managers across the region. Their support is critical to the ongoing success of the RCYP group and the education programmes which are developed and delivered.

For 2023, the focus is on reviewing and developing continuing professional development education in the areas of:

- The critically ill and injured child and young person
- Eating disorders in children and young people
- Critically examining clinical holding in children and young people

The data presented below identifies the programmes attended by acute services (Saolta University Healthcare Group) from January to December 2022. The group delivers a range of education across all services i.e. acute, community, primary care, disability services and child and adolescent mental health.

Programmes delivered via WebEx 2022	CNME Mayo/Roscommon	CNME Galway	CNME Donegal	CNME Sligo	Total
Down Syndrome across the lifespan	136				136
Tramatic Bereavement across the lifespan (Webinar Series x 6)			1169		1169
Trauma Informed Practice: Where do we begin webinar series x 2	400				400
Fundamentals of Neonate in the general paediatric unit	7	14			21
Care of the New born Child	101	58			159
Critically examining Clinical Holding for Clinical Procedures	13	9	9	8	39
Critically examining Clinical Holding for Clinical Procedures (06.12.22 Recording)	18	14	14	14	60
Respiratory in Children and Young People	33	33	35	33	134
Total Webex Programmes	708	128	1227	55	2118

Programmes delivered in Classroom 2022	CNME Mayo / Roscommon	CNME Galway	CNME Donegal	CNME Sligo	Total
Pain Management in Children and Young People	12	14			26
Medication Management in the Children and Young People	3	5			8
Neurosurgery in children and young people		33	24		57
Venepuncture in children and young people	3				3
Non Invasive ventilatation NIV in children in the acute setting	7	19		8	34
CNM Devlopment Stddy Day(Womens and Children)	10				10
STABLE Neonatal Programme	25			38	63
Paediatric Outreach Transport Study Day (IPATS)	22	31		25	78
Neonatal Resuscitation programme		57			57
Continance management in children and young people naitonal program		9			9
Enteral Feeding in Childrena nd young people		15			15
Situational awareness of the unscheduled Child in ED		28			28
Safe administration of Chemotherapy for peadiatric nurses		8			8
Sleep Health in Children			13		13
Total Classroom Programmes	82	219	37	71	409

5.6 Integrated Services

5.6.1 Clinical Nurse Coordinators for Children with Life Limiting Conditions (CNC CLLC)

	New Referrals	Deaths	Discharges	Total patients Dec 2022
Donegal	6	2	6	27
Sligo/Leitrim (CNC started end of November no patients on caseload)	0	0	0	0
Mayo	2	2	5	8
Galway	4	3	18	9
Roscommon	6	3	6	8

Service Overview for CNC CLLC

In addition to the two CNC CLLC posts in existence within Saolta, two further posts were successfully filled in November 2022. This altered the regional boundaries that had previously been covered as follows:

- Helen McDaid - based in Letterkenny University Hospital (LUH) – covers Donegal (above the Laghey line).
- Caroline McGarry - based in Sligo University Hospital (SUH) - covers Sligo, Leitrim, North Roscommon (Boyle and Strokestown) and South Donegal (below the Laghey line).
- Tina Kenny - based in Mayo University Hospital (MUH) - covers Mayo and West Roscommon (Ballaghaderreen, Castlerea and Frenchpark).
- Nancy McCormack - based in University Hospital Galway (UHG) - covers Galway and South Roscommon (Glenamaddy and Roscommon).



Saolta Clinical Nurse Coordinator for Children with Life Limiting Conditions T Kenny, N Mc Cormack, C Mc Garry, H. Mc Daid

The primary focus of the CNC CLLC role continues to be to coordinate and support a seamless transition between services for children, and families caring for children living with a life limiting condition, particularly those requiring home care at the end of their lives. This is done in collaboration with Children's Primary Care Services, PHNs, Disability Services, Adult Specialist Palliative Care Teams and voluntary organisations. The Saolta CNC CLLC group provide a cross-cover system for each other to allow for statutory leave throughout the year. This ensures continuity of care and the provision of an informed, efficient, supportive service particularly at the end of life, or when a rapid hospital discharge is required. The CNC CLLC also supports families by facilitating education and training as required. The aim of the role is to add value to existing services so that children with life limiting conditions can be cared for insofar as possible in the home setting. Referrals to the CNC CLLC service should ideally be made early enough to allow a therapeutic relationship to develop between the CNC CLLC and the family, whilst ensuring the relationship is focussed on the preparation for and management of, the later stages of the child's condition.

In addition to the provision of care for service users, the CNC CLLC facilitated staff education and training for health and social care professionals in local hospital sites and participated in national CPD events and meetings.

Achievements 2022

- Recruitment of CNC CLLC to SUH and MUH
- Development of CNC CLLC network group
- Presentation of poster at All Island Childrens Palliative Care Conference (H Mc Daid)

Aim 2023

- To develop PPPG's in relation to care of these CLLC to support the CNCCLLC in their role.
- Provide ongoing education locally in relation to CLLC and their care.
- Implementation of Emergency Care Plan and the Ambulance Care Directive.
- Commence a pilot of the Paediatric Final Journey's programme in collaboration with the IHF.
- Quality improvement initiative memory boxes SAOLTA group.
- Bereavement Guidelines National group CNCCLLC.

5.7 Health and Social Care Professions (HSCP) Paediatrics Services

The Health and Social Care Professions (HSCP) are core service providers to women and their partners, children, other service users and staff in the Women's and Children's MCAN. This section highlights the activity and services delivered by the principal HSCP teams in Paediatrics. Other HSCP Services also have involvement in the care we deliver to our service users.

5.7.1 Physiotherapy (PT)

Physiotherapy Referrals:		2016	2017	2018	2019	2020	2021	2022
Galway	Inpatient	-	-	-	-	131	133	51
	Outpatient	-	-	-	-	226	119	2
	Clinic	-	-	-	-	143	37	0
Total Referrals GUH		-	-	627	1032	500	289	53
Portiuncula	Inpatient	-	-	-	-	77	78	162
	Outpatient	-	141	135	150	99	155	
	Total Referrals PUH	-	-	-	-	176	233	
Sligo	Inpatient	189	226	230	233	138	141	166
	Outpatient	122	113	129	207	152	166	164
	Total Referrals SUH	311	339	359	440	290	307	330
Letterkenny	Total Referrals LUH	253	237	259	233	176	150	256
Mayo	Inpatient		105	136	117	57	66	360
	Outpatient						340	374
	Total Referrals MUH						406	734
Physiotherapy Activity – Number Treatment Sessions:		2016	2017	2018	2019	2020	2021	2022
Galway	Inpatient	-	-	-	-	407	418	51
	Outpatient	-	-	-	-	746	574	2
	Clinic	-	-	-	-	333	299	0
	Total Activity GUH	-	-	-	-	1486	1291	53
	Total GUH Number Patients Seen	-	-	753	1124	653	451	53
Portiuncula	Inpatients	216	127	224	-	127	78	
Sligo	Inpatient	437	456	546	442	473	282	613
	Outpatient	659	860	906	1120	842	942	742
	Total Activity SUH	1096	1316	1452	1562	1315	1224	1355
Letterkenny	Total Referrals LUH	552	498	524	482	389	224	305
Mayo	Inpatient	-	-	358	362	161	150	360
	Outpatient	-	-	786	847	586	639	702
	Clinic							467

Physiotherapy Service in PUH

Paediatric physiotherapy service is provided in both the in and outpatient setting including SCBU, and also ICU as required.

In 2022, the appointment of a Senior Physiotherapist in paediatrics changed the landscape of the service by introducing a dedicated service backed up by extensive experience. The service commenced in September, but was interrupted in October but the foundation was laid from which service change will be launched in 2023.

The ward based services see a range of conditions for advice and treatment for conditions such as:

- Neonatal conditions: Erb's palsy, Talipes, Neurological conditions (including congenital and acquired), Torticollis
- Respiratory, including post surgical management, pneumonia, Asthma and Dysfunctional Breathing

- Plagiocephaly
- MSK and orthopaedics, including conditions with persistent pain
- Liaising with tertiary services for splinting, etc.
- Oncology patients with rehabilitation.
- Children complex chronic and life-limiting conditions
- Neurodevelopmental care is provided to patients transferred from a tertiary centre and awaiting discharge home.

Paediatric PT In Patient Activity 2022

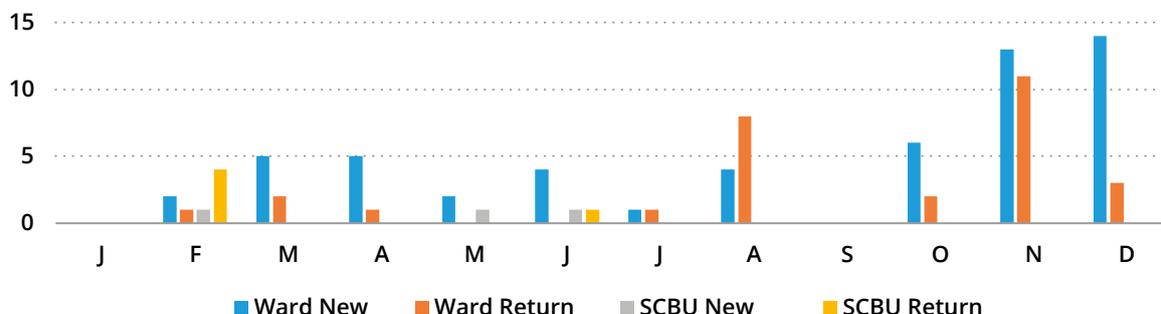


Figure 1: 2022 Totals Ward New = 56, Ward Return = 29, SCBU New = 3, SCBU Return = 5

Paediatric out patient referrals are triaged as urgent with the aim of scheduling an appointment within 2 weeks of receipt. The physiotherapy service accepted 162 outpatient referrals from consultants (in the main) and GPs, in the catchment area of South Roscommon and East Galway. This broke down as PUGH 49, GP 13, Tertiary 100 (e.g. MPUH, UHG, CHI, etc.) primarily for conditions relating to musculoskeletal, rheumatology and orthopaedic conditions, either traumatic or persistent pain.

This service will continue to focus on treating predominantly acute conditions, though we note a recent rise in referrals for more chronic conditions such as Chronic Fatigue Syndrome, POTS and ‘Long Covid’. The service is closely aligned to services in PCCC, ensuring that children needing specialist neurological treatment, chronic conditions and an MDT approach are referred to the most appropriate local service.

Paediatric OP PT Referrals Received 2017 - 2022

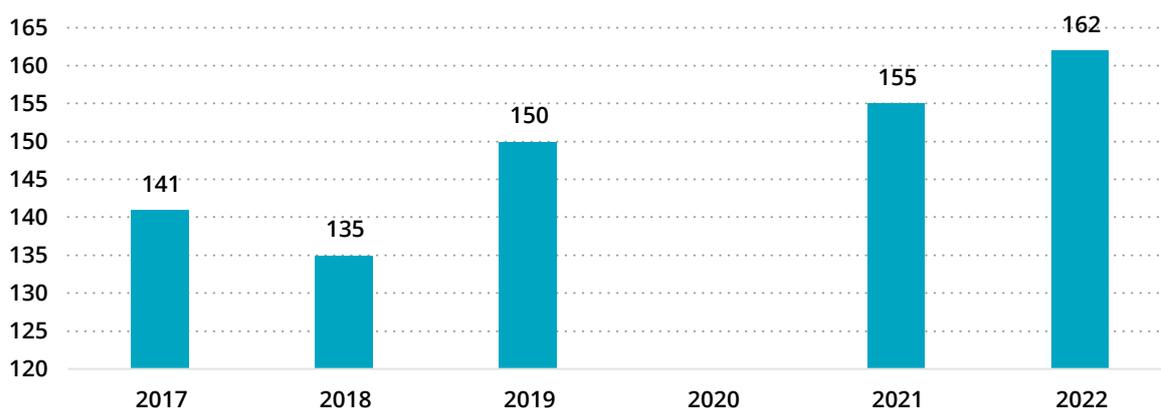


Figure 2: 2022 Breakdown PUGH = 49, GP = 13, Tertiary = 100

An increase in clerical support through MCAN support is expected in early 2023, facilitating more detailed future reports.

Physiotherapy Service in Sligo

Service Overview

- Paediatric Physiotherapy Team includes 1 WTE Clinical Specialist (CSP) Paediatric and Neonatal Physiotherapist (PT) and 0.5 WTE Senior Paediatric Physiotherapist
- Service provision to Paediatric OPD, NICU, ED, Inpatients, Outpatients, hip dysplasia service and post natal ward.
- Training provided by CSP PT to AMO's and PHN's on role out of Baby Hip Team (BHT) in Sligo University Hospital (SUH)
- HSCP representative for SUH at Paediatric steering group meetings.

Education and Training

- CSP PT provides monthly lectures to 4th year medical students from /NUIG in medical academy
- CSP PT provides training to NCHD@s twice yearly with rotations and with GP trainee's
- Ongoing educator role for Paediatric placements with UCD Master's students
- On-call Paediatric training provided to Physiotherapy department

Achievements

- Ongoing clinical coordination of BHT for babies with DDH and 98.6% success rate with pavlik harness treatment
- Developed CH01 virtual meeting with acute Paediatric Physiotherapist's and CHO1 Paediatric Physiotherapist's across Donegal, Sligo, Leitrim, Cavan, Monaghan.
- Involved in Paediatric OPD w/l initiative as part of Paediatric MDT

Aims 2023

- Pilates classes are under development for our Rheumatology patient cohort building as a follow-up to previously run circuit classes here in SUH.
- Parent and baby group in development for Premature baby surveillance population
- Development of MDT discharge parent feedback questionnaire from NICU

Physiotherapy Service in Mayo

Service Overview

Senior Physiotherapist in paediatrics commenced in January 2022.

The Paediatric Physiotherapy service provides both an inpatient and outpatient service, including Paediatric ward, Special Care Baby Unit (SCBU), postnatal, Orthopaedic Musculoskeletal outpatients, and an asthma outpatient service.

Education and Training

Bayley Assessment, MSK Paediatric Pathology in Active Kids.

Service Achievements

An enhanced developmental surveillance programme has been established for preterm babies who meet the criteria.

Liaison with Paediatric Primary Care services, providing training and upskilling to staff to facilitate the transfer of GP, PHN & AMO referrals across to Paediatric Primary Care. Additional time dedicated to service development in SCBU.

Aims 2023

- To establish combined clinics with Paediatric Consultants.
- To establish a Physiotherapy led Hip Dysplasia Clinic
- To develop Triage for Paediatric Orthopaedic referrals to support the management of paediatric orthopaedic waiting lists.

5.7.2 Nutrition and Dietetics

Nutrition and Dietetics Service in Galway

Referrals	2019	2020	2021	2022
General Paediatric	91	193	204	433
Cystic Fibrosis (0.4WTE)	88	80	67	192
Activity – Number Treatment Sessions	2019	2020	2021	2022
General Paediatric	149	547	1171	405
Cystic Fibrosis (0.4WTE)	248	353	228	185

Nutrition and Dietetics in Letterkenny

Paediatric Referrals	Total 2022
General Paediatric	164 new contacts
Cystic Fibrosis	0
Activity-Number of Treatment Sessions	Total 2022
General Paediatric	164 new & 1152 review TOTAL 1316
Cystic Fibrosis	0

Service Overview

The Nutrition and Dietetic service covers inpatients (paediatric ward and neo-natal unit), day ward and outpatients (stand alone clinics and joint appointments with consultants and specialist nurses). The service is also responsible for the care of over 20 children at home on enteral feeds.

Dietetic support is provided to children newly diagnosed with diabetes, while recruitment the paediatric diabetes specialist dietitian post is in process in 2022.

Education and Training

Training and development needs are identified through the Performance Achievement process and in line with CORU requirements.

Aims 2023

To secure funding for the recruitment of specialist dieticians to support the needs of the growing number of children with increasingly complex needs and on enteral feeds.

Continue to work with community colleagues on development of dietetic service within CDNT to ensure children on enteral feeds are able to access a community dietetic service.

There is also a small, but increasing number of number, of transfers of dietetic care for pre-term infants and those with faltering growth being transferred back to the neo-natal unit here. Consequently aims for 2023 would be to highlight need for:

- Additional resource required for general paediatrics
- Additional resource required for development of specialist service to neonatal unit

Continue to try and recruit to the diabetes specialist post (0.5 WTE)

Nutrition & Dietetics in Mayo University Hospital

Paediatric Referrals	Total 2022
General Paediatric	238
Cystic Fibrosis	0
Activity-Number of Treatment Sessions	Total 2022
General Paediatric	1168 (including new/review in-patient and out-patient) 930 reviews
Cystic Fibrosis	6

Service Overview

The numbers above represent paediatric dietetic activity across:

1. Paediatric in-patient wards, SCBU and PDU (same day service).
2. Out-patient Activity includes general paediatric dietetics consultations and 'Early Year' paediatric outpatient follow up clinic for ex preterm and 'at risk' infants.
3. Paediatric Diabetes, new patient education and support and out-patient follow-up of 107 patients

Education and Training

Induction training for NCHD's and student nurses.

Aims 2023

Aim to transition patients appropriate to the community dietetic service, for follow-up closer to home.

Continue to highlight the need for additional paediatric dietetic resources for the paediatric service, with particular emphasis on the paediatric diabetes service need.

Nutrition and Dietetics in Portiuncula:

Paediatric Referrals	Total from May 2022 – December 2022
General + T1DM Paediatric Inpatients	33
General + T1DM Paediatric Outpatients	52
Cystic Fibrosis	N/A
Activity-Number of Treatment Sessions	Total from May 2022 – December 2022
General + Diabetes Paediatric Inpatients	82
General + Diabetes Paediatric Outpatients	188
Cystic Fibrosis	N/A

Service Overview

Since commencement of this new service and post in May 2022, priority referral guidelines for inpatient dietetic paediatric service and outpatient service have been developed. There is now a dedicated outpatient clinic room available for paediatric patients to see the dietitian.

Education and Training

Paediatric Dietitian provides training to new incoming paediatric NCHD on 6 monthly basis, including management of dietetic issues on the wards and outpatients and the referral pathway. Education on carbohydrate counting to type 1 diabetes patients and their families, and training and education provi to new pump starts is also provided.

Achievements

- Collaborated in the development of Saolta Group guideline for Children and Young People with Eating Disorders, adapted from the new MEED guidelines.
- Education and Training program for children & families with diabetes, and to support NCHD colleagues.

Aims 2023

- Education program for paediatric ward nursing staff on carbohydrate counting and label reading for newly diagnosed diabetes patients.
- Ongoing development paediatric dietetic clinic.
- Rollout of the new MEED guidelines for Anorexia Nervosa patients admitted to PUH.

Nutrition and Dietetics in Sligo

Referrals	2021	2022
In-Patient Referrals	54	62
Out Patient Referrals	204	213
Review Treatment Sessions	2021	2022
Inpatient Review Treatment Sessions	115	185
Outpatient Review Treatment Sessions	181	608

Service Overview

Paediatric dietetic service to the paediatric ward, Paediatric day unit and limited outpatient clinics – Neonatal figures excluded.

Diabetes:

Dedicated paediatric diabetes dietitian providing in-patient and out-patient service to all children with diabetes. Extensive education of children and families in accurate carbohydrate counting, is required in order to successfully manage CSII, ongoing support of insulin pump starts for SUH and LUH. This post holder is also supporting our general paediatric service.

Education/Training

Ongoing staff education carbohydrate counting/insulin adjustment to support carbohydrate counting at diagnosis.

Achievements

- Continued support to regional(NW)paediatric diabetes service – which facilitate two new insulin pump starts monthly

Challenges

Increasing volume of complex eating disorders, lack of care-pathway for food allergy referrals or childhood obesity management.

Aims 2023

- Achieve additional resources to support development of general dietetic service to paediatrics.
- Continue to advocate for MDT resources to support an obesity care pathway for morbidly obese children
- Achieve additional resources to support development of a care pathway for paediatric food allergy.

5.7.3 Medical Social Work (MSW)

Medical Social Work in Galway

GUH Paediatric Medical Social Work Data 2022:

Referrals	2021	2022
Inpatient Referrals	212	42
Outpatient Referrals	59	0
Contacts	2021	2022
Inpatient Contacts	285	42
Outpatient Contacts	60	0

Teen Parent Support Programme (TPSP) - Service Overview

The TPSP is located at UHG, and managed by the MSW Department. The TPSP project team includes Monica Meaney Project Leader, Anita Glynn and Anne Blaine Project Workers. Our line manager is Donal Gill, Principal social worker. Supervision is provided by Maeve Tonge, Senior Medical social worker, for the Women and Children's team. The TPSP service is open to all young parents living in Galway City and County, and provides support to young people who become pregnant when they are aged 19 years and under, and until their child is two years old.

This HSE West service provides specific support including : access to antenatal education, information on caring for your baby, assessing accommodation needs, financial/budget information, child development information, parenting and emotional support with relationships/family. Support is offered on a one to one basis, through group activities and through referral to and liaison with other services. TPSP has access to School Completion Programme fund, administered by Tusla Education Support Service (TESS). This fund is available to the young parents to enhance their education prospects. The majority of TPSP referrals come from the Maternity Department GUH and MSW across GUH and PUH sites. Referrals are accepted from outside agencies e.g. Youth services, GP's, schools and self-referrals.

Referrals to the service in 2022 numbered 40 with active support to 48 - 50 individuals at any one time.

Education and Training

- Children First Training.
- Masterclass in Trauma Informed Practice.
- Women's Aid Domestic Abuse Training in a Maternity Setting.
- Transforming the parent Infant Relationships – (AiMH UK).
- Foundation Course in Sexual Health promotion.

Achievements

- TPSP supported 33 young parents to achieve their education goals.
- Anne Blaine developed an Infant/Toddler Play pack to promote the benefits of play for child development and the parent child relationship.
- Pregnancy Yoga with Marie Hehir was offered to all expectant young parents and took place in TPSP room.
- 70% expectant young parents attended Parentcraft antenatal education in GUH & PUH.

Aims 2023

- Project Staff will attend Circle of Security Facilitator Training - Early Intervention Programme for parents and their children. This training is based around Attachment theory.
- To strengthen links with Parentcraft in Portiuncula University Hospital.
- Collaborate with Galway City Partnership to organise and fund 3 workshops for the young parents in Croi na Gaillimhe resource centre Millstreet. Workshops will include Weaning, Paediatric First Aid and Active Play.
- Establish fortnightly TPSP Parent/Baby peer support group in Galway City.
- To continue to promote TPSP within rural towns and communities in Galway, with the aim to offer continued accessibility to the service, for expectant young parents both during pregnancy at hospital/ community midwife clinic appointments and post-delivery through homevisits.

Medical Social Work in Portiuncula:

Activity

Paediatric Referrals	Total 2022
Inpatient Referrals	41

Service Overview

MSW support to the paediatric services at PUH is provided by the senior MSW for the W&C Directorate. Case load includes child protection cases as well as children presenting with life limiting / chronic childhood conditions.

Aims 2023

- To achieve funding for the recruitment of 1 W.T.E to provide robust MSW support to paediatric services in PUH.

Medical Social Work in LUH

Paediatric Referrals	Total 2022
Inpatient Referrals	53
Outpatients Referrals	

There is 1 WTE allocated to the provision of MSW support for the paediatric service. Paediatric MSW role currently extends to cover all inpatient and outpatient services in maternity as well as the neonatal unit.

Paediatric MSW provide a liaison/advisory service to staff in relation to child protection/welfare concerns that arise. Paediatric MSW offers a liaison role to TUSLA and LUH.

The MSW offers a wide range of practical and psychosocial interventions, such as:

- Crisis intervention, mediation and counselling
- Liaison between statutory services in particular TUSLA, i.e. regarding Child Protection Plans for Unborn babies, onward referrals where child protection concerns emerge and Adoption Services
- Ongoing collaboration with TUSLA regarding local policy development
- Liaison with community and voluntary organisation in community
- With an increase number of families coming to Donegal seeking asylum, advocacy and liaison with Social inclusion, Embassy's, Department of Social Protection and IPAS
- Parenting support and guidance
- Supporting women in domestic violent situations to access safety plans and community services
- Supporting women, children and families affected by addiction and mental health
- Support to women presenting with a crises pregnancy, offering parenting, abortion adoption availability within legal guidelines
- Supporting young mothers.

Medical Social Work in Mayo

Paediatric Referrals	Total 2022
Inpatient Referrals	61
Outpatients Referrals	

Service Overview

- MSW on duty Monday – Friday responds to referrals from Paediatric Ward.
- MSW department collaborates in the care of all children newly diagnosed with diabetes to offer practical and emotional support.

Education and Training

- All mandatory training has been completed by MSWs.
- 1 MSW attended an online Paediatric Study Day on Child Safety in the University of Limerick on 5th May 2023.

Achievements

- Development of Child Safeguarding folders for Paediatric Ward, containing accessible information for staff, including all necessary contact numbers.

Aims 2023

- To have a dedicated Senior MSW Post for Paediatric ward to support the development a MSW service for all children & young people attending MUH.

Medical Social Work in SUH

Referrals	2021	2022
Inpatient Referrals	57	78
Outpatient Referrals	12	24
Contacts	2021	2022
Inpatient Contacts	285	805
Outpatient Contacts	60	344

Service Overview

There is a 0.4 WTE MSW allocation for Paediatric Services. The MSW service has specialist knowledge and experience in the area of paediatric social work, including in assessing the psychosocial needs of patients and families; providing emotional support; palliative care and bereavement support and counselling; child welfare and protection assessments; resource for MDT; advocating for families; referral to support services and providing practical advice and guidance.

Education and Training

- Medical Social Work Department is a student teaching facility supporting University Masters Programmes in Social Work
- MSW provides recurring guest lecturer on Bereavement and Loss for Masters of Social Work Students at ATU Sligo
- Recurring guest lecturer for Masters of Social Work studies on the role of a social worker in an acute medical setting
- Participates in National Paediatric Social Work Special Interest Group
- MSW is actively involved in organising the yearly Hospital Children’s Remembrance Service

Achievements

Review of SUH Grief and Loss Booklet for patients and families completed by the department. (Written and developed by Medical Social Workers in 2017)

Aims 2023

To continue to advocate for a dedicated full-time MSW for children and their families attending the Paediatric Services at SUH.

With additional resources, the Paediatric MSW would aim to focus on extending the service for outpatients, cancer survivorship and transition.

5.7.4 Paediatric Clinical Psychology Service (University Hospital Galway)

Paediatric Clinical Psychology Data 2022

Paediatric Clinical Psychology	2021	2022
Total number of referrals received	118	73
Inpatient referrals	25	19
Outpatient referrals	93	54
Number of children and families who received a service	65	56
Number of contacts	286	289
Waiting list (as of Dec 2022)	54	56
Longest waiting time (as of Dec 2022)	12 Months	23 Months

The Paediatric Psychology Service at UHG consists of 1 WTE Senior Clinical Psychologist. Children, Young People and their Families (CYPF) with health conditions experience four times more psychological distress than their healthy peers. The Paediatric Psychology Service aims to meet the psychological needs of children and their families in the context of their physical illness, with the primary purpose of improving psychological outcomes, health outcomes, wellbeing and quality of life for patients. The Paediatric Clinical Psychology Service aims to deliver an accessible, efficient and effective service in close collaboration with the consultant paediatricians and other members of the paediatric team, incorporating international best practice standards.

Paediatric Psychology Service provides a psychology service to children under the ongoing care of a consultant paediatrician at UHG who present with significant psychological distress directly related to their medical condition or treatment. This includes in-patient, out-patient, direct and in-direct work as well as systemic work with families, staff and allied agencies that support young people in the course of their daily lives.

Referrals are accepted from the paediatric department multi-disciplinary team in consultation with the Consultant Paediatrician. Common support provided includes:

- Support and management of the impact of a diagnosis on the child and family
- Coping with or adjusting to a medical condition
- Coping with a complex treatment regime
- Support for procedural distress
- Coping with medical trauma
- Promoting adherence to treatment and improving the uptake of medical treatment
- Psychological support for complex decision-making in relation to surgical and medical interventions
- Pain or symptom management
- Assessment and intervention regarding medically unexplained symptoms or functional conditions.
- Coping with acute physical illness or injury.
- Consultation with paediatric team members including provision of a psychological formulation of presenting issues with a view to promoting positive patient engagement in their medical care.
- Joint working and collaboration with multi-disciplinary team colleagues to provide coordinated best practice assessment and intervention
- Signposting of services or supports
- Development of psychoeducational materials for patients and families

Developments

During 2022 Paediatric Psychology provided teaching input to the University of Galway students of the Adolescent Health Masters Programme and to the Doctoral Programme in Clinical Psychology. Paediatric Psychology provided a placement to a University of Galway Psychologist in Clinical Training for the first time in 2022.

Paediatric Psychology secured access to clerical support for the administrative needs of the service.

Paediatric Psychology developed a group programme for families of children presenting with Chronic Primary Pain in 2022. Chronic pain in children is common with 1 in 4 children having a chronic pain episode in childhood. Paediatric chronic pain is linked to significant psychological, physical and social concerns for affected children and their families. It is linked to high levels of distress, decreased quality of life and associated functional disability such as missed school days. It also ranks among the most expensive paediatric health conditions. Chronic primary pain refers to pain that persists for over three months, where there is no identifiable medical cause or where a

medical condition is present, the pain experienced is beyond what would typically be associated with the medical condition. Paediatric Psychology developed a group intervention targeting parents of children with chronic primary pain aiming to provide education about the neuroscience of pain and a rehabilitative approach to supporting their child in pain. Paediatric Psychology collaborated with Paediatric Social Work and Physiotherapy to facilitate a 3 week programme incorporating pain education, chronic pain rehabilitation strategies and parental support and self-care. Preliminary evaluations of this group intervention were positive. Plans are forming for an expansion of this intervention in 2023 to include a parallel intervention group for children experiencing chronic pain.

Challenges

- Paediatric Psychology continues to experience challenges in accessing adequate clinical space for carrying out therapeutic work, due to competing demands from all services. Increased accommodation for paediatric outpatient services in 2023 is welcomed.
- Paediatric psychology service is insufficiently resourced to meet current demand, and access criteria have been refined this year accordingly.

5.7.5 PHARMACY

Pharmacy University Hospital Galway

Service Overview 2022

There is 0.4WTE Senior Pharmacist allocation to for the paediatric services at UHG, inclusive scheduled and unscheduled care cohorts and CF Service.

The following services are provided:

- Participation in the daily huddle
- Daily ward visit to review all drug charts for prescribing quality and safety.
- Advice to other healthcare professionals involved in the care of the paediatric patient e.g. dosing adjustments, monitoring or appropriate choice of medicines based on guidelines
- Ensure access to the CHI Formulary (Clinibee) is maintained and readily accessible
- Attendance at monthly paediatric HSCP meetings

Education and Training

- Training of the nursing and medical staff on the use of CHI Smart Pumps
- Induction training to the new NCHDs on the pharmacy services and resources available in UHG and on tips for safe prescribing

Achievements in 2022

- CHI Smart Pumps are now implemented and in use in the Paediatric Department
- 3 staff grade pharmacists now trained in paediatrics and able to provide cover when the senior pharmacist is on leave.

Aims for 2023

- Achieve the recruitment of 3 more staff grade pharmacists trained in paediatrics
- Update the Paediatric Drug kardex
- Update the Paediatric Glucose Monitoring Chart/Insulin Prescription and Administration Chart
- Support the development the UHG Anorexia Nervosa Guidelines: The Acute Management of the Paediatric Patient in UHG

Pharmacy Letterkenny University Hospital

Activity Data 2022

The pharmacist commenced work on the paediatrics ward around Sept/Oct 2022. Work mainly focused on medication safety projects, review of ward medication top-ups, redesigning the ward medication cupboards along with other projects and initiatives that included:

- Educating parents of paediatric in-patients and in-patients themselves on their medications.
- Carried out med recs on kardexes.
- Answering medication related queries from paediatrics from the dispensary and on the paediatric ward.
- Dispensing of 'emergency' medication for paediatric patients on discharge.
- Liaising with community pharmacies prior to discharge of in-patients.

Service Overview 2022

- Roll out of Smart Pumps in Paediatrics.
- Roll out of Clinibee CHI Formulary and Clinical Guidelines in LUH.
- Organised the ordering and delivery of Inflectra ready-made bags from Baxter for shared care patients on the paediatric day ward.
- Participated in ward rounds with the paediatric consultants.
- In collaboration with the Paediatric Diabetes ANP, we designed a DKA box that contains all the relevant medication required for a DKA in paediatrics and a "Quick Guide to Paediatric DKA". This is in use in the emergency department and on the paediatric ward.
- Reviewed emergency department medication protocols on use of paracetamol and ibuprofen in paediatrics.
- Updated the 'Displacement Value of Antimicrobials' chart used on the paediatric and neonates ward.
- Made a 'checklist' for pharmacy staff for dispensing a paediatric prescription.

Education and Training

- Presentations on medication related topics at the weekly medical education sessions on the paediatrics ward. E.g. Prescribing in Paediatrics, Medication Safety in Paediatrics
- Presentations at nursing Paediatrics Medication Study Days E.g. Getting the dose right in children with extremes of weight, Medication Safety in Paediatrics

Achievements 2022

- Received a Certificate of Professional Development from Liverpool John Moore University on Fundamentals of Paediatric Pharmacy Practice.
- Set up of a clinical pharmacy service in paediatrics.
- Introduction of smart pumps in paediatrics.
- Introduction of a DKA box and "Quick Guide to treating DKA in Paediatrics" card.
- Introduction of the Clinibee CHI Formulary and Clinical Guidelines in LUH.
- Introduction of the ordering and delivery of Inflectra ready-made bags from Baxter for shared care patients on the paediatric day ward.

Aims 2023

- Participate in an audit on prescribing of paracetamol on the ward.
- Further involvement with education and training of medical staff and nursing staff on the paediatric ward and in the emergency department.
- Begin a clinical pharmacy service on neonates.
- Participate in the design and roll out of a paediatric kardex for patients on insulin in collaboration with Saolta Working Group.
- Design some specific paediatric 'Medication Moments' in collaboration with the medication safety pharmacists.
- Design a Hep B Post Exposure Prophylaxis Pack for Maternity Ward.

Pharmacy Sligo University Hospital

Clinical pharmacy support for paediatrics is provided by the hospital pharmacy service, as required.

There is, as yet, no dedicated Clinical Pharmacist for the paediatric and neonatal service at LUH although the recommendation for this resource was made by the National Clinical Programme for Paediatrics and Neonatology recommendation following their site visit in 2022.

Pharmacy Portlincula University Hospital

Service Overview 2022

- Attendance at monthly Paediatric departmental meetings, presented monthly reports on workload and interventions.
- Support to nursing colleagues through the frequent provision of 'med moments'.
- Implementation of drug guidelines for the 'Critically Ill Child' and also Drug guidance for fluids for children in DKA.
- Daily reviews of drug kardexes with required interventions, completed many medicines reconciliations.
- Assurance that monitoring of narrow therapeutic drugs was adhered to.
- Policies and guidelines development.
- Constructive feedback to paediatric department in relation to medication errors.

Education and Training 2022

- 'Med Moment' teaching / and drug guidelines created for critically ill children.

Achievements 2022

- The introduction of CHI Smartpumps to the paediatric service was a massive achievement.
- Became train the trainer, facilitating teaching sessions to staff across multiple disciplines.

Aims 2023

- Continued engagement in monthly Departmental meetings and feedback on error reporting, to enhance safe prescribing.
- Enhance paediatric pharmacy knowledge and experience, through engagement with tertiary paediatric centre.
- Champion med moments with paediatric nursing staff, to improve safety.
- Solution driven approach to on-going medication shortages.
- Regular education opportunities for non-paediatric trained nurses in ED, in relation to medication safety and smart pump training on numerous occasion throughout the year.
- To provide drug simulation scenarios for paediatric nurses at ward level.
- Policies, procedures and guideline development and updates.

5.7.6 Play Specialist

Play Specialist University Hospital Galway

Activity 2022

2022 saw our playroom open again, and we were delighted to welcome back our Children in Hospital Ireland (CHI) play volunteers, albeit with a reduced number of volunteers. Demand for service remains high.

Service Overview 2022

The 'Cubby' (sensory unit) in the playroom continues to be a great asset, and is used on daily by inpatients, outpatients and children visiting the paediatric day ward. I would highly recommend in future that one of these would be made available to Paediatric ED, and the paediatric outpatient waiting area.

Our 'Tiny Gym' (neonatal developmental play sessions) service is suspended until further notice, due to staffing deficit. We hope to recommence this activity in 2023/24.

We now have a porta cabin, donated by Carrey's construction to store our arts and crafts supplies, Christmas and Halloween decorations safely and securely and to store our donated toys for Christmas and special occasions/ special circumstances.

Education and Training 2022

- Training update on the checking and cleaning standard operating procedure as per Saolta guideline.
- Participation in monthly paediatric multi-disciplinary team meetings as part continued professional development (CPD) and peer support.
- Attendance at CHI conference, entitled 'Working together for families in hospital-exploring the impact on families'. This was in conjunction with Children's Heartbeat Trust Northern Ireland (CHT), emphasising the importance of play, the role of the hospital play specialist and the multi-disciplinary team in helping to facilitate a sick child's recovery and make their hospital stay more enjoyable, as well as supporting their family members.
- Attendance at CHI annual conference/ webinar on 'Play in Hospital' week, emphasising play for resilience and good mental health.

Achievements 2022

- In January of 2022, the charity, Sick kids in Galway Foundation which is linked to St. Bernadette's Children's Unit, provided a wheelchair accessible ability swing and a music station to our outdoor playground through funds raised by the charity.

In Jan 2023 they plan to hold their first inaugural ball. Any funds raised will go directly to projects on St. Bernadette's children's ward in the University Hospital Galway. This charity is a huge asset for the paediatric unit, staff and its service users.

Play Specialist Mayo University Hospital

Activity Data

Engaged with approx. 2160 patients between ward and Paediatric assessment unit in 2022.

Service Overview

Engagement with children and young people through interactive games and arts and crafts activities, appropriate to developmental level. Engagement with children pre and post procedures through play, including parents/ carers. Advice provided regarding further play engagement to aid further recovery at home from hospital stay.

Education and Training

- Continuous Professional Development: 'Understanding and Working with Eating Disorders in Children and Adolescents' Sinead Crowley CTC 5.5 hours
- 'Learning how to provide therapeutic support to people with eating disorders' Harriet Parsons from BodyWhys 3 hours
- 'S.A.A Foundation Training Introduction to S.A.I The Impact of Developmental Trauma and Insecure Attachment on Sensory Processing'. 20 hours
- Continued engagement with professional supervision.

Achievements

- Supported re introduction of play volunteers to ward.
- Expanded art packs to PDU

Aims 2023

- Develop library for therapeutic story books for chronic illnesses.
- Develop music intervention to support regulation.

Play Specialist Letterkenny University Hospital

In LUH in 2022, the play specialist service continued to adapt to the changes brought in during the ongoing Covid 19 Pandemic. The play specialist, on average, engaged with 15 – 25 children per day. This included children attending the weekly ambulatory clinic, weekly developmental clinic, daily day ward and those admitted to the paediatric ward.

The play specialist facilitates:

- One to one bed side engagement for all the children, either with the play specialist or by supporting and fostering play with parents/guardians
- Distracting a patient during inserting or removing a cannula / taking bloods / dressing or undressing wounds
- Educational play activities to explain MRI/CT scans or to prepare children for theatre
- One to one working with distressed or anxious patients supporting them in compliance with care plans, such as taking medication, nebulisers or inhalers
- Providing children with individualised play packs (in conjunction with children in hospital Ireland)
- Facilitating therapeutic activities for patients with mental health concerns

One of the biggest challenges in 2022 for the play specialist service, has been the increase of mental health admissions. This has led to the sole play specialist embarking on specific play therapy training. Once completed it is the aim of the play specialist to provide targeted play therapy sessions to our long term patients in particular those with mental health concerns.

Play Specialist Sligo University Hospital

SUH have two play specialists in post both 0.5 WTE.

2022 was challenging, as we continued to learn, live and work with the Covid. However, 2022 saw the re-opening of our playroom, which had huge benefits to children attending the paediatric ward. The resumption of child's play in SUH, although it had to be modified to comply with infection prevention and control guidelines was very much welcomed.

During 2022 the play specialists continued to work at the bedsides of children on a one to one basis and at designated times for up to two children and a parent in the playroom.

It is envisaged that play specialists are working towards increased attendance in other clinical areas where children attend e.g ED, outpatient & day services, theatre and radiology to provide play therapy for children.

Play Specialist Portlincula University Hospital

Activity Data 2022

- Play specialist is on site 3 days per week, supporting children on the paediatric ward, in the ED and the day ward.
- 70% of time activity is on the day ward, supporting children having blood test procedure, by helping to alleviate related anxiety or stress.
- Support is also available for children preparing to undergo day case surgical procedure.

Service Overview 2022

- Continued support to children having cannulation / venepuncture procedures
- Preparation work with patients for day case surgery.

- Supporting children and families as when and as required, as part of the multidisciplinary team.

Education and Training 2022

All mandatory courses completed and certified.

Achievements 2022

- Education session for Saolta group around distraction techniques in the hospital setting.
- Positive contribution to reduction in premedication required before a child goes to theatre due to successful preparation before surgery.
- Enhanced staff recognition on the importance of play distraction techniques; not just for blood tests but also during nasogastric tube changing, line care and medication.

Aims 2023

- Promotion of the role of the hospital play specialist in the paediatric setting of the hospital.
- Enhanced patient records of regular attenders to improve support.
- Compilation of a preparation book for children attending for day case procedures.
- Development of the playroom and the associated required resources.

5.7.7 Occupational Therapy

Occupational Therapy Service in Sligo

Referrals	2021	2022
Inpatient Referrals	4	12
Outpatient Referrals	1	
Treatment Sessions	2021	2022
Inpatient Treatment Sessions	3	66
Outpatient Treatment Sessions	1	

Number of referrals 2022	12
Reviews	54
Total Contacts	66
UTS	9
Patients seen	16

Service Overview

The Occupational Therapy service provision to children in SUH is limited to accepting urgent referrals from the orthopaedic service for e.g, discharge seating, splinting. There is no dedicated paediatric service.

Aims 2023:

- Service expansion to include provision of paediatric occupational therapy service at SUH.

5.8 Contributors

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6

CHAPTER 6

Child and Adolescent Sexual Assault Treatment Service (CASATS) and Sexual Assault Treatment Unit (SATU)

- 6.1 Child and Adolescent Sexual Treatment Service (CASATS) 2022
- 6.2 Sexual Assault Treatment Unit (SATU)

6.1 Child and Adolescent Sexual Treatment Service (CASATS)

Authors: Dr Joanne Nelson, Clinical Director, CNS SAFE: Cathy Bergin, Mary Mahony, Susan Hogan, Caitriona Shortt and Caitriona Freeney and Catherine Conroy

The Child and Adolescent Sexual Assault Treatment Unit (CASATS), based in Galway, but serving a wide geographical area in West, North-west and Mid-West Ireland, has been an HSE service since April 2011. It is co-located with SATU services, established in Galway since 2009. CASATS provides Forensic Medical evaluation for children 0-14 years suspected of having been sexually abused. CASATS also supports adolescents 14-18 years presenting outside the forensic timeframe. Acute adolescent cases 14-18 years are assessed through SATU services, on the same site, with capacity for joint CASAT/ SATU Forensic Examination depending on the best interests of the child. The service remains the only 24/7 service in Ireland for child sexual abuse. In 2022, 93 children initially engaged with the CASATS service, which continued to support child victims and their families throughout the COVID 19 pandemic. In addition 17 patients 14-18 years were supported by Galway Adult SATU services.

Barnahus One House Galway: In late 2017, CASATS and SATU Galway were successful in their application to become the first pilot site in Ireland for a multi-agency support and assessment team for child and adolescent sexual abuse called the Barnahus One

House. Barnahus provides integration of medical, social, psychological therapy and Garda collaboration in responding to children under 18 years of age where sexual abuse is suspected. The Barnahus Galway was formally launched in September 2019 by Dr Katherine Zappone, Minister for Children and Youth Affairs and Mr Charlie Flanagan, Minister for Justice and Equality with endorsement by the Minister for Health, Simon Harris.

In early January 2022, CASAT/SATU services re-located into purpose designed premises on the Tuam Road. The Willow Centre (SATU) and Hazel Clinic (CASATS) are now in a shared premises with Tusla and An Garda Síochána providing holistic, responsive care under one roof.

In 2022 the CASATS 24/7 rota was initially covered by two forensic physicians (Consultant Paediatricians) working closely with their adult SATU colleagues. A third Consultant Paediatrician joined the rota in October 2022. There is active and ongoing training of doctors and nurses in developing skills and knowledge for paediatric forensic examinations in sexual offences medicine working in compliment with SATU services.

6.1.2 Achievements CASATS Galway 2022

- The big move to permanent premises took place in January 2022 alongside our Barnahus colleagues in Túsła and An Garda Síochána allowing for a more streamlined approach to interagency working and holistic care of children attending the service.
- Barnahus won the Irish Healthcare awards in May 2022 for the Specialist Healthcare Centre of the year.
- An additional number of support nurses were recruited and trained which has greatly enhanced covering the 24 hour on-call roster.
- The Children's Ombudsman (Mr Niall Muldoon) visited the Barnahus in August 2022 and made a presentation to children from the Barnahus Youth Participation Group who had assisted in the design of Barnahus premises.
- Two new trainee Clinical Nurse Specialists joined the CASATS team and commenced the Higher Diploma in Sexual Assault Forensic Examiner in the Royal College of Surgeons, Ireland in September 2022.
- Minister Roderick O Gorman visited the Barnahus premises in October 2022 for a tour of the premises
- The Hazel Clinic (CASATS) was represented by the new Clinical Nurse Specialists in training on an Interagency trip to the Barnahus in Estonia in November 2022
- Resources were secured for two new Consultant Paediatricians working 0.5 WTE in CASATS / Barnahus and 0.5 WTE in Galway University Hospital. Consultants will be in post in the first quarter of 2023.
- New policy development and links were established with Galway Pharmacy Department for HIV Post Exposure Prophylaxis in CASATS, as a starter pack on site.
- A pilot project commenced and was finalised updating the Paediatric Forensic Proforma for National use. This is now being utilised throughout Ireland.
- One of our Forensic Physicians in training was successful in achieving the Faculty of Forensic of Forensic Medicine Licentiate qualification in Sexual Offences Medicine.

- ▶ We would like to extend enormous thanks to all our dedicated staff, to our partner agencies in the Barnahus, to the Forensic Accompaniment volunteers in 2022 from ASSC and to those who have supported and endorsed the Barnahus in its infancy. We look forward to innovation, expansion, research, and interagency development focused on best meeting the needs of the children and their families going forward.
- ▶ Key objectives for 2023
- ▶ Ongoing education and training to external agencies and our inter-agency partners on the

CASATS and Barnahus services and referral pathways.

- ▶ Ongoing training of Forensic medical examiners and Clinical Nurse Specialists in Paediatric Forensic Examination.
- ▶ Continued participation in National Forensic Working Groups for the establishment of two new Barnahus in the East (Dublin) and South/South west (Cork).

CASATS Galway Executive Report 2022

Total Attendance's:

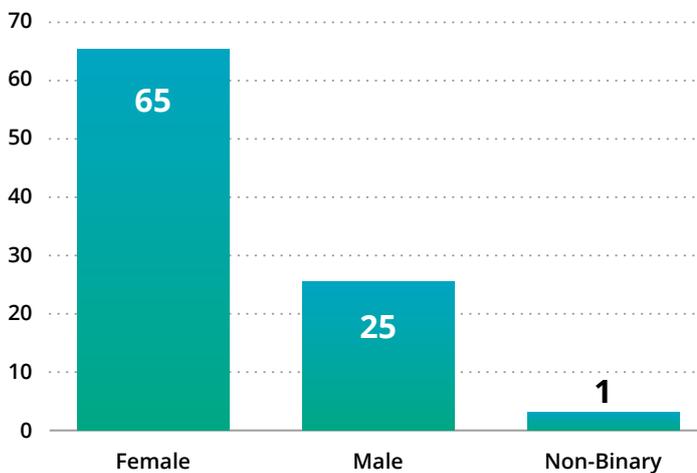
- ▶ The total number of CASATS patient engagements in 2022 was 93 with 92 CASATS examinations. This represented a decrease of 9% from 102 patients supported in 2021. One patient declined Forensic Medical examination and did not attend the unit despite initial engagement. Two patients attended CASATS twice in 2022 following new concerns / disclosures of sexual abuse, necessitating renewed examination.
- ▶ 17 patients were aged between 14-18 years of age. There were 17 additional patients aged 14-18 years attending through Galway Adult SATU services, and 27 additional patients < 18 years attending through Letterkenny Adult SATU services all eligible for Barnahus support.
- ▶ 23 (25%) CASATS patients were seen out of hours (between 16.00-08.00 Mon-Fri or over weekends/ bank holidays).
- ▶ Of the 93 engagements with Galway CASATS in 2022, 30 (32%) were acute forensic examinations

(forensic sampling taken) and 62(67%) were non-acute (no forensic sampling done). One patient (1%) declined Forensic Medical examination and did not attend the unit despite initial engagement.

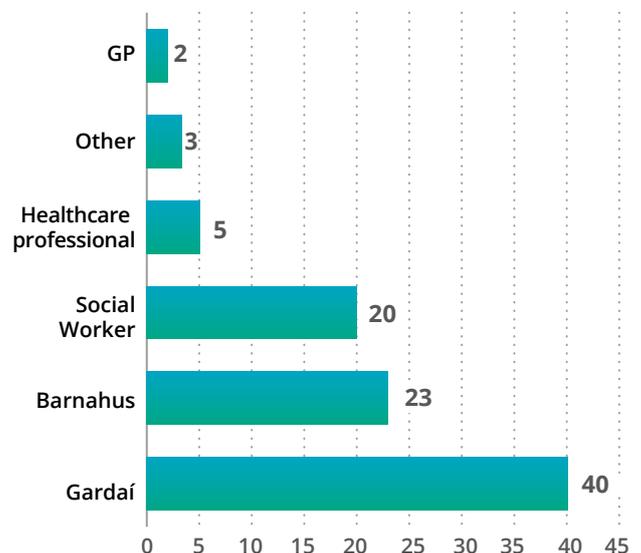
Gender, Age Profile, Referral source:

- ▶ 65 (72%) patients identified as female, 25 (27%) patients identified as male and one (1%) identified as non-binary. The mean patient age was 8 years. (*Two patients were repeat attendees)

GENDER



SOURCE OF REFERRALS

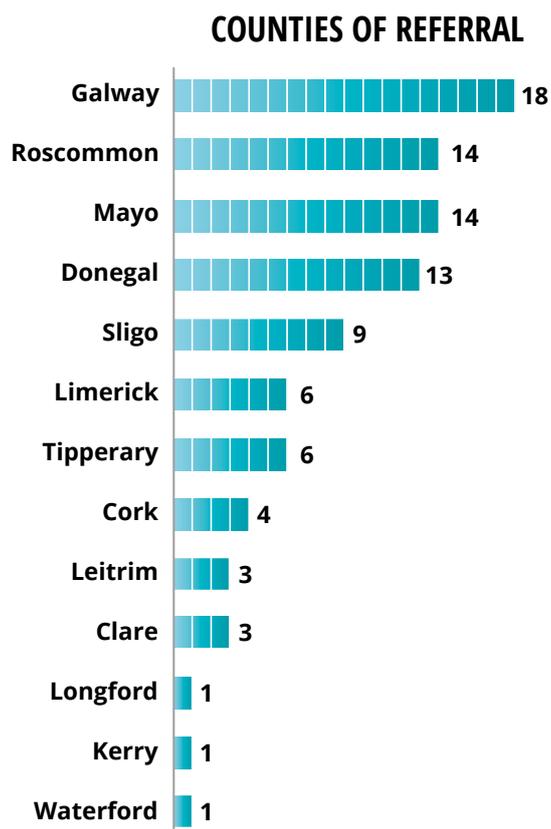


Intimate images:

In 83 (90%) of the 92 attendances, intimate images were taken using a colposcope with attached camera. Colposcopy was not used in 9 (10%) cases, due to photo-documentation being declined, not indicated or not being possible given the age or cooperation of the patient.

Counties of Referral:

The majority of referrals to CASATS came from Galway (n=18), Roscommon (n=14), Mayo (n=14) and Donegal (n=13).



Medications:

- Emergency contraception was prescribed and given to 3 patients.
- A Hepatitis B vaccination schedule was commenced for 4 patients.

6.1.4 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, to the Galway RCC volunteers and to those who have supported and endorsed the Barnahus in its infancy. We look forward to innovation, expansion, research, and interagency development focused on best meeting the needs of the children and their families going forward.

Sadly, in 2022, we said goodbye to two of our excellent Clinical Nurse Specialists, Ms Caitriona Shortt and Ms Susan Hogan. We would like to express our gratitude to them both who contributed greatly to the service since 2018. We wish them both all the best in their future endeavours.

- STI prophylaxis (Azithromycin) was prescribed and given to 5 patients.
- One patient required HIV post exposure prophylaxis in 2022.
- 84 (90%) patients had STI screening carried out as part of their initial examination, one (1%) patient had STI screening done at follow-up. Five (6%) patients declined STI screening.

Alleged Perpetrators:

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

- 13 (14%) of cases involved child perpetrators.

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

- 15 (16%) of cases involved family members between 14-17 years.
- 11 (12%) of cases involved teenage perpetrators who were non-family members.

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

- 38 (41%) of cases the alleged adult perpetrator was a family member.
- 12 (13%) of cases the alleged adult perpetrator was known to the patient.

Age of Perpetrator Unknown

- In 2 (2%) 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 or concerning medical presentations.

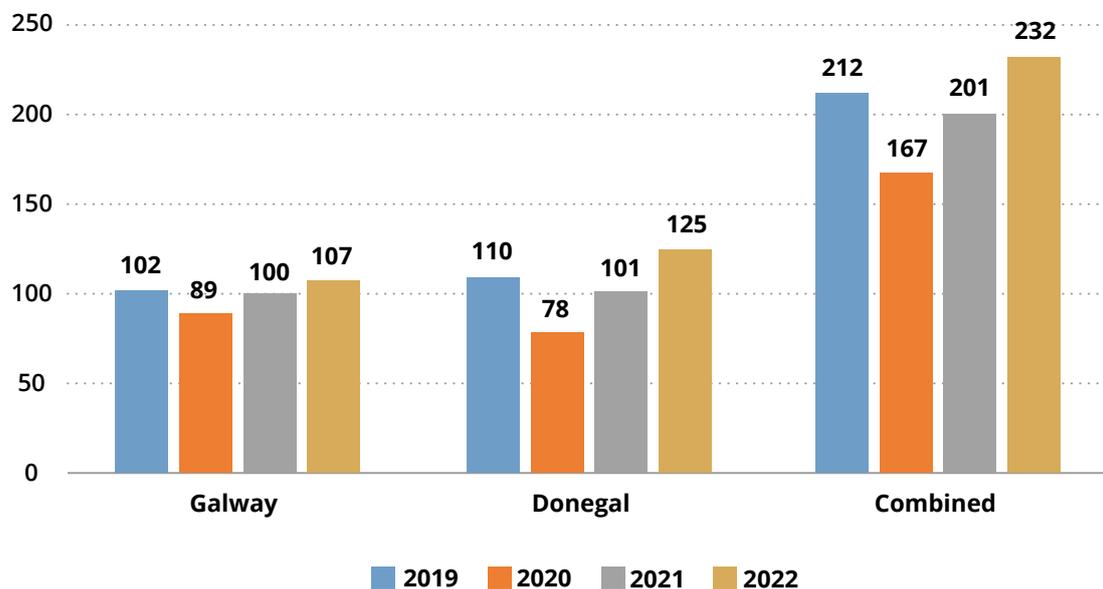
Support Worker in Attendance:

In 2022, 50 (55%) patients and their caregivers had access to an ASSC volunteer (Accompaniment Support Services for Children) at their initial attendance in CASATS. All of these consented to referral for ASSC telephone aftercare services. This represents an increase of 29 ASSC volunteer on-site accompaniments to CASATS patients compared with 2021 when strict COVID restrictions were in place.

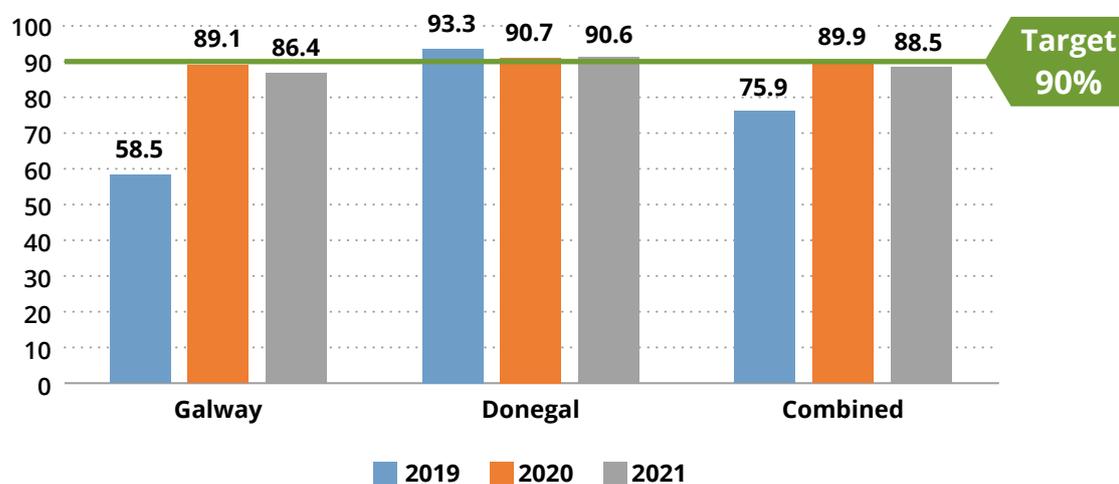
6.2 Sexual Assault Treatment Unit (SATU)

(Galway and Donegal)

Total New Attendances Per Year



% of patients (>14years) seen by a forensic clinical examiner within 3 hours of a request to a SATU for a forensic clinical examination.



6.2.1 Galway Sexual Assault Treatment Unit (SATU) 2022

Authors: Dr Andrea Holmes, SATU Clinical Director, Ms Mary Mahony, SATU ANP

2022 Attendances

There were 107 new attendees at the Galway SATU, an increase of 12% from 2021. Of these,

- 58 (54%) were Option 1 (sexual assault within previous 7 days and accompanied by An Garda Síochána for forensic sampling and medical care)
- 31 (29%) were Option 2 (sexual assault at any time, medical care without forensic samples)
- 18 (17%) were Option 3 (non-Garda referral, sexual assault within previous 7 days, stored forensic samples)
- 87% (52 of 76) patients were seen within 3 hours of a request for a Forensic Clinical Examination (Options 1 & 3)
- 89% of patients reported incidents which took place within the Republic of Ireland
- 12% of patients reported incidents which took place outside the Republic of Ireland
- An Garda Síochána referred 61% of patients; 19% patients self-referred and 22% patients were referred by others (RCC, GPs, ED etc.)
- July 2022 was the busiest month with 18 first-time presentations
- Saturday was the day of the week with the highest attendance rate (n=27)
- 75% of attendances occurred between the hours of 08:00 and 19:59, Monday-Sunday
- 71% (73) patients had the opportunity to speak to a Psychological Support Worker at the first SATU visit

Reported Sexual Crimes

- 76% (81) were recent sexual assaults (< 7 days)
- 84% (90) of cases involved a single assailant
- 7% of cases involved multiple assailants
- In 52% cases the assailant was known to the patient i.e. a friend, family member, ex-intimate partner, intimate partner or acquaintance of more than 24 hrs. In 48% of cases the assailant was unknown, a stranger or recent acquaintance (≤ 24 hrs)
- 79% of incidents occurred between the hours of 20:00 – 07:59

Patient Profile

- 92% of patients identified as female, 7% of patients male and 1% other
- Mean patient age at time of assault was 26 years of age, the youngest 14 years of age and the oldest being over 70 years of age. Please note, SATU sees patients age 14 years and above.

- 54% (58) patients reported the incident to An Garda Síochána
- 17% (20) patients had an forensic examination and storage of evidence without initially reporting to An Garda Síochána (Option 3)
- 53% of patients had no physical injuries
- 36% of patients had physical injuries that did not require follow-up
- 1 patient was referred to hospital due to physical injuries
- 1 additional patient was hospitalised for mental health reasons
- 73% of patients had consumed alcohol within the previous 24 hours: of these 50% patients had consumed >6 standard drinks of alcohol
- 18% of patients had taken recreational drugs in the 24 hours prior to the reported incident
- 21% of patients were concerned that drugs were used to facilitate sexual assault and a further 21% of patients were unsure if drugs were used to facilitate sexual assault

Medical Care

- All patients who required Emergency Contraception received it
- In line with 2022 national guidance, 59 patients who were possibly exposed to Chlamydia Trachomatis were offered prophylactic antibiotics at their first SATU visit
- 42 (39%) patients were appropriately given Hepatitis B vaccination at the first SATU visit; of these 89% have completed or are in the process of completing the vaccination schedule
- 2% (2) patients received Post Exposure Prophylaxis (PEP) for HIV
- All patients were offered a follow-up appointment for STI screening and, of those who chose to have this at SATU, 83% patients attended first follow-up appointment

Key SATU Achievements in 2022

In January 2022 Galway SATU began operating from The Willow Centre, co-located with the Hazel Clinic (Child and Adolescent Sexual Assault Treatment Service) at Barnahus West. These new premises mean the physical environment for patient care is greatly improved. Being “under one roof” allows for close collaboration with our multiagency colleagues from Tusla and An Garda Síochána in Barnahus West, which will benefit our 14-17 year old patients.

Staffing

- In September and October 2022, an additional number of assisting nurses were recruited and trained which has greatly enhanced covering the 24-hour on-call roster.
- Two new trainee Clinical Nurse Specialists, Ms Catherine Conroy and Ms Caitriona Freeney, commenced the Higher Diploma in Sexual Assault Forensic Examiner in the Royal College of Surgeons in Ireland this year.
- Three new Forensic Medical Examiners are welcomed to the on-call Galway SATU rota; Dr Neasa Conneally, Dr Lia Kyranoudi and Dr Claire Harrison

In 2022 we said goodbye to Dr Jo Freeman who had been a Forensic Examiner at Galway SATU for more than a decade. We will miss her excellent clinical advice, gentle professional manner and warm collegiality. We also bid a farewell to Ms Susan Hogan as a Clinical Nurse Specialist but are delighted that she has remained on as an examiner on the Galway on-call rota.

Education and Development

- Galway Forensic Medical Examiners and Forensic Clinical Nurse Specialists gave presentations, undertook clinical audits, facilitated training and professional examinations with a variety of colleagues and allied professionals services including Gardaí, Ambulance service, Emergency Departments and General Practitioners.
- The Introduction to SATU course for Doctors was held at University of Galway Irish Centre for Applied Patient Safety and Simulation in February and May 2022 and overall 25 doctors attended.
- Ms Mary Mahony was awarded a Masters in Science in Advanced Nursing Practice from the RCSI
- Peer review of SATU charts and local meetings of Forensic Medical and Nurse Examiners continued in 2022, sharing knowledge and experience. This provides peer support and promotes collaboration and continuous quality improvement within the team.
- In-situ simulated cases were used to facilitate on-call Forensic Medical Examiner training at Galway SATU
- The Barnahus West pilot project became fully established in our co-located premises and trainee CNSs joined a multidisciplinary group to visit an established Barnahus in Estonia
- There was outreach by SATU CNSs at local women's shelters, COPE and University of Galway Shag week.

Objectives for 2023

- At Galway SATU there will be ongoing recruitment of Forensic Medical Examiners to the on-call roster
- Two new Clinical Nurse Specialists will join the Galway SATU team in 2023

- A Clinical Nurse Manager 2 will be recruited
- An Advanced Nurse Practitioner (SAFE) will be appointed in 2023
- The Willow Centre interior will be enhanced with a specially commissioned mural and artwork to enhance patient comfort

Galway SATU Team 2022

- Dr Andrea Holmes, Clinical Director
- Ms Cathy Bergin, CNS
- Ms Susan Hogan, CNS
- Ms Cathy Shortt, CNS
- Ms Mary Mahony, CNS
- Ms Caitriona Freeney, CNS (trainee)
- Ms Catherine Conroy, CNS (trainee)
- Ms Maeve Geraghty (Senior Administrator)

On-call Support Nurses:

- Ms Mags Bourke,
- Ms Eileen Coen,
- Ms Lorraine Courtney,
- Ms Caroline Farrell,
- Ms Orelia Ryan Fox,
- Ms Deirdre Gallagher,
- Ms Fiona Gilmore,
- Ms Nicola Glynn,
- Ms Teresa Hynes,
- Ms Mary Rooney Hynes,
- Mr Raj Karamala,
- Ms Ann Marie Mc Garry,
- Ms Kathy O'Loughlin,
- Ms Yvonne O'Donovan,
- Ms Jincy Scaria,
- Ms Heather Stanley

On-Call Forensic Examiners:

- Dr Therese O'Reilly,
- Dr Lia Kyranoudi,
- Dr Claire Harrison,
- Dr Neasa Conneally,
- Dr Joanna Freeman,
- Dr Andrea Holmes,
- Ms Mary Mahony,
- Ms Cathy Bergin,
- Ms Cathy Shortt,
- Ms Susan Hogan

6.2.2 Donegal Sexual Assault Treatment Unit (SATU) 2022



Left to right: Dr Matt McKernan, Consultant Obstetrics & Gynaecology & SATU Clinical Lead, Ms Leah O' Regan, Candidate Forensic Clinical Examiner, Ms Connie McGilloway, RANP/Forensic Clinical Examiner, Ms Sharon Curran, Administrator, Ms Lisa Crossan, Clinical Nurse Specialist/Forensic Clinical Examiner. Missing from photo: Ms Kellyann Moore, Candidate Forensic Nurse Examiner and Dr Mairead Brogan, GP and Forensic Examiner.

Clinical Activity

Attendances

- 125 new patient attendances at the Donegal SATU and increase of 24 (24%) from 2021.
- 116 (93%) reported incidents took place in Ireland.
- 84 (72%) reported incidents took place in Donegal, 19 (17%) reported incidents took place in Sligo/north Leitrim.
- 61 (49%) patients attended the SATU within 7 days of the reported incident and 91% 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

- September 2022 was the busiest month with 19 (15%) of patients attending.
- Wednesday was the busiest day with 31 (25%) patients presenting to SATU on this day.
- 94 (75%) reported incidents occurred between the hours of 20:00 – 07:59hrs.
- 101 (81%) attended the SATU between the hours of 08:00 – 19:59hrs.

Gender, Age Profile, Referral Source

- 89% (n=111) identified as female, 10% (n=12) male and 2% (n=2) identified as another gender.
- The age profile of patients attending the service

was comparative to previous years with a mean age of 25 years. 78 (62%) patient attendances were 25 years-of-age and under. 34 (27%) were between 18 and 25 years-of-age. 44 (36%) were under 18 years of age.

- 36% of patients were attending 2nd level or 3rd level educational facilities.
- 48 (38.4%) patients were referred by An Garda Síochána.
- 48 (38.4%) of patients were referred by others such as Counselling Services, Donegal Women's Domestic Violence Services, Addiction Services, Mental Health Services, Acute Hospitals, 3rd level student services, Genito-Urinary Medicine Clinics & GPs.
- 29 (23.2%) patients were self-referrals.
- 13(10%) patients chose Storage of Evidence (Option 3); a forensic clinical examination without initially reporting to An Garda Síochána. 3(23%) patients subsequently reported the incident to An Garda Síochána.
- An additional 10 (34%) patients who attended SATU for a 'Health check', having not previously reported the incident to An Garda Síochána went on to report the incident following SATU support. This emphasises the importance of allowing people 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

- 61 (49%) reported incidents were recent assaults (≤ 7 days).
- 113 (90%) involved a single assailant.
- 12 (10%) involved multiple assailants.
- In 81% of reported incidents the alleged perpetrator was known to the patient.

Medical Care

- 77 (62%) patients had no physical injuries.
- 35 (28%) patients had physical injuries not requiring follow-up or referral.
- 5 (4%) patients were referred to or treated in hospital due to physical injuries.
- 2 (2%) patients were hospitalised due to mental health.
- All patients requiring emergency contraception were appropriately prescribed and administered the prophylactic medicinal product.
- 71 (57%) patients were appropriately prescribed and administered Hepatitis B vaccination at the first SATU visit; of these 65 (95%) have completed or in the process of completing the vaccination schedule.
- All 47 patients who were potentially exposed to chlamydia trachomatis were offered prophylactic treatment at their initial SATU visit.
- 3 (2%) patients received Post Exposure Prophylaxis (PEP) for HIV and were referred on to Infection Disease Consultant for follow-up care.
- 99 patients were appropriately offered follow-up appointments for STI screening in the Donegal SATU; 95 (97%) attended first follow-up appointment.
- 21 women ≥ 25 years to ≤ 65 years were offered a cervical screen at their follow-up appointment. Of these; 5 (24%) were referred to Colposcopy services in LUH for further investigations and treatment and 2 (10%) were for recall in 1-year. This service is aligned to the national Cervical Screening Programme under the governance of LUH Gynaecological and Colposcopy services.

Patient satisfaction / feedback

Anonymous SATU patient feedback is embedded in the national SATU website and consists of a comments section where patients are able to input their feedback on the care and treatment received within the specific SATU attended. Please find below a synopsis of some verbatim comments entered on the feedback comments section:

"...The team at SATU, were absolutely brilliant! So caring, understanding and helpful in so many ways. I felt so safe and secure and I will be for ever grateful

for their help and for making my experience relaxed in there company."

"...The ladies at the centre made a bad situation a lot better, I felt so looked after when I was there and that gave me hope that things would be okay. I'm so grateful I just wish more people knew about them, I wouldn't of if my friend hadn't know about them should attend more schools and really let people know they are a thing."

"...I found the staff and the Garda who came with me really good. Everyone was so kind.

I'm glad that this service exists. It helped me a lot and the staff was so kind and understanding. I had a good time there. One member of staff means so much to me."

Audit/Research

- The Forensic Science Ireland Bi-annual environmental monitoring of the SATU was carried out in 2022. The Donegal SATU met the requirements of the scheduled audits.
- Registered Nurse Prescribing Audits were carried out meeting the requirements of the NMBI Practice Standards and Guidelines for Nurses and Midwives with Prescriptive Authority.
- As part-fulfilment of the MSc Nursing (Advanced Practice) Brídín Bell (CNS FCE) conducted research entitled 'Reproductive Coercion within Intimate Partner Violence.' Brídín presented this research at the National SART Conference and the International Council of Nurses - Nurse Practitioner / Advanced Practice Nursing Network Conference.
- The Donegal SATU is leading out on a National Project in improving access to the Sexual Assault Treatment Units for members of the Deaf Community through the use of Irish Sign Language (ISL). The project is being implemented in collaboration with An Garda Síochána, Rape Crisis Centre, CHIME, Justisigns2, Trinity College Dublin; the Centre for Deaf Studies and the Irish Deaf Society. Throughout the year the project faced unexpected challenges, predominantly in accessing Interpreters and translating terminology frequently used in the sexual violence arena. This is a very exciting project that is anticipated to reach completion by the second quarter of 2023.
- In adhering to the Quality Standards set out by the Nursing and Midwifery Board of Ireland for associated healthcare providers (AHCPs), the ATU Donegal conducted a National Quality Clinical Learning Environment Audit in 2022. The Donegal SATU was successful in meeting all the standards.

Training completed

- Brídín Bell (CNS Sexual Assault Forensic Examiner (SAFE)) was successful in completing an MSc in Nursing (Advanced Practice) in 2022.
- Kellyann Moore (Candidate CNS SAFE) completed the HPV Cervical Screening module in 2022.
- Leah O'Regan (Candidate CNS SAFE) commenced the HPV Cervical Screening module in 2022.
- All mandatory training requirements were adhered to by all SATU staff members.

Training provided

- Collaborative (SATU, An Garda Síochána, Donegal RCC) Education workshops for Law and Humanities undergraduate students, Nursing and Health and Social Care Students were facilitated throughout the year.
- SATU workshops were facilitated for Counsellors (Pastoral Centre), Triage nurses (NoWDOC), Domestic Violence Service (Sligo), Nurses/Doctors working in Gynae services (LUH), Divisional Protective Services Units (Galway, Mayo, Sligo/ Leitrim, and Donegal), Counsellors and Nurses

(Donegal Women's Centre), Psychological Support Workers (Donegal Rape Crisis Centre), Garda Probationers (An Garda Síochána) and General Nursing students (ATU-Donegal).

- Following the re-opening of schools post Pandemic, the 'Schools programme' for Transition Year Students was re-introduced to two post-primary schools.
- Garda Workshops 'The Journey of the patient/ injured party following a report of sexual assault' were facilitated for Regular Garda, Sergeants, Inspectors and Specialist Gardaí every quarter throughout 2022.
- One to two week placements for General, Intellectual Disabilities and Psychiatric pre-registration nurses were facilitated throughout the year. This programme commenced in 2012 aligned to ATU Donegal.
- In addition, the ANP (Forensic Nursing) was invited to present to participants on the Sligo/ Leitrim/Donegal CNME Menopause Study Day, the Gynae Study day and to the National Deaf Women of Ireland.

Acknowledgments

In 2022, Dr Christopher King (Consultant Obstetrics & Gynaecology and Donegal SATU Clinical Lead) retired from his position after many dedicated years of service. Dr King provided unrelenting support to the Donegal SATU service since its inception in 1998. We wish to sincerely thank him for his kindness, approachability, clinical expertise and dedication throughout this time and wish him good health and happiness in the next chapter of his journey. We wish to welcome Dr Matthew Mc Kernan (Consultant Obstetrics & Gynaecology) who commenced his position as the Donegal SATU Clinical Lead. We also want to thank and congratulate Ms Brídín Bell Clinical Nurse Specialist (Sexual Assault Forensic Examiner) who moved on to pastures new as Candidate Advanced Nurse Practitioner (Ambulatory Gynae) in Sligo University Hospital. Brídín's unyielding hard work, dedication and compassion to patients attending the Donegal SATU since 2016 has been exemplary, we wish her the best in her future endeavours. In 2022, Ms Lisa Crossan, Clinical Nurse Specialist (Sexual Assault Forensic Examiner) was recruited to provide part-time operational and on-call support to the service. In addition, LUH committed to and sponsored two experienced nurses to undertake the PgDip in Nursing (Sexual Assault Forensic Examination) which commenced in September 2022. On successful completion of this intensive course in September 2023, both nurses will take up their positions as CNS (SAFE) in the Donegal SATU.

7

CHAPTER 7

Quality and Patient Safety

- 7.1 Introduction
- 7.2 Incident Reporting
- 7.3 Pre SIMT (Serious Incident Management Team) & SIMT
- 7.4 Key Performance Indicators (KPI's)

7.1 Introduction

Patient safety and quality are central to the delivery of healthcare. Risk and uncertainty are inevitable in healthcare organisations, human nature, the provision of intricate and multifaceted care, and the highly complex system of healthcare guarantee that healthcare entities will face adverse circumstances. The reduction of medical error and the enhancement of patient safety has become a key focus for all in the Saolta Group and is an integral part of all healthcare delivery.

Learning from adverse outcomes in healthcare is critical to advancing a culture of patient safety and reducing the likelihood of future harm to service users.

Open Disclosure training is mandatory training for all staff working in the HSE. There are 3 modules (Modules 1 and 2 are available on Hseland: www.hse.ie/opensdisclosure)

- Module 1: 'Communicating effectively through Open Disclosure'
- Module 2: Open Disclosure: Applying Principles to Practice.
- Module 3: Face-to-face skills workshop (3 hours) on the management of the Open Disclosure process.

It is hoped that the Notifiable Incidents will be ratified as part of the Open Disclosure Act in 2023.

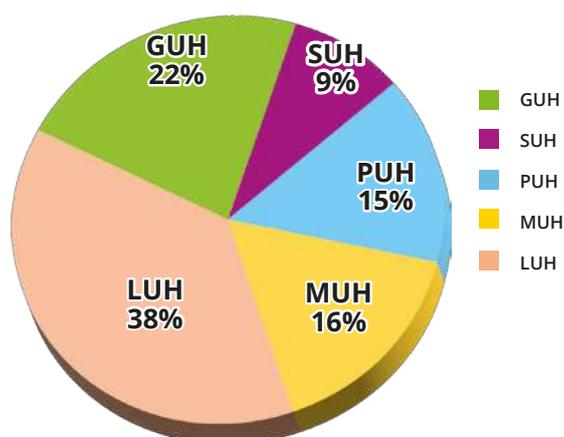
The National Incident Management System (NIMS) is the key platform for HSE and HSE-funded healthcare providers to report incidents. It is not only a legislative requirement under the National NTMA (Amendment) Act 2000 of potential claims but reporting to NIMS provides an opportunity for learning locally and nationally by identifying trends and risks in the healthcare system. Having such rich information is invaluable to improving patient safety.

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 both Portiuncula University Hospital (January) and Letterkenny University Hospital (November) was launched in 2022. Plans are in place to incrementally roll out in the other 3 maternity hospitals within the group.

7.2 Incident reporting

Below is a diagram that reflects the percentage of the number of incidents uploaded on NIMS from each site. It is important to note that it is not the number of incidents that occurred, due to the backlog of uploading incidents on some of the sites that haven't yet migrated to ePOE (electronic point of entry) to upload incidents on NIMS.

Percentage of NIMS logged per site



Serious Reportable Events (SREs);

A total of 17 incidents were classified as SREs in 2022 (note there were 18 in 2021).

SITE	NUMBER
LUH	2
SUH	4
MUH	3
UHG	6
PUH	2
TOTAL	17

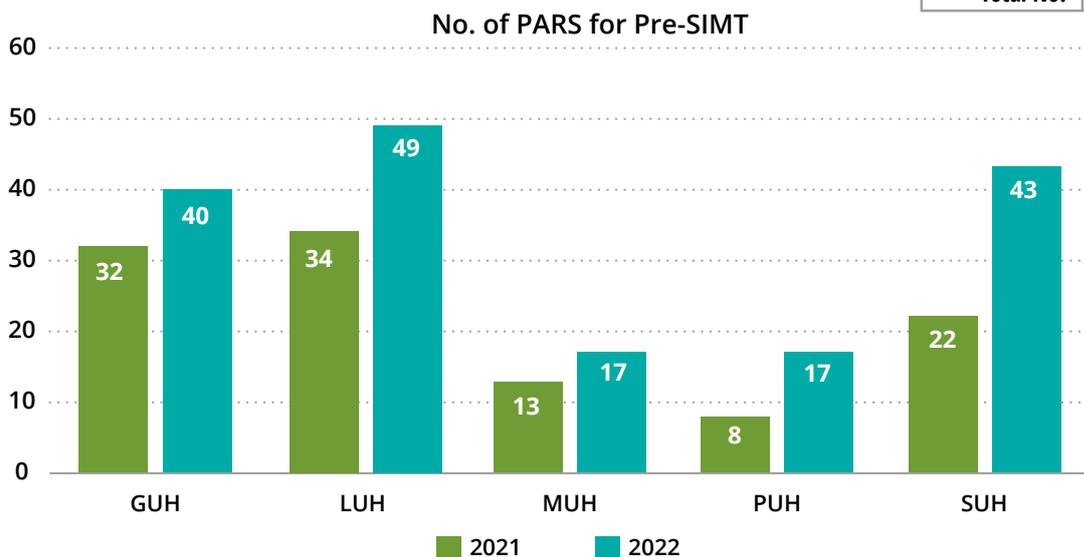
Saolta W&C MCAN continues to engage with the Obstetric Event Support Team (OEST) as appropriate. Seven (7) of above SREs were babies that showed signs of hypoxic-ischaemic encephalopathy (HIE) and were transferred to Dublin for Therapeutic Hypothermia (TH).

7.3 Pre-SIMT & SIMT

Below are diagrams illustrating the number of Preliminary Assessment Reviews (PARS) that were discussed at Pre-Serious Incident Management Team (SIMT) and the number that were escalated to SIMT.

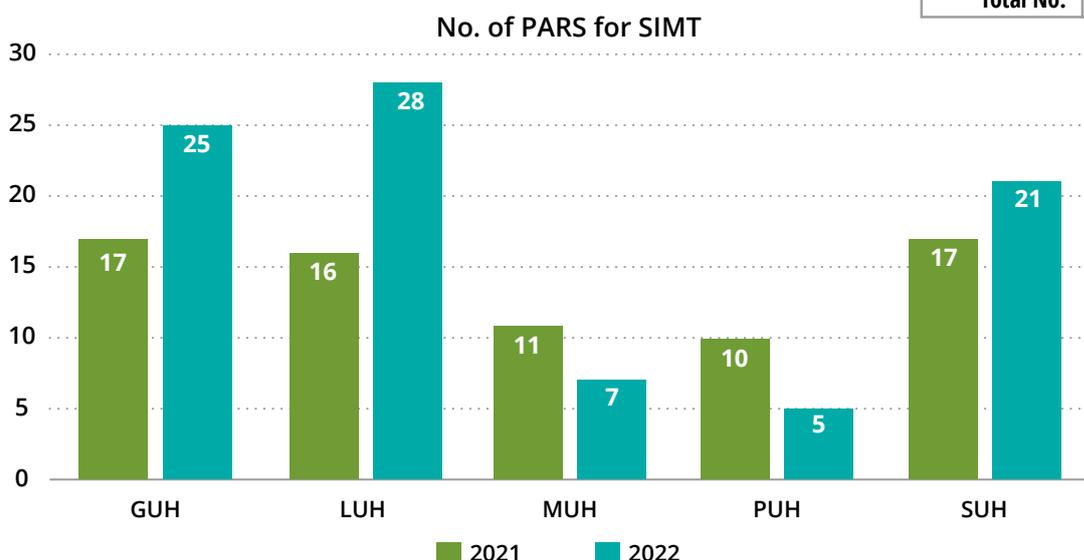
PARS Per Site for Pre-SIMT 2021-2022

MCAN Group	2021	2022
Total No.	109	166



PARS Per Site for SIMT 2021-2022

MCAN Group	2021	2022
Total No.	71	86



7.4 Key Performance Indicators (KPI's)

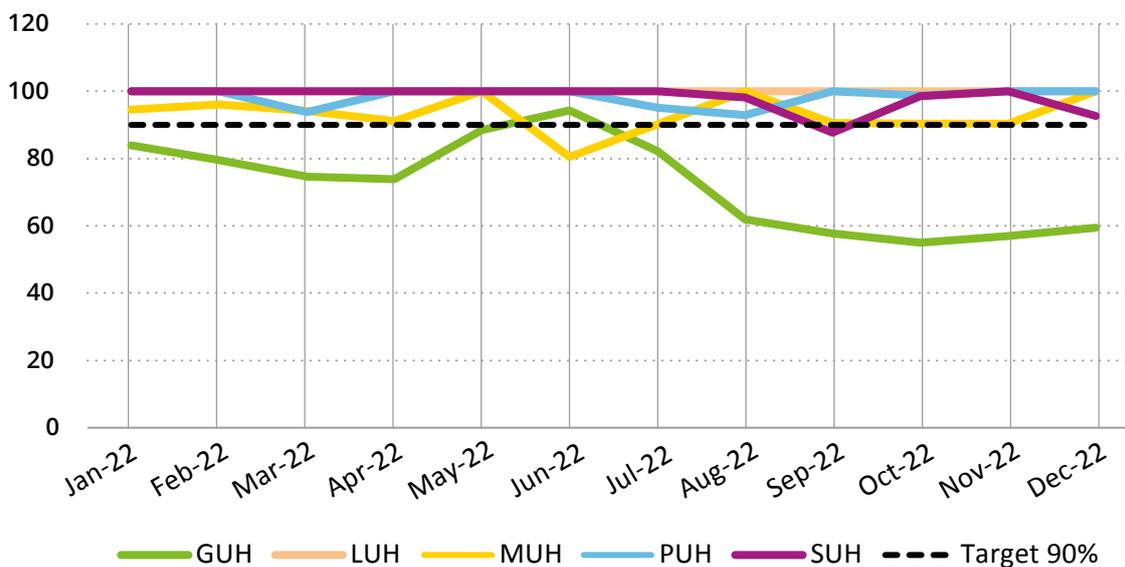
The following KPIs were the agreed suite for 2022. The sites submitted data on a monthly basis so that patterns and variance against targets could be reviewed. The KPIs were discussed at MCAN meetings and improvements were made to improve compliance as possible.

Women's and Children's MCAN Key Performance Indicators (KPIs)

% of serious incidents being notified within 24 hours of occurrence to the State Claims Agency.
% of Serious Reportable Events which require review completed within 125 calendar days of incident occurrence.
% of complaints investigated within 30 working days of being acknowledged by the complaints officer.
% of women receiving one-to-one midwifery care throughout labour and delivery.
% of Shifts on Labour ward where a CMM2/CMM3 is in charge / coordinating the shift.
% of Women receiving antenatal care via a supported model of midwifery care.
% of Category 1 caesarean sections for fetal distress or maternal emergency in which the decision to delivery interval is within 30 minutes.
% of Caesarean sections per total mothers delivered.
% of patients referred for PMB who require histological investigation and have investigation within 56 calendar days of referral.
% of ADULT women waiting > 15 months for inpatient treatment.
% of ADULT women waiting > 12 months for an outpatient appointment.
All gynaecological oncology patients should have their surgery within 6 weeks of the clinician's decision to operate.
% of High Grade Colposcopy patients seen within 4 weeks of referral.
% of Low Grade Colposcopy patients seen within 8 weeks of referral.
% of children with Type 1 DM receive insulin via CSII.
% of children waiting > 12 months for an outpatient appointment.
% of babies arriving into NICU/SCBU with a temperature of <36.5 degrees celsius
% of infants with risk factor for DDH and negative clinical exam have USS between 4 weeks +0 and 6 weeks +6 (adjusted for prematurity)
% of Children meeting a target HBAIC of <7.5%
% of Paediatric Admissions from ED attendances
% of PMB Patients who are seen in OPD or Amb Gynae within 4 weeks (28 days) of referral
% of PMB Patients who have histological confirmation within 12 weeks (84 days) of referral
% of patients (>14years) seen by a forensic clinical examiner within 3 hours of a request to a SATU for a forensic clinical examination.

Sample of KPI Trends for 2022:

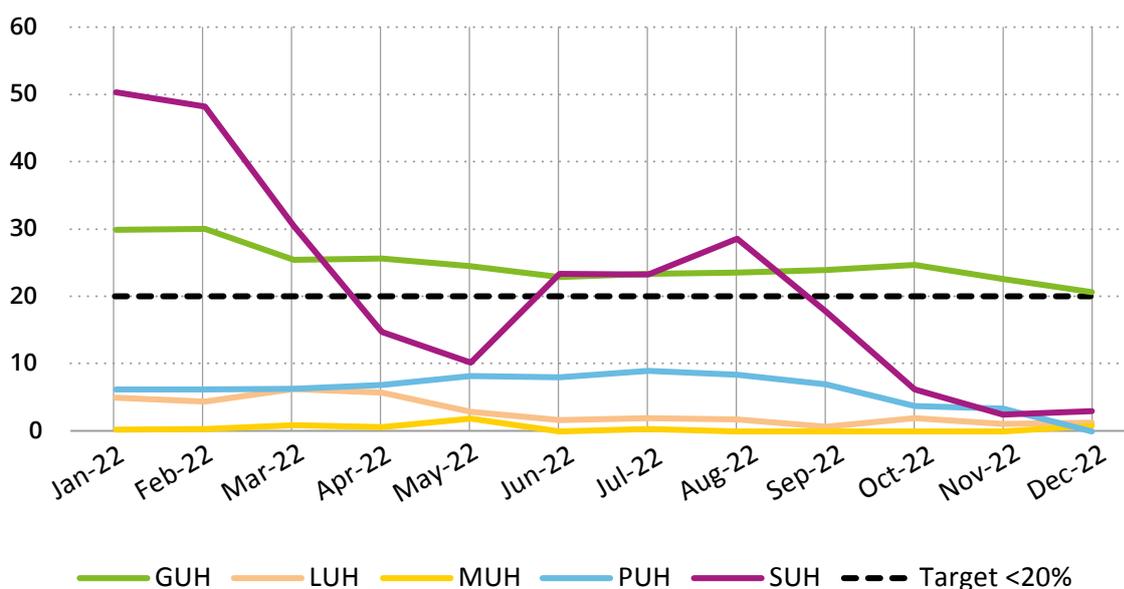
% of women receiving one-to-one midwifery care throughout labour and delivery 2022



All sites except GUH consistently reached the target of 90% for 2022.

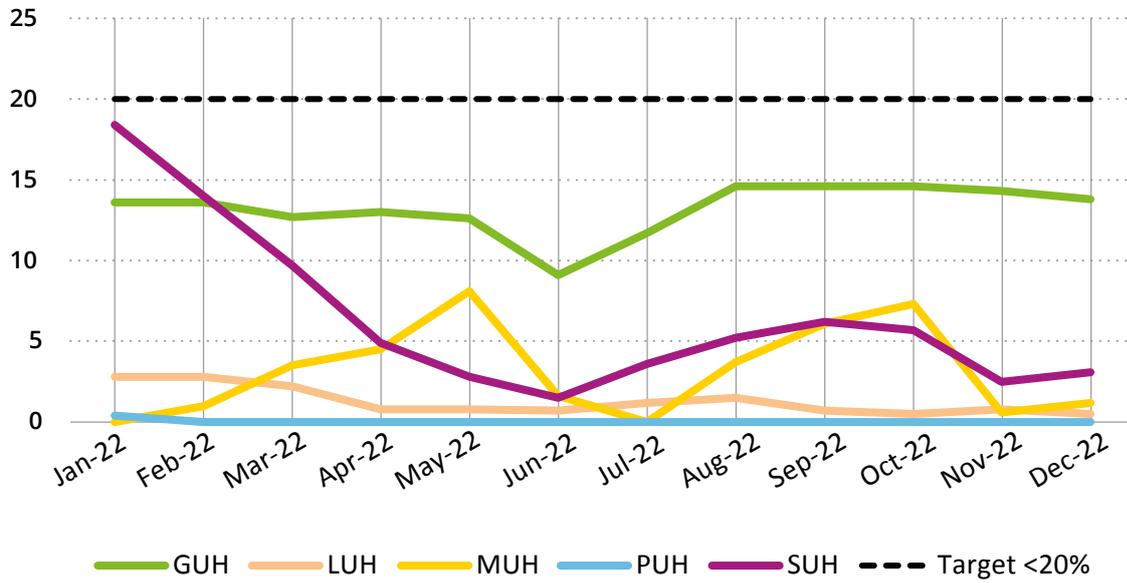
All sites except GUH consistently reached the target of 90% for 2022.

% of ADULT women waiting > 12 months for an outpatient appointment 2022



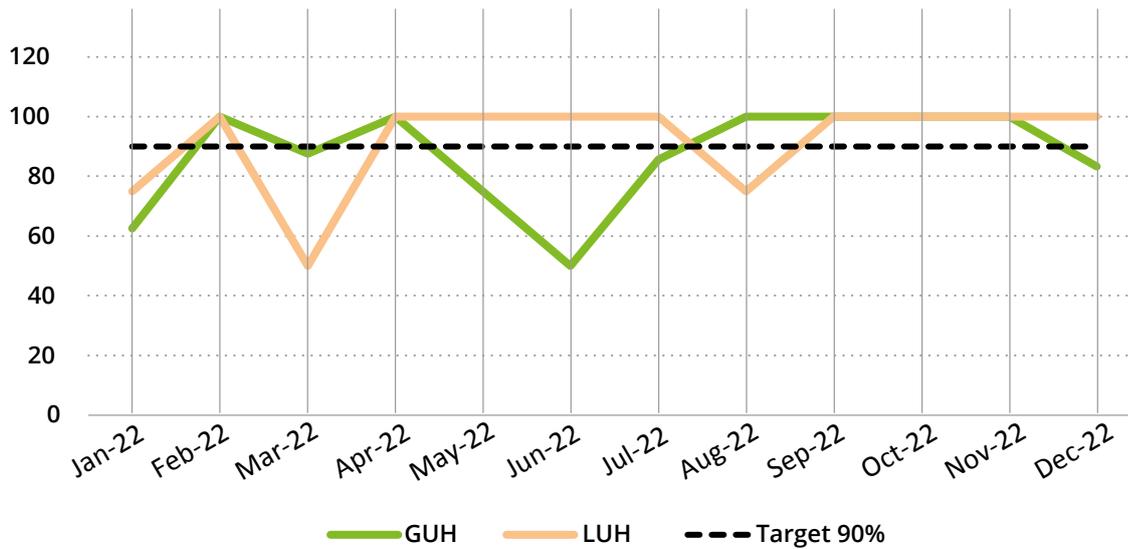
All sites except for GUH have brought their women waiting longer than 12 months below the 20% target with a notable improvement in SUH from 50.4% to 3.0%. GUH has made strides to reduce their long waiters approaching the target of <20% in 2022.

% of children waiting > 12 months for an outpatient appointment 2022



All sites consistently for 2022 under the 20% target for long waiters, with SUH having the biggest improvement and PUH having 0% long waiters for the entire year.

% of patients (>14years) seen by a forensic clinical examiner within 3 hours of a request to a SATU for a forensic clinical examination 2022





Grúpa Ollscoile Cúram Sláinte
University Health Care Group