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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 Extracts from UltraNews should not be published without the permission of the editor.



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#IDM2019



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# Welcome to the Summer edition of UltraNews, the Maternity Directorate staff newsletter

## Great progress to date and new initiatives coming in 2019

With a busy spring behind us and the summer arriving, it's time to take stock of our achievements to date and plan for what's ahead in 2019.

In CUMH, we're happy to report continued progress with the gynaecology outpatient waiting list, a key risk of the Maternity Directorate. This is now down to 1,600 in May 2019, from 2,700 in December 2018 and 4,700 in April 2017. We can thank the relentless hard work and dedication of CUMH staff to the Gynaecology Waiting List initiative over the last two years for this great result.

Within the Maternity Directorate, the bi-monthly Executive Management Committee meetings and daily 'huddles' continue to work well as they include managers, clinicians and directors of midwifery from each of our four locations. We look forward to our executive authority being extended from Cork to maternity and neonatology services in Waterford, Kerry and Tipperary later this year. This significant change will require additional administrative staff and we're happy to say the recruitment process is well underway.

We can now report that our new format Maternity Directorate Grand Rounds is running presentations direct from our maternity units, meaning that all locations have the opportunity to present interesting cases and pioneering research.

We celebrated International Day of the Midwife across the Directorate in early May. We thank our midwives and student midwives for their outstanding work, supporting women and helping to bring new life into the world, each and every day.

The termination of pregnancy service is now available across the entire Directorate, with referrals to maternity hospitals/units taking place via the GP pathway.

A number of new initiatives are also underway. The Gynaecology Electronic Chart is coming to Cork University Maternity Hospital this summer. CUMH will be the first hospital in Ireland to document gynaecology services within the existing Maternal and Newborn Clinical Management System (MN-CMS) with University Hospital Kerry in close succession.

Please take note of the new project called Maternity**ONE**South, with **ONE** standing for **O**bstetric and **N**eonatal **E**mergencies.' It is a prime example of a shared project that is driving collaboration across all four maternity units. It is relevant for all clinical staff and will standardise and centralise training and related policies, procedures, protocols & guidelines (PPPGs), leading to better, safer maternity care.

As we enter into the summer period, I hope you have the opportunity to take a refreshing and relaxing holiday break. It remains an ongoing privilege to work alongside such resolute and hard-working people; we in turn are also privileged to provide care to the women, babies and families in our region.

A handwritten signature in black ink, appearing to read 'John R. Higgins', written over a horizontal line.

**John R. Higgins**  
Clinical Director Maternity Directorate  
Professor of Obstetrics and Gynaecology  
South/Southwest Hospital Group

# So what's this new SSWHG Maternity Directorate?

By Michael Hanna, Academic Advisor to the Maternity Directorate

In 2017, the South/Southwest Hospital Group (SSWHG) established a Maternity Directorate that would oversee obstetrics, gynaecology and neonatology services in Cork University Hospital (CUMH), South Tipperary General Hospital (STGH), University Hospital Kerry (UHK) and University Hospital Waterford (UHW).

The first phase of the establishment saw Professor Higgins appointed as Clinical Director and granted executive and financial authority over CUMH. He immediately formed the Executive Management Committee that includes managers, clinicians and directors of midwifery from each location. He also put in place a “daily huddle” of clinical managers to share any urgent or important matters that had arisen in the past 24 hours. This quickly created a sense of mutual support and ensured that the Director knew what was going on throughout the Directorate. Next, the CUMH budget had to be disentangled from the CUH budget, a job that took many months and involved the Group Chief Finance Officer in a great deal of work, but when completed, the Director could sign off on CUMH invoices and fill staff vacancies. **This was the first time in the history of HSE hospitals that a practicing clinician had sole authority over a hospital budget.**

Next, the EMC established a small group to develop an operations manual for the new Directorate setting out committees, policies, procedures and guidelines. One new policy now in operation is a no refusal policy for sick patients between CUMH and the smaller units, the first in

the country. A powerful patient safety committee is a key element of the new structures.

An annual report was already in place – initially developed by UCC’s College of Medicine and Health (CoMH) – covering all four units. This has been extended year on year and is now a benchmark for the public reporting of maternity hospital statistics.

In recent weeks, SSWHG has commenced preparation to extend the Director’s executive authority over the three maternity units outside Cork, a major change for which some additional administrative staff and clinical leads in each unit will be needed. It is hoped to have these in place by September. Meanwhile, relations with CUH are developing well and common services for the two hospitals are operating seamlessly.

There has been considerable discussion in the print media of late about Sláintecare and its plans to align hospital groups with Community Health Organisations. One possible rearrangement discussed would see Waterford assigned to the Ireland East Group. There would be very little support for this suggestion in our Directorate, both from an academic and clinical perspective, as it would undo much great work. It is crucial, not just for maternity services, but also for the development of future directorates in our hospital group, that our Maternity Directorate is not inadvertently damaged by wider Sláintecare changes.



**Pictured above:** Dervla Hogan, Project Manager SSWHG; Louise Riordan, Administrative Coordinator Maternity Directorate; Michael Hanna, Academic Advisor to the Maternity Directorate with the Maternity Directorate Governance Manual

# Spotlight on STGH Maternity and Neonatal Services

Director of Midwifery, Sinéad Heaney describes the evolution of STGH from Workhouse to what it is and what it stands for today

The site on which STGH currently resides is steeped in a vast intriguing history of more than 150 years, from a Workhouse in the 1800s to the designated County Medical and Maternity Hospital in the 1930s, to St Joseph's Hospital, to what it is now known as South Tipperary General Hospital (STGH). As a hospital, we have been supporting women and their families to bring babies into the world for over 90 years!

In 2007, South Tipperary General Hospital was established as an acute hospital with the amalgamation of St Luke's and St Joseph's Hospital. The main maternity services are situated in the oldest part of the hospital which dates back to the 1850s. The area in question has seen numerous changes within its walls but the external structure has been relatively untouched. If only the walls could talk...

The introduction of Hospital Groups in 2013 has shown STGH to be the smallest of the four maternity centres in the South/South West Hospital Group. However, we make up for the lack in size by the heart and dedication of all the staff that work here.

## Our services

Along with maternity services, gynaecology care and neonatal care in STGH, we are fully supported by a range of sub-specialist services such as anaesthetics, endocrinology and health and social care professionals within the hospital. Joint services such as cardiology, medical and surgical disciplines come from the acute, adult side of the hospital.

The maternity service consists of 28 beds in total including two delivery rooms and a four bedded 1st

stage room. One of the delivery rooms is adaptable and also used as an obstetric theatre room, when and if the need arises. The Special Care Baby Unit (SCBU) is a 6 bedded unit. The combined antenatal and postnatal ward has 20 beds. Also located on this floor is the Newborn Hearing Screening Service office and the Ultrasonography Scanning Unit. We have a designated breastfeeding area for new mothers, when they need a space to get away to or when visiting the SCBU from home. The 10 bedded Gynaecology Ward and Early Pregnancy Unit is located on a different floor.

Clinical Midwife Specialist posts exist in bereavement and loss as well as ultrasonography. Additional roles include lactation, clinical facilitator, perinatal mental health and social work.

There are three Consultant Obstetrician and Gynaecologists in the service. Dr Vijoyashree Hiremath is the Clinical Lead and is supported by Dr Mostaffa and Dr Attia Al Fathil.

## Baby Friendly Hospital Initiative (BFHI)

We are incredibly proud of achieving the BFHI hospital status since 2015 – the first maternity unit in the new Maternity Directorate to do so! The Baby Friendly Hospital Initiative (BFHI) is a Unicef/WHO award that recognises practices that protect, promote and support breastfeeding. Full credit goes to the midwifery staff led by Carmel Byrne, Lactation Clinical Midwife Specialist for originally winning this award. We are committed to maintaining BFHI hospital status when it is reviewed in 2020.

## Our vision is materialising – exciting advancements in STGH

The ever changing healthcare environment highlights the need for strong and ambitious strategic principles. This underpins the approach to change and development here in STGH. We want the women that attend our hospital to feel that they receive the care they deserve in a compassionate environment. We want the staff to feel that they work in a place that recognises their efforts and commitment.



We're delighted a proposal to expand the Early Pregnancy Assessment Unit (EPAU) to include a designated area for consultations has been agreed after a long wait. This was badly needed to progress services here in STGH and we're very grateful to the Maternity Directorate that monies have been released for this work to be carried out in 2019. The unit will become a multifunctional area that can also be utilised by several disciplines such as social work, bereavement and perinatal mental health.

So far 2019 has seen many quality driven changes within our maternity services. We commenced Practical Obstetric Multi-Professional Training (PROMPT3) training that will benefit our staff in responding to emergencies better and in improving outcomes for mothers and babies in our care. Noreen Ryan Preston,

Clinical Midwife Facilitator has successfully run these courses with support from Mary O'Donnell, CMM3.

The introduction of the sepsis, PPH and PET Trolleys, specially designated for obstetric emergencies, ensure that everything needed is directly at hand in an emergency situation. This initiative was highly commended on the recent visit by HIQA, alongside the many emergency procedures and policies that are in place to enhance the effectiveness of the team in an emergency situation.

The introduction of midwifery led scanning clinics, a development from the already well established anomaly scanning clinic, are proving to be extremely beneficial due to the continuity of the scanning team: Susan Power, Clinical Midwife Specialist and Andrea Duffy ACMM2.

The links with CUMH are very evident in this area and are proving extremely valuable from a multi-professional stance, especially when referrals are required.

As part of the Maternity Directorate, we look forward to an even closer working relationship with CUMH and the maternity units in UHW and UHK in 2019 and beyond. Our daily hub calls and regular meetings between consultants and directors of midwifery are proving to be of huge assistance not only on a practical level but also on an educational and networking level. Our combined efforts in the provision of maternity care with women at the centre, continue to grow and evolve.



# MaternityONESouth – A project delivering better, safer care

By Katie Bourke, Assistant Director of Midwifery, CUMH and project lead



Delivery of safe and effective maternity care within a maternity network is a key aim of our Maternity Directorate. It is also one of the key lines of enquiry of HIQA's approach to monitoring against the National Standards for Safer Better Maternity Services which commenced in 2018 and placed a particular focus on obstetric emergencies.

Following a number of recent HIQA inspections to our maternity units, it became clear that we needed a shared project across our maternity network to focus on our response to obstetric and neonatal emergencies. As a result, the 'MaternityONESouth' project was born, with 'ONE' standing for **O**bstetric and **N**eonatal **E**mergencies, and 'South' reflecting our place in the South/South West Hospital Group (SSWHG).

Following visits to our maternity units, what really struck me is the large volume of excellent, independent work that is being done and the opportunity to unify, standardise and streamline that knowledge. We don't need duplication of effort, rather we need to standardise and share our knowledge into ONE approach for our maternity network for obstetric and neonatal emergencies (pun intended!).

I'm excited to be leading this project with the support of Dervla Hogan, Project Manager SSWHG, Donna Burtchaell, Communications Project Manager and over 20 experienced colleagues from our four maternity units. We now work together as a project committee.

## MaternityONESouth project goals

We are aiming for a standardised approach to governance, risk identification and response as well as resourcing and training across the Maternity Directorate. Readiness for HIQA inspections and the motivation to improve care for mothers and babies in the cases of obstetric emergencies are our key drivers.

A successful training strategy, standardised policies and a standardised care pathway for high risk women are our main focus.

## Key project/programme goals:

- Development of a training strategy that is successfully adopted across the Maternity Directorate hospitals/units for obstetric and neonatal emergencies;
- Creation of accessible and standardised policies, procedures, protocols and guidelines (PPPGs).
- Development of a standardised care pathway for women in the antenatal period who are at higher risk of complications.

## Key success factors

As training is so important, we're aiming to provide protected training time that is appropriately resourced with backfill cover to ensure no delays in frontline service and to ensure staff wellbeing. The ability to do this will be key.

A central training record system will be required with easy login and ideally mobile access too (we're considering an enhanced Q-Pulse module). It will be up to all clinical staff to view and book training themselves. They will also be required to know how to locate policies, procedures and guidelines in Q-Pulse, as well as knowing where to find data such as Maternity Patient Safety Statements MPSS in our shared folders.

## MaternityONESouth project timelines

Rome wasn't built in a day and neither will this programme of work. We're looking at a three to four-year timeline with some key dates as follows:

DESCRIPTION	STATUS
<b>Shared storage/folder:</b> Facility to be set up for document retrieval during HIQA inspections	Q3 2019
<b>Software:</b> Q-Pulse module under review as central training record system for the four maternity units	by Q3 2020
<b>Standardisation:</b> Updated standardised <b>PPPGs</b> in relation to obstetric and neonatal emergencies	by Q2 2020
Maternity network to show a standardised approach to <b>governance</b> .	by Q2 2020
Maternity Directorate wide policies to show a standardised approach to <b>risk identification and response</b> across the four maternity units.	by Q2 2020
Standardised approach to <b>resourcing and training</b> across the four units. (Maternal critical care programmes in UCC)	by Q3 2020 (in Sept 2019)
<b>Skills:</b> Full implementation of mandatory training across 4 units	by end Q3 2022

## Building on our maternity network

Since our first meeting in February 2019, the MaternityONESouth project committee has been working well. We're getting to know each other better and have already started to collaborate and support one another. By hosting meetings at our different sites and by theming our meetings with a specialist focus, we will continue to build our relationships, our knowledge and our sense of being part of a maternity network.

The ultimate aim is to deliver safe and effective care for the women and babies in our region, something I'm very passionate about.

*"The MaternityONESouth project is a brilliant example of a project that fosters a real sense of collaboration across all four maternity hospitals/units. There are ambitious plans afoot for shared ownership of policies and a consistent approach to training amongst others, all leading to better, safer maternity care for the women and infants in our region."*

**Professor John R. Higgins, Clinical Director Maternity Directorate**



**Pictured far left:** Katie Bourke, Assistant Director of Midwifery CUMH (centre) on a site visit to STGH with Donna Burtchaell, Communications Project Manager (left) and Noreen Ryan-Preston, Clinical Skills Facilitator STGH (right)

**Pictured left:** Katie Bourke, ADOM CUMH (left) on a site visit to UHW with Maria Murtagh, CMM3 (middle), UHW and Breda Crotty, ADONM, UHW (right)

# International Day of the Midwife: 5 May 2019

## Maternity Directorate Twitter campaign

Midwives from all over the world have celebrated International Day of the Midwife on 5 May since 1991. This year the Maternity Directorate ran a Twitter campaign featuring midwives from each of the four units: Cork University Hospital (CUMH), South Tipperary General Hospital (STGH), University Hospital Kerry (UHK) and University Hospital Waterford (UHW).

The aim was to raise the profile of the midwifery profession and to feature real midwives talking about the profession in a positive light. A series of tweets were sent out on 5 May by @HRSSWHG, the Twitter account of South/South West Hospital Group HR, each featuring two midwives from each of the maternity units. The images from these tweets are featured below and all tweets received positive and popular engagement.

Thanks to all the midwives who generously gave their time and agreed to be featured.

### Cork University Hospital (CUMH)



#### DOMINO MIDWIFE

Cork University Maternity Hospital  
Maternity Directorate SSWHG

"As a DOMINO midwife, I care for low risk women during pregnancy, birth and the post-natal period ensuring continuity of care and above all, choice for each woman. Through education and support, we give women the skills and confidence to have a natural birth and an early transfer home, where we continue our support.

It's hugely rewarding to facilitate and empower a woman's choice. As you journey with them through pregnancy and birth, you develop a special rapport with each and every one. It's wonderful to welcome many of them back for their 2nd and 3rd babies through the DOMINO scheme here at Cork University Maternity Hospital. It's something to be very proud of."

### South Tipperary General Hospital (STGH)



#### LACTATION CONSULTANT

South Tipperary General Hospital  
Maternity Directorate SSWHG

"I've worked in London, Australia and Ireland as a midwife for 35 years. I have always been interested in promoting, protecting and supporting breastfeeding. I was inspired to specialise in breastfeeding after my time working in Australia where breastfeeding rates are high at approx. 95%. I have witnessed firsthand the many benefits of breastfeeding to families, society and the environment.

If a woman chooses to breastfeed, I find it very fulfilling to help her achieve that goal. Breastfeeding is a learned skill, which some mothers and babies find challenging. However, with appropriate assistance and support, most of these challenges can be overcome."



#### NEONATAL MANAGER

Cork University Maternity Hospital  
Maternity Directorate SSWHG

"I've had a fascinating career as a midwife working with premature babies for over 25 years. I've been working in the Neonatal unit in Cork University Maternity Hospital since it opened in 2007.

The best part of the job is saying goodbye to a 'preemie' who has thrived under the care of our unit. Their time in intensive care is difficult and when they leave, there's still another two or three months of work to get them independent, off oxygen and feeding properly. There's a sense of pride when they leave and you know you've done a good job. It's satisfying to play an important part in improving maternal and newborn health outcomes."



#### CLINICAL MIDWIFE MANAGER

South Tipperary General Hospital  
Maternity Directorate SSWHG

"I still love working as a midwife and I'm 30 years in the role. I love the variety and continuity of care. In a relatively small maternity unit like South Tipperary General Hospital, you get to work with women across our antenatal, labour and postnatal wards.

Educating and advocating for women is so important. Our antenatal classes can be very empowering for first time parents. Caring for mothers and babies is also such a privilege. Every baby is still a miracle to me, we're so lucky to be present at the beginning of life."



More profiles for UHK and UHW:

## University Hospital Kerry (UHK)

**NORMA KISSANE**



#IDM2019 #midwives

**CLINICAL MIDWIFE MANAGER**  
University Hospital Kerry  
Maternity Directorate SSWHG

"I've worked as a midwife for over 28 years. I originally trained as a general nurse and decided to further qualify as a midwife due to the passion I had for women's healthcare. I wanted to make a difference with my skills and experience, to keep our mothers safe and give babies the best start in life possible.

For me the best part is the positive nature of the job, caring for women before, during and after delivery. It's a privilege to be part of such a special event in a woman's life. In Kerry these women are often our neighbours and friends... our future... we must support and empower them to have a positive safe high quality experience in our unit in Tralee (UHK) "

## University Hospital Waterford (UHW)

**MARGARET LYSTER**



#IDM2019 #midwives

**CLINICAL MIDWIFE MANAGER**  
University Hospital Waterford  
Maternity Directorate SSWHG

"It's the diversity of midwifery, in terms of the role and the people you meet, that I love. As many of our couples are non-Irish nationals with a language barrier and no family here, it is very fulfilling to offer them the care and support they need in their journey of childbirth.

The best part of the job is building trusting relationships with a couple and having them value your knowledge and experience. You are meeting women at a very vulnerable time and it's all about supporting them and facilitating their choices where possible. It's rewarding to know you've done a great job through the ongoing gratitude and recognition you receive."

**CHLOE FERRITER**



#IDM2019 #midwives

**NEWLY QUALIFIED MIDWIFE**  
University Hospital Kerry  
Maternity Directorate SSWHG

"Helping people is important to me and one of the main reasons I became a midwife. It's amazing being part of a real happiness that is unique to every woman. It's rewarding to build a special, trusting relationship with each woman while creating a warm and calm environment for the baby to be delivered in.

The best part is empowering women, being their advocate to facilitate a safe birth and witnessing the change from a woman or couple to a family unit. As a midwife, I feel very privileged to be a part of the birthing experience for each woman I support."

**BRÍD GALVIN**



#IDM2019 #midwives

**STAFF MIDWIFE**  
University Hospital Waterford  
Maternity Directorate SSWHG

"I've practiced as a midwife for six years. I love the autonomy of the role and being able to offer women your knowledge and support during a very vulnerable time. For me the best part is seeing new life come into the world - it's such a privilege.

While it can be very challenging, it's also very rewarding to see a woman through pregnancy and birth and to have a safe, happy mother and baby at the end. As everyone is very different, it's important to advocate for women and to facilitate their personal choices in childbirth and beyond. I aim to offer them the best possible experience I can."

# Celebrating International Nurses and Midwives Day in UHK



**By Mary Stack Courtney,  
CNM3, UHK**

Sunday, 5 May was International Midwives Day and Sunday, 12 May was International Nurses Day. Both of these days were celebrated on Monday, 13 May in University Hospital Kerry (UHK) by a variety of activities. The hospital foyer was decorated over the previous two weeks with a reflective tree inviting people to write a reflection to the nursing and midwifery staff of UHK. A variety of posters and bunting added a sense of festivity and colour to the celebration along with free coffee and scones for all nurses and midwives on the day – a small touch that was greatly appreciated.

Quizzes with lots of prizes were also distributed to nurses/midwives across all departments. Our founder Florence Nightingale was a well recognised answer to some of the quiz questions! A raffle also took place on the day with numerous spot prizes given generously by local businesses. All in all it was a fitting day to give thanks and show appreciation to all our fantastic nursing/midwifery colleagues who are the heart of our hospital.



## Messages from CUMH midwives on #IDM2019

By Kate Lyons, Acting Clinical Skills Facilitator, CUMH

For International Day of the Midwife (#IDM2019), midwives in Cork University Maternity Hospital shared personal messages of what it means to be a midwife, and what makes the profession so important and so special. These messages were not only shared on Twitter but also served to decorate the room where all staff were invited to hear a series of presentations in relation to midwifery on 2 May, over refreshments.

Thanks to everyone who came together to mark the occasion and special thanks to our midwives who presented: Susan Vaughan, Neonatal Unit on NIDCAP; Alex Campbell, Theatre midwife on skin-to-skin; Fionnuala Hunt Allocations officer on her MSc findings exploring breastfeeding support and Veronica Daly, Breastfeeding Coordinator on breastfeeding support; Claire Fox Midwife manager 3 South on prescribing, Anna Maria Verling, Bereavement Loss Midwife on bereavement support.



## “The Patient is Paramount”

A story by Colette Cunningham, staff nurse in NICU UHW and winner of the Maternity Storytelling Prize 2019



**Pictured above:** Colette Cunningham, staff nurse in NICU UHW and her husband Paul at Nursing and Midwifery Awards 2019 in Dublin on 11 May

**There’s nothing quite like a genuine story. Many powerful and emotional stories of real patients were heard at the inaugural story telling competition held as part of the Nursing and Midwifery Awards 2019 in Dublin on 11 May 2019. This competition was for International Day of Nurse/Midwife held also in May 2019.**

**Colette Cunningham, a staff nurse in the Neonatal Intensive Care Unit (NICU) in University Hospital Waterford (UHW) won the maternity prize for her insightful story below, told from the perspective of a newborn baby.**

I am trying to fathom why everything around me is suddenly booming, buzzing, beeping and heaving. In close proximity there is a relentless clanging, banging and thudding. Where is my muffled world of serenity and intrigue gone, and where is her soft sweet voice? She is gone.....she is gone, and I am all alone. Why is there so much light? What is this new sensation in my chest? It hurts to be here. I am scared. Someone is shoving a rattling, whining tube down my throat, and someone else is bearing down on my arm and pinching and scraping me with something sharp. I am terrified and horrified and traumatised. I need help. Does anyone realise how I feel? Where can I find some relief?

In the midst of this terrifying chaos, I can suddenly distinguish a firm calming touch. Someone is blocking the searing, harsh light from my eyes. I am wrapped in something warm and soft and I am being held tightly, and it feels so very good. This new person is telling me in a soft toned voice that I am going to be ok, and that I am perfect, and that the world is delighted to meet me. The other people in the room are being told to be quiet, and to turn up the heat and close the windows. I am lifted and softly cradled and placed lightly onto a warm soft

surface where I immediately fall into a sense of peace and rightfulness. My soft sweet voice is back! She is telling me that she loves me and that I am to be brave, and that she will be with me as soon as she can be. I am reassured that everything will be alright and the other calm rescuer retrieves me again and places me in a muffled warm environment, not unlike my first home. I am gently rolled away to another place.

The other place is also noisy and bright, but my rescue voice asks everyone to be quiet and I am placed in a soft warm box and there is a dulling of light and a muffling of voices as a cover is placed over my new temporary home. I am handled with calm strong movements and I feel fully supported as I adapt to this phase of my life. I am allowed to rest now and there is a soft pushing sensation in my arm as a pump gives me fluids to sustain me until I am strong enough to feed. A low beeping in the background is tracking my vital signs and I wearily close my eyes and succumb to the sheer exhaustion that only a traumatic period of time can induce so rapidly. I hear a loud voice say, “I need to examine this infant now and take some measurements”. My soft rescue voice says, “I’m sorry, not now, this infant needs to rest. What you need to do can wait....this infant’s recovery is paramount”.

This rescue voice knows what I need most. There is an inherent understanding of my basic needs. The voice is my advocate when I cannot speak. It fights for my comfort and basic needs when I cannot help myself. It is my surrogate protector when my true protector cannot be here. I didn’t ask it to be all that it is to me. It is obvious that from the beginning of my time, that this voice belongs to a person that fights for infants like me when we cannot fight alone. To this person, my survival and best outcome are the main present goals. I know now that I will win this battle. I know now that my life has just begun.

# Update on CUMH Gynaecology Waiting List Initiative

The hard work and dedication of staff to the CUMH Gynaecology Waiting List initiative delivered impressive results over the past two years, and continues to do so. The CUMH outpatient waiting list is now down from the extraordinary 4,700 in April 2017 to 1,600 in April 2019.

In December 2018, the list stood at 2,700. The major initiative in January 2019 called 'Gynaecology500', aimed to reduce numbers waiting for outpatient services by 500 in five days. By February the list was down to 2,200 and by April 2019 numbers were reduced by a further 600.

Now 99% of the list are waiting less than 12 months and 65% are waiting less than 3 months - up from 90% and 50% respectively since the last CUMH staff update by email in February 2019.

Efforts continue to reduce the list and the aim is to reduce the numbers to below 1,000 by the end of June 2019, with 80% of the list waiting for less than 3 months.

## Securing funding to reboot CUMH Gynaecology service

Plans to secure funding and 'reboot' the gynaecology service are also very active at present. The aim is to roll out a sustainable model of service delivery for CUMH gynaecology clinics.

CUMH are seeking funding to open the second gynaecology theatre to help with the additional inpatient demand resulting from extra outpatient activity. Discussions have taken place and an updated proposal was submitted in May to the HSE National Director for the second gynaecology theatre.

Additional gynaecology funding for outpatients has also been requested in a proposal submitted to the Sláintecare Integration Fund in April 2019. This includes a new urogynae triaging model and a new service at a primary care centre. In May 2019, a pilot commenced on trialling a new online booking system for outpatients.

Commenting on the Gynaecology Waiting List Initiative, Professor John R. Higgins, Clinical Director CUMH said:

*"A sincere thanks once again to all CUMH staff for their tireless commitment to helping us achieve our goal in significantly reducing the outpatient gynaecology waiting list. There has been phenomenal effort behind the scenes from our NCHDs, consultants and midwives not to mention the support staff, central appointments team and medical secretaries. Making our efforts sustainable is the next big challenge..."*

## The Gynaecology Waiting List Initiative

Reducing the number waiting for first outpatient appointment

Apr 2017	<b>4,700</b>
Dec 2018	<b>2,700</b>
Apr 2019	<b>1,600</b>



# The Gynaecology Electronic Chart is coming soon!

By **Pauline Kennedy, Project Manager, CUMH**  
and **Mairead Mc Elligott, UHK**

We are delighted to announce that the Gynaecology Electronic Chart is coming to Cork University Maternity Hospital and University Hospital Kerry. It will soon be possible to document gynaecology services within the existing Maternal and Newborn Clinical Management System (MN-CMS). This game changing, electronic patient chart for maternity services is currently live in Cork University Hospital (CUMH) and University Hospital Kerry (UHK). CUMH is set to be the first hospital in Ireland to extend the service to include gynaecology patients, followed shortly by UHK.

Gynaecology has been included in the scope of MN-CMS as it affects multiple areas of the hospital (where dual documentation will continue) and the requirement for its inclusion was identified as part of a Phase 1 implementation review. Consequently, the gynaecology project commenced in 2018 with a plan to roll out to the four existing sites prior to the roll-out of MN-CMS to the remaining 15 hospitals in Ireland.

## Summer 2019 'go live'

In CUMH, the design, build and testing of the Gynae Electronic Chart is complete. Training is underway, with train the trainer, super users and end user training plans well advanced. 'Go live' is expected to happen on 28 July 2019, so watch out for more information in the coming weeks.

Work is also progressing on the rollout for University Hospital Kerry (UHK). With the recent appointment of a local project manager Mairin McElligott, the on-going work and support of Mairéad Griffin (Local Back Office Manager), Mary Foley and Martin Sweeney alongside the clinical leadership of Dr Mary McCaffrey, the project is in good shape to be ready for a go-live later in this summer too.



**Pictured above:** Orfhlaith O'Sullivan, Consultant Obstetrician & Gynaecologist; Elmarie Cottrell: MN-CMS Clinical Informatics; Deirdre Moriarty: MN-CMS Training Co-ordinator; Mary Rose Dennehy, CUH IT; Ann Horgan, Nurse CUMH; Pauline Kennedy, Project Manager; Nilima Pandit: MN-CMS System Administrator; Lorna O'Sullivan, Secretary to CUMH Director of Midwifery

## Benefits

### The benefits of the Gynaecology Electronic Chart include:

- Improved patient care as a result of better communication, clinical decision support (eg: National Early Warning Score etc.) and more effective planning of care.
- More effective and efficient recording of information reflecting best standards in documentation.
- Reduced risk associated with combined electronic and paper charts in one area.

### And in the future:

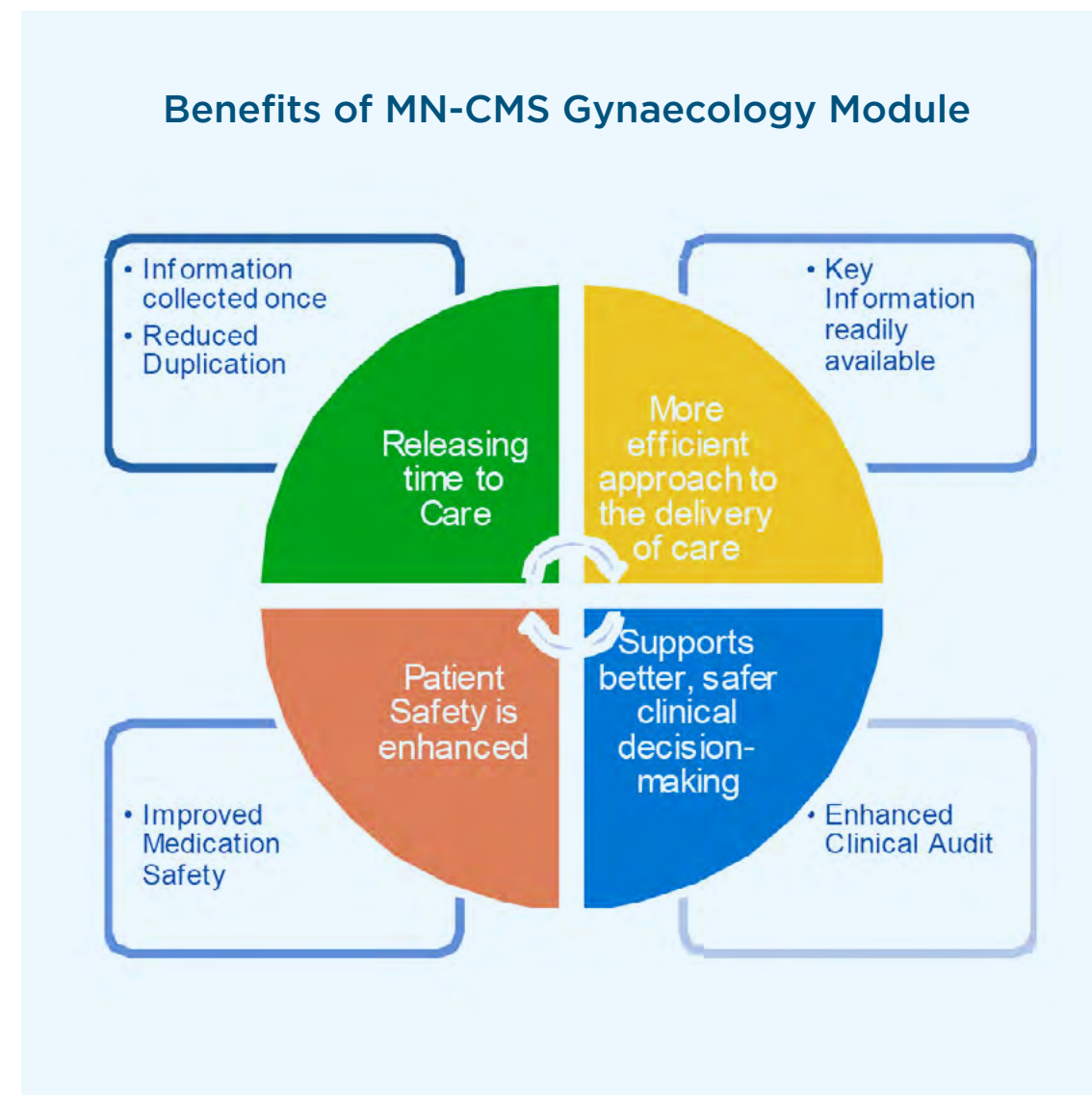
- Enhanced clinical audit and research locally as a result of better quality data.
- Informed business intelligence that will drive local and national management decisions.



**Pictured above:** Mairéad Griffin, MN-CMS Back Office Manager; Omana Paul, MN-CMS System Administrator; Mary McCaffrey, Consultant Obstetrician & Gynaecologist; Alan Kearney, MN-CMS Clinical Informatics Pharmacist (missing from the photo are Mary Foley, Laboratory Manager and Martin Sweeney, ICT Support)



**Pictured above:** Mairin McElligott, Project Manager



If you would like more information regarding the Gynae Electronic Chart project please contact:

CUMH: Pauline Kennedy, Project Manager, [pauline.kennedy@hse.ie](mailto:pauline.kennedy@hse.ie)

UHK: Mairead Griffin [mairiad.griffin1@hse.ie](mailto:mairiad.griffin1@hse.ie) or Mairin McElligott, Project Manager, [mairin.mcelligott@hse.ie](mailto:mairin.mcelligott@hse.ie)

## MN-CMS and clinical informatics pharmacy in UHK

By Alan Kearney, Senior Pharmacist UHK



**Pictured above:** Alan Kearney, Senior Pharmacist, UHK with Mairéad Griffin, MN-CMS Back Office Support, UHK

I started work in University Hospital Kerry (UHK) as the Maternal and Newborn Clinical Management System (MN-CMS) clinical informatics pharmacist in February 2019. MN-CMS is the design and implementation

of an electronic health record for all women and babies in maternity services in Ireland and is live at UHK since March 2017. My role as clinical informatics pharmacist focuses on the medication related functionality of this system and is split between local and national project work. Local work involves the training of end users, optimising workflow and monitoring usage of the system as well as providing feedback. Nationally the role involves providing feedback on local issues, proposing changes to improve performance and assisting and supporting the national medication team. In recent months the focus is on the design and development of the medication component for the gynaecology project which is due to be rolled out later in 2019.

In addition to my role as clinical informatics pharmacist I also provide clinical pharmacy support to the obstetric (antenatal and postnatal), gynaecology and neonatal intensive care wards.



## Refurbished Quiet Room in CUMH

Cork University Maternity Hospital (CUMH) recently refurbished the Quiet Room on ward 4 South to improve the facility for bereaved parents who have experienced a pregnancy or infant loss. This room is an important space in CUMH and its ethos is to provide grieving families with a comfortable and non-clinical environment where they can spend time together as a family.

The Quiet Room refurbishment was made possible by the combined efforts of patients, staff and the Cork University Hospital (CUH) charity. Much of the fundraising was carried out by many patients who had passed through the bereavement services of CUMH. A group of staff members also walked the Camino to raise additional funds.

The newly refurbished Quiet Room was launched on 12 April 2019. The opening

address was made by Michael Nason, CEO of CUH Charity, who commended all the donors on their efforts and commitment to this very special project. The room was officially opened by Niamh Spillane, Clinical Midwife Manager of 4 South, and parent, Mikey Prout.

Many parents over the years have returned to offer their help and support to the provision of the pregnancy loss services in CUMH. We would like to take this opportunity to thank all parents, who despite their own loss and grief, have worked tirelessly to maintain and improve bereavement services for the care of future patients.

The refurbishment of the Quiet Room is a wonderful example of patients and staff working together to improve maternity services for everyone.





# CUMH Ideas Forum 2019: time for implementation!

In the winter edition of UltraNews we reported how staff in CUMH came together last year to generate ideas on how to improve the experiences of the patients and families who use CUMH services and staff members who work here.

In the follow-up action planning forum in September 2018, staff selected six ideas (out of ten) to progress, and presented their recommended solutions to the CUMH Directorate in November 2018. Next steps have recently been confirmed for each of the six chosen ideas and these are outlined briefly below.

## 1. Transforming/redesigning birthing suite rooms

**What?** Transform the birthing rooms and environment to improve the patient/staff experience

**Next Steps:** Group to progress with transforming corridor/environment and to choose one standard birthing room to pilot/transform. To review success of pilot before progressing with other rooms.



## 2. Promoting staff wellbeing

**What?** Every member of CUMH staff to have a guaranteed 15 minute break from the clinical and other work, in a comfortable, serviced space (suggestion 4 East).

**Next Steps:** Group to progress with idea and consult with all staff grouping leads and catering/household staff and develop refurbishment ideas for 4 East.

## 3. Support for efficient patient transfers between wards/departments in CUMH

**What?** Time efficient transfer of patients to/from theatre. Minimal staff time taken from ward duties to transfer patients (and more time for patient care).

**Next Steps:** Due to large number of elements, create working group and focus on first key action 'Improving Communication' and report back on progress.

## 4. Avoiding prolonged preoperative fasting (gynaecology patients)

**What?** Avoid prolonged pre-operative fasting for patients who are on afternoon operation lists in gynae theatre, to improve clinical outcomes.

**Next Steps:** Group to progress with meeting with administration to get a new letter for patients drafted. Monitor and review the impact. Meet with Consultants to ensure careful planning of theatre lists.

## 5. Waiting room for ERPC and gynaecology pre-operative patients

**What?** A designated waiting room within the theatre complex for pre-operative patients,



for comfort and privacy and to improve peri-operative outcomes.

**Next steps:** Group to reconvene and focus on alternatives that do not involve extending into the garden in order to progress with a solution in the short term.

## 6. Induction of labour: Reviewing the location / use of space for inductions

**What?** To have suitable, safe and efficient space for low risk inductions in rooms 15, 16, 19, 22. To refurbish Lounge in 2 East to create a 'Comfort Zone' for women in early labour and those being induced.

**Next Steps:** While space for inductions is an important priority, there are temporary issues with space that need to be resolved (i.e. Lounge). To revisit and progress this idea before end of 2019.

*"We would like to extend our sincere thanks to all participants in the Ideas Forum for your enthusiasm, time and great ideas to date. We also thank the team of facilitators led by Dr Nóirín Russell and the quality improvement division for their continued and consistent engagement over the past 15 months. The Maternity Directorate is committed to progressing these ideas, to continue to improve the experiences of the mothers and infants who use our services and your experience as a staff member - it's an investment in our future."*

**Professor John R. Higgins,  
Clinical Director Maternity Directorate**

**Contact Details:** The Maternity Directorate Ideas Forum is supported by the Quality Improvement Division.

For more information, please contact [noirin.russell@hse.ie](mailto:noirin.russell@hse.ie)

For more information on staff engagement, see [www.staffengagement.ie](http://www.staffengagement.ie)

# New website to support families grieving the loss of a baby



**Pictured above:** Riona Cotter, HSE Programme Manager, Implementation Group for the National Standards for Bereavement Care Following Pregnancy Loss and Perinatal Death; Dr Keelin O'Donoghue, Consultant Obstetrician at Cork University Maternity Hospital and Principal Investigator at INFANT

The INFANT Centre at University College Cork, in partnership with the Irish Hospice Foundation, recently launched **pregnancyandinfantloss.ie**, a first-of-its-kind website for Ireland.

A valuable resource for parents who experience pregnancy loss or perinatal death, the website provides accurate and accessible information on a sensitive and often stigmatised subject, shares the latest research into the causes of baby loss, promotes emotional well-being, and offers details on how to access the appropriate support services.

“The website is a step forward in our commitment to consistent quality care for parents, as well as education and support for maternity staff, while raising awareness of pregnancy loss and recognising its wide impact,” said Dr Keelin O'Donoghue, Consultant Obstetrician at Cork University Maternity Hospital and Principal Investigator at INFANT, Ireland's only dedicated perinatal research centre.

Dr O'Donoghue and her team at INFANT are leading investigations into the causes of pregnancy loss and perinatal death.

Supported by funding from the Irish Hospice Foundation, the website is an initiative of the Implementation Group for the National Standards for Bereavement Care Following Pregnancy Loss and Perinatal Death. The programme of implementation of the Standards was led by Dr O'Donoghue and HSE Programme Manager Riona Cotter.

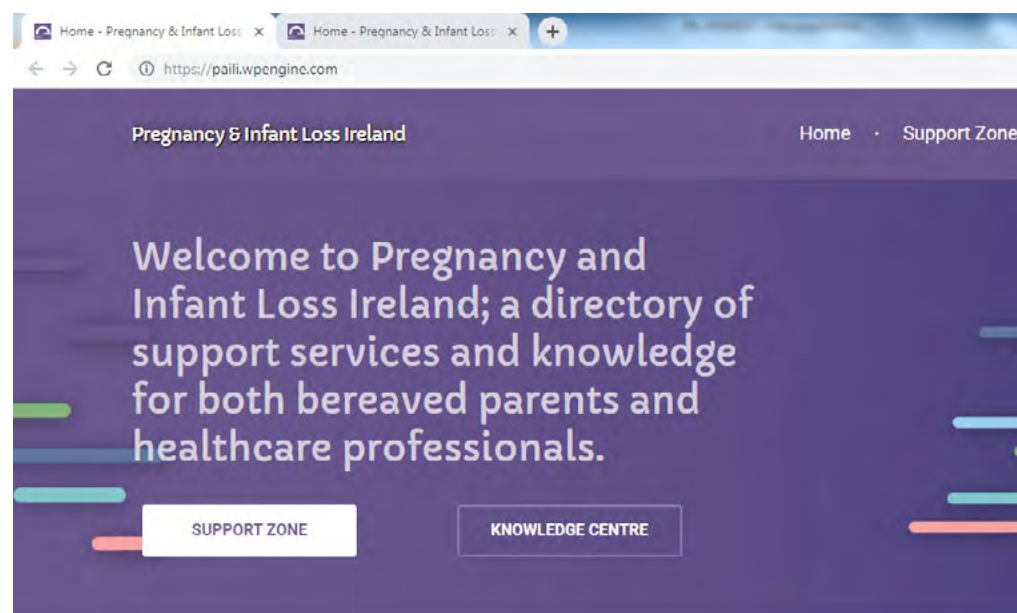
The Standards, launched in August 2016, defined the care parents and families should receive following a pregnancy loss or perinatal death in all Irish maternity hospitals.

*“This is an example of the excellent resources available through the INFANT centre at UCC that have a real-world impact and will make a difference to grieving parents and families,”* commented INFANT Director, Professor Geraldine Boylan.

Irish Hospice Foundation CEO Sharon Foley acknowledged the impact that pregnancy loss and infant death has on families in Ireland.

*“The IHF is very proud to support the new national pregnancy loss website. The loss of a child is devastating to any parent. Grieving parents should be able to access sensitive and consistent bereavement care at every stage of their journey and in every location throughout Ireland. Maternity hospitals play a vital role in supporting parents whose child dies following pregnancy and post birth. It is vital we support staff with tools and information which will equip them to give this bereavement care to parents. This new website will play a major role, I believe, in providing vital information to parents and staff following pregnancy and perinatal death in our hospitals.”*

Pregnancy loss is the most common complication of pregnancy. The end of a pregnancy or the death of a baby through miscarriage, stillbirth, neonatal and infant death can have a devastating and long-lasting impact on the woman, her partner, her other children and her extended family.





**Pictured above:** Professor Susan Garthus-Niegel, Dr Maeve O'Connell and Dr Paul Corcoran at Maeve's viva voce presentation for her PhD

## One in three women fear giving birth

By Dr Maeve O'Connell, Lecturer in Nursing at RCSI, Bahrain and former PHD student at INFANT Centre, UCC

Dr Maeve O'Connell is the lead author on a study of almost 900 pregnant women in Cork which found that more than one in three pregnant women had a "high fear" of childbirth, while 5% had "severe fear", known as tocophobia.

Whilst it is normal to experience fear of childbirth to some extent, tocophobia impacts women's day-to-day lives, and has been associated with depression, nightmares, longer labours and increased epidural use amongst others. Importantly, in women who do not have a history of depression, women with fear of childbirth are more likely to have postnatal depression. In the study, first-time mothers were also more likely to fear childbirth (43%) than those who had given birth previously (33.6%).

Maeve has completed her doctoral thesis which consisted of a number of studies on fear of childbirth. One of the recommendations from the thesis is that there needs to be high quality antenatal education available. The thesis also highlighted the need for clinician's awareness of fear of childbirth, calling for respectful and compassionate care, as well as normalising the conversation about fear of childbirth during pregnancy to increase support for women and alleviate their fears. These findings were also reported in an article published in the British Medical Journal in March 2019.

Dr Maeve O'Connell is currently a Lecturer in Nursing at RCSI in Bahrain. She is also an Alumnus of The Irish Centre for Fetal and Neonatal Translational Research (INFANT Centre), having completed her PhD in the Department of Obstetrics and Gynaecology at the College of Medicine and Health in University College Cork, under the supervision of Dr Ali Khashan, School of Public Health, Dr Patricia Leahy-Warren, School of Nursing and Midwifery, Dr Sinéad O'Neill, HIQA and Prof Louise Kenny, Liverpool University.

## INFANT strengthens Tanzanian partnership

By Caoimhe Byrne, Marketing and Communications, INFANT

A team from the INFANT Research Centre at UCC travelled to Kilimanjaro Clinical Research Institute in Moshi, Northern Tanzania in February.

As Ireland's first perinatal research centre, INFANT is focussed on making pregnancy safer and improving health outcomes for mothers and babies worldwide. In particular, the centre's Global Health Program is committed to translating the centre's innovations into affordable, accessible interventions in countries where the clinical need is greatest and will have the highest impact.

In 2016, INFANT signed a Memorandum of Understanding with the Kilimanjaro Clinical Research Institute (KCRI), the Kilimanjaro Christian Medical Centre (KCMC), and the Kilimanjaro Christian Medical University College (KCMUC), establishing a collaborative research partnership in a number of scientific and clinical areas.

This partnership is currently working on a project to enhance the KCMC birth registry. Birth registry data is a vital source of information for healthcare providers, funders and policy makers as it contains data on maternal and infant outcomes from each baby born every year. INFANT engineers and software developers initiated and developed this project to enhance the KCMC Medical Birth Registry, making this hugely valuable data accessible to researchers beyond KCMC and INFANT. During the week-long visit, INFANT staff piloted the new high quality, cloud based

birth registry, provided essential training to staff and implemented improvements to the system based on local feedback at KCMC.

Their visit also included a number of meetings with research and clinical colleagues, tours of the maternity ward and birth registry offices, a visit to a regional community health centre, discussions on collaborative funding opportunities and the initiation of a postgraduate student exchange programme.

Speaking about the trip, INFANT Director Professor Geraldine Boylan said that the collaboration between INFANT, UCC and KCRI has gone from strength to strength and she acknowledged the important role that support from ESTHER Ireland had played in enhancing this important collaboration.

Professor Helen Whelton, Head of College of Medicine and Health commented; *"The partnership to date has been a huge success and we look forward to strengthening our relationship with KCMC in the coming years. International engagement is a priority for UCC and partnerships like these enhance our mission of creating, understanding and sharing knowledge and applying it for the good of all"*.



**Pictured above:** 'INFANT, CUMH and CUH representatives with colleagues from Kilimanjaro Christian Medical Centre on a recent trip to Tanzania.' L-R: Mike Cunneen INFANT Software Developer, Dr Mairead O'Riordan, INFANT Associate Investigator, Dr Deirdre Murray, INFANT Principal Investigator, Dr Aisa Sahyo, Paediatrician at KCMC, Dr Ronald Mbwas, Head of Paediatrics Department KCMC, Dr Eoghan McKernan, INFANT EU Programme Manager, Marie Watson, Head Nurse at CUH Children's Unit and Prof Blandina Mmbaga, KCRI Director



# Maternity Grand Rounds 2019 Schedule

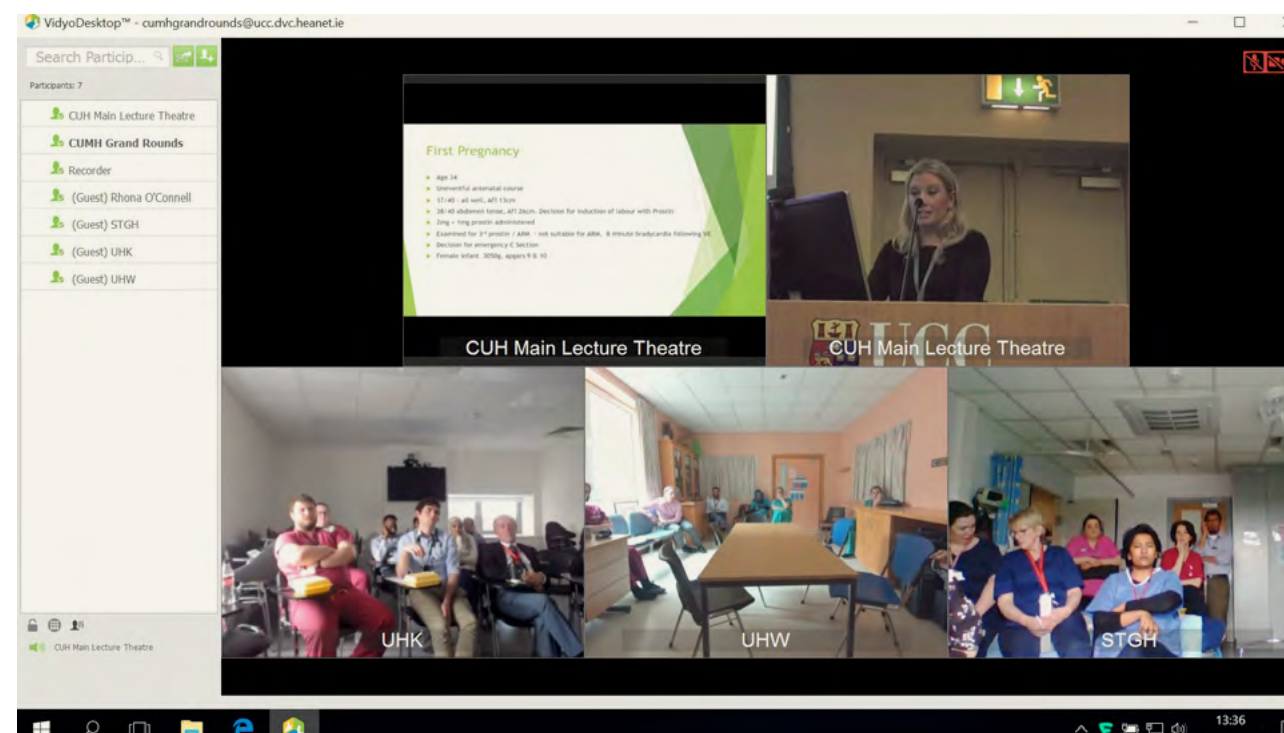
The new format Maternity Directorate Grand Rounds has been running successfully since January 2019. While presentations generally take place in the main auditorium in Cork University Hospital, presentations are also being broadcast directly from all maternity units in the Directorate as per the schedule below:

DATE	PRESENTING TEAM / LOCATION
26 April 2019	Health and Social Care Professionals: Specialist Perinatal Mental Health Service
03 May 2019	Team Tuesday, CUMH
10 May 2019	No Grand Rounds
17 May 2019	Midwifery, CUMH
<b>24 May 2019</b>	<b>University Hospital Waterford</b>
31 May 2019	No Grand Rounds
07 June 2019	Team Monday CUMH: Jehovah's Witness Hospital Liaison Team
<b>14 June 2019</b>	<b>South Tipperary General Hospital</b>
<b>21 June 2019</b>	<b>University Hospital Kerry</b>

For the new academic year, Grand Rounds will start on Friday 6 September. There will be no Grand Rounds on 13 September, and they will resume again on 20 September. 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.

*“We’re delighted to see all of our maternity units participate in presenting Grand Rounds as the academic year closes. The new format, involving not only presentations but also critical appraisal of a journal article and discussion of a key visual is successful in encouraging active discussion and debate.”*

**Professor John R. Higgins, Clinical Director Maternity Directorate**



**Pictured top:** Deirdre Muller Neff, consultant perinatal psychiatrist, presents Grand Rounds 26 April 2019

**Pictured above:** Maternity units UHK, UHW and STGH join Maternity Directorate Grand Rounds via videoconference



Due to staff shortages in recent times, the parentcraft role in University Hospital Kerry diminished, while the demand for antenatal education has never been greater.

In accordance with the *Creating A Better Future Together; National Maternity Strategy 2016-2026*, the need for a comprehensive antenatal education programme was identified to help women to prepare for childbirth and parenthood.

In the latter half of 2018 work began to develop a comprehensive, antenatal education programme that is woman centred, evidence based, up-to-date and accessible. Nuala O'Donoghue, CMM1, Laura Sweeney, CMM2 Shift Leader, Joann Malik, Midwife, Zodwa Lenihan, Midwife and Mary O'Sullivan, Midwife Fetal Assessment Unit came together and developed a programme which is now current, practical and interactive and also in keeping with the ethos of the maternity strategy.

## New Antenatal Education Programme in University Hospital Kerry

By **Laura Sweeney**  
CMM2 Shift Leader, UHK

The midwifery led programme now offers a half day class on a Saturday morning for first time mothers and partners. An early pregnancy class and refresher classes are also available. Topics covered include health for pregnancy, signs and symptoms of labour, when to contact the labour ward and what to bring to hospital. The classes are interactive with group participation and a tour of the labour ward.

Breastfeeding classes are offered separately and are facilitated by Mairéad O'Sullivan, lactation consultant, and are proving very popular.

So far feedback has been very positive and the team continue to review and develop the programme.

**Pictured above:** *The UHK Parentcraft team: Nuala O'Donoghue, CMM1; Joann Malik, midwife; Zodwa Lenihan, midwife; Laura Sweeney, CMM2 shift leader (missing Mary O'Sullivan and Mairéad O'Sullivan)*

## Postgraduate Diploma in Healthcare Innovation: One-Year Programme

**Accelerate your career and lead delivery of measureable impact in healthcare and medicine**



Healthcare is a complex, fast moving and constantly evolving with new technologies, new methodologies, changing government policies, and ever escalating patient expectations. The Healthcare system cannot sustain this transition without leaders in innovation thinking and creative execution.

This Postgraduate Diploma in Healthcare Innovation is designed to provide you with the in-depth knowledge of the dynamics of embedding an innovation culture within healthcare, and gain insights into the latest thinking on creative and practical implementation of new ventures within healthcare and medicine.

The one-year programme is designed to fit your busy schedule as a healthcare professional, and will teach you how to make a measureable difference in how healthcare will be delivered in the future. It has been developed in partnership with Health Innovation Hub Ireland.

*“Our participants will lead as ambassadors for Healthcare Innovation and will drive the evolution of Ireland’s Healthcare system.”*  
Professor Seamas Donnelly, Professor of Medicine and Director for Global Relations at the School of Medicine, Trinity College Dublin.

Closing date is 31st July. Limited scholarship application deadline is 30 June. Apply online at [www.tcd.ie/medicine/clinical-medicine/postgraduate/healthcare-innovation/](http://www.tcd.ie/medicine/clinical-medicine/postgraduate/healthcare-innovation/)



## First Chief Resident in the Maternity Directorate

Dr Zbigniew Marchoki (known as 'Zibi') was the first Chief Resident to be appointed in the Maternity Directorate. He acted as lead for the Non-Consultant Hospital Doctors or NCHDs, overseeing the roster system and representing his colleagues over the course of 2018/2019.

On his departure from Cork University Maternity Hospital on 26 April, he was presented with some tokens of appreciation. Professor John R. Higgins, Clinical Director, Maternity Directorate and Olive Long, Director of Midwifery, CUMH thanked him for his hard work and acknowledged his dedication as Chief Resident.

Zibi is moving to Toronto where he will spend 3 years on a Gynaecologic Oncology Fellowship at the University of Toronto.

*"The Chief Resident position underlines our confidence in the NCHDs to take on significant responsibility in the organisation of our services. I'm hopeful by 2021 it will be established as a post in its own right."*

**Professor John R. Higgins, Clinical Director, Maternity Directorate**



**Above:** Dr Zbigniew 'Zibi' Marchoki, Chief Resident Maternity Directorate, Olive Long, Director of Midwifery, CUMH, and Professor John Higgins, Clinical Director Maternity Directorate



## Rethinking Healthcare Innovation

**by Dr Tanya Mulcahy, National Manager, Health Innovation Hub Ireland**

Professor John Higgins, Principal Investigator and Lead of Health Innovation Hub Ireland (HIHI) welcomed participants to the Rethinking Healthcare Innovation Workshop at HIHI HQ in UCC in February. The workshop, opened by Professor Geraldine McCarthy, Chairperson of the South/Southwest Hospital Group, was attended by an enthusiastic group of healthcare employees. This marked a major milestone for HIHI in delivering the first of a series of five Health Innovation Workshops, later replicated in Galway and Dublin.

The workshops are delivered free of charge to employees of the

HSE and voluntary hospitals and feedback from all 56 attendees was overwhelmingly positive. Process was identified as an area that would benefit significantly from innovation and this group of health innovators were eager to implement their learnings immediately in their day-to-day work practices. As part of the education in innovation programme, HIHI has just launched its Postgraduate Diploma in Healthcare innovation. For more information, please visit [www.hih.ie](http://www.hih.ie)



## CUMH Midwife in Cycle Sportive

Well done to the Ultrasonographer and Midwife from Cork University Maternity Hospital, Claire McDonnell, who took part in a charity cycle sportive in April 2019. The cycle took her through the beautiful surroundings of Killavullen village, the scenic Blackwater Valley and North Cork countryside. Proceeds from the cycle were in aid of Marymount Hospice, which is close to many of our hearts, and Killavullen National School.

**Pictured left:** Claire McDonnell, Ultrasonographer and Midwife, CUMH taking part in the Killavullen Charity Cycle Sportive



Photo courtesy of Jim Coughlan

“When we prepare women for labour, we explain that labour is a marathon, not a sprint. It is a long and difficult process, but you can get to the end with the right preparation and the right support,” says CUMH Domino Service midwife, Mags Higgins. The midwives from the Domino service are extending this metaphor outside of their work lives by signing up to run in the Cork City marathon on Sunday, 2nd June. Mags is going to run the half marathon, while eight other midwives from the CUMH Domino service, along with their colleagues from the birthing suite at the CUMH will compete as relay teams. Those taking part want to raise awareness of the Domino service in the hope that more pregnant women will avail of the service.

The CUMH Domino Service started in 2014 and provides midwife led care for healthy pregnant women who are at low risk of complications in pregnancy. Women who live within a 15km radius of the CUMH can avail of the service. It is separate to the consultant led service, but the midwives work in very close partnership with the obstetricians at CUMH. “The whole point of ante-natal care, whether midwifery or obstetric, is to ensure that everything during pregnancy, labour and birth is progressing normally, with no

## Cork Midwives go on the run...

Adapted from an article originally written by Irene Long for the Evening Echo 29 May 2019

complications or concerns. We have an excellent relationship with our obstetric colleagues. We work closely with the obstetricians and refer women, if an issue arises. If those problems or issues resolve, the obstetrician will then refer the woman back to us. Everyone’s main focus is the safety of mother and baby, so we work closely as a team.”

Under Domino service care, the same midwives care for a pregnant woman throughout her pregnancy until baby is born. Mags explains that “research suggests that knowing the person who is caring for you during your pregnancy helps reduce stress, helps manage pain and empowers the woman giving birth. The whole birth outcome and women’s perceptions of the birthing process is improved when a woman has a connection with her midwife.”

The midwives cover a pregnant woman’s hospital visits, her time in the birthing suite and ante-natal visits in the home. “The women who are cared for by the Domino service call us when they go into labour. We counsel them over the phone when labour is in its early stages before advising them to come into hospital. We assist them with the birth of their baby. Most of the women will go home within twelve hours or whenever they feel most comfortable to go home. We visit them at home with their babies for five days afterwards.”

The Domino service is becoming more popular because “women are more aware of what they want and the choices they can make themselves when it comes to birthing their babies. For those women who want to have that choice and want to have a midwife led birth, we are an alternative for them.”

The midwives at the Domino service have received lots of positive feedback from women who have used their service. “A lot of our women find the post-natal support visits in the home are invaluable. We visit for approximately forty-five minutes to an hour each day for five days after the baby has been born. We check both Mum and baby and tailor the visit for the specific needs of Mum and baby. We address any worries Mum may have and give her support with breast feeding in those early days which are crucial. The midwife that visits after baby is born is one of the midwives that helped deliver baby and has been involved in caring for the woman during her pregnancy which means there is a trust and connection between the woman and the midwife.”

Mags and her colleagues at the Domino Service are running the marathon to highlight the service to the public. “Some women who would be a perfect fit for the Domino Service may not have heard of us, so we would like to make our services known to them. Other women may misinterpret what the service is about, for example, they might think they have to go home with twelve hours of delivery and that there are rigid rules around that, which there aren’t.”

Martina Dillon, Máiread O’Reilly, Lynda Moore, Jocelyn Coughlan, Colette Mansfield, Denise Malone, and Liz Clancy work in the Domino service and will run the relay on June 2nd. Their colleague, Lisa Barry is currently on maternity leave. Mary Newlands is also a Domino midwife and will be working on the day of the marathon. The relay teams also include Frances Healy, Eimear Quaid, Helen Cronin and Elaine Fitzgibbon from the CUMH birthing suite.



# The Maternity and Neonatal Physiotherapy Service in STGH

by Eibhlín Mulhall, Senior Physiotherapist in Women's Health, Continence and Paediatrics STGH



**Pictured above:** Eibhlín Mulhall, Senior Physiotherapist in Women's Health, Continence and Paediatrics STGH

The physiotherapy service for women and infants in South Tipperary General Hospital (STGH) is provided by a senior physiotherapist. This part-time post provides the physiotherapy service for maternity, neonatology and gynaecology as well as male continence and paediatrics.

Women attending the hospital during a pregnancy are most likely to initially meet the physiotherapist in an outpatient setting where they may attend an antenatal physiotherapy class. Here, they learn about safe exercise in pregnancy, including specific abdominal, back and pelvic floor muscle exercises. Women are often surprised to learn how important the pelvic floor muscles are for bladder and bowel health, pelvic organ support and healthy sexual function, as well as learning the correct technique! There is also a chance to learn breathing techniques and other coping strategies for managing labour.

Some women attend physiotherapy during their pregnancy or postnatally with a specific condition such as pelvic girdle pain or low back pain, carpal tunnel syndrome, incontinence or diastasis of the abdominal muscles after the birth. Recently, group classes have been started to help women with pelvic girdle pain access the service more promptly and experience the benefit of peer support. This condition, affecting the sacro-iliac joints and / or pubic joint (often referred to as symphysis pubis dysfunction or SPD) affects 1 in 5 women during pregnancy.

We endeavour to see all women on the postnatal ward, giving an opportunity to speak with the physiotherapist and receive our detailed postnatal booklet. Those who have experienced an obstetric anal sphincter injury are referred specifically, and are seen as outpatients to complete their rehabilitation. Physiotherapy specific postnatal classes are held monthly and women can opt to attend with their infants. Prevention of plagiocephaly is emphasised to parents, as well as abdominal, back and pelvic floor health post delivery.

Any infant that requires physiotherapy on the postnatal ward or in the special care baby unit (SCBU) is reviewed, and subsequently followed up by physiotherapy services as required. Some of the different conditions physiotherapists have a considerable role in the management of include; talipes, brachial plexus injury, plagiocephaly, and torticollis, while some infants will require neurodevelopmental monitoring and physiotherapy intervention strategies.

It is a privilege to work with the women I meet every day, and to provide assistance to them on their journey into motherhood and beyond. It is a demanding but fulfilling role. It is an interesting and varied area of physiotherapy that I am very happy to specialise in. Together with my committed colleagues in the physiotherapy, maternity and paediatrics departments, we are part of a greater team serving the women and infants in South Tipperary.

## Cois Tí outreach clinics in the community

By Monica O'Regan, A/CMM3  
Midwifery Led Services, CUMH

Cois Tí are outreach clinics that provide maternity services in Cork in a community setting. These clinics first started in 2000 in what was then known as St Mary's Orthopaedic Hospital (SMOH) in the north side of Cork city. Staffed by a midwife and an Obstetric SHO, up to 25 women were seen every Tuesday evening in an area close to where they lived.

I started working in this clinic in 2010 and from the start I loved this work. The women who attended the service were generally low risk, healthy women. As the waiting room filled on clinic evening, the buzz of chatting among the women and their partners could be heard, as they were often friends and neighbours. This clinic was the starting point to what is now a network of outreach clinics covering Cork city and county. These clinics are coordinated by the Midwifery Led Services CMM3, which is my current role in Cork University Maternity Hospital.

### An evolving and growing service

The service has evolved over time. There are now Cois Tí Outreach Services and clinics in Mallow Primary Care Centre, Mitchelstown Primary Care Centre, St Marys Health Campus (moved from St Finbarr's Hospital Clinic), Bantry Hospital (BGH) and most recently in the newly built Carrigaline Primary Care Centre. These clinics are midwife led, providing supportive care as outlined in the National Maternity Strategy 2016-2026.



Services provided every Tuesday in the Carrigaline Primary Care Centre are of note. Along with providing antenatal care for women from 32 weeks gestation, women can also attend here to have their booking visit. This is a new development for outreach clinics in Cork and is proving very popular, with women feeding back a high level of satisfaction. The Carrigaline clinic also provides preparation for birth and parenthood classes once a month. These classes are facilitated by a CUMH midwife and a Public Health Nurse (PHN) who is based in the Primary Care Centre. This is the first time that PHN and CUMH staff provide antenatal education together and this initiative benefits women greatly as they get to meet the PHN's who will be visiting them at home with their babies when they are discharged.

In the summer 2019, the Carrigaline Outreach Service will pilot a new neonatal support service. The aim of this initiative is to provide a nursing support clinic in the community for parents whose infants are discharged from the Neonatal Unit in CUMH. It is hoped that this will help alleviate parental anxiety, achieve an earlier discharge date and also reduce the number of phone calls received in the NNU from anxious parents. The clinic will be evaluated after implementation and there is a long term vision of implementing a clinic such as this in each of the locations where outreach maternity services are provided.

In April 2019, Cois Tí antenatal services from St Finbarr's were moved the new primary care centre in St Mary's Health Campus. Plans are in place to run clinics here two days a week, both Wednesdays and Fridays. This in effect provides outreach services for supported care in the community to both sides of the city, Carrigaline servicing the South side and surrounding areas and St Marys the North side and its environs. In the county areas, clinics in Mitchelstown and Mallow serve North and North West Cork with the Bantry clinic available to families in the West Cork area. At this time there are plans afoot to secure a venue in the East Cork area and commence services there. We are a growing team of enthusiastic midwives who wish to give choice to women who attend for maternity care in the Cork city and county area.

**Pictured above left:** Sharon Goggin, Liz Clancy and Colette Mansfield, all Midwives at the Cois Tí outreach clinic in Mallow Primary Healthcare Centre

**Pictured above centre:** Christine McElligott CMM2, Mary Jeffery, Staff Midwife, Monica O'Regan A/CMM3 Midwifery Led Services, Grace O'Brien, Staff Midwife, and 3rd year Student Midwife Hannah Courtney, at the Cois Tí outreach clinic in St Mary's Health Campus Primary Care Centre

**Pictured above right:** An Antenatal class taking place at a Cois Tí outreach clinic in Carrigaline, facilitated by Grace O'Brien and Aideen O'Donovan, both Midwives

## Thanking Maternity Directorate retirees in 2019

We would like to pay a brief tribute to the multidisciplinary staff who retired at the end of 2018 and in 2019 to date. We extend our sincere gratitude and appreciation for their service in the delivery of maternity, gynaecology and neonatology services for women, infants and their families in our region. Go n-éirí an bóthar libh!

### University Hospital Waterford

**Frances Barrett:** Senior Staff Nurse Special Care Baby Unit (SCBU)  
**Feena Cody:** Senior Staff Nurse Neonatal Intensive Care Unit (NICU)  
**Martina Evans:** CMM2 Postnatal

### Cork University Maternity Hospital

**Bernadette Loughnane RIP:** Staff Midwife Practice Development  
**Mary Lynes:** Staff Midwife Theatre  
**Dr Tim O'Connor:** Consultant Gynaecologist, Colposcopy Services  
**Niamh O'Regan:** Staff Midwife Postnatal  
**Mary O'Regan:** Staff Midwife Neonatal Unit

### South Tipperary General Hospital

**Siobhán Kavanagh:** CMM2 Maternity Unit

### University Hospital Kerry

**Eileen Butler:** Nurse, Kells Gynae Ward  
**Margaret Durkin:** Nurse, Kells Gynae Ward  
**Marie O'Brien:** Nurse, Neonatal Intensive Care



*Left:* **Siobhán Kavanagh** retired on 31 March 2019 after 41 years service with the HSE. She was a dedicated, hardworking CMM2 on the Maternity Unit in South Tipperary for over 20 years. We wish her many years of happiness and good health in her retirement.

*Centre:* After many years of dedicated service in St Finbarr's in Obstetrics and Gynaecology, **Dr Tim O'Connor** retired in December 2018. He set up the Cork Colposcopy service in the 1980s before any national screening programmes were established. We are indebted to his tireless service over 40 years. We wish him well in his retirement.

*Below:* **Ita Martin** (pictured centre), retired in November 2018 from CUMH. Ita trained in the UK and worked as a midwife in New Zealand. She returned to work in 1998 to St Finbarr's Hospital and then moved to CUMH in 2007. She worked in the labour ward for the majority of her career and spent the latter part of her career in the ER. She's a fabulous, kind, compassionate midwife. Her friendly face and bubbly personality will be missed by both her friends, colleagues and the mothers whom she cared for in her professional life.



## 'A beautiful soul is never forgotten'

### RIP Bernadette Loughnane

We were deeply saddened to learn of the death of our colleague Bernadette Loughnane on 6 May 2019. Bernadette retired from the Cork University Maternity Hospital (CUMH) at the end of 2018.

She was a midwife in CUMH since the hospital opened in 2007. She worked in the birthing suite for many years and was in most recent years a staff member on the Practice Development Team in CUMH.

Bernadette was a staff midwife for many years in the Bons Secours Hospital prior to the amalgamation to CUMH in 2007. Bernadette was hard-working, conscientious and professional in her approach to her work. *Ar dheis Dé go raibh a anam.*

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### RIP Rosaleen 'Roz' Cashman

The unexpected death of our cherished colleague Roz Cashman on 20 April 2019 was a shock to all.

Roz was an integral part of Cork University Maternity Hospital (CUMH), a much loved nurse, friend and colleague. Her work took her to every part of the hospital and her loss will be felt by everyone who had the privilege of working with her. As the CUMH Infection Control Nurse for 10 years, Roz was a warrior who was tireless and fearless in her efforts to promote and educate everyone in the best standards for infection management and prevention. Roz was a people person who had time and a salute for everyone she met and she will be remembered for her professionalism, work ethic, expertise, sense of fashion and her smile. Roz will always be remembered for her outstanding contribution to patient care.

Everyone at CUMH would like to extend their sincere sympathy to Roz's family - her brother Garry, sisters Collette, Caroline and Kathleen, sister-in-law Yvonne, brothers-in-law Finbarr and Pa, nieces Rebecca and Anna May, nephews Gearóid, Alex, Luke, Zack, Darragh and Culann and her many, many friends. We will all miss her.

# Getting ready for a hot summer in CUMH

by James O'Halloran, Project Manager, CUMH



HSE Estates are monitoring the temperature conditions experienced by both patients, staff and visitors in Cork University Maternity Hospital due to the exceptional weather conditions last summer and also due to the periodic warm conditions experienced during the early part of this year. With the apparent rise in summer temperatures, coupled with increased use of medical and other electronic equipment within the building, the heating load has increased.

As a result, HSE Estates commissioned an independent thermal modelling of the hospital in order to determine the most effective method to reduce the temperatures experienced during prolonged warm weather. This thermal modelling report has been completed and HSE Estates are currently evaluating the report's recommendations with all stakeholders. On completion of the evaluation, a business plan will be put together outlining the investment required for the installation of a solution to provide a more comfortable building environment for patients, staff and visitors. This investment, once realised, would remove the need for any interim measures being adopted. In line with HSE Estates sustainable strategy, HSE Estates, working with Cork University Maternity Hospital Senior Management, aim to reduce the energy consumption and carbon footprint of the maternity hospital. Responding to this and other environmental pressures, HSE Estates and Cork University Maternity Senior Management has committed to adopting an energy efficient, environmentally friendly approach to delivering any proposed solution.

While awaiting the final proposals, and for funding to be allocated, HSE Estates have completed the trial application of solar film to the inside of existing glazing in two patient rooms, one on 3 East and the other on 2 South. This trial was successful in reducing the temperatures experienced in these rooms during prolonged warm weather periods and the feedback on the application of solar film has been positive. We are hoping to roll out the application of this solar film to the glazed walk way on three floors and monitor the resultant temperatures over a number of days of prolonged warm weather following application. In addition, a number of mobile air conditioning units have been introduced and they will remain in place for the summer months to assist in dealing with any increase in temperatures experienced.



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](mailto:donna.burtchaell@ucc.ie)

Articles for inclusion in the next newsletter must  
be submitted no later than **15 July 2019**