Coombe Women & Infants University Hospital

Annual Clinical Report 2010

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In Memory

Dr John Drumm 1942 - 2010

Ar dheis Dé go raibh a anam dílis; ní bheidh a leithéid arís ann

Coombe Women & Infants University Hospital

Ospidéal Ollscoile Ban agus Naíonán an Chúim

Excellence in the Care of Women and Babies

Foirfeacht i gCúram Ban agus Naíonán

ANNUAL CLINICAL REPORT 2010

Dr Chris Fitzpatrick
Master

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Director of Midwifery & Nursing

Dr Martin White
Director of Paediatrics & Newborn Medicine

Dr Tom D'Arcy
Director of Gynaecology

Dr Michael Carey
Director of Peri-operative Medicine

Professor John O'Leary
Director of Pathology & Molecular Medicine Research

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Contents

Introduction

2010 was the busiest year in the Hospital's 184 year history across the maternity, gynaecology, paediatric, anaesthetic, allied clinical, laboratory, academic and support services. During 2010, a total of 9539 mothers attended the Hospital, 8768 mothers delivering 8925 infants ≥ 500g. The corrected perinatal mortality rate for infants ≥ 500g was 3.9/1000; 1095 infants were admitted to the Neonatal Centre and 8733 surgical operations were performed

I would like, first and foremost, to take this opportunity to acknowledge and to sincerely thank each and every member of staff in the Hospital for their very significant contribution to patient care and for their support during the year. I would particularly like to thank the Directors of the Medical Departments: Dr Tom D'Arcy (Gynaecology), Dr Martin White (Paediatrics and Newborn Medicine), Dr Michael Carey (Peri-operative Medicine) and Professor John O'Leary (Pathology/Laboratory Medicine) and also the other members of the Management Executive: Mr John Robinson (Financial Controller), Ms Annette Carey (Human Resources Manager), Mr Tadhg O'Sullivan (IT Manager), Mr Patrick Donohue (General Services/Accreditation Manager), Ms Vivienne Gillen, (Hygiene Services Manager), Ms Margaret Mason (Chief Physiotherapist) and, for their overall contribution to the Hospital and for their personal support and collegiality, Ms Patricia Hughes (Director of Midwifery and Nursing) and Mr John Ryan (Secretary and General Manager). I would like also to thank Mr Aidan O'Hogan, Chairman of the Board of Guardians and Directors for his very considerable support and wise counsel during 2010 and also the individual members of the Board of the Hospital for their hard work, generosity, loyalty, expertise and commitment to the highest standards of corporate governance.

I would like to specially thank the medical consultants for their clinical leadership and support and the non-consultant doctors, midwives and nurses for their exceptional hard work and support during 2010. In addition I would like to acknowledge the very significant contributions of Professor Sean Daly (Director of Fetal Medicine and Perinatal Ultrasound), Professor Walter Prendiville (Director of Colposcopy), Professor Deirdre Murphy (Labour Ward Lead Clinician), Dr Mary Anglim (Lead Clinician, Early Pregnancy Assessment Unit), Dr Michael Carey (Chairman of the Research Ethics Committee) and Dr Michael O'Connell (Director of Postgraduate Training in Obstetrics and Gynaecology). I would like to congratulate the 2010 award winning midwives: Ms Annie Jesudason (Mary Drumm Scholarship), Ms Renee Weldon and Ms Noelle Dalton (Gold Medals in Midwifery), Ms Kathleen Cleere and Ms Bronagh O'Connell (Silver Medals in Midwifery), Ms Anne Moyne (Best Clinical Teacher Award) and Ms Kim Heatley (Dr T Healy Award for Best Clinical Student Midwife). I would like also to congratulate Dr Hugh O'Connor and Dr Jan Miletin for being awarded Obstetrician and Paediatrician of the Year respectively at the Ashville Media Group 2010 Irish Maternity and Infants Awards.

The academic leadership provided by Professor Deirdre Murphy (TCD), Professor Michael Turner (UCD), Professor Walter Prendiville (RCSI and National Clinical Skills Centre), Professor Sean Daly (TCD and Perinatal Ireland), Dr Mairead Kennelly (UCD and Perinatal Ireland), Professor John O'Leary (TCD), Dr Michael Carey (Peri-operative Medicine), Dr Jan Miletin and Dr Margaret Sheridan-Pereira (Paediatrics and Newborn Medicine) and Ms Anne Mulhall (Centre of Midwifery Education) is acknowledged and greatly appreciated.

The Research Laboratory in the Hospital, under the leadership of Professor John O'Leary, has generated in excess of €15m in grant income over the past 5 years; in 2010 the Laboratory hosted 17 PhD and 2 MD students. The Laboratory has an international reputation for cancer stem cell biology and pregnancy proteomics and transcriptiomics. It also hosts two EU research consortia as well as being the co-ordinator for the Irish Cervical Cancer Screening Research Consortium (Cerviva).

I would like to both acknowledge and to highlight the very considerable contribution to patient care made by the Visiting Consultants who provide adult and paediatric subspecialist services, often after hours, at week-ends and under emergency circumstances. On behalf of our patients and your colleagues, thank you.

I would also like to acknowledge the very considerable support provided by Dr Miriam Hederman O'Brien, Chairperson of the Joint Standing Committee of the Dublin Maternity Hospitals and also the collegiality of Dr Sam Coulter-Smith, Master of the Rotunda Hospital and Dr. Michael Robson, Master of the National Maternity Hospital.

In 2010 Ms Veronique Currin (Night Superintendant/Assistant Director of Midwifery and Nursing), Ms Trea Dooge (CMM 3) and Ms Mary Garry (CMM 1) retired from midwifery practice; I would like to thank 'Vaun', Trea and Mary for their very significant contributions to patient care in this Hospital over a lifetime of dedicated, professional service.

In 2010 Dr Caoimhe Lynch was appointed as consultant Obstetrician/Gynaecologist and will be become part of a team of five Fetal Medicine consultants on completion of her subspecialist training programme in Cambridge.

It was with great sadness that the hospital community learned of the sudden and untimely death of Dr John Drumm on 23rd July 2010. As a clinician, researcher, Master and Board Member, John made a phenomenal contribution to the health and wellbeing of thousands of mothers, women and infants. To his family, we offer our deepest sympathies and on-going support. A Memorial Mass was held in the Hospital during the year to both acknowledge and celebrate John's career. *Ar dheis Dé go raibh a anam dílis; ní bheidh a leithéid arís ann.*

On 25th-26th February the CWIUH and the TCD Department of Obstetrics and Gynaecology convened a very successful 2-day multidisciplinary conference on the development of national clinical guidelines in relation to high-risk obstetrical practice. This meeting attracted a large audience from both the UK and Ireland; the meeting was opened by Dr Barry White, National Director of Clinical Care and Quality.

The 3rd Annual Essence of Midwifery Care Conference took place on International Day of the Midwife on 5th May; this conference has established itself as an important midwifery academic forum; the keynote Maureen McCabe Lecture, entitled 'Leading the Way Towards Midwifery-Led Care in Ireland' was delivered by Professor Cecily Begley (School of Midwifery, TCD).

On 7th May, a multidisciplinary conference was convened in AMNCH/Tallaght Hospital under the combined auspices of the CWIUH, AMNCH, TCD and the HSE: 'Perinatal Mental Health Services: Improving Quality, Today and Tomorrow'; the keynote address was given by Dr Margaret Oakes, OBE, Director of the East Midlands Perinatal Mental Health Clinical Network on the subject of 'Learning from the Experience of CMACE and Service Development'; this meeting has been shortlisted for an Irish Healthcare Award for Best Educational Meeting. On the 29th October 2010 the CWIUH and the UK charity BabyLifeline were awarded an Irish Healthcare Award for Best Educational Meeting for 'Cerebral Palsy – from Birth to Conception and Beyond' (which was held in Dublin under the combined auspices of both organisations on the 17th-18th September 2009).

The 2nd Annual Czech Day was held in the Hospital on 1st July 2010; this academic conference is organised by Dr Jan Miletin, Consultant Neonatologist and reflects the development of a strong strategic association between the CWIUH and the Czech Republic. The two invited speakers were Professor Petr Velebil and Professor Zbynek Stranak, Head of Obstetrics and Neonatology respectively in the Institute for the Care of Mother and Child, Prague.

The Guinness Academic Meeting and Lecture was held on 5th November 2010. The Guinness Lecturer was Professor Mike James, Professor and Head of Anaesthesia, Groot Schuur Hospital, University of Capetown; the title of the 2010 Guinness Lecture was 'Magnesium – the once and future ion'. The multidisciplinary faculty included Dr Nadine Farah, Dr Terry Tan, Dr Bridgette Byrne, Dr Rebecca Fanning, Professor Deirdre Murphy and Dr Stephen Ferose; diplomatic staff from the South Aftrican embassy also attended the meeting.

The 2nd Annual Open Recruitment Forum, organised by Dr Michael O'Connell was held on the 27th January 2010; this forum provides a very popular opportunity for medical students and interns interested in a career in Obstetrics and Gynaecology to learn more about the specialty and this hospital from consultant clinicians and academics as well as from those in the training programmes.

On the 6th March 2010 the Seafield Singers and St Patrick's Cathedral Choir held a special concert (*Mozart, Haydn and Finzi*) in order to raise funds for the purchase of advanced monitoring equipment for the Department of Peri-operative Medicine. I would like to acknowledge the support of Dr Michael Carey, Dr. Catherine Nix, Ms Alison Young, Mr Peter Barley and the Very Reverend Robert McCarthy, Dean of St.Patrick's Cathedral for their support.

The Annual Ecumenical Service of Remembrance for bereaved parents and families was held on 18th April; the contribution of the chaplaincy, midwifery, paediatric and bereavement services was greatly appreciated.

The 'Young Parents to Be' programme of antenatal classes for teenage mothers in the Tallaght area was shortlisted for a 2010 HSE Achievement Award. This proved to be a highly successful and innovative inter-agency enterprise organised by the CWIUH, Tallaght Youth Services, the West Tallaght Resource Centre, Fettercairn Community Health Project and Bernardos Teen Parent Support Programme.

It is of note that an increased number of mothers had their booking appointments completed in community based clinics in 2010 and that the Early Transfer Home Scheme (ETH) was extended to Dublin 10 and 20. The average length of stay for mothers availing of the ETH Scheme was 1.4 days for those who had a spontaneous/operative vaginal delivery and 3.2 days for those delivered by Caesarean section; the calculated saving in bed-days in 2010 was 2303 days; the team of community-based midwives are commended for their achievements.

In 2010 the Laboratory Department of Histopathology was accredited by the Irish National Accreditation Board (INAB) with full ISO 15189 compliance; to-date INAB accreditation has been achieved by the Departments of Transfusion Medicine, Haematolgy and Cytopathology; preparations are well advanced in relation to the Departments of Biochemistry and Microbiology achieving accredited status in 2011. I would like to congratulate the medical, scientific and administrative staff of the Laboratory for this achievement and to recognise the leadership and mentorship provided by Professor John O'Leary.

I would like to express my gratitude to Ms Emer McKittrick and Friends of the Coombe for the very important fund-raising initiatives undertaken in 2010; I would also like to thank Coombe Care for the support that they provide for some our most vulnerable mothers, babies and families.

During 2010 the CWIUH and TCD entered negotiations with the Rotunda and RCSI in relation to the re-organisation of the undergraduate programme in Obstetrics and Gynaecology. The CWIUH also continued discussions with TCD, St James's Hospital and AMNCH/Tallaght Hospital in relation to Trinity Health Ireland. A Steering Committee was established between the CWIUH, AMNCH/Tallaght Hospital, HSE Estates and the National Development Finance Agency in relation to the co-location of the CWIUH onto the campus of AMNCH/Tallaght Hospital.

A significant number of infrastructural works were undertaken during the course of the year including the upgrade of sanitary/hygiene, fire prevention/protection, CSSD and NICU/SCBU facilities. I would like to particularly commend the flexibility demonstrated by the staff of NICU/SCBU during a logistically complex cycle of construction, decanting and repatriation; the completion of this project will significantly enhance the infrastructure and capacity of the Neonatal Centre. In December, construction also commenced on a dedicated state-of-the-art, Colposcopy Unit; majority funding for this project was provided by Friends of the Coombe;

additional support was provided by the National Cancer Screening Service (NCSS). The new unit will consist of spacious reception and waiting areas, four clinical treatment rooms with en-suite consultation and changing facilities, support and administrative spaces and a multidisciplinary conference room.

In 2010 the Hospital submitted a business case to the HSE for capital funding in relation to the Delivery Suite (including the development of an Emergency Obstetrical Theatre, High Dependency Unit and four Labour Delivery Rooms). The Hospital also advanced proposals for the establishment of a National Training Centre for Cervical Cytology on the campus of the CWIUH in association with the HSE, NCSS, the Sate Claims Agency and the Faculty of Pathology (RCPI). I would like to acknowledge the very significant contribution made by Mr John Kavanagh, Capital Project Manager to the ongoing infrastructural development of this campus.

During 2010, the Hospital continued with the implementation of its cost-containment programme; I would like to thank the management and staff of the hospital for their support, flexibility and ingenuity during these very challenging times. I would like to acknowledge the leadership of Mr John Robinson (Financial Controller) in this programme.

I would like to acknowledge the considerable support of the Board and Management of AMNCH/Tallaght Hospital, particularly Mr John O' Connell (Deputy CEO) and Mr Tim Lyne (Director of Environmental Services) in relation to accelerating the CWIUH/AMNCH co-location project and also the support of Mr Ian Carter (CEO, St James's Hospital) and Professor Dermot Kelleher (Head of School and Vice-Provost of Medical Affairs, TCD) in relation to Trinity Health Ireland. I would like also to acknowledge the support given to the Hospital during 2010 by Mr Brian Gilroy (Director of Estates, HSE), Mr Paul de Freine (Chief Architectural Adviser, HSE Estates), Mr Declan Lyons (Assistant National Director of Finance, Dublin Mid-Leinster), Mr Gerry O'Dwyer (Regional Director of Operations, Dublin Mid-Leinster), Mr Jim Curran (Assistant National Director, HSE Estates, Dublin Mid-Leinster), Mr David Walsh (Integrated Service Area Manager, Dublin South West/Kildare), Mr Michael Quirey (Estates Manager, HSE Dublin Mid-Leinster) and Mr Michael O'Keefe (General Manager, Finance - Dublin Mid Leinster HSE).

I would like to thank Ms Anita Comerford, Ms Laura Forde and Ms Lindsay Cribben (Master's/Secretary and General Manager's Office) for their hard work, professionalism, loyalty and flexibility during a time of considerable change and reorganisation.

Finally on behalf of the Hospital, I would like to send the collective best wishes of the Hospital's Board, management and staff to Ms Fiona Fitzgerald (Master's Office) in her recovery from serious illness and to acknowledge her pivotal role in the publication of 19 consecutive Annual Clinical Reports.

Dr Chris Fitzpatrick
Master
Coombe Women and Infants University Hospital

Executive Summary
2010 Annual Clinical Report

Obstetrical activity

A total of 9539 mothers attended the Hospital in 2010, 8768 mothers delivering 8925 infants weighing ≥ 500g including 147 sets of twins and 6 sets of triplets; 2010 was the busiest year in the Hospital's 184 years of existence. There was one maternal death (post-partum) due to AIDS related lymphoma.

Obstetrical demographics

30.7% of mothers who delivered in the Hospital in 2010 were born outside the Republic of Ireland; this was the second highest percentage over the last 5 years (27.5% in 2007; 31.6% in 2009). 26.3% of mothers were unemployed; this is the highest percentage over the last 7 years (lowest rate: 11.7% in 2006). Communication difficulties were reported in 6.6% of mothers at booking; this was the highest recorded rate over the last 5 years (4.3% in 2006). 3.9% of mothers were < 20 years (range over last 7 years: 3.6% - 4.5% with an overall downward trend); 4.1% of mothers were > 40 years (range over last 7 years: 3.8% - 4.3%). Nulliparae accounted for 42.4% of mothers; there has been no significant change over the last 7 years. 31.5% of pregnancies were unplanned (range over the last 7 years: 30.3% - 32.6%); 55.6% of mothers had not taken pre-conceptual folic acid prior to booking for antenatal care (> 50% were not taking folic acid over last 4 years); 14.5% were current smokers; this was the lowest percentage over the last 5 years (highest rate: 18.2% in 2006) ; 3.5% were consuming alcohol at the time of booking; 12.3% of mothers had a history of psychological/psychiatric disorders, including 4.7% with a history of post-natal depression (this is the highest rate in the last 5 years: range 2.5% - 4.7%); 1.2% had a history of domestic violence. At booking 15.6% had a BMI > 30 (15.4% in 2009). 12.4% had one previous Caesarean section and 3% had two or more.

Obstetrical Interventions and Outcomes

The induction rate in 2010 was 32.0%; this was the highest rate over the last 7 years (lowest rate: 24.7% in 2006). Over the last 7 years there has been an overall decline in the spontaneous vaginal delivery rate in both nulliparae (44.1% in 2004; 40.8% in 2010) and in parous mothers (73.1% in 2004; 60.1% in 2010). In the same time-frame there has been an increase in the incidence of forceps deliveries in nulliparae (from 8.6% in 2004, peaking at 18.7% in 2007; 14.9% in 2010) and a decrease in the incidence of vacuum deliveries in nulliparae (21.2% in 2004; 16.8% in 2010).

The rate of LSCS in 2010 (25.8%) was the highest rate over the last 7 years (lowest rate: 22% in 2006). The rate of LSCS in nulliparae (with cephalic presentations) in spontaneous labour is 10.3% (11.6% in 2009); induction in nulliparae significantly increased the risk of LSCS (31.5% for induction with prostaglandin and 26.6% for induction by amniotomy and syntocinon in 2010; 29.4% and 22.5% respectively in 2009). The overall VBAC rate for mothers with one previous LSCS was 35.8% in 2010 (the second lowest percentage in the last 7 years; 49.4% in 2006; 35.6% in 2009); 54.6% of mothers with one previous LSCS (and no previous vaginal delivery) had an elective repeat LSCS (50.4% in 2009); the VBAC rate for mothers with one previous LSCS and at least one vaginal delivery was 59.5% (the second lowest percentage over the last 7 years; 69.1% in 2006; 58.8% in 2009). There has been a decline of approximately 10% in overall VBAC rates over the past 7 years.

There were 83 operative vaginal deliveries conducted in Theatre in 2010; this was the highest number in the last 7 years (18 in 2004; 52 in 2009). In addition 93 Caesarean sections are recorded as having been performed in the second stage of labour in 2010 (range over last 7 years: 70 - 113, without a clear trend). There were 4 Classical Caesarean sections performed 2010 (range over last 7 years: 2-7).

It is of note that 1353 mothers had their booking appointments completed in the community based clinics representing a 11.7% increase since 2009; in 2010 the Early Transfer Home (ETH) Scheme was extended to Dublin 10 and 20; the average length of stay for mothers availing of ETH was 1.4 days for those who had a spontaneous/operative vaginal delivery and 3.2 days for those delivered by Caesarean section; the calculated savings in bed-days in 2010 was 2303 days.

Breast-feeding initiation rates (52%) and breast feeding at discharge (exclusive: 37%; combined 15%) remain low, by international standards; a comprehensive breastfeeding support service is available; educational programmes for healthcarers have been extended to include student nurses on obstetric placement, medical students and healthcare assistants.

Obstetrical Complications

There has been a steady increase in the reported incidence of primary post-partum haemorrhage (PPH) over the past 7 years (1.5% in 2004; 6.2% in 2010); induction of labour in nulliparae (8.6%), instrumental vaginal delivery in nulliparae (ventouse 7.3%; forceps 11.9%), twin delivery (10.9%) and manual removal of the placenta (50.5%) were associated with higher reported incidences of haemorrhage; the incidence of transfusion (2.3% in 2005; 2.6% in 2010) and transfusion > 5 units (0.3% in 2005; 0.2% in 2010) has remained relatively unchanged over the past 5 years; the percentage of mothers being admitted to HDU with PPH has not changed significantly since 2006 (0.7% in 2006; 0.5% in 2010). In 2010 there were 29 cases of Massive Obstetric Haemorrhage defined according to revised criteria (estimated blood loss > 2.5L and/or treatment of coagulopathy) and 32 in 2009. It is of note that between February 2008 and June 2010 the Hospital was a major centre for the ECSSIT Trial (Oxytocin bolus versus bolus and infusion for control of blood loss at elective Caesarean section; double blind, placebo controlled, randomised trial); the conduct of this trial may have had an overall positive influence on the accuracy of blood loss estimation at delivery.

There were 3 peripartum hysterectomies performed for haemorrhage due to morbidly adherent placenta praevia in 2010 (range over past 7 years: 1-7); in all cases the patient had undergone at least 2 previous Caesarean sections.

Thirty nine mothers were classified as having a serious maternal morbidity in 2010 (41 in 2009). In addition there were 140 obstetrical admissions to the High Dependency Unit (137 in 2009); 45.6% of admissions were related to severe PET (43% in 2009) and 29.9% to postpartum haemorrhage (30% in 2009); there were 2 cases of eclampsia (5 in 2009) and 3 cases of uterine rupture (one in 2009;); three patients required transfer to ITU in St. James's Hospital: (1) past hx of post-partum cardiomyopathy, placenta accreta, elective Caesarean hysterectomy in SJH (2) acute confusional state at 35 weeks, delivered by LSCS in SJH (3) post LSCS intra-abdominal sepsis requiring laparotomy in SJH.

The incidence of shoulder dystocia remains relatively unchanged over the last 4 years (74 cases in 2010; 0.8%). It is of note that there has been no increase in birth weight in the 4000g – 4499g and > 4500g categories over the past 7 years despite the increasing maternal BMI and the increasing incidence of Gestational Diabetes Mellitus (2.1% in 2006; 3.0% in 2010).

The incidence of third degree tears was 1.0% (range over last 7 years: 0.6 – 1.4%); in 2010 there were 8 fourth degree degree tears (0.09%; range over last 7 years: 0.01% – 0.11%)

It is of note that there has been a year on year increase in the number of high risk patients attending the multidisciplinary Medical Clinic (208 in 2010; 146 in 2006); the most common indications for referral relate to thrombosis/haemorrhagic disorders. (80), cerebrovascular disease (31), cardiac disease (28) and renal/hypertensive disease (27).

Fetal Medicine

The new Perinatal Ultrasound Department opened in 2009 and provides a significantly improved environment for both patients and staff; the co-located UCD Department of Human Reproduction provides additional synergies in relation to teaching, training and research.

In 2010 there was a significant expansion in the fetal medicine services with a total of 25164 ultrasound examinations being performed (19270 in 2009; 27.4% increase) in addition to 201 invasive prenatal diagnostic procedures (109 in 2009; 51.1% increase) and 369 fetal echocardiographic examinations (275 in 2009; 25.5% increase).

In 2010 a routine dating ultrasound scan and a 20-22 week structural scan was offered to all mothers booking in the CWIUH. There were 309 structural anomalies identified in 2010 (127 in 2009; 58.9% increase).

The weekly Coombe/Rotunda Combined Fetal Cardiac Clinic has grown significantly since its formal establishment in 2009 with referrals from units nationwide (greatly facilitated by a new email address fetalecho@coombe.ie). A total of 68 major cardiac defects were diagnosed in 2010 (29 in 2009; 42.6% increase); 24 (25.3%) were duct dependent and required surgery within the first week of life.

There was only one perinatal death (≥ 500g) among the 147 twin pregnancies and 6 triplet pregnancies in 2010 (MCDA in-utero transfer at 23^{+3} weeks, 540g, extreme prematurity, not resuscitated).

With a complement of four fetal medicine specialists, nationwide access to a comprehensive range of services is now readily available; the appointment of a fifth fetal medicine specialist will further enhance this service.

Perinatal/Neonatal Outcomes

The overall Perinatal Mortality Rate (PMR) for infants born weighing ≥ 500g was 6.0/1000; the corrected PMR rate was 3.9/1000; this is the lowest corrected PMR rate in the hospital's history (PMR for infants weighing ≥ 500g and/or ≥ 24 weeks was 6.5/1000). Seven of the 25 normally formed stillbirths weighed ≤1500g. Hypoxia (11), cord accident (4), placental abruption (3) and infection (3) were the most frequent causes of death among the normally formed stillborn infants. There were no intra-partum deaths in normally formed infants.

Congenital malformation (9) and prematurity (7) were the main causes of early perinatal death (18); 7 of the 9 early neonatal deaths in normally formed infants weighed ≤ 800g; in 6 of these cases there was histological and/or microbiological evidence of infection; there was one early neonatal death due to in-utero venous thrombosis and one death due to in-utero arterial thrombosis. Chromosomal (7) and renal abnormalities (5) were the most common cause of perinatal death due to congenital malformation.

In 2010, 1% of infants were born with an Apgar score of less than 75 (range over past 7 years: 0.5 – 1.0%) and 0.6% were born with an arterial pH < 7.20 (0.4% in 2007 – 2009); the incidence of admission to SCBU/NICU for infants ≥ 38 weeks was the lowest in 7 years at 5.4% (range over last 7 years: 5.4% – 12.8%).

There were 7 cases of Grade II and III HIE among infants born in the CWIUIH; 6 have normal neuordevelopmental assessments on follow-up; one has microcephaly and cerebral palsy; 5 of these infants had total body cooling in accordance with the TOBY protocol.

The survival outcome for infants ≤ 1500g (VLBW) was 89%. 93% of inborn infants delivered ≤1500g had completed ante-natal corticosteroids before delivery, as compared to the average rate of 75% cited in the Vermont Oxford Database Network (VON); the VLBW cohort in the CWIUH demonstrated favourable results in relation to severe grades of Grade III – IV IVH (4% v 9% in VON). There has been a very positive continuous trend of using non-invasive forms of ventilation with a deceased need for conventional ventilation and high

frequency oscillation; invasive ventilation rates are significantly lower than cited in VON. There was no difference in the percentage of infants with late onset coagulase negative staphylococcal (CONS) infection compared to 2009 (7%); there was a slight increase in late onset bacterial infection related to other organisms such as MSSA (methicillin sensitive staphylococcus). The incidence of chronic lung disease in surviving VLBW infants at 36 weeks in the CWIUH remains lower (20%) compared to VON (31%); in addition severe retinopathy of prematurity was a rare complication in 2010 (3% v 18% in VON). With a new conservative strategy and the use of point of care ultrasound (with specialist cardiology support) the number of infants requiring treatment with ibuprofen has decreased from 20% in 2009 to 13% in 2010; the surgical ligation rate remains very low (2%). Last but not least, there was an important decrease in the incidence of necrotising enterocolitis (NEC) compared to 2009 (6% v 10%). Despite this, NEC remains the leading cause of death in VLBW infants in the CWIUH.

It should be noted that during 2010 considerable infrastructural works were undertaken in NICU/SCBU; the provision of seven additional spaces in 2011 will greatly enhance the capacity of this service.

Gynaecological/Surgical Activity

The introduction of pre-operative anaesthetic assessment clinics and new care pathways in 2009-2010 has resulted in an increase in same day admission for major surgery and a reduction in overall length of stay. In 2010 there were 5523 gynaecological operations performed (5313 in 2009) There has been a steady decline in the number of women requiring ERPC for early pregnancy loss because of conservative treatment. There has been a decline in the number of abdominal hysterectomies and a steady increase in the number of vaginal and laparoscopic hysterectomies performed over the past 7 years: 98 abdominal hysterectomies, 121 vaginal hysterectomies and 63 laparoscopic (assisted) hysterectomies were performed in 2010. It is of note that 83.2% of all ovarian cystectomies and 61.3% of all myomectomies were performed endoscopically in 2010. There has been a steady increase in the number of operations performed for urinary incontinence over the past 7 years (61 in 2004; 101 in 2010. As a consequence of the roll-out of the National Cervical Screening Programme, there was a significant increase in the number of first visit attendances to the Colposcopy Clinic (847 in 2008, 1769 in 2010) and also in the number of cervical excisional procedures for CIN/GIN (409 in 2008, 849 in 2010). 273 new gynaecology cancers were diagnosed and treated in 2010 in the Gynaecology Oncology Department at St. James's Hospital and the CWIUH of which 43 were diagnosed and/or treated in the CWIUH. During 2010 there was a strategic transfer of an increasng number of oncology patients to SJH and a reciprocal transfer of patients with benign gynaecology disorders to the CWIUH. Gynaecological surgical complications during 2010 included blood transfusion (28), blood transfusion > 5 units (3), bladder injury (4), bowel injury (6), uterine perforation (7) transfer to HDU (7), transfer to ITU (1).

Peri-operative Medicine

During 2009, 3906 epidurals were sited; the epidural rate was 44.5% without any significant change over the last 7 years; 98.7% of elective Caesarean sections and 93.2% of emergency Caesarean sections were performed under regional anaesthesia. The multidisciplinary acute pain service led by the Department of Peri-operative Medicine (established in 2008) continued to operate effectively in 2010. A Pre-operative Anaesthetic Assessment Clinic was established in 2009 to enable all women scheduled for major gynaecology surgery and day case surgery with co-morbid disease to undergo an appropriate anaesthetic review; this has greatly facilitated same day admission for all routine major gynaecology patients. Structured training and research programmes within the Department of Peri-operative Medicine have been particularly attractive to trainees.

Academic

In 2008, the Hospital changed its name to the Coombe Women and Infants University Hospital to reflect the breadth and depth of both clinical and academic activity on the campus. In addition to providing tertiary maternal-fatal, neonatal, gynaecology and anaesthetic services both at a network and national level, the Hospital has a very significant academic portfolio in terms of academic appointments, research grant income and publications. Medical students from the three Dublin Medical Schools attend the Hospital; the campus hosts the Centre for Midwifery Education for the Greater Dublin Area and the National Skills Centre (Women and Infants Health), both centres running effective training programmes in 2010. The Hospital also continued to support research fellowships in Obstetrics, Peri-operative Medicine, Colposcopy and Pharmacology.

The Research Laboratory in the Hospital, under the direction of Professor John O Leary, has generated in excess of €15m in grant income over the past 5 years. In 2010 the Laboratory hosted 17 PhD and 2 MD students. The Laboratory has an international reputation for cancer stem cell biology and pregnancy proteomics and transcriptiomics. It also hosts two EU research consortia as well as being the co-ordinator for the Irish Cervical Cancer Screening Research Consortium (Cerviva).

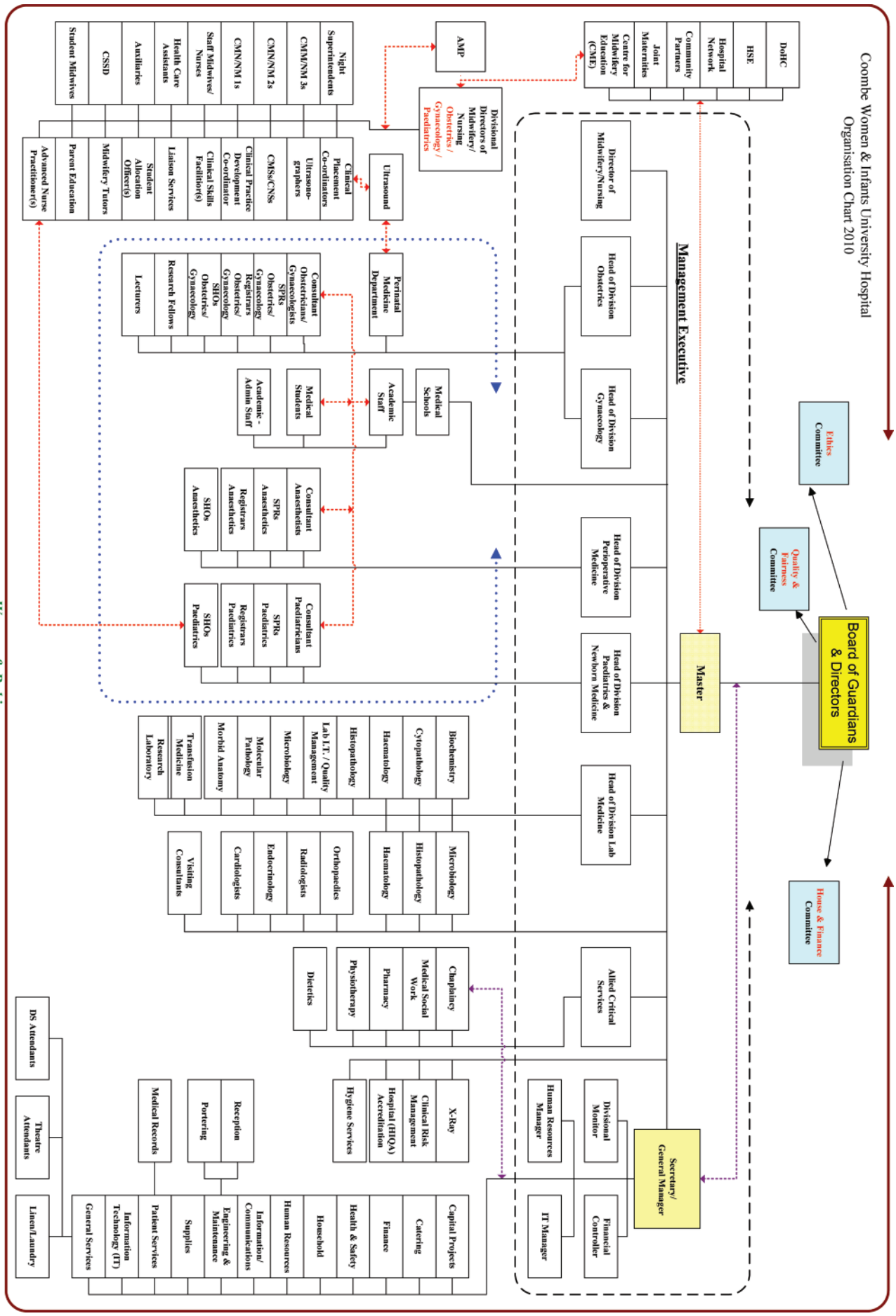
As evidenced in the 2010 Annual Clinical Report, the three academic Departments of Obstetrics and Gynaecology under the leadership of Professor Deirdre Murphy (TCD), Professor Michael Turner (UCD), Professor Walter Prendiville (RCSI), Professor Sean Daly (TCD and Perinatal Ireland), Dr Mairead Kennelly (UCD and Perinatal Ireland) together with departmental researchers, Dr Michael Carey (Peri-operative Medicine), Dr Jan Miletin and Dr Margaret Sheridan-Pereira (Paediatrics and Newborn Medicine) have significantly expanded the research portfolio of the Hospital; in addition participation in the multi-centre, randomised controlled ADCAR trial (on admission CTGs) has been of significant importance in terms of midwifery-led research. The leadership role of Ms Anne Mulhall as the (Acting) Director of the Centre of Midwifery Education is also acknowledged.

During 2010 the Hospital hosted/co-hosted a series of highly successful multidisciplinary conferences (see Introduction) and was awarded a 2010 Irish Healthcare Award for Best Educational Meeting (for 'Cerebral Palsy – From Conception to Birth and Beyond' held in 2009); the Hospital has been shortlisted for the same award in 2011 (for 'Perinatal Mental Health Services: Improving Quality, Today and Tomorrow' held in 2010).

Dr Chris Fitzpatrick
Master

Members of the Board of Guardians and Directors 2010

Board Members	Date of Election
Ms Eileen Gleeson	2007
Mr Aidan O'Hogan	2007 (Chair from January 2010)
Dr James Clinch	1978
Ms Frances Stephenson	1997 Retired (2010)
Dr John E Drumm	2000 RIP (23rd July, 2010)
Ms Emer Gilvarry	2002
Mr Paul Donnelly	2002
Ms Liz Early	2002
Mr Clive Brownlee	2004
Dr Margaret Fine-Davis	2005
Mr Cormac McCarthy	2005
Ms Cliona Mullen	2007 (2005 – 2006; 2007 –)
Dr Margaret Sheridan-Pereira	2006
Mr Geoff Bailey	2010
Dr Linda Hogan	2010
Ex - Officio Members	
The Lord Mayor of Dublin	
Councillor Gerry Breen	July 2010 – July 2011
Councillor Emer Costello	From July 2009 – July 2010
The Master	
Dr Chris Fitzpatrick	Jan 2006 –


Coombe Women & Infants University Hospital
Organisation Chart 2010
Board of Guardians & Directors
Master
Management Executive
Secretary/ General Manager
Ethics Committee
Quality & Fairness Committee
House & Finance Committee
DoHC
HSE
Hospital Network
Community Partners
Joint Maternities
Centre for Midwifery Education (CME)
Director of Midwifery/Nursing
Head of Division Obstetrics
Head of Division Gynaecology
Head of Division Perioperative Medicine
Head of Division Paediatrics & Newborn Medicine
Head of Division Lab Medicine
Allied Critical Services
Divisional Monitor
Financial Controller
IT Manager
Human Resources Manager
Night Superintendents
CMM/NM 3s
CMM/NM 2s
CMM/NM 1s
Staff Midwives/ Nurses
Health Care Assistants
Ancillaries
CSSD
Student Midwives
Midwifery Tutors
Parent Education
Advanced Nurse Practitioner(s)
Ultrasono-graphers
CMSs/CNSs
Clinical Practice Development Co-ordinator
Clinical Skills Facilitior(s)
Liaison Services
Student Allocation Officer(s)
Clinical Placement Co-ordinators
AMP
Divisional Directors of Midwifery/ Nursing Obstetrics / Gynaecology / Paediatrics
Ultrasound
Perinatal Medicine Department
Consultant Obstetricians/ Gynaecologists
SPRs Obstetrics/ Gynaecology
Registrars Obstetrics/ Gynaecology
SHOs Obstetrics/ Gynaecology
Research Fellows
Lecturers
Academic Staff
Medical Schools
Medical Students
Academic - Admin Staff
Consultant Anaesthetists
SPRs Anaesthetics
Registrars Anaesthetics
SHOs Anaesthetics
Consultant Paediatricians
SPRs Paediatrics
Registrars Paediatrics
SHOs Paediatrics
Biochemistry
Cytopathology
Haematology
Histopathology
Lab I.T. / Quality Management
Microbiology
Molecular Pathology
Morbid Anatomy
Transfusion Medicine
Research Laboratory
Microbiology
Histopathology
Haematology
Orthopaedics
Radiologists
Endocrinology
Cardiologists
Visiting Consultants
Chaplaincy
Medical Social Work
Pharmacy
Physiotherapy
Dietetics
X-Ray
Clinical Risk Management
Hospital (HIQA) Accreditation
Hygiene Services
Reception
Portering
Medical Records
DS Attendants
Theatre Attendants
Linen/Laundry
Capital Projects
Catering
Finance
Health & Safety
Household
Human Resources
Information/ Communications
Engineering & Maintenance
Supplies
Patient Services
Information Technology (IT)
General Services
Women & Babies

Members of Staff

CONSULTANT OBSTETRICIANS/GYNAECOLOGISTS

Dr Chris Fitzpatrick
Master

Dr Mary Anglim
Dr Katherine Astbury*
Dr Bridgette Byrne
Dr Gunther von Bunau
Professor Patricia Crowley
Professor Sean Daly
Dr Thomas J D'Arcy
Dr Noreen Gleeson
Dr Mairead Kennelly
Professor Deirdre Murphy
Dr Cliona Murphy
Dr Hugh O'Connor
Dr Michael O'Connell
Professor Walter Prendiville
Dr Carmen Regan
Dr Soha Said*
Professor Michael Turner
Dr Aisling Martin
Dr Shoba Singh*
Dr Sharon Sheehan*
Dr Nadine Farah*
Dr Andrea Nugent*

CONSULTANT ANAESTHETISTS

Dr Michael Carey
Director of Perioperative Medicine

Dr Liam Briggs
Dr Rebecca Fanning*
Dr Steven Froese
Dr Niall Hughes
Dr Nickolay Nikolov
Dr Terry Tan*

CONSULTANT NEONATOLOGISTS

Dr Martin J White
Director of Paediatrics & Newborn Medicine

Dr Jan Janota*
Dr Jan Miletin
Dr Pamela O'Connor
Dr Saulius Satas*
Dr Margaret Sheridan-Pereira

CONSULTANT RADIOLOGIST (ADULT)
Dr Mary T Keogan

CONSULTANT RADIOLOGIST (PEADIATRIC)
Dr David Rea

DIRECTOR OF PATHOLOGY
Professor John James O'Leary

CONSULTANT HISTOPATHOLOGISTS
Dr Colette Adida
Dr Anna Radomska*

CONSULTANT MICROBIOLOGIST
Dr Niamh O'Sullivan

CONSULTANT HAEMATOLOGIST
Dr Catherine Flynn
Dr James O'Donnell
Dr Barry White

CONSULTANT DIABETOLOGISTS
Dr Marie Byrne
Dr Richard Firth
Dr Brendan Kinsley

CONSULTANT ENDOCRINOLOGIST
Dr Frances Hayes

CONSULTANT NEPHROLOGIST
Dr Catherine Wall
Dr Richard Firth
Dr Brendan Kinsley

CONSULTANT CARDIOLOGIST
Dr Niall Mulvihill

CONSULTANT PSYCHIATRIST
Dr Joanne Fenton

CONSULTANT ORTHOPAEDIC SURGEONS
Ms Paula Kelly
Mr Jacques Noel

PATHOLOGIST
Dr Joe Stuart

VISITING PAEDIATRIC CARDIOLOGISTS
Dr David Coleman
Dr Orla Franklin
Dr Colin McMahon

Dr Paul Oslizlok
Dr Kevin Walsh

VISITING OPHTHALMOLOGISTS
Mr Donal Brosnahan
Ms Katherine McCreery

VISITING CONSULTANT PAEDIATRIC RADIOLOGISTS
Dr Clare Brenner
Dr Roisin Hayes
Dr Jerry Kelleher
Dr Eithne Phelan

VISITING CONSULTANT PAEDIATRIC NEUROLOGISTS
Professor Joe McMenamin
Dr David Webb

VISITING CONSULTANT DERMATOLOGISTS
Dr Louise Barnes
Professor Alan Irvine (Paediatric)
Dr Rosemary Watson

VISITING CONSULTANT RESPIRATORY PHYSICIAN
Dr Finbarr O'Connell

VISITING CONSULTANT GENITO-URINARY PHYSICIAN
Dr Fiona Lyons
Dr Fiona Mulcahy

VISITING CONSULTANT IN INFECTIOUS DISEASES
Dr Colm Bergin

VISITING CONSULTANT GASTROENTEOLOGIST/HEPATOLOGIST
Professor Dermot Kelleher
Professor Suzanne Norris

VISITING CONSULTANT GENETICIST
Professor Andrew Greene

VISITING CONSULTANT HAEMATOLOGISTS
Professor Owen Smith
Dr Aengus O'Marcaigh

VISITING CONSULTANT PAEDIATRICIAN (INFECTIOUS DISEASE)
Professor Karina Butler

VISITING CONSULTANT MEDICAL ONCOLOGIST
Dr John Kennedy

VISITING CONSULTANT RADIATION ONCOLOGISTS
Dr John Armstrong
Professor Donal Hollywood

VISITING CONSULTANT PALLIATIVE CARE PHYSICIAN
Dr Liam O'Siorain

VISITING CONSULTANT PAEDIATRIC SURGEONS
Professor Mr Martin Corbally
Professor Prem Puri
Mr Feargal Quinn

VISITING CONSULTANT GENERAL SURGEONS
Mr Enda McDermott
Mr Richard B Stephens

VISITING CONSULTANT UROLOGICAL SURGEONS
Mr Ronald Grainger
Mr Thomas Lynch

VISITING CONSULTANT COLORECTAL SURGEON
Professor Frank B V Keane

VISITING CONSULTANT PLASTIC SURGEON
Mr David Orr

VISITING DENTAL CONSULTANT
Dr Paddy Fleming

VISITING CONSULTANT E.N.T. SURGEON
Mr Donald P McShane

NON-CONSULTANT HOSPITAL DOCTORS

SPECIALIST REGISTRARS IN OBSTETRICS & GYNAECOLOGY
Dr Richard Deane
Dr Minna Geisler
Dr Mary Higgins
Dr Nita Adnan
Dr Aoife O'Neill
Dr Donal Brennan
Dr Feras Abdulla Abu Saadeh
Dr Hilary Ikele
Dr Premala Paramanathan

REGISTRARS IN OBSTETRICS/GYNAECOLOGY
Dr Tayyaba Hassan
Dr Kayode Muritala Fadare
Dr Sinead Barry
Dr Iram Basit
Dr Ching Er-Law

JUNIOR REGISTRARS IN OBSTETRICS/GYNAECOLOGY
Dr Sinead Barry
Dr Caroline Walsh

Dr Sieglinde Mullers
Dr Deirdre Hayes-Ryan

SENIOR HOUSE OFFICERS IN OBSTETRICS/GYNAECOLOGY

Dr Charlene Getty
Dr Sieglinde Maria Mullers
Dr Amy O'Higgins
Dr Deirdre Hayes-Ryan
Dr Aoife Freyne
Dr Mairead Butler
Dr Workineh Getaneh Tadesse
Dr Cathal O'Sullivan
Dr Danielle O'Leary
Dr Aoife Freyne
Dr Pooja Sibartie
Dr Meenakshi Ramphul
Dr Denis Vaughan
Dr Maria farren
Dr Lara Delaney
Dr Lucy Soden
Dr Siobhan Daly
Dr Kate Ní Argain

TCD/CWIUH LECTURER (OBSTETRICS & GYNAECOLOGY)

Dr Aoife Mullally

TCD RESEARCH FELLOW (OBSTETRICS & GYNAECOLOGY)

Dr Sharon Sheehan

UCD/CWIUH LECTURER (OBSTETRICS & GYNAECOLOGY)

Dr Vicky O'Dwyer

RCSI/CWIUH LECTURER (OBSTETRICS & GYNAECOLOGY)

Dr David Morgan
Dr Sucheta Johnson
Dr Samar Ahmed
Dr Conor Harrity

CLINICAL RESEARCH FELLOW (OBSTETRICS & GYNAECOLOGY)

Dr Shobha Singh

RESEARCH FELLOW IN PERINATAL ULTRASOUND

Dr Jennifer Hogan

CLINICAL RESEARCH FELLOW IN EARLY PREGNANCY ULTRASOUND

Dr Rupak Kumar Sarkar

CLINICAL RESEARCH FELLOW IN COLPOSCOPY

Dr Nikhil Purandare

SUBSPECIALIST TRAINING POST
Dr Karen Flood (Materno-Fetal Medicine - Rotunda/Coombe/Columbia)

SPECIALIST REGISTRARS IN PAEDIATRICS
Dr Ranjana Dhar
Dr Eirin Carolan
Dr Sinead O'Donnell
Dr Sarah Curry
Dr Adam James
Dr Oneza Ahmareen

REGISTRARS IN PAEDIATRICS
Dr Jan Sirc
Dr Johannes Buca Letshwiti
Dr Jan Franta
Dr Anne Doolan
Dr Aida Faziha Zainal Abedin
Dr Samantha Doyle

SENIOR HOUSE OFFICERS IN PAEDIATRICS
Dr Cora McGale
Dr Abdul Halim Kassim
Dr Erina Sasaki
Dr Gideon Ilechukwu
Dr Agnes Baunok
Dr Aida Faziha Zainal Abedin
Dr Chioma Ilechukwu
Dr Georsan Caruth
Dr Niamh Lagan
Dr Klara Skarpiskova
Dr Chinonye Oruruo-Eriobu
Dr Amin Abdelrahim
Dr Nidal Saadeh
Dr Faiza Yasin
Dr Jana Semberova

NEONATAL TUTORS
Dr Judit Villoslada
Dr Murwan Omer

SPECIALIST REGISTRARS IN ANAESTHETICS
Dr Tadhg Lynch
Dr Sabrina Hoesni
Dr Muhammad Farooq Aslam
Dr Catherine Nix

REGISTRARS IN ANAESTHETICS
Dr Ashley Fernandes
Dr Dilshod Khamdamov
Dr Matthew Leonard

SENIOR HOUSE OFFICERS IN ANAESTHETICS
Dr Aine Heaney
Dr Siaghal MacColgain
Dr Stephen Smith

RESEARCH FELLOW IN OBSTETRIC PAIN
Dr Rajesh Bhinder

CLINICAL FELLOWS IN OBSTETRIC ANAESTHESIA
Dr Khalid Alaib
Dr Memon Fazal Illahi

SPECIALIST REGISTRARS IN HISTOPATHOLOGY
Dr Brian Hayes
Dr Ramadan Shatwan

MIDWIFERY & NURSING
DIRECTOR OF MIDWIFERY & NURSING
Patricia Hughes

DIRECTOR OF CENTRE OF MIDWIFERY EDUCATION
Ann Louise Mulhall (Acting)

ASSISTANT DIRECTORS OF MIDWIFERY & NURSING
Bridget Boyd, Assistant Director of Midwifery & Nursing
with responsibility for Neonatal Centre and Ultrasound Department
Angela Dunne, Assistant Director of Midwifery & Nursing
with responsibility for Maternity Services including Community Midwifery
Frances Richardson, Assistant Director of Midwifery & Nursing
with responsibility for Gynaecology, Theatre, OPD and Colposcopy Services
Rosena Hanniffy with responsibility for Infection Prevention & Control
Vaun Currin, Night Superintendent (Until retirement in November 2010)
Shyla Jacob, Acting Night Superintendent (From November 2010)
Lucy More O'Ferrall, Night Superintendent
Ann Noonan, Night Superintendent

ADVANCED NURSE PRACTITIONER – NEONATAL NURSING
Anne O'Sullivan

PRACTICE DEVELOPMENT CO-ORDINATOR
Paula Barry (Acting)

CLINICAL MIDWIFE/NURSE MANAGERS 3
Bernadette Flannagan, Community Midwifery
Trea Dooge, Parent Education (Until retirement in January 2010)
Ann Fergus, Acting CMM3 Delivery Suite
Anne Jesudason, Acting CMM3, Policy Development & Personnel
Ann MacIntyre, CMM3, NNC
Fidelma McSweeney, Acting CMM3 Maternity Wards
Mary Nolan Acting CMM3 OPD
Alison Rothwell, CNM3 Theatres

MIDWIFERY EDUCATION

Mary Kenny, Post Registration Programme Facilitator
Denise Kiernan, Allocations Liaison Officer & 0.5 WTE CPC (From October 2010)
Patricia O'Hara, Co-ordinator Post Graduate Diploma in Intensive Neonatal Nursing Programme
Meena Purushotoaman CPC (Until August 2010)
Mary Rodgerson, CPC
Emma Tuohy, CPC (From Dec 2010)

CLINICAL MIDWIFE/NURSE MANAGERS 2

Ann Bowers, Community
Eileen Boyle, Community
Vivienne Browning, Community
Niamh Buggy, NNC
Ita Burke, Delivery Suite
Carmel Byrne, NNC
Helen Castelhine, Acting, PNC
Suzanne Daly, Parent Education
Sinead Finn, Delivery Suite
Eva Fitzsimons, OPD
Judith Fleming, PNC
Sinead Gavin, Delivery Suite
Tracey Gray, Communicable & Infectious Diseases services (Acting) (Until June 2010)
Fiona Gilsenan, Theatre
Mary Holohan, Community
Karen Hill, Delivery Suite (Acting)
Shyla Jacob, Comunity
Breege Joyce, Community
Elizabeth Johnson, Delivery Suite (Acting)
Deirdre Kavanagh, Delivery Suite (Acting)
Bridget Kirby, Gynaecology ward (Acting)
Ann Leonard, Our Ladys Ward (Acting)
Kathleen Lynch, Gynaecology Day Ward
Catherine Manning, St Monica's Ward
Olivia McCarthy, Gynaecology Ward & Colposcopy
Suzi McCarthy, St Joseph's & St Monica's Wards
Elaine McGeady, Ultrasound
Mary McMorrow, Perinatal Centre & St Patrick's Ward
Grainne McRory, Delivery Suite
Nicole Mention, Community
Anne Moyne, Delivery Suite
Margaret Moynihan, NNCJean Murray, Our Lady's Ward (From June 2009)
Fiona Noonan, Delivery Suite
Elizabeth O'Beirne, Well Woman Clinic
Annette O'Brien, Delivery Suite (Acting)
Margaret O'Brien, Community
Mary O'Connor, NNC
Louise O'Halloran, Delivery Suite (Acting) – 5 months
Grainne O'Mahony (Acting) (From December 2010)
Monica O'Shea, Delivery Suite
Sunita Panda, Delivery Suite (Acting)

Orla Phelan, Communicable & Infectious Diseases Services
Maureen Revilles, Delivery Suite
Loretta Robinson, Gynaecology Ward (Acting) (From December 2010)
Patricia Ryan, Theatre
Fiona Walsh, Community
Sarah Ann Walsh, Theatre

HAEMOVIGILANCE OFFICER
Sonia Varadkar

NURSE CO-ORDINATOR FOR GYNAECOLOGICAL ONCOLOGY
Aideen Roberts

MIDWIFE MANAGER FOR PPGs, AUDIT, STATISTICS & PERSONNEL
Anne Jesudason

CLINICAL MIDWIFE OR NURSE SPECIALISTS (CMS/CNS)
Anne Marie Brady, CMS, US
Sinead Cleary, CMS, Colposcopy
Ethna Coleman, CMS Diabetes
Jane Durkan Leavy, CMS US
Aoife Kelly, CMS designate, Colposcopy
Claire McSharry, CMS US
Siobhan Ni Scannaill, CMS, US
Meena Purushothaman, CMS, Lactation (From August 2010)
Mary Toole, CMS, Lactation
Barbara Whelan, CMS, Neonatal Transition Home Service
Christina McLoughlin, CMS designate, Ultrasound Department
Brid Shine CMS designate (0.5WTE Bereavement & 0.5 WTE Perinatal Mental Health)

CLINICAL SKILLS FACILITATORS
Judith Fleming, Midwifery
Anna O'Connor, Midwifery
Mary Ryan, PG Dip in Neonatal Nursing (Acting)
Pauline O'Connell, Neonatal Nursing
Ann Kelly, Neonatal Nursing

CLINICAL MIDWIFE/NURSE MANAGERS 1
Fiona Barrett
Sheena Bolger (Until April 2010)
Rhoda Billones
Mary Ann Carroll
Mereen Chandy
Jean Cousins
Geraldine Creamer Quinn
Grace Cuthbert
Helen Curley (Acting)
Cinol Cyriac
Luisa Daguio
Majella Denehan (Acting)

Maureen Doherty
Raji Dominic
Deborah Duffy
Marie Foudy
Mary Garry (Until October 2010)
Minimol George
Carmel Healy (Acting)
Susan Jagen
Manju Kuzhivelil
Paula McMeel (Acting)
Sangeetha Nagarajan
Althea Noble
Alice O'Connor
Marion O'Donovan
Marion O'Shaughnessy
Grainne O'Mahony
Monikutty Rajan
Loretta Robinson
Helen Saldanha Castelino
Anitha Sevanayagam
Reeta Jebakuman Selvaraj

ON SECONDMENT TO DEPARTMENT OF HEALTH & CHILDREN

Sheila Sugrue, Nurse & Midwife Advisor to CNO, DOHC

ON SECONDMENT TO HEALTH SERVICE EXECUTIVE

Joan Malone, National Maternity Chart Project
& Code of Practice re Post Mortem

HONORARY MIDWIFERY RESEARCH FELLOWS

Dr Declan Devane, Senior Lecturer in Midwifery, NUIG
Dr Valerie Smith, Doctoral Student-Midwifery, TCD
Both are associated with the multicentred randomized controlled trial, ADCAR, running at CWIUH and both received their Doctorates in 2010 from TCD

SECRETARIAL SUPPORT

Moira Murphy (Until retirement in 2010)
Sarah Bux

MEDICAL SOCIAL WORKERS

Rosemary Grant, Principal Medical Social Worker
Denise Shelly, Senior Social Work Practitioner
Nerilee Ceatha, Medical Social Worker
Carmel Cronin, Medical Social Worker
Tanya Franciosa, Medical Social Worker
Sarah Lopez, Medical Social Worker
Sorcha O'Reilly, Medical Social Worker
Mary Treacy, Medical Social Worker

PHYSIOTHERAPISTS

Margaret Mason, Physiotherapy Manager
Julia Hayes, Senior Chartered Physiotherapist

Mary Duffy, Chartered Physiotherapist
Anne McCloskey, Chartered Physiotherapist
Eibhlin Mulhall, Chartered Physiotherapist

DIETICIAN/CLINICAL NUTRITIONIST
Fiona Dunlevy

PHARMACISTS
Mairead McGuire, Chief Pharmacist
Brian Cleary, Senior/Research Pharmacist
Peter Duddy, Senior Pharmacist
Eimear Curran, Basic Grade Pharmacist (To June 2010)
Sinéad Ní Aolaín, Basic Grade Pharmacist (July – November 2010)
Una Rice, Research Fellow (From November 2010;
Pharmacy Intern To September 2010)
Fergal O'Shaughnessy, Pharmacy Intern (From September 2010)

CHIEF MEDICAL SCIENTISTS
Martina Ring, Laboratory
Noel Bolger, Cytology
Stephen Dempsey, Pathology Quality/IT
Sheila McMorrow, Haematology/Blood Transfusion
Catherine Byrne, Microbiology

PRINCIPAL BIOCHEMIST
Ruth O'Kelly

SECRETARY & GENERAL MANAGER
John Ryan

FINANCIAL CONTROLLER
John Robinson

HUMAN RESOURCES MANAGER
Annette Carey

MEDICAL RECRUITMENT MANAGER
Joan Priestley

ACCREDITATION PROJECT/GENERAL SERVICES MANAGER
Patrick Donohue

PATIENT SERVICES MANAGER
Siobhan Lyons/Ann Shannon

DEPUTY PATIENT SERVICES MANAGER/HEALTHCARE RECORDS MANAGER
Niamh McNamara (From September 2010)

MEDICAL RECORDS OFFICER
Noelle Forrester (To Dec 2010)

HYGIENE SERVICES MANAGER
Vivienne Gillen

HOUSEHOLD SUPERVISOR
Olive Lynch

ASSISTANT HOUSEHOLD SUPERVISOR
Arlene Kelly

ENGINEERING OFFICER
Ian Lapsley

PROJECT CO-ORDINATOR
John Kavanagh

CLINICAL RISK MANAGER
Susan Kelly (From April 2010)

SUPPLIES MANAGER
Leo Flynn

CATERING MANAGER
Thomas Dowling

COMMUNICATIONS OFFICER
Mary Holden

INFORMATION TECHNOLOGY MANAGER
Tadhg O'Sullivan

HEALTH & SAFETY OFFICER
Tom Madden

MASTER'S SECRETARIES
Anita Comerford
Laura Forde
Fiona Fitzgerald
Lindsay Cribben

* Locum/Temporary position

Staff Retirements in 2010*

Trea Dooge	CMM3, Parent Education
Mary Tempany	Senior Staff Midwife
Mary Reilly	Cleaner, Household
Elizabeth Lynch	Ward Domestic, Household
William Jago	Porter
Bridget Giles	Health Care Assistant
Hilary Minogue	IT Midwife
Daphne Byrne	Grade V Officer, Stores
Ann Marnell	Cleaner, Household
Mary Garry	CMM1, OPD
Dr Standish Barry	Senior Biochemist, Laboratory
Veronique Currin	ADOM, (Night Superintendent)
Teresa Hanlon	Cleaner, Household
Mary O'Keeffe	Clinical Specialist Radiographer, X-Ray
Breda Whelan	Cleaner, Household
Carmel Dempsey	Assistant Catering Officer, Catering
Noelle Forrester	Grade V Officer, Medical Records
Marian Marrinan	Assistant Catering Officer, Catering
Moira Murphy	PA to Director of Midwifery & Nursing
Joan Power	Grade V Officer, Superannuation
Joan Priestley	Medical Recruitment Manager, HR

On behalf of both the Board of Guardians and Directors and the Management Executive of the Hospital, I would like to sincerely thank the members of staff who retired from the Hospital in 2010 for their enormous contribution during their years of dedicated professional service.

Dr Chris Fitzpatrick
Master/CEO

* listed in chronological order

Dublin Maternity Hospitals Combined Clinical Data

The following tables have been agreed to form the common elements of the Three Dublin Maternity Hospitals Report.

1. Total Mothers Attending

Mothers delivered ≥ 500 grams	8768
Mothers delivered < 500 grams and miscarriages	663*
Gestational Trophoblastic Disease	19
Ectopic pregnancies	89
Total mothers	**9539**

* Does not include all smiscarriages managed conservatively in EPAU

2. Maternal Deaths

1

(AIDS related lymphoma)

3. Births ≥ 500g

Singletons	8615
Twins	293*
Triplets	17**
Quadruplets	0
Total	**8925**

* Excludes 1 twin <500g
** Excludes 1 triplet <500g

4. Obstetric Outcome (%)

Spontaneous vaginal delivery	57.1
Forceps	7.7
Ventouse	9.7
Caesarean Section	25.8
Induction	32.0

5. Perinatal Deaths ≥ 500g

Antepartum deaths	35
Intrapartum deaths (normally formed)	0
Stillbirths	35
Early neonatal deaths	18
Late neonatal deaths	4
Congenital malformations*	21

* (SB 10, END 9, LND 2)

6. Perinatal Mortality Rates ≥ 500g *

Overall perinatal mortality rate per 1000 births	6.0
Perinatal mortality rate corrected for lethal congenital anomalies	3.9
Perinatal mortality rate including late neonatal deaths	6.5
Perinatal mortality rate excluding unbooked cases	5.6
Corrected perinatal mortality rate excluding unbooked	3.5

* PNMR ≥ 500g and/or ≥ 24 weeks = 6.5/1000

7. Age

	Nulliparous N	Parous N	Totals N	Totals %
< 20 yrs	309	29	338	3.9
20-24 yrs	679	392	1071	12.2
25-29 yrs	1122	1057	2179	24.8
30-34 yrs	1078	1791	2869	32.7
35-39 yrs	443	1506	1949	22.2
40+ yrs	86	276	362	4.1

*nulliparous and parous refer to the maternal status at booking or at first presentation to the hospital
nulliparous = never having delivered an infant ≥ 500g; parous = having delivered at least one infant ≥ 500g.

8. Parity

	Nulliparous N	Parous N	Totals N	Totals %
Para 0	3717		3717	42.4
Para 1		2882	2882	32.9
Para 2-4		2046	2046	23.3
Para 5+		125	125	1.4

9. Country of Birth & Nationality

Country	N	%
Ireland	6079	69.3
Britain	216	2.5
EU	1037	11.8
EU Accession Countries 2007	141	1.6
Rest of Europe (including Russia)	100	1.2
Middle East	13	0.1
Rest of Asia	613	7.0
Americas	69	0.8
Africa	414	4.7
Australasia	23	0.3
Uncoded	63	0.7
Total	**8768**	**100**

10. Socio-Economic Groups

Socio-economic Group	N	%
Higher Profession	537	6.1
Lower Profession	1757	20.0
Clerical	1215	13.9
Skilled	425	4.9
Semi-Skilled	375	4.3
Unskilled	256	2.9
Unemployed	2380	27.1
Unsupported	1	0.01
Military	4	0.04
Not Classified	1811	20.7
Not Answered	7	0.08
Total	**8768**	**100**

11. Birth Weight

	Nulliparous N	Parous N	Totals N	Totals %
500 – 999 gms	25	30	55	0.6
1000 – 1499	26	40	66	0.7
1500 – 1999	80	64	144	1.6
2000 – 2499	170	144	314	3.5
2500 – 2999	546	630	1176	13.2
3000 – 3499	1406	1682	3088	34.6
3500 – 3999	1150	1747	2897	32.5
4000 – 4499	342	671	1013	11.4
≥ 4500	50	121	171	1.9
Not Answered	0	1	1	0.0
Total	**3795**	**5130**	**8925**	**100**

12. Gestational Age

	Nulliparous N	Parous N	Totals N	Totals %
< 26 weeks	15	17	32	0.4
26 – 29 weeks + 6 days	13	26	39	0.4
30 – 33 weeks + 6 days	60	69	129	1.5
34 – 36 weeks + 6 days	176	211	387	4.4
37 – 41 weeks + 6 days	3392	4671	8063	92.0
42+ weeks	56	52	108	1.2
Not answered	5	5	10	0.1
Total	**3717**	**5051**	**8768**	**100**

13. Perineal Trauma after Spontaneous Vaginal Delivery

	Nulliparous		Parous		Total	
	N	%	N	%	N	%*
Episiotomy	213	14.1	113	3.2	326	6.5
First degree tear	258	17.0	840	24.1	1098	21.9
Second degree tear	645	42.5	898	25.7	1543	30.8
Third degree tear	22	1.5	20	0.6	42	0.8
Fourth tear	1	0.0	3	0.1	4	0.1
Other	175	11.5	214	6.1	389	7.8
Intact	283	18.7	1462	50.0	1745	34.9
Total Spontaneous Vaginal Deliveries	1516		3489		5005	

14. Third Degree Tears (n = 87)

	Nulliparous	Parous	Totals	
	N	N	N	%*
Occurring spontaneously	21	21	42	48.2
Associated with episiotomy	20	2	22	25.3
Associated with forceps	0	1	1	1.1
Associated with ventouse	12	0	12	13.8
Associated with ventouse + forceps	4	1	5	5.7
Associated with OP position	11	1	12	13.8

* % of all third degree tears; tears may be recorded in > one category

15. Perinatal Deaths in Normally-Formed Stillborn Infants ≥ 500g (n = 25)

	Nulliparous	Parous	Totals
	N	N	N
Hypoxia	5	6	11
IUGR	0	2	2
Cord accident	3	1	4
Infection	3	0	3
Abruption*	1	2	3
Twin to twin transfusion	0	0	0
Other	0	2	2

* Placental separation associated with clinical signs (eg pain, APH, retroplacental clot)

16. Intrapartum Deaths in Normally-Formed Infants ≥ 500g (n = 0)

17. Perinatal Deaths in Infants with Congenital Malformation ≥ 500g (n = 21)*

	Nulliparous N	Parous N	Totals N
Neural tube defects**	0	0	0
Other CNS lesions**	3	0	3
Cardiac	1	1	2
Renal	2	3	5
GI	2	0	2
Chromosomal	2	5	7
Multiple	0	2	2
Other	0	0	0

* SB 10, END 9, LND 2

** Excluding chromosomal abnormalities

18. Early Neonatal Deaths ≥ 500g (n = 18)

	Nulliparous N	Parous N	Totals N
Congenital Malformation	6	3	9
Prematurity	6	1	7*
Infection	0	0	0
Hypoxia	0	0	0
Other	1	1	2**

* 6 of 7 ENDs due to extreme prematurity had histological/microbiological evidence of infection

** in-utero venous thrombosis (1) in-utero arterial thrombosis (1)

19. Overall Autopsy Rate 54.4%

20. Hypoxic Ischaemic Encephalopathy (Grade II and III) 7*

* 6 infants with normal follow-up; one infant with microcephaly and cerebral palsy

21. Severe Maternal Morbidity (n = 39*)

	Nulliparous N	Parous N	Totals N
Massive obstretric haemorrhage**	7	22	29
Peri-partum hysterectomy	0	3	3
Severe PET/HELLP	5	2	7
Other	3	0	3

* 3 patients were transferred to ITU in SJH

** MOH = EBL ≥ 2.5 L and/or coagulopathy requiring Tx; includes 3 patients requiring hysterectomy

22. Financial Summary at 31st December 2010

	€	€
Income:		
Department of Health Allocation 2010	50,281	
Patient Income	10,741	
Other	6,678	
		67,700
Pay:		
Medical	9,607	
Nursing	21,029	
Other	23,325	
		53,961
Non Pay:		
Drugs & Medicines	2,311	
Medical & Surgical Appliances	3,898	
Insurances	144	
Laboratory	1,946	
Other	5,691	
		13,989
Net Surplus 2010		**(250)**

Taxes paid to Revenue Commissioners Year ended 31 December 2010

PAYE	6,309,625
PRSI EE	2,472,243
PRSI ER	3,511,763
Withholding Tax	**134,666**

Does not include any deficit balances carried forward from previous years

Statistical Summaries

1. Mothers Attending Hospital

	2004	2005	2006	2007	2008	2009	2010
Mothers delivered ≥ 500 grams	7877	7787	7936	8369	8287	8652	8768
Mothers delivered < 500 grams and Miscarriages	619	749	680	627	734	676	663*
Gestational Trophoblastic Disease	-	-	-	-	10	12	19
Ectopic Pregnancies	33	10	17	90	79	81	89
Total Mothers	**8566**	**8603**	**8706**	**8996**	**9110**	**9421**	**9539**

* Does not include all miscarriages managed conservatively in EPAU

2. Maternal Mortality

	2004	2005	2006	2007	2008	2009	2010
Maternal deaths	0	0	0	1*	1**	0	1***

* RTA ** Metastatic carcinoma of colon *** AIDS related lymphoma

3. Births ≥ 500g

	2004	2005	2006	2007	2008	2009	2010
Singleton	7740	7651	7790	8242	8095	8496	8615
Twins	268	265	281	243	366	304	293*
Triplets	9	9	9	12	21	12	17**
Quadruplets	0	0	4	0	0	0	0
Total	**8017**	**7925**	**8084**	**8497**	**8482**	**8812**	**8925**

* Excludes 1 twin <500g

** Excludes 1 triplet <500g

4. Obstetric Outcomes

	2004	2005	2006	2007	2008	2009	2010
Induction of Labour	25.7%	26.5%	24.7%	25.9%	28.1%	30.3%	32.0%
Episiotomy	16.8%	17.9%	18.3%	19.8%	16.6%	15.7%	16.0%
Forceps Delivery	4.2%	5.3%	6.2%	9.5%	8.5%	7.2%	7.7%
Ventouse Delivery	12.4%	12.0%	10.3%	9.2%	9.4%	10.4%	9.7%
Caesarean Section	22.3%	23.6%	22.0%	22.1%	24.1%	25.1%	25.8%

5. Perinatal Deaths ≥ 500g

	2004	2005	2006	2007	2008	2009	2010
Stillbirths	35	34	36	44	40	38	35
Early Neonatal Deaths	30	28	29	11	26	13	18
Late Neonatal Deaths	5	6	7	9	5	6	4
Total	**70**	**68**	**72**	**64**	**71**	**57**	**57**

6. Perinatal Mortality Rates (PNMR) ≥ 500 g per 1000

	2004	2005	2006	2007	2008	2009	2010
Overall PNMR	8.1	7.8	8.0	6.5	7.8	5.8	6.0
PNMR corrected for lethal malformation	5.1	5.0	5.7	4.6	4.6	4.4	3.9
PNMR including late neonatal deaths	8.7	8.6	8.9	7.5	8.4	6.5	6.5
PNMR excluding unbooked cases	7.4	6.8	7.5	5.8	7.1	5.5	5.6
Corrected PNMR excluding unbooked	4.6	4.4	5.3	4.2	4.2	4.1	3.5

7. Statistical Analysis of Obstetric Population

7.1 Age

Age (years)	Nulliparous* N	Parous* N	Total N	Total %
<20	309	29	338	3.9
20 – 39	3322	4746	8068	92.0
40+	86	276	362	4.1
Total	**3717**	**5051**	**8768**	**100**

*nulliparous and parous refer to the maternal status at booking or at first presentation to the hospital; nulliparous = never having delivered an infant ≥ 500g; parous = having delivered at least one infant ≥ 500g

7.2 Category

Patient Category	Nulliparous N	Parous N	Total N	Total %
Public	2746	3482	6228	71.0
Semi-Private	447	666	1113	12.7
Private	524	903	1427	16.3
Total	**3717**	**5051**	**8768**	**100**

7.3 Birthplace

Mother's Country of Birth	N	%
Republic of Ireland	6079	69.3
EU	1394	15.9
Non EU	1272	14.5
Uncoded	23	0.3
Total	**8768**	**100**

7.4 Parity

	Nulliparous N	Parous N	Totals N	%
Para 0	3717		3717	42.4
Para 1		2882	2882	32.9
Para 2-4		2046	2046	23.3
Para 5+		125	125	1.4

7.5 Birth Weight

	Nulliparous N	Parous N	Totals N	%
500 – 999 gms	25	30	55	0.6
1000 – 1499	26	40	66	0.7
1500 – 1999	80	64	144	1.6
2000 – 2499	170	144	314	3.5
2500 – 2999	546	630	1176	13.2
3000 – 3499	1406	1682	3088	34.6
3500 – 3999	1150	1747	2897	32.5
4000 – 4499	342	671	1013	11.3
4500 – 4999	47	110	157	1.8
> 5000	3	11	14	0.2
Not answered	0	1	1	0.0
Total	**3795**	**5130**	**8925**	**100**

7.6 Gestational Age

	Nulliparous	Parous	Totals N	%
< 26 weeks	15	17	32	0.4
26 – 29 weeks + 6 days	13	26	39	0.4
30 – 33 weeks + 6 days	60	69	129	1.5
34 – 36 weeks + 6 days	176	211	387	4.4
37 – 41 weeks + 6 days	3392	4671	8063	92.0
42+ weeks	56	52	108	1.2
Not answered	5	5	10	0.1
Total	**3717**	**5051**	**8768**	**100**

8. Statistical Analysis of Hospital Population 2004-2010

8.1 Age 2004-2010

Age at Delivery (Years)	2004 (n=7877)	2005 (n=7787)	2006 (n=7936)	2007 (n=8369)	2008 (n=8287)	2009 (n=8652)	2010 (n=8768)
<20	4.4%	4.5%	4.2%	3.9%	3.6%	3.6%	3.9%
20 – 24	14.3%	13.6%	13.8%	13.5%	13.8%	13.2%	12.2%
25 – 29	23.4%	21.7%	23.6%	23.2%	24.4%	25.0%	24.8%
30 – 34	34.4%	34.7%	33.4%	33.9%	32.8%	32.1%	32.7%
35 – 39	19.7%	21.4%	20.7%	21.5%	21.2%	21.8%	22.2%
>40	3.8%	4.1%	4.3%	4.0%	4.2%	4.2%	4.1%

8.2 Parity 2004-2010

Parity	2004 (n=7877)	2005 (n=7787)	2006 (n=7936)	2007 (n=8369)	2008 (n=8287)	2009 (n=8652)	2010 (n=8768)
0	41.0%	40.9%	39.8%	40.5%	40.8%	41.5%	42.4%
1,2,3	55.4%	55.5%	56.2%	55.7%	55.4%	54.9%	54.3%
4+	3.7%	3.6%	4.0%	3.8%	3.8%	3.6%	3.3%

8.3 Birth weight 2004-2010

Birth Weight (grams)	2004 (n=8017)	2005 (n=7925)	2006 (n=8084)	2007 (n=8497)	2008 (n=8482)	2009 (n=8812)	2010 (n=8925)
500 – 999	0.6%	0.7%	0.6%	0.6%	0.7%	0.6%	0.6%
1000 – 1499	0.8%	0.6%	0.7%	0.6%	0.7%	0.8%	0.7%
1500 – 1999	1.2%	1.4%	1.3%	1.1%	1.6%	1.4%	1.6%
2000 – 2499	3.5%	3.7%	3.6%	3.6%	3.9%	3.8%	3.5%
2500 – 2999	12.7%	13.4%	13.0%	12.3%	13.0%	13.2%	13.2%
3000 – 3499	32.5%	32.2%	33.3%	33.9%	33.0%	33.5%	34.6%
3500 – 3999	33.6%	33.1%	33.4%	32.4%	33.1%	32.3%	32.5%
4000 – 4499	12.5%	12.1%	11.7%	13.1%	11.3%	12.1%	11.3%
>4500	2.5%	2.6%	2.3%	2.4%	2.7%	2.3%	2.0%
Unknown	0.2%	0.1%	0.1%	0.05%	0%	0%	0%

8.4 Gestation 2004-2010

Gestation (weeks)	2004 (n=8017)	2005 (n=7925)	2006 (n=8084)	2007 (n=8497)	2008 (n=8482)	2009 (n=8652)	2010 (n=8768)
<28 weeks	0.5%	0.5%	0.5%	0.4%	0.6%	0.5%	0.6%
28 – 36	6.3%	6.2%	6.5%	6.1%	6.8%	6.1%	6.1%
37 – 41	89.7%	90.5%	90.8%	91.4%	91%	92.3%	92.0%
42+	3.4%	2.5%	2.1%	1.9%	1.5%	1.1%	1.2%
Unknown	0.1%	0.2%	0.1%	0.2%	0.1%	0.1%	0.1%

9. In-patient Surgery 2004-2010

	2004	2005	2006	2007	2008	2009	2010
Obstetrical	2639	2749	2716	2820	2918	3041	3210
Cervical	325	387	395	410	687	1261	1062
Uterine	1840	1816	1922	2304	3015	2416	2683
Tubal & Ovarian	1117	1104	1140	1083	999	950	1011
Vulval & Vaginal	198	241	245	322	500	445	489
Other (incl. urogynae)	550	392	505	369	240	241	278
Total	6669	6689	6923	7308	8359	8354	8733

10. Out-patient Attendances 2004-2010

	2004	2005	2006	2007	2008	2009	2010
Paediatric	7673	7550	8093	8212	8511	9558	9027
Obstetrical/ Gynaecological	56301	59071	65334	69139	74025	89261	93796

11. In-patient Admissions 2004-2010

	2004	2005	2006	2007	2008	2009	2010
Obstetrics	14114	14328	15434	15643	15971	16467	17051
Gynaecology	1061	994	1023	993	1003	975	1127
Paediatrics	1533	1409	1201	1004	1207	1188	1095

12. Day Cases 2004-2010

	2004	2005	2006	2007	2008	2009	2010
Obstetrics	7942	8664	8908	8872	9552	10154	9828
Gynaecology	1894	1800	1904	1593	1670	1432	7432*
Total	**9836**	**10464**	**10812**	**10465**	**11222**	**11586**	**15260**

* Includes colposcopy

13. Adult Emergency Room (ER) & Early Pregnancy Assessment Unit (EPAU) 2004-2010

	2004	2005	2006	2007	2008	2009	2010
ER	5018	5047	6063	6950	8010	8159	7168
EPAU	NR	3263	3828	3478	3137	3599	3687

14. Perinatal Day Centre (PNDC) and Perinatal Ultrasound (PNU)* 2004-2010

	2004	2005	2006	2007	2008	2009	2010
PNDC	9777	11252	12646	15025	13803	14486	10112**
PNU*	8617	11464	13889	16492	16223	19270	25164

* refers only to scans performed in the Perinatal Ultrasound Dept.
** excludes all telephone consultations with diabetic patients (included in previous years)

15. Laboratory tests 2007-2010

	2007	2008	2009	2010
Biochemistry	109701	167484	113709	108102
Haematology	50856	44949	47523	45173
Transfusion	23158	24548	24544	24406
Cytopathology	16969	17401	14934	13604
Histopathology	4918	4999	5601	5843

General Obstetric Report

1. Maternal Statistics

	2004	2005	2006	2007	2008	2009	2010
Mothers booking	8253	8246	8451	8729	9225	9206	9484
Mothers delivered ≥ 500g	7722	7877	7787	7936	8369	8287	8652

2.1 Maternal Profile at Booking – general demographic factors (%)

	2006	2007	2008	2009	2010	(N=9262)
Born in RoI	74.8	72.5	69.4	68.4	69.3	6415
Born in rest of EU	9.6	12.1	14.8	15.3	16.2	1498
Born outside EU	15.2	15.2	15.4	16.1	14.4	1333
Country not known	0.4	0.2	0.5	0.2	0.2	16
Resident in Dublin	65.3	65.6	65.9	66.5	66.4	6150
Rest of Leinster	33.9	33.8	33.3	32.5	32.8	3034
Munster	0.2	0.2	0.1	0.2	0.1	13
Connaught	0.3	0.2	0.2	0.3	0.2	19
Ulster/RoI	0.3	0.1	0.3	0.2	0.3	26
< 20 years	4.1	3.7	3.6	3.6	3.3	303
≥ 40 years	4.3	4.2	4.3	4.3	4.6	425
Unemployed	11.7	24.4	26.0	21.6	26.3	2434
Communication difficulties reported at booking	4.3	5.2	5.9	6.2	6.6	611

2.2 Maternal Profile at booking – general history (%)

	2006	2007	2008	2009	2010	(N=9262)
Para 0	37.4	40.5	42.4	38.9	41.2	3813
Para 1-4	53.9	58.1	55.8	52.5	57.3	5309
Para 5 +	1.6	1.4	1.7	1.1	1.5	140
Unplanned pregnancy	32.6	30.3	32.2	32.6	31.5	2920
No pre-conceptual folic acid	46.6	58.7	56.8	55.6	56.1	5193
Current smoker	18.2	17.3	16.7	16.1	14.5	1343
Current alcohol consumption	–	–	–	–	3.5	325
Taking illicit drugs/methadone	0.7	0.7	1.15	0.7	0.6	51
Illicit drugs/Methadone ever	5.4	5.4	6.4	7.0	7.1	658
Giving history of domestic violence	1.3	0.9	0.9	1.2	1.2	107
Cervical smear never performed	26.4	24.7	26.0	24.4	22.5	2086
History of psychiatric/psychological illness/disorder	16.4	10.0	11.6	13.8	12.3	1135
History of postnatal depression	3.4	2.7	2.5	3.9	4.7	436
Previous perinatal death	2.0	2.0	1.7	1.6	1.6	146
Previous infant < 2500g	5.3	2.5	5.0	5.0	5.4	502
Previous infant < 34 weeks	2.3	2.5	2.4	2.7	2.5	228
One previous Caesarean section	11.1	11.4	11.2	11.0	12.4	1149
Two or more previous Caesarean sections	2.6	2.6	2.6	3.1	3.0	276

2.3 Maternal Profile in index pregnancy (mothers delivered ≥ 500g) (%)

	2006	2007	2008	2009	2010	(N=8768)
Pregnancy Induced Hypertension	9.1	10.5	12.2	8.3	7.3	644
Pre-eclampsia	7.8	7.1	6.2	5.9	4.6	407
Eclampsia	0.03	0.02	0.02	0.06	0.02	2
BMI >30.0				15.4	15.6	1370
Pregestational Type 1 DM	0.3	0.3	0.5	0.3	0.3	26
Pregestational Type 2 DM	0.1	0.1	0.2	0.2	0.2	18
Gestational DM	2.1	2.6	2.8	2.9	3.0	261
One abnormal OGTT value	1.4	1.5	1.7	1.2	1.6	144
Placenta praevia	0.6	0.4	0.5	0.6	0.5	46
Abruptio placentae	0.3	0.3	0.2	0.2	0.1	13
Antepartum haemorrhage (other)	0.7	0.7	1.0	1.2	1.1	95
Haemolytic antibodies	0.3	0.3	0.4	0.9	0.5	43
Hep C +	0.9	0.6	0.7	0.8	0.7	61
Hep B +	0.8	0.7	0.6	0.8	0.5	40
HIV +	0.3	0.3	0.2	0.4	0.3	33
Sickle cell trait	0.8	0.6	0.5	0.5	0.4	32
Sickle cell anaemia	0.01	0.05	0.02	0.01	0.02	2
Thalassaemia trait	0.6	0.8	1.1	1.3	1.3	117
Delivery < 28 weeks	0.5	0.4	0.5	0.5	0.6	51
Delivery < 34 weeks	1.7	2.0	2.2	2.3	2.3	203
Delivery < 38 weeks	11.5	10.9	12.3	13.1	13.1	1151
Delivery < 1500g	1.5	1.2	1.4	1.3	1.4	127
Delivery < 2500g	6.5	5.8	6.3	6.0	6.7	585
Unbooked mothers	1.2	1.2	1.0	1.4	1.8	160
LSCS	22.0	22.1	24.1	25.1	25.8	2261
Admissions to HDU	2.4	1.9	1.9	1.6	1.6	140
Severe Maternal Morbidity	0.35	0.2	0.3	0.5*	0.4*	39
Maternal Deaths (N)	0	1**	1***	0	1****	

* Definition of Massive Obstetrical Haemorrhage changed in 2009 ** Road Traffic Accident
*** Carcinoma of the colon **** AIDS related lymphoma

3.1 Induction of Labour 2010

		% of all inductions	% proceeding to LSCS
Nulliparae induced	1450	51.7	30.9
% of nulliparae induced	39.0		
Parous induced	1353	48.3	6.6
% of parous induced	26.8		
Total number induced	**2803**	**100**	**19.2**
Total % of inductions	**32.0**		

3.2 Induction of Labour 2004-2010

Inductions	2004	2005	2006	2007	2008	2009	2010
N	2021	2067	1959	2166	2328	2628	2803
%	25.7	26.5	24.7	25.9	28.1	30.4	32.0

4.1 Epidural analgesia in Labour 2010

	Number	% of all epidurals
Nulliparae with epidurals	2325	59.5
% of nulliparae with epidural analgesia	62.5	
Parous with epidurals	1581	40.5
% of parous with epidural analgesia	31.3	
Total number of epidurals	**3906**	**100**
Overall % of epidurals	**44.5**	

4.2 Epidural analgesia in Labour 2004-2010

Epidurals	2004	2005	2006	2007	2008	2009	2010
N	3661	3619	3525	3785	3915	3925	3906
%	46.5	46.5	44.4	45.2	47.2	45.4	44.5

5.1 Fetal Blood Sampling in Labour 2010

	N
< 7.20	78
≥ 7.20	915
Total	**993**

5.2 Fetal Blood Sampling in Labour 2004-2010

FBS	2004	2005	2006	2007	2008	2009	2010
N	551	666	669	627	621	714	993
%	7.0	8.6	8.4	7.5	7.5	8.3	11.3

6. Prolonged Labour (PL) 2010

	Number	% of all Prolonged labour
Nulliparae with PL	207	81.5
% of nulliparae with PL	6.8	
Parous with PL	47	18.5
% of parous with PL	0.9	
Total with PL	**254**	**100**
Total % with PL	**2.9**	

7.1 Mode of delivery (%) - Nulliparae 2004-2010

	2004	2005	2006	2007	2008	2009	2010
SVD	44.1	42.8	44.7	41.6	41.1	40.9	40.8
Vacuum	21.2	20.8	19.0	15.6	16.2	18.4	16.8
Forceps	8.6	10.6	12.1	18.7	17.0	14.8	14.9
LSCS	26.3	26.2	24.6	24.4	26.3	26.2	27.7

7.2 Mode of delivery (%) - Parous 2004-2010

	2004	2005	2006	2007	2008	2009	2010
SVD	73.1	70.7	73.1	71.6	70.4	69.4	69.1
Vacuum	6.3	5.9	4.5	4.8	4.7	4.8	4.5
Forceps	1.2	1.7	2.3	3.2	2.6	1.8	2.4
LSCS	19.6	21.9	20.6	20.6	22.6	24.3	24.4

7.3 Mode of delivery (%) - all mothers 2004-2010

	2004	2005	2006	2007	2008	2009	2010
SVD	61.4	59.5	61.8	59.5	58.4	57.5	57.1
Vacuum	12.4	12.0	10.3	9.2	9.4	10.4	9.7
Forceps	4.2	5.3	6.2	9.5	8.5	7.2	7.7
LSCS	22.3	23.6	22.0	22.1	24.1	25.1	25.8

8. Episiotomy (%) 2004-2010

	2004	2005	2006	2007	2008	2009	2010
Nulliparae	30.6	33.0	34.4	37.3	31.4	31.4	30.3
Parous	7.3	7.4	7.7	7.9	6.3	4.5	5.5
Overall	**16.8**	**17.9**	**18.3**	**19.8**	**16.6**	**15.7**	**16.0**

9.1 Shoulder Dystocia (SD) 2010

Nulliparae with SD	29
% of nulliparae with SD	0.8
Parous with SD	45
% of parous with SD	0.9
Total number of patients with SD	**74**
Total % of patients with SD	**0.8**

9.2 Shoulder Dystocia (SD) & Birth Weight

Number of mothers with babies < 4 Kg with SD	32
% of mothers with babies < 4 Kg with SD	0.42
Number of mothers with babies ≥ 4 Kg with SD	42
% of mothers with babies ≥ 4kg with SD	3.5

9.3 Shoulder dystocia 2004-2010

	2004	2005	2006	2007	2008	2009	2010
N	42	36	45	68	59	66	74
%	0.5	0.5	0.6	0.8	0.7	0.8	0.8

10.1 Third Degree Tearss

Number of nulliparae with 3rd degree tears	62
% of nulliparae with 3rd degree tears	1.7
Number of parous with 3rd degree tears	25
% of parous with 3rd degree tears	0.5
Total number of mothers with 3rd degree tear	**87**
Total % of mothers with 3rd degree tears	**1.0**

10.2 Third Degree Tears 2004-2010

	2004	2005	2006	2007	2008	2009	2010
N	93	75	108	100	77	51	87
%	1.2	1.0	1.4	1.2	0.9	0.6	1.0

11.1 Fourth Degree Tears 2010

Number of nulliparae with 4th degree tears	4
% of nulliparae with 4th degree tears	0.1
Number of parous with 4th degree tears	4
% of parous mothers with 4th degree tears	0.08
Total number of mothers with 4th degree tears	**8**
Total % of mothers with 4th degree tears	**0.09**

11.2 Fourth Degree Tears 2004-2010

	2004	2005	2006	2007	2008	2009	2010
N	1	2	9	6	4	8	8
%	0.01	0.03	0.11	0.07	0.05	0.1	0.09

12.0 Primary Post Partum Haemorrhage (1^0 PPH) 2004-2010

	2004	2005	2006	2007	2008	2009	2010
N	119	112	158	208	270	439	542
%	1.5	1.4	2.0	2.5	3.3	5.1	6.2

12.1 1^0 PPH spontaneous labour

	2004 %	2005 %	2006 %	2007 %	2008 %	2009 %	2010 %	2010 N
Nulliparae	1.6	1.9	1.9	2.6	3.6	5.0	6.9	1904
Parous	1.3	1.4	2.0	2.2	2.7	4.2	5.8	2743
Overall	**1.4**	**1.6**	**2.0**	**2.3**	**3.1**	**4.5**	**6.3**	**4647**

12.2 1^0 PPH - induced Labour

	2004 %	2005 %	2006 %	2007 %	2008 %	2009 %	2010 %	2010 N
Nulliparae	2.1	1.4	2.8	4.5	5.5	7.1	8.6	1450
Parous	2.4	1.6	2.0	2.8	3.6	5.0	6.4	1351
Overall	**2.3**	**1.5**	**2.4**	**3.7**	**4.5**	**6.0**	**7.5**	**2801**

12.3 1⁰ PPH - SVD

	2004 %	2005 %	2006 %	2007 %	2008 %	2009 %	2010 %	2010 N
Nulliparae	1.6	1.6	1.8	3.1	4.0	4.4	5.0	1516
Parous	1.6	1.4	2.1	2.5	2.9	4.4	5.3	3489
Overall	**1.6**	**1.4**	**2.0**	**2.7**	**3.2**	**4.4**	**5.2**	**5005**

12.4 1⁰ PPH - Ventouse

	2004 %	2005 %	2006 %	2007 %	2008 %	2009 %	2010 %	2010 N
Nulliparae	1.8	2.6	2.7	2.8	3.8	8.0	7.3	626
Parous	2.7	1.1	0.9	0.4	3.4	6.6	6.1	229
Overall	**2.0**	**2.1**	**2.2**	**2.1**	**3.7**	**7.7**	**7.0**	**855**

12.5 1⁰ PPH - Forceps

	2004 %	2005 %	2006 %	2007 %	2008 %	2009 %	2010 %	2010 N
Nulliparae	4.3	1.5	3.9	5.5	7.3	7.1	11.9	555
Parous	1.9	1.3	0.9	4.3	4.6	1.1	10.8	120
Overall	**3.9**	**1.4**	**3.2**	**5.3**	**6.8**	**6.3**	**11.7**	**675**

12.6 1⁰ PPH - Caesarean Section (by parity)

	2004 %	2005 %	2006 %	2007 %	2008 %	2009 %	2010 %	2010 N
Nulliparae	0.6	0.7	1.4	1.6	2.6	5.4	7.5	1029
Parous	0.5	1.2	1.4	0.9	1.4	5.4	5.4	1232
Overall	**0.6**	**1.0**	**1.4**	**1.2**	**1.9**	**5.4**	**6.4**	**2261**

12.7 1⁰ PPH - Caesarean Sections (by priority status)

	2004 %	2005 %	2006 %	2007 %	2008 %	2009 %	2010 %	2010 N
Elective	0.1	0.3	0.4	0.5	0.6	3.9	1.1	1224
Emergency	0.8	1.4	2.2	1.7	3.0	6.5	12.6	1037
Overall	**0.6**	**1.0**	**1.4**	**1.2**	**1.9**	**5.4**	**6.4**	**2261**

12.8 1⁰ PPH - Twin Pregnancy

	2004 %	2005 %	2006 %	2007 %	2008 %	2009 %	2010 %	2010 N
Nulliparae	0	4.9	4.5	11.5	7.0	11.5	14.7	68
Parous	2.4	0	0	1.6	2.9	12.1	7.6	79
Overall	**1.5**	**2.3**	**2.1**	**6.5**	**4.8**	**11.8**	**10.9**	**147**

13.0 Manual Removal of Placenta (%) 2004-2010

	2004	2005	2006	2007	2008	2009	2010
N	90	143	120	134	112	95	111
%	1.1	1.8	1.5	1.6	1.4	1.1	1.3

13.1 1^0 PPH in Manual Removal of Placenta 2004-2010

	2004	2005	2006	2007	2008	2009	2010
N	16	14	24	32	24	42	56
%	17.8	9.8	20.0	23.9	21.4	44.2	50.5

14.0 Mothers Transfused 2005-2010

	2005	2006	2007	2008	2009	2010
NN	181	193	137	139	193	230
%	2.3	2.4	1.6	1.7	2.2	2.6

14.1 Mothers who received Massive Transfusions (> 5units RCC) 2005-2010

	2005	2006	2007	2008	2009	2010
N	20	31	12	10	17	14
%	0.3	0.4	0.1	0.1	0.2	0.2

15. Singleton Breech Presentation 2004-2010

	2004	2005	2006	2007	2008	2009	2010
Number of breech in nulliparae	155	123	115	152	160	142	152
% LSCS for breech in nulliparae	97.4	95.1	93.0	95.4	91.9	94.4	93.4
Number of breech in parous	117	126	125	134	159	152	133
% LSCS for breech in parous	86.3	89.7	86.4	93.3	93.7	92.1	93.2
Total number of breech	**272**	**249**	**240**	**286**	**319**	**294**	**285**
Total % LSCS	**92.6**	**92.4**	**89.6**	**94.4**	**92.8**	**93.2**	**93.3**

16. Twin Pregnancy 2004-2010

	2004	2005	2006	2007	2008	2009	2010
Number of Twin pregnancies in nulliparae	50	61	66	61	84	61	68
% LSCS in Nulliparae	58.0	62.3	59.1	55.7	58.3	67.2	70.6
Number of Twin pregnancies in parous	84	72	76	62	101	91	79
% LSCS in Parous	46.4	45.8	39.5	37.1	39.6	54.9	51.9
Total number of Twin pregnancies	**134**	**133**	**142**	**123**	**185**	**152**	**147**
Total % LSCS in Twin pregnancy	**50.7**	**54.1**	**48.6**	**46.3**	**48.1**	**59.9**	**60.5**

17. Operative Vaginal Delivery in Theatre & LSCS in 2nd Stage of Labour 2004-2010

	2004	2005	2006	2007	2008	2009	2010
Operative Vaginal Delivery in Theatre	18	35	33	57	55	52	83
LSCS in 2nd Stage of Labour	107	113	94	70	79	100	93

18. Classical Caesarean Section, Ruptured Uterus, Hysterectomy in Pregnancy 2004-2010

	2004	2005	2006	2007	2008	2009	2010
Classical Caesarean Section	2	5	2	3	7	6	4
Ruptured Uterus	1	2	4	4	6	1	3
Hysterectomy in pregnancy	1	1	7	1	3	7	3

19.1 Categories of Caesarean Section (modified)

	Total	N =	%
Total Caesarean Sections/Deliveries	2261	8768	25.8
CS in Nullip singleton cephalic term SOL	182	1748	10.3
CS in Parous singleton cephalic term SOL + no previous CS	40	2213	1.8
CS in Nullip singleton cephalic term IOL (overall)	395	1346	29.3
CS with PgE_2	237	752	31.5
CS with ARM/Syntocinon	158	594	26.6
CS in Parous singleton cephalic term IOL + no previous CS (overall)	43	1147	3.7
CS with PgE_2	18	474	3.8
CS with ARM/Syntocinon	25	673	3.7
CS in Nullip singleton cephalic term non-emergency not in labour	91	91	
CS in Parous singleton cephalic term non-emergency + no Previous CS not in labour	64	64	
CS in Nullip singleton cephalic term emergency not in labour	74	74	
CS in Parous singleton cephalic term emergency + no previous CS not in labour	18	18	100.0
CS in Parous singleton cephalic term with one previous CS	749	1094	68.5
Elective CS	577	1094	52.7
Emergency CS in labour	172	517	33.3
CS in Nullip singleton breech	142	152	93.4
CS in Parous singleton breech	124	133	93.2
CS in all twins	89	148	60.1
CS in all triplets	6	6	100.0
CS in all abnormal lies	64	106	60.4
CS in all preterm single cephalic	176	419	42.0
CS - gestation not specified	4	9	44.4

19.2 Lower Segment Caesarean Sections (LSCS) 2010

	Nulliparae - LSCS (%)	Parous - LSCS (%)
SOL at term •	10.3	1.8*
IOL at term – Pg •	31.5	3.8*
IOL at term – no Pg •	26.6	3.7*
All singleton breech	93.4	93.2
All twins	70.6	51.9

• refers to cephalic presentations only
* refers only to parous patients who have not had a caesarean section in the past

19.3 Vaginal Birth (%) after a single Previous Lower Segment Caesarean Section (VBAC) 2010

	Para 1	Para 1 +	Total
Elective LSCS	54.6	23.1	44.7
Emergency LSCS	20.4	17.4	19.5
Total LSCS	75.0	40.5	64.2
VBAC	25.0	59.5	35.8

19.4 Vaginal Birth (%) after a single Previous Lower Segment Caesarean Section (VBAC) 2004-2010

	2004 %	2005 %	2006 %	2007 %	2008 %	2009 %	2010 %	2010 N
Para 1	34.8	33.1	39.3	37.7	31.7	23.7	25.0	700
Para 1+	67.8	66.8	69.1	66.8	64.0	58.8	59.5	321
Overall	**45.7**	**44.6**	**49.4**	**47.4**	**42.5**	**35.6**	**35.8**	**1021**

19.5 Caesarean Sections (%) 2004-2010

	2004	2005	2006	2007	2008	2009	2010
Nulliparae	26.3	26.2	24.6	24.5	26.2	26.2	27.7
Parous	19.6	21.9	20.6	20.5	22.6	24.3	24.4
Total	**22.3**	**23.6**	**22.0**	**22.1**	**24.1**	**25.1**	**25.8**

20. Apgar score < 7 at 5 mins 2004-2010

	2004	2005	2006	2007	2008	2009	2010
N	44	66	92	70	86	70	84
%	0.5	0.8	1.1	0.8	1.0	0.8	1.0

21. Arterial Cord pH <7 2007-2010

	2007	2008	2009	2010
N	32	36	35	50
%	0.4	0.4	0.4	0.6

22. Admission to SCBU/NICU at 38 weeks+ 2004-2010

	2004	2005	2006	2007	2008	2009	2010
N	899	807	631	482	617	554	470
%	12.8	11.6	8.9	6.4	7.3	6.4	5.4

23. Born Before Arrival 2004-2010

	2004	2005	2006	2007	2008	2009	2010
N	24	25	37	31	24	29	27
%	0.3	0.3	0.5	0.4	0.3	0.3	0.3

High Dependency Unit (HDU)

There were 147 admissions to the HDU in 2010; 140 were Obstetric patients. Despite MOH being the leading cause of severe maternal morbidity as defined by our criteria above, the leading cause of admission to the HDU is severe pre-eclampsia. In September 2010 a HDU flow sheet with Early Warning Scores was introduced in our HDU; some preliminary evidence indicates that response to and control of severe hypertension and fluid balance in PET has improved since its introduction.

Reason for admission	N	%
Severe PET	67	45.6
PPH	44	29.9
Post-operative haemorrhage (gynaecology)	6	4
Maternal medical/surgical illness	13	8.8
APH	5	3.4
Cardiac diseases in pregnancy	2	1.4
Suspected Pulmonary Embolism	2	1.4
Maternal Collapse	1	0.7
Miscellaneous*	7	4.8

*6 Obstetric and 1 Gynaecology patients

NB 3 obstetric patients and 1 gynaecology patient were transferred to ITU in SJH in 2010

Samar Ahmed, Clinical Tutor, RCSI Department of Obstetrics and Gynaecology.
Bridgette Byrne, Senior Lecturer, RCSI Department of Obstetrics and Gynaecology.

Perinatal Mortality and Morbidity

A. Overall Statistics

1. Perinatal Deaths ≥ 500g

Antepartum deaths	35
Intrapartum deaths (normally formed)	0
Stillbirths	35
Early neonatal deaths	18
Late nonatal deaths	4
Congenital malformations	21*

*SB 10, END 9, LND 2

2. Perinatal Mortality Rates ≥ 500g*

Overall perinatal mortality rate per 1000 births.	6.0
Perinatal mortality rate corrected for lethal congenital malformations	3.9
Perinatal mortality rate including late neonatal deaths	6.5
Perinatal mortality rate excluding unbooked cases	5.6
Corrected perinatal mortality rate excluding unbooked	3.5

* Perinatal mortality rate for infants ≥ 500g and/or ≥ 24 weeks = 6.5/1000

3. Perinatal Mortality in Normally-Formed Stillborn Infants ≥ 500g (n = 25)

	Nulliparous N	Parous N	Totals N
Hypoxia	5	6	11
IUGR	0	2	2
Cord accident	3	1	4
Infection	3	0	3
Abruption	1	2	3
Twin to twin transfusion	0	0	0
Other	0	2	2

4. Intrapartum Deaths in Normally Formed Infants ≥ 500g (n = 0)

5. Perinatal Deaths in Infants with Congenital Malformations ≥500g (n = 21)*

	Nulliparous N	Parous N	Totals N
Neural tube defects**	0	0	0
Other CNS lesions**	3	0	3
Cardiac	1	1	2
Renal	2	3	5
G.I.	2	0	2
Chromosomal	2	5	7
Multiple	0	2	2
Other	0	0	0

* SB 10, END 9, LND 2

** Excluding chromosomal abnormalities

6. Early Neonatal Deaths ≥ 500g (n = 18)

	Nulliparous N	Parous N	Totals N
Congenital	6	3	9
Prematurity	6	1	7*
Infection	0	0	0*
Hypoxia	0	0	0
Other	1	1	2**

*6 of 7 ENDs due to extreme prematurity had histological/microbiological evidence of infection

** in-utero venous thrombosis (1) in-utero arterial thrombosis (1)

7. Overall Autopsy Rate 54.4%

8. Hypoxic Ischaemic Encephalopathy (Grade II and III) 7*

* 6 infants with normal follow up; one infant with microcephaly and cerebral palsy

Combined Service for Diabetes Mellitus

Dr Brendan Kinsley, Consultant Endocrinologist
Prof Sean Daly, Consultant Obstetrician
Ethna Coleman, Diabetes Midwife Specialist
Louise Conlon, Diabetes Midwife Specialist
Ailbhe McCarthy, CNM 1 Research Midwife
Dr Feras Abu Saadeh, SpR Obstetrics & Gynaecology
Dr Mohammad Khan, SpR Diabetes/Endocrine

Type 1

n =	34	
Pregnancies	34	
Coombe Deliveries	23 (2 Sets twins)	
Spontaneous Abortions	8	
Delivered Elsewhere	5	
Preterm Deliveries	7	*Foot Note 1
IUD	0	
PND	0	

Maternal Data (Type 1)

n =	34
Age	32.0 ± 6.1
DM Duration	15.1 ± 8.7
DM Complications	
Hypertension	1
Retinopathy	0
Nephropathy	2
Neuropathy	0
PET	0
PCOS	1
Gestation at OPD Booking	8.3 ± 3.5
Booking HbA1c	7.0 ± 0.9
Delivery HbA1c	6.1 ± 0.5
Booking Fructosamine	298 ± 39
Delivery Fructosamine	213 ± 32
Caesarean Section	9 (36%)

Infant data (Type 1)

n =	23 live births
Gestation at Delivery	37.8 ± 2.3
Birth Weight	3.4 ± 0.4 singleton term deliveries
<4kg	20

Macrosomia (4.0-4.449kg)	1	
Macrosomia (4.5-4.99kg)	0	
Macrosomia (>5kg)	0	
Shoulder Dystocia	0	
Congenital Abnormalities	1	*Foot Note 2

Type 2

n=	20	
Pregnancies	20	
Coombe deliveries	15	
Spontaneous Abortions	2	
Delivered Elsewhere	3	
Preterm deliveries	4	*Foot Note 3
IUD	0	
PND	0	

Maternal Data (Type 2)

n =	20
Age	33.3 ± 4.7
DM Duration	2.0 ± 2.2
DM Complications	
Hypertension	3
PET	0
PCOS	3
Gestation at OPD Booking	6.8 ± 2.0
Booking HbA1c	6.6 ± 1.2
Delivery HbA1c	6.0 ± 0.5
Booking Fructosamine	239 ± 40
Delivery Fructosamine	213 ± 21
Caesarean Section	9 (60%)

Infant data (Type 2)

n =	15 live births
Gestation at Delivery	38.1 ± 1.5
Birth Weight	3.77 ± 0.8
Macrosomia (4.0-4.5kg)	5
Macrosomia (>4.5kg)	0
Macrosomia (>5kg)	1
Congenital Abnormalities	0
IUD/PND	0

Gestational Diabetes Mellitus

Pregnancies n =	273	
Rx with Insulin	145	
Rx with Diet	127	

GDM Total Group

Coombe Births	262	
Delivered elsewhere	10	
Spontaneous Abortion	1	
Gestation at Delivery	38.6 ± 2.0	
Birth Weight	3.45 ± 0.7	
Caesarean Section	74 (27%)	
IOL	102	
IUD	1	*Foot Note 4
PND	1	*Foot Note 5
Congenital Abnormalities	0	

Rx with insulin

n =	145	
Coombe Live Births	141	
Delivered Elsewhere	3	
Spontaneous Abortion	1	
Age	33.6 ± 4.7	
To Insulin	28.6 ± 7.3	
Gestation at Delivery	38.7 ± 1.2	
Birth weight	3.45 ± 0.6	
Caesarean Section	39 (28%)	
PET	1	
Hypertension	4	
PCOS	6	
Infant Death	1	*Foot Note 5
Congenital Abnormalities	0	
Hypothyroid	5	

Rx with Diet

n =	127	
Coombe Live Births	119	
Delivered Elsewhere	7	
Spontaneous Abortion	0	
Gestation at Delivery	38.6 ± 2.6	
Caesarean Section	34 (28%)	
IUD	1	*Foot Note 4

Birth weights
Based on Total GDM No.

<4kg	217
4-4.499kg	38
4.5-4.999kg	6
>5kg	1

One abnormal value on Insulin

n =	17
Spontaneous Abortion	0
Delivered elsewhere	1
Coombe Live Births	16
Age	32.2 ± 2.0
Gestation at Delivery	38.7 ± 1.1

Birth weights

<4kg	14
4-4.499kg	0
4.5-4.999kg	1
>5kg	0

One abnormal value on OGTT

n =	127
Spontaneous Abortion	0
Delivered elsewhere	8
Coombe Live Births	119
Gestation at Delivery	39.1 ± 1.7
Birth Weight	3.36 ± 0.6
Caesarean Section	24 (20%)

Birth weights

<4kg	106
4-4.499kg	9
4.5-4.999kg	4
>5kg	0

*Foot Note 1
37 + 4 x 2
37 + 6
36 + 1
32 + 4
31 + 2
36 + 6

*Foot Note 2
Twin2: Encephalocele, ventriculomegaly both sides, cervical spina bifida.

*Foot Note 3
36 + 5
35 + 3
36 + 0
35 + 6

*Foot Note 4
$P1^{+2}$; IUD @ 26^{+3} weeks; Infection screen negative; Thrombophilia screen negative; Placental pathology – severe fibrosis and maturation.

*Foot Note 5
Triplet Pregnancy – 1 infant death (TOF, congenital heart disease).

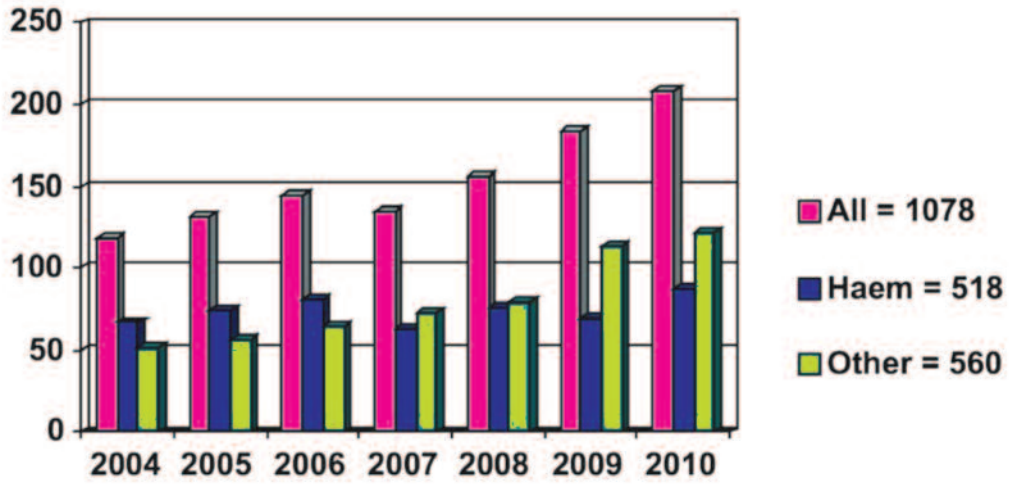
Medical Clinic Report 2010

Head of Service

Dr Bridgette Byrne and Dr Carmen Regan

Staff Complement

Dr Carmen Regan, Consultant Obstetrician and Gynaecologist
Dr Bridgette Byrne, Consultant Obstetrician and Gynaecologist
Dr Samar Ahmed, RCSI Lecturer in Obstetrics and Gynaecology
Dr Karen Flood, Fellow in Maternal Fetal Medicine, Rotunda Hospital and CWIUH
Dr Barry White, Consultant Haematologist
Dr James O'Donnell, Consultant Haematologist
Dr Fionnuala Ni Ainle, Consultant Haematologist (Locum)
Ms Elizabeth O'Beirne, CMM2
Ms Catherine Manning, CMM2 (from December 2010)
Mr Brian Cleary, PhD (Pharmacy)



Over a seven year period 1078 patients have attended the clinic for consultation and management and the Medical clinic service continues to grow. In 2010 there were 208 new referrals. The increase reflects a growth in both haematological and non-haematological referrals as illustrated by the chart. In 2009, Catherine Manning, CMM2, was appointed as liaison high risk midwife to the medical clinic service. Her role requires clinical, managerial and communication skills and her appointment as midwife in charge of the Medical clinic has greatly enhanced the service we provide. We are also indebted to our colleagues within the hospital from departments of perioperative medicine, haematology and pharmacy for their participation and valuable contribution at our monthly multidisciplinary meetings.

Key Performance Indicators

In 2010 there were 210 new referrals to the medical clinic.

Achievements

- Provision of a consultant led multidisciplinary clinical service to high risk mothers.
- Liaison across a variety of specialties including cardiology, neurology and haematology.
- Optimization of patient care achieved by ease of referral and access to the clinic.
- Monthly multidisciplinary team meetings to discuss patient management plan involving obstetric, anaesthetic, midwifery and maternal medicine.
- Ongoing database of all patients maintained for the purpose of research and education.
- Continued increase in haematological and non-haematological referrals.
- Appointment of a high risk liaison midwife post.
- Recognition of Medical Clinic as key element in structured training for Maternal Medicine Fellowship (Coombe Women and Infants Hospital/Rotunda Hospital/Columbia University, NY).

Challenges

- In the past few decades our ability to predict and avert adverse obstetric outcome has increased greatly. Women with high risk pregnancies can potentially benefit from increased care and should be identified early in pregnancy. Providing care to high risk patients presents certain challenges.
- The identification of the patient at increased risk is fundamental and ideally should occur preconceptually. High risk patients often have more than one underlying medical condition and are often on disease modifying therapies. Initial consultation in pregnancy should be early in pregnancy when risks can be assessed and a management plan outlined.
- A multidisciplinary team approach and communication with other disciplines is the cornerstone of care in these complex cases. A small number of patients are deemed to be best delivered on a general hospital site for the purpose of access to general or vascular surgery and interventional radiology and we are indebted to our Gynaecological and Anaesthetic colleagues at St James's Hospital for their involvement in the care of these women.

Diagnoses of new patients referred to the Medical Clinic 2010

In 2010 there were 208 new referrals to the medical clinic

Haematological Disorders:	
Thrombosis/Thromboprophylaxis:	**35**
History of pulmonary embolism	8
History of DVT	13
History of DVT & PE	2
Family history of DVT	8
DVT in pregnancy	2
Thrombus right external iliac vein	1
Thrombophlebitis	1
Clotting Factor Deficiencies	**16**
Bleeding disorders unknown aetiology	3
Factor XII deficiency	1
Factor VIII deficiency/von Willibrands disease	1
Factor VIII deficiency	1
Haemophilia carrier	1
Obligate carrier of severe factor VIII	1
Partner von Willebrands disease	1

Possible carrier Haemophilia B/severe family history	1
Von Willibrands disease	5
Dysfibrinogenemia	1
Thrombophilias	**16**
Factor V Leiden	6
Family history Factor V Leiden	1
APLS/MS/Lupus/Hx DVT	1
APLS	3
Protein S deficiency	2
Protein C deficiency	1
Anti Thrombin III deficiency	1
PAI-1 homozygous	1
Platelet Disorders	**13**
Thrombocytosis	2
Glanzmanns Thrombasthenia	1
Thrombocytopenia	10
Red Cell Disorders	**4**
Sickle cell disease	1
Hereditary Spherocytosis	1
Chronic anemia	2
White Cell Disorders	**1**
Cyclical Neutropenia	1
Oncology	**2**
Non-Hodgkin's Lymphoma	1
Chronic Myeloid Leukaemia	1
Hypertensive Disease	**10**
Essential hypertension	10
Renal Disorders	**17**
Renal transplant	1
Family history renal failure in pregnancy	1
Chronic renal disease	4
Duplex kidney/recurrent UTIs	2
Renal calculi	1
Nephrotic syndrome	1
Hx of Henoch Schonlein Purpura	1
Polycystic kidneys	1
Chronic proteinuria	1
Chronic pyelonephritis	1
Chronic glomerulonephritis	1
Hx of nephrectomy	1
Non functioning right kidney	1
Connective Tissue Disease	**7**
Ehlers Danlos Syndrome	2
Systemic Lupus Erythematosis	3
Rheumatoid Arthritis	1
Seronegative Arthropathy	1

Cerebrovascular Disease	**31**
Benign intracranial hypertension	1
History of CVA	3
History of CVA/dual chamber pacemaker	1
Epilepsy	20
Hemiplegic migraine	2
Seizures unknown origin	1
Multiple sclerosis	3
Cardiac Disease	**28**
Arrhythmia/Palpitations	8
Total anomalus pulmonary venous drainage	1
Cardiac bruit	3
Cardiomyopathy/implantable cardiac defibrillator	1
Coarctation of the aorta	1
Mitral valve prolapse	5
Heart valve replacement	1
Hypertrophic cardiomyopathy	1
History of myocarditis	1
History of pericardial effusion	1
History of pericarditis	1
Postural Orthostatic Tachycardia Syndrome	1
Rheumatic fever	1
Ventricular septal defect	1
Wolff Parkinson White Syndrome	1
Recurrent Fetal Loss	**5**
Liver/GI disease	**9**
Auto immune hepatitis	1
Crohn's disease	3
Splenomegaly	1
Gilberts disease	1
Primary biliary cirrhosis	1
Ulcerative colitis	2
Respiratory Disease	**6**
Asthma	4
Cystic fibrosis (Heart/Lung/Kidney transplant)	1
Sarcoidosis	1
Endocrine/Metabolic	**2**
Intermittent Porphyria	1
PKU	1
Other	**4**
TRAPS (TNF Receptor Associated Periodic Syndrome)	1
Painful joints	1
Other	1
Preconceptual care	**2**

Addiction/Infectious Diseases

Head of Department

Dr M. O'Connell, Consultant Obstetrician & Gynaecologist

Staff Complement

T. Gray, Acting CMM 2 Infectious Diseases (Jan-Jul 2010, 0.64 WTE)

O. Cunningham, CMM 2 Infectious Diseases (Jul-Dec 2010, 1 WTE)

D. Carmody, CMS, Drug Liaison Midwife (DLM), Addiction Service, HSE Dublin Mid-Leinster

Dr M. Geisler, Specialist Registrar (Jan-Jun 2010)

Dr S. Mullers, Registrar (Jul-Dec 2010)

N. Ceatha, MSW (Jan-Jul 2010)

T. Franciosa, MSW (Sep-Dec 2010)

Genitourinary Medicine Consultants (St James's Hospital)

Professor F. Mulcahy
Dr F. Lyons
S. Murphy (HIV Liaison nurse)

Dept. of Hepatology (St James's Hospital)

Professor Suzanne Norris & team

Rainbow Team (Our Lady's for Sick Children Crumlin Hospital)

Professor K. Butler & team

Introduction - Infectious Diseases (Hepatitis B & C, HIV and Treponema Pallidum)

Antenatal screening provides opportunity to diagnose and provide access to services for women with an underlying infectious disease, which may not have been recognised otherwise. Women are provided with specific pathway into specialist on-going care, ensuring treatment and monitoring thereby often preventing disease progression, mother to child transmission and significant future healthcare costs.

Key Performance Indicators

- 40 women who booked for antenatal care in 2010 were positive for Hepatitis B, of which 11 were newly diagnosed on antenatal screening.
- 61 women booked for antenatal care were positive for Hepatitis C, of which 14 were newly diagnosed on antenatal screening. Of the 61 women: 35 were PCR positive, 25 were PCR negative and 1 was unavailable for follow up testing.
- 33 women who booked for antenatal care were HIV positive, of which 2 were newly diagnosed. 3 women were co-infected with HCV (all 3 were PCR positive) & 1 woman co-infected with syphilis.
- 1 maternal death due to AIDS-related lymphoma post delivery (refer to Maternal Mortality Chapter).
- 18 women confirmed positive for Treponema pallidum who booked for antenatal care in 2010. 8 women required treatment in pregnancy, the remaining 10 having been appropriately treated previously.
- 78 antenatal women required follow up +/- repeat testing due to indeterminate serology attributed to cross-reactivity in pregnancy.
- 1 MTCT diagnosis in 2010 which was in the hepatitis C group.

Addiction

The majority of these women were stable in their drug use and attending a methadone programme. Most were on oral methadone at the booking visit and the remainder were successfully prioritised onto a methadone programme. These women were linked with the Drug Liaison Midwife (DLM), booked in early to the CWIUH, received adequate care with the specialist clinic and the majority of women had a positive neonatal outcome.

Key Performance Indicators

65 women delivered in the CWIUH linked to DLM in 2010 and 38 women are due to deliver their babies early 2011.

From the 65 babies born in the CWIUH linked to the DLM, there was one intrauterine death (IUD) at 38^{+5} weeks gestation. Two babies were born before arrival to hospital (BBA) and one woman delivered unbooked.

- The mean gestation at delivery was 38 completed weeks, range 29 – 41wks.
- 26% of women delivered preterm babies (less than 37 weeks gestation).
- Mean birth weight of infants at delivery was 3019grs (6lbs 12), range 1440-5100grs.

32 (50%) infants were admitted to SCBU and 12 (19%) infants needed pharmacological treatment for neonatal abstinence syndrome (NAS). The total number of days occupied in SCBU for this group of babies was 527 days; the mean stay in SCBU was 16 days (range 1-78 days). The mean length of stay in SCBU for babies who received pharmacological treatment for NAS was 37 days, ranging from 17 -78 days.

Additional

- 28 women with high-risk pregnancies unrelated to infectious diseases/addiction attended this service for specialist care.

Achievements in 2010

- Consultant-led care to these high risk groups.
- Counselling & education service provided for women with a new diagnosis or previously diagnosed infectious disease in pregnancy.
- The Medical Social Worker is present at the antenatal clinic, ensuring promotion of the role within the multidisciplinary team and increasing accessibility of the patient to the Medical Social Work service.
- Multidisciplinary Team meetings held on a weekly basis.
- Ongoing education of staff of the CWIUH and outside agencies.
- Ongoing close co-operation with external agencies including Adult GUIDE services, Adult Hepatology Services, Paediatric ID services, Community Addiction Services, NVRL, HPSC, and HSE Dept. of Public Health.
- A streamlined Indeterminate Syphilis Serology review service.
- Review of the dedicated combined Obstetric and Adult HIV service provided by SJH from February 2009.
- CMM2 Infectious Diseases was awarded a distinction upon completion of Certificate in Counselling & Psychotherapy (GCD).

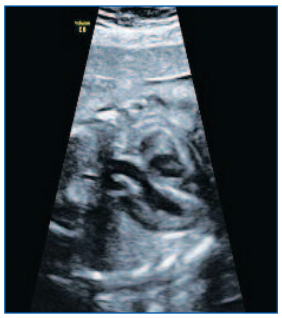
Opportunities for 2011

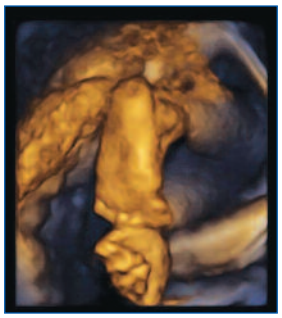
- Ongoing pursuit for the provision of a combined Obstetric & Hepatology (SJH) service to take place in the CWIUH, for the cohesive management of women with a history/diagnosis of Hepatitis in pregnancy.
- To highlight and pursue the identified gap in the provision of a dedicated MSW for patients with an infectious Disease.
- To determine the impact of the dedicated antenatal addiction/infectious diseases clinic on clinical outcomes and patient satisfaction.
- Provision of Methadone dispensing guideline for the three Dublin Maternity Hospitals.
- Application to the National Council of Nursing & Midwifery for validation of Clinical Midwife Specialist post.
- To develop and maintain a database of Social Work statistics highlighting the complex nature of the medical social work role with patients with a current addiction.
- To highlight through the database of Social Work statistics the time consuming and time sensitive nature of the work of the MSW with patients with current addiction issues.
- To develop and implement a specific assessment tool in accordance with other MSWD assessments in order to ensure a complete psychosocial assessment of the patient and the provision of a high quality service.

Publications & Presentations

- Article published: Carmody, D., Geoghegan, N., Sheppard, R., Scully, M., Keenan, E., O'Connell, M. (2010) Drug use in pregnancy: challenges for health care workers: Midirs Digest 20:4.
- Presented an update on common clinical problems in substance misuse in pregnancy at the conference entitled 'Perinatal mental health services: improving quality today, and tomorrow' AMNCH, CWIUH, TCD, HSE.
- Two posters 'Drug use in pregnancy: challenges for health care workers' and 'A Three year review of women referred to a Drug Liaison Midwife in South-West Dublin' were displayed at the conference above.
- Acceptance for publication of research article in Irish Medical Journal 'Hepatitis C. Is there a case for universal screening in pregnancy?' to be published 2011.

Fetal Medicine and Perinatal Ultrasound Department





Members of Staff

Professor Sean Daly	Director of Fetal Medicine/Perinatal Ultrasound
Dr Carmen Regan	Fetal Medicine Specialist
Dr Mairead Kennelly	Fetal Medicine Specialist
Dr Aisling Martin	Fetal Medicine Specialist
Dr Nadine Farah	Consultant Obstetrician/Gynaecologist (Special Interest: Early Pregnancy Assessment)
Dr Orla Franklin	Visiting Paediatric Cardiologist (OLCHC)
Dr Fionnuala Breathnach	Visiting Fetal Medicine Specialist (Coombe/Rotunda Fetal Cardiology Clinic)
Dr Karen Flood	Subspecialist Fellow (Rotunda/Coombe/Columbia)
Elaine McGeady	Clinical Midwife Manager
Anne Brady	Clinical Midwife Specialist in Ultrasound
Patricia McGinty	Senior Radiographer
Fiona Barrett	Midwife Sonographer
Christina McLoughlin	Midwife Sonographer
Feena Sheerin	Midwife Sonographer
Siobhan Ni Scanaill	Clinical Midwife Specialist in Ultrasound
Jane Durkan	Clinical Midwife Specialist in Ultrasound
Clare Mc Sharry	Midwife Sonographer
Rachel Acton	Senior Radiographer

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Clinical Activity and Service Expansion

In 2010 there was a significant expansion of fetal medicine services in the CWIUH with a total of 25164 ultrasound examinations performed (19270 in 2009, 27.4% increase) in addition to 201 invasive prenatal diagnostic procedures and 369 fetal echocardiography examinations (275 in 2009; 25.5% increase). In 2010 a routine dating ultrasound scan and a 20-22 week structural scan was offered to all mothers booking in the CWIUH. This expansion in the ultrasound service has been made possible by the appointment of additional sonographers and the creation of four additional evening scan lists. Introduction of the Viewpoint software package provides a standardised, structured, reporting system and this greatly facilitates ongoing audit and research.

With a complement of four fetal medicine specialists in the Department nationwide access to the following services is now readily available:

- First Trimester Screening
- Chorionic Villous Sampling
- Amniocentesis
- Detailed Anomaly Screening
- Assessment and Management of
  - Fetal Anomalies
  - IUGR
  - Multiple pregnancy
- Fetal Echocardiography
- Fetal MRI (in association with OLCHC)

Structural Anomalies

There were 309 structural anomalies identified in 2010 (127 in 2009); this 58.9% increase reflects both the routine provision of 20-22 week anomaly scans to mothers attending the hospital and referrals from other units. Anomalies are categorised according to the RCOG classification; cardiovascular anomalies are also reported in the echocardiography section of this report.

Table 1 Structural Fetal Abnormalities Detected in 2010 (n = 309)

Head	22
Brain	41
Face	14
Spine	16
Neck/Skin	17
Thorax	10
Heart	68
Abdominal Wall	16
GIT	22
Kidneys	57
Genitalia	0
Extremites	19
Skeleton	7

First Trimester Screening

In 2010 there were 231 first trimester screening (FTS) examinations which included a nuchal fold measurement and PAPP-A and fHCG assays (109 in 2009; 52.8% increase). There are now six members of the department accredited by the Fetal Medicine Foundation for FTS screening.

Invasive Procedures

There were 201 diagnostic invasive procedures performed in 2010: 160 amniocenteses and 41 chorionic villus samples (109 in 2009; 51.1% increase). Of note there were no procedure related losses. 20% of invasive testing resulted in an abnormal karyotype (Tables 2 and 3). In addition to prenatal diagnostic procedures, 12 other invasive procedures were performed: vesicocentesis (3), amnioreduction (9).

Table 2 Results from 41 CVS Samples (N = 41)

Normal	27
Trisomy 21	5
Trisomy 18	3
Turner's Syndrome 45 XO	2
Trisomy 13	1
Triploidy	1
Kleinfelter's Syndrome 47XXY	1
Culture Failure	1

Table 3 Results from 160 Amniocentesis Samples (N = 160)

Normal	129
Trisomy 21	13
Trisomy 18	6
Trisomy 13	2
Trisomy 9	1
Turner's Syndrome 45 XO	2
Deletions	2
Triploidy	1
Culture Failure	4

Multiple Birth Clinic

In 2010 there were 96 sets of twins and 4 sets of triplets managed in the Multiple Birth Clinic (out of a total of 147 sets of twins and 6 sets of triplets attending the hospital; 53 multiple pregnancies were managed in private clinics). The overall caesarean section rate among these twin pregnancies was 57.3%; the spontaneous vaginal delivery rate was 35.4% with a instrumental vaginal delivery rate of 7.3%. This year there were no caesarean sections for the second twin after vaginal delivery of the first twin. There were four sets of triplets; all were delivered by elective caesarean section.The first set were delivered at 32 weeks and the rest at 34 weeks.

Table 4 Gestational Age at Delivery

Weeks	n	(%)
< 28	4	(2.1)
28-32	18	(9.4)
33-36	82	(42.7)
37-40	88	(45.8)

Table 5 Birth Weight at Delivery

g	n	(%)
<1000	5	(2.6)
1000-1499	13	(6.8)
1500-1999	36	(18.7)
2000-2499	62	(32.3)
2500-2999	68	(35.4)
≥3000	8	(4.2)

Table 6 Outcomes

	n	(%)
Transferred to Post Natal Ward	119	(62)
Transferred to NICU/SCBU	71	(37)
Neonatal Death > 500g	1	(0.5)
Intrauterine Death < 500g	2	(1)
'Neonatal Death' < 500g < 24 weeks	1	(0.5)

11.5% of infants were born < 32 weeks and 9.4% were <1500g; 37% were admitted to the Paediatric Unit

There was one early neonatal deaths ≥ 500g
(1) MCDA, in-utero transfer, 23^{+3} weeks, **540g***, extreme prematurity, not resuscitated.

There were two intrauterine fetal deaths (IFD) < 500g
(1) MCDA, TTTS, IFD at 22 weeks, **281g**
(2) Triplets, IFD at 22 weeks of one MCDA twins, **345g**
In both cases the surviving monochorionic twin was delivered at 34 weeks with a normal outcome.

There was one 'late neonatal death'
(1) MCDA, in-utero transfer, 23^{+3} weeks, **480g***, RIP on day 13, NEC

There was one infant death
(1) Type 1 DM, Triplets, 34 weeks, **1520g**, TOF/complex congenital heart disease

*co-twins

There were no Perinatal Deaths in multiple pregnancies managed outside the Multiple Birth Clinic; management of all MCDA twins and triplets was planned in the context of the weekly Perinatal MDT Meeting as per hospital guidelines.

Fetal Cardiology Service

A four chamber view and assessment of the outflow tracts forms part of the routine ultrasound examination of all mothers at 20-22 weeks; in 2010 only 2 cases of significant congenital heart disease were not diagnosed in the ante-natal period; great credit goes to all the staff of the department for this achievement.

In 2010, 369 fetal echocardiograms were performed in the CWIUH (275 in 2009; 25.5% increase).

The weekly-run Coombe/Rotunda Combined Fetal Cardiac Clinic has grown significantly since its formal establishment in 2009 with referrals from units nationwide; access has been greatly facilitated by a new email address fetalecho@coombe.ie. The service is led by Professor Sean Daly (CWIUH), Dr Orla Franklin (OLCHC) and Dr Fionnuala Breathnach (Rotunda). The combined clinic facilitates the multidisciplinary assessment and planned delivery of fetuses with diagnosed congenital heart disease in association with Neonatology services.

In addition to the Combined Fetal Cardiac Cinic, a screening echocardiography service is provided by Professor Sean Daly for high-risk indications such as a Diabetes Mellitus, family history and drug exposure.

A total of 68 major cardiac defects were detected in 2010 (29 in 2009; 42.6% increase); 24 (35.3%) were duct dependent and required surgery within the first week of life. There were 9 major right heart structural defects and 10 major left sided lesions. There were 3 SVTs requiring antenatal treatment and one case of congenital heart block.

There is now a cogent case to be made to concentrate the management and delivery of infants with complex structural congenital heart disease in one tertiary referral unit with appropriate critical mass and on-site access to fetal, cardiology and neonatology sub-specialist services.

A ‘hands on’ Fetal Echo Cardiography Couse course was run again this year in Carton House. This course was aimed at providing delegates with focused lectures in the morning and the opportunity to obtain practical supervised experience in the afternoon. We would like to thank Olympus and MDI for their support.

Fetal MRI service

A comprehensive, effective Fetal MRI service has been provided by the dedicated radiology team in OLCHC (Dr David Rea, Dr Eibhlin Phelan, Dr Clare Brenner). A total of 12 fetal MRIs were performed in 2010 for complex CNS, thoracic and soft tissue anomalies.

Haemolytic Disease Service

Dr Carmen Regan is the consultant in charge of this service. The management of patients with red cell antibodies that may cause haemolysis in pregnancy involves paternal genotyping and fetal DNA typing when indicated. At risk pregnancies are followed with antibody levels and where appropriate, middle cerebral artery Dopplers for assessment of moderate or severe fetal anaemia. Intrauterine transfusions are conducted at the Rotunda Hospital or the National Maternity Hospital in consultation with other maternal fetal medicine specialists.

Table 7 Antibody Specificities

Number	Antibody Specificity	Solo Specificity	Multiple Antibodies	Total Number
1	Anti-C^w	9	2	11
2	Anti-D	13	11	24
3	Anti-E	17	8	25
4	Anti-C	0	12	12
5	Anti-e	0	2	2
6	Anti-c	1	4	5
7	Anti-K	3	1	4
8	Anti-G	1	1	2
9	Anti-Fy^a	5	0	5
10	Anti-Jk^a	1	0	1
11	Anti-Jk^b	1	0	1
12	Anit-Le^a	4	0	4
13	Anti-Le^b	4	0	4
14	Anti-Le^a+Anti-Le^b	1	0	1
15	Anti-Lu^a	1	0	1
16	Anti-M	10	0	10
17	Anti-N	1	0	1
18	Anti-S	1	0	1
19	Anti-U	1	0	1
	Total	74	41	115

Table 8 Outcome of patients with Red Cell Antibodies

	n
Patients attending with antibodies	43
Patients delivering with antibodies	34
Patients delivering with antibodies (next year)	9
Patients affected	11
Intrauterine transfusions for HDFN	0
Patients affected - neonates not transfused	11
Patients affected - neonates transfused	0

Research and Training

The CWIUH is a major participant in Perinatal Ireland multi-institutional research consortium. The Perinatal Ireland PORTO trial was commenced in 2009 and is still ongoing. The object of this trial is to establish the optimal surveillance programme for fetal growth restriction secondary to uteroplacental insufficiency in order to optimise the timing of delivery and minimise paediatric morbidity and mortality. This trial is headed up by Dr Mairead Kennelly (PI) and the CWIUH has had a very successful recruitment rate for this project.

In 2010 Dr Jennifer Hogan and Dr Vicky O' Dwyer conducted MD research programmes within the Perinatal Ultrasound Department under the supervision of Professor Michael Turner and Professor Bernard Stuart. Dr Hogan's research is focused on maternal cardiovascular haemodynamics using peripheral arterial pulse pressure wave analysis; Dr O'Dwyer's research involves the investigation of maternal body composition using bioelectrical

impedance technology. Both research projects form part of a pioneering research strategy within the UCD Centre for Human Reproduction which is co-located within the Perinatal Ultrasound Department.

In 2010, Ms Patricia McGinty, Senior Radiography, conducted a successful research project on placental biometry and birth weight as part of her Masters of Health Sciences; this work has been submitted for peer review publication.

During 2010 Dr Karen Flood was appointed as the Materno-Fetal Medicine Fellow in the Combined Rotunda/Coombe/Columbia Training Programme; Dr Flood is the second subspecialist appointed to this programme; Dr Fionnuala Breathnach completed the programme in 2009 and was appointed as a Consultant/ Senior Lecturer in the Rotunda/RCSI.

Multidisciplinary Team (MDT) Meetings

MDT Perinatal Meetings are held every Wednesday morning, co-chaired by the Director of Fetal Medicine and the on-service Consultant Neonatologist; this meeting facilitates the effective planning of high-risk interventions and is also an important opportunity for feedback in relation to clinical outcomes. The appointment of a midwife with a specialist bereavement portfolio (Ms Brid Shine) is particularly welcomed in the context of the multidisciplinary management of perinatal loss. Fetal Medicine specialists also attend the weekly Friday afternoon hand-over MDT in relation to planning week-end services. An in-house multidisciplinary Fetal Medicine/Perinatal Ultrasound Meeting is held on a monthly basis.

A Tri-Hospital Fetal Medicine Meeting is held on a monthly rotational basis between the three Dublin Maternity Hospitals; this is of particular value in relation to the management of complex/rare cases and the development of consensus clinical guidelines; the meetings are attended by neonatologists, neonatal nurses, midwives, clinical support staff in addition to paediatric medical, surgical and genetic sub-specialists; these MDT meetings have also proven to be a a highly effective educational forum for all staff.

Acknowledgements

I would like to thank the multidisciplinary team of fetal medicine specialists, obstetricians sonographers and support staff for their professionalism, hard work, support and dedication to patient care during 2010. I would particularly like to acknowledge the contribution of Ms Elaine Mc Geady CMM II in charge of the Department to the efficient running of the service. I would also like to acknowledge the clinical support and collegiality of the Paediatric Department of this Hospital and the subspecialist support provided by the medical and surgical teams in Our Lady's Children's Hospital, Crumlin and The Children's University Hospital, Temple Street.

Objectives for 2011

- Expansion of all services to meet increasing demand
- Further expansion of the Fetal Cardiology Service
- Appointment of fifth Fetal Medicine Specialist
- Appointment of the first Bernard Stuart Fellow in Perinatal Ultrasound (MD Programme; Supervisor Dr Mairead Kennelly, Senior Lecturer UCD)
- Development of a specialist role for the co-ordination of Fetal Medicine Services including liaison with Neonatal and Paediatric Services
- Development of dedicated referral and transfer pathways with Portlaoise and Mullingar Hospitals (and other units)

Professor Sean Daly

Liaison Perinatal Mental Health Clinic

Head of Department

Dr Joanne Fenton

Staff Complement

Dr Joanne Fenton, Consultant Psychiatrist	0.3WTE
Ms Brid Shine, Liaison Midwife in Mental Health	0.5WTE
1 Psychiatric Registrar (rotating)	

Key Performance Indicators

- Patients referred to Perinatal Clinic 856
- Patients seen for in-patient consultation 94
- Diagnosed with antenatal depression 32%
- Diagnosed with postpartum depression 35%
- Diagnosed with anxiety disorder 15%
- Severe & enduring mental illness 5%

Achievements in 2010

- Recruitment of part-time Liaison Midwife in Mental Health.
- Joint Perinatal Conference with the Coombe Women & Infants University Hospital & Adelaide & Meath National Children's Hospital.

Challenges for 2011

- Recruit full-time midwife and psychiatric nurse.
- Advance research in perinatal mental health.
- With increased clinical activity continuing to provide high quality care.
- Promote Mental Health Wellness among the women attending the Coombe Women & Infants University Hospital.

Report of the Department of Paediatrics and Newborn Medicine 2010

Table 1

Admissions: Coombe Women & Infants University Hospital Neonatal Centre	
Total No of Admissions to Neonatal Centre	1095*
No of Infants > 1.5kg	908
*including 1 infant born <500g	

Table 2

Birth Weight and Mortality for Babies 401-1500g (N = 122 VON)		
Birth Weight (g)	**N = 111**	**Death N = 6***
401-500	1	1
501-600	3	1
601-700	8	2
701-800	16	1
801-900	6	0
901-1000	11	0
1001-1100	11	0
1101-1200	14	1
1201-1300	18	0
1301-1400	19	0
1401-1500	15	0

*Includes 1 neonatal death with a congenital anomaly

Table 3

Survival to 28 Days of Infants 401-1500g (N = 116)			
Birth Weight	**N**	**Survivors**	**%Survival**
401-500g	1	0	0
501-600g	3	2	67
601-700g	8	6	75
701-800g	16	15	94
801-900g	6	6	100
>900g	88	87	99

Table 4

Survival to 28 days of Infants <1500g Excluding Lethal Malformation (N=121)	
No of liveborn without malformation	121 (1 with major congenital abnormalities)
No of survivors	116

Table 5

Neonatal Deaths (N = 25)	
No of Infants < 1500g	13
Born below limit of viability – not resuscitated	7*
Early Neonatal Death – without congenital malformation	2
Early Onset Sepsis	1
Necrotising Enterocolitis	1
Early Neonatal Death – with congenital malformation	1
Potters Sequence	1
Late Neonatal Death – without congenital malformation	3
Necrotising Enterocolitis	3
Late Neonatal Death – with congenital malformation	0
No of Infants > 1500g	12
Early Neonatal Death – without congenital malformation	4
Hypoxic Ischaemic Encephalopathy Grade III	1
Hydrops Fetalis sec. to Fetal SVT	1
Aortic Thrombosis (antenatal)	
Generalised Thrombosis (antenatal)	1
Early Neonatal Death – with congenital malformation	6
Potters Sequence	3
Trisomy 18	1
Hypoplastic Left Heart Syndrome	1
Congenital Hydrocephalus	1
Late Neonatal Death – without congenital malformation	0
Late Neonatal Death – with congenital malformation	2
Congenital Central Hypoventilation Syndrome	1
VACTERL Syndrome	1

* not admitted to the Neonatal Unit

Table 6

Morbidity of Infants Weighing 401-1500g (N=122)	N	(%)	VOD Network	(%)
Inborn	117	91	50506	86
Male	70	54	30076	51
Caesarean Section	86	66	41887	71
Antenatal Steroids	119	93	44361	75
RDS	97	80	41349	73
Pneumothorax	6	5	2546	5
Surfactant (any time)	76	59	19250	33
Nasal CPAP	109	90	38004	67
Conventional Ventilation	61	50	35886	64
High Frequency Ventilation	7	6	12455	22
Chronic Lung Disease	15	20	11696	31
Steroids for CLD	5	4	4545	8
Home Oxygen	4	6	5488	13
PDA	50	41	21444	38
Ibuprofen	16	13	7143	13
PDA Ligation	3	2	4579	8
Coagulase neg Staphylococcal Sepsis	7	6	5384	10
NEC	7	6	3662	6
GI Perforation	8	7	1511	3
Any Grade IVH	22	18	13266	26
Severe IVH (Grade 3-4)	5	4	4521	9
Cystic PVL	3	2	1623	3
Retinopathy of Prematurity	21	18	13794	33
Severe ROP (Stage 3 or more)	3	3	2869	18
Early Bacterial Infection	1	1	1377	2
Late Bacterial Infection	19	16	5184	10
Fungal Infection	1	1	834	2
Observed Mortality	**6**	**5**		**13**
Standardised mortality rate 2010 (95% confidence interval)				1.03 (0.59-1.46)
Standardised mortality rate 2010 (95% confidence interval) excluding Early Neonatal Death				0.98 (0.47-1.5)

Table 7

Hypoxic Ischemic Encephalopathy in Term Infants (In-Born) (N = 33)	
Stage 1 Encephalopathy	25*
Stage 2 Encephalopathy	6
Stage 3 Encephalopathy	1
*Includes 5 with abnormal CFAM but no clinical seizures	
Number of infants having total body cooling = 6	

Table 8

Main Indications for Admission to the Neonatal Centre	
Prematurity	390
Respiratory Symptomatology	314
Low Birth Weight	401
Hypoglycaemia	206
Jaundice	105
Suspected Sepsis	103
Perinatal Asphyxia	34
Gastro-Intestinal Symptoms	37
Congenital Abnormalities	36
Neonatal Abstinence Syndrome	24
Cardiology	45
Infant of Diabetic Mother	7
Social	6
Dehydration	5
Seizures	10

Some infants are assigned more than one reason for admission.

Table 9

Causes of Respiratory Morbidity in Term Infants (> 37 weeks)	
Transient Tachypnoea of the Newborn	94
Respiratory Distress Syndrome	14
Air Leak Syndrome	18
Meconium Aspiration Syndrome	16
Pneumonia	6
Persistent Pulmonary Hypertension of the Newborn	29
Congenital Diaphragmatic Hernia	4
Apnoea	4
Choanal Atresia	0
Laryngomalacia	1
CCAM	1
Bronchiolitis	1
Upper Respiratory Infection	0
Tracheo-Oesophageal Fistula	4

Comment:
The commonest respiratory morbidity predicating admission continues to be Transient Tachypnoea of the Newborn.

Table 10

Congenital Heart Disease (N = 170)	
Patent Ductus Arteriosus	90
Ventricular Septal Defect	25
Atrial Septal Defect	11
Peripheral Pulmonary Branch Stenosis	2
Arrhythmia	3
Persistent Fetal Circulation	29
Atrioventricular Septal Defect	3
Transposition of the Great Arteries	2
Coarctation of Aorta	2
Hypoplastic Left Heart Syndrome	2
Pulmonary Atresia	0
Aortic Stenosis	0
Dextrocardia	0
Right Ventricular Hypertrophy	0
Biventricular Hypertrophy	0
Fallot's Tetralogy	1
Truncus Arteriosus	0
Double Outlet Right Ventricle	0
Hypoplastic Right Ventricle	0
Tricuspid Atresia	0

Table 11

Gastro-Intestinal Anomalies (N = 35)	
Inguinal Hernia	6
Congenital Diaphragmatic Hernia	4
Imperforate Anus	1
Cleft Lip and Palate	3
Cleft Palate	4
Umbilical Hernia	2
Exomphalos	2
Duodenal Atresia	2
Colonic Atresia	2
Oesophageal Atresia	1
Gastroschisis	3
Tracheo-Oesophageal Fistula	4
Volvulus/Malrotation	0
Meconium Ileus	1
Cleft Lip only	0

Table 12

Genito-Urinary Anomalies (N = 39)	
Undescended Testes	12
Hypospadias	5
Hydronephrosis	4
Hydrocoele	3
Ambiguous Genitalia	1
Polycystic Kidney	1
Multicystic Dysplastic Kidney	2
Posterior Urethral Valve	0
Duplex Ureter	1
Absent Kidney	2
Torsion of Testes (in utero)	0
Pyelectasis	7

Table 13

Central Nervous System Abnormalities (N = 24)	
Erb's Palsy	10
Microcephaly	3
Dandy Walker Malformation	1
AVM	1
Myelomeningocoele	2
Anencephaly	0
Hydrocephalus	3
Facial Palsy	3
Subdural Haemorrhage	0
Subarachnoid Haemorrhage	0
Central Hypoventilation Syndrome	1

Table 14

Orthopaedic (N = 106)	
Developmental Dysplasia of Hip	82
Talipes	12
Fracture of Clavicle	3
Fracture of Humerus	0
Accessory Digit	3
Syndactyly	3
Radial Hypoplasia	0
Fused Ribs	0
Amniotic Band	0
Calcaneovalgus	3
Fracture of Skull	0

Table 15

Ophthalmological Abnormalities (N = 28)	
Retinopathy of Prematurity	25 (Laser therapy in 3)
Microphthalmia	0
Retinal Haemorrhage	1
Chorioretinitis	2

Table 16

Cutaneous (N = 13)	
Capillary Haemangioma	13
Vascular Naevi	0
Cystic Hygroma	0
Port Wine Stain	0
Aplasia Cutis Congenita	1

Table 17

Metabolic/Endocrine/Haematological (N = 404)	
Hypoglycaemia	206
Anaemia of Prematurity	72
Thrombocytopenia	41
Hyperglycaemia	17
Polycythaemia	17
Transient Metabolic Acidosis	20
Anaemia (not including Anaemia of Prematurity)	16
Feto-Maternal Transfusion	2
Haemolytic Disease of Newborn	0
Hypothyroidism	6
Rickets of Prematurity	1
Disseminated Intravascular Coagulopathy	7
Hyperinsulinism	0
Galactosaemia	0

Table 18

Dysmorphic Syndromes (N = 26)	
Trisomy 21 (Down)	14
Dysmorphic Features (no final diagnosis)	9
Trisomy 13 (Patau)	0
Trisomy 18 (Edwards)	1
Foetal Alcohol Syndrome	0
Turner Syndrome	0
Klinefelter Syndrome	0
Beckwith Wiedeman Syndrome	0
Apert Syndrome	1
VACTERL Syndrome	1

Table 19

Causes of Jaundice in Term Infants >37 weeks (N = 105)	
Non-Haemolytic	80
Haemolytic	
ABO	18
RH	6
Other	1

2010 was one of the busiest ever for the Neonatal and Paediatric Department. I would like to thank all the nursing, medical, physiotherapy, chaplaincy, dietetic, medical social work, laboratory, pharmacy, information technology, radiology, infection control and bioengineering personnel, as well as the human resources staff and our obstetric/midwifery colleagues for their continued support and dedication in providing care for infants born at the Coombe Women & Infants University Hospital. I would also like to thank a number of our colleagues from Our Lady's Children's Hospital Crumlin and the Children's University Hospital Temple Street, who continue to consult both pre and postnatally and visit the Unit – often in the late hours – Consultant Cardiologists (Dr Orla Franklin, Dr Paul Oslizlok, Dr Kevin Walsh, Dr David Coleman and Dr Colin McMahon), Consultant Neurologists (Professor Joe McMenamin and Dr David Webb), Consultant Paediatric Surgeons (Professor Martin Corbally, Mr Feargal Quinn, Mr John Gillick, Mr Alan Mortell, Mr Sri Paran and Mr Brian Sweeney), Consultant Neurosurgeons (Mr David Alcutt, Mr T Sattar, Mr Darach Crimmins and Mr John Caird), Consultant Dentist (Dr Paddy Fleming), Consultant Respirologists (Dr Gerry Canny, Dr Paul McNally and Dr Barry Linnane), Consultant Geneticists (Prof Andrew Green, Dr Marie Greally, Dr Sally Ann Lynch and Dr William Reardon), Consultant Nephrologists (Dr Mary Waldron, Dr Atif Awan and Dr Michael Riordan), Consultant Dermatologists (Dr Rosemarie Watson and Professor Alan Irvine), Consultant Plastic Surgeons (Mr David Orr and Ms Patricia Eadie) and Metabolic Physicians (Dr A Monavari, Dr E Crushell and Professor E Treacy), who provide advice and support on our patients with suspected metabolic disorders, Professor Karina Butler and Dr Patrick Gavin (Consultants in Paediatric Infectious Diseases), Ms Paula Kelly and Mr Jacques Noel (Orthopaedic Surgeons) and Mr Donal Brosnahan and Ms Kathryn McCreery (Consultant Ophthalmologists), provide a comprehensive inpatient and outpatient service. Ms Laura Duggan, the Cleft Palate Co-Ordinator, has visited all families whose babies were born with a cleft lip/palate during the year.

The Neonatal Resuscitation Programme has been led by Ms Margaret Moynihan and Dr Martin White, with large numbers of candidates completing the NRP programme. The hospital was also closely involved in the STABLE Neonatal Transport training programme.

Comparison with Previous Reports

The Paediatric Report 2010 continues to show very good outcomes in infants born less than 1.5kg (VLBW). Survival of Extremely Low Birth Weight Infants (below 1000g) was 89%. 93% of mothers of VLBW infants completed antenatal steroids before delivery. Our VLBW cohort is showing favourable results with regard to intraventricular/periventricular (PIVH) haemorrhages, most importantly severe grades of PIVH (4% vs. 9% in Vermont Oxford Network – VON). There is a very positive continuous trend of using non-invasive forms of ventilation with decreased need for conventional ventilation and high frequency oscillation. Surfactant use was similar to year 2009. There was no difference in percentage of infants with late onset coagulase negative staphylococcal (CONS) infection compared to 2009 (7%). However there was a slight increase in late onset bacterial infection related to other organisms such as MSSA (methicillin sensitive staphylococcus aureus). 41% of very low birth weight infants had PDA. With new conservative strategy and use of point of care ultrasound (together with specialist cardiology support), the number of infants treated with Ibuprofen decreased to 13% (20% in 2009) with a very low PDA ligation rate (2%). The Neonatal Intensive Care Unit at the Coombe Women & Infants University Hospital continues to have a lower incidence of chronic lung disease in surviving infants at 36 weeks (20%) compared to a VON average of 31%, in addition severe ROP (stage 3 or more) was a rare complication in the last year (3% vs. 18% in VON). Last, but not least, there was an important decrease in incidence of Necrotising Enterocolitis (NEC) compared to year 2009 (6% vs. 10%) and we started to use probiotics on a regular basis. Despite this fact, NEC was still the leading cause of death in VLBW infants in our Unit.

In relation to hypoxic ischaemic encephalopathy (HIE), there were 25 infants who were classified as HIE grade 1, 6 classified as HIE grade II and 1 classified as HIE grade III. The Neonatal Intensive Care Unit is the centre for Total Body Cooling therapy for infants with defined criteria (TOBY trial criteria), where this therapy would be commenced within 6 hours of birth. In keeping with other neonatal units within maternity hospitals in Dublin, we are receiving infants from other hospitals for assessment with regard to body cooling therapy. 6 infants were treated by Total Body Cooling in the year 2010.

In relation to main indications for admission, prematurity, respiratory disorders and low birth weight continue to be the commonest reason for admission. 24 infants were admitted with neonatal abstinence syndrome.
The Neonatal Centre continues to receive significant numbers of infants diagnosed with congenital abnormalities prenatally including congenital cardiac disease. The Coombe Women & Infants University Hospital has a close relationship with cardiology, cardiothoracic surgery and paediatric intensive care at Our Lady's Children's Hospital Crumlin in the care and transfer of these infants. Infants born with significant paediatric surgical problems receive care through the paediatric surgical teams based at the Children's University Hospital Temple Street and Our Lady's Children's Hospital Crumlin. There is close cooperation between our team and fetal medicine specialists in the Coombe Women and Infants University Hospital.

The refurbishment and expansion of our Neonatal Intensive Care Unit continued in 2010 and an increased NICU/HDU capacity in 2010 is reflected by increased numbers of VLBW infants admitted to our Unit. We are grateful to the Master (Dr Chris Fitzpatrick), Mr John Ryan, Secretary & General Manager, the hospital administration and the Board of Guardians & Directors for their support in this.

I would like to thank my Paediatric Registrar colleague, Dr Jana Semberova, Baby Clinic staff, Ms Maureen Higgins and Ms Ciara Carroll, for their invaluable help and assistance in preparing this Annual Report. In relation to development of guidelines, Ms Anne O'Sullivan ANNP and Mr Peter Duddy, Neonatal Pharmacist, with the help of the Paediatric Drugs & Therapeutics Committee, reviewed our in-house drug policies and protocols. Finally, I would like to thank all staff members at the Neonatal Centre for their hard work during 2010.

Research in Paediatric and Newborn Medicine Department in 2010

Apart from audits/research projects accomplished by many of our NCHDs and nursing staff, two multicentre randomised trials were ongoing in our Unit. The NIPPV trial (large trial comparing two methods of non-invasive ventilation – coordinated by McMaster University, Ontario, Canada), where our Unit became the leading European Neonatal Unit in terms of enrolment. The second trial, (NOFLO), is a smaller randomised study coordinated by our Unit looking at the use of nasal prongs in VLBW infants.

Selected Peer Reviewed Publications

Miletin J, Pichova K, Doyle S, Dempsey EM: Relationship between Cortisol Concentrations, Blood Pressure, Superior Vena Cava Flow and Illness Severity Scores in VLBW Infant. J Perinatol. 2010 Aug;30(8):522-6. Epub 2010 Mar 25.

Dempsey E, Miletin J. Banked preterm versus banked term human milk to promote growth and development in very low birth weight infants. Cochrane Database Syst Rev. 2010 Jun 16;(6):CD007644.

Selected Peer Reviewed Abstracts/Letters

Sirc J, Dempsey EM, Miletin J: Doppler-Derived Diastolic Ventricular Function in Infants with Birth Weight less than 1250 g during first 48 Hours of Life. The 3rd Congress of the European Academy of Paediatric Societies 2010, Copenhagen, Denmark. Pediatric Research. ():329, November 2010. (poster presentation)

Sirc J, Dempsey EM, Miletin J: Comparison of Cerebral Tissue Oxygenation and Cardiac Output in Infants with Birth Weight less than 1250 Grams. The 3rd Congress of the European Academy of Paediatric Societies 2010, Copenhagen, Denmark. Pediatric Research. ():178, November 2010. (poster presentation)

O'Donnell S, Franta J, Miletin J: The Use of Inhaled Nitric Oxide in Premature Infants with Premature Prolonged Rupture of Membranes: a Case Series. Irish & American Paediatric Society 42nd Annual Meeting 2010, Dublin, Ireland. (poster presentation)

Letshwiti J, Sirc J, Miletin J: Serial N-Terminal Pro-Brain Natriuretic Peptide Measurement as a Predictor of Clinically Significant Ductus Arteriosus in Preterm Infants beyond the first Week of Life – Pilot Study. Irish & American Paediatric Society 42nd Annual Meeting 2010, Dublin, Ireland. (oral presentation)

Sirc J, Dempsey EM, Miletin J: Comparison of Cerebral Tissue Oxygenation Index and Cardiac Output in Infants with Birth Weight less than 1000 Grams. Joint Irish Paediatric Association and Ulster Paediatric Society Meeting 2010, Ballyconnell, Cavan, Ireland. (oral presentation)

Sirc J, Dempsey EM, Miletin J: Doppler-Derived Diastolic Ventricular Function in Extremely Low Birth Weight Infants (<1000g) during first 48 Hours of Life. Joint Irish Paediatric Association and Ulster Paediatric Society Meeting 2010, Ballyconnell, Cavan, Ireland. (oral presentation)

O'Donnell S, Franta J, Miletin J: The Use of Inhaled Nitric Oxide in Premature Infants with Premature Prolonged Rupture of Membranes: a Case Series. Irish Perinatal Society Meeting 2010, Druids Glen, Co. Wicklow, Ireland. (oral presentation)

Dr Martin J White
Dr Jan Miletin

General Gynaecology Report*

As anticipated 2010 was once again a very busy year within the Gynaecology Department. There were more patients treated and operations performed in 2010 than in 2009. The percentage breakdown between Obstetric (36.7%) and Gynaecology procedures (63.3%) was similar to than in 2009. The increased number of caesarean sections both elective and emergency continue to effect the organisation of elective gynaecological surgical lists. This is a trend that is likely to continue until a separate Obstetric Theatre is provided to deal with the ever increasing demand.

The Department of Gynaecology continues to be supported by the many members of the division. In particular I would like to acknowledge the support of Frances Richardson Assistant Director of Midwifery and Nursing, Alison Rothwell CNM III (Theatre), Eva Fitzsimons CNM II (St Gerard's Gynaecology Ward), Catherine Lynch CNM II (Day Ward), Mary Nolan CNM II (Outpatients) and Patrick Donohue (Accreditation Project/General Services Manager). We are fortunate in maintaining a very close working relationship with the associated departments of Pathology and Perioperative Medicine. I would like in particular to acknowledge the continued support, leadership and collegiality of Professor John O Leary (Director of Pathology) and Dr Michael Carey (Director of Peri-operative Medicine).

The Coombe Women & Infants University Hospital (CWIUH) is the busiest surgical gynaecological service in this country. This gynaecological service provided by CWIUH Consultants across the access of St James's Hospital and AMNCH/Tallaght Hospital continues to be the largest regional/super regional surgical gynaecology service in Ireland.

At a time of ever diminishing financial resources, and with continuing pressure imposed by increased patient expectation, coupled with increasing case complexity involving both surgical and social dimensions, it is gratifying to acknowledge the professionalism of all members of staff. Their dedication is very much appreciated.

Dr Tom D'Arcy
Director of Gynaecology

Table 1: Inpatient Surgery

	2004	2005	2006	2007	2008	2009	2010
Patients	5558	5559	5645	5299	5359	6150	6239
Operations	6669	6689	6923	7308	8359	8354	8733

Table 2: Operation Categories

	2004	2005	2006	2007	2008	2009	2010
Obstetrical	2639	2749	2716	2820	2918	3041	3210
Cervical	325	387	395	410	687	1261	1062
Uterine	1840	1816	1922	2304	3015	2416	2683
Tubal & Ovarian	1117	1104	1140	1083	999	950	1011
Vulval & Vaginal	198	241	245	322	500	445	489
Other (including urogynae)	550	392	505	369	240	241	278
Total	**6669**	**6689**	**6923**	**7308**	**8359**	**8354**	**8733**

* New system of regarding operations introduced in 2008.
– = operation(s) not recorded in this category
( ) = operation(s) not counted in this category (as counted in other category)
0 = operation not performed

Table 3: Obstetrical Operations

	2004	2005	2006	2007	2008	2009	2010
Lower Segment Caesarean Section	1691	1756	1675	1778	1928	2070	2180
Caesarean Section & Tubal Ligation	72	81	64	61	61	95	77
Classical Caesarean Section	2	5	2	2	7	6	4
Hysterectomy in Pregnancy	1	1	4	1	3	7	3
ERPC	619	644	678	627	573	533	493
ERPC Postpartum	-	-	-	-	12	26	25
Gestational Trophoblastic Disease	0	1	1	0	10	12	9
Laparotomy for Ectopic	3	2	0	0	8	10	11
Laparoscopy Sx for Ectopic	70	67	79	75	54	62	78
Cervical Cerclage	16	28	35	29	21	23	30
Perineal Repair Postpartum in theatre	54	63	105	108	85	66	104
Manual Removal of Placenta	89	90	95	91	84	79	95
Operative Vaginal Delivery in theatre	18	35	33	57	55	52	83
Other	45	39	10	11	17	0	18
Total	**2680**	**2812**	**2781**	**2840**	**2918**	**3041**	**3210**

Table 4: Cervical Operations (in Theatre)

	2004	2005	2006	2007	2008	2009	2010
LLETZ/NETZ/SWETZ/LEEP (in theatre)	138	139	153	152	95	159	179
LLETZ/NETZ/SWETZ/LEEP (in clinic)	-	-	-	-	314	841	649
Cone Biopsy	10	20	19	10	10	13	10
Punch & Wedge Biopsy of Cervix	15	25	22	19	11	11	11
Cervical Polypectomy	62	71	71	65	68	61	60
Diathermy of Cervix	26	32	21	2	15	6	8
Other	74	100	109	162	174	170	145
Total	**325**	**387**	**395**	**410**	**687**	**1261**	**1062**

* previously only recorded in Colposcopy Clinic Statistics

Table 5: Uterine Operations

	2004	2005	2006	2007	2008	2009	2010
Hysteroscopy and D&C	1153	1101	1195	1460	1905	1228	1386
TCRE	59	60	40	37	64	53	68
Total Abdominal Hysterectomy (TAH)	166	142	142	142	117	97	93
Subtotal Abdominal Hysterectomy (SAH)	13	7	9	7	3	1	5
Radical Hysterectomy	1	2	5	5	2	3	2
Vaginal Hysterectomy (VH)	131	149	140	137	150	125	121
Laparoscopic Hysterectomy	8	27	20	30	40	55	63
Myomectomy (Hysteroscopy)	-	-	-	-	18	17	21
Myomectomy (Laparoscopy)	-	-	-	-	25	13	17
Myomectomy (Laparatomy)	-	-	-	-	13	22	24
Myomectomy (All)	51	57	64	46	(38)	(68)	(62)
Other Operative Hysteroscopy	27	33	23	16	49	32	69
Mirena Coils inserted	228	238	284	330	453	337	361
Other	3	0	0	94	176	417	453
Total	**1840**	**1816**	**1922**	**2304**	**3015**	**2416**	**2683**

Table 6: Tubal and Ovarian Operations

	2004	2005	2006	2007	2008	2009	2010
Laparoscopic Sterilisation	139	138	105	39	92	67	80
Tubal Ligation at Laparotomy	0	0	1	5	4	1	0
Diagnostic Laparoscopy	451	463	418	447	385	323	354
Laparoscopy & Dye	145	133	187	130	120	90	125
Tubal Reconstructive Surgery (Laparotomy)	-	-	-	-	6	2	4
Tubal Reconstructive Surgery (Laparoscopy)	-	-	-	-	5	4	1
Tubal Reconstructive Surgery (All)	16	9	16	5	(11)	(6)	(5)
UO/USO (Laparotomy)	-	-	-	-	22	45	13
UO/USO (Laparoscopy)	-	-	-	-	23	24	31
UO/USO (All)	54	18	14	47	(45)	(69)	(44)
BSO (All)	17	5	6	68	120	96	97
Removal of Ovarian Cyst (Laparotomy)	-	-	-	-	15	14	18
Removal of Ovarian Cyst (Laparoscopy)	-	-	-	-	72	87	89
Removal of Ovarian Cyst (All)	58	91	79	93	(87)	(101)	(107)
Laparoscopic Ablation/Diathermy Endometriosis	14	21	22	49	52	82	85
Laparoscopic Adhesiolysis	11	26	18	61	76	94	89
Other Operative Laparoscopy	109	59	79	71	6	15	19
Other	42	141	195	21	1	6	6
Total	**1056**	**1104**	**1140**	**1036**	**999**	**950**	**1011**

Table 7: Vulval and Vaginal Operations

	2004	2005	2006	2007	2008	2009	2010
Simple Vulvectomy	0	6	4	4	0	1	1
Vaginal Repair for Dyspareunia/ Vaginoplasty	0	14	7	3	9	6	3
Anterior & Posterior Repair*	23	16	26	12	-	-	-
Posterior Repair (only)*	2	0	46	57	-	-	-
Posterior Repair (all)	-	-	-	-	111	110	120
Anterior Repair (only)*	0	0	12	69	-	-	
Anterior Repair (all)	-	-	-	-	136	103	130
Vault Prolapse/Enterocele Repair	-	-	-	-	45	45	37
Hymenectomy/Hymenotomy	2	5	6	1	4	2	4
Excision of Vulval/Vaginal Cysts	24	26	44	44	14	11	10
Bartholin's Cyst/Abcess	28	31	37	29	30	22	24
Vulval Biopsy	24	25	24	10	24	27	28
Fenton's Procedure	18	19	15	14	13	20	14
Other	77	99	24	79	114	98	118
Total	**198**	**241**	**245**	**322**	**500**	**445**	**489**

* repair operations are coded individually.

Table 8: Urogynaecology**

	2004	2005	2006	2007	2008	2009	2010
Colposuspension	2	3	5	4	3	0	0
Pubovaginal Sling	0	0	2	2	2	0	0
TVT	59	59	51	62	74	88	77
TOT/TVTO	0	0	0	0	2	8	21
Bulking Injection	0	0	2	2	1	1	3
Cystoscopy	143	122	137	95	99	88	98
Other	0	0	0	0	1	2	10
Total	**204**	**184**	**197**	**165**	**182**	**187**	**209**

** excludes operations for prolapse (included in Tables 6 and 7)

Table 9: Other Operations

	2004	2005	2006	2007	2008	2009	2010
Abdominal Wound Dehiscence	0	0	4	1	1	1	2
Appendicectomy	13	16	11	23	20	21	27
Laparotomy for Other Reason	71	57	68	28	5	4	5
Blood Patch	-	-	-	-	12	19	13
Other	262	135	227	156	20	9	22
Total	**346**	**208**	**310**	**208**	**58**	**54**	**69**

Table 10: Total Gynaecological Outpatient Attendances

	2004	2005	2006	2007	2008	2009	2010
Adolescent	212	296	266	174	269	262	248
Colposcopy	3213	3305	3662	3784	3588	4740	5885
Endocrine/Infertility	557	630	597	410	377	473	511
General	4022	4498	4718	4246	4035	3917	3561
Urogynaecology	1055	846	857	817	1029	919	1006
Anaesthetic	69	52	89	116	129	194	464
Oncology*	298	268	345	341	658	589	100
Cervical Screening**	313	390	429	365	355	63	–
Total	**10029**	**10215**	**10505**	**9401**	**10440**	**11157**	**11775**

* Some oncology patients were reviewed in the Colposcopy Clinic; in 2010 there was an increased transfer of the Oncology service to SJH.

** The Cervical Screening Clinic was discontinued in 2010 in the context of the National Cervical Screening Programme.

Table 11. Gynaecology Complications & Transfer to HDU/ITU

Complication	N
Blood Transfusion	28
Blood Transfusion > 5 units	3
Bladder Injury	4
Bowel Injury	6
Wound Dehiscence	2
Uterine perforation	7
Transfer to HDU	7
Transfer to ITU	1

Coombe Continence Promotion Unit

Staff

Dr Chris Fitzpatrick, Director
Ms Frances McCarthy, Staff Midwife
Dr Hilary Ikele, SpR
Dr Mary Higgins, SpR

Description of Unit

- Urogynaecology Clinic
- Specialist Nursing Services
- Physiotherapy

The Coombe Continence Promotion Unit was established in 1998 to provide a comprehensive multidisciplinary service to women with continence-related problems. The unit has three specialist subdivisions: Urogynaecology (established in 1993), Specialist Nursing Services and Physiotherapy.

Key Performance Indicators

- 275 urodynamic evaluations and 731 consultations.
- Diagnostic rate of 92% in patients undergoing urodynamic evaluation

Table 1 Urodynamic Diagnosis (N = 275)

Diagnosis	%
GSI	38
GSI + DI	26
GSI + HRVD	1
DI	21
DI + HRVD	3
HRVD	3
No diagnosis	8
Total	**100**

GSI = genuine stress incontinence
DI = detrusor instability
HRVD = high residual voiding dysfunction

Table 2 Procedures performed in 2010 (excluding operations for prolapse) (N = 209)

Procedures	N
TVT/TVTO	98
Bulking injection	3
Cystoscopy	98
Other	10
Total	**209**

Achievements in 2010

- 98% of major procedures performed under regional anaesthesia.
- Continuation of clinical service with reduced dedicated sessional commitments.

Challenges

- Appointment of an additional subspecialist trained Urogynaecologist.
- Appointment of an additional physiotherapist with special interest in continence promotion.

Dr Chris Fitzpatrick

Gynaecological Oncology Division 2010
Dept of Gynaecology
Coombe Women & Infants University Hospital & St. James's Hospital

Consultant Gynaecological Oncologists

Dr Noreen Gleeson
Dr Tom D'Arcy
Dr Katharine Astbury

Staff Complement

Dr Tom O'Gorman	Subspecialist Gynaecological Oncology Registrar
Dr Dearbhaile O'Donnell	Consultant Medical Oncologist
Dr Charles Gilham	Consultant Radiation Oncologist
Ms Debra McKnight	Gynaecological Oncology Nurse Co-ordinator SJH
Ms Aidín Roberts	Gynaecological Oncology Nurse Co-ordinator SJH&CWIUH
Ms Cristin Leavy	Data Manager SJH
Ms Fiona McCourtney	Administrator/Data Manager CWIUH
Ms Siobhan Kiernan	Secretary SJH

Description of the Division of Gynaecological Oncology – CWIUH/SJH

The Gynaecological Oncology Division worked as a single unit between SJH and CWIUH. Most surgeries were performed at SJH. Patients were referred to SJH or their regional hospitals for chemotherapy. Radiation therapy was delivered at St. Luke's Hospital. All cancer cases were discussed at a multidisciplinary meeting at SJH.

Cancer profile – Casemix 2010

273 new gynaecological cancers were diagnosed in 2010. Forty-three patients were diagnosed and/or treated at CWIUH.

Cervix Uteri (N = 17)

- **Age** – 31-63. Median age 39
- **Histology** – Squamous (10), Adenocarcinoma (7)
- **Stages** – IA1(3) , IA2(1), IB1(6), IB2 (2), IIA (1), IIB(3), IIIB (2)
- **Surgery** – 2 radical hysterectomies at CWIUH, one at caesarean section

Corpus Uteri (N = 22)

- **Age** – 44-84years. Median age 58
- **Histology** – Endometrial Adenocarcinoma/type 1 (19), Papillary Serous (2), carcinosarcoma (1)
- **CWIUH profile** – 14 diagnostic procedures & referred to SJH for surgery
  5 hysterectomies – postoperative diagnosis
  3 elective staging surgeries at CWIUH

Cancer of the Ovary (N = 4)

- **Age** – 41-54 years. Median age 53
- **Histology** – Papillary Serous (3), Endometroid adenocarcinoma (1)
- **Stages** – IA (1), IIC (1), IIIB (1), IIIC (1). Three referred for chemotherapy at SJH

Borderline Ovarian Tumours (N=6)

- **Age** – 27-50 years. Median age 35
- **Histology** – Serous (3), Mucinous (3)
- **Stages** – IA (5), IC (1)

Gestational Trophoblastic Disease
Molar Pregnancy (N = 19)

- **Age** – 18-37 years. Median 29
- **Histology** – Partial (12), Complete (7)
  Two persistent GTD referred to Medical Oncology at SJH

Achievements in 2010

- Provision of subspecialist consultant care to all women with gynaecological cancers in a multidisciplinary setting.
- Weekly multidisciplinary meetings.
- Progression of gynaecological oncology subspecialty training programme (RCOG approved).
- Expansion of database to incorporate all data into single site.
- Participation in EORTC and ICORG clinical trials.
- Continued support of the Irish Cancer Society for one gynaecological oncology nurse co-ordinator.

Challenges

- Centralisation of all gynaecological cancer surgeries from CWIUH and Adelaide Meath Hospitals to SJH will progress to completion in 2012 under the direction of the National Cancer Control Programme (NCPP). In parallel, benign gynaecology will transfer to CWIUH. The Gynaecological Oncologists will retain a close working relationship with CWIUH, in particular through their role in colposcopy, complex benign surgery, obstetrical haemorrhage, gestational trophoblastic disease and cancer in pregnancy. We look forward to the continued support of administration from both hospitals and the NCCP in achieving our targets.

Colposcopy Service

Staff Complement

Consultant Colposcopists	Professor Walter Prendiville (Director of Colposcopy) Professor Michael Turner Dr Tom D'Arcy Dr Gunther Von Bunau Dr Cliona Murphy Dr Mary Anglim
Nurse Colposcopist	Ms Sinead Cleary
Clinical Nurse Manager 2	Ms Olivia McCarthy
Nurse Colposcopy Trainee	Ms Aoife Kelly
Registered General Nurses	Ms Rani Hilarose Ms Feba Paul
Health Care Assistant	Ms Amanda Kennedy
Failsafe Officer/Office Manager	Ms Bernie Cummins
Secretaries	Ms Frances Cunningham Ms Helen Browne Ms Helen Conlon
Assistant Masters RCSI Lecturers	As per 6 month rotation

The service is consultant led with 4 registrars and one nurse practitioner, Sinead Cleary; all are BSCCP accredited colposcopists. We also have one trainee nurse Colposcopist Aoife Kelly, who is in the latter stages of her training.

The clinics are supported by specialist registrars and research fellows who also attend the clinics as part of their BSCCP training programme.

Clinic attendances

The clinic attendances in 2010 showed a marginal increase in first visits (0.28%). In total there were 1769 first visits compared to 1764 in 2009. In last year's report (2009) we suggested that the high number of referrals seen in the clinic following the implementation of the National Cervical Screening Programme in 2008 would eventually settle; this has now become evident.

In contrast in 2010 we had 3997 follow up visits, an increase of 40.8% on 2009 levels (2837 patients).

We recorded an overall increase of 25.3% in attendance for both new and follow up patients in 2010 (5766 patients for 2010 compared to 4601 in 2009).

Our DNA rate (ie those patients who did not attend their appointments) showed an increase of 123 patients in 2010. This increase is despite a text messaging service that is in place to remind patients about their appointments. However there was a decrease in the overall percentage DNA rates due to the larger patient numbers coming through the service in 2010. We will need to continually review ways to improve attendance. 1690 patients deferred or rebooked their appointments.

These figures are summarised in Table 1 and illustrated in figure 1.

In 2011 the National Cervical Screening Programme will introduce changes to the referral system based on waiting times for appointments available at each colposcopy clinic. Patients will be able to choose which service to attend based on published waiting times. We will have to monitor the impact this has on patients attending our clinic in the coming year.

Table 1 Colposcopy attendance figures over last decade

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
First Visits	749	712	910	936	895	864	795	935	847	1764	1769
Follow-up Visits	2044	1684	2158	2158	1692	1959	2034	2841	2741	2837	3997
Total	**2793**	**2396**	**3068**	**3094**	**2587**	**2823**	**2829**	**3776**	**3588**	**4601**	**5766**
DNA							*853	1056	852	750	873
DNA%							*30	27	23	16.3	15.1

* (DNA data only available from 2006)

Figure 1 Attendance at the colposcopy clinic at the CWIUH over 10 years
Includes DNA figures from 2006 onwards

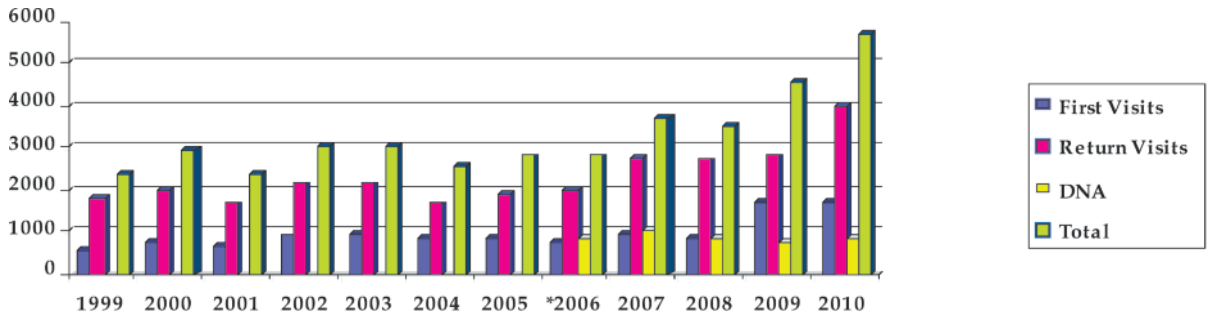
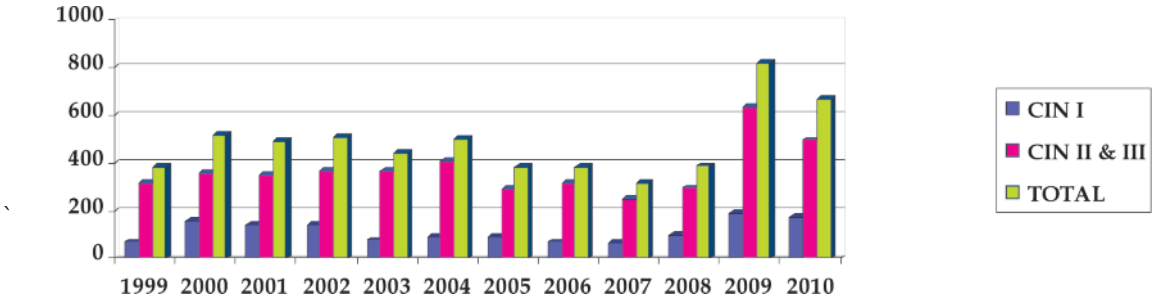


Table 2 Histological breakdown of the transformation zones which were removed by LLETZ in the clinics during 2010

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
No CIN	27	32	70	42	27	3	4	8	2	9	28
CIN1	159	139	139	77	91	89	68	72	95	187	172
CIN2	173	159	153	125	177	130	112	99	88	226	175
CIN3	187	192	215	240	231	161	202	169	204	406	321
CGIN	1	4	9	5	7	8	8	5	11	7	19
Micro Invasion	4	2	4	2	6	1	9	9	7	6	9
Invasive Neoplasia	3	4	3	4	1	5	3	2	2	9	7
Total	**554**	**532**	**593**	**495**	**539**	**397**	**406**	**357**	**409**	**841**	**731**

Figure 2 Histological breakdown of excised transformation zones during 2010



Treatment and Histology

The majority of patients with cytological and/or colposcopic evidence of disease are treated within the colposcopy clinic by LLETZ (Large Loop Excision of the Transformation Zone).

A small number of women (19.6%) in 2010 had this procedure carried out in theatre due to clinical need or being unsuitable for an out patient procedure. This included:

- 125 LLETZ
- 54 NETZ

Table 3 Selected NHSCSP/BSCCP Clinical Standards

BSCCP Clinical Standards	Target	CWIUH
Proportion of LLETZ performed as outpatients	> 80%	78.38%
Proportion of LLETZ as inpatients	< 20%	19.61%
Proportion of women with CIN on histology	> 85%	91.3%

Quality Assurance and CPCs

Regular joint Quality Assurance and Management Initiative meetings with the Colposcopy Clinic in AMNCH/Tallaght Hospital are held monthly.

Our own Colposcopy Department holds a monthly CPC meeting which is supported by the cytopathology and histopathology departments and our own clinicians.

Infrastructure

The building of the new purpose built facility for colposcopy began in December 2010 and it is envisioned this will be open for service in the Summer of 2011 which will provide dedicated modern and spacious clinical areas benefitting all users.

We are in the process of developing an operational policy for the unit which will focus on more cohesive approach to management and follow up of patients accessing the service for the first time and for those patients already within the service.

Walter Prendiville
Director of Colposcopy Services

Olivia McCarthy
Clinic Nurse Manager

Department of Peri-operative Medicine

Head of Department

Michael Carey

Staff Complement

Liam Briggs	Consultant	37 hours
Michael Carey	Consultant	23.5 hours
Steven Froese	Consultant	23.5 hours
Niall Hughes	Consultant	10 hours
Terry Tan	Locum Consultant	30 hours
Rebecca Fanning	Senior Research Fellow	10 hours

Jan - June

A. Heaney SHO; S. MacColgain SHO; D. Khamdamov Registrar; A.Fernandes Registrar; M. Leonard Registrar; T. Lynch Spr1-3; S. Hoesni SpR4-5; K. Alaib Research Fellow; M. Illahi Research Fellow; R. Bhinder Acute Pain Fellow

July - Dec

A. Khan SHO, R. Ali SHO, S. Cheng SHO, S. Solanki Registrar, A. Fernandes Registrar, R. Naughton SpR, N. Zaidi SpR, U. Farooq Research Fellow, R. Ojo Research Fellow, R. Bhinder Acute Pain Fellow.

Key Performance Indicators

THEATRE:

Total number of Anaesthetics – 5514

General – 2710 (49.1%)	Regional – 2660 (48.2%)	Local – 144 (2.7%)
Elective – 3895 (70.6%)	Emergency – 1619 (29.4%)	

CAESAREAN SECTIONS

Number of caesarean sections – 2261 (25.7% of all mothers delivered)
Elective – 1037 (45.8%) Emergency – 1224 (54.2%)

Mode of anaesthesia for caesarean section:

	ELECTIVE	EMERGENCY
General	14 * (1.3%)	68† (5.5%)
Spinal	1023 (98.7%)	561 (45.9%)
Epidural	0	579 (47.3%)
CSE	0	16 (1.3%)
TOTAL	1037	1224

* includes 4 converted from regional †includes 9 converted from regional

ANALGESIA IN LABOUR

Total numbers of mothers delivered – 8769

Mode of analgesia
None – 757 (8.6%) Entonox – 5336 (60.8%) Pethidine – 388 (4.4%) TENS – 385 (4.4%) Low dose spinal – 138 (1.6%)

Epidural – 3906 (44.5%)

Number of epidurals in nulliparae – 2325 (62.6%)
Number of epidurals in parous – 1581 (31.3%)

Achievements in 2010

- Dr Liam Briggs retired in September 2010 after more than 30 years service. Fortunately he has been able to continue as locum consultant.
- Dr Catherine Nix won 1st prize for her presentation on thromboelastography at the Irish Society of Obstetric Anaesthesia meeting held in the Rotunda Hospital.
- After a second successful fund raising concert in St Patrick's Cathedral, the Department acquired an 'Istat' machine. This device measures haemoglobin at the point of care device and is a useful adjunct in the management of major haemorrhage.
- A weekly preoperative assessment clinic commenced the aim of which is to encourage same day admission for surgery and decrease length of stay by optimising patient preparation for same.
- Dr Rebecca Fanning submitted her work on opioids receptors in the myometrium to UCD for consideration for an MD degree.

Challenges for 2011

- To increase the frequency of the preoperative assessment clinic.
- Increased research output.

PRESENTATIONS

1. Lynch T, Hoesni S, Tan T. Correlation between ultrasound measured levels of spinal/epidural and obesity. ISOA Meeting.Rotunda Hospital. December 2010

2. Nix C, Bhinder R, Tan T, Carey MF. Point of care TEG during Massive Obstetric Haemorrhage in a Dublin Obstetric Unit – A retrospective analysis. ISOA Meeting.Rotunda Hospital. December 2010

3. Alaib K, Nix C, Tan T, Carey MF. Problems for the Anaesthetist that Morbid Obesity presents in a stand-alone Obstetrics & Gynaecology setting. ISOA Meeting. Rotunda Hospital. December 2010

4. Smith S, Nix C, Connolly J. Post operative airway obstruction in a young man with a mitochondrial disorder after thyroid surgery – When is the best time to extubate? Winter Anaesthesia Meeting. College of Anaesthesia. November 2010

5. Dolan A, Nix C, Cunningham A, Power M. Two Cases of Intracerebral Haematoma with Von Willebrand Disease Treated with Fandhi. ICSI Killarney, September 2010

6. Tan T. Labour analgesia for the morbidly obese parturient: challenges and their solution. 2nd International Symposium on Obstetric Anaesthesia and Perinatal Medicine. Poznan, Poland October 2010

7. Tan T. The advances of ultrasound in obstetric anaesthesia. Obstetric Anaesthesia Symposium. Singapore. February 2010

8. Heaney A, Tan T. Early oral intake post caesarean section: an audit of practices in the Coombe. Irish Congress of Anaesthesia. Dublin May 2010

9. Bhinder R, Tan T, Fanning R, Carey M. Evaluation of point of care TEG in a maternity setting. SOAP 42nd Annual Meeting. Texas May 2010

10. Woo D, Tan T, Teoh W et al. The analgesic efficacy of ultrasound-guided transverses abdominus plane block after caesarean delivery under general anaesthesia. ESRA. Portugal September 2010

PUBLICATIONS

1. Feely C, Hussey J, Carey M, Reynolds JV. Assessment of physical fitness for oesophageal surgery and targeting interventions to optimise outcomes. Dis. Esophagus 2010; 23(7): 529-539

2. Tan T, Ojo R, Immani S, Choroszcak P, Carey M. Reduction of severity of pruritus after elective caesarean section under spinal anaesthesia with subarachnoid morphine: a randomised comparison of prophylactic granisetron and ondansetron. Int. J. Obstet. Anaesth. 2010; 19: 56-60

3. Hoesni S, Bhinder R, Tan T, Hughes N, Carey M. Herpes simplex meningitis after inadvertent dural puncture following epidural analgesia for labour. Int. J. Obstet. Anaesth. 2010; 19 (44): 466-467

4. Tan T, Bhinder R, Carey M, Briggs L. Day surgery patients anaesthetised with propofol have less postoperative pain than those anaesthetised with sevoflurane. Anaesth. Analg. 2010; 111(1): 83-85

Midwifery & Nursing Corporate Report

Head of Department

Patricia Hughes, Director of Midwifery & Nursing

Title of Post	In post on 31st December 2010 (WTE)
Director of Midwifery & Nursing	1
Assistant Director of Midwifery & Nursing	6
Advanced Nurse Practitioner-Neonatal Nursing	1
Midwifery & Nursing Practice Development Co-ordinator	1
Postgraduate Neonatal Programme Co-ordinator	1
Director Centre for Midwifery Education	1
Clinical Midwife/Nurse Manager 3	6.9
Clinical Midwife/Nurse Manager 2	39.6
Clinical Midwife/Nurse Specialists	5.9
Clinical Skills Facilitators	3.8
Haemovigilance Officer	1
Clinical Placement Coordinators	3.5
Post Registration Programme Facilitator	0.6
Allocation Liaison Officer	0.5
Clinical Midwife/Nurse Manager 1	28.5
Midwives & Nurses	209.6
Midwifery Students	24
Total	**334.9**

Staff Complement

Total Complement for Midwives & Nurses as of 31st December 2010
355 WTE including 10 WTE suppressed posts

Overview

2010 superseded 2009 as the busiest year on record for the hospital in terms of registerable births. Throughout the year, our most valuable resource, our staff triumphed in every challenge facing them. Our sincere thanks to each and every one of them.

The year began with the continuation of intensive resources being deployed into both staff and patient vaccination clinics held here in this hospital in an effort to control the spread of Influenza H1N1 2009 Pandemic. This coincided with a period of partial closure of elective gynaecology to facilitate the completion of the CSSD refurbishment and therefore did not incur additional staff costs. This vaccination clinic was very effective with minimal increase in sickness absence due to influenza compared to other health service providers and in relation to the numbers and severity of woman presenting with symptoms of the flu.

Five of our longstanding members of staff retired in 2010, Vaun Currin ADOM, (Night Superintendent), Trea Dooge, CMM3, Mary Garry, CMM1, Mary Tempany, Senior Staff Midwife and Moira Murphy, PA to the Director

of Midwifery & Nursing. I would like to thank them for their commitment to the service and wish them the very best in their retirement.

The hospital chaplain, Sr Margaret Nolan retired and was replaced by Ms Renee Dilworth. May thanks to Sr. Margaret for her commitment and dedication not only to the women and their families but also to all of the staff down through the years. Our very best wishes to her. A warm welcome is extended to Renee.

We were also shocked to learn of the untimely death of a recently retired colleague and friend, the late great Dr John Drumm, Consultant Obstetrician/Gynaecologist, Board member and previous Master. May he Rest in Peace. Our sincere condolences to his family.

The HSE Moratorium on staffing had a major impact on staff levels throughout the hospital. 10 WTE Midwifery & Nursing posts were suppressed and over 20 WTE non clinical staff left the CWIUH through the incentivised exit/retirement schemes. This government initiative was part of a wider action to reduce costs of the health service in the worsening recession. With every change however, there are opportunities to examine new ways of working and though collaboration and commitment of staff at CWIUH, the HSE and AMNCH, some cross hospital services were forged and implemented.

The year ended with a month of snowfall all around the country. This presented its own challenges and we were most fortunate in having at our disposal, some accommodation in the Nurses Home which was used by staff rather than going on treacherous journeys between shifts. The army were called upon in order to assist in bringing women to hospital and also in bringing community midwives out on necessary visits to the home in order to undertake the newborn screening test.

Key Performance Indicators

- To lead, develop and manage a midwifery & nursing workforce that is suitably qualified to undertake the work involved in delivering a safe, effective, evidence based, women/family centred service which delivers on our Mission Statement, **Excellence in the Care of Women & Babies.**
- Recruitment and retention of staff to ensure safe staffing levels by utilising close collaboration with the HEIs and FETAC to ensure high quality training for midwives, nurses and healthcare assistants.
- Development and promotion of a research culture and a partnership approach to service delivery including all stakeholders especially women and their families who choose to use the services provided at the CWIUH.

Achievements in 2010

- Establishment of a satellite Occupational Health service from AMNCH provided a comprehensive service with the implementation of the VHI employment assistance programme (EAP) which is reportedly of great benefit to staff in the difficult time.
- Within the hospital several midwifery & nursing posts were highlighted as being necessary to serve the needs of the woman and babies who attend CWIUH for care, These had been highlighted in previous annual clinical reports and were the basis for seeking development. Reconfiguration of existing posts took place within existing resources and budgets having due regard for changes in work practices and dependency needs. They included the following: 0.5 WTE CMS designate, Bereavement & loss (new), 0.5 WTE CMS designate, Perinatal Mental Health (new), 1.0 WTE, CMM2 High Risk Care Coordinator, 1.0 WTE CMS, Lactation (additional), 1 WTE CMM2 Parent Education. Support was continued in order to build on the CMS Ultrasonography, Diabetes & Colposcopy Resources.
- The Master convened a two day workshop in Spring in order to seek consensus on a number of evidenced based clinical care pathways. The results of that work were realised by end of the year with the launch

of new guidelines on the following: Diagnosis of Labour; Introduction of Eating & Drinking during Labour (Low risk mothers, low fat and low residue diet) and the introduction of Administration of PgE_2 for IOL to uncomplicated mothers post term. New national guidelines on care of woman with diabetes during pregnancy were launched in late 2010 and these had the effect of a greatly increased workload due to lower threshold levels for diagnosis of GDM.

- The new practices listed above co-incided with a reconfiguration of existing antenatal beds on an antenatal ward adjacent to the delivery suite which allowed us to open a new 4 bedded assessment Unit in December 2010. Within weeks of opening, this initiative was proving itself to be very successful and very popular with staff and service users. There was a commitment to audit all new practices within a 3 month period and this will be reported upon in a future edition of this report.
- The CMM3, Delivery suite and the Clinical Skills Facilitator (CSF) in conjunction with a multidisciplinary team led by Dr Byrne, Cons O&G drafted and piloted a new High Dependency Chart for use in HDU. They also drafted, piloted, implemented and evaluated a modified early warning score sheet for use in obstetrics (MEOWS). The CSF, Ms Anna O' Connor was subsequently invited to Farmleigh House by the Clinical Indemnity Scheme to present this work to a national audience. This work has been written up and forwarded to Professor Turner, Chair of the Obstetrics & Gynaecology Programme as an exemplar of best practice. The initiative was supported by the NMPDU - DML in the HSE.
- Michael Shannon, Area Director, Office of Nursing & Midwifery Services Directorate launched the CME's very own new website (the project was designed, uploaded and actioned by the staff of the CWIUH and the CME with a little help from an IT enthusiast (son of a member of staff) on a voluntary basis who wishes to follow his dream and carve out his future in IT). It is a highly effective tool in communication and is currently the dream of all CN/MEs around the country.
- Organised 3rd Essence of Midwifery Care conference held in CWIUH on International day of the Midwife to a national audience. Professor Begley presented the 7th Maureen McCabe Lecture, entitled 'Leading the way towards midwifery-led care in Ireland'.
- CWIUH in collaboration with AMNCH Perinatal Mental Health Services organised a national multidisciplinary conference held in AMNCH on 7th May 2011. The keynote speaker was Dr Margaret Oates from the UK
- We had a number of visits from international Midwife visitors, including Mish Hill, DoM from Brisbane, Australia, Professor Denis Walshe, Leicester, (UK), Professor Rosemary Mander (UK), Professor Dunkley Bent (UK) and a team from Kansas University (USA). A team from the Joint standing maternity Committee, the HSE and clinical staff from CWIUH visited the new Ulster Hospital maternity unit including a midwifery led unit.
- CWIUH continued to participate in the Multi-centred randomised controlled trial, ADCAR, which is being carried out to assess the value of the Admission CTG on low risk women at term.
- Work continued at the MNCMS Board for the procurement of the national IT project, the Maternal and Newborn Clinical Management System (MNCMS).
- Work continued on the Midwifery & Nursing Research Strategy Development Committee (MNRSDC), a collaborative group of midwives 7 nurses drawn from CWIUH, TCD & NCNM and within the CWIUH Social Research Group.
- An Bord Altranais launched the new Practice Standards for Midwives.
- The Government held a consultation regarding the new Nurses & Midwives Bill 2010 to which the Midwifery & Nursing department of CWIUH made a submission.
- A Colocation Steering Group chaired in by the Master & the CEO of AMNCH was established to progress the recommendations of KPMG. A subcommittee of the Obstetrics & Gynaecology Group was established and chaired by the Master, to draft recommendations for Models of Care. A Regional Implementation group of the Obstetrics & Gynaecology Group is also chaired by the Master. The Director of Midwifery & Nursing is a member of each of these groups amongst several other local, regional and national groups.
- The implementation of an electronic maintenance system has made a significant improvement in the processing of maintenance requests by clinical and other staff.

- On the social side, the Neonatal staff held a very successful 3rd Annual international night on which the staff of the unit prepare and cook international dishes and hold an entertainment evening in the conference room for all of the hospital staff.
- A very successful bi-annual Art Exhibition (2010) was organised and executed by A. Mulhall. Funds raised were for Friends of the Coombe which in turn funds specific projects within the CWIUH in the interests of women & babies.

Challenges in 2011

The biggest challenge to the organisation in 2011 will be the impact of the declining economic status of the country. It is critically important to use resources wisely. We will have to continue to examine every opportunity to reduce our costs whilst at the same time maintain and even increase our safety and quality levels. This will also provide us with an opportunity to examine our current ways of working and if we are open to such challenges, we may see that we can affect very positive changes which will be for the greater good.

Midwifery & Nursing Practice Development Department

Head of Department

P. Barry, A/Practice development Co-ordinator

Staff Complement

1 WTE Midwifery & Nursing Practice Development Co-ordinator
3 WTE Clinical Placement Co-ordinators
3.5 WTE Clinical Skills Facilitators
1 WTE Post-registration Programme Co-ordinator
0.5 WTE Allocations Liaison Officer
0.5 Secretarial Support

Key Performance Indicators

- The development and maintenance of the clinical learning environment for Bachelor of Science (BScM) and Higher Diploma (HDip) in Midwifery Students and Bachelor of Science (BScN) in Nursing Students undertaking clinical placements at the CWIUH.
- Practice Development issues in midwifery and nursing.
- Quality assurance in midwifery and nursing practice.
- Promote and support research and evidence based practice.
- Promote pregnancy and childbirth as a normal healthy life event where possible and protect the autonomous role of the midwife in providing care for both 'high' and 'low' risk women.
- Link with the Centre of Midwifery and Nurse Education (CME) in the provision of continuing educational needs of existing Midwifery and Nursing staff.
- Promotion and facilitation of Midwives Clinics.

Achievement in 2010

- First cohort of Midwifery Students successfully completed the 4 year BScM programme.
- A fourth year CWIUH BSc in Midwifery Student received a 'Gold Medal' for academic excellence from Trinity College Dublin.
- A second year CWIUH BSc in Midwifery Student won a Student Scholarship from Trinity College Dublin.
- Continued facilitation of the 4 year BSc in Midwifery as well as the 18 month Higher Diploma in Midwifery Programmes.
- Maintaining close communications and working relationships with Trinity College Dublin (TCD) regarding midwifery and nurse education programmes.
- Continued facilitation and support of BSc Nursing Students on maternity placement from St James's and Tallaght (AMNCH) Hospitals.
- Continued to support and guide clinical staff in order to provide an optimal learning environment for midwifery and nursing students.
- Facilitated study days/sessions in conjunction with the CME.
- Continued to encourage staff embrace evidence based care to continuously improve standards which are reflected in our Mission Statement 'Excellence in the Care of Women and Babies'.
- Departmental staff were involved in the recruitment process of Midwifery Students as well as Midwifery and Nursing staff throughout the hospital.
- P. Barry received the 'Jane McNamara' award which entitled her to spend a week in a Birthing Unit in St Thomas's Hospital in London, where midwifery care was experienced in a low risk setting with a view to implementing change in our own hospital.

Practice Development

- Facilitation of a Midwives Clinic by the Practice Development Team (663 visits in 2010, an increase of 33% since 2009).
- Continued development of midwifery and nursing policies, procedures and guidelines.
- Members of the Practice Development Team participated on a number of Committees within the hospital and Trinity College Dublin including; Midwifery Management Meetings, Weekly Perinatal Review, Monthly Perinatal Mortality Meetings, Weekly Delivery Suite Meetings, Drugs and Therapeutics Committee, Breastfeeding Committee, Health and Safety, Student Council, Course Co-ordinating Group and Joint Working Group meetings.
- Continued to strive to support midwifery staff to embrace and promote normality in pregnancy/birth:
  - Purchased Birthing Balls for use in the antenatal wards and Delivery Suite
  - Commenced developing guidelines on:
- Diagnosis of Labour.
- Nutrition & Hydration in Labour.
- Prostin Administration by the Midwife.
- Perineal Repair by the Midwife.
- DOMINO Model of Care.
- Involved in multidisciplinary development of an Early Warning Score for Obstetric women and a new High Dependency Chart for women in HDU on the Delivery Suite.
- Involved in both clinical and theoretical teaching: Midwives and Nurses, Midwifery and Nursing Students at local level, in the CME and in TCD.
- Organised and facilitated a monthly Journal Club for midwifery and nursing staff and students.
- P. Barry presented a paper at the:
  - Essence of Midwifery Care Conference on International Day of the Midwife & at
  - Normal Birth Research Conference in Vancouver
- M. Rodgerson, CPC successfully completed year one for her MSc in TCD.
- A. O'Connor successfully completed an academic module titled 'High Dependency in Midwifery Care' affiliated with National University Ireland, Galway.

Challenges and Plans for 2011

- Continue to meet the clinical learning needs of midwifery and nursing students while on placement in the CWIUH.
- Continue to support and assist midwifery and nursing staff involved in clinical teaching and preceptorship of midwifery and nursing students.
- Continue to facilitate preceptorship courses, to improve the standard of clinical supervision, teaching and assessing of midwifery and nursing students.
- Continue to promote the midwifery philosophy that pregnancy and childbirth is a normal, healthy life event for many women.
- Ensure ratification of guidelines developed particularly guidelines promoting the autonomy of midwifery practice and the promotion of normality in an attempt to reduce intervention and improve normal birth rates.
- Continue to facilitate midwifery and nursing educational programmes and up-dates in collaboration with the CME.
- Commence preparation for An Bord Altranais site visit.
- Continue to promote, increase attendance at and facilitation of midwives clinics.
- To promote and support a culture of audit, research, professional development and education among midwifery and nursing staff in order to deliver safe, effective, evidence-based care to women and babies attending the CWIUH.

Parent Education Report

Staff Complement

1 WTE Clinical Midwife Manager Grade 2, (S. Daly, Author of Report)
0.5 WTE Staff Midwife
0.5 WTE Secretary

Key Performance Indicators

- Provision of a comprehensive, parent focussed antenatal and postnatal education service for women and their partners.
- Provision of an easily accessible family friendly service that reflects parents' needs.
- Individualised education and support where a need is identified.
- Resource and support to all clinical staff.

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Achievements

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- Developing a comprehensive service offering a wide variety of parent education classes at times to suit all parents.
- Education and clinical support for Higher Diploma and BSc M midwifery students both in hospital and university. Introduction of 2 annual parent education lectures in Trinity College for student midwives.
- Introduction of 2 evening courses per week. The classes accommodate parents wishing to attend after work in the evening hours.
- Introduction of antenatal One-Day-Classes held on 2 Saturdays per month for parents who find it difficult to attend parent education classes during the working week.
- Introduction of a weekly hospital tour for parents on Thursday evenings.
- Introduction of new class evaluation forms to audit and improve existing classes reflecting parental needs.

In 2010 the Parent Education Department increased the number of classes available to women and their partners by adding two evening classes per week and two One-Day-Saturday classes per month. The number of nulliparous women availing of the service rose from 1293 (2009) to 2028.

Challenges in 2011

- Provision of a comprehensive, family friendly service with restricted human and financial resources.
- Development of an in-house training day for staff interested in facilitating parent education classes. This will help to increase the pool of midwives able to facilitate classes and allow for more flexibility in the provision of classes.
- Audit and evaluation of existing classes to improve parent education further. So far the demand for One-Day-Saturday Classes has outstripped supply and therefore the introduction of a third class per month is planned.

Antenatal Classes available in 2010

Introductory Class	(12)
Refresher Class	(12)
1:1 Classes	(45)
Evening Classes	(52)
Daytime Classes	(122)
One-Day-Saturday Classes	(12)

Breastfeeding Support Service

Staff Complement

2 WTE Clinical Midwife Specialists – Lactation
M. Toole, Member of National Baby Friendly Advisory Committee and PRO of the Association of Lactation Consultants Association, Ireland
M. Purushothman (commenced September 2010)

Key Performance Indicators

- Provision of a comprehensive antenatal and postnatal breastfeeding programme.
- Provision of a service that encompasses and is mindful of our multicultural patient population.
- Provision of individualised education and support where indicated or requested.
- Continuity of education, support, care and follow up, facilitating women to initiate and sustain breastfeeding.
- Resource and Support to all clinical staff.

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Achievements

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- Delivery of a comprehensive breastfeeding support service.
- Education and clinical support for higher diploma midwifery students, BSc midwifery students on campus and in Trinity College.
- Participated in education for student nurses on obstetric placement and medical students.
- Developed and facilitated 20hr (18 days) breastfeeding education management under the auspices of the Centre of Midwifery Education.
- Developed and facilitated breastfeeding education management refresher programme under the auspices of the Centre of Midwifery Education.
- Continue to facilitate new infant feeding education programme (5hrs) for health care assistants.
- Organised and participated in activities for National Breastfeeding Week, which also included photographic, art and information leaflets display for staff, women and visitors.

Daily audit of postpartum records and provision of individualized appropriate breastfeeding information and support (step 10 of 10 steps to successful breastfeeding).

Responded to telephone self referrals and followed with appropriate action and intervention.

Provided information and support to mothers of pre term and ill infants in the neonatal centre, including facilitating workshop/ class liaising with Neonatal Staff, commenced April 2010.

Provided support and assistants to all Antenatal, Post Natal Departments, Paediatric Out Patients and Emergency Departments.

Continued to promote Baby Friendly Hospital Initiatives within the hospital and reported to BFHI national coordinator.

Post Natal Breast Feeding Class

Number of classes	**217**
Number of mothers attended	**1386**

Breastfeeding Practices in 2010

Breastfeeding initiation (Breastfed within the first hour)	52%
Skin to skin contact post-delivery	76%
Breastfeeding on discharge (combined)	15%
Breastfeeding on discharge (exclusive)	37%

(Information gathered from computerised delivery report and birth notifications.)

Challenges in 2011

- Provision of a comprehensive service.
- Development of a patient and family focus service providing optimum care and evidence based practice.
- Facilitating audit and reflective practice to improve the provision of quality patient care and promote further education and professional development of staff within the department.

Breast Feeding Education Programmers

• 20 hr Breast Feeding Course	4
• Number of Midwives completed 20 hr Course	46
• Refresher Course Breast feeding	2
• Number of Midwives completed Refresher	13
• Introduction to new Symphony Pump	67
• Education sessions for HCA	37
• Number of HCAs completed education	28/34
• Student Midwives/nurses facilitated	30

Community Midwife Service

Head of Department/Division/Clinical Area

B. Flannagan, CMM3, Community Midwifery Services (Author)
A. Dunne, Assistant Director of Midwifery and Nursing, Obstetrics Division

Staff Complement at end of December 2009

Complement of 11 WTE including:
1 WTE CMM3
8 WTE CMM2
2 WTE Midwives plus
Clerical Staff

Key Performance Indicators

In 2010, the Community Midwife Service was committed to providing excellence in care to the women and babies in our service in line with our mission statement. In response to demand from women, an additional Booking Clinic and Midwife Follow-up Clinic in Rosse Court Resource Centre in Lucan commenced in October 2010. The catchment area for postnatal care was extended to women and babies who live in Dublin 10 and 20, attend the Coombe Women and Infants University Hospital (CWIUH) and who wish to avail of the Early Transfer Home service.

Throughout the year, the midwives attended training and education days, both on site in the Centre for Midwifery Education and externally, e.g. a group of community midwives visited the Midwifery Led Unit in Drogheda for a day each for learning experience. The midwives with the support of the IT dept, continue to develop their IT skills and use IT systems to improve communications, productivity and efficiency.

Midwife Booking Clinics in CWIUH, Tallaght, Clondalkin, Lucan and Naas

In total, 1,353 women had their booking appointments completed by midwives in the community based clinics. This is an increase of 11.7% in activity in the Booking Clinics since 2009.

Midwife managed Antenatal Clinics

The number of appointments seen at midwife clinics in Dublin in 2010 increased by 1068, to a total of 3,720. This represents an increase of 40.27% and reflects a full year of activity in the additional antenatal midwife clinics which commenced in Lucan and Tallaght Hospital in the summer of 2009.

In 2010, 2133 appointments were seen at the Naas midwife clinic, a decrease of 6.2% on 2009 attendances.

Consultant-led Antenatal Clinic (Naas)

340 women attended as First Visits to the consultant-led clinic in Naas. This is a decrease of 10.76% compared to 2009.

1329 appointments were seen at the Naas consultant follow-up clinic, which is an increase of 22.94% on attendance for 2009.

Early Transfer Home Service

The Early Transfer Home service is available to clinically eligible women (public and semi-private) who give birth in CWIUH and who go home within 12-48 hours following vaginal birth, or 48-96 hours following birth by caesarean section. 2172 women and babies on the Early Transfer Home service were seen at home by the community midwives in 2010. This is an increase of 52.6% compared to 2009. This figure reflects a full year of the community midwife postnatal care service in the extended geographical area in Dublin 8, 10, 20 and Lucan. 43.5% (945) of the women were primigravidae and 56.5% (1227) were multiparous women.

1919 women were in the Dublin catchment area and represents 50.2% of women from the area who gave birth in the CWIUH. 253 women were from Naas and the surrounding towns and account for 27.2% of the women from the Naas area who gave birth in the CWIUH.

The total number of postnatal visits in 2010 was 5662, an increase of 51.3% or 1,920 visits compared to the previous year. Women had an average of 2.6 postnatal home visits from the community midwife.

The average length of stay (ALOS) was 1.8 days per woman. For women who had a spontaneous vaginal birth or operative vaginal birth, the ALOS was 1.4 days. Women who gave birth by caesarean section had an ALOS of 3.2 days. As a result of 2172 women taking the Early Transfer Home service in 2010, **2303 bed-days were saved compared with the expected LOS for this group of women. This represents a net saving of 1.8 beds per day since 2009.**

The breastfeeding rate at Day 5 was 39.7%, a slight decrease from 40% in 2009.

Re-admission rates by Day 5 in 2010

The re-admission rate for women was 0.6%, (13 women). This is a decrease of 0.2% from 2009.

The re-admission rate for babies was 0.7%, (15 babies). This is a decrease of 0.2% from 2009.

Delivery Suite

Heads of Department

Professor D. Murphy, Lead Obstetrician
A. Fergus, A/CMM 3, (Author of Report)
A. Dunne, ADoM&N, Division of Obstetrics

Staff Complement:

- CMM 3 – 0.9 WTE
- CMM 2 – 10.52 WTE
- CMM 1 – 6.5 WTE
- Staff Midwives – 43.85 WTE
- BSc 4th year Interns and Higher Diploma Midwifery Students (dependant on college commitments)
- HCA – 4 WTE
- Auxiliary Staff – 2WTE (night duty)
- Attendant Staff 2 – WTE
- Clerical Staff – 1 WTE on duty Monday-Friday. A number of part-time staff cover evenings and weekends. Night-Duty cover is shared with the Admission Office

Key Performance Indicators

- The Spontaneous Vaginal Delivery rate was 57.1%.
- The Episiotomy rate for Spontaneous Vaginal Deliveries was 6.7%, which is well below the accepted standard of less than 10%.
- Epidural rate for Nulliparous woman was 65%, a slight decrease in last year's rate of 65.5%. For Multips. the rate was 31%, no change from 2010.
- Skin to Skin contact rate was 76.2%, a slight increase on last year's rate of 74.7%.

Achievements in 2010

- The number of babies delivered weighing greater than or equal to 500g was 8931 proving to be our busiest year on record.
- The Assessment Unit re-opened in a new location at the beginning of December. This unit has 4 beds and is staffed by midwives from the Delivery Suite. It provides a service for women with signs of labour to be assessed, be admitted to the Delivery Suite if in labour, or allowed home if not in labour and all is well. The Unit also caters for women over 24 weeks who require a midwifery or obstetric review. The Assessment Unit will hopefully reduce the 'footfall' through the Delivery Suite by 500 per month. The unit also provides a telephone triage service for antenatal women in the community seeking advice regarding signs of labour and other pregnancy related problems.

- 147 women were admitted the High Dependency Unit. 9 of these admissions were gynaecological patients. In October 2010 a High Dependency Unit Chart was developed & introduced by a multi-disciplinary team from within the hospital. This chart also incorporates an Early Warning Scoring system to facilitate the care of these women who have complex obstetric, medical and gynaecological conditions.

- High Risk Deliveries in St James's Hospital: Several women with very complex medical conditions required delivery by Caesarean Section in St James's Hospital. A multidisciplinary team from the hospital attended each delivery and co-ordinated care with the staff in St James's Hospital in these deliveries. In December 2010, midwife Catherine Manning was appointed to the post of CMM 2, High Risk Care, to help in the planning and facilitating of these cases.

- To help promote continuous care of women in the Delivery Suite, midwives attended a Study Day/Workshop on perineal suturing organised by Anne Mulhall, A/Director of the CME. Mereen Chandy CMM1, Delivery Suite, became facilitator and teacher to midwives needing training or up-skilling in suturing techniques.

- A review of guidelines was undertaken by a multidisciplinary team resulting in a change of practice regarding Hydration and Nutrition in Labour, thus allowing women fluids and a low residue diet in low-risk labour.

- January 2010 saw the Direct Entry, 4th year BSc Student Midwives starting their internship and so being part of our WTEs for the first time. A challenging time for them and many thanks to their midwifery preceptors for helping them to rise to this challenge. Along with our Higher Diploma Student Midwives, they form a valuable part of our workforce.

- The ADCAR Trial continued. It is a randomised controlled trial comparing the efficacy of admission cardiotography versus auscultation of the fetal heart rate with a Pinard stethoscope or hand-held Doppler on low risk women on admission to the Assessment Unit or Delivery suite.

Challenges for 2011

- A Capital Development Plan for building an Emergency Obstetric Theatre and Single Labour/Delivery rooms is at a development stage. A multidisciplinary group will continue working together to provide the best design within the budget allowed.

- To provide a Domino Service for low risk pregnant women in labour.

- A commitment to review intervention rates and continue to develop multidisciplinary guidelines in an effort to reduce such interventions.

- To build on the number of midwives developing their skills in Perineal Suturing with a target of 20% by end of 2011.

- To continue to review Clinical Incident Reports to promote a shared perception of the importance of patient safety and disseminate the learning points. Use audit as a tool to improve the quality of service we provide.

- Provision of a quality service within the current budgetary constraints and the HSE embargo on staff recruitment.

Perinatal Day Centre (PNDC)

Head of Department/Division/Clinical Area

1 WTE CMM2 (H. Castelino, A/CMM2 Jan - Oct 2010 , J. Fleming CMM2 from Oct 2010)

Staff Complement

3 WTE Midwives
Head of Department as above
D. Christensen. RM (Jan - July 2010), L. Warren. RM (Jan - March 2010), A. O'Donnell. RM (April - July 2010), M. Ryan. RM (July - Dec 2010, 0.5 WTE)
F. Finn, RM (July/August 2010), AM Niland. RM (from November 2010)
J. Walsh, Clerical Officer (1 WTE)
Support staff combined with other departments

Key Performance Indicators

INDICATOR	NUMBER
Total number of attendances	10112
Oral Glucose Tolerance Tests	3057
Fasting and Post Prandial Bloods	830
Cardiotocograph Monitoring	2065
Blood Pressure Series	2433
Other blood tests	977
Diabetic phone-ins	655 (figures only recorded for seven months)
External Cephalic Versions	49
Wound reviews and dressings	212
Admissions	229

Achievements in 2010

The total number of attendances was 10,112, an increase of 466 on 2009 (5%). Means that more women had their care managed on an ambulatory basis thus reducing the number of admissions to the antenatal wards.

The introduction of an online system by the CMS (Diabetes) for women to give their blood sugar readings in the last quarter of 2010, reduced the number of phone calls for this purpose by about 50%. This means that midwifery staff in the PNDC can use their midwifery skills more effectively for the benefit of women who attend the department.

Challenges for 2010

- To implement a computerised appointment system on PAS.
- To set up a computerised tool to log daily activity in the department and facilitate clinical audit.
- To upgrade sanitary ware to comply with hygiene standards.
- To improve the waiting area for women and their partners.

Clinical Midwife Specialist – Diabetes

Heads of Department

Professor S. Daly, Consultant O&G
Dr B. Kinsley, Comsultant Endocrinologist

Staff Complement

1 WTE CMS, E. Coleman
1 WTE CMS designate, L. Warren
1 WTE Dietician, F. Dunlevy
Phlebotomy, Laboratory and Administrative staff

Key Performance Indicators

Diabetes mellitus is a chronic disease, the incidence of which is increasing rapidly worldwide and is becoming an increasing burden on health services. In particular, the increasing numbers of young women developing type 2 diabetes mellitus means that the numbers of women with this condition becoming pregnant each year has risen rapidly over the last decade. Diabetes has a huge impact on pregnancy, with increased maternal and peri-natal morbidity and mortality compared to that of non-diabetic pregnancy. Therefore, it is essential that women with diabetes who find themselves pregnant book in for ante-natal care with the multi-disciplinary diabetes team for care as soon as they have a positive pregnancy test. In this way every effort can be made to assist the woman in keeping her diabetes control within target and, hopefully, minimise the risks of miscarriage and abnormality in the fetus.

The aim of the diabetes service in the Coombe Women & Infants University Hospital continues to be to provide a high standard of multi-disciplinary team care to women with diabetes and other endocrine problems, and to assist them to achieve maternal and fetal outcomes that are equivalent to those of non-diabetic pregnancy. Patients with diabetes require high quality services which are coordinated, comprehensive and integrated, and care should be appropriate to the patients' needs (DOHC 2006). The CMS diabetes role includes initial and ongoing care, education, advice and support of women with a diagnosis of diabetes mellitus, providing women with the necessary equipment, education, knowledge and skills that they require to manage their diabetes. She refers to and liaises with other healthcare professionals as appropriate, and provides an educational resource for professional colleagues.

- 43.5% increase Type 1
- 211% increase Type 2
- 67.5% increase diet controlled gestational diabetes mellitus
- 30.5% increase diet controlled impaired glucose tolerance (IGT)
- 80% increase in the numbers of women with gestational diabetes mellitus and IGT who were insulin treated

In 2010 alone, 30 more women were started on insulin therapy compared to the previous year. These figures represent a huge increase in the workload of the Diabetes team, and in the numbers attending the diabetes clinic. This has led to the development of a second clinical midwife specialist post in this area.

August 2010 saw the launch of the HSE Guidelines for the Management of Pre-Gestational and Gestational Diabetes Mellitus from Pre-Conception to the Post-Natal Period (HSE 2010). There will be implications for our workload here at the Coombe when this new guideline is implemented. The main impact will be when we change to the oral glucose tolerance test (OGTT) recommended in the national guideline. Due to the change in the diagnostic criteria for GDM, we expect the numbers of women testing positive to increase dramatically. Also, the new test eliminates the diagnosis of impaired glucose tolerance (IGT) and considers every woman who has one or more equal or high value on the test to have gestational diabetes mellitus. This does not just mean an increase in the numbers of women testing positive for GDM, it also means many more clinic visits as we lose our IGT care pathway. In preparation for the introduction of the new test, the multi-disciplinary diabetes team have been meeting to discuss how to manage the introduction of the new test and have worked on developing draft guidelines for the new test.

Achievements in 2010

- Finalised information leaflets for women with GDM, type 1 and type 2 DM attending the diabetes service, and also a post-natal information leaflet.
- E. Coleman CMS commenced the nurse/midwife prescribing course in RCSI.
- L. Warren completed a graduate diploma in nursing (diabetes) in U.C.D.
- Collaborated with the AMP Diabetes from the National Maternity Hospital and the Diabetes midwife from the Rotunda Hospital to set up a diabetes study day for nurses and midwives in the three Dublin maternity hospitals. The programme consists of lectures from members of the diabetes multi-disciplinary team, along with practical education sessions. This study day was run twice in 2010.
- Collaborated with the AMP Diabetes from the National Maternity Hospital and the CMS Diabetes from Limerick Regional Maternity Hospital, and the Diabetes Federation of Ireland, in developing a structured education programme for women with gestational diabetes mellitus. This included developing an information booklet.
- Attended facilitation skills training.
- Worked on drafting an insulin prescription booklet which included sliding scale regimens for labour/delivery and for the immediate period post steroid therapy.
- Developed a patient information leaflet for the new OGTT, which is being introduced in January 2011.
- Introduced a new system for adjusting outpatient insulin doses. Documents were developed in Google documents for women using S.C. insulin and those using C.S.I.I. insulin pumps. Women on insulin therapy can now post their blood sugars on-line in a document shared with the CMS diabetes. New insulin doses are posted on the document later that day following review of blood sugar levels by an endocrinologist. This system was launched as a pilot on 30/11/10 and ran until end of December 2010, to go live on 04/01/11. The diabetes team wish to take this opportunity to thank Annie Jesudason for her invaluable help and guidance in setting up this service.
- A second Clinical Midwife Specialist (designate) post was developed in October 2010 and L. Warren took up the post full-time. Plan to apply to formalise this post in 2011.
- Continued work on policies.
- Educated some patients who required insulin therapy as outpatients, thus reducing admissions to, and pressure on, wards.
- Provided advice and support by phone to patients and to colleagues in other hospitals, and dealt with referrals of patients from other hospitals, G.P.s and self-referrals.
- Continued to provide ongoing education and support to midwives, nurses, student midwives, student nurses, medical students and medical colleagues on an ongoing basis.

Challenges in 2011

Challenges to the diabetes service continue to be:

- Transfer of patients from other hospitals for assessment and care leads to an increase in pressure on resources, although this is less frequent than in previous years.
- Difficult to find space for teaching patients, particularly as outpatients.
- Education of non-English speaking patients through interpreters causes additional stress and workload.
- Lots of time spent calling and writing to patients who DNA clinics.
- Difficult to get post-natal women to attend for their post-natal OGTT and clinic visit.
- Service demands increase annually.
- Remains frequently difficult to find/access patient's charts.

Plans for 2011

- Introduce the new OGTT as per national guidelines on the management of diabetes in pregnancy.
- To go live with the on-line insulin dose adjustment service.
- Formalise the second Clinical Midwife Specialist in 2011.
- To set up a midwife managed diabetes clinic where the CMS diabetes will see women with diet controlled GDM for some of their visits. This will allow some of the women attending the diabetes service to avail of the opportunity to have quality time visits with their midwife.
- Aim to extend the diabetes clinic area when colposcopy department moves to their new centre.
- Plan to develop more patient information leaflets.

Family Planning Advisory Centre

Head of Department/Division/Clinical Area

E. O'Beirne

Staff Complement

1 WTE = CMM2 E. O'Beirne.

Key Performance Indicators

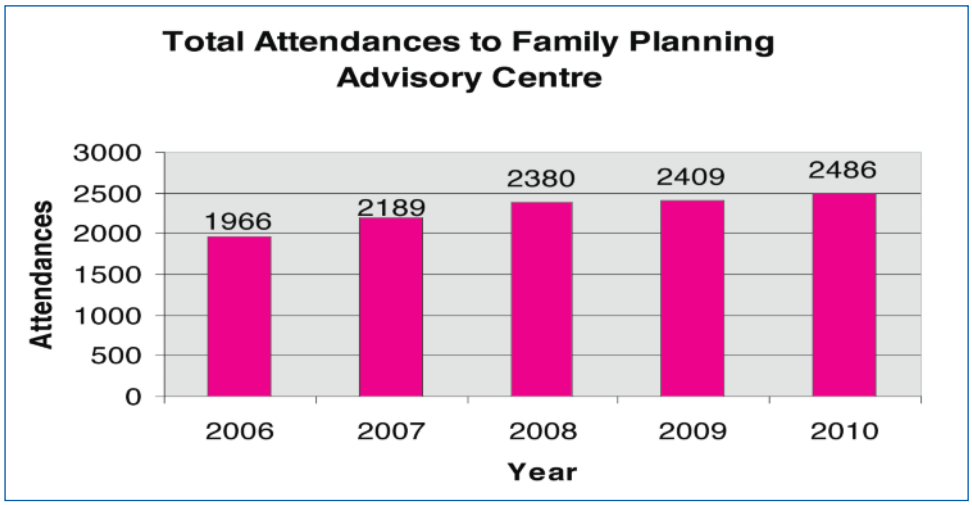
- Advising women and their partners on all methods of family planning and contraception.
- Providing a 'phone-in' service.
- Counselling women on issues relating to the planning, preventing and spacing of pregnancies.

Achievements in 2010

- Providing information booklets on contraception and sexually transmitted infections to French, Russian, Romanian, Polish and Mandarin speaking women. These are available on all wards and in adult OPD.

Challenges for 2011

- Ensure correct information is available to all women/couples.



Adult Outpatient Clinics

including Public and Semi-Private Antenatal, Postnatal and Gynaecological Clinics, Emergency Room and Early Pregnancy Assessment Unit

Heads of Department

Dr C. Fitzpatrick – Master/CEO
Dr T. D'Arcy – Head of Gynaecology Division
Dr M. Anglim – Lead Consultant EPAU
Professor W. Prendiville – Director of Colposcopy
Dr M. Carey – Director of Peri-operative Medicine
P. Hughes – Director of Midwifery & Nursing
F. Richardson – Asst Director of Midwifery & Nursing, Gynaecology Division
M. Nolan – Acting Clinical Midwife Manager 3 (Author of Report)

Staff Complement

18.98 WTE Midwifery/Nursing Staff to include:
A/CMM 3 – 1 WTE
CMM 2– 0.5 WTE on leave until Dec 2010
CMM 1 – 0.82 WTE until Oct 2010 retired
Staff midwives – 11.98 WTE
RGN – 1.68 WTE
Student Midwives – 3
Health Care Assistants – 1 WTE
OPD Clerical Staff – 10
Records Clerical Staff – 5

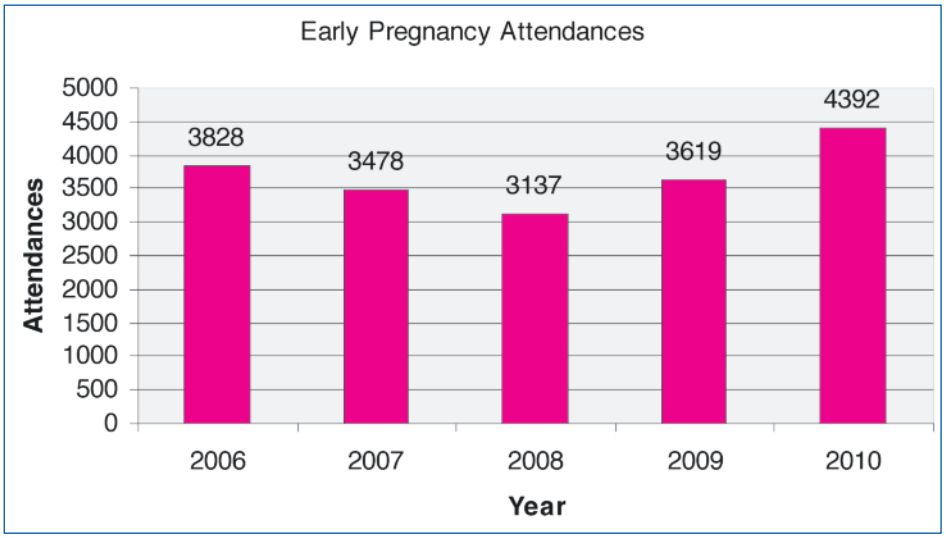
Key Performance Indicators

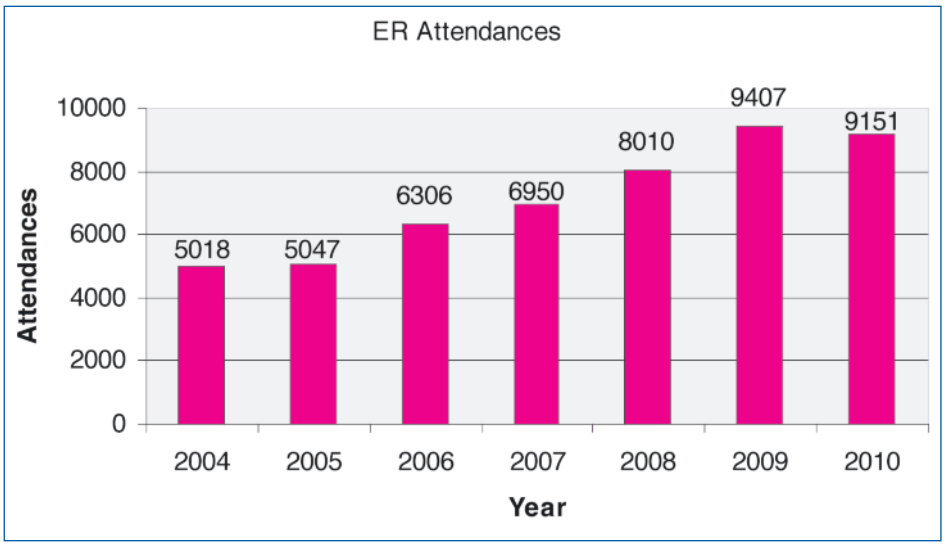
Antenatal women (Public and Semi-Private) Booking History Attendance = 6,489 (↓3.1%)
Total Consultant New and Return Public appointments made (excluding Diabetic Clinic) = 33,080 (↑23.5%) includes antenatal and postnatal consultations
Semi-Private appointments (includes antenatal and postnatal consultations) = 8,155 (↑13.8%)
Midwife Clinic Return and New appointments = 3,183 (↓13.3%)
Diabetic clinic appointments = 3,350 (↑20.2%)
Total Antenatal appointments made = 54,257 (↑15%)

Gynaecological clinics excluding Colposcopy:
New Appointments women seen = 2,122 (↓3.3%)
Return Appointments seen = 3,768 (↓10.6%)
Did Not Attend = 1,644 (21.8%)

Early Pregnancy Assessment Unit Appointments Booked = 4,392 (↑21%) of which 3415 were new attendances
Emergency Room Attendances = 9,151 (↓2.7%)

Total Appointments = 75,334 (↑13%)





Achievements in 2010

- Continued ongoing education of staff.
- Establishment of Pre-Op Anaesthetic clinic.
- Expansion of Liaison Perinatal Mental Health Outpatient Clinic.
- Facilitated establishment of Perinatal Loss Clinic.

Challenges for 2011

- To cope with increasing numbers of appointments and increasing complexities with diminishing resources.
- To expand Pre-Op Assessment Clinics.
- To facilitate the expansion of Perinatal Loss Clinic.
- To facilitate expansion of High Risk Clinics.
- Provision of up to date equipment with diminishing resources.
- Continuing ongoing education and staff training.
- To improve patient facilities.

Bereavement Support Midwife

Heads of Department

Dr C. Fitzpatrick Master/CEO
Dr T. D'Arcy, Director of Gynaecology Division
Dr M.J. White, Director of Paediatrics and Newborn medicine
Professor D. Murphy, Director of Obstetrics

Staff Complement:

0.5 WTE Clinical Midwife Specialist Designate, B. Shine (Author)

Key Performance Indicators

- Service commenced in August 2010.
- Provision of Bereavement Support to parents following Perinatal Loss.
- Promotion of a holistic approach to bereavement care within the clinical environment.
- Resource and support to all clinical staff, including student midwives/nurses.

Achievements in 2010

Referrals to Bereavement Support Service	August-December 2010
Stillbirth Referrals	21
NND death Referrals	4
Miscarriage Referrals	36
Anticipatory Grief Referrals	7

- Introduction of new service of the Clinical Midwife Specialist in Bereavement in August 2010.
- Provision of Bereavement Support to parents at the time of loss and in the weeks/months following their discharge home from hospital.
- Commencement of a Bereavement Clinic, to structure and formalise the follow up care of parents who experience a Stillbirth.
- Establishing links with representatives of Voluntary Organisations who support bereaved parents in the community.
- Commenced a two year MSc programme with the Irish Hospice Foundation in Bereavement Studies.

- Involvement in programme development for Bereavement education for Midwives/Nurses in conjunction with the Centre of Midwifery Education.

- To help promote continuous care of women in the Delivery Suite, midwives attended a Study Day/Workshop on perineal suturing organised by Anne Mulhall, A/Director of the CME. Mereen Chandy CMM1, Delivery Suite, became facilitator and teacher to midwives needing training or up-skilling in suturing techniques.

Challenges for 2011

- To develop and expand bereavement support services provided to parents.

- To develop policies and care pathways in bereavement care.

- To promote and support a culture of person-centred, humanistic care to bereaved parents.

- To continue to emphasise the importance of self care among staff affected by bereavement.

Gynaecology Division Report (Nursing)

Heads of Department

Dr T. D'Arcy, Director of Gynaecology Division
Dr M. Carey, Director of Perioperative Medicine/Anaesthesia
F. Richardson, Asst. Director of Midwifery & Nursing, Gynaecology
A. Rothwell, CNM 3, Theatre Manager

Staff Complement

CNM 3 x 1 WTE
Acting CNM 3 x 1 WTE
CMM 2 x 7.6 WTE
CMS x 1 WTE
CNM 1 x 3.3 WTE
Staff Midwives x 27.7 WTE
RGN x 34 WTE
Healthcare Assistants 5.5 WTE
Auxiliaries 4 WTE
CSSD Operatives 3 WTE
Total as of Dec 2010 166.4 WTE

Key Performance Indicators

- To lead and manage a team of Midwives, Nurses & Healthcare Assistants educated to deliver effective care to women & their families.
- To deliver care that is women & family centred, safe and evidence based.
- Retention and recruitment of staff.

2010	
Gynaecology Admissions	1127
Gynaecology Day Cases	7432
Gynaecology OPD attendances	11775
Gynaecology Operations	5523

Achievements

- The recruitment of B. Shine, RM, to Bereavement and Mental Health made a significant improvement to the care received by bereaved women and women experiencing mental health problems.
- RGN staff were rotated into from St Gerard's ward to Theatre to up-skill in Operating Department nursing.

- The CSSD was completely refurbished.
- The first gynaecology study day was held on 5th March 2010. It was very successful. Annual study days are planned going forward.
- Day Care management of women experiencing Hyperemesis in pregnancy increased. 605 day cases were recorded in 2010.
- All Health Care Assistants received FETAC training by year end.

Challenges in 2011

- Recruitment & retention of staff.
- Expansion of Pre-operative Anaesthetic Assessment Clinic within existing resources.
- Upgrade of medical gasses in Theatre.
- Provision of Post-operative patient controlled Epidural Analgesia for women with major gynaecology surgery.
- Expansion of Midwife/Nurse facilitated discharge.

Operating Theatre Department

Heads of Department/Division/Clinical Area

Dr T. D'Arcy, Director of Gynaecology Division
Dr M. Carey, Director of Perioperative Medicine/Anaesthesia
F. Richardson, Asst. Director of Midwifery & Nursing, Gynaecology
A. Rothwell, CNM 3, Theatre Manager (Author)

Staff Complement

Approved posts 28 WTE
CNM 3 x 1 WTE
CMM 2 x 1.5 WTE
CNM 2 (Anaesthetics) x 1 WTE
Staff Midwives x 4.24 WTE
RGN 21.5 WTE
Total as of Dec 2009 was 29.24 WTE

Key Performance Indicators

Activity levels increased in 2010. The trend is towards more operative procedures both in obstetrics and gynaecology. Increases seen in the number of elective caesarean sections is placing significant pressure on resources and services, particularly elective gynaecology and neonatal services. Consideration is being actively given to separate the obstetric from the gynaecology activity (i.e. the running of a caesarean section list separate from routine gynaecology lists), to provide more balance to the working week and to reduce pressure for theatre time by speciality.

Achievements in 2010

Following a gynaecology 'Away Day' in 2010, the gynaecology division plans for the implementation of the following were advanced:

- Referral pathways for gynaecology patients.
- Consent and the gynaecology patient.
- Patient information leaflets.
- Electronic submission of theatre lists.
- Further development for the Pre-operative assessment clinic.
- Surgical Pause.
- Nurse/Midwifery led discharge for elective gynaecology day case admissions.
- Improved Clerical Support and processes for gynaecology services.

Challenges for 2011

- To advance the plan for further development in pain management; including the introduction of Patient Controlled Epidural Analgesia services in gynaecology.
- To implement all of the recommendations of the Gynaecology 'Away Day'.
- To find ways of managing the impact of growing numbers of Caesarean Sections.
- To develop a formal Fire Evacuation Plan for the Operating Theatre Dept.

Department of Obstetrics, Maternity Floors

Heads of Department/Division/Clinical Area

Ms Angela Dunne, Assistant Director of Midwifery and Nursing
Ms Fidelma McSweeney, Acting Clinical Midwifery Manager 3 (Author of Report)

Staff Complement

Complement of WTE Midwives/HCAs/Clerical Staff as follows:
1 WTE Acting CMM3
4 WTE CMM2
8.56 WTE CMM1
37.1 WTE Staff Midwives
14 WTE HCAs
3.5 WTE Clerical Staff

Student Midwives: 11 BSc Student midwives commenced their Internship on January 3rd 2010 in the clinical area and are included in the staffing numbers. This is the first group to practice in their internship year which is a very significant change in midwifery practice. It is a great achievement for the individual students and those that guided, nurtured and were preceptors for this group.

Higher Diploma Midwifery Students: 24 students commenced their midwifery training in September 2010 and are due to complete their training in March 2012. This group of students are also included in the staffing levels which varies throughout the year depending on college commitments.

Maternity Floor Departments

Our Lady's Ward which is a 36 bedded postnatal ward with a compliment of 21 WTEs, 2 Health Care Assistants working 12 hour shifts seven days per week. There were a total of 5035 admissions and 151 readmissions in 2010.

St Joseph's Ward is a private postnatal ward with a compliment of 14 WTEs and 1 Health Care Assistant working 12 hour shifts seven days per week. There were a total of 1617 admissions and 118 readmissions.

St Monica's Ward is a 29 bedded Antenatal Ward with a compliment of 18.8 WTEs and 2 Health Care Assistants working 12 hour shifts per week. There were a total of 5857 admissions.

St Patrick's Ward is a 32 bedded combined Antenatal and Postnatal Ward for semiprivate and private patients with a compliment of 19.83 WTEs and 2 Health Care Assistants working 12 hour shifts seven days per week. There were a total of 4304 admissions and 151 readmissions in 2010.

Currently there are no assigned Health Care Assistants to night duty on the maternity floors.

Key Performance Indicators

- To lead, develop and manage Midwifery staff who are qualified in the delivery of safe effective and evidence based care, to women and babies that we, as an organisation care for.
- Provision of services that encompasses and are mindful of our multicultural patient population.

- Close working partnership with Community Midwife Service for the uptake of early transfer home by women living in the catchment area of the Community Midwife Service.
- Reduction of average length of stay in hospital.

Achievements

- The introduction of the administration of prostaglandin by midwives commenced in December 2010, with clear advantages to the woman, midwife and organisation.
- The introduction of storage of woman's casenotes by the bedside in St Monica's Ward, St Patrick's Ward and Our Lady's Ward. This practice leads to documentation that is more, timely, complete and of a higher quality. Documentation is done at the point of care – bedside care and record keeping help reduce the chance that the midwife/doctor will overlook data.
- Working in collaboration with the neonatal staff with their development of a Neonatal Postnatal Ward Liaison Nurse to deliver appropriate and optimum neonatal care on the postnatal wards.
- In a time of organisational financial constraints a monthly review of the records of baby milk orders was carried out. The diligent management and control of ward stock by midwifery/Health Care Assistants staff was very successful with savings of almost 20,000 Euro pa.

Challenges

- The biggest challenge to the departments in 2011 will be the impact of the declining economic status of the country. It is imperative that resources are used properly and wisely. We will have to continue to examine every opportunity to reduce our costs whilst at the same time increase our safety and quality levels.
- Staff Retention: Facilitating continuous professional development within the current climate of budgetary constraints and the HSE moratorium on recruitment of staff.
- Working closely with IT Department Midwife in the developmental and implementation process of the Postnatal Discharge Planning Package. This package will allow for the provision of a comprehensive discharge planning for women to ensure a smooth and timely discharge of mothers and babies to home. This package will also improve further the communication pathway to GP Services and Public Health Services.
- To promote a shared multi departmental perception of the importance of patient safety through continuously reviewing clinical incident reports and disseminating the learning points.
- To facilitate clinical audits and reflective practice to improve the provision of quality patient care.

Department of Paediatrics and Newborn Medicine (Nursing)

Head of Department/Division/Clinical Area

Dr M. J. White, Director of Paediatrics and Newborn Medicine
B. Boyd, Assistant Director of Midwifery and Nursing
A. Mac Intyre, CMM3 (Author)

Staff Complement

Complement of 77.8 WTE including:

1 WTE Assistant Director of Midwifery & Nursing
1 WTE Advanced Nurse Practitioner – Neonatal Nursing
1 WTE CMM3
7 WTE CMM2
1 WTE CMS Transition Home Service
1.5 WTE Clinical Skills Facilitator
7 WTE CMM1
55.5 WTE Midwives and Nurses
Support Staff
Clerical Staff

Key Performance Indicators

- Reduction in Nocosomial Infection rates through close team collaboration and the development of the Bug Buster Team and SOS-Stamp out Sepsis strategies that include specific IV neonatal team training.
- Clinical Risk Management/Governance – Medication Education Sessions and Competency Based Examination.
- Recruitment and Retention.
- Promotion of evidence-based practice.
- Management of Extremely Low Birth Weights (ELBW).
- Accepting Tertiary Referrals.

Achievements

- Staff retention was 99% and 1 WTE staff nurse was recruited. 2 WTE CNM's 1 and 1WTE CSF and were appointed.
- 24 staff attended the National Neonatal Study Day and the Neonatal Staff presented 10 poster presentations. Anne O'Sullivan (ANP) and Mary O'Connor(CMM2) won the Abbott Neonatal Nursing Research Award for their poster presentation on ROP, and their research was published in the Archives and Diseases of Children, Fetal and Neonatal Edition, June 2010.

- 9 staff attended the Ceisi Study Day, 2 staff attended the Reason Conference, England, and they presented feedback to colleagues.
- Total of 113 staff attended NRP study days organised by M. Moynihan CMM2, 12 staff nurses from St James's A&E.
- 7 staff midwives/nurses graduated from the Post Graduate Higher Diploma in Neonatal Intensive Care, a further 4 staff commenced the programme in September.
- Mary O'Connor was invited to 21st Annual NIDCAP Trainers meeting in Maastricht, Netherlands. 12 staff also completed NIDCAP workshop facilitated by Inga Warren.
- Post Natal Ward Liaison post was piloted in October 2010, lead by Marian O'Shaughnessy, CMM1.
- Renovations of the HDU and SCBU commenced in September, increasing cots from 33 to 40.
- The NNTP team from the CWIUH conducted 35.9% (110) of the total number of NNTP transports in 2010, 53.9% (62) of which were outside the greater Dublin area, including 1 international transport.
- The team from the Karolinska Institute, Sweden facilitated the provision of ECMO to a baby in NICU prior to transfer to Scotland for ongoing treatment in December 2010.

Challenges

- Recruiting at CNM/CMM level presents an ongoing challenge.
- Increasing cot spaces to 40.
- Completion of the refurbishment of HDU and SCBU and the operation of the neonatal centre over two floors.
- To develop an emergency evacuation plan that is unique to the NICU and meets relevant health and safety requirements.

We would like to take this opportunity to sincerely thank the Clinical Nurse/Midwife Managers, ANP, CMS, the CSFs, the nursing staff, auxiliary and clerical staff and allied health professionals of the Neonatal unit for their dedication, hard work and support throughout the year.

Neonatal Transition Home Service (NTHS)

Head of Department/Division/Clinical Area

Dr M. J White, Director of Paediatrics and Newborn Medicine
B. Boyd, Assistant Director of Nursery and Midwifery
A. MacIntyre, Clinical Midwife Manager 3

B. Whelan, Clinical Midwife Specialist – Neonatal Transition Home Service (Author of Report)

Staff Complement

1 WTE CMS – NTHS, B. Whelan

Key Performance Indicators

- Continue to promote parent education in the Neonatal Centre to enhance readiness for discharge. Weekly group education session held covering all aspects of parentcraft.
- In 2010, 11 babies were discharged home on home oxygen therapy. This required extensive preparation and planning.
- 113 babies received Synagis (RSV Prophylaxis). 38 babies commenced prophylaxis while in the unit and were then referred for home admission. 58 babies were referred for home admission only. 6 babies transferred to other hospitals and 11 babies had only hospital administration.
- In conjunction with lactation support CMS we continue to provide a weekly class for mothers who are expressing milk for their babies. By offering this help and guidance, mothers have a greater chance of successfully providing milk for their babies.
- Home visits and mobile phone support post discharge is a unique service provided by the NTHS. This year 26 families benefitted from home visits. Average of 35-40 calls per month.
- The Neonatal Support Group monthly meeting had a total attendance this year of 282. It is evident from the attendance how important this support is to many of our families. This is the group's fourth year.
- Education sessions provided as requested to midwifery/nursing staff, students of Neonatal Intensive Care Course, P.H.N's and G.P. practice nurses.

Achievements in 2010

- Article published in HSE Magazine 'Health Matters' on Neonatal Support Group.
- Poster presentation at National Neonatal Conference.

Challenges for 2011

- Continue to provide quality service.
- In conjunction with Ms B. Boyd, ADoM&N, we aim to produce Neonatal Centre information booklet for parents.

Advanced Nurse Practitioner Report (Neonatology)

Head of Department/Division/Clinical Area

Dr M. J White, Director of Paediatrics and Newborn Medicine
B. Boyd, Assistant Director of Nursery and Midwifery (Neonatal Division)
A. MacIntyre, Clinical Midwife Manager 3

A. O'Sullivan, Advanced Nurse Practitioner (Neonatology), accredited in 2006 1WTE (Author of Report)

Introduction

My role includes the fundamental concepts of Nursing with the enhanced knowledge and clinical skills of an Advanced Nurse Practitioner to provide optimal family centred, evidence based health care, in an endeavour to improve clinical outcomes, cost effectiveness and patient/parent satisfaction. My role is predominately clinical (75%) but also incorporates education, practice development and research.

Key Performance Indicators

- To ensure and enable consistency in standards of health care delivery. This is achieved by having a clinical presence whereby I offer support and guidance to other members of the multidisciplinary team while also managing a caseload.

- To deliver evidence-based neonatal nursing, this is achieved by ensuring nursing and medical care is based on current best evidence. Clinical guidelines are reviewed and staff are updated using formal and informal educations programmes. I also participate in education sessions for midwifery, nursing staff and higher diploma students, and orientation and in-service education for medical and nursing staff. I am available as a resource and in a consultative capacity to midwifery and obstetric staff and to staff from other Hospitals within the area network and nationally. I am a provider of the Neonatal Resuscitation Programme and participate in several programmes annually to ensure there is consistency and high standards in the management of infants requiring resuscitation and stabilization following delivery.

- To promote family centred care and minimize separation of mothers and infants we endeavour to reduce the admission rate to the Neonatal Department, the staff education required to support this initiative is ongoing.

- To improve outcomes, this is achieved by participating in quality improvement initiatives and incorporation of potentially better practices into our clinical practice. Outcomes are measured by regular audits.

- To promote and facilitate research activities. This is achieved by participating in the monthly journal club and as a member of the research committee. I am involved in the development of evidence based clinical guidelines and as a member of the Drugs and Therapeutics committee we have an ongoing commitment to ensure drugs used in neonatal care are evidenced based.

Achievements in 2010

- RCT, accepted for publication, A O'Sullivan, M O'Connor, D Brosnahan, K McCreery, E M Dempsey, Sweeten, soother and swaddle for retinopathy of prematurity screening: a randomised placebo controlled trial. Arch Dis Child Fetal Neonatal Ed 2010;95:F419-F422 Published Online First: 28 September 2010 doi:10.1136/adc.2009.180943.

- Best Neonatal Oral Presentation titled 'Sweeten, Soother and Swaddle for Retinopathy of Prematurity Screening', at the 29th Annual International Nursing and Midwifery Conference, Royal College of Surgeons in Ireland Faculty of Nursing and Midwifery.

- In collaboration with Nursing and Medical colleagues we presented 5 posters at the Abbott 6th Annual Neonatal Study day and won the overall Abbott Neonatal Nursing Research Award. Posters entitled:
  - Comparison study of Litmus paper versus pH paper
  - Nutritional Audit January-March 2009
  - Audit of Temperature Regulation in Infants < 1500g January-June 2009
  - Patient questionnaire on Retinopathy of Prematurity Leaflet
  - Sweeten, Soother and Swaddle for Retinopathy of Prematurity Screening

- Presented an update on 'Innovations in Neonatal Care' at the 2010 Essence of Midwifery Care Conference, Coombe Women and Infants University Hospital.

- Audits carried out in 2010 include:
  - Regular hand hygiene audits
  - Infection rates associated with the use of Percutaneously Inserted Central Catheters
  - Nutritional Practice in infants less than 1500grams
  - Temperature Regulation in Infants less than 1500g from delivery to stabilisation
  - Sweeten, Soother and Swaddle for Retinopathy of Prematurity Screening

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Plans for 2011

As a member of the Midwifery & Nursing Research Strategy Development Committee (MNRSDC), to initiate a nursing research project and increase participation at the journal club.

To further promote family centred care, I hope to advance to the development of a guideline to enable the administration of IV antibiotics on the postnatal wards and to facilitate and support staff in the implementation of this guideline.

Education, Midwifery & Nursing at CWIUH

Ms Patricia Hughes

Midwifery Education between Coombe Women & Infants University Hospital and Trinity College Dublin continued for both the BScM 4 year Midwifery programme (pre-registration) and the 18 month Higher Diploma Midwifery Programme (post registration). By December 2010 we had a total of 97 midwifery students undertaking one of the two programmes. The breakdown was as follows: 18 month Higher Diploma post-registration programme with TCD (n=24); BScM pre-registration programme Third Years (n=17), Second years (n=19) and First years (n=20). Our thanks to Margaret Carroll, Director of Midwifery programmes and all the staff at the Department of Nursing & Midwifery in Trinity College Dublin without whose direction and assistance, the programmes would not be possible.

Our very first cohort of BScM midwives graduated in December 2010 following successful completion of a 36 week internship programme from Jan to Sept 2010 in CWIUH. Out of an initial starting group of 20, 10 students graduated. Some had had to take time out over the four year period and were now in third year, some transferred between courses in TCD and a small number left the programme and university life. At the same time, 19 Higher Diploma midwives graduated following the 18 month programme. It is testament to all of the graduates that they were successful in obtaining permanent posts in CWIUH and now make a very important contribution to the care of women and infants as well as in the support and preceptorship of future midwifery students.

The Postgraduate Diploma in Neonatal Intensive Care Nursing continued as a joint venture between the three Dublin Maternity Hospitals and the Royal College of Surgeons Ireland and we are indebted to both Professor Seamus Cowman and the coordinator of the programme, Patricia O'Hara for the continued success of this programme which prepares and enables nurses and midwives to provide the highest quality of neonatal nursing care as is required in all three tertiary neonatal units.

The Centre of Midwifery Education was in its third year. Ms A. Mulhall, A/Director has submitted a report to this Annual Clinical Report on the activities of the Centre in 2010. It goes from strength to strength. 2010 saw the launch of the Centre's own website (www.centreformidwiferyeducation.ie). The website, designed and enabled by the work of the staff of the CME and assisted by Ms A. Jesudason, A/CMM3, whose IT skills have proved invaluable over the last number of years, is a shining example of what can be achieved through collaboration and partnership (her schoolgoing son also played a vital part in this initiative). The CME is a beacon for other CNE/ CMEs around the country. Much thanks are due to Ms. Mulhall for her unstinting enthusiasm, dedication, leadership, vision and commitment to Midwifery & Nursing education. She is ably assisted in her role via the Postgraduate Diploma in Neonatal Nursing Co-ordinator, P. O'Hara; P. Griffiths, Secretary to the Centre and the joint co-ordinating group which comprises of the three Practice Development Co-ordinators, two AdoM&Ns drawn from CWIUH and the Rotunda Hospital, Education Co-ordinator from National Maternity Hospital without whose commitment, dedication and support, success would not be possible. Our sincere thanks to the team.

Through the work of the hospital, our partnership University, TCD and the CME, we are also indebted to the Nursing & Midwifery Planning Development Unit (NMPDU), HSE, Dublin Mid Leinster and in particular to the outgoing director, Ms Liz Roche, and Chair of the Board of Management for the Centre for Midwifery Education. Ms Roche ensured that the activities of the CME and the needs of maternity services were articulated and actioned as appropriate and we are very grateful to her for her leadership and commitment to women & infants services over the last number of years. A word of thanks also goes to Ms Yvonne O' Shea, Director of the National Council for Nursing & Midwifery (NCNM) and her staff who have paved the way for midwives & nurses to follow up on the recommendations of the Commission of Nursing, a Blueprint for the Future and

provided guidance and support especially in relation to the development, preparation and validation of Clinical Midwife/Nurse Specialist and in Advanced Practitioner Roles. In line with the proposed Nurses & Midwives Bill (2010), the role and function of the NCNM is to merge with that of An Bord Altranais in the future.

The 3rd Annual Essence of Midwifery Care Conference took place on International Day of the Midwife on the 5th May 2009. This event is increasing in popularity year on year. We were honoured to learn that Professor Cecily Begley (previously a midwife here at the CWIUH) had accepted our invitation to presented the 7th Annual Maureen McCabe Lecture (2010) entitled 'Leading the Way towards Midwifery-Led Care in Ireland' in which she outlined the work and initial findings of the MidU study. Maureen McCabe was a Principal Midwife tutor at CWIUH who was a very positive influence on midwives and with whom Professor Begley worked alongside. This study was subsequently published by the HSE in December 2010 and is available to download in pdf format from their site. Thanks to the generosity of the presenters on the day, all of the conference proceedings are now available to download from the CME website, www.centreformidwiferyeducation.ie.

2010 Essence of Midwifery Care Conference – Leadership

At the Rita Kelly Conference Centre, Coombe Women and Infants University Hospital on International Day of the Midwife, 5th May 2010.

0800-0830	Registration, Coffee, Trade Exhibition	
0830hrs	Chairperson	Bridget Boyd, Assistant Director of Midwifery & Nursing, CWIUH
0835-0845	Opening Address	Patricia Hughes Director of Midwifery & Nursing Coombe Women & Infants University Hospital
0845-0915	The Nurses & Midwives Bill 2010	Sheila O' Malley Chief Nursing Officer Department of Health & Children
0915-0945	The Introduction & Progress of the Pre-registration Midwifery Programme, BSc (Hons) Midwifery	Margaret Carroll Director of Midwifery Programmes University of Dublin, (TCD)
0945-1015	Coffee & Trade Exhibition	
1015hrs	Chairperson	Krysia Lynch, Acting Chair & PRO AIMSI
1015-1055	Using the Tools of the Trade to Keep Childbirth Natural and Dynamic (KCND)	Dr Margaret Maguire, Deputy Chief Nurse, Scotland
1055-1125	National Clinical Leadership Programme for Nursing & Midwifery	Joan Phelan, Area Director, HSE South (Nursing Services Directorate)
1125-1155	Leadership in Midwifery Practice: essential ingredients for an 'alongside' midwifery-led birth centre	Belinda Ackerman, Consultant Midwife, Guy's & St. Thomas' NHS Trust, London

1155-1225	Innovations in Neonatal Care	Ann O'Sullivan, Advanced Nurse Practitioner (Neonatal Nursing) Coombe Women & Infants University
1230-1330	Lunch & Trade Exhibition	
1330	Chairperson	Ann Mulhall, A/Director, CME
1335-1420	The Maureen McCabe Lecture "Leading the way towards midwifery-led care in Ireland"	Prof Cecily Begley, School of Midwifery & Nursing, TCD
1420-1450	Leadership Research: The Midwife Mother Relationship	Paula Barry, Acting Practice Development Coordinator & Judith Fleming, Clinical Skills Facilitator, CWIUH
1450-1530	Leadership in Midwifery Practice. The Value of Using an Early Warning Score (EWS) in Maternity Care	Anna O Connor, Clinical Skills Facilitator, CWIUH
1530-1600	Leadership in Midwifery Practice – The Role of the Candidate Advanced Midwife Practitioner in Normal Midwifery Practice	Ann Ellis, Asst Director of Midwifery & Nursing Janet Murphy, Candidate Advanced Midwife Practitioner in Normal Midwifery Practice, Maternity Services, WRH
1600-1630	Bridging the Gap. Delivering on Choices & the Memo of Understanding	Colm O'Boyle, Self Employed Midwife & Midwife Lecturer, TCD
1630-1645	Closing Remarks	Patricia Hughes, DoM/N

Awards to Midwives & Nurses in 2010

Mary Drumm Scholarship 2010
Annie Jesudason, A/CMM3

Best Clinical Teacher Award 2010
Ann Moyne, CMM2

Awards to Midwifery Students

Gold Medal
Renee Weldon, BScM
Noelle Dalton, Higher Diploma Programme

Silver Medal
Kathleen Cleere, BScM
Bronagh O'Connell, Higher Diploma Programme

Dr T. Healy Award – Best Clinical Student Midwife
Kim Heatley, Higher Diploma Programme

CENTRE FOR MIDWIFERY EDUCATION

Excellence in the Provision of Midwifery & Nursing Education & Training Programmes

Centre For Midwifery Education (CME)

Head of Department:

1 WTE Director, Ann Louise Mulhall (Acting) Author of Report

Staff Complement:

1 WTE Co-ordinator of the Post Graduate Diploma in Neonatal Intensive Care Nursing: Patricia O'Hara
0.5 WTE Secretary: Patricia Griffiths

Key Performance Indicators

- The CME provides continuing midwifery and nursing education and training programmes for staff from the Coombe Women and Infants University Hospital, The National Maternity Hospital and the Rotunda Hospital as well as the general requirements for midwifery education in the Greater Dublin Area.
- The Centre also provides national specialist programmes for midwives.
- The education provided includes midwifery, neonatology, gynaecology and other related programmes.
- The Centre has a potential student population in excess of 2000 midwives, nurses, self employed midwives, public health nurses, A&E nurses, Practice Nurses and health care assistants.

Achievements in 2010

- 31 programmes were provided on 81 occasions to 1023 participants.
- 11 students commenced the Post Graduate Diploma in Neonatal Intensive Care Nursing from the three Dublin Maternity Hospitals including 2 students from Our Lady of Lourdes Hospital, Drogheda.
- CME website www.centreformidwiferyeducation.ie was launched in March 2010. The website provides information on the centre's governance structure, events, resources of benefit to staff, the Prospectus and Annual Report. Staff from the maternity hospitals can subscribe and book programmes online.
- CME Prospectus was published and placed on the website.
- Further development of programmes for the 3 maternity hospitals that rotate between each hospital and the CME.
- Programmes provided by the CME included:
  - CPR-BLS for Health Care Providers
  - NRP
  - Preceptorship Programmes

- Wound Care in Maternity services
- Customer Care courses
- IV Study Days to include: Peripheral IV Cannulation and
- Venepuncture
- Care of the Critically Ill Obstetric Patient Course
- Fetal Heart Rate Monitoring Interpretation Workshops
- Bereavement Study Days
- Care of Baby with Life Limiting Conditions
- Gynaecology Update
- Diabetes in Pregnancy Update
- 20 hr Breastfeeding Course
- Breastfeeding Update
- Neonatal Preceptorship Course
- Neonatal IV Cannulation
- Neonatal Study Day
- Perineal Suturing
- Anaphylaxis Training
- Birth Centres
- Professional Issues Update
- Clinical Skills Update
- Medication Management

Challenges for 2011

Further development of courses for staff from the 3 maternity hospitals to include the following:

- Theatre Nurses Study Day
- Mental Health in Pregnancy Study Day
- Parent Education Facilitator Programme
- Examination of the Newborn
- First Time Managers Programme

Funding has been obtained from the National Council for Professional Development of Nurses and Midwives to provide:

- Domestic Violence Workshops
- PROMPT Train the Trainers Programme
- ALERT Train the Trainers Programme to include Obstetrics Module
- Emergency Skills Update for Self Employed Midwives will be facilitated
- Provision of a Moodle Service via the CME website
- The provision of Video Conferencing between the CME Hub and satellites
- Hetac Accreditation

Department of Adult Radiology

Head of Department

Dr Mary T Keogan

Staff Complement

3 radiographers (shared with Paediatric and Perinatal service)

Key Performance Indicators

Radiographs	258
Ultrasounds	2473
Total adults examinations	2731

Achievements in 2010

- Expansion of the general adult and gynaecological service despite space constraints (1990 ultrasounds in 2009, 2473 in 2010).

Challenges for 2011

- The key challenge is to meet the increasing demand for gynaecology ultrasound in view of the significant increase in referrals to CWIUH for benign gynaecology.

Department of Paediatric Radiology

Head of Department

Dr D Rea (Paediatric Radiology)

Staff Complement

2 fulltime radiographers shared between adult and paediatric services – 1 Clinical Specialist Radiographer and 1 senior post.

Key Performance Indicators

Outpatient radiographs	1496
Inpatient radiographs	1907
Inpatient ultrasounds	828
Total paediatric examinations	4231

Achievements in 2010

- Clinical Specialist Radiographer (Ms Deirdre Magenis) was appointed.
- Teaching registrars on the RCSI Radiology Training Scheme about neonatal imaging particularly emergency US.
- Improving standards for neonatal MRI in OLHSC, with appropriate imaging guidelines.

Challenges for 2011

- The hospital is funded for 13 hours per week of Consultant Paediatric Radiology support. This continues to be inadequate. An proposal to increase the Paediatric Radiology service provision is before the HSE.
- Due to limitations in personnel resources we are failing to provide adequate teaching and education to the undergraduate and postgraduate medical and nursing staff.
- The Orthopaedic team continue to need an appropriately resourced hip ultrasound service and this continues to be impossible to provide given the limited staffing resources allocated; a business case has been submitted to the HSE in relation to this.

Department of Pathology/Division of Laboratory Medicine

Laboratory Medicine [Administration]

Head of Department

Director of Pathology

Professor John O'Leary

Staff Complement

Prof John O'Leary	Director of Pathology
Martina Ring	Chief Medical Scientist (Laboratory Manager)
Ruth O'Kelly	Principal Biochemist

Pathology Consultants

Dr Niamh O'Sullivan	Microbiology
Dr Catherine Flynn	Haematology/Transfusion
Dr James O'Donnell	Haematology
Dr Barry White	Haematology
Dr Colette Adida	Histopathology/Cytology
Dr Anna Radomska	Histopathology/Cytology (locum)

Pathologist

Dr Joseph Stuart	Morbid Anatomy

Pathology Quality/IT Manager

Stephen Dempsey

Staff Complement

Medical Scientist & Lab Aide Staff	36 WTE
Biochemists	3 WTE
Phlebotomist	2 WTE (one locum)
Administration/Clerical Staff	4.5 WTE
Laboratory Porter	1 WTE
Specialist Registrar [SpR] Histopathology	1 WTE
Consultant Staff	3 WTE
Haemovigilence Officer	1 WTE

Key Performance Indicators

Area	2005	2006	2007	2008	2009	2010
Microbiology	155993	173767	163175	49463*	46897	44185
Biochemistry	108622	109238	109701	167484	113709	108102
Haematology	52373	52579	50856	44949	47523	45173
Transfusion	19705	21780	23158	24548	24544	24406
Cytopathology	14064	14090	16969	17401	14934	13604
Histopathology	5261	5564	4918	4999	5601	5843
Post mortems	32	39	46	70	50	45
Phlebotomy	11772	11896	12321	13877	15662	17466

* = new numbering system adopted in 2008

Achievements in 2010

- Award of INAB accreditation and full compliance with ISO 15189 to the Haematology and Histopathology Departments.
- The Transfusion Medicine and Cytopathology Departments maintained their accreditation with full compliance to ISO 15189.
- Excellent external quality assurance [EQA] performance in all pathology disciplines.
- Award of PhD in Molecular Pathology to Louise Kehoe, in Histopathology.
- Ruth O'Kelly, was admitted as a fellow of the Royal College of Pathologists in London in April.
- Martina Ring, awarded MA in Healthcare Management from IPA/NUI.
- The Pathology Dept. provided in-service training to Cytopathology third year DIT Medical Laboratory Science students.
- Continued growth of research student numbers at PhD, MSc and MD levels.
- Continued growth in research funding for Molecular Pathology.

Challenges for 2011

- Completion of accreditation process with the attainment of ISO 15189 accreditation in Biochemistry and Microbiology.
- Continued cost saving and income generation initiatives within the department.

Histopathology and Morbid Anatomy

Head of Department

Professor John O'Leary
Jacqui Barry O'Crowley, Senior Medical Scientist

Staff Complement

Consultant Pathologists

Professor John O'Leary
Dr Colette Adida
Dr Anna Radomska (Locum)

Pathologist

Dr Joe Stuart

Non Consultant Hospital Doctors

Dr Brian Hayes
Dr Ramadan Shatwan

Scientific Staff

2 WTE Senior Medical Scientists	Jacqui Barry O'Crowley Brid King (until June 2010, Linda Kelly-Sept 2010)
2 WTE Medical Scientists	Paul Moorehead Ciara Murphy
1 WTE Lab Aide	Johnny Savage
0.5 Post mortem technician	Graham O'Lone
2 WTE Medical Scientist for Colposcopy	Louise Kehoe Niamh Kernan from July 2010

(1 WTE Medical Scientist post only appointed at Lab Aide grade until July 2010-Niamh Walsh)

Key Performance Indicators

Specimen throughput

Specimens	5843
Blocks	30,100
Slides	35,000
Special Stains (Manual)	250
Immunocytochemistry	2351
Frozen Sections/Fresh Tissue	2
Post Mortem	45

Colposcopy Specimens 2010

Specimen Type	Case Numbers	Blocks Numbers
LLETZ	986	Generates approximately 15 Blocks per sample with x 2 levels on each block
CXBX	993	Generates x 3 levels on each block

2010 Turn-Around Time Analysis from Date of Receipt to Authorisation Yearly Averages (Days)

Turn-Around Times from Receipt to Authorisation of Report

Specimen Type	Turn-Around Time in Days
Cervical Biopsies	4.8 days
LLETZ Biopsies	10.6 days
Placenta	13.3 days
Surgical	5.3 days

Cervical Biopsies includes: Punch, Cervical Polyp, Cervical Tissue, Endocervical Biopsies.
LLETZ includes: Cone/SWETZ/NETZ/LEEP.

Achievements in 2010

- Attainment of ISO15189 accreditation in February 2010 and retained it following 2nd inspection in September 2010.
- Increased the histopathology workload by agreeing to carry out the work generated under the CWIUH/NCSS Colposcopy SLA.
- Increased the number of Immunohistochemistry panels of antibodies offered to Pathologists.
- Continue to be involved in the following Quality Assurance Schemes:
  1. **UKNEQAS:** H/E, Special Stains and Immunohistochemistry Quality Assurance schemes.
  2. **NordiQC:** Immunohistochemistry Quality Assurance scheme. The histopathology department's QA results continue to be above the National average score.
- An Inter Laboratory IHC QC Scheme was established through the by this histopathology department, incorporating the histopathology departments of Connolly Hospital, Blanchardstown and Our Ladys Hospital for Sick Children, Crumlin.
- Researching Silver In-situ Hybridisation (SISH) with a view to its implementation routinely in molar pregnancy diagnostics.

- One Medical Scientist was awarded her PhD in Molecular Pathology.
- All medical scientists take part in a CPD programme.

Challenges for 2011

- INAB Accreditation Certification for histopathology.
- Proceed with Internal Audits for Histopathology.
- To offer Silver in-situ Hybridisation in molar pregnancy diagnostics.
- Continue the development of an Inter Laboratory IHC Assessment Scheme.
- Staff attendance at Ventana IHC Training Programme.
- Staff attendance at UKNEQAS seminars.

Cytopathology

Head of Department/Division/Clinical Area

Professor John O'Leary
Noel Bolger, Chief Medical Scientist

Staff Complement

Consultant Pathologists

Professor John O'Leary
Dr Colette Adida
Dr Anna Radomska (Locum)

Non Consultant Hospital Doctors

Dr Brian Hayes
Dr Ramadan Shatwan

Scientific Staff

1 WTE Chief Medical Scientist	Noel Bolger
0.8 WTE Senior Medical Scientist	Mary Sweeney
3.5 WTE Medical Scientists	Mary McKeown
	Grace Creighton
	Roisin O'Brien
	Niamh Cullen
0.5 WTE Lab Aide	Graham O'Lone
1 WTE Clerical Officer – (job sharing position)	Mary Nugent
	Anne O'Reilly

Key Performance Indicators

- External QC/Internal Audit

Specimen throughput	2010	2009
Specimen throughput	13604	14935
Out patients department	1103 (8.10%)	1500 (10.0%)
Consultant's Clinics	4566(33.60%)	4168 (28.0%)
Colposcopy Clinics	6193(45.50%)	4380 (29.3%)
General Practitioners	1742(12.80%)	4885 (32.70%)

Results of smears from all sources

	2010	2009
Unsatisfactory	556 (4.1%)	664 (4.4%)
Negative	9122 (67.0%)	10815 (72.4%)
Borderline	1268 (9.3%)	996 (6.7%)
CIN 1	1819 (13.4%)	1714 (11.5%)
CIN 2	461 (3.4%)	444 (3.0%)
CIN 3	354 (2.6%)	277 (1.9%)
CGIN	24 (0.2%)	25 (0.2%)

Achievements in 2010

- Maintaining our ISO 15189 accreditation.
- Participation in the South and West EQA scheme, Bristol. U.K. (2 rounds completed).
- Participation in the Hologic TEQA scheme (4 rounds completed).

Challenges for 2011

- In 2010 our workload showed a decrease in overall numbers of cases received. However a significant increase in Colpsocopy cases over 2009 figures, resulted in a higher abnormality rate, which reflected the increased complexity of this workload.

Haematology/Transfusion Medicine/Haemovigilance Department

Head of Department

Dr C Flynn

Staff Complement

1 Chief Medical Scientist (WTE)
2 Senior Medical Scientists (WTE)
4 Staff Grade Medical Scientists (WTE)
1 locum Staff Grade Medical Scientist
1 Haemovigilance Officer (WTE)
1 Clerical Officer (0.5 WTE)

Key Performance Indicators

Haematology/Transfusion Medicine/ Haemovigilance

• Number of women transfused	230
• Number of women who received 5 or more RCC	14
• Number of babies who received pedipacks	63
• Neonatal exchange transfusions	0
• Reports to National Haemovigilance Office	0
• Umbilical Cord Blood Collection under the direction to the IBTS	1
• Irish Medicines Board hospital blood bank annual report	
• External/Internal Quality Control for haematology/transfusion	

Specimen Throughput

Haematology

Internal tests: (42,947 in 2009)
External tests:

Transfusion Medicine

Internal tests: (24, 615 in 2009)
External tests: 85

Achievements in 2010

- Maintained INAB ISO 15189 Accreditation for Transfusion Medicine.
- Achieved INAB ISO 15189 accreditation for Haematology.
- 33% cost saving negotiated for purchase of Anti-D Ig.
- Reduction in blood wastage to 3.7% (9% in 2009).
- Introduction of 'Bag & Tag' for traceability for all blood/products.
- Introduction FMH estimation service for a maternity hospital in Dublin.

Challenges for 2011

- Expansion of FMH estimation service for other maternity hospitals in Ireland.
- Re-routing of red cell units within our HSE network.
- Recruitment of 1 permanent senior medical scientist.
- Electronic Blood Tracking System.
- Electronic ordering blood from IBTS.
- Initiate national patient information leaflet for transfusion.

Microbiology and Infection Prevention and Control

Heads of Department/Division/Clinical Area

Dr Niamh O'Sullivan	Consultant Microbiologist
Rosena Hanniffy	Assistant Director of Midwifery/Nursing Infection Prevention and Control
Dr Catherine Byrne	Chief Medical Scientist
Anne Marie Meenan	Surveillance Scientist

Staff Complement

0.3 Session Consultant Microbiologist	
1 WTE Infection Prevention and Control Midwife ADoM/N	Rosena Hanniffy
1 WTE Chief Medical Scientist	Catherine Byrne
1 WTE Surveillance Scientist – Senior Medical Scientist	Anne Marie Meenan
2 WTE Senior Medical Scientists	Sheila Collins Kelly Anne Herr
3 WTE Staff Grade Medical Scientists	Ciaran Byrne Sabrina McCaffrey Andrea Hoyne until Feb Sarah Deasy from May
1 WTE Laboratory Aide	Teresa Hannigan

Key Performance Indicators

- Number and type of infection prevention and control education sessions
- Surveillance of Alert organisms
- NICU Bloodstream Infections (BSI)
- External/Internal Quality Control Audit
- EARS-Net (European Antimicrobial Resistance Surveillance Network)
- Adult BSI rates/1000 bed days
- Caesarean Section Surgical Site Infection rate
- Microbiology specimen throughput:

Internal	31651
External	12534
Total	44185

Achievements in 2010

- Infection Prevention and Control Committee meetings chaired by Dr Niamh O'Sullivan.
- Infection Prevention and Control Education including induction and targeted specialist sessions e.g. Aspergillosis for contractors.
- Bi-annual audit of hand hygiene – Scored 78% and 81% in 2010.

- Environmental sampling.
- Infection Prevention and Control Dashboard developed.
- 'Bug busting' team convened in Neonatal service.
- Involvement in capital development projects: CSSD, NICU, NHDU, SCBU, (negative pressure room) and Colposcopy.
- Surveillance of Resistant organisms: MRSA, ESBL and VRE.

Challenges for 2011

- Microbiology and the infection prevention and control team must respond to changes in patient case load and acuity.
    - To increase input into Caesarean SSI surveillance within resources
    - Outbreak management
    - Management of CRE screening
    - Environmental monitoring
    - Development of policies
    - National audits – Hygiene and Decontamination
    - Hygiene and decontamination product procurement
    - Drugs, therapeutics and antibiotic stewardship
    - Preparing for Accreditation
    - Point of care testing
    - Cost containment

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Biochemistry Department

Head of Department/Division/Clinical Area

Ms Ruth O'Kelly Principal Clinical Biochemist

Staff Complement

1 WTE Principal Biochemist	Ruth O'Kelly
1 WTE Specialist Medical Scientist	Anne O'Donnell-Pentony
2 WTE Senior Biochemists	Mary Stapleton
	Dr Stan Barry (job share until Nov 2010)
	Sanders Sebastian (Job share)
2 WTE Staff Grade Medical Scientist	Barry Crean, other post vacant from Sept 2009

Key Performance Indicators

- External and Internal Quality Control.
- Involvement in Multidisciplinary Team meetings (Diabetes team, weekly Perinatal review, POCT meetings).
- Total in-house tests for 2010 were 108,102.
- Members of staff attended scientific conferences during the year (ACB Focus Glasgow, BioMedica, IEQAS and ACBI).

Achievements in 2010

Excellent scores were continued to be achieved in our External Quality Assessment Schemes. The Biochemistry department collaborated with research projects within the hospital including a project on smoking and cervical cancer and biochemical markers for heart defects in neonates. The department facilitated work experience for Transition Year students. Mary Stapleton passed Part 1 of the FRCPath examination and the Principal Biochemist, Ruth O'Kelly, was admitted as a fellow of the Royal College of Pathologists in London in April. Dr Stan Barry, Senior Biochemist, retired after many years of excellent service to the Biochemistry Dept and Mr Sanders Sebastian commenced as Senior Biochemist. Significant financial savings were achieved by entering a managed system (TOMS) with one of our main suppliers for our endocrinology and Point of Care (POC) services. Ann O'Donnell-Pentony has been involved in education of nursing/midwifery/paediatric/neonatal staff particularly in the area of POC testing in the Midwifery School. Barry Crean commenced as Staff Grade Medical Scientist in the Biochemistry Department.

Challenges for 2011

- Extended working day.
- Increase in workload from Diabetic Clinic.
- Accreditation.

Phlebotomy Service (OPD)

Head of Department
Martina Ring, Chief Medical Scientist (Laboratory Manager)

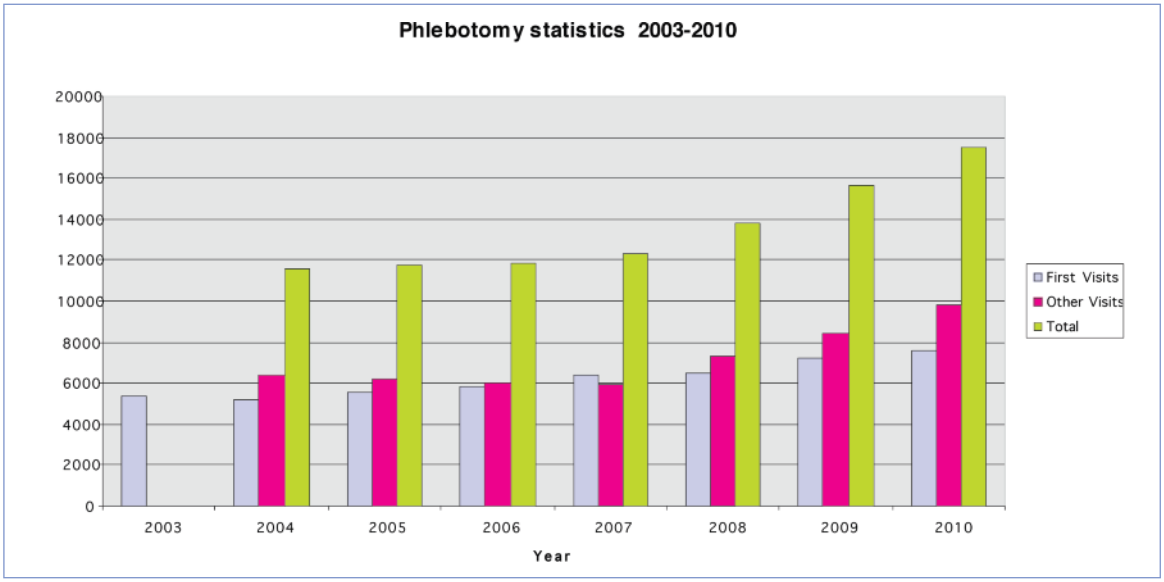
Staff Complement

1 WTE job Share – Hazel Robins & Susanna Hansen until Sept, Hazel resumed fulltime post
1 WTE locum – Artemio Arganio

Key Performance Indicators

Continued increase in workload through the department, who is now providing a service to the Private Clinics for their patients. Figures supplied below relate to patient episodes only.

	2003	2004	2005	2006	2007	2008	2009	2010
First Visits	5383	5147	5522	5860	6435	6509	7212	7610
Other Visits		6382	6250	6036	5886	7269	8450	9856
Total		11529	11772	11896	12321	13778	15662	17466



Achievements in 2010

- Maintenance of INAB Accreditation and full compliance with ISO 15189 for Phlebotomy as relates to the Transfusion Medicine.
- Achieved accreditation as phlebotomy relates to Haematology.

Challenges for 2011

- Cost saving in the department while continuing to provide an increased quality driven service.

Molecular Pathology

Heads of Department

Professor John J. O'Leary

Staff Complement

Consultants	Professor John J. O'Leary Dr Niamh O'Sullivan Dr Colette Adida
Academics	Dr Cara Martin Lecturer (Trinity College Dublin) Professor Orla Sheils Associate Professor (Trinity College Dublin)
Laboratory Manager	Dr Cara Martin (TCD/CWH)
Research Scientists	Ms Loretto Pilkington Dr Michael Gallagher Dr Helen Keegan Dr Cathy Spillane Dr Britta Stordal Dr Sharon O'Toole (shared with Obs & Gynae,TCD) Dr Catriona Logan (Our Lady's Hospital Crumlin) Dr Grainne Lennon (Our Lady's Hospital Crumlin) Dr Adele Habbington (Our Lady's Hospital Crumlin)

Research Students

MD	Dr Cathy Allen, Dr Charles d'Aedhamar
PhD	Jamie McInerney, Yvonne Salley, Selah Elbaruni, Christine White, Itunu Soyingbe, Brendan Ffrench, Lynda McEvoy, Mairead Murphy, Aoife Cooke, Sebastian Venken, Lisa Keogh, Dr Katharine Astbury, Dr Andrea Nugent, Gary Sommerville, Emma Cantwell, Dr Ream Langhe, Mr Dave Nutall
Research Associates	Prof Michael Turner, Prof Walter Prendiville, Dr Tom Darcy, Dr Gunther von Bunau, Dr Mary Anglim, Dr Margaret Sheridan, Dr Bridgette Byrne, Prof Sean Daly, Prof Eoin Gaffney (SJH), Dr Eamonn McGuinness, Dr Sharon O'Toole, Dr Niamh O'Sullivan, Dr Grainne Flannelly (NMH), Dr Susan Clarke (SJH), Dr Fiona Mulcahy (SJH), Professor Dolores Cahill (UCD), Professor Steve Pennington (UCD), Professor Brian MacCraith, DCU, Dr Fiona Lyng (DIT), Dr Linda Sharpe (NCRI), Prof Charles Normand (TCD).

1. Research Grants (2010)

Title:	Platform for Advanced Single Cell-Manipulation and Analysis (2010-2013)
Awarding Body:	European Union 7th Framework Programme. (FP7-Strep-2010)
Total Value:	€3,000,000
Title:	Fast Automated Multiplex Analysis of Neonatal Sepsis Markers on a Centrifugal Microfluidic Platform (2010-2013).
Awarding Body:	European Union 7th Framework Programme. (FP7-Strep-2010)
Total Value:	€3,000,000
Title:	Biomedical Diagnostics Institute – 2 – circulating tumour cells [CTCs] (2010-2015). Co applicants
Awarding Body:	Science Foundation Ireland (SFI)
Total Value:	€19,240,000.00
Title:	The Emer Casey Foundation [3 PhD studentships in ovarian cancer biology]
Total Value:	€400,000

The Irish Cancer Society [2008-2011]

Title:	Grant 1: Specific Targeting of Cancer Stemness: Potential Cancer Therapy?
Title:	Grant 2: Hsa-miR-141 and hsa-miR-223 are central to Ovarian Serous Carcinoma Pathogenesis through Regulation of JAG1 and SMARCD1 proteins.
Total Value:	€320,000.00
Title:	Grant to purchase new SOLiD 4 2nd generation sequencer 2010.
Awarding Body:	Various charities (Friends of Coombe, The Emer Casey Foundation, MOP charities)
Total Value:	€225,000.00
Title:	Irish Cancer Society Studentship [2009-2012] Christine White
Total Value:	€120,000.00
Title:	Irish Cancer Society Fellowship [2010-2013] Dr Britta Stordall
Awarding Body:	The Irish Cancer Society.
Total Value:	€238,000.00

2. Publications

In 2010, the Molecular Pathology Group at the CWIUH and St James's Hospital have published 10 peer reviewed journal articles with 5 published and 5 papers in press, 1 book chapter and in excess of 30 abstracts.

3. Post graduate degrees

In 2010, the department has 19 post graduate students pursuing PhD and MD degrees.

4. Diagnostic Services

The Molecular Pathology Group have established a campus company called Gynaescreen, which provides HPV testing services to the hospital and outside parties.

Papers Published in Peer-Review Journals (2010)

1. Kelly JG, Cheung KT, Martin C, O'Leary JJ, Prendiville W, Martin Hirsch PL, Martin FL. A spectral phenotype of oncogenic human papillomavirus-infected exfoliative cervical cytology distinguishes women based on age. Clin Chim Acta. 2010 Aug 5;411(15-16):1027-33

2. Sheedy FJ, Palsson-McDermott E, Hennessy EJ, Martin C, O'Leary JJ, Ruan Q, Johnson DS, Chen Y, O'Neill LA. Negative regulation of TLR4 via targeting of the proinflammatory tumor suppressor PDCD4 by the microRNA miR-21. Nature Immunol. 2010 Feb;11(2):141-7. Epub 2009 Nov 29

3. Mocanu E, Shattock R, Barton D, Rogers M, Conroy R, Sheils O, Collins C, Martin C, Harrison R, O'Leary J. All azoospermic males should be screened for cystic fibrosis mutations before intracytoplasmic sperm injection. Fertil Steril. 2010 Mar 30. [Epub ahead of print]

4. O'Hurley G, O'Grady A, Smyth P, Byrne J, O'Leary JJ, Sheils O, Watson RW, Kay EW. Evaluation of Zinc-alpha-2-Glycoprotein and Proteasome Subunit beta-Type 6 Expression in Prostate Cancer Using Tissue Microarray Technology. Appl Immunohistochem Mol Morphol. 2010 Jul 23. [Epub ahead of print]

5. Kelly LA, O'Leary JJ, Seidlova-Wuttke D, Wuttke W, Norris LA. Genistein alters coagulation gene expression in ovariectomised rats treated with phytoestrogens. Thromb Haemost. 2010 Dec;104(6):1250 Epub 2010 Sep 13. PubMed PMID: 20838740

6. Flavin R, Finn SP, Choueiri TK, Ingoldsby H, Ring M, Barrett C, Rogers M, Smyth P, O'Regan E, Gaffney E, O'Leary JJ, Loda M, Signoretti S, Sheils O. RET protein expression in papillary renal cell carcinoma. Urol Oncol. 2010 in press

7. Cantwell-Dorris ER, O'Leary JJ, Sheils OM. BRAFV600E: implications for carcinogenesis and molecular therapy. Mol Cancer Ther. 2010 in press

8. Oon SF, Watson RW, O'Leary JJ, Fitzpatrick JM. Epstein criteria for Insignificant prostate cancer. BJU Int. 2010 in press

9. Ostrowska KM, Garcia A, Meade AD, Malkin A, Okewumi I, O'Leary JJ, Martin C, Byrne HJ, Lyng FM. Correlation of p16(INK4A) expression and HPV copy number with cellular FTIR spectroscopic signatures of cervical cancer cells. Analyst. 2010 in press

10. Astbury K, McEvoy L, Brian H, Spillane C, Sheils O, Martin C, O'Leary JJ. MYBL2 (B-MYB) in cervical cancer: putative biomarker. Int J Gynecol Cancer. 2010 in press

Book Chapters

RJ Flavin, CM Martin, O Sheils, JJ O'Leary. Castleman's Disease. Springer Press: Haematological Pathology. [2010]

Abstracts

1: YM Salley, MF Gallagher, PC Smyth, CM Martin, OM Sheils, JJ O'Leary. Holoclone and Non-Holoclone Derived Cell Lineage Characterisation Analysis in Prostate Cancer. Modern Pathology, February 2010, 23 Supplement 1S, Supp: 4A-466A. doi:10.1038/modpathol.2010.10

2: CJ d'Adhemar, MF Gallagher, S O'Toole, C Murphy, PC Smyth, C Martin, O Sheils, JJ O'Leary. Functional Expression Analysis of TLR-4 and MYD88 in Epithelial Ovarian Neoplasia. Modern Pathology, February 2010, 23 Supplement 1S, Supp: 4A-466A. doi:10.1038/modpathol.2010.10

3: Keegan H, Pilkington L, Jamison J, Wilson R, Carson J, Martin CM, O'Leary JJ. Comparison of HPV DNA detection technologies: Hybrid capture II (Qiagen), Cervista™ HPV HR (Hologic UK Ltd) in a Northern Irish Screening Population. Mod Pathol 2010; 23(S1): 85A-109A. doi:10.1038/modpathol.2010.10

4: Keegan H, Pilkington L, Jamison J, Wilson R, Carson J, Martin CM, O'Leary JJ. Comparison of HPV DNA detection technologies: Hybrid capture II (Qiagen), Cervista™ HPV HR (Hologic UK Ltd) in a Northern Irish Screening Population. Laboratory Investigation 2010; 90: 85A–109A. doi:10.1038/labinvest.2010.13

5: O'Leary JJ, Keegan H, Pilkington L, Jamison J, Wilson R, Carson J, Martin CM, Comparison of HPV DNA detection technologies: Hybrid capture II (Qiagen), Cervista™ HPV HR (Hologic UK Ltd) in a Northern Irish Screening Population. 17th International Congress of Cytology, Edinburgh, Scotland, 16th-20th May 2010

6: C White, C Ruttle, L Pilkington, G Flannelly, JJ O'Leary, CM Martin. Significance of HPV mRNA testing and cigarette smoking in risk assessment for high grade cervical disease. 5th European Congress of the European Federation for Colposcopy and Cervical Pathology 27 – 29 May 2010

7: Mc Inerney J, Keegan H, Pilkington, L, Sheils O, Martin CM., Loy A, Delamere S, Barrett M, Griffin M, Lyons F, Mulcahy F, O'Leary JJ. Human Papillomavirus DNA and mRNA prevalence and persistence in human immunedeficiency virus positive women. Eurogin, February 2010 – Cervical Cancer Preventions: 20 years of progress & a path to the future

8: Keegan H, Pilkington L , Jamieson J , Wilson RT , Carson J , Martin CM ,O'Leary JJ. Comparison of HPV Detection Technologies, Hybrid Capture II (Qiagen), CERVISTA™ HPV HR (Hologic, UK) in a Northern Irish Screening Population. Eurogin February 2010 – Cervical Cancer Preventions: 20 years of progress & a path to the future

9: Keegan H, Pilkington L, Mc Inerney J, Pal-Szenthe B, Benczik M, Kaltenecker B, Mózes J, Kovács A, Solt A, Bolger N, Jeney C, O'Leary JJ, Martin CM. Comparison of HPV Detection Technologies; Hybrid Capture 2 (Qiagen), Full Spectrum HPV (Genoid), Genoid Molecular Beacon Real Time HPV assay with genotyping by Linear Array (Roche) and Genoid HPV ELISA Genotyping Assay in an Irish Colposcopy Population. Eurogin, February 2010 – Cervical Cancer Preventions: 20 years of progress & a path to the future

10: Loy A, McInerney J, Delamere S, Keegan H, Pilkington L, Sheils O, Lyons F, Martin C, JO' Leary JJ, and Mulcahy F. "Prevalence and persistence of integrated oncogenic HPV in HIV positive women. CROI February 2010 – 17th Conference on Retrovirus & Opportunistic infection

11: Spillane CD,Kehoe L, Sheils O, Martin CM, O'Leary JJ. Transcriptome analysis of oncogene silenced HPv 16 positive carcinoma cells. Eurogin, February 2010 – Cervical Cancer Preventions: 20 years of progress & a path to the future

12: CD Spillane, L Kehoe, O Sheils, CM Martin, JJ O'Leary. Silencing of HPV Viral Oncogenes E6 and E7 in Cervical Cancer. Modern Pathology, February 2010, 23 Supplement 1S, Supp: 4A-466A. doi:10.1038/modpathol.2010.10

13: KM Ostrowska, A Malkin, HJ Byrne, C Martin, JJ O'Leary, FM Lyng. Raman Spectroscopy: A Novel Tool for Cervical Cancer Screening. Modern Pathology, February 2010, 23 Supplement 1S, Supp: 4A-466A. doi:10.1038/modpathol.2010.10

14: J Mc Inerney, H Keegan, L Pilkington, O Sheils, CM Martin, A Loy, S Delamere, M Barrett, M Griffin, F Lyons, F Mulcahy, JJ O'Leary. Human Papillomavirus DNA and mRNA Prevalence and Persistence in a Cohort of Human Immunodeficency Virus Positive Women in Ireland. Modern Pathology, February 2010, 23 Supplement 1S, Supp: 4A-466A. doi:10.1038/modpathol.2010.10

15: L Kehoe, CD Spillane, M Gallagher, O Sheils, C Martin, JJ O'Leary. miRNA Profiling in Cervical Cancer. Modern Pathology, February 2010, 23 Supplement 1S, Supp: 4A-466A. doi:10.1038/modpathol.2010.10

16: H Keegan, T Baier, T Hansen-Hagge, F Karlsen, A Gullicksen, P Gronn, L Solli, M Mielnik, L Furuberg, P Koltay, L Riegger, N Bolger, JJ O'Leary, CM Martin. Lab-on-a-Chip: The Future of Cervical Pre-Cancer Diagnostics. Modern Pathology, February 2010, 23 Supplement 1S, Supp: 4A-466A. doi:10.1038/modpathol.2010.10

17: L Kehoe, CD Spillane, M Gallagher, O Sheils, C Martin, JJ O'Leary. Investigation of the p16[INK4A] Pathway. Modern Pathology, February 2010, 23 Supplement 1S, Supp: 4A-466A. doi:10.1038/modpathol.2010.10

18: CD Spillane, L Kehoe, O Sheils, CM Martin, JJ O'Leary. Silencing of HPV Viral Oncogenes E6 and E7 in Cervical Cancer. Laboratory Investigation, February 2010, 90 Supplement 1S, Supp: 4A-466A. doi:10.1038/labinvest.2010.13

19: KM Ostrowska, A Malkin, HJ Byrne, C Martin, JJ O'Leary, FM Lyng. Raman Spectroscopy: A Novel Tool for Cervical Cancer Screening. Laboratory Investigation, February 2010, 90 Supplement 1S, Supp: 4A-466A. doi:10.1038/labinvest.2010.13

20: J Mc Inerney, H Keegan, L Pilkington, O Sheils, CM Martin, A Loy, S Delamere, M Barrett, M Griffin, F Lyons, F Mulcahy, JJ O'Leary. Human Papillomavirus DNA and mRNA Prevalence and Persistence in a Cohort of Human Immunodeficency Virus Positive Women in Ireland. Laboratory Investigation, February 2010, 90 Supplement 1S, Supp: 4A-466A. doi:10.1038/labinvest.2010.13

21: L Kehoe, CD Spillane, M Gallagher, O Sheils, C Martin, JJ O'Leary. miRNA Profiling in Cervical Cancer. Laboratory Investigation, February 2010, 90 Supplement 1S, Supp: 4A-466A. doi:10.1038/labinvest.2010.13

22: H Keegan, T Baier, T Hansen-Hagge, F Karlsen, A Gullicksen, P Gronn, L Solli, M Mielnik, L Furuberg, P Koltay, L Riegger, N Bolger, JJ O'Leary, CM Martin. Lab-on-a-Chip: The Future of Cervical Pre-Cancer Diagnostics. Laboratory Investigation, February 2010, 90 Supplement 1S, Supp: 4A-466A. doi:10.1038/labinvest.2010.13

23: L Kehoe, CD Spillane, M Gallagher, O Sheils, C Martin, JJ O'Leary. Investigation of the p16[INK4A] Pathway. Laboratory Investigation, February 2010, 90 Supplement 1S, Supp: 4A-466A. doi:10.1038/labinvest.2010.13

Hygiene Services

Head of Department

Vivienne Gillen, Hygiene Services Manager

Key Performance Indicators

- Hygiene Audits
- Waste Segregation
- Waste Recycling
- Complaints

2010 has seen the continuation of the advances made in the management and delivery of hygiene services during 2009.

Achievements in 2010

The Hospitals hygiene action plan, which has continued to be driven by the Hygiene Services Management Committee has addressed such issues in 2010 as:

- Monthly Hygiene Committee meetings chaired by Hygiene Services Manager.
- Ongoing replacement of sink to compliant hand hygiene sinks.
- Upgrading of guidelines on the handling and disposal of linen.
- Introduction of a cardboard baler for cardboard recycling.
- Introduction of disposable curtains in the delivery suite with anticipated roll-out hospital wide.
- Introduction of waste skips for wood, metal and bulky items to increase recycling within hospitals.
- Introduction of permanent night cleaner role which has greatly improved cleaning within hospital.
- Upgrading of CSSD to modern, compliant unit.
- Well-attended training in waste management was carried out on 24th and 31st March.
- Food Waste Recycling introduced in ward kitchens and main kitchen.
- CSSD complete September 2010.
- HDU complete November 2010.
- No hygiene complaints received for 3 months in September 2010.
- New ‘Cluan Medical’ requisition installed for maintenance.

- Assessment Room for Delivery Suite complete in December 2010.
- Work commenced on the implementation of the flat mop system with refurbishment of existing changing room into flat mop laundry.

Challenges for 2010

- Full implementation of flat mop system throughout hospital campus.
- Optimising recycling of waste towards 50%.
- Enhanced training for hygiene staff to optimise cleaning standards.
- Achieving high standards of hygiene within current budgetary constraints and recruitment moratorium.
- Development and update of policies.

Summary

The Hospital looks forward to 2011 to continue the innovative developments in the management and delivery of hygiene service within the entire campus.

Department of Clinical Nutrition and Dietetics

Head of Department/Division/Clinical Area

Senior Dietitian Fiona Dunlevy under management of Clinical Nutrition Manager Sandra Brady, St James's Hospital

Staff Complement

1 WTE Senior Clinical Nutritionist

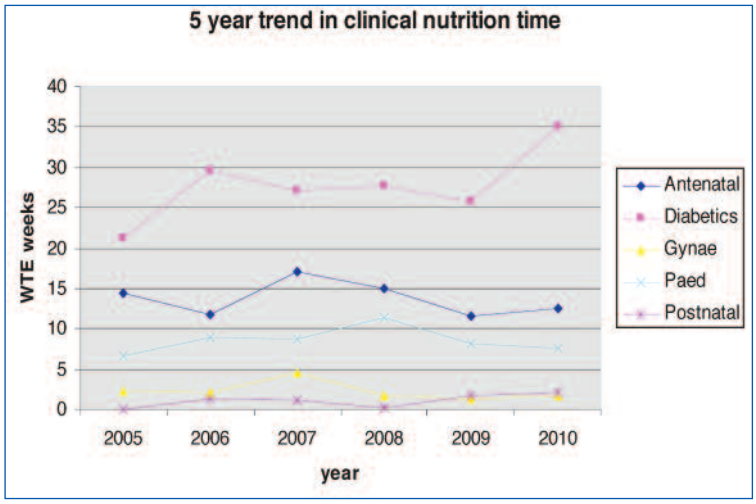
Key Performance Indicators

Outpatient attendances

	2009	2010
Antenatal	82	92
Diabetic	382	513
Gynaecology	26	28
Paediatric	207	188
Postnatal	7	29
Total	704	850

Inpatient Consultations

	2009	2010
Antenatal	228	227
Diabetic	348	472
Gynaecology	10	14
postnatal	59	34
Total	645	747



The 5 year trend shows a sharp increase in time spent in the diabetes service. This is having a direct effect on service provision elsewhere.

Achievements in 2010

- Fiona Dunlevy awarded an MSc with distinction in Health Services Management from University of Dublin TCD. Presented an oral poster of distinction at the ESPHGAN conference.
- Member of IES and INDI working groups including diabetes and paediatrics.
- Continued participation in house and external study and training days.

Challenges for 2011

- To meet the demands for service in the area of diabetes with the introduction of the HSE guidelines 2010, which will further increase gestational diabetic numbers.
- To continue to provide high quality evidence based service within competing demands for limited dietetic resources. Activity does not reflect true need for dietetic services. Service has been prioritised based on clinical need and dietetic resources available.

Pharmacy Department

Staff Complement

4 WTE	
1 WTE Chief Pharmacist	Mairéad McGuire
1 WTE Senior grade Pharmacist	Peter Duddy
1 WTE Basic grade Pharmacist	Éimear Curran (Jan-May 2010)
	Sinéad Ní Áolain (July-Nov 2010)
	Úna Rice December 2010
1 WTE Intern pharmacist	Úna Rice (Jan-Sept 2010)
	Fergal O'Shaughnessy (Sept-Dec 2010)

Academic Staff

CWIUH/TCD/RCSI Lecturer/Research Fellow	Brian Cleary

Key Performance Indicators

- Increased clinical service provision:
  - Weekly Medical clinic
  - Twice weekly Acute pain round/team
  - NICU, including Paediatric Drug and Therapeutics Committee and attendance of morning meetings and rounds.
  - Twice monthly Antenatal Guide Clinic

- The department dispensed 30,000 items to wards, outpatients, babies discharged from SCBU and staff.

- Maintained clinical service provision to wards eg. regular review of drug kardexes.

- Electronic recording of medicines information queries – MIDatabank software introduced in May 2007. Sixty seven new queries were recorded for 2010 and previously recorded queries were updated. Queries are searchable and all documentation is included in electronic format and can be accessed from OPD Medical clinic.

- Prior to the development of Post-natal analgesia guidelines, an analgesia audit was carried out in May 2008, which found that 45% of women received regular analgesia, postnatally. A further audit was carried out in July following the introduction of the guidelines. 64% of women were found to have received regular analgesia postnatally. The introduction of the Post-natal analgesia guidelines increased the number of women who received regular analgesia, and therefore increased the quality of care that we give our patients.

- Ongoing research collaborations with the Schools of Pharmacy in the Royal College of Surgeons in Ireland and University College Cork, the School of Medicine in Trinity College Dublin, the Rotunda Hospital, the HRB Centre for Primary Care Research (RCSI) and the School of Computer Science and Informatics in University College Dublin.

Achievements in 2010

- Continued development and revision of comprehensive NICU medication prescribing and administration guidelines.
- Development and implementation and monitoring of Neonatal antimicrobial prescribing guidelines.
- Participation in the multidisciplinary Post-operative Analgesia team.
- Audit of compliance with Post-natal Analgesia guidelines.
- Continued strong post- graduate education ethos:
  - One staff member successfully completed their MSc in Clinical pharmacy (P. Duddy)
  - PhD currently being undertaken within the department (B. Cleary)
  - The only maternity hospital in Dublin with a research pharmacist
  - One staff member successfully completed the new MPharm pharmacy intern training year (U. Rice)
- Twice yearly review of antimicrobial guidelines. External funding was secured to enable professional printing of these guidelines.
- Educational links with the three Irish Schools of Pharmacy.
- Continued and expanded multidisciplinary participation eg antenatal guide clinic, acute pain round, medical clinic, D&T and Paed D&T committees.
- Continued co-working with the other maternity hospitals in Dublin.
- Facilitated and aided nursing and midwifery colleagues in the development of the role of the Registered Nurse Prescriber within a maternity hospital setting.
- Established system of work placements for 3 undergraduate Pharmacy students.
- Facilitation of second level students work placements where possible.

Publications

1. McGuire M, Cleary B, Sahm L, Murphy DJ. Prevalence and predictors of periconceptional folic acid uptake-prospective cohort study in an Irish urban obstetric population. Human Reproduction 2010; 25(2):535-43

2. Cleary BJ, Butt H, Strawbridge JD, Gallagher PJ, Fahey T, Murphy DJ., Medication use in early pregnancy-prevalence and determinants of use in a prospective cohort of women. Pharmacoepidemiology and Drug Safety 2010; 19(4):408-17

3. Cleary BJ, Donnelly J, Strawbridge JD, Gallagher PJ, Fahey T, Clarke M, et al. Methadone dose and neonatal abstinence syndrome-systematic review and meta-analysis. Addiction 2010; 105(12):2071-84

Challenges

1. To maintain current service levels without required additional staffing.

2. To continue developing pharmacy services to meet the needs of the hospital and improve patient care without the required additional staff and appropriate staff skill mix.

3. To achieve the optimum staff skill mix within the pharmacy, ie approval for a pharmaceutical technician, to allow for the most cost-effective use of pharmacy staff skills, with advantages for other areas of the hospital for example saving midwifery and medical time.

4. To effect cost savings without compromise to the standard of service provision.

Physiotherapy Department

Head of Department

Margaret Mason, BA MA MCSP MISCP GradDipPhys

Staff Complement

Eibhlin Mulhall, BSc MISCP	Staff Grade 1 WTE
Anne McCloskey, BSc MISCP	Staff Grade 1 WTE
Mary Duffy, BSc MISCP	Staff Grade 1 WTE
Julia Hayes, BSc MISCP	Senior Grade 0.6 WTE

Achievements in 2010

- As in previous years continuance of a high quality service to women and infants, within our limited resources.
- We continued to provide a wide range of services to women and infants attending this hospital.
- Antenatal education continues to be a priority for the physiotherapy department. Our classes are well-attended although we are limited by space and staffing issues. A small audit of the physiotherapy component of antenatal classes carried out at the end of the year showed that those women who do attend find the classes to be both very informative and enjoyable. One of the main topics discussed in these classes is the importance of pelvic floor muscles, their role in pregnancy and during labour, and appropriate exercises are taught and encouraged. As part of continence promotion good bladder habits are also discussed and women are encouraged to continue these and pelvic floor muscle exercises throughout their lives.
- As the number of referrals for pregnancy-related pelvic girdle pain and low back pain continued to rise we re-commenced class-based sessions in order to avoid long waiting times for physiotherapy. This was flagged in last year's report. By the end of 2010 referrals to the department for this condition reached 100 per month. When a woman is referred with LBP/PGP she is given an information leaflet about the condition and an appointment for a class. Our aim is to give a class appointment within two weeks of referral. In this class women are given advice, but also practice exercises and techniques to relieve pain. If a woman requires further treatment on an individual basis following the session this can be arranged. There has been very positive verbal feedback from women attending the class and we plan to audit various aspects in 2011.
- Our Continence Information and Education sessions for women continued. Most newly referred women attend one of these sessions within one month of referral. In this class women are informed about normal micturition, why continence problems occur, the different types of incontinence, and are advised on techniques such as urge suppression, pelvic floor muscle exercises and good bladder habits. Frequency/volume charts are explained and distributed and women are advised to complete these prior to their next physiotherapy visit. All women will then be given an individual follow-up appointment for six-eight weeks later.

- In order to help integrate care of women with incontinence a physiotherapist now regularly attends the urogynaecology clinics.

- Women who sustain a third/fourth degree perineal tear are followed up individually by a physiotherapist. These women will be seen on the ward prior to discharge, two-three weeks later and six-eight weeks following delivery when they are attending for medical review. If symptomatic they will continue to attend physiotherapy for as long as is necessary. If onward referral is deemed appropriate this is organised with the medical team/consultant.

- We continued to provide services to the NICU/SCBU, the baby clinics, and to the specialist neurodevelopmental and orthopaedic clinics. The lack of resources in the community has led to many infants with special needs attending physiotherapy in CWIUH for up to two years of age due to long waiting lists for assessment and treatment by Early Intervention Services in the community. This has put huge strain on our services as we are not resourced for this kind of work. At present we have one WTE working in the neonatal service which clearly is not sufficient for the volume of work demanded.

- One member of staff continues to be involved in the multidisciplinary Neonatal Post-Discharge Support Group. This group was set up to provide support to families of babies who have spent time in the NICU and SCBU. It runs once a month on a Saturday morning and is facilitated by a Clinical Midwife Specialist and Clinical Nurse Manager from the neonatal centre, a physiotherapist and a medical social worker. Attendance at this group has continued to grow in the four years that it has been running and it has proven to be very successful with families.

- In March we ran a study day for community and primary care physiotherapists in order to explain our services and referral pathways and to share information on assessment and treatment. This was very successful with over 40 physiotherapists attending and it has helped establish links with our colleagues in the community. We hope to strengthen these links over time.

- Eibhlin Mulhall continues to study for a post-graduate certificate in women's health at Bradford University.

Challenges for 2011

- To continue to provide high quality care within our very limited resources.

- To develop the physiotherapy service to women and infants within the resource constraints.

- To strengthen our links with colleagues in the community by inviting them to our regular in-service education sessions.

- To hold seminars for PHNs and practice nurses to inform them on our services and encourage links between the hospital and the community.

- To develop multidisciplinary guidelines with our midwifery and medical colleagues on subjects such as the management of pelvic girdle pain and management of third/fourth degree perineal tears.

Clinical Risk Management

Head of Department

Susan Kelly

Staff Complement

Susan Kelly, Clinical Risk Manager, WTE
Ann Byrne, Assistant Clinical Risk Manager, WTE

Key Performance Indicators

- The promotion of patient safety through the delivery of a quality risk management service within the multidisciplinary team.
- Effective risk management is dependent on a reliable and robust reporting culture. The key purpose of a reporting culture is to identify system vulnerabilities that then lead to positive action and not merely to generate statistics.

Achievements in 2010

- A System Analysis Training Day was facilitated by Karen Robinson, Clinical Risk Advisor, CIS and Susan Kelly, CRM and attended by staff from the multidisciplinary team within the hospital.
- The number of incident reports both clinical and non-clinical received during the year has increased by almost 100% and for that I sincerely thank my midwifery and medical colleagues. The reporting and analysis of incidents and 'near-miss' events increases the likelihood of improved patient care and safety.
- The Complaints committee was merged with the CRM committee. Following a review of all the complaints received in 2010, the Master presented a report on the key risk management issues identified and measures to be taken to address these shortcomings.
- Following an audit of 3rd / 4th Degree Tears by the Risk Manager it was decided that going forward we would introduce the 3 classifications A, B, C when recording 3rd degree tears.
- I continue to participate in facilitating the regular education workshops on CTG Interpretation, which are collaboratively run by staff from the 3 Dublin Maternity hospitals, for our staff and staff in our network hospitals.
- I avail of any opportunity to participate in formal education sessions and promote patient safety through incident reporting, analysis and recommendations.
- I am a guest lecturer for the BSc Midwifery students in Trinity College.

Challenges for 2011

- To promote a positive safety culture by encouraging shared perceptions of the importance of safety and confidence in the efficacy of preventative measures. This is particularly challenging in this difficult economic climate with reducing human and financial resources.

- To ally risk management principles with the organizations objectives in order to achieve maximum efficiency.

- To participate in the development of National Practice Guidelines in the context of the new Clinical Directorate System.

The support and commitment of the Risk Management Committee is very much appreciated. There were 9 meetings held during the year and all meetings were well attended. The regular Divisional Incident Review Group Meetings, Obstetrics & Gynaecology, Maternity & Neonatal continue. Deficiencies in communication and teamwork have been identified as contributing to a number of the incidents reported.

The senior management team of Dr Chris Fitzpatrick, Master, Ms Patricia Hughes, Director of Midwifery/Nursing & Mr John Ryan, Secretary & General Manager are always available for advice and support and for that I am very grateful.

I would like to acknowledge the support I receive from Ann Byrne, Assistant Risk Manager as we deal with the increasing volume of work in incident reporting, risk management and claims processing.

I would also like to thank Mary and Monica for their administrative support.

Information Technology Department

Head of Department/Division/Clinical Area

Tadhg O'Sullivan, IT Manager

Staff Complement

Ms Emma McNamee, Systems Administrator
Mr Eamonn Sheridan, Technical Support Officer
Ms Carol Cloonan, Technical Support Officer
Ms Hilary Minogue, IT Midwife (job-sharing)
Ms Anne Clarke, IT Midwife (job-sharing

Key Performance Indicators

- Providing a high level of service to internal and external users of IT services.
- Providing high availability of equipment and services.
- Ongoing integration of systems and services.
- Ongoing provision of an effective statistical information service.

Achievements in 2010

- Ongoing implementation of the joint ICT strategy prepared under the aegis of the Joint Maternity Hospitals Standing Committee.
- Ongoing maintenance of core operational and technical environment.
- Preparatory work for national ICT projects.

Challenges for 2011

- Increase in level and complexity of demand for IT services, both internally and externally, with a reduction in resources.
- Lack of progress in national ICT projects.

Medical Social Work Department

In 2010 the permanent staffing complement in the Medical Social Work Department remained unchanged at five and half WTE posts. The Medical Social Workers employed during 2009 were:

Head of Department

Rosemary Grant

Staff Complement

Ms Nerilee Ceatha

Ms Carmel Cronin B.Soc.Sc., MA Social Work, N.Q.S.W.

Ms Tanya Franciosa B.S.S., N.Q.S.W.

Ms Rosemary Grant B.S.S, C.Q.S.W.

Ms Sarah Lopez B.A.,HDip.Soc.Pol.,MA Social Work, N.Q.S.W.

Ms Sorcha O'Reilly B.S.S., N.Q.S.W.

Ms Denise Shelly B.Soc.Sc., C.Q.S.W.

Ms Mary Treacy (part time post) B.Soc. Sc., H. Dip. in Ed., Dip. In Applied Social Studies, C.Q.S.W., MA Social Work

In 2010 the receptionist/secretarial services continued to be provided to the Medical Social Work Department by Ms Kerry Ann Durbin.

During 2010 the Medical Social Workers continued to provide a social work service to patients, their partners and their families. Continuity of care was considered important by patients and by staff so the attachment of the Medical Social Workers to the Obstetric Teams (Public, Semi-Private and Private) continued where possible. Periodically this proved impossible due to the unpredictability of the caseload generated at any given time by a particular team. The provision of a dedicated service to the Special Care Baby Unit, to those with addiction problems and to those attending the Naas Clinic and patients with out of Dublin addresses continued.

In 2010 the number of patients, who were referred to the Medical Social Worker by a range of professionals in the hospital and in the community and those who self referred, continued to increase. The unpredictability involved in the maternity setting continues to challenge the provision of a Medical Social Work service to patients. This is further challenged by the increasing emphasis on Combined Antenatal Care with the patient's General Practitioner, attendance by patients at outlying Clinics and Early Transfer Home. The 'window' enabling patients to access a Medical Social Work service while they are actually in the hospital either as an inpatient or while attending an outpatient clinic is becoming shorter.

At the same time the need for assessment of a patient's situation is essential particularly if child protection concerns are raised. Referrals are prioritised and Child Protection concerns continue to receive the highest priority.

Appropriate referrals include public, semi-private and private patients who are attending the maternity, neonatal/paediatric and gynaecology departments. Referrals include patients who experience different problematic issues in their lives generally and those where issues arise as a result of the pregnancy. They include bereavement, domestic violence, addiction, relationship issues, mental health issues, underage pregnancy, the birth of a baby with special needs, child protection/child care issues, concealed pregnancy, crisis pregnancy and learning disability.

In all our work with patients, communication and liaison with a wide range of professional groups and voluntary specialist organisations within the hospital and in the community are essential. This liaison occurred during 2010 both at individual patient/family level and at a broader level. The Medical Social Work Staff continued to be involved in a formal way with organisations such as the Teen Parent Support Programme, Women's Aid, A Little Lifetime Foundation and the Miscarriage Association of Ireland. The work done with Women's Aid to develop a training module for the maternity setting will enable a wide range of staff that identify a domestic violence issue arising for women in their care to be able to respond appropriately.

The challenges facing the Social Work Department are many. The emphasis on child protection and crisis situations takes from the potential for preventative interventions with our patients and their families. The lack of access to a budget for training for Medical Social Workers is particularly difficult in a situation where 'best practice' is a definite goal. The increased pressure on families due to the broader economic situation is palpable. The staff of the Medical Social Work Department continue to be indebted to the members of Coombe Care who provide assistance to patients by way of necessary practical help at the time of a baby's birth. This help may include clothing and toiletries for the mother for her admission and clothing and other items for the baby for its hospital stay and discharge home. They also provide vouchers over the Christmas period to enable patients to buy items for which they would not ordinarily have the resources. The work of the Coombe Care Committee is much appreciated by hospital patients, the staff in all areas of the hospital and in particular by staff of the Medical Social Work Department. Committee members are always willing to engage with the Medical Social Work team to discuss potential areas of need. During 2010 assistance was given to individual families who were in particular need where it was impossible to locate an alternative source of support.

During 2010 as in other years, I have appreciated the support of the Head Medical Social Workers in other hospitals and in particular the support of Ms Loretto Reilly, Head Medical Social Worker, National Maternity Hospital and Ms Eilis McDonnell, Head Medical Social Worker, Rotunda Hospital. There has always been a good liaison between the three Social Work Departments, which contributes to the ideal of best practice.

The Medical Social Workers assigned to the Paediatric Units in each of the three hospitals continued to meet on a number of occasions during 2010. There were benefits to all in sharing knowledge and experiences of these particular areas of social work in the maternity setting.

In conclusion I would like to express my sincere appreciation to those who work in the Medical Social Work Department including the Medical Social Workers and the Receptionist/Secretary. The demands on the social work service by patients and by hospital staff on their behalf continues to expand well beyond the level of service which such a small group can provide. The level of professionalism and the seeking to attain a standard of best practice demands a major commitment on the part of the staff in the Department, which is much, appreciated. The support of our colleagues in other departments within the hospital is essential as is the support of our colleagues both social work and non-social work within the community.

Rosemary Grant
Principal Medical Social Worker

Psychosexual Therapy

Head of Department/Division/Clinical Area

Donal Gaynor

Staff Complement

One Counsellor (part-time)

Key Performance Indicators

• Number of Consultations:	Private 45	Public 226	Total 271
• Number of New Visits:	Private 6	Public 22	Total 28
• Number of Return visits:	Private 39	Public 204	Total 243

Achievements in 2010

- Successful treatment of persistant Primary Vaginismus.
- Successful treatment of Peyronie's Disease.

Challenges for 2011

- Treatment where both spouses had severe disability.
- Treatment of Male Orgasmic Dysfunction with underlying cause of sexual addiction.

Chaplaincy/Pastoral Care Department

Ms R Dilworth, Sr G Chua

The Pastoral Care Department is staffed by two chaplains Sr. Gina Chua FMM. and Renée Dilworth. The Pastoral Care Department provides a supporting ministry to al in times of sadness and joy. The Parish of Our Lady of Dolours, Dolphins Barn provides additional support when necessary. Ministers and Leaders of other denominations and religions can be contacted through the chaplains at the request of patients.

Chaplaincy is both a pastoral ministry of the churches and an integral and necessary part of the holistic healing process.

The Oratory is located on the fourth floor of the hospital and is open 24 hours for use by patients, staff and families for private prayer, meditation and quiet time. The Oratory is maintained by the chaplaincy dept.

Key Performance Indicators

• Bereavement Support (All fetal deaths and miscarriages)	332
• Funeral Services	193
• Baptisms	49
• Naming/Blessing Ceremonies	90
• Appointments for past patients	25
• Prayer Services for past miscarriages	6
• Referral for support for foetal anomalies	9
• Requests for copy of Baptismal Certificates	17
• Services for staff (following departmental loss or illness)	4

Achievements in 2010

- Daily visits to wards/NICU providing spiritual and emotional support to patients and staff.
- Weekly attendance at Perinatal MTD; Monthly attendance at Perinatal Mortality MDT.
- Integration of Chaplaincy with MDT care teams in relation to Bereavement following early pregnancy loss, peri-natal deaths and serious congenital abnormalities.
- Annual Service of Remembrance for bereaved parents and families.
- Heighten profile of Chaplaincy for all staff members.
- Book of Remembrance continues to be displayed in the Oratory.
- Education in response to the needs of diverse religious communities and cultures in our healthcare setting.
- Easier access to International interpretation services.
- Maintenance of the Mortuary Chapel.
- Compilation of Chaplaincy/Pastoral Care Leaflet.
- Ongoing effort to improve End of Life Care in Maternity.
- Funding for Remembrance Service.
- Input to Study Days.

Challenges

- Increased patient activity requiring chaplain.
- Additional demand on chaplain for extended family support at time of loss.
- To encourage staff to use chaplaincy services in times of patient difficulties.
- To continue work on Bereavement policies with other disciplines.
- To work with MDT to ensure a holistic approach to patient care.
- To continue to develop awareness of the chaplain to students education and input into staff Induction days.

Trinity College Dublin, Academic Department of Obstetrics & Gynaecology

Head of Department

Prof Deirdre J Murphy

Cristina Boccardo, Executive Officer
Marie Greene, Teaching Secretary

Staff Complement

Deirdre J Murphy	Professor, Head of Department, Consultant in Obstetrics
Patricia Crowley	Associate Professor, Consultant Obstetrics & Gynaecology
Sean Daly	Clinical Professor, Consultant Obstetrics & Gynaecology
Mary Anglim	Hon Senior Lecturer, Consultant Obstetrics & Gynaecology
James Clinch	Hon Emeritus Senior Lecturer
Aoife Mullally	Clinical Lecturer, Obstetrics & Gynaecology
Sharon Sheehan	HRB/Cochrane PhD Research Fellow
Brian Cleary	HRB PhD Research Fellow
Clare Dunney	Research Midwife

Key Performance Indicators

Grant income in 2010

- Research Fellowship for Brian Cleary PhD, Supervisor D Murphy
- PhD programme for Dr Sharon Sheehan, Supervisor D Murphy
- HRB ECSSIT Clinical Trial €300,000, Principal Investigator D Murphy
- HRB IDUS Clinical Trial €288,000, Principal Investigator D Murphy
- HSE Alcohol in Pregnancy Project €325,000, Principal Investigator D Murphy
- HRB Primary Care Centre (RCSI/TCD) €4 Million, Co-investigator D Murphy
- HRB PhD programme (RCSI/TCD/UCC) €5 million, Collaborator D Murphy
- PhD programme for Andrea Nugent, Supervisor S Daly
- HRB 2007-2011 €4,100,000 Perinatal Ireland, ESPRIT Study, Co-PI S Daly

Achievements in 2010

- 15 Peer-review publications in high impact journals including Hum Reprod, Br J Obstet Gynaecol, Am J Obstet Gynecol.
- Invited plenary addresses at National and International meetings.
- S Daly organiser of National Fetal Echocardiography Training Meeting.

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Challenges/Opportunities

- Appointment of new Professor of Gynaecology (Consultant Obstetrics & Gynaecology) – joint appointment Trinity College Dublin, St James's Hospital & Coombe Women's Hospital.

PUBLICATIONS, PRESENTATIONS & GRANTS

Original Publications in Peer-Review Journals

1. Sheehan SR, Wedisinghe L, Macleod M, Murphy DJ. Implementation of guidelines on oxytocin use at caesarean section – A survey of practice in Great Britain and Ireland. Eur J Obstet Gynecol Reprod Biol 2010;148(2):121-4
2. McGuire M, Cleary B, Sahm L, Murphy DJ. Prevalence and predictors of peri-conceptional folic acid uptake – prospective cohort study in an Irish urban obstetric population. Hum Reprod 2010;25(2):535-43
3. Cleary BJ, Butt H, Strawbridge JD, Gallagher PJ, Fahey T, Murphy DJ. Medication use in early pregnancy-prevalence and determinants of use in a prospective cohort of women. Pharmacoepidemiol Drug Safety 2010;19(4):408-17
4. Mockler JC, Murphy DJ, Wallace EM An Australian and New Zealand survey of practice of the use of oxytocin at elective caesarean section. Aus N Z J Obstet Gynaecol. 2010;50(1):30-5
5. McLeod G, Munishankar B, MacGregor H, Murphy DJ. Maternal haemodynamics at elective caesarean section: a randomised comparison of oxytocin 5-unit bolus and placebo infusion with 5-unit bolus and 30-unit infusion. Int J Obstet Anesth. 2010;19(2):155-60
6. Hollinghurst S, Emmet C, Peters TJ, Watson H, Fahey T, Murphy DJ, Montgomery A. Economic evaluation of the DIAMOND Randomized Trial: cost and outcomes of two decision aids for mode of delivery among women with a previous cesarean section. Med Decis Making. 2010;30(4):453-63
7. Uma R, Forsyth SJ, Struthers AD, Fraser CG, Godfrey V, Murphy DJ. Polymorphisms of the angiotensin converting enzyme gene in early-onset and late-onset pre-eclampsia. J Matern Fetal Neonatal Med. 2010; 23(8):874-9
8. Bahl R, Murphy DJ, Strachan B. Non-technical skills for obstetricians conducting forceps and vacuum deliveries: qualitative analysis by interviews and video recordings. Eur J Obstet Gynecol Reprod Biol. 2010; 150(2):147-51
9. Uma R, Forsyth JS, Struthers AD, Fraser CG, Godfrey V, Murphy DJ. Polymorphisms of the angiotensin converting enzyme gene in relation to intrauterine growth restriction. Acta Obstet Gynecol Scand. 2010; 89(9):1197-201
10. Begley CM, Gyte G, Murphy DJ, Devane D, McDonald SJ, McGuire W. Active versus expectant management for women in the third stage of labour. Cochrane Database Syst Rev. 2010 Jul 7;(7):CD007412. Review
11. Cleary BJ, Donnelly J J, Gallagher PJ, Fahey T, Clarke M, Murphy DJ. Methadone dose and neonatal abst, Strawbridge inence syndrome – systematic review and meta-analysis. Addiction. 2010; 105(12):2071-84
12. Emmett CL, Montgomery AA, Murphy DJ; On behalf of the DiAMOND Study Group. Preferences for mode of delivery after previous caesarean section: what do women want, what do they get and how do they value outcomes? Health Expect. 2010; [Epub 2010 Sep 23]
13. Cleary BJ, Donnelly JM, Strawbridge JD, Gallagher PJ, Fahey T, White MJ, Murphy DJ. Methadone and perinatal outcomes: a retrospective cohort study. Am J Obstet Gynecol. 2010 [Epub 2010 Dec 7]
14. Al-Agha R, Kinsley BT, Finucane FM, Murray S, Daly S, Foley M, Smith SC, Firth RG. Caesarean section and macrosomia increase transient tachypnoea of the newborn in type 1 diabetes pregnancies. Diabetes Res Clin Pract. 2010 Sep;89(3):e46-8. Epub 2010 Jun 23
15. Carmody D, Doyle A, Firth RG, Byrne MM, Daly S, Mc Auliffe F, Foley M, Coulter-Smith S, Kinsley BT. Teenage pregnancy in type 1 diabetes mellitus. Pediatr Diabetes. 2010 Mar;11(2):111-5. Epub 2009 Dec 8

National/International Presentations

TCD & CWIUH Joint National Meeting, Coombe Hospital, Feb 2010
Towards the development of National Guidelines for morbidly adherent placenta, use of misoprostol in Obstetrics & Gynaecology and management of mothers who refuse blood products
TCD speakers/chairs – D Murphy, S Sheehan, S Daly

Perinatal Psychiatry Conference, Tallaght Hospital, May 2010
TCD speakers – D Murphy, B Cleary, A Mullally

Grants Received (please indicate study title, investigator status, grant body and grant income)

HRB 2009-2014 Primary Care Centre RCSI/TCD/QUB €4.2 Million
Prescribing in vulnerable groups (drug users, pregnancy, breast feeding)
Fahey T (PI), O'Dowd T, Hughes C Murphy DJ (Co-applicant)

HRB 2007-2010 €300,000
A randomised controlled trial of oxytocin bolus versus bolus and infusion for the control of blood loss at caesarean section
Murphy DJ (PI), Carey M

HRB 2008-2010 €110,000
Treatments for minimising blood loss during caesarean section
Cochrane Training Fellowship for S Sheehan
Sheehan S, Murphy DJ (Supervisor)

HRB 2010-2013 €287,800
Ultrasound assessment of the fetal head position to prevent morbidity at instrumental delivery (IDUS) - randomised controlled trial
Murphy DJ (PI), Montgomery A, Burke G

Friends of the Coombe/HRB/RCSI 2008-2011 €300,000
Medication exposure and perinatal outcomes among a cohort of pregnant women
Research fellowship for B Cleary
Cleary B, Murphy DJ (Supervisor)

Health Service Executive 2007-2012 €325,000
Alcohol exposure in pregnancy and perinatal outcomes
Murphy DJ (PI), A Mullally

HRB 2007-2011 €4,100,000
Perinatal Ireland, ESPRIT Study
Malone F (PI) Geary M, Mc Auliffe F, Morrison J,Higgins J, Burke G, Dornan J, Higgins S, Daly S (Joint Co PI)

UCD Academic Centre: Obstetrics and Gynaecology/UCD Centre for Human Reproduction

Staff Members

Professor Michael Turner	
Dr Mairead Kennelly	Senior Lecturer
Professor Bernard Stuart	Consultant Lecturer
Dr Vicky O'Dwyer	Lecturer (July 2010 to date)
Dr Jennifer Hogan	Clinical Research Fellow (Jan – June)
Ms Laura Bowes	Administrator

Honorary Clinical Lecturers

Dr Mary Anglim
Dr Tom D'Arcy
Dr Hugh O'Connor
Dr Jan Mileton
Dr Liam Briggs
Dr Michael Carey

Publications

- Peer-reviewed publications: 9
- Abstracts: 39

Peer-reviewed Publications

Publications 2010

1. Turner MJ
   Peripartum hysterectomy: an evolving picture
   Int J Obstet Gynecol 2010;109:9-11

2. Farah N, Stuart B, Harrold E, Fattah C, Kennelly M, Turner MJ
   Are there sex differences in Fetal Abdominal Subcutaneous Tissue (FAST) measurements?
   Eur J Obstet Gynecol Reprod Biol. 2010;148:118-20

3. Kennelly MM, Farah N, Turner MJ, Stuart B
   Aortic isthmus Doppler velocimetry: role in assessment of preterm fetal growth restriction
   Prenat Diagn. 2010;30:395-401

4. Khalifeh A, Farah N, Turner MJ
   An audit of caesarean sections for Very Low Birth Weight babies (VLBW)
   J Obstet Gynaecol 2010;30:261-3

5. Fattah C, Farah N, Barry S, O'Connor N, Stuart B, Turner MJ
Maternal weight and body composition in the first trimester of pregnancy
Acta Obstet Gynecol Scand 2010;89:952-5

6. Turner MJ, Fattah C, O'Connor N, Farah N, Kennelly MM, Stuart B
Body Mass Index and spontaneous miscarriage
Eur J Obstet Gynecol 2010;151:169-70

7. Fattah C, O'Connor N, Farah N, Kennelly MK, Stuart B, Turner MJ
Normal body composition values in the first trimester of pregnancy
Int J Bod Comp Res 2010;8:37-40

8. Hogan J, Farah N, Kennelly MM, Stuart B, Turner MJ
Body Mass Index and Blood Pressure Measurement during Pregnancy
Hypertension and Pregnancy 2010: [Epub a head of print]

9. Turner MJ, Farah N
Gestational weight gain and birth weight
Ir Med J 2010;103:293-4

10. Miletin J, Pichova K, Doyle S, Dempsey EM: Relationship between Cortisol Concentrations, Blood Pressure, Superior Vena Cava Flow and Illness Severity Scores in VLBW Infant. J Perinatol. 2010 Aug;30(8):522-6. Epub 2010 Mar 25

11. Dempsey E, Miletin J. Banked preterm versus banked term human milk to promote growth and development in very low birth weight infants. Cochrane Database Syst Rev. 2010 Jun 16;(6):CD007644

Abstracts

M Ramphul, M Murphy, N Farah, N O'Connor, B Stuart, MJ Turner
Ethnic differences in maternal body composition
Royal Academy of Medicine in Ireland Registrars Prize, Dublin, February 2010

N Farah, B Stuart, V Donnelly, M Kennelly, MJ Turner
Influence of maternal weight and body composition on fetal weight and body composition in the third trimester of pregnancy
Royal Academy of Medicine in Ireland Registrars Prize, Dublin, February 2010

N Farah, M Murphy, M Kennelly, MJ Turner
Does maternal body composition change in the early postnatal period?
Society of Maternal and Fetal Medicine, Chicago, February 2010

N Farah, M Kennelly, B Stuart, V Donnelly, MJ Turner
The influence of maternal adiposity on fetal adiposity in a nondiabetic population
International Society of Ultrasound in Obstetrics and Gynaecology 9th International Meeting, Cairo, March 2010

Farah N, Murphy M, Kennelly MM, Turner MJ
Does maternal body composition change in the early postnatal period?
SMFM 30th Annual Scientific Meeting, Gateshead, June 2010

Fattah C Farah N, Joyce N, O'Connor N, Hogan JL, Kennelly MM, Stuart B, Turner MJ
Gestational diabetes mellitus analysed by body mass index category
Irish Congress of Obs & Gynae, Wicklow, April 2010

Tadesse W
Peripartum hysterectomy in the first decade of the 21st century
Irish Congress of Obs & Gynae, Wicklow, April 2010

Fattah C, Farah N, Barry S, O'Connor N, Kennelly MM, Stuart B, Turner MJ
Maternal weight and body composition in the first trimester of pregnancy
Irish Congress of Obs & Gynae, Wicklow, April 2010

Hogan JK
Maternal obesity and blood pressure measurement in pregnancy
Irish Congress of Obs & Gynae, Wicklow, April 2010

Kearney E
The influence of obesity on the white cell count in the first trimester of pregnancy
Irish Congress of Obs & Gynae, Wicklow, April 2010

E Kearney, J Hogan, N Farah, N O'Connor, M Kennelly, B Stuart, MJ Turner
The influence of obesity on the white cell count in the first trimester of pregnancy
Irish Congress of Obstetrics and Gynaecology, Wicklow, April 2010

RE Kelly, JL Hogan, CE Walsh, N O'Connor, N Farah, MJ Turner
Polycystic ovarian syndrome and fat distribution
Irish Congress of Obstetrics and Gynaecology, Wicklow, April 2010

JL Hogan, RE Kelly, CE Walsh, N O'Connor, N Farah, MJ Turner
Is obesity the cause if increased C - reactive protein in polycystic ovarian syndrome?
Irish Congress of Obstetrics and Gynaecology, Wicklow, April 2010

C Fattah, N Farah, S Barry, N O'Connor, M Kennelly, B Stuart, MJ Turner
Maternal weight and body composition in the first trimester of pregnancy
Irish Congress of Obstetrics and Gynaecology, Wicklow, April 2010

C Fattah, N Farah, N Joyce, N O'Connor, J Hogan, M Kennelly, B Stuart, MJ Turner
Gestational diabetes mellitus analysed by body mass index
21st European Congress of Obstetrics and Gynaecology, Antwerp, May 2010

Farah N, Kennelly MM, Stuart B, Turner MJ
Which maternal body composition parameters predict fetal adiposity and birthweight?
EBCOG Congress, Belgium, May 2010

Farah N, Kennelly MM, Stuart B, Turner MJ
Is birthweight determined by maternal body mass index or gestational weight gain?
EBCOG Congress, Belgium, May 2010

Fattah C, Farah N, Barry S, O'Connor N, Stuart B, Turner MJ
Maternal weight and body composition in the first trimester of pregnancy
EBCOG Meeting, Antwerp May 2010

Farah N, Kennelly MM, Stuart B, Donnelly V, Turner MJ
Which maternal body composition parameters predict fetal adiposity and birthweight?
EBCOG Meeting, Antwerp May 2010

Farah N, Kennelly MM, Donnelly V, Stuart B, Turner MJ
The impact of maternal obesity in fetal adiposity in the third trimester
BMFMS Conference, Gateshead, June 2010

Farah N, Kennelly MM, Donnelly V, Stuart B, Turner MJ
Which changes in maternal body composition influence birthweight?
BMFMS Conference, Gateshead, June 2010

Farah N, Joyce N, Kennelly MM, Daly S, Turner MJ
The value of mid-arm circumference measurements in a diabetic population
BMFMS Conference, Gateshead, June 2010

Farah N, Joyce N, Fattah C, O'Connor N, Turner MJ
Gestational diabetes mellitus analysed by body mass index
BICOG, Belfast, June 2010

Kelly RE, Farah N, O'Connor N, Kennelly MM, Stuart B, Turner MJ
An observational study of paternal body mass index and body composition during pregnancy
BICOG, Belfast, June 2010

Farah N, Kennelly MM, Donnelly V, Stuart B, Turner MJ
The impact of maternal obesity on fetal body composition in the third trimester
BICOG, Belfast, June 2010

Farah N, Joyce NM, Kennelly MM, Daly S, Turner MJ
The value of mid-arm circumference measurements in a diabetic population
BICOG, Belfast, June 2010

Farah N, Kennelly MM, Donnelly V, Stuart B, Turner MJ
Maternal body composition parameters and birthweight
BICOG, Belfast, June 2010

Barry S, Mitchell C, Farah N, Stuart B, Kennelly M, Turner MJ
Maternal exercise levels and birthweight
BICOG, Belfast, June 2010

Barry S, Farah N, Stuart B, Kennelly M, Turner MJ
What happens to body composition in pregnancy?
BICOG, Belfast, June 2010

O'Neill J
Are Irish Women following the food pyramid recommendations for pregnancy?
Nutrition Society Irish section meeting, Coleraine June 2010

O'Dwyer V, Fattah C, Farah N, Hogan J, O'Connor N, Kennelly MM, Stuart B, Turner MJ
Caesarean births analysed by Body Mass Index, parity and type of section
Junior Obstetrics and Gynaecology, Dublin, Nov 2010 (ORAL)

O'Dwyer V, Fattah C, Farah N, Hogan J, O'Connor N, Kennelly MM, Turner MJ
Vaginal birth after caesarean section analysed by Body Mass Index
Junior Obstetrics and Gynaecology, Dublin, Nov 2010

Joyce NM, Farah N, Hogan J, O'Dwyer V, Kennelly MM, Daly SF, Turner MJ
Accuracy of measuring blood pressure and significance of mid-arm circumference in a diabetic clinic
Junior Obstetrics and Gynaecology, Dublin, Nov 2010

Fattah C, Farah N, O'Dwyer V, O'Connor N, Hogan J, Kennelly MM, Stuart B, Turner MJ
Body Mass Index and spontaneous miscarriage
Junior Obstetrics and Gynaecology, Dublin, Nov 2010

Fattah C, Farah N, O'Dwyer V, O'Connor N, Hogan J, Kennelly MM, Stuart B, Turner MJ
Clinical validation of advanced bioelectrical impedance analysis in predicting pregnancy outcomes
Junior Obstetrics and Gynaecology, Dublin, Nov 2010

Fattah C, O'Dwyer V, Farah N, O'Connor N, Hogan J, Kennelly MM, Stuart B, Turner MJ
Normal maternal body composition values for the first trimester of pregnancy
Junior Obstetrics and Gynaecology, Dublin, Nov 2010

Byrne C, Kennedy C, O'Dwyer V, Farah N, Kennelly MM, Turner MJ
What models of maternity care do pregnant women in Ireland want?
Junior Obstetrics and Gynaecology, Dublin, Nov 2010 (POSTER ORAL)

Mc Goldrick A, O'Dwyer V, Farah N, Fattah C, O'Connor N, Kennelly MM, Stuart B, Turner MJ
Maternal obesity and abnormal glucose tolerance
Junior Obstetrics and Gynaecology, Dublin, Nov 2010

O'Reilly A, Barry S, O'Dwyer V, Hogan J, Kennelly MM, Turner MJ
Do obese women exercise less during pregnancy?
Junior Obstetrics and Gynaecology, Dublin, Nov 2010

Sirc J, Dempsey EM, Miletin J
Doppler-Derived Diastolic Ventricular Function in Infants with Birth Weight less than 1250g during first 48 Hours of Life
The 3rd Congress of the European Academy of Paediatric Societies 2010, Copenhagen, Denmark. Pediatric Research. ():329, November 2010. (poster presentation)

Sirc J, Dempsey EM, Miletin J
Comparison of Cerebral Tissue Oxygenation and Cardiac Output in Infants with Birth Weight less than 1250 Grams
The 3rd Congress of the European Academy of Paediatric Societies 2010, Copenhagen, Denmark. Pediatric Research. ():178, November 2010. (poster presentation)

O'Donnell S, Franta J, Miletin J
The Use of Inhaled Nitric Oxide in Premature Infants with Premature Prolonged Rupture of Membranes: a Case Series
Irish & American Paediatric Society 42nd Annual Meeting 2010, Dublin, Ireland. (poster presentation)

Letshwiti J, Sirc J, Miletin J
Serial N-Terminal Pro-Brain Natriuretic Peptide Measurement as a Predictor of Clinically Significant Ductus Arteriosus in Preterm Infants beyond the first Week of Life – Pilot Study
Irish & American Paediatric Society 42nd Annual Meeting 2010, Dublin, Ireland. (oral presentation)

Sirc J, Dempsey EM, Miletin J
Comparison of Cerebral Tissue Oxygenation Index and Cardiac Output in Infants with Birth Weight less than 1000 Grams
Joint Irish Paediatric Association and Ulster Paediatric Society Meeting 2010, Ballyconnell, Cavan, Ireland. (oral presentation)

Sirc J, Dempsey EM, Miletin J
Doppler-Derived Diastolic Ventricular Function in Extremely Low Birth Weight Infants (<1000g) during first 48 Hours of Life
Joint Irish Paediatric Association and Ulster Paediatric Society Meeting 2010, Ballyconnell, Cavan, Ireland. (oral presentation)

O'Donnell S, Franta J, Miletin J
The Use of Inhaled Nitric Oxide in Premature Infants with Premature Prolonged Rupture of Membranes: a Case Series
Irish Perinatal Society Meeting 2010, Druids Glen, Co. Wicklow, Ireland. (oral presentation)

RCSI Academic Department of Obstetrics and Gynaecology

Staff Complement

Walter Prendiville	Associate Professor
Bridgette Byrne	Senior Lecturer
Carmen Regan	Senior Lecturer
Andrea Nugent	Lecturer in Women's Health and Community Gynaecology
David Morgan	Lecturer in Gynaecology (to June 2010)
Nikhil Purandare	Locum Lecturer in Gynaecology (From July 2010)
Conor Herrity	Lecturer in Gynaecology (from November 2010)
Sucheta Johnson	Lecturer in Obstetrics (to June 2010)
Samar Gamal	Lecturer in Obstetrics (from July 2010)
Marie Greene	Academic Secretary
Fidelma Kavanagh	Departmental Administrator

Professor Walter Prendiville

Key Performance Indicators

- Selected Membership Of Learned Societies
- President Elect International Federation for Cervical Pathology and Cytology
- President Irish Gynaecological Endoscopy Society
- Secretary International College of Office Gynaecology
- Former President British Society for Colposcopy and Cervical Pathology
- Member Advisory Board Cervical Screening

Book Chapters

Management of Abnormal Cervical Cytology. Joe Jordan, Pierre Martin-Hirsh, Marc Arbyn, Ulrich Schenck, Jean-Jacques Baldauf, Daniel Da Silva, Ahti Anttila, Pekka Nieminen, Walter Prendiville In European Guidelines for Quality Assurance in Cervical Cancer Screening. (Second Edition) Eds M Arbyn, A Antilla, J Jordan, G Ronco, U Schenck, N Segnan, H Widner WHO International Agency for Research on Cancer ISBN 978-92-79-07698-5

Articles

Management of abnormal cytological findings. Bornstein J, Jones H 3rd, Leeson S, Ng HT, Prendiville W. Eur J Gynaecol Oncol. 2010;31(3):250-5. PMID: 21077464

Proportion of excision and cervical healing after large loop excision of the transformation zone for cervical intraepithelial neoplasia. Founta C, Arbyn M, Valasoulis G, Kyrgiou M, Tsili A, Martin-Hirsch P, Dalkalitsis N, Karakitsos P, Kassanos D, Prendiville W, Loufopoulos A, Paraskevaidis E.BJOG. 2010 Nov;117(12):1468-74. doi: 10.1111/j.1471-0528.2010.02709.x. Epub 2010 Sep 14. PMID: 20840527

Proportion of excision and cervical healing after large loop excision of the transformation zone for cervical intraepithelial neoplasia. Founta C, Arbyn M, Valasoulis G, Kyrgiou M, Tsili A, Martin-Hirsch P, Dalkalitsis N, Karakitsos P, Kassanos D, Prendiville W, Loufopoulos A, Paraskevaidis E
BJOG. 2010 Sep 14. doi: 10.1111/j.1471-0528.2010.02709.x. [Epub ahead of print] PMID: 20840527 2

A spectral phenotype of oncogenic human papillomavirus-infected exfoliative cervical cytology distinguishes women based on age. Kelly JG, Cheung KT, Martin C, O'Leary JJ, Prendiville W, Martin-Hirsch PL, Martin FL Clin Chim Acta. 2010 Aug 5;411(15-16):1027-33. Epub 2010 Mar 30.PMID: 20359472

Effect of a collector bag for measurement of postpartum blood loss after vaginal delivery: cluster randomised trial in 13 European countries. Zhang WH, Deneux-Tharaux C, Brocklehurst P, Juszczak E, Joslin M, Alexander S; EUPHRATES Group (W Prendiville Member). BMJ. 2010 Feb 1;340:c293. doi: 10.1136/bmj.c293.PMID: 20123835

Presentations (Selected)

- EUROGIN 2010 Congress in Monaco, Monte-Carlo (Grimaldi Forum), February 17 - 20, 2010
  Lecture: CIN2 what is it?
  Chair Session: Management of abnormal Pap revisited
  Chair Session: Contemporary management of CIN

- Vth National Conference of Indian Society of Colposcopy and Cervical Pathology 6-7 March Chennai, India
  Live Workshop: Normal and Abnormal Colpsocopy, VIA, VILI, LLETZ, Cryo to Cervix, Wertheim's Hysterectomy live/video
  Guest Lecture: Colposcopic diagnosis of CIN lesions
  Lecture: Treatment options for CIN lesions
  Curso Teórico-Prático De Técnicas Ginecológicas De Ambulatório Évora Portugal n 16-18 April
  Lecture: Microinvasive Lesions
  Hands on in Laparoscopy
  Lecture: Indications and non-indications for Laparoscopy

- Xth International Workshop on Lower Genital Tract Pathology HPV Disease 2010 A.D.: Coming into the Light, Viaraggio, Italy. May 6-8
  Lectures: See and treat: Results from clinical practice across Europe
  Adverse obstetric outcome after treatment : Review of the data and residual risk after treatment for CIN

- 5th European Congress of the European Federation
  for Colposcopy and Cervical Pathology. Berlin, Germany May 27-29
  Lecture: Search for a common standard in Colposcopy

- RCOG Basic Colposcopy Course London June
  Lecture: The treatment of CIN

- Georgia Society Practical Colposcopy Training Course. Tblisi Gerogia Sept 24

- Brazillian Congress XVth Brazilian Congress of the Lower Genital Pathology and Colposcopy, Porto Alegre, Brazil
  Round Table Screening of uterine cancer in developed countries:
  Orientations from IFCPC and American Cancer Society in the prevention of cervical cancer

- Lecture: Evolution of the 'see and treat' approach in the last 20 years
  Lecture: Optimization of the excisional treatment of intra-epithelial neoplasia

- VIIth Latin-American Society of Colposcopy and Lower Genital Tract Pathology. Colposcopy Congress. Cursos Pre Congreso. Carthagena, Colombia
  Lecture: Conservative treatment update
  5-continent symposium Cervical cancer in Asia

- VIIth Colposcopy Course. Latial Group SICPCV. Rome
  Società Italiana di Colposcopia e Patologia Cervico Vaginale
  VIIth Corso di Colposcopia e Prevenzione Ginecologica IV Sessione
  Gestione Clinica Del PAP Test
  Anormaleconcepts of 'see and treat' in European treatments
  Plenary Educational Session
  Obstetrical performance following cervical treatment of CIN

- 13th Congress of International College of Outpatient Gynecology (ICOG) 18-20 November Fortaleza Cera Brasil. Brazil Jean Luc ICOG congresss Fortaleza (Brazil)
  International Colpsocopic Classification
  Do we need to treat CIN2
  Is Cervical Resection still necessary

- 34es Journées Nationales du Collège National des Gynécologues et Obstétriciens Français Paris Lecture: Que reste-t-il des indications du laser? (what are the indications of ablation?)

Courses Organiser

- 29 April – 1 May & 12 – 14 November 3 Day RCOG Basic Surgical Skills for Obstetricians and Gynaecologists in Training at the National Clinical Skills Centre Dublin

- June 2010 Laparoscopic Surgical Skills Course – over four months, eight practical training sessions

Dr Bridgette Byrne

Key Performance Indicators

Publications

Prediction of peripartum hysterectomy and end organ dysfunction in major obstetric haemorrhage
O'Brien D, Babiker E, O'Sullivan O, Conroy R, McAuliffe F, Geary M, Byrne B
Eur J Obstet Gynecol Reprod Biol. 2010 Dec;153(2):165-9
PMID: 20810201

Quality of care in the management of major obstetric haemorrhage
Johnson SN, Khalid S, Varadkar S, Fleming J, Fanning R, Flynn CM, Byrne B
Ir Med J. 2011 Apr;104 (4):119-21
PMID: 21675096

Is there a genetic component to hyperemesis gravidarum?
Byrne B
Ir Med J. 2010 Jul-Aug;103(7):197
PMID: 20845596

An unusual reproductive consequence of needle excision of the transformation zone
Ramphul M, Dimitriou E, Byrne B
J Obstet Gynaecol. 2010 Apr;30(3):311-2
PMID: 20373940

Audits

- Severe maternal morbidity and major obstetric haemorrhage at the CWIUH
- Member of the NPEC committee for Audit of severe maternal morbidity and major obstetric haemorrhage nationally
- Examiner for the MRCPI in Reproductive Medicine
- Organiser of the PROMPT course CWIUH

Dr Carmen Regan

Key Performance Indicators

Publications

The role of thromboxane A2 in the pathogenesis of intrauterine growth restriction associated with maternal cigarette smoking in pregnancy. Lynch CM, O'Kelly R, Stuart B, Treumann A, Conroy R, Regan CL Prostaglandins Other Lipid Mediat. (in press)

Research

- Exploration of a clinically relevant assay of platelet function in pregnancy
- The role of platelets in placentation

Other activities

- Trainer PROMPT course
- Member Hospital Ethics Committee
- Prospective audit of maternal disease in pregnancy

Dr David Morgan

Key Performance Indicators

Publications

Morgan D, O'Sullivan R, Prendiville W. A study of a novel 'take-home' laparoscopic simulator and programme Journal of Mininally Invasive Gynaecology 2010, 17:S71

Morgan D, O'Sullivan R, Prendiville W. Learning laparoscopic skills with a take-home training system. Journal of Minimally Invasive Gynaecology 2010, 17: S189-S194

Presentations

Clinical controversies: LoSIL, should we take colposcopically directed Biopsies and
Follow up of women after colposcopic management reformed
Oral Presentations at Basic and Intermediate Colposcopy Course, Dublin

Does laparoscopic skills training work? Assessment of a take home trainer skills course
Poster Presentation at British International Congress of Obstetrics and Gynaecology, Belfast

Anterior rectal resection for deep infiltrating endometriosis: complications and outcomes
Poster Presentation at British International Congress of Obstetrics and Gynaecology, Belfast

A study of a novel 'take-home' laparoscopic simulator and program
Oral and Poster Presentation at American Association of Gynaecological Laparoscopists, Las Vegas

Learning laparoscopic skills with a take home training system
Video Presentation at American Association of Gynaecological Laparoscopists, Las Vegas

Dr Sucheteta Navroop Johnson

Key Performance Indicators

Oral presentation

Massive Obstetric Haemorrhage (MOH) In A Tertiary Obstetric Unit
Johnson SN, Varadkhar S, Fleming R, Byrne B

- Four Provinces (IOG)
- JOGS Annual Scientific Meeting
- RAMI

Dr Samar Gamal

Key Performance Indicators

- Management of Hypofibrinogenaemia secondary to Major Obstetric Haemorrhage: Fibrinogen concentrate versus Cryoprecipitate. Presented at the HAI (Haematology ssociation of Ireland) meeting, Galway
- Dysfibrinogenaemia in Pregnancy: a case report. RCOG annual Scientific Meeting, Belfast
- The efficacy of Fibrinogen compared to Cryoprecipitate in Major Obstetric Haemorrhage – an Observational study. Perinatal Medicine Meeting, Harrogate
- Severe Maternal Morbidity and HDU admissions. Coombe Women and Infants University Hospital Annual Report 2009 and 2010

Dr Nikhil Purandare

Key Performance Indicatiors

- BSCCP Annual Meeting Brighton: First Prize: IRMS Spectroscopy for Screening Cervical Precancer

Research

- To determine the use of Infrared Spectroscopy for cervical cancer screening

Dr Dr Conor Herrity

Key Performance Indicators

- Organizer RCOG Basic Practical Skills Course November at the National Clinical Skills Centre

Postgraduate Medical Training

OBSTETRICS AND GYNAECOLOGY

Dr Michael O'Connell
Director of Postgraduate Training

Key Performance Indictors

- Assigned trainer and training number for all Doctors in Training.
- Advocate role of the Director of Postgraduate Training for Doctors in Training.
- Close Liaison with the Master and Director of Postgraduate Training on training issues.
- Close liaison with the Human Resources department on recruitment issues.
- Preparatory course for MRCPI examination.
- Special Skills Module Urodynamics with the Institute of Obstetrics and Gynaecology.
- Dedicated protected sessions on Delivery suite, Theatre, Colposcopy, MAS, Urogynaecology, Adolescent Gynaecology, Subfertility and High Risk Pregnancy.
- Sub Speciality Opportunities:
  - Gynaecology Oncology in association with St James's Hospital (Drs Gleeson and D'Arcy)
  - Materno-Fetal Rotunda/Coombe/Columbia Programme (Prof Daly and Prof Malone)

Achievements in 2010

- Excellent success rates in MRCOG Part 1, DOWH and MRCPI Part 2.
- Excellent progression rate of senior trainees to Higher Specialist Training.
- Highly successful 'Open Evening' for Doctors and Students interested in a career in Obstetrics and Gynaecology.
- CWIUH established as a regional hub for SHO training incorporating SJH, AMNCH, Portlaoise and Mullingar Hospitals.

Challenges

- Maximisation of training opportunities with less Doctors in Training.
- The creation of an SHO rotation scheme that is recognised for its excellence and recognised by the Medical Council.

PAEDIATRICS AND NEWBORN MEDICINE

Dr Martin J White
Director of Paediatrics & Newborn Medicine

Six Specialist Registrars in Paediatrics rotated through the Department of Paediatrics & Newborn Medicine in 2010. Each Specialist Registrar was completing 6 months of a 12 - month rotation, posts are July to June. The Specialist Registrars are encouraged to undertake specific research projects and participate in audits. The Department of Paediatrics & Newborn Medicine is a tertiary level Neonatology Centre offering experience in intensive care as well as neonatal transport. Neonatal training is a core component of the Specialist Registrar Programme in General Paediatrics.

PERI-OPERATIVE MEDICINE

Dr Michael Carey
Director of Perioperative Medicine

The Department of Perioperative Medicine in the CWIUH continues to provide a comprehensive training programme for anaesthetic trainees. The controversial decision of HSE-METR to designate NCHD posts as training posts only if they are in recognised rotations will result in a reduction in the number of training posts from 7 to 4 (2 at specialist registrar level and 2 at basic specialist trainee level). The Department of Perioperative Medicine continues to treat all NCHDs as equal in terms of training requirements - providing 2 formal teaching sessions per week in addition to many one to one educational opportunities in theatre and the delivery suite. NCHDs are also encouraged to attend multidisciplinary meetings in the hospital. The Department hosts mock OSCE examinations twice yearly for our NCHDs from the CWIUH, SJH and AMNCH in preparation for the Part I of the Anaesthetic Fellowship examination; in addition to clinical and technical training, the Department provides training in audit and research methodology.

PATHOLOGY

Professor John O Leary
Director of Pathology

Medical training in Laboratory Medicine in 2010 is provided in Histopathology, Cytopathology, Morbid Anatomy and Molecular Pathology. The SpR is attached to the Department for a 6 month period. The SpR is encouraged to undertake a dedicated piece of research during his/her rotation in the CWIUH. The Department of Cytopathology is the only centre in the Republic of Ireland that offers training in gynaecological cytopathology. The CWIUH has entered negotiations in relation to the establishment of a National Cervical Cytology Training Centre in association with a commercial provider, the HSE, the NCSS, the State Claims Agency and the Faculty of Pathology (RCPI).

National Clinical Skills Centre (CWIUH)

The National Clinical Skills Centre (Women & Infants Health) is located on the campus of the Coombe Women & Infants University Hospital Dublin. The Centre was established with the support of the Institute of Obstetrics and Gynaecologists, The Postgraduate Medical and Dental Board, The Royal College of Surgeons in Ireland and the board of the CWIUH.

The remit of the Centre is to provide a well equipped location for use in the teaching of practical skills. In the past year practical training undertaken at the Centre has covered a spectrum of procedures from simple IV canulation to simulated ovarian cystectomy, ectopic pregnancy surgery and various intra and extracorporal suture techniques

- A Faculty of consultants and SpRs has been approved and the Centre recognized as a venue for RCOG's 3-Day Basic Surgical Skills Course for Obstetricians and Gynaecologists in training. Two courses, in April and November, were held at the centre in 2010.
- The Centre for Midwifery Education at the Coombe Women and Infants Hospital under the direction of Anne Mulhall have used the facility on a monthly basis to teach midwives and nurses the skills of peripheral IV Drug Administration, Infection Control, Blood Sampling by Venepuncture & Peripheral Intravenous Cannulation.
- The Centre has been equipped to provide practical training in laparoscopic skills. Over a four month course of eight practical sessions delegates develop technical dexterity and troubleshooting skills in the laparoscopic management of Ectopic Pregnancy, Ovarian Cysts and other Adnexal pathology. The 2010 course in Lapraoscopy took place in June, September, October and November.

The Centre is managed by a Board which consists The Director Professor Walter Prendiville, Dr Michael O'Dowd, Chairman of the Institute of Obstetricians and Gynaecologists, Dr Chris Fitzpatrick, The Master of the CWIUH, Dr Ray O'Sullivan representing Consultants outside Dublin and Dr Nikhil Purandare representing the Junior Obstetrics and Gynaecology Society.

The facility is available to all professional groups interested in running clinical skills courses. For further information, visit our website at www.nationalclinicalskillscentre.com; you may also email info@nationalclinicalskillscentre.com.

Professor Walter Prendiville
Director
National Clinical Skills Centre

Appendix One

Outline History of the Coombe Women's Hospital

1770	Foundation stone laid on 10th October by Lord Brabazon for new general hospital in the Coombe.
1771	Hospital opened in the Coombe known as 'The Meath Hospital and County Dublin Infirmary'.
1822	Meath Hospital transferred to Heytesbury Street to a site known as 'Dean Swift's Vineyard'.
1823	Old Meath Hospital bought by Dr John Kirby and opened in October under the name of 'The Coombe Hospital'.
1826	Maternity service founded in The Coombe Hospital by Mrs Margaret Boyle.
1829	Hospital bought from Dr John Kirby and opened on February 3rd as 'The Coombe Lying-in Hospital'.
1835	Dublin Ophthalmic Infirmary established in outpatient department (until 1849).
1839	Gynaecology ward opened in hospital.
1867	Royal Charter of Incorporation granted to the Coombe Lying-in Hospital on November 15th.
1872	Due to the benevolence of the Guinness family, a new wing, including gynaecology beds, known as 'The Guinness Dispensary' opened on April 24th.
1877	Coombe Lying-in Hospital rebuilt and reopened by the Duke and Duchess of Marlborough on May 12th.
1903	Weir Wing in hospital opened.
1911	Pembroke dispensary for outpatient care of children opened July 6th.
1926	Hospital centenary celebrated by first international medical congress to be held in Dublin.
1964	Foundation stone laid for new Hospital in Dolphin's Barn on May 14th by Minister for Health, Mr. McEntee.
1967	New Coombe Lying-in Hospital opened on July 15th.
1976	Celebration of the 150th birthday of Hospital held in October.
1987	Maternity service in St. James's Hospital transferred to Coombe Lying-in Hospital on October 1st.
1993	Hospital renamed the 'Coombe Women's Hospital' on December 8th.
1995	UCD Department of General Practice opened in February.
2001	175th Anniversary of the Coombe Women's Hospital.
2008	Hospital renamed 'Coombe Women & Infants University Hospital' on January 1st.

Appendix Two

Masters of the Coombe Lying-in Hospital/Coombe Women's Hospital/Coombe Women & Infants University Hospital

Richard Reed Gregory	1829 - 1831
Thomas McKeever	1832 - 1834
Hugh Richard Carmichael	1835 - 1841
Robert Francis Power	1835 - 1840
William Jameson	1840 - 1841
Michael O'Keeffe	1841 - 1845
John Ringland	1841 - 1876
Henry William Cole	1841 - 1847
James Hewitt Sawyer	1845 - 1880
George Hugh Kidd	1887 - 1893
Samuel Robert Mason	1894 - 1900
Thomas George Stevens	1901 - 1907
Michael Joseph Gibson	1908 - 1914
Robert Ambrose MacLaverty	1915 - 1921
Louis Laurence Cassidy	1922 - 1928
Timothy Maurice Healy	1929 - 1935
Robert Mulhall Corbet	1936 - 1942
Edward Aloysius Keelan	1943 - 1949
John Kevin Feeney	1950 - 1956
James Joseph Stuart	1957 - 1963
William Gavin	1964 - 1970
James Clinch	1971 - 1977
Niall Duignan	1978 - 1984
John E. Drumm	1985 - 1991
Michael J. Turner	1992 - 1998
Sean F. Daly	1999 - 2005
Chris Fitzpatrick	2006 - present

Appendix Three

Matrons and Directors of Midwifery and Nursing at the Coombe Lying-in Hospital/Coombe Women's Hospital/Coombe Women & Infants University Hospital

Over a period of 145 years since the granting of the Royal Charter of Incorporation to the Coombe Lying In Hospital in 1867, there have been 15 Matrons or Directors of Midwifery & Nursing (DoM&N) as follows;

Mrs Watters	Matron	1864 - 1874
Kate Wilson	Matron	1874 - 1886
Mrs Saul	Matron	1886 - 1886
Mrs O'Brien	Matron	1886 - 1887
Mrs Allingham	Matron	1887 - 1889
Annie Hogan	Matron	1889 - 1892
Annie Fearon	Matron	1892 - 1893
Hester Egan	Matron	1893 - 1909
Eileen Joy	Matron	1909 - 1914
Genevieve O'Carroll	Matron	1914 - 1951
Nancy Conroy	Matron	1952 - 1953
Margaret (Rita) Kelly	Matron	1954 - 1982
Ita O'Dwyer	DoM&N	1982 - 2005
Mary O'Donoghue	DoM&N – Acting	2005 - 2006
Patricia Hughes	DoM&N	2007 - present

Appendix Four

Guinness Lectures

1969	The Changing Face of Obstetrics Professor T. N. A. Jeffcoate, University of Liverpool
1970	British Perinatal Survey Professor N. Butler, University of Bristol
1971	How Many Children? Sir Dugald Baird, University of Aberdeen
1972	The Immunological Relationship between Mother and Fetus Professor C. S. Janeway, Boston
1973	Not One but Two Professor F. Geldenhuys, University of Pretoria
1978	The Obstetrician/Gynaecologist and Diseases of the Breast Professor Keith P. Russell, University of Southern California School of Medicine
1979	Preterm Birth and the Developing Brain Dr J. S. Wigglesworth, Institute of Child Health, University of London
1980	The Obstetrician a Biologist or a Sociologist? Professor James Scott, University of Leeds
1981	The New Obstetrics or Preventative Paediatrics? Dr J. K. Brown, Royal Hospital for Sick Children, Edinburgh
1982	Ovarian Cancer Dr J. A. Jordan, University of Birmingham
1983	The Uses and Abuses of Perinatal Mortality Statistics Professor G.V.P. Chamberlain, St. George's Hospital Medical School, London
1984	Ethics of Assisted Reproduction Professor M. C. McNaughton, President, Royal College of Obstetricians & Gynaecologists
1985	Magnetic Resonance Imaging in Obstetrics and Gynaecology Professor E. M. Symonds, University of Nottingham
1986	Why Urodynamics? Mr S. L. Stanton, St. George's Hospital Medical School, London
1987	Intrapartum Events and Neurological Outcome Dr K. B. Nelson, Department of Health & Human Services, National Institute of Health, Maryland, USA

1988	Anaesthesia and Maternal Mortality Dr Donald D. Moir, Queen Mothers Hospital, Glasgow
1989	New approaches to the management of severe intrauterine growth retardation Professor Stuart Campbell, Kings College School of Medicine & Dentistry, London
1990	Uterine Haemostasis Professor Brian Sheppard, Department of Obstetrics and Gynaecology, Trinity College, Dublin
1991	Aspects of Caesarean Section and Modern Obstetric Care Professor Ingemar Ingemarsson, University of Lund, Sweden
1992	Perinatal Trials and Tribulations Professor Richard Lilford, University of Leeds
1993	Diabetes Mellitus in Pregnancy Professor Richard Beard, St. Mary's Hospital, London
1994	Controversies in Multiple Pregnancies Dr Mary E D'Alton, New England Medical Center, Boston
1995	The New Woman Professor James Drife, University of Leeds
1996	The Coombe Women's Hospital and the Cochrane Collaboration Dr Iain Chalmers, the UK Cochrane Centre, Oxford
1997	The Pathogenesis of Endometriosis Professor Eric J Thomas, University of Southampton
1998	A Flux of the Reds – Placenta Praevia Then and Now Professor Thomas Baskett, Nova Scotia
1999	Lessons Learned from First Trimester Prenatal Diagnosis Professor Ronald J Wapner, Jefferson Medical College, Philadelphia
2000	The Timing of Fetal Brain Damage: The Role of Fetal Heart Rate Monitoring Professor Jeffrey P Phelan, Childbirth Injury Prevention Foundation, Pasadena, California
2001	The Decline & Fall of Evidence Based Medicine Dr John M Grant, Editor of the British Journal of Obstetrics & Gynaecology, United Kingdom
2002	Caesarean Section: A Report of the U.K. Audit and its Implications Professor J.J Walker, St James's Hospital, Leeds
2003	The 20th Century Plague: its Effect on Obstetric Practice Professor Mary-Jo O'Sullivan University of Miami School of Medicine, Florida, USA
2004	Connolly, Shaw and Skrabanek – Irish Influences on an English Gynaecologist Professor Patrick Walker, Royal Free Hospital, London

2005 Careers and Babies: Which Should Come First?
Dr Susan Bewley, Clinical Director for Women's Health, Guys & St Thomas NHS Trust, U.K.

2006 Retinopathy of Prematurity: from the Intensive Care Nursery to the Laboratory and Back
Professor Neil McIntosh, Professor of Child Life and Health, Edinburgh, Vice President – Science, Research & Clinical Effectiveness, RCPCH, London

2007 Schools, Skills & Synapses
Professor James J. Heckman,
Nobel Laureate in Economic Sciences
Henry Schultz Distinguished Service Professor of Economics, University of Chicago, Professor of Science & Society, University College Dublin

2008 Cervical Length Screening for Prevention of Preterm Birth
Professor Vincenzo Berghella, MD, Director of Maternal-Fetal Medicine, Thomas Jefferson University, Philadelphia, PA

2009 Advanced Laparoscopic Surgery: The Simple Truth
Professor Harry Reich, Wilkes Barre Hospital, Pennsylvania
Past President of the International Society of Gynaecologic Endoscopy (ISGE)
Former Director of Advanced Laparoscopic Surgery, Columbia Presbyterian Medical Centre, NY

2010 Magnesium – The Once and Future Ion
Professor Mike James, Professor and Head of Anaesthesia
The Groote Schuur Hospital, University of Capetown

Appendix Five

Glossary of Terms

Booked patient: a patient who is seen at the antenatal clinic, other than the occasion on which she is admitted. This includes patients seen by the consultant staff in their consulting rooms.

Miscarriage: expulsion of products of conception or of a fetus weighing less than 500 grams.

Maternal Mortality: death of a patient for whom the hospital has accepted medical responsibility, during pregnancy or within six weeks of delivery (whether in the hospital or not). Maternal mortality is calculated against the total number of mothers attending the hospital including miscarriages, ectopic pregnancies and hydatidiform moles.

Stillbirths (SB): a baby born weighing 500 grams or more who shows no sign of life.

First week neonatal death (NND): death within seven days of a live born infant weighing 500 grams or more.

Late neonatal death (late NND): death between 7 and 28 days of a live born baby weighing 500 grams or more.

Perinatal Mortality: the sum of stillbirths and first week neonatal deaths as defined above. The perinatal mortality rate refers to the number of perinatal deaths per 1,000 total births infants weighing 500 grams or more in the hospital.

The following abbreviations are used throughout the report:

ABG	arterial blood gas
ACA	anticardiolipin antibody
AC	abdominal circumference on ultrasound
AEDF	absent end diastolic flow in uterine arteries
AMNCH	Adelaide, Meath, incorporating the National Children's Hospital (Tallaght Hospital)
Amnio	amniocentesis
ANA	antinuclear antibody
ANC	antenatal care
APH	antepartum haemorrhage
ALPS	anti-phospholipid syndrome
ARM	artificial rupture of membranes
ASD	atrial septal defect
ATIII	Anti-thrombin III
BBA	born before arrival
BPP	biophysical profile
CANC	combined antenatal care
CIN	cervical intraepithelial neoplasia
CBG	capillary blood gas
CNM	clinical nurse manager
CNO	chief nursing officer
CMM	clinical midwife manager
Cord pH (a)	arterial cord pH
Cord pH (v)	venous cord pH

CPD	cephalopelvic disproportion
CPR	cardio-pulmonary resuscitation
CRP	c reactive protein
CTPA	computerised axial tomography pulmonary arteriography
Cryo	cryoprecipitate
CT	Chlamydia trachomatis
CTG	cardiotocograph
CWIUH	Coombe Women & Infants University Hospital
DCDA	dichorionic diamniotic
D&C	dilatation and curettage
DIC	disseminated intravascular coagulopathy
DoHC	Department of Health and Children
DVT	deep venous thrombosis
EBL	estimated blood loss
ECV	external cephalic version
ECHO	echocardiogram
EEG	electroencephalogram
EFM	electronic fetal monitoring
EFW	estimated fetal weight
EPAU	early pregnancy assessment unit
ERPC	evacuation of retained products of conception
ETT	endotrachial tube
EUA	examination under anaesthetic
FAS	fetal assessment scan
FBS	fetal blood sample in labour
FHNH	fetal heart not heard
FM	fetal movement
FMNF	fetal movement not felt
FTA	failure to advance
FV Leiden	factor V Leiden
GA	general anaesthesia
HB	haemaglogin
HCG	human chorionic gonadotrophin
Hep B	Hepatitis B
Hep C	Hepatitis C
HFOV	high frequency oscillatory ventilation
HRT	hormone replacement therapy
HVS	high vaginal swab
HIV	infection with human immuno deficiency virus
Hx	history of
INAB	Irish National Accreditation Board
IOL	induction of labour
IPPV	intermittent positive pressure ventilation
IPS	Irish Perinatal Society
ITP	idiopathic thrombocytopoenia
IUCD	intrauterine contraceptive device
IUD	intrauterine death
IUGR	intrauterine growth retardation
IVH	intraventricular haemorrhage
LFD	large for dates
LLETZ	large loop excision of the transformation zone
LMWH	low molecular weight heparin
LSCS	lower segment caesarean section
LV	liquor volume
MSU	mid stream urinalysis
NAD	no abnormality detected
NEC	necrotising enterocolitis

NETZ	needle excision of transformation zone
NG	neisseria gororrhoea
NICU	neonatal intensive care unit
NNC	neonatal centre
NND	neonatal death
NO	nitric oxide
NR	not relevant
NS	not sent
NTD	neural tube defect
OGTT	oral glucose tolerance test
OFC	occipitio-frontal circumference
OLHC	Our Lady's Hospital Crumlin
OP	occipito-posterior
PCO	polycystic ovary
PET	pre eclamptic toxemia
PDA	patent ductus arteriosus
Pg	prostaglandin
PIH	pregnancy-induced hypertension
PMB	post menopausal bleeding
POP	persistent occipito posterior
PPH	postpartum haemorrhage
PPHN	persistent pulmonary hypertension of the newborn
PTL	preterm labour
PVB	per vaginal bleeding
RBS	random blood sugar
RCSI	Royal College of Surgeons in Ireland
RDS	respiratory distress syndrome
RV	right ventricle
Rx	treated with
SB	stillbirth
SCBU	special care baby unit
SE	socio economic group
SFD	small for dates
SIDS	sudden infant death syndrome
SIMV	synchronised intermitent mandatory ventilation
SJH	St James's Hospital
SOL	spontaneous onset of labour
SpR	specialist registrar
SROM	spontaneous rupture of membranes
SVD	spontaneous vaginal delivery
TAH	total abdominal hysterectomy
TCD	Trinity College Dublin
TPA	transposition of the great vessels
TTTS	twin to twin transfusion syndrome
TVT	tension free vaginal tape
UCD	University College Dublin
US	ultrasound
USS	ultrasound scan
UTI	urinary tract infection
VBAC	vaginal birth after caesarean section
VBG	venous blood gas
VG	volume guaranteed
VE	vaginal examination
VSD	ventriculo-septal defect

Appendix Six

Friends of the Coombe is a charity organisation established in 1982 to help raise funds to assist the development of the Coombe Women and Infants University Hospital and support its vital research programmes.

2010 was a busy year from Friends of the Coombe. Our donors were generous in their support and participation in our annual fundraising events increased significantly. The 2010 Flora Womens Mini Marathon continued to be as popular as ever and we were thrilled with the fundraising results. Our annual Golf Classic was an equal success and proved to be, as always, a great way for companies to show their support. Tallaght Football Stadium and their fans were a welcome addition to our bucket collection events. Our presence at the launch of the Pregnancy and Baby fair in the RDS was a great vehicle for brand awareness and attendees were generous in their support. The hospital hosted the Friends of the Coombe Art Exhibition and we received support from staff and corporates who purchased our Christmas cards.

2010 saw Friends of the Coombe build and expand their profile and with that came invaluable support from those who undertook their own fundraising initiatives. These included skydives, marathons, traditional music nights and coffee mornings, pub quizzes, to mention but a few.

Friends of the Coombe continue to build on their success through 2011. Our website www.friendsofthecoombe.ie is reaching more people on a daily basis and our literature is circulated to a public who are increasingly aware of the projects we support within the Hospital.

We continue to nurture and grow the invaluable relationship we have with our fundraisers and we extend a sincere thank you to all those who contribute to our charity.

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