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UltraNews newsletter is intended for circulation among staff members of the four maternity units of the Maternity Directorate. Extracts from UltraNews should not be published without the permission of the editor.



#Gynaecology500



INMO strike



GDM Research UHK



HSCPs in 2019



Domino in UHW



Grand Rounds





Welcome to the Spring edition of UltraNews, the Maternity Directorate staff newsletter

Despite a challenging start to 2019, progress is continuing

Welcome to the first edition of UltraNews in 2019 which is just in time to celebrate St Patrick's day.

It has been an extraordinarily challenging start to the year. Due to a combination of the backlog of tests following the CervicalCheck controversy, the introduction of a termination of pregnancy service on 1 January, and the strikes in January and February, we have faced particularly testing times.

We have also seen incredible efforts by staff right across the Maternity Directorate to maintain a quality service despite these challenges. For example, the efforts by staff to tackle the CUMH gynaecology waiting list, a key risk of the Maternity Directorate. The #Gynaecology500 initiative in January demonstrated a collegial spirit in teams of multi-disciplinary staff pulling together to reduce the extraordinary waiting list in CUMH. To date it has more than halved – reducing from 4,700 in April 2017 to 2,200 in February 2019 despite increasing patient referrals.

Sincere thanks to all staff for their professionalism in the past few months.

In 2019 we also look forward to an even closer relationship within our four maternity units – CUMH, UHW, UHK and STGH. This is the year the Maternity Directorate becomes responsible for maternity and neonatology services

in Waterford, Kerry and Tipperary, as well as existing responsibilities in Cork.

Our growing affiliation is evident in the new format Maternity Directorate Grand Rounds that commenced on Friday 25 January 2019. Presentations take place in the CUH main auditorium with maternity units joining by videoconference link. We anticipate having presentations from all our maternity units in due course.

It is an honour to work alongside such dedicated staff in our Directorate; we in turn are privileged to provide care to the women, babies and families in our region.

On behalf of the Maternity Directorate, Happy St Patrick's day to all. Lá Fhéile Pádraig Shona Daoibh go léir.

A handwritten signature in black ink, appearing to read 'John R. Higgins'. The signature is written in a cursive style and is positioned above a horizontal line.

John R. Higgins

Clinical Director Maternity Directorate
Professor of Obstetrics and Gynaecology
South/Southwest Hospital Group

Health and Social Care Profession's (HSCP's) numbers grow across Maternity Directorate

by Maria Leahy, Acting Manager of Social Work Services, CUH/CUMH and representative HSCP member for Maternity Directorate 2018/2019

The Health and Social Care Professions Group (HSCPs) is a diverse group of professionals and in the Maternity Directorate the following six professions provide direct services to mothers and their infants: dietetics, occupational therapy, pharmacy, physiotherapy, social work and speech and language therapy. While a number of these professions are dedicated to maternity services, the majority provide services to both maternity service users as well as patients in the general hospital setting.

The Maternity Directorate have prioritised the development of HSCP services and the recruitment of staff for 2019. While it will take some time to fully resource all professions to enable the provision of an optimal service, this is huge step forwards and an exciting time for HSCPs in the Maternity Directorate.

“Health and social care professionals play a key part in the care provided by the Maternity Directorate ensuring that babies get the best start in life and that mothers and families are supported and empowered to improve their health and wellbeing. We are delighted that vitally needed additional HSCP staff are coming to our maternity units in 2019.”

Professor John R. Higgins, Clinical Director Maternity Directorate

Additional WTEs will be resourced across the Maternity Directorate in Dietetics, Pharmacy, Social Work and Speech and Language Therapy during 2019.





National HSCP Day 1 February 2019: Connections, Collaboration & Confidence

The first day in February saw National HSCP Day take place, on the anniversary of the launch of the HSCP office and the Health and Social Care Professionals Development and Education Strategy 2016-2019. CUH, UHK and STGH marked this day with a range of events. The following pages give a snapshot of what our maternity units were up to for National HSCP Day.

Cork University Maternity Hospital (CUMH)

by Sinead Brosnan, Speech & Language Therapy Manager

HSCPs in Cork University Hospital (CUH) and Cork University Maternity Hospital took part in celebrations to mark National HSCP Day on 1 February 2019. We held a hugely successful gathering for staff in the atrium of the Cardiac Renal Centre. Delicious refreshments were provided by our catering department. It was a great opportunity for HSCPs from different disciplines to meet and to build opportunities to share knowledge and experiences. Some fun was also had with a HSCP crossword (winner to be announced!). Along the main concourse there was a banner display representing each of the 15 HSCP disciplines in CUH.

The themes of Connections, Collaboration & Confidence are the focus for 2019, so this event was a great start in our endeavour to build on networking opportunities and to raise the profile of the value add that HSCPs contribute to our service users.

Pictured top right: Large group of HSCPs with Kathleen Lynch, former Irish Labour Party politician. **Right:** HSCP banner displays in CUH

Pictured above: Front row: Caitriona Heffernan, Senior Speech & Language Therapist, CUH; Kannan Natchimuthu, Senior Neonatal/Paediatric Occupational Therapist, CUMH; Sinead Brosnan, Speech & Language Therapy Manager CUMH/CUH; Colette Lynch, Physiotherapist, CUMH/CUH; Sara Fenton, Pharmacist, CUMH. Back row: Áine Cahill, Social Work Team Leader; Margaret Mary Smith, Clinical Specialist, Speech & Language Therapist, CUMH/CUH



University Hospital Kerry (UHK)

by Patricia Kennelly, Occupational Therapist Manager

In University Hospital Kerry, the staff of the occupational therapy, physiotherapy, dietetics and speech and language therapy departments celebrated National HSCP Day by introducing members of the public and hospital staff to different aspects of their work through displays in the hospital. There was plenty of information available about their various roles and people were encouraged to participate in a variety of interesting challenges. Challenges included estimating the amount of fat in different foods, finding out if your hand dexterity and grip strength was within normal range and having your voice and breathing analysed.

The day was also used to launch an international campaign called 'End Pj Paralysis' that is being led by our HSCPs in UHK. This initiative encourages patients in the hospital to change into their day clothes if they are fit to sit out of bed – to get up and get active, in order to get well and get home. A stand in the hospital canteen explained what the initiative is all about. The team were also interviewed by Deirdre Walsh in the 'Afternoon Show' on Kerry Radio. They used the opportunity to talk about the initiative and to ask relatives and carers to bring comfortable day clothes and shoes into the hospital for their loved ones.

Many thanks to the multidisciplinary organising committee and to all who participated in this day, making it the huge success that it was.



Pictured above left: Maureen McElligott, Physiotherapist, UHK; Keira O'Brien, Physiotherapist, UHK; Siobhan O'Grady Occupational Therapist, UHK; Ciara Fitzell, Student Occupational Therapist, UHK. **Above right:** Niamh Culhane and Regina Galvin, both Dietitians in UHK

South Tipperary General Hospital (STGH)

by Barbara Long, Physiotherapist Manager



The HSCPs in South Tipperary General Hospital celebrated National HSCP Day by hosting a very successful 'Coffee Break'. It proved to be a valuable networking opportunity for HSCPs as well as management and colleagues, with the added benefit of delicious home baking!

A display was also presented in the hospital foyer detailing the broad range of essential healthcare services that approximately 60 HSCP staff in South Tipperary General Hospital contribute to patient care and quality of life.



Pictured top: Staff at the 'Coffee Break' event to celebrate National HSCP Day in STGH. **Pictured above:** HSCP banner displays in STGH

#Gynaecology500: Aiming to reduce waiting list by 500 in five days

Cork University Maternity Hospital implemented a major initiative in January 2019, with the aim of reducing numbers waiting for gynaecology outpatient services by 500 in five days.

The CUMH gynaecology waiting list is one of the key risks noted at the establishment of the Maternity Directorate in 2017. #Gynaecology500 is part of The Gynaecology Waiting List Initiative, a two-year programme of work to tackle the extraordinary CUMH gynaecology outpatient waiting list in the short term and work towards a sustainable model of service delivery and patient care in the medium term.

In addition to appearing in national press, Prof. John R. Higgins presented on RTÉ's Morning Ireland as well as on the RTÉ Six One and Nine O'Clock News (along with Dr Orfhlaith O'Sullivan) to draw attention to the efforts of staff to reduce the waiting list.

"When we started we had 4,700 patients on the waiting list, we're down to just under 2,700 at the start of 2018. Originally we had 2,000 waiting over a year and now we have under 600 waiting over a year. It's a different approach to try and ensure that patients are seen in a timely manner so their problems do not get worse."

Apart from reducing waiting lists, CUMH also continues to see new patient referrals. *"We get a 100 new referrals approximately every week, so we have been seeing them and doing the extra for the last 18 months. This week we're applying extra effort, we're all energised. It's not something you could do every week. We are happy to work through to 9pm and the atmosphere generally is very positive."*

Prof. Higgins explained that the hospital has tried a variety of measures. *"Some of them have worked well, others haven't. The list continues to fall through a combination of hard work, commitment and flexibility with staff working evenings in addition to a normal working day. The target for April 2019 is less than 1,000 patients on the outpatient waiting list."*



Pictured top: Patient Brigit McCarthy from Clonakilty, Prof. John R. Higgins, Clinical Director CUMH and Orfhlaith O'Sullivan, Consultant Obstetrician & Gynaecologist. Photo: Gerard McCarthy. **Above left:** CUMH Central Appointments Team. **Right:** Dr Karen McNamara



CUMH Medical Secretaries



CUMH Midwives and Outpatients staff



Behind the scenes with Paschal Sheehy



Unused Gynaecology Theatre in CUMH

We're focusing on this as we're pushing towards being able to reboot our gynaecology outpatient service."

Prof Higgins added that the current plan will run for another year-and-a-half. *"I think we're confident that we have now demonstrated our capacity and our ability to tackle the back log and the next phase for us, is bringing these patients in for procedures. We're more than ready to see our second gynaecology theatre being opened. Making our efforts sustainable is the next big challenge."*

The recommendations to ensure a sustainable model of service delivery and ensure risks associated with a suboptimal gynaecology service are minimised were presented in a 3 year business plan to Minister Harris in early 2017. These included recommendations for the development of a gynaecology "one-stop-shop" (to house standard gynaecology clinic rooms as well as multi-functional rooms); recruitment of additional consultant, midwifery and support staff; and ensuring that funding allocated to the maternity services across the SSWHG remains within the maternity service.

To date, just €1.1m of the promised €14m in funding over a three-year period has materialised.

#Gynaecology500: Engaging with politicians and the SSWHG

As part of our Gynaecology 500 Week running January 7-11, all Cork city and county Oireachtas members were invited to a briefing at CUMH by the CUMH Directorate, namely Prof. John R. Higgins as Clinical Director, Olive Long, Director of Midwifery and Miriam Lyons, Business Manager.

The briefing covered the approach to gynaecological services including the #Gynaecology500 initiative, as well as the latest developments in maternity services. Members of the South/Southwest Hospital Group leadership team also attended the briefing. The key message was that to maintain this momentum and to deal with the resulting inpatient waiting list and surgeries that will arise, CUMH requires additional funding to recruit more staff and open a second gynaecology theatre.

Since the #Gynaecology500 initiative Prof. John R. Higgins met with politicians such as the Leader of Fianna Fáil Micheál Martin and Minister Jim Daly (Fine Gael TD).

Pictured opposite top: Front row: Breda O’Riordan, Business Manager SSWHG; Aindrias Moynihan (Fianna Fáil TD); Miriam Lyons, Business Manager, CUMH; Prof. John R. Higgins, Clinical Director, CUMH; Olive Long, Director of Midwifery, CUMH; David Stanton (Fine Gael TD); Noelle Dineen, Chief Financial Officer, SSWHG; Back row: Gerard O’Callaghan, Chief Operations Officer, SSWHG; Prof. Orla Healy, Director of Strategy, Planning and Population Health S/SWHG; Senator Jerry Buttimer (Fine Gael); Senator Colm Burke (Fine Gael) Senator Colette Kelleher (Taoiseach’s Nominee); Donnchadh Uinseann O’Laoghaire (Sinn Féin TD); Kevin O’Keeffe (Fianna Fáil TD)

Pictured right: Prof. John R. Higgins, Clinical Director, CUMH with Micheál Martin (Fianna Fáil Leader). **Pictured far right:** Prof. John R. Higgins, Clinical Director, CUMH with Minister Jim Daly (Fine Gael TD)





Pictured top: Prof. Arie Franx, Professor of Obstetrics at University Medical Center Utrecht; Prof. John R. Higgins, Clinical Director Maternity Directorate; Adrienne Cullen; Peter Cluskey; Olive Long, Director of Midwifery, CUMH; Miriam Lyons, Business Manager, CUMH

Pictured above: Adrienne Cullen speaks to CUMH staff on 10 December 2018 about open disclosure after medical harm

Adrienne Cullen (RIP): Campaigner for open disclosure after medical harm visits CUMH

Adrienne Cullen, Irish writer, terminal cancer patient and campaigner for open disclosure after medical harm visited CUMH on 10 December 2018. She was accompanied by her consultant Prof. Arie Franx, Professor of Obstetrics at University Medical Center Utrecht and her husband Peter Cluskey. They came to meet with CUMH's senior management, obstetrics and midwifery teams to discuss and share their experiences in the Netherlands, what went wrong, and the terrible effect it had on them. Tragically, only three weeks after her visit, Adrienne lost her battle with cancer and died on 31 December 2018, at the age of 58.

"We are extremely privileged in CUMH to have met Adrienne Cullen and to have her tell her story as a patient seriously harmed by a medical error, alongside her doctors involved. Her bravery and fortitude was truly remarkable and has left a powerful impression on us all. May she rest in peace."
Professor John R. Higgins, Clinical Director Maternity Directorate

Adrienne covered her story in brief, mentioning how a Dutch hospital lost her test results for a number of years and by the time they were found, her cervical cancer had advanced to the stage of being terminal.

Her messages for hospitals included:

- When something goes wrong, a hospital needs to come forward and apologise and make a statement that they will do everything they can to find out what went wrong, and following investigations, write a report for the health inspectorate and ensure this is communicated internally.
- When something goes wrong, the clinical staff involved need to receive support from the hospital to help them support the patient and learn from the mistake.

- Open disclosure is not just about being honest, it is about a process on how to deal with patients who have been wronged.
- When reviewing cases, consider involving the patient in some way. Some may come directly, some may ask their midwives or others to represent them to tease out where things went wrong. There's a different answer for every person.
- The unacceptability of wronged patients only being dealt with by the legal department.
- The unacceptability of non-disclosure, or "gagging" clause, in legal settlements for medical negligence.
- Hospital staff need to continually learn the lessons of open disclosure, how to manage errors, how to support patients and their families.
- Very few errors exist in isolation. This error was down to many things but primarily due to bad communication between teams.

"It's too late for me", she said, "I'd like to think this is the beginning of a new chapter in openness and transparency in hospitals, but there's still a very long way to go."

Professor John R. Higgins acknowledged her immense courage and thanked her for sharing her story and providing the invaluable opportunity for hospital staff to learn from her first-hand.



MN-CMS is transforming maternity services

By Nilima Pandit, MN-CMS System Administrator and Elmarie Cottrell, MN-CMS Clinical Informatics Pharmacist

Ireland's Maternal and Newborn Clinical Management System (MN-CMS) is the design and implementation of an electronic health record (EHR) for all women and babies in maternity services in Ireland. This in short means having a digital record rather than a paper record of both mother and baby, which will allow the clinical record information to be shared more easily with relevant providers of care as and when required.

Ireland is the first country in the world to introduce a national electronic patient chart for maternity services. As a result, every maternity hospital in the country will be using the same electronic chart standardising the information flow and collection with very obvious advantages for the patient and carers. It is one of the largest and most important ICT projects ever undertaken in Irish healthcare. Cork University Maternity Hospital (CUMH) was the first hospital in Ireland to go live on MN-CMS.



Benefits of MN-CMS

The key benefits include:

- More effective, efficient, complete and consistent recording of information.
- Improved and accelerated decision making as a result of easier access to clinical information, leading to better patient care.
- Improved data quality leading to enhanced clinical audit and research data locally.

Further benefits to the Maternity Directorate include the seamless transfer of patients from one maternity unit to another which is largely based on ease of access to the patient's full clinical record.

MN-CMS has enhanced medication safety in CUMH and UHK as all medication orders are now clear, legible and complete. Clinical decision support developed within MN-CMS enables rationale prescribing and the use of dose calculators has minimised the risk of calculation errors.

Deployment

Cork University Maternity Hospital deployed MN-CMS on 3 December 2016, closely followed by University Hospital Kerry on 11 March 2017. Plans are in place to roll out the system in University Hospital Waterford and South Tipperary General Hospital in subsequent phases of the MN-CMS project. At present the system is also in place in The Rotunda Hospital and the National Maternity Hospital and in time, the system will be deployed across all 19 maternity units in Ireland.

Successful deployment is the result of hard work, collaboration, teamwork and dedication of many staff at each hospital. At CUMH, we are very happy to provide support to sites that are about to go live to share our learnings. We welcome their visits and the resulting camaraderie that is involved in supporting a successful launch.



Nilima Pandit



Elmarie Cottrell

MN-CMS Support Team for SSWHG

The support team on the ground for all end users of the MN-CMS system across the South South/West Hospital Group (SSWHG) is growing. We will be assisting with roll out and optimisation of the system in each hospital and maternity unit. Current team members include:

Nilima Pandit: MN-CMS System Administrator

- Responsible for:
- Managing MN-CMS user accounts
 - Day to day troubleshooting of issues and queries
 - Link/interface with Cerner who build MN-CMS, with MN-CMS National Back Office, and other vendors
 - Management of change requests and upgrades

Elmarie Cottrell: MN-CMS Clinical Informatics

- Responsible for:
- Training users on the medication related functionality of the system
 - Focus on medication / drug charts related issues
 - Optimising/developing medication workflow in the system
 - 50% local and 50% national role with the MN-CMS National Medication Workstream

Claire O'Halloran: MN-CMS Data Quality Manager

- Responsible for:
- Overseeing the quality of nursing/midwifery documentation
 - Managing research data requests in the SSWHG
 - Organising the daily, weekly, monthly reports for each department
 - Defining KPIs for measurement of Data Quality



Claire O'Halloran



Deirdre Moriarty

Deirdre Moriarty: MN-CMS Training Co-ordinator

- Responsible for:
- Training new staff on the system
 - Arranging optimisation sessions for existing staff
 - Maintaining records and supporting the back office

In addition to the support team, in the Maternity Directorate we have Professor Richard Greene, Consultant Obstetrician, CUMH as MN-CMS Joint National Clinical Lead for Obstetrics and Dr Brendan Murphy, Consultant Neonatologist as MN-CMS National Neonatology Lead.

Challenges

Challenges to date have included:

- The double login to access the system
- Technical issues such as Wi-Fi and network capability
- The provision of laptop carts, printers and scanners
- Training resources for staff

Solutions to challenges are continuously being sought at both a local and national level to ensure ease of use for all end users of MN-CMS.

The future

Nilima Pandit, MN-CMS System Administrator: *"We are only beginning to fully appreciate how far we've come with MN-CMS in CUMH. Users are no longer contacting us with questions about how to use the system, rather they contact us with suggestions on how to improve the system. That is key. For us to improve, we must continue to optimise the system and for us to do that, we must continue to hear from our users. We really want new and existing users to keep that feedback rolling in."*

One third of staff in Maternity Directorate received the flu jab in 2018/2019



Pictured above: Fionnuala Hunt, A/Allocations Liaison Officer, (centre) presents prizes to winners of 'Flu Jab Raffle Prize' at CUMH. Mary Teresa O'Farrell, first year student midwife (left) receives a Hayfield Manor voucher and Guilia Marinelli, first year student midwife, receives an iPad

While uptake of the flu vaccine is slightly increasing across the Maternity Directorate, our vaccination rates for 2018/2019 remain comparatively low. The average for the four hospitals related to the Maternity Directorate is nearly 34%, against just over 40% in the South/Southwest Hospital Group overall.

Hospital	Vaccination Rate	Comments
University Hospital Waterford	46.7%	<ul style="list-style-type: none"> • 12.6% last year • Vaccine opportunities available 24/7
Cork University Maternity Hospital	41.4%	<ul style="list-style-type: none"> • 1st year separated from CUH • 37.6% last year for CUH & CUMH
South Tipperary General Hospital	32.9%	<ul style="list-style-type: none"> • 29.2% last year
University Hospital Kerry	14.8%	<ul style="list-style-type: none"> • 14% last year
Average in the Maternity Directorate	33.95%	
Average in the SSWHG	40.14%	

Rates in UHW top the table, at nearly 47%, largely due to the large numbers of peer vaccinators on site and the 24 hour availability of vaccinations during the season. There was also a flu committee convened by the Director of Nursing and this gave voice to the importance of the uptake of the vaccine by staff in UHW. In addition there was an NCHD flu champion for the hospital.

Vaccination rates in STGH increased by 4% to nearly 33% in 2018 while UHK rates remain quite low at under 15%, mainly due to staff shortages and the low availability of peer vaccinators. In 2018, Cork University Maternity Hospital measured vaccination rates separate to Cork University Hospital and came in at 41%.

Fionnuala Hunt, Co-ordinator of the CUMH Peer Vaccinations said: "41.4% uptake for the Seasonal Influenza Vaccination seems reasonable considering that this was the first year that figures were assessed independently of CUH. Going forward, I hope to increase the number of clinics available in CUMH, with a corresponding improvement in vaccine uptake."

Professor John R. Higgins, Clinical Director Maternity Directorate said: "The flu vaccine is safe and is a lifesaver as it protects our staff, their families and the mothers and babies in our care. Next year we are hoping for a much better uptake. We wish to thank the large numbers of peer vaccinators across the Maternity Directorate who have been trained to facilitate staff availing of the flu jab. Roll on 2019 – there's lots of room for improvement!"



Photo courtesy of
freestocks.org
on Unsplash

Domino and Home Birth Services in UHW

By Paula Curtin, Director of Midwifery, UHW

The Integrated Hospital and Community Midwifery Service (IHCMS) was established in 2000 in University Hospital Waterford (UHW) and has been providing a homebirth service since its inception. To date we have had 128 homebirths delivered.

Women are assessed for eligibility based on based on specific risk assessment criteria and this can include referral to the Advanced Midwife Practitioner (AMP) for further assessment and plans as required.

The guidelines for IHCMS are based on the National Guidelines for Home Birth Services (2018) and include specific risk assessment tables to guide practice. Staff working in the IHCMS are very experienced in all aspects of midwifery care including perineal repair, prescribing, examination of newborn, lactation and midwifery discharge.

Reflection on individual homebirth experiences is guided and supported by the AMP and includes learning to improve practice. This structured reflection highlights potential for further development and education of individual staff members.

Domino and Home Birth Services overall align with the National Maternity Strategy 2016-2026 and will continue to be developed.

Diary of a home birth experience

by Victoria Byrne CMM2, IHCMS, UHW

Being a Domino and Homebirth midwife you need to be prepared for the unexpected each day at work or on call. Labour will not be dictated by any individual roster/rota!

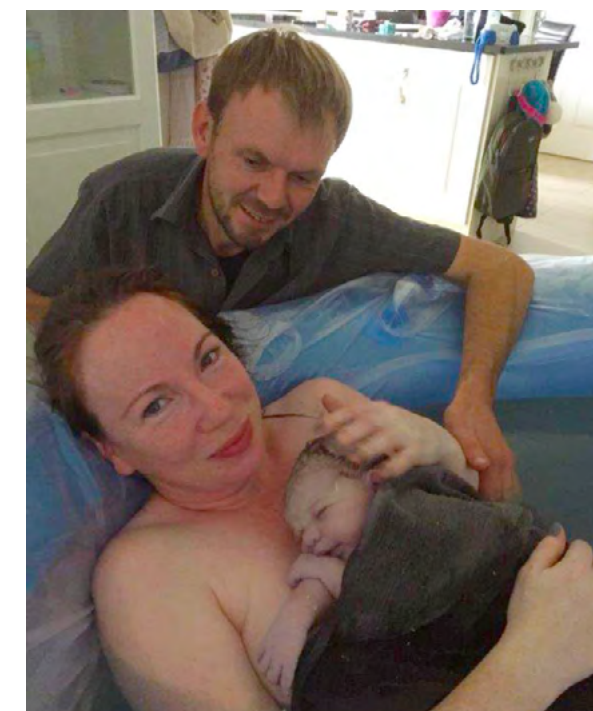
In late 2018, a colleague and I went to a routine antenatal appointment in the woman's home. She had one previous baby and was at term plus four days gestation. While at her house we observed that she was anxious that she had not had her baby as she had given birth previously at 39 weeks and 5 days.

This woman was keen to use water birth for labour at home and the pool was ready. In addition she was having acupuncture, aromatherapy and massages. Following a full assessment and discussion, a stretch and sweep was agreed upon. We left her to relax and to call the team if labour commenced.

The woman called me at 03:00 to inform me that she has been having regular contractions as the night had progressed on. I called my colleagues and we agreed to travel together as she was a multigravida (pregnant for at least a second time). We arrived at the house and the woman was on the birthing ball and listening to the 'GentleBirth relaxation app'. Aromatherapy oils infused the house as her husband filled the pool to the correct temperature. The woman was examined an hour after our arrival and was 4cm dilated. The labour ward in UHW and ambulance control were contacted as per protocol. Immersion in water and use of entonox helped this lady to progress to full dilation followed by spontaneous rupture of membranes.

She birthed a baby girl in the all fours position in the pool and brought her baby up to the surface for skin to skin where the baby immediately cried. The cord remained pulsating for 10 minutes and the woman was then helped to her sofa for a physiological 3rd stage of labour. Breastfeeding commenced straight away. Her perineum was intact with minimal blood loss. Staff remained for 3 hours in the house ensuring that the mother had passed urine and had a well contracted uterus prior to departure. The newborn examination was performed at home 24 hours after birth. The family had routine follow up for 5 days prior to handover to Public Health Nurse and GP.

This was a very rewarding experience for the family and the IHCMS team. Despite challenges of staffing and complexity in pregnancy we continue to strive to offer this choice for our women.





The **DOMINO** (Domicillary Care Inside and Outside of hospital) Scheme recently celebrated their fifth birthday in CUMH. Since January 2014, the DOMINO model of care facilitates low risk women within a 15km radius of the hospital to be cared for throughout their pregnancy, labour and post-natal period by a team of midwives, ensuring continuity of care and choice for each woman.

Women are encouraged towards a natural birth leading to a reduction in intervention rates and a positive, empowering birth experience. The DOMINO team support the philosophy that pregnancy and birth is a normal, albeit life changing event. The team of midwives aims to empower and educate women to give them the knowledge, skills and confidence to birth without medical intervention in a calm quiet environment with the support of a midwife who is known to them. Intervention rates, such as caesarean rates, are as low as 10%.

In addition, the DOMINO Scheme facilitates an early return home and provides the support of the team to assist in the early, crucial days of initiating breastfeeding.

The average postnatal stay for most women in CUMH is 2-3 days; women giving birth within the DOMINO Scheme can be discharged home after 6-12 hours. Such an early discharge contributes significant savings to CUMH while also allowing the new mother the opportunity to smoothly and quickly integrate her new born baby into her family life.

Celebrating five years of DOMINO care

By Martina Dillon, Domino Lead Midwife, CUMH and Monica O'Regan, A/CMM3 Midwifery Led Services, CUMH

The team of midwives visit mother and baby for five days, supporting her and her family with their first steps on their journey of parenthood. 95% of women continue to breastfeed at home, most likely due to the increased support the mother gets from the team.

Key Stats

- In the past year, the DOMINO team provided care for 282 women
- Of this cohort 72% went on to have a normal birth
- The Caesarean section rate amongst these women was 10.9%
- 887 Home visits to mothers and babies were provided.

The philosophy of care embraced by the DOMINO Midwifery Team is key to its success and is consistent with the philosophy of regional, national and international policy documents. These emphasise that women should have choice, continuity and control over how, where and with whom their care is provided (A better future together: National Maternity Strategy 2016 - 2026).

The vision of the community team is to further develop both DOMINO and community services to include one third of the 8000+ women giving birth in CUMH each year, similar to the numbers in the Dublin Hospitals.

The 980 women who have availed of the service to date have been very satisfied, citing the relaxed informality of antenatal visits, calm birthing environment and supportive home visits by a known midwife, as the key advantages of this model of maternity care.



"The DOMINO team were able to provide me with the opportunity to have the birth I wanted. They empowered me to take control and took the fear out of giving birth. They were always so calm and warm and welcoming. It was so comforting to be able to go home soon after the birth and the one-to-one support I received at home was phenomenal."

Elaine Hales with 4 week old Méabh and Fiadh, 2 years 2 months

"The DOMINO experience was the most empowering experience of my life. Having been through an infertility diagnosis with my husband due to cancer, and many rounds of IVE, it was massive for me to have normal deliveries. I needed that normalcy. It made me see how powerful I am. It made us appreciate everything about the whole experience of birth."

Katherine Studdert with Helen, 4 years 4 months and Mark, age 1 year 4 months

"I can't say enough about DOMINO; they were brilliant. I felt so reassured, they made everything so easy. When I had trouble breastfeeding my daughter at the beginning, the support they provided at home was second-to-none. It would never have established without that support and I subsequently went on to breastfeed my youngest daughter for 4 months. As a general nurse myself, I know how special it is to be able to provide that kind of one-to-one care"

Deirdre O'Connell with Ciara, 4.5 months and Róisín, 20 months

"As a midwife myself, it was wonderful to have DOMINO care and support for my first baby. I knew I could ask any question I wanted, none were considered stupid. My midwife was amazing during my labour. It was also great to have that follow-through at home with visits for 5 days after the birth. The care is different, it's so personal, it's the extra time, the one-to-one time that makes the difference."

Cliona O'Leary, Postnatal midwife 2East, CUMH with Laoibhse O'Brien, 12 weeks

‘Connecting with Baby Prenatally’: Promoting Infant Mental Health

By Emma Moloney, Senior Medical Social Worker, STGH

Why Infant Mental Health (IMH) matters in pregnancy

Between conception and three years of age, a child’s brain undergoes an incredible level of growth and change. The brain doubles in size in the first year, and by age three it has reached 80 percent of its adult volume. Thus making this a critical period for growth and development.

Added to this, babies come into the world prepared for social interaction. A newborn needs a primary caregiver who is ready and able to respond to their emotional needs as well as physical needs. John Bowlby, the first Attachment Theorist, describes attachment as a “lasting psychological connectedness between human beings”. He believed the early bonds formed by children with their caregiver have a tremendous impact on their ability to form secure relationships throughout life.

In recent years, there is an increasing body of evidence demonstrating that the origins of mental health difficulties diagnosed in later childhood, adolescence and adulthood can be traced back to pregnancy and the first three years of life. In more extreme cases, a toxic level of stress (over-activation of the stress response without a consistent, nurturing caregiver available) can lead to long term changes in the child’s body and brain, that is, to their physical health and emotional wellbeing.

What can our Maternity Services do?

We need to ensure children are born with the best start in life. We can do this by supporting parents in their preparation for parenthood. A focus on the emotional wellbeing of mum-to-be as well as the parent-child relationship before birth are paramount.

My role in medical social work affords me the exciting opportunity to engage in this preventative piece of work. Referrals are received in the context of unplanned pregnancies, relationship breakdowns, previous experience of postnatal depression, previous complex deliveries, anxieties regarding the transition to parenthood, and women describing pregnancy as ‘the best and worst time of my life’. Social work intervention focuses on self-care for the expectant mother, thus reducing the level of stress/anxiety experienced during pregnancy.

There is also a particular emphasis on building a connection with baby in the womb, promoting bonding and attachment. Mums-to-be are encouraged to talk to baby, to start to imagine life with baby and monitor kicks and her own emotional response to same. Expectant dads can be included in these sessions also.

Research has informed us that women who have experienced adverse childhood experiences (ACEs) such as physical neglect, emotional abuse, etc. may be in need of increased support in preparing for parenthood. Women who have a child in the care of the



Photo courtesy of rawpixel on UnSplash

state already or who have experience of the care system themselves are routinely referred to medical social work in an effort to provide this increased support.

Cases requiring further intervention post-delivery can be referred for infant-parent psychotherapy.

Making every contact count

Infant Mental Health (IMH) has started to gain momentum in STGH. Carmel Byrne, Lactation Consultant and I attend a monthly interagency reflective practice group which helps to embrace IMH principles into our every-day practice. We’re delighted that a number of colleagues have expressed an interest in attending the upcoming 2 day IMH Masterclass with a view to incorporating the concepts of IMH across our maternity service.

Strike action by midwives and nurses

More than 35,000 midwives and nurses across Ireland undertook industrial action in three 24 hour strikes in January and February 2019. The strike started on Wednesday, 30 January 2019 and took in another two full days on 5 and 7 February. This has been the first series of 24-hour nurses and midwives strikes in 20 years.

Hundreds of nurses and midwives in our 4 maternity units picketed, in a variety of weather conditions from freezing to wet and rainy, as they took industrial action over low pay and staff shortages.

Plans for an additional three-day strike on 12 February were suspended after the Labour Court intervened in the dispute leading to the INMO considering the Labour Court's recommendations. At the time of going to press, the INMO is planning for a ballot of its members to be held between 11 and 25 March to vote on whether to accept the settlement.

Photos: *Midwives and nurse's strike outside the group hospitals*



CUMH completes highest number robotic gynaecological procedures in Ireland and UK

Nearly 100 patients were treated in 2018 using the robotic-assisted surgical technology



Above: Dr Peter O'Connor SHO anaesthetics; Sheeba Rajan, RGN theatres CUMH; Dr Leon Serfontein, Consultant Anaesthetist; Dr Matt Hewitt, Consultant Obstetrician & Gynaecologist; Dr Zibi Marchocki, Registrar Obstetrics & Gynaecology; Mary Anne Masongsong, RGN theatres CUMH, John Seymore, Porter theatres CUMH; Joseph Shijo, RGN theatres CUMH; Mary Prince, ACNM II Obs/Gynae theatres CUMH

Cork University Maternity Hospital (CUMH), the centre of excellence for gynaecological, maternity and neonatal services in Cork, has carried out nearly 100 robotic-assisted procedures in 2018, and more gynaecological robotic procedures than any other centre in Ireland or the UK. This has been achieved through the da Vinci surgical robot, uniquely purchased for gynaecology surgery, that was upgraded by CUMH in December 2017.

The surgical robot system offers advanced and innovative assisted technologies that has significantly impacted the gynaecology department. In July 2008, CUMH was the first hospital to have a robot in clinical service and since then it has treated over 1,200 gynaecology and urology cases.

Some of the benefits of the robotic surgical procedure include:

- Reduced post-operative pain for patients
- Reduces the postoperative complications associated with obesity
- Minimal blood loss, smaller incisions and minimal scarring
- Better outcomes and patient satisfaction.

Additional benefits of the minimally invasive procedures include faster

recovery times for patients, with the average patient spending 1-2 days in hospital, compared to 4-5 when the procedure was carried out conventionally. Recent advances in the surgical technology include the use of the fluorescent dye indocyanine green (ICG) to visualize sentinel lymph nodes and lymphatic pathways prior to surgery.

Speaking about the innovative procedures in CUMH, Dr Matt Hewitt, Consultant Obstetrician and Gynaecologist CUMH noted:

“Since 2008 Cork University Maternity Hospital has been leading the development of clinical practice in maternity services and pioneering robotic surgery in Ireland. Recent HSE funding of a replacement robot in CUMH is a clear vote of confidence in CUMH, and further positions the hospital at the forefront of gynaecological care.”

Use of the robot as a tool in minimally invasive surgery makes a routine operation quicker and a difficult case possible. CUMH has carried out more robotic gynaecological procedures than in any other centre in the UK or Ireland. Over 1,200 procedures have been carried out with the da Vinci robot since 2008.”

Management and outcomes in Gestational Diabetes in UHK

Study by F. Sulieman, H. Tbabssum, M. Abubakar. Edited by Dr Sophie Boyd for UltraNews



Pictured above: Dr Magid Abubakar, Consultant Obstetrician & Gynaecologist, Dr T. Higgins, Consultant Endocrinologist; Deirdre Colgan, Sonographer; Mary Deane, Administrator for GDM clinic; Mary O'Sullivan, Midwife; Ann Sparks, Midwife; Dr Surra Elnagar, Registrar Obstetrics & Gynaecology; Marie Nolan, Clinical Nurse Specialist in Diabetes

Introduction and background

Gestational Diabetes Mellitus (GDM) is defined as hyperglycaemia that is diagnosed for the first time in the second or third trimester of pregnancy. It occurs in 10% of pregnancies and is associated with an increased risk of macrosomia, pre-eclampsia and adverse perinatal outcome.¹ Risk factors for GDM include obesity, Polycystic Ovarian Syndrome (PCOS), increased maternal age, previous history of GDM, family history of diabetes and ethnicity.

Up to 50% of women diagnosed with GDM will go on to develop type two diabetes later in life. Following up women diagnosed with GDM provides opportunity for earlier intervention and prevention of complications.²

Aims

To audit:

1. The incidence of GDM in University Hospital Kerry (UHK) over a year long period.
2. The management of GDM according to HSE guidelines.³
3. The rate of maternal and neonatal complications.
4. Postnatal care and follow up.

Methods

A retrospective audit was carried out on one hundred and nine pregnant patients diagnosed with GDM between May 2017 and May 2018. Data was collected from the electronic system including;

1. Antenatal risk factors for GDM, attendance in joint diabetic and obstetric clinic, monitoring of growth in third trimester, dietary vs medical management of GDM.
2. Timing and mode of delivery, maternal and neonatal complications.
3. Postnatal care and completion of oral glucose tolerance test at six weeks postpartum.

Results & discussion

The incidence of GDM was 8.6% (n= 1264). BMI greater than 30kg/m², family history of diabetes and GDM in a previous pregnancy were the most significant risk factors for development of GDM (Figure 1). For women with GDM in a previous pregnancy only 20% (n=35) of them were referred directly for diabetic care at booking.

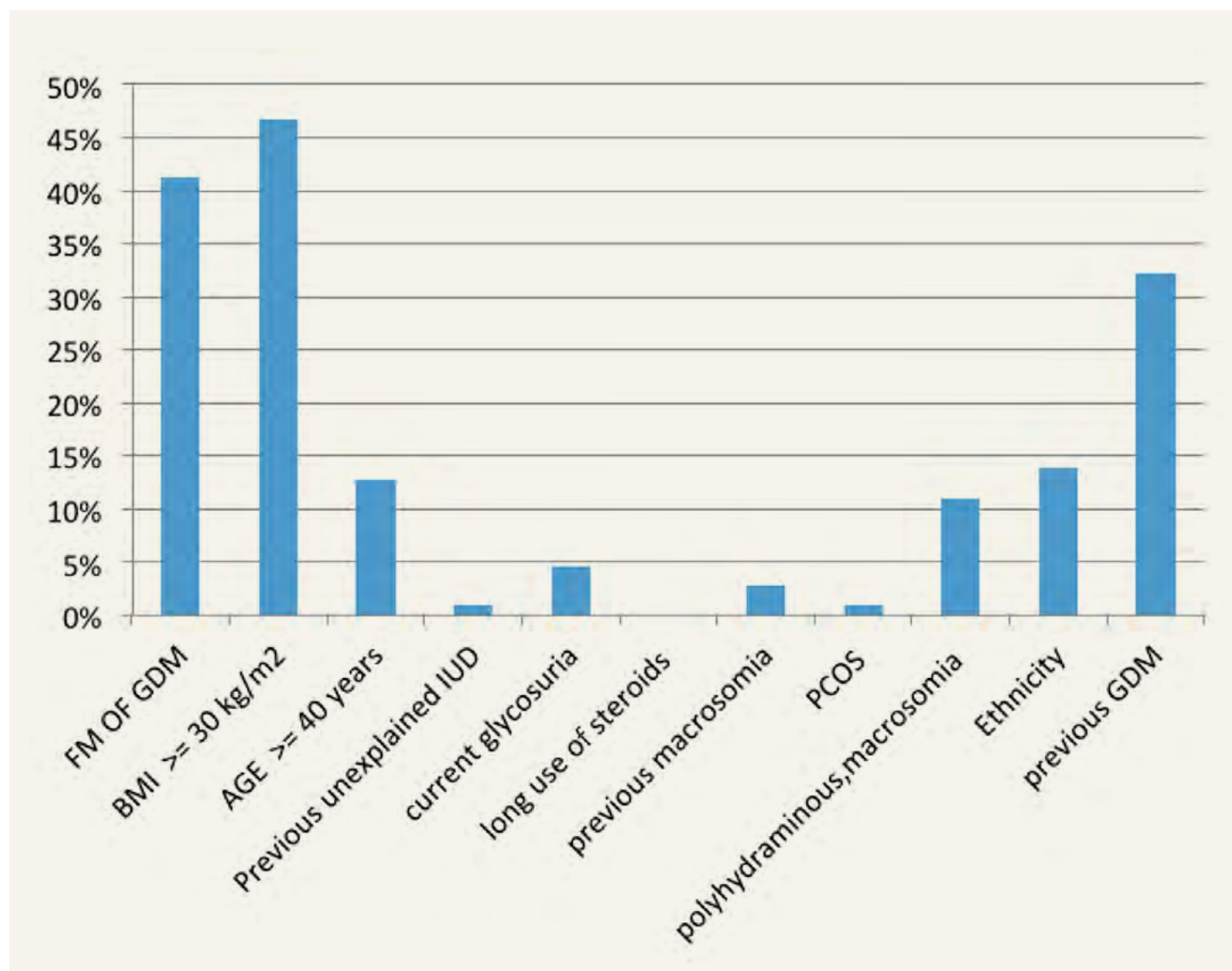
All women (n=109) who were diagnosed with GDM received combined care between obstetrics and endocrinology. All women were offered serial growth scans in the third trimester. Eighty percent (n=109) of women were managed with diet only.

The majority of women, 67% (n=109), delivered between 38 and 40 weeks gestation. Only 12% (n=109) of women delivered beyond 40 weeks. More than half were delivered by caesarean section, 40% (n=109) had spontaneous vaginal deliveries. There were no documented cases of shoulder dystocia in the cohort.

Pre-eclampsia was the most frequent maternal complication seen in 6% (n=109) of women. The same number of women were diagnosed with either a wound infection or postpartum endometritis.

Six infants were intrauterine growth restricted (baby's growth slows or stops during pregnancy). Only two infants were macrosomic (significantly larger than average). The most common neonatal complication seen was jaundice (12% n=109). Hypoglycaemia was seen in ten infants (9%).

All women received education postnatally regarding diet, physical activity and weight reduction etc. All women were advised to have an oral glucose tolerance test at six weeks postpartum, this information was not available to audit on the electronic chart.



Risk factors for GDM (patients may have more than one)

Recommendations

1. All women with previous history of GDM should be referred to the Diabetes clinic at booking.
2. On diagnosis of GDM, care should be shared between the multidisciplinary team; obstetric, endocrinology, diabetic nurse specialist and dieticians.⁴
3. In the setting of strict glycaemic control and absence of maternal complication or foetal compromise, women may await spontaneous labour up to 40 weeks gestation.
4. An oral glucose tolerance test should be performed at six weeks postpartum and yearly thereafter.²

References

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2. IDF Clinical Guidelines Task Force. Global guideline for Type 2 diabetes. Brussels: International Diabetes Federation, 2005.
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Professor Deirdre Murray

INFANT research identifies biomarkers to detect brain injury in newborns

By Caoimhe Byrne, Marketing and Communications, INFANT

Lack of oxygen to the brain at birth affects almost 200 babies in Ireland each year and results in death or disability in over 2 million infants each year globally. The condition, known as Hypoxic Ischaemic Encephalopathy (HIE), causes brain injury due to lack of oxygen and can leave newborns with permanent neurological damage or cerebral palsy. HIE can be difficult to detect in newborns; early intervention in neonatal brain injury is critical so that the successful brain cooling therapy can be initiated immediately to reduce brain injury and improve outcomes.

Researchers at Ireland's dedicated fetal and neonatal research centre, INFANT Centre, along with collaborators at UCC and the Karolinska Institute in Sweden have identified two biochemical signals that can be used to aid the detection of birth-related brain injury. These blood biomarkers found in the umbilical cord could provide an early detection system for HIE in newborns.

The findings published on 28 December 2018 in the *Journal of the American Medical Association (JAMA) Neurology*, validated the involvement of two microRNAs in HIE. microRNAs are small strands of genetic code that can control gene expression and protein production in the cell. They are found throughout the body, and INFANT researchers have found them to be abundant in umbilical cord blood, and significantly decreased in newborns with HIE. They may provide the first clue that significant injury has occurred and help doctors to decide which infants to transfer to a cooling centre for treatment.

Consultant Paediatrician, Principal Investigator at INFANT and UCC Professor Deirdre Murray has led this

breakthrough research in the area of HIE and perinatal asphyxia, published in the *JAMA*. She commented:

"The results from this initial study are very promising. In two different cohorts, across two countries we are seeing the same patterns. The next task will be automating this analysis so that it can be done rapidly at the cotside. We are still researching these microRNA to understand if they have an important role in the cascade of injury which occurs in HIE. They are tiny nuclear codes which act like passwords to control the production of proteins in the cell. Some of these proteins may have important roles. We have now been funded by the Irish Research Council to examine whether manipulating these microRNA could reduce or prevent brain injury. This is still a lot of work to be done and we look forward to progressing this important research."

The study was supported by funding from the Health Research Board and the National Children's Research Centre and is the result of almost 10 years of study in the area of early brain injury.

INFANT Director, Prof. Geraldine Boylan commented, *"this is a very significant breakthrough in brain injury research and INFANT is delighted that the results of this work are being recognised in such a high impact journal. This is fantastic validation of the excellent work being done at INFANT and our clinical colleagues in Cork University Maternity Hospital. We are very grateful for the funding support from the NCRC and HRB and we will be focussed on developing this as an effective point-of-care test."*

NPEC Study Day

By Joye McKernan, Research Officer, NPEC

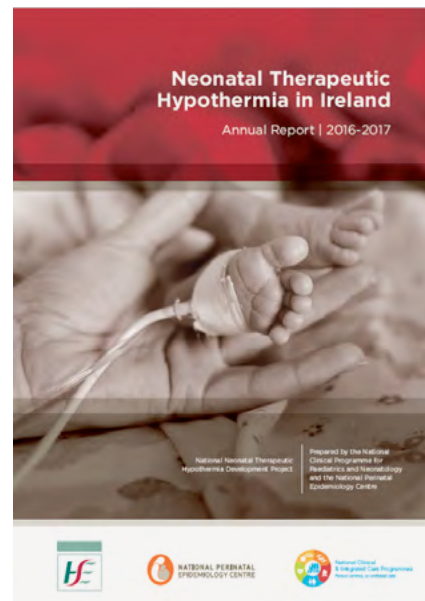
The National Perinatal Epidemiology Centre (NPEC) hosted its annual Study Day on 18 January in the Aviva Stadium in Dublin. This year, 2019, marks a significant year for the NPEC. The theme of the day was *National Audit: Improved Care Marking 10 years of NPEC & Clinical Audit in the Maternity Services*.

In his open address, Professor Greene noted that the focus of the day was to highlight the work that the maternity services have contributed to in the last 10 years. He acknowledged the effort and time spent participating in the NPEC audits. Professor Greene commented that the NPEC have always strategically aimed to close the audit loop and since the establishment of the National Women and Infants Health Programme in January 2017 a number of the NPEC recommendations have been progressed.

The morning session consisted of presentations that updated delegates with information from all the NPEC audits. Individual hospitals provided updates on how the audits have impacted on their units. The NPEC were delighted to welcome Professor Jennifer Zeitlin, Perinatal Epidemiologist, Euro-Peristat project as the keynote speaker. Professor Zeitlin presented information on *Using European comparisons to improve maternity care*. This was followed by a panel discussion in which representatives discussed *National audit in maternity services: where to next?*

The NPEC would like to thank the speakers for their thought provoking sessions and the delegates for joining us and for engaging with the sessions. One delegate commented *“Encouraging information presented and identification of gaps - very informative and supportive of practice - a really excellent day, thoroughly enjoyed it!”*





Neonatal Therapeutic Hypothermia in Ireland, Annual Report 2016-2017

By Sarah Meaney PhD, NPEC on behalf of the Neonatal Therapeutic Hypothermia Working Group

In November 2018, the Neonatal Therapeutic Hypothermia in Ireland, Annual Report 2016-2017 was launched. This report is a collaborative initiative between the National Clinical Programme for Paediatrics and Neonatology (NCCPN) and the National Perinatal Epidemiology Centre (NPEC) with support from the National Women and Infants Health Programme (NWIHP) and the Clinical Strategy and Programme Division of the Health Services Executive. From the outset a multi-disciplinary approach was taken which involved a national working group including relevant health professionals and specialists and patient advocates from across the health services. Representatives from the South/Southwest Hospital Group include Lucille Bradfield and Dr Peter Filan from Cork University Maternity Hospital.

Therapeutic Hypothermia (TH) is now the standard treatment for term infants (babies born after 36 completed weeks of gestation) with moderate to severe hypoxic-ischaemic encephalopathy (HIE). The consequences of HIE for the infant, their family and the wider society are considerable. Research has demonstrated TH reduces the rate of death, severe disability and lifelong cerebral palsy for infants born with moderate to severe HIE.

In Ireland, TH is administered in the four tertiary maternity hospitals, whereby infants born in other hospitals requiring this treatment are transferred to one of these four tertiary hospitals. Anonymised data were collected on site in the 19 maternity units/hospitals and neonatal intensive care units or special care baby units (NICU/SCBU) in the Republic of Ireland on all infants requiring TH between 1 January 2016 and 31 December 2017.

The report found that over the two year period, 140 infants required TH which suggests that one in 900 infants born in Ireland during 2016/2017 required TH. Nulliparous women accounted for 60% of the TH cohort (n=84). Of the women whose infants underwent TH,

18.6% (n=26) experienced maternal pyrexia during labour and 10% of women had a prolonged rupture of membranes (n=14). Less than 2% of mothers had an elective caesarean section. At one minute after birth 79.7% of infants had an Apgar score between zero and three (n=110). Almost all infants required resuscitation at birth (95%; n=133 of 140), with 59.3% of infants needing intubation (n=83). Over the two year period, 60% (n=84) were born in a tertiary hospital with 40% (n=56) of infants requiring transfer from a regional or local hospital. The survival rate for the TH cohort was 88%, as 17 of the 140 infants died.

The findings of this audit illustrate the logistical challenges faced with the delivery of a high acuity, uncommon treatment that has to be delivered on short notice. These findings also highlighted that there was an overrepresentation of complications preceding and during the delivery of the infants requiring TH.

Pictured right: Prof. John Murphy, Lead, Consultant Neonatologist, National Maternity Hospital & Director, NCCPN; Julie McGinley, Therapeutic Hypothermia Co-Ordinator, National Maternity Hospital & NCCPN; Dr Sarah Meaney, Researcher, National Perinatal Epidemiology Centre; Prof. Peter McKenna, Clinical Director, NWIHP



MiMIC STUDY: Missing Microbes in Infants born by Caesarean section: Antenatal Antibiotics and Mode of Delivery

In this study we wish to investigate the microbiome in mothers antenatally and how mode of birth, breast-feeding and antibiotic exposure to either mother or infant can influence the development of the new-borns microbiome.

This research study is being led by APC Microbiome Ireland, a research institute located in University College Cork and Teagasc Food Research Centre, Moorepark, in collaboration with the Department of Paediatrics and Child Health at the Cork University Maternity Hospital. This study advances previous findings in large cohort studies in the field of infant microbiome published by APC faculty, such as INFANTMET.

We are recruiting 400 expectant mothers who intend to breast feed their infants. Participants are being recruited in Antenatal Clinics in CUMH by clinical research nurses Grainne Meehan and Finola Keohane, both registered midwives. This is followed by sample collection from both mother and infant at the participants' homes, at various stages ranging from the third trimester up to two years of age.

The gut microbiome (community of bacteria, fungi and viruses present in your gut) plays a major role in early development of infant health, they impact on the developing immune system, help protect against infections, and influence

how chemical processes occur in the infant's body. Infants obtain their microbiome through a number of distinct avenues including through the birth canal, skin to skin contact between mother and child and through breast feeding. Breast milk, a natural prebiotic source (food utilizable by beneficial bacteria but not by humans), provides the best active ingredients for the growth of beneficial bacteria.

We also aim to isolate bacteria from infants not exposed to antibiotics, who have been delivered naturally and investigate the possible potential benefits of introducing these as probiotic formulations, to infants whose microbiome may have been modified. This would be of benefit for future infant nutrition and may help treat or prevent microbial disturbances in the digestive system and will have long term health benefits.

For further Information please feel free to contact Clinical Research Nurses Grainne Meehan, 085 1955091 or Finola Keohane, 086 8373099.

Pictured right: *Prof. Gene Dempsey, Chief Investigator, CUMH; Dr. Mairead O'Riordan, Co-Investigator; Finola Keohane, Clinical Research Nurse and Grainne Meehan, Clinical Research Nurse*



CUMH Pregnancy Loss Research Group (PLRG)



Pictured above: Members of the Pregnancy Loss Research Group with Prof. Vicki Flenady (Chairperson) and Ms Claire Storey (Vice-Chairperson) of the International Stillbirth Alliance at the International Stillbirth Alliance Annual Conference hosted by the PLRG in Cork in 2016

Pregnancy loss remains the most common complication of pregnancy. However, it remains a silent, unspoken grief for many. Miscarriage affects 1:4 pregnancies and Stillbirth 1:200.

CUMH is home to the Pregnancy Loss Research Group (PLRG) led by myself Dr Keelin O'Donoghue, INFANT Principal Investigator, Consultant Obstetrician and Senior Lecturer. The multidisciplinary group comprises obstetricians, midwives, chaplain, social scientists, researchers, perinatal pathologists, students, epidemiologists and a parent advocate.

The multidisciplinary breadth of the PLRG, which is one of its distinctive characteristics, provides an engaging and comprehensive approach to research in what is a challenging area of loss and clinical practice. This breadth encompasses a broad focus on the overall human and clinical experiences of pregnancy loss for couples across the gestational spectrum alongside scientific study on the aetiology of pregnancy loss. A growing area of concern is the impact of pregnancy loss on healthcare professionals, an area the PLRG has had a particular focus on in recent years.

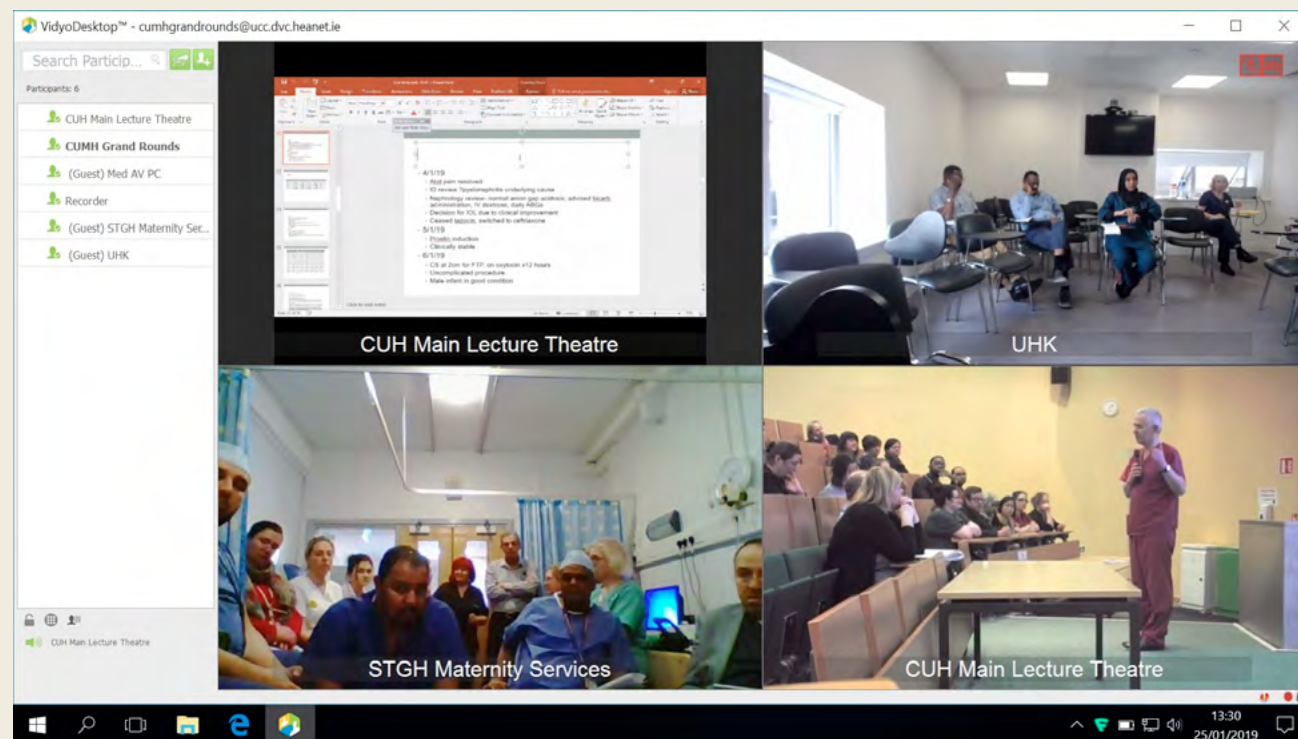
Recent outputs from the PLRG have included published studies on ectopic pregnancy hospitalisation, postnatal morbidity, decision making after perinatal autopsy, the experiences of women and partners following ectopic pregnancy, miscarriage and stillbirth, perinatal palliative care, pregnancy after loss, and population awareness studies on risk factors and causes of miscarriage and stillbirth and awareness of fatal fetal anomaly. These

studies have also been presented at local, national and international scientific, stillbirth, perinatal bereavement and palliative care conferences.

As a university research centre, the PLRG also provides a valuable opportunity to support students and clinical staff in their research endeavours. Three PhDs, a clinical doctorate and a number of MSc graduates have been completed since 2015, the group currently has 7 affiliated PhD students, of which three are nearing completion, as well as a large number of MSc students (taught and by research). The focus of the completed PhD thesis has been on the impact of stillbirth on both healthcare professionals and bereaved parents, causes and consequences of pregnancy loss and perinatal death and experience of pregnancy after loss.

As a collaborator in the global drive to reduce preventable stillbirth it was fitting that the PLRG was host of the award-winning International Stillbirth Alliance conference in UCC in 2017.

The PLRG in collaboration with other agencies such as NPEC have built upon work conducted at a national level and contributed to various national and international standards and guidelines. These include a Classification System for Causes of Stillbirths and Neonatal Deaths in Data-rich Settings and Global Stillbirth Bereavement Care Consensus. Dr O'Donoghue is also the Clinical Lead for the HSE *National Standards for Bereavement Care Following Pregnancy Loss and Perinatal Death* and leads the national implementation of the standards which is nearing its two year completion.



Pictured top: Maternity units join first Maternity Directorate Grand Rounds on 25 January 2019 via videoconference. **Pictured above:** Veronica Daly, Acting Breastfeeding Coordinator, CUMH presents at Maternity Directorate Grand Rounds on 8 February 2019

Maternity Directorate Grand Rounds 2019 underway

The first new format Maternity Directorate Grand Rounds of 2019 took place on Friday, 25 January in the CUH Main Auditorium from 13:00 – 13:50.

The event is being shared by videoconference to the three other maternity units in the Directorate to broadcast clinical education to even more health professionals in the region.

The updated format for Ground Rounds is as follows:

- Short presentation on a topic: 20 minutes
- Critical appraisal of a journal/research article: 5-10 minutes
- Discussion on a key visual for learning purposes: 5-10 minutes

Locations for viewing the lectures are below:

Grand Rounds: Every Friday at 13:00 – 13:50 from 2019

CUMH	UHW	UHK	STGH
Live from CUH Main Auditorium	Maternity Resource Room (videoconference)	UCC Tutorial Room (videoconference)	TBC - Venue to change weekly (videoconference)

All clinical staff are encouraged to make time to attend to keep up-to-date with cutting-edge research and evolving areas of clinical practice.

“They say a change is as good as a rest. The new format Grand Rounds is working very well to date in 2019 with staff feeling re-energised due to the new format of presentations. We hope to see all of our maternity units participate in Grand Rounds towards the end of the academic year.”

Professor John R. Higgins, Clinical Director Maternity Directorate



Children First training 100% complete



By Maria Leahy, Acting Manager of Social Work Services, CUH/CUMH and representative HSCP member for Maternity Directorate 2018/2019

We are pleased to report that all relevant staff across the Maternity Directorate have completed 'An Introduction to Children First' training. Well done to all!

'An Introduction to Children First' is mandatory for all HSE staff (permanent, temporary, agency, locum or visiting), students and volunteers, irrespective of role or grade.

The Children First Act was enacted in Dec 2017, meaning that the wellbeing and safety of children is everyone's responsibility, and certain professionals (known as mandated persons) within a hospital setting are now legally obliged to report any concerns they have in relation to a child to Tusla.

Further information can be accessed via the HSE website: www.hse.ie/eng/services/list/2/primarycare/childrenfirst/training.html

STGH's first PROMPT training course

By Sinead Heaney, Director of Midwifery, STGH



PROMPT (PRactical Obstetric Multi-Professional Training) is an evidence based multi-professional training package for obstetric emergencies. The first ever PROMPT3 training study day took place at South Tipperary General Hospital on 1 February 2019. This will benefit our staff in responding to emergencies better and in improving outcomes for mothers and babies in our care.

Three groups of between eight and ten multidisciplinary staff from obstetrics, midwifery, and anaesthetics got together over the course of the day, undergoing interactive drills and workshops to provide 'hands-on' experience of practical skills and teamworking. It was a fantastic day of learning and collaborative working with patient actors used to make the scenarios as engaging and realistic as possible.





Pictured left: Cathy O'Sullivan, Interim Director, Centre of Midwifery Education, CUMH; Cora Williams, DPHN, North Lee Cork City; Catherine Maguire, Infant Mental Health Specialist & Mentor, Clinical IMHE; Brenda Golden, DPHN, South Lee Cork City; Mari O'Donovan, Child Health Training & Development Officer; Judy Purkiss, ADPHN, South Lee Cork City at the launch of mychild.ie and new resources My Pregnancy & My Child 0 to 5 years books in Dublin on 6 December 2018

Pictured far left: Rebecca O'Donovan, Nursing/Midwifery Human Resources Officer, CUMH holding the new 'My Pregnancy' book

Planning for pregnancy: New books and website out now!

by Cathy O'Sullivan, Interim Director, Centre of Midwifery Education, CUMH

Great new resources for parents have recently become available containing advice on pregnancy and the first five years of a child's life. Extensive research with parents and parents-to-be across Ireland have influenced the creation of a website called **mychild.ie**. The website was launched by the Minister for Health on 6 December, alongside new 'My Pregnancy' and 'My Child: 0 to 2 years' and 'My Child: 2 to 5 years' books that are now available to download from **www.mychild.ie/books**

My colleague Rebecca O'Donovan and I were especially proud of being involved in the My Pregnancy book. Rebecca is a former Assistant National Breastfeeding Co-ordinator and we are both very passionate about preparing expectant parents realistically for birth and parenthood. This was a great

opportunity to influence a publication at national level. We enjoyed being part of a multidisciplinary team of midwives, nurses, doctors, physiotherapists, dieticians and psychologists and others who came together to write the book. It is funded by HSE Nurture and published by the HSE.

A book like this is needed to answer questions that parents may have about pregnancy and early parenthood and to provide evidence based information to guide them on decision making during this important time in their lives. It contains information on getting support on the pregnancy journey, pregnancy health, labour and birth, baby's first six weeks, health and wellbeing after the birth and benefits and supports available. Over 4,000 parents were surveyed during the development of this book to ensure

that the final product would reflect current information needs in relation to pregnancy and parenting. This book offers help and guidance for every step of the way.

The book will be available in all 19 maternity hospitals in Spring 2019 and will be given to all pregnant women at the antenatal booking visit.



The new 'My Pregnancy' book will be given to pregnant women at their first antenatal appointment from early 2019 and can be downloaded from **www.mychild.ie/books**



Pictured above:
Karyn Walsh,
Breda Bird and
Breda Hayes,
Clinical Placement
Co-ordinators,
Practice
Development,
CUMH

New programme for BSc Midwifery

By Clinical Placement Co-ordinators, CME, CUMH

The Nursing and Midwifery Board of Ireland (NMBI) launched updated standards and requirements for Midwife Registration Programmes in February 2016 that came into effect in September 2018.

These latest standards and requirements are designed to provide guidance to Higher Educational Institutes (HEI) and Health Service Providers for the education of registered midwives. They take account of the many changes in the profession, the health services and in programmes offered by the HEIs, as well as incorporating the enactment of the Nurses and Midwives Act 2011 which enshrined in law the uniqueness of the profession of midwifery.

Significant changes have been made to the midwifery course structure including the number of placement weeks each year. The placements will now each be four weeks in duration with more emphasis/impetus on midwifery led care.

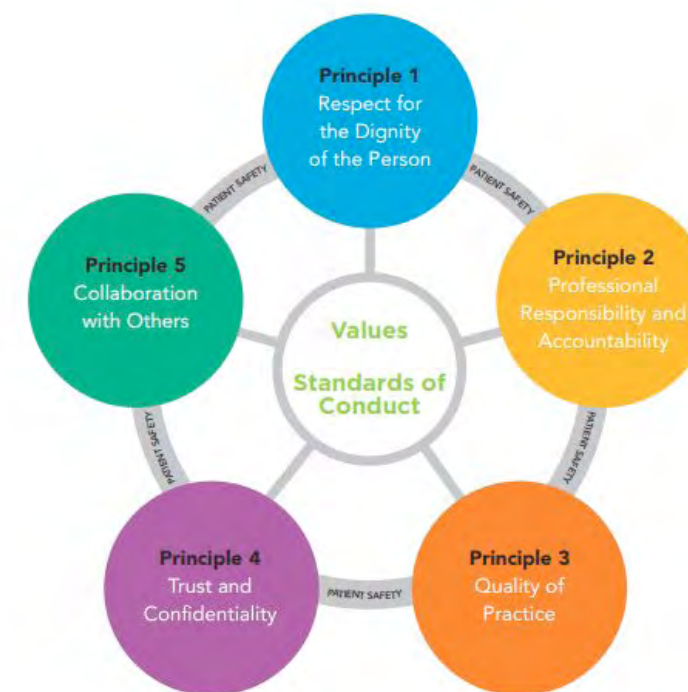
A new standardised national tool called 'The National Student Midwife Tool' has been developed following the recommendation from the Department of Health 2012 for the NMBI to develop 'a National Competency Assessment Tool for Student Nurses/Midwives'. Prior to this, since the introduction of the BSc Midwifery programme in 2006, each Health Service provider/HEI had different competency assessment documentation for student midwives.

The tool has been developed with significant input from the six HEIs who provide education leading to midwifery registration, clinical sites where student midwives are placed and from a recent qualified student midwife. Ongoing review is anticipated during the first year of implementation, and we welcome your feedback.

Since November, the 2018 Group of BSc undergraduate midwifery students have been utilising this new standardised national tool, now known as the Competency Assessment Tool (CAT). This is being introduced through workshops and information sessions facilitated both by us as Clinical Placement Coordinators (CPCs) and the UCC link lecturers. These changes will also be reflected in the preceptorship programme.

All staff assessing the students will need to familiarise themselves with the new CAT as the new form of assessment going forward which we believe will prove to be more user friendly and straightforward for both the preceptor and the student. While the assessment tool has changed, the original books will remain the same for the 2013 to 2017 groups until 2021.

The CPCs are very happy to assist with queries in relation to the new midwifery programme or the assessment tool CAT and we look forward to hearing your views in due course.





New Clinical Midwife Specialists at CUMH

By Olive Long, Director of Midwifery, CUMH

Congratulations to the five midwives who were recently approved as Clinical Midwife Specialists (CMS) at CUMH.

Louise O'Regan, Shauna Dowling and Ann Philips were appointed as CMS in Ultrasonography and Norma Wing and Jacqueline Manning were appointed as CMS in Diabetes in Pregnancy.

The route to these appointments requires hard work and dedication to the role and to the task in hand on behalf of the applicant. An applicant for a CM/NS role requires a minimum Level 8 qualification (on the NFQ) and in the case of all five applicants the education programmes leading to the qualifications were undertaken over a number of years followed by an application process to the Nursing and Midwifery Planning and Development Unit (NMPDU) and to the Office of the Nursing and Midwifery Services Directorate (ONMSD). Unfortunately not all specialist roles meet the criteria for a CM/NS application as it is not possible to access a Level 8 qualification, however, the Director of Midwifery and NMPDU officers are available to advise staff should they wish to pursue an application.

Pictured left: Louise O'Regan, CMS Ultrasonography; Norma Wing, CMS Diabetes in Pregnancy; Jacqueline Manning, CMS Diabetes in Pregnancy; Shauna Dowling, CMS Ultrasonography; missing Ann Philips, CMS Ultrasonography



Undergraduate Quercus College Scholarships 2018

by Dr Rhona O'Connell, School of Nursing & Midwifery, UCC

The annual Quercus College Scholarship ceremony, held in Brookfield Health Sciences Complex, College of Medicine and Health, University College Cork took place on Wednesday 6 December 2018.

The Scholarships were awarded to students with the highest aggregate score (an overall grade of First Class Honours) in each degree programme within the College of Medicine and Health.

Three BSc Midwifery students received these Quercus Awards.

- Sarah O'Connor BSc Midwifery Year 2
- Clarisse Lynch BSc Midwifery Year 3
- Eloise Douglas BSc Midwifery Year 4

Pictured above: Professor Josephine Hegarty, Head of School of Nursing and Midwifery; Eloise Douglas, 4th Year BSc Midwifery; Clarisse Lynch, 3rd year BSc Midwifery; Sarah O'Connor, 2nd year BSc Midwifery; Dr Rhona O'Connell, School of Nursing & Midwifery, UCC



Congratulations to our MSc graduates!

by Dr Rhona O'Connell, School of Nursing & Midwifery, UCC

On a sunny Friday in February in UCC, four midwives, three from CUMH, graduated with an MSc in Midwifery. They are Úna Cahill, Sheila Coughlan, Naomi O'Donovan, and Antoinette Fletcher (Portlaoise Hospital, Maternity Unit). Missing from the photo is Maggie Dowling, STGH, who also completed her MSc in Midwifery. The midwives will be presenting their work at an upcoming Maternity Directorate Grand Rounds.

Three doctors graduated with an MSc in Obstetrics and Gynaecology: Dr Zainab Ashraf, National Maternity Hospital and Dr Michelle McCarthy and Dr Sabina Tabirca, both CUMH. Congratulations to all!

Pictured above: Dr Zainab Ashraf, National Maternity Hospital, Michelle McCarthy, Midwife, CUMH; Antoinette Fletcher, Midwife, Portlaoise Hospital, Maternity Unit; Una Cahill, Midwife, CUMH; Naomi O'Donovan, Midwife, CUMH; Dr Sheila Coughlan, CUMH; Dr Sabina Tabirca, CUMH

A Midwife's Story

Originally published in Examiner
January 01, 2019 by Kelly O'Brien



For Cork woman **Ruth Evans**, dealing with premature births is all in a day's work. A senior midwife at Cork University Maternity Hospital, Ruth has been working with premature babies, referred to fondly as 'preemies', for the last 25 years.

"I'm in CUMH since it opened in 2007 but I was in the Erinville and Holles Street before that... so I've worked probably 25 years in neonatal at this stage. A long time," she explained.

The unit caters for babies born as early as 23 weeks. Some are born weighing only 500g — as light as half a bag of sugar.

"The babies are so tiny, and they're gorgeous... but not all of them go home, unfortunately. There are babies that don't make it through. We might manage to keep them alive for a few weeks or a few hours and eventually they can't surmount the task in front of them. The worst part of the job definitely is when it comes to that, when you know you're going to lose a baby," said Ruth.

"You're seeing parents at an extremely vulnerable time. Some of them have gone through such a time to get this baby, years of IVF or whatever. And you build up a huge bond with the parents. You become their friends, really, because some of them could be with us for six months. But whether you've only met the parent that day, or a week ago, or a month ago... it's awful to have to tell them their baby isn't going to make it."

While staff members are careful not to break down in front of parents, it's impossible not to be affected. You are emotional, there's no doubt about it. But you do gain experience with years, on how to deal with it. If you have an extremely stressful, busy, distressing shift, it does play on your mind for a while.

"You would bring it home with you. But also when you go home, you have your own family who also needs you, so you have to try and put it into compartments. But you are affected by it and you do think about it for a while. But you try not to talk about it."

Thankfully there are more happy endings than sad ones — the best part of the job is saying goodbye to a premature baby who has thrived under the care of the neonatal unit. "We get to see the babies growing from 500g to maybe 4.5kg kilos by the time they're going home maybe four or five or six months later. It's fantastic to see that," said Ruth.

"There's a sense of pride you feel when they leave and you know you've done a good job with them. Their time in ICU is difficult, but then when they come out of ICU there's still another two or three months of work to get them independent and off oxygen and feeding properly... and so we're very proud of what we do here."

One might forgive the CUMH staff for being teary-eyed when they say goodbye to a family they have worked with for half a year, but they know they will see them again — most parents of premature babies return regularly to update the nurses on their child's progress.

"A lot of them would come back, yes. Some of the parents find it very difficult to come back with their child, actually. They find coming in the door they're nearly having a panic attack because this is where it all happened, but at the same time, they want us to see the progress and the milestones along the line," said Ruth.

"They might also come back for a clinical appointment in the hospital, and so they'd pop in then too. We also hold an annual coffee morning on World Premature Day in Brú Columbanus in November every year and the amount of kids that come to that — all the way up to teens — is fantastic. You won't remember them all, but they'll remember you."

While some go on to progress as normal, others develop issues as they grow: Sometimes lung issues stemming from their prematurity, sometimes issues stemming from the lifesaving treatment they received.

A large percentage would have mobility issues, learning difficulties, educational difficulties, sight, hearing... there are quite a lot of complications they can have.

"A lot of the treatment we have to give can cause other problems. Then the brain is so immature they can have brain haemorrhages in the early months or so and that can leave them with cerebral palsy or learning difficulties. You just don't know," said Ruth.

"Your baby might look good and healthy going home, until they start not reaching milestones in the first year or two and you start to realise there are issues. But they're involved in early intervention from the minute they leave the hospital — speech, language therapy, physical therapy, occupational therapy — so everything is picked up fairly quickly. But there are difficulties for them, no doubt about it."



Pictured top left: Ruth Evans, Clinical Midwife Manager

Above: Ruth Evans, Clinical Midwife Manager, Laura Devitt, from Cashel, Co Tipperary, with baby Bridín and Kate O'Halloran, neonatal nurse, who was herself a premature baby, and now works at CUMH
Photos courtesy of Jim Coughlan



We're delighted to welcome Dr Deirdre Muller Neff in her new role and to talk to her about her plans for the new perinatal mental health service across the Maternity Directorate.

1. Tell us a bit about your role and the breadth of services covered?

In essence, my role as the clinical lead is first and foremost to develop the service in line with the national model of care for specialist perinatal mental health services, which defines a hub and spoke model for service delivery. CUMH is the hub for the South/South West Hospital Group (SSWHG). The hub team will consist of a full multidisciplinary team including psychology, social work and occupational therapy. As a team we will be providing inpatient obstetric liaison, developing outpatient clinics for women both antenatally and postnatally. We will also be working closely with our community mental health teams in providing second opinions and, importantly, pre-conceptual counselling services for women with more moderate to severe illnesses. Training and education will be an ongoing priority for us and it is really exciting that we will also have mental health midwives across the SSWHG. This is a fantastic opportunity to promote parity between physical and mental health issues in pregnancy and hopefully give women

Meet Dr Deirdre Muller Neff, the new Consultant Perinatal Psychiatrist in the Maternity Directorate

more of an opportunity to seek help and feel able to discuss mental health issues in the maternity context.

2. What in your experience, are the most common perinatal mental health issues?

Perinatal mental health disorders are those that occur during pregnancy and up to one year post partum. These can occur for the first time during pregnancy or may be due to a relapse of a pre-existing illness such as bipolar disorder. There are a wide range of disorders that occur on a spectrum in terms of severity. Adjustment disorders together with mild to moderate depressive and anxiety disorders are probably the most commonly encountered perinatal mental health issues. However, there are many disorders that can occur in the perinatal period and which can be treated very effectively if help is sought.

3. Is there any stigma associated with perinatal mental health, (and does this prevent women from seeking support)?

There is indeed stigma attached to perinatal mental health issues, the perinatal period is a unique time in a woman's life taking into account the multitude of physical, physiological and psychological changes that are occurring. Transition to motherhood is challenging in the very best of circumstances, and while it is often a time of great joy, we must acknowledge that it is a time of great change, transition and uncertainty.

Last year I attended a talk given by a highly regarded perinatal psychiatrist in the UK, Dr Liz Mc Donald, who quoted John Banville in his poem "The Sea":

"The past beats inside me like a second heart."

This quote is particularly poignant and never more true than in pregnancy. We must take into account each woman's past experiences and examine how these may impact on them in the context of the perinatal period. For example, a woman may have experienced previous trauma such as childhood sexual abuse, and pregnancy and the experience of childbirth can be very triggering in this context. Women need to feel able to disclose issues they may be experiencing so that they are not suffering in silence.

4. Are you happy with how the National Maternity Strategy has covered perinatal mental health?

I think it is really important that there has been a renewed focus on the necessity of having specialist perinatal mental health services within the maternity network rather than as a separate entity. The emphasis on the importance of training and education for staff in order to increase the identification of at risk women is very positive and of the utmost importance in terms of ensuring women receive a high quality service that addresses the holistic needs of a woman and her family at such an important time of their lives.

5. What is the plan for the new perinatal mental health service for the next year?

We plan to expand the team to include a mental health midwife, two clinical nurse specialists and over the coming months psychology, social work and an NCHD in the first instance. The aim is to provide a specialised service encompassing obstetric inpatient liaison, develop outpatient clinics for women referred from within the maternity hospital and also for women referred from CMHTs for pre-conception

counselling and second opinions, regarding medication management for example. The aim will be that milder forms of illness will be appropriately managed by the mental health midwives and that women will have access to a timely and seamless service whereby clearly defined referral pathways ensure that women are seen by the most appropriate person based on identified need.

6. What are your longer term plans for a perinatal mental health service across the Maternity Directorate?

While our initial focus must be on establishing the hub team which will be based in CUMH, it will be a priority to establish clear links and communication with the spoke hospitals of the SSWHG. In the spoke hospitals there will be a mental health midwife who will manage perinatal mental health presentations with the liaison psychiatry team in that hospital. The plan is that the hub team will be responsible for organising monthly network meetings with the spokes, provide clinical advice to the spokes and if needed, to offer second opinions. This will require ongoing networking and collaborative working across the SSWHG. As I mentioned previously, training and education remains a priority as an ongoing requirement. Given the importance of all these elements of the service being implemented over time, it is very helpful that I am part of a national oversight group for developing Specialist Perinatal Mental Health Services together with the support of a multidisciplinary local steering group based here in CUMH to facilitate a review of progress to date.



The Speech and Language Therapy (SLT) Service in CUMH

by Margaret Mary Smith, Clinical Specialist in Dysphagia, SLT, CUH/CUMH and Caitriona Heffernan, Senior SLT in Paediatric Feeding Disorders, CUH/CUMH

CUMH is the only hospital in Ireland that has a dedicated speech and language therapy post within the neonatal unit as part of its core staffing. Speech and language therapists in the neonatal setting work with infants who have feeding and swallowing problems. Many babies who are born prematurely or with other medical needs, often struggle to establish feeding. We assess the readiness for these babies to start feeding, teach parents how to recognize their baby’s feeding cues, and then offer on-going recommendations to support their feeding skills as they grow. Our goal is to offer education and support to empower parents and to provide these babies with a means to develop their feeding skills safely, efficiently and comfortably while minimizing stress for parents and infants alike.

Children with feeding problems from birth often have persistent feeding issues of varying degrees into childhood. The Speech and Language Therapy Service in CUMH/CUH continues to support children with complex feeding needs as outpatients and during any

admissions to our children’s wards in CUH after their discharge from the neonatal unit. Our main aim for our outpatient caseload is to support infants to progress their feeding skills safely and efficiently so that they can gain weight appropriately, remain healthy and avoid hospital admissions. Our patient caseload consists of babies/ children with a wide variety of medical issues and range of feeding problems. This can range from infants born prematurely, babies born with a particular syndrome or those who are born with cleft lip and/or palate. We are one of three main centres for the management of children with cleft lip/palate in Ireland.

One fact that is guaranteed; no two days are alike. Our day starts with a morning allocation of new referrals and of our existing inpatients, based around our availability around our outpatient clinics. We then contact the neonatal unit or the inpatient wards to arrange suitable times to come and assess a baby to determine readiness to start oral tastes (if not well enough for feeding) or to assess the baby’s skills while feeding. Our primary objective is to identify reasons for their feeding difficulties.

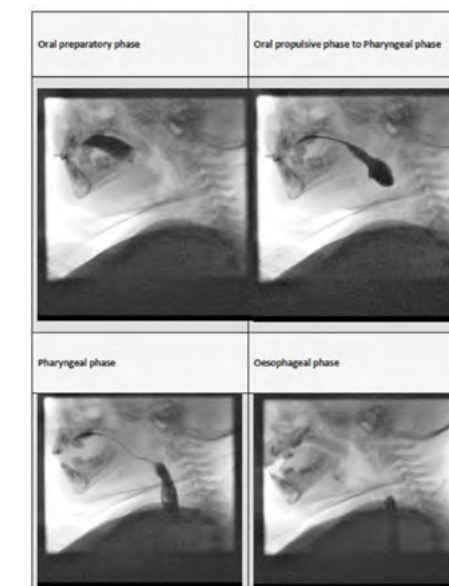
Additionally, while in the neonatal unit, we would review the progress the other babies on our caseload to determine how well they are managing with their feeding regimen, answer any questions from staff or parents and make any changes that will further support the baby’s feeding success.

With those babies for whom feeding continues to be unsuccessful or unsafe, we arrange an objective assessment in our Videofluoroscopy clinic. Videofluoroscopy enables

us to see inside a baby’s throat as they are feeding in real-time using radiation, to observe how they are swallowing. Our biggest concern is ensuring that no food or fluids enter a baby’s airway while they are feeding as this can make them extremely unwell. The results we get help us to develop an individualised treatment plan.

The best part of our job is the positive feedback from the families with whom we work. Parents are the most important members of our team as they know their baby the best and can offer us the most accurate information about how their baby is managing their feeding on a daily basis. We love our jobs and are so fortunate to work in such a dynamic, exciting environment.

“Just remember you make such a difference to those families in the Neonatal Unit.” Parent.



Pictured top left: Margaret Mary Smith, Clinical Specialist in Dysphagia, SLT, CUH/CUMH and Caitriona Heffernan, Senior SLT in Paediatric Feeding Disorders, CUH/CUMH

Left: Videofluoroscopy images see inside a baby’s throat as they are feeding in real-time, using radiation, to record how they are swallowing



CREATE comes to Cork

by Caoimhe Byrne, Marketing and Communications, INFANT

In January, *CREATE: The Art of Pregnancy, Birth and Beyond* came to St. Peters Gallery on North Main Street, Cork.

The exhibition developed by the HRB Mother and Baby Clinical Trial Network puts the spotlight on pregnancy and newborn journeys, the people who make them, and the research that impacts them. The month long exhibition – which attracted over 5,000 visitors - was used to highlight common pregnancy and new-born health issues and to celebrate the impact of perinatal research on mothers and babies in Ireland and internationally.

The HRB Mother and Baby Clinical Trial Network which brings experts from seven of the largest maternity hospitals in Ireland together are focusing on improving the health and lives of mothers and babies in Ireland and around the world. INFANT, a leading maternal and child health research centre based in Cork University Maternity Hospital and at the University College Cork co-leads the network.

The exhibition will continue its tour of Ireland and is currently on display in the University Hospital Galway. The full list of artworks and events is available at hrb-mbctni.ie/create

Pictured above left: Artist Yonit Kosovske at the CREATE launch night in Cork

Above right: Close up of 'The Children's Remembrance Tree', a collaborative artwork made by families, communities and health professionals in Monaghan



SSWHG Staff Engagement Forum

The South/South West Hospital Group (SSWHG) set up a staff engagement forum late 2018 to support staff engagement processes across the ten hospitals in the group. A selection of staff were chosen to take part in the forum ensuring a proportional representation across all staff grades and hospital sites.

The first meeting took place on 16 October 2018 in Marymount in Cork with subsequent meetings taking place December 2018 and February 2019 to date. The development of the forum is reflective of the SSWHG strategic goals and the commitment to promoting a culture of high quality care, underpinned by value based leadership that promotes engagement, participation and involvement across all roles, grades and disciplines of staff.

Pictured above: Staff from across the South/Southwest Hospital Group take part in the staff engagement forum in December 2018

Scrubs choir at CUH

by Claire Delaney, Administrator Centre of Midwifery Education, CUMH

SCRUBS is the name of a workplace choir in Cork University Hospital (CUH) that was formed four years ago to take part in the RTÉ lyric fm 'Workplace Choir of the Year' competition. We were so delighted to reach the final and had such a good time singing that we decided to stay together, participating in events within and outside the hospital.

We practice every Thursday evening at 17:00 in the CUH canteen and currently have over 60 members including consultants, doctors, nurses, midwives, dental hospital staff, administration staff, porters, health and social care professionals and retired staff members.

We are very lucky to have a very talented and enthusiastic musical director, Patrick Dalton, as well as Joseph Norton, as our accompanist. Patrick has great patience and deserves so much credit for coordinating such a big group from different departments of the HSE. Not only is it great fun and an opportunity to make friends, I think it also helps us deal better with communication, improves our self-confidence and reduces our stress levels. I call it my "happy pill". Research shows how singing can benefit us by releasing endorphins and oxytocin, relieving anxiety and contributing to quality of life.

We have many highlights throughout the year including the Cork Choral Festival and Feis Maitiú. We do many fundraising concerts in Cork and have made two appearances on RTÉ's show 'Today with Maura and Daithi.' We were also invited to perform in Birmingham in February 2017 for 'Britain's Got Talent' and were lucky to receive "four yeses"! We also reached the 2017 and 2018 Workplace Choir Final and the Show Choir of Ireland winning the award for best vocals.

A group of 58 of us travelled to Vienna City in December 2018 and stayed for five days performing and meeting with other wonderful choirs. We sung at the Schronbrunn Palace, City Hall, the Vienna markets and Vienna's General Hospital which was a wonderful experience.

We are always looking for new members so if you would like to join up then there is a place for you. You will be made feel most welcome and are guaranteed to make many friends!

For more information, please contact CUH Arts Coordinator Edelle Nolan artscoord.cuh@hse.ie



Pictured top: SCRUBS choir from CUH, singing in Vienna City in December 2018

Above: SCRUBS choir from CUH, in Dublin for RTÉ lyric fm 'Workplace Choir of the Year' competition



CUMH Christmas party

A new annual tradition was born on 13 December in Cork University Maternity Hospital – the CUMH Children’s Christmas party. Staff were invited to bring their children, nieces, nephews etc. to experience a taste of Christmas on the 5th floor in the early evening.

The weeks of detailed planning by a team of volunteers paid off and a large turnout of children and staff enjoyed activities such as Lego, face painting, music, film, colouring and of course, a visit by Santa. A wonderful children’s choir also serenaded proceedings. Everyone was hugely appreciative of the effort put in and enjoyed the opportunity to socialise with staff and their families.



Pictured top left: Olive Long, Director of Midwifery, CUMH; Prof John R. Higgins, Clinical Director CUMH; Miriam Lyons, Business Manager, CUMH; Alison Long and the wonderful Bishopstown Community School choir. **Left:** Winners of the best dressed competition, Freya and Hannah Desmond are presented with their prizes by Prof. John R. Higgins, Clinical Director CUMH. **Above left:** A group of the CUMH volunteers at the children’s Christmas party. **Above right:** The Lego proved a huge hit with children. **Far left:** Santa chats to Dr Nóirín Russell’s children, Rós and Colm Lynch



A chance meeting; a special moment

A chance meeting in a corridor in CUMH brought back a flood of happy memories for Valerie Dennehy, CMM2, CUMH. While going about her business in the busy Outpatients Department, Valerie was stopped by a gentleman who was with his daughter, Leah Deane and grandson Joshua. He recognised Valerie as the midwife who had looked after Leah as a baby in the Neonatal unit over 28 years ago! Leah had been born prematurely at 28 weeks and was only 11lb 15oz (approx. 880g) when born. Luckily she thrived under the care of Valerie in the Neonatal unit. Leah was delighted to meet Valerie and to introduce her to her gorgeous baby boy Joshua, only three months old.

Pictured above: Valerie Dennehy, CMM2, CUMH holds 3 month old Joshua Deane with his mother Leah Deane who was cared for by Valerie over 28 years ago in the CUMH Neonatal unit



James O'Halloran: Capital projects update in CUMH

My name is James O'Halloran. I am a project manager with Health Business Service Estates South Office (HBS is the business division of the HSE).

Our estates function is responsible for maximising the value of HSE properties and facilities, to ensure that appropriate infrastructure is in place when and where required. This is in order to enhance patient and staff wellbeing, by managing the organisation's infrastructure and annual programme of work plan.

Here at Cork University Maternity Hospital our function is to support the hospital management strategic service initiatives by delivering key projects and programmes of work. Some of the

projects completed in the last 12 months include a Gynaecology Day Ward on 4 South, the relocation of the Urodynamic Department to level 1 East and reconfiguration of medical records room on level 1 East.

Some of our current projects include an extension to the existing ground floor staff dining room, extension to the first floor OPD waiting area, the creation on level 1 South of new OPD assessment clinics to name just a few of the initiatives. Looking to the future, in collaboration with management we are updating the campus development plan that will ensure the maternity infrastructure and facilities will meet the needs of the service over the next decade.



Cork University Maternity Hospital



University Hospital Kerry



University Hospital Waterford



South Tipperary General Hospital

Have you got a story?

If you have a story for a future issue of **UltraNews** we would love to hear from you!

Please contact **Donna Burtchaell**,
Communications Project Manager on mobile
087 0962567 or email donna.burtchaell@ucc.ie

Articles for inclusion in the next newsletter must
be submitted no later than **3 May 2019**