Coombe Women & Infants University Hospital

Excellence in the Care of Women and Babies
Foirfeacht i gCúram Ban agus Naíonán

ANNUAL CLINICAL REPORT 2013

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 2013

Dr Sharon Sheehan
Master

Ms Patricia Hughes
Director of Midwifery & Nursing

Dr Jan Miletin
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

Mr Patrick Donohue
Secretary & General Manager

Acknowledgements

Ms Laura Forde
Ms Emma McNamee
Ms Mary Holden

Mr Senko Culic
(HSE Print & Design)

Contents

Contents

Contents

Introduction from the Master

Introduction from the Master

Welcome to this year's, and my first, Annual Clinical Report.

I would like to begin by thanking each and every member of staff for the warm welcome, support and commitment that they have shown throughout 2013, ensuring that our mission of "excellence in the care of women and babies" is achieved. As a tertiary-referral university-teaching hospital, in 2013 the Coombe Women and Infants University Hospital cared for 8554 mothers, 8170 infants weighing ≥500g and operated on 6212 women, making it one of the largest providers of women and infants healthcare in Europe. The corrected perinatal mortality rate was 4.66/1000.

There is no doubt that over the course of the year, each of us has felt the pressure of the considerable reduction in our allocation, the effect of the recruitment moratorium and the Haddington Road Agreement, the challenges posed by increased patient complexity and the harsh focus of media attention. Despite all of these obstacles, our staff have worked harder than ever to provide the highest quality care for our patients. I wish to acknowledge the unrelenting commitment of each and every staff member to our Hospital and our patients.

On 31st December 2012, my predecessor, Dr Chris Fitzpatrick completed his Mastership. Dr Fitzpatrick was an exceptional Master and made an outstanding contribution to the Hospital, the staff and the patients during his seven years (2006-2012). His understanding of the pivotal role that academia plays in healthcare and his recognition of the importance of neonatal care, saw the Hospital change its name in 2008 from the Coombe Women's Hospital to the Coombe Women and Infants University Hospital. During a time of unprecedented financial turmoil, he managed to secure funding for the development and expansion of key areas in the Hospital - the development of a purpose-built Colposcopy Unit and National Cytology Training Centre, the expansion of our NICU and SCBU, the development of a new outpatients area for patients with Diabetes, and the refurbishment and development of a new Delivery Suite and Emergency Obstetric Theatre, to name but a few. Our staff and patients are extremely grateful to him for all of his efforts. On a personal note, I would like to thank him for sharing his time, insight and support, to make my transition into the role of Master as seamless as possible.

"No man [or woman] is an island", and I wish to extend my sincere thanks to the Senior Management Team for the tremendous role they play in ensuring the smooth running of our Hospital; Mr Patrick Donohue, Secretary and General Manager, Ms Patricia Hughes, Director of Midwifery and Nursing and Mr John Robinson, Financial Controller. I am so fortunate to be surrounded by such a dedicated and hard-working team. No challenge is too daunting and I cannot thank them enough for their support, encouragement and boundless enthusiasm. I wouldn't be surprised if Barack Obama borrowed his "Yes we can" motto from them.

I would like to thank Ms Laura Forde, my PA, for all her hard work and support throughout the year. It is a pleasure to work alongside Laura and as I write this, I am deeply indebted to her for all her help in compiling this annual report. I would also like to thank Ms Emma McNamee for her diligence and attention to detail in providing our data.

I would like to thank Mr Aidan O'Hogan, Chairman, and all of the members of the Board of Guardians and Directors for their support. They work tirelessly throughout the year, on a completely voluntary basis, advocating for the women and infants we care for.

I also wish to acknowledge the huge support and commitment of the Management Executive, the Divisional and Departmental Heads and all of the members who serve on the various committees (both internal and external) which are central to the running of the Hospital.

I would like to thank my Consultant colleagues for their tremendous leadership and support, and the NCHDs who worked exceptionally hard in 2013. I wish to acknowledge the very considerable support provided by the members of the Midwifery Executive under the leadership of Ms Patricia Hughes, and all of the midwives and nurses for their very significant contribution to patient care during the year.

Professor Patricia Crowley retired as a Consultant Obstetrician and Gynaecologist / Associate Professor on 31st December 2013. She is highly respected by her colleagues, patients and students alike. As the former National Specialty Director for Obstetrics and Gynaecology, she also oversaw the training of many of our most recent Consultant appointments. After her extensive commitment to the Hospital, she has left us with a substantial void to fill. She will be greatly missed and on behalf of the Hospital, I would like to offer her our very best wishes for her retirement.

I would like to offer my congratulations to Dr Jan Franta who was appointed as a Consultant Neonatologist to lead the 24/7 National Neonatal Transport Programme during 2013. He is due to take up his post in the new year and his role will be divided among the 3 Dublin Maternity Hospitals. Dr Franta previously worked in the Coombe as a Neonatal Registrar and is completing a Neonatal Fellowship in Canada. We look forward to welcoming him back to the Hospital.

Achievements in 2013

There was great excitement in 2013 as one of the biggest projects in this Hospital's history was completed. The most modern state-of-the-art Delivery Suite and Emergency Obstetric Theatre became fully operational, enabling us to provide the highest quality and safest environment for our labouring women. This project had been prioritised in recognition of the need for an emergency obstetric theatre on the labour ward, high dependency care and to greatly enhance the experience of our patients during labour and delivery. The dedication and teamwork displayed by all involved in this project allowed us not only to complete the works ahead of schedule, but to do so while maintaining a full and safe service for our mothers and babies.

Our new Delivery Suite is unrecognisable – all single en-suite rooms, a pool room, a new High Dependency Unit, an Emergency Obstetric Theatre – it is as every labour ward should be! Each room is equipped to cater for the lowest risk patient to the highest risk. The new Delivery Suite, which was funded primarily by the Department of Health and the HSE (€4.5 million), was also supported by the Friends of the Coombe. I would like to thank Dr Chris Fitzpatrick, Ms Ann Fergus, Ms Katrina Seery, Capital Project Coordinator, Ms. Alison Rothwell, the Project Development Team, the Board of Guardians and Directors, our funders, and all of the staff for their great foresight, commitment and perseverance. The improvements are immense and all of our patients are afforded comfort, safety and privacy at this most special time in their lives. Feedback from staff and patients has been excellent and the Minister for Health has been invited to officially open the new facilities at the beginning of 2014. Increased Consultant presence on the labour ward and ensuring high quality handover are priorities with the new build, in addition to enhancing multi-disciplinary emergency obstetric training for all staff.

A number of other quality improvements were undertaken within the Hospital throughout the year and with great results. The success of the staff in implementing LEAN methodology through the introduction of the Productive Ward in Our Lady's Ward received international recognition as our staff were shortlisted for an award in the international category of the NHS UK awards. I would like to thank all of the staff on the ward who worked so hard to drive the changes and improvements.

Building on the success of Our Lady's Ward, the project was extended to St Patrick's Ward and the Outpatients Department. In recognition of the increasing numbers of patients attending our outpatients department, we embarked on a LEAN improvement process to improve waiting times and the overall experience for patients and staff alike. I wish to extend my sincere thanks to all of the staff who worked so hard initiating this project. Despite only being in the early stages, feedback from patients has been really encouraging. This work will continue into next year with a planned implementation for Summer 2014.

I would like to thank Ms Fiona Dunlevy, Senior Dietician and Mr Tom Dowling, Catering Manager for the extensive catering review which they undertook, balancing nutritional requirements with appetising menus. Feedback from patients has been extremely positive.

Clinical Risk Management is an essential part of our Hospital, underpinning quality, safety and continuous improvement. I would like to sincerely thank our Clinical Risk Manager, Ms Susan Kelly, for her drive, diligence, commitment and innovation in managing clinical risk within the Hospital and also for the support that she provides to all staff in relation to clinical risk matters.

A new system "Track and Traceability" was introduced in 2013 to enable tracking of instrument sets. This quality and safety initiative is part of a national rollout by the HSE and I would like to express my appreciation to all staff involved in its implementation.

In addition, a new patient administration system, iPMS, was implemented during the year which was a great improvement on our previous system. My sincere thanks to all involved in the rollout of this project.

In the spirit of health promotion, the Hospital became a "Tobacco Free" campus on 1st November 2013. Information and education to support patients and staff continues to be provided. Enormous thanks to Ms Anita Comerford, General Services Manager, and Ms Mary Holden, Communications Officer, for their leadership on this initiative.

The Guinness Lecture Symposium incorporating the Guinness Lecture was held on December 6th. The meeting was co-ordinated by Dr Pamela O'Connor, Dr Jan Miletin and Professor Martin White. Professor Geoffrey Miller, a Trinity graduate and now Professor of Paediatrics and Neurology at Yale, delivered the 41st Annual Guinness Lecture. He captivated the audience with his lecture entitled "A procedural approach to perceived inappropriate requests for medical treatment. Lessons from the USA". Professor Miller and his wife, Patricia, spent some time in the hospital in the days before the lecture, meeting with staff and joining ward rounds in the Neonatal Centre.

"Within a Stone's Throw", a photographic exhibition capturing the local historical, cultural and artistic diversity, by Dr Chris Fitzpatrick, Mr Jim Travers and Mr Seamus Travers was held in the Hospital and opened by the distinguished artist, Dr Robert Ballagh. The collection now adorns the walls of the Hospital for patients, their families and our staff to enjoy.

The sporting achievements of our staff must also been acknowledged and I wish to congratulate the tennis players and golfers who represented the Hospital throughout the year. Congratulations to the Coombe Tennis team who beat St Vincent's Private Hospital to win the Trophy and also to the Coombe golfers who were narrowly defeated at the annual (highly competitive) Golf Competition between the 3 Dublin Maternity Hospitals. The Annual Friends of the Coombe Golf Classic, held in Powerscourt Golf Club, was a most enjoyable and successful day with a total of €14,000 raised.

Our services

There is little doubt that the complexity of our patients, both mothers and babies, continued to increase in 2013 and this hospital now provides the busiest dedicated consultant provided maternal medicine clinic in the country with multidisciplinary specialists from the Coombe, St James's and Tallaght hospitals providing a regional and national service to mothers with serious co-morbidities. This high quality service is provided in a newly developed outpatient clinic complimented by the new state-of the art HDU and ready access to the intensive care services in St James's Hospital. The Perinatal Ultrasound and Fetal Medicine departments continue to provide diagnostics of the highest quality, particularly for babies with complex congenital anomalies including cardiac disease because of our close proximity to Our Lady's Children's Hospital Crumlin. Our hospital uniquely operates a tertiary referral combined Perinatal and Paediatric Fetal ECHO service, with nationwide referrals. I wish to thank the Consultants, NCHDs, Midwives, Nurses, Administration and Support Staff who make this care possible.

Two Coombe Fetal Medicine courses were organised in November 2013; the Coombe Fetal ECHO course, organised by Prof Sean Daly and Dr Orla Franklin, was aimed at building capacity nationwide to improve the diagnosis of structural congenital heart disease, the Coombe Inaugural Preterm Birth Prevention Course, held in Carton House, was designed to raise awareness of the issues surrounding preterm birth and the strategies to prevent it. We plan to establish a Preterm Birth Prevention Clinic in the Hospital in the new year.

In 2013, we continued to provide very specialised Neonatal Intensive Care to the smallest and youngest babies born not just here in this hospital but who were transferred from other units around the country who did not have these facilities. We looked after 138 very low birth weight infants (<1500g). Staff of the Neonatal Centre launched a week of activities to commemorate World Prematurity Day, and highlighted the issues of prematurity for infants, their families and their caregivers. I was privileged to open the Prematurity Awareness Symposium held in November. The Symposium featured an extensive line-up of speakers who presented on recent updates in neonatal and perinatal care. A parent whose babies had spent time in the unit spoke of her experiences. Other events arranged during the week included a coffee morning for the parents of babies currently in the unit, the national launch of 24/7 National Neonatal Transport and the Coombe Gathering. Graduates from the Neonatal Intensive Care Unit, their families and friends were invited back to the hospital to meet with each other and staff members, to celebrate their lives. Jim Gavin, Dublin Football Manager, and the Sam Maguire Cup were the surprise guests of honour. I would like to thank Dr Jan Miletin, Director of Paediatrics and Newborn Medicine, and all of my Neonatal colleagues for their continued hard work and dedication.

In 2013 we continued to provide a most extensive surgical gynaecology service and it is essential that we look to expand capacity in the Coombe given the movement of benign gynaecology away from St James's Hospital as it focuses on the management of gynaecological cancer. The significant rise in minimal access surgery continued throughout the year, with more operations than ever performed laparoscopically. I wish to thank Dr Tom D'Arcy, Director of Gynaecology, Dr Michael Carey, Director of Peri-operative Medicine and all of the staff who continue to build our extensive gynaecology service.

With the most modern purpose-built colposcopy unit and the national cytology training centre, the workload in cytopathology increased from April 2013 with the arrival of contract work from the National Cervical Screening Programme (NCSS). By the end of next year, it is expected that the overall number of smear tests processed by the Laboratory will be in excess of 25,000 annually.

The Irish National Accreditation Board inspected and approved the Hospital Laboratories in November. I wish to congratulate Professor O'Leary and all of the staff who work tirelessly to deliver laboratory services of the highest quality. A number of specialties in the Hospital were inspected by their respective training bodies, the Faculty of Paediatrics, the Faculty of Pathology and Bord Altranais agus Cnáimhseachais na hÉireann (Nursing & Midwifery Board of Ireland), with each approved for training for a further five years. I wish to congratulate the specialty leads and the staff for their commitment in ensuring the continuation of our successful training schemes.

Research is vital to innovation in healthcare and we value our position as a leading hospital for research in all aspects of women and infants' healthcare. The research laboratory at the Coombe has an international reputation for cutting edge molecular medicine with grant income in this area exceeding €50 million in the last 5 years alone. I wish to acknowledge the vital role that all of our Academic leaders and partners play in maintaining research and education high on the Hospital's agenda.

National Context

Maternity services were rarely out of the media in 2013. The year started with the Oireachtas Hearings on the proposed Protection of Life During Pregnancy Legislation. This subject dominated the airwaves for much of the year with the Act signed into law by President Higgins in July 2013 but not commenced until the end of December.

The tragic death of a pregnant woman in Galway in 2012 continued to receive significant attention as investigations continued and reports were published. Following the HSE report into her death, HIQA conducted a review of maternity services concentrating on a number of areas including the implementation of IMEWS (Irish Maternity Early Warning System), access to critical beds and clinical handover. HIQA's subsequent report was published later in the year with a total of 34 recommendations. The IMEWS was fully implemented into our Hospital in April 2013 and a "Sepsis" training meeting was held in June for all staff members.

I, and other members of the Institute of Obstetricians and Gynaecologists, met with the Chief Medical Officer, Dr Tony Holohan, to discuss the recommendations of the HIQA report and to seek assurances from the Department of Health in relation to the implementation of the review and the funding required to support this. We also met with the Minister for Health and with HIQA to further discuss the proposed review of Maternity Services and development of a National Maternity Strategy.

The much-anticipated Higgins report announcing the formation of 6 new Hospital Groups was launched by the Minister for Health, Dr James Reilly, TD, on 14th May 2013. Our Hospital will form part of the Dublin Midlands Hospital Group. Other members of this group include St James's Hospital, Adelaide and Meath Hospitals incorporating the National Children's Hospital, Tallaght, the Midlands Regional Hospital, Portlaoise, the Midlands Regional Hospital, Tullamore, and Naas General Hospital, with Trinity College Dublin as the academic partner. It is envisaged that over the next 18 months, these groups will develop into Hospital Trusts. Dr Frank Dolphin was appointed to the role of Chairman of our Group and I look forward to working with him. Earlier in the year, the Coombe had agreed to officially join Trinity Health Ireland (THI), partnering with Trinity College Dublin, St

James's Hospital and the Adelaide and Meath Hospitals incorporating the National Children's Hospital, Tallaght. This partnership offered a wonderful opportunity for the Hospital to deepen its ties with these institutions, in preparation for the establishment of the Hospital Groups. I would like to thank Mr Vincent Sheridan for his work with the Board, preparing for the new Hospital Groups.

Throughout the year, the three Dublin Maternity Hospitals continued to meet formally through the Joint Standing Committee of the Dublin Maternity Hospitals. Mr Don Thornhill took up the post of Chairman and we were delighted to welcome him to the Committee and wish him every success in his new role.

The Irish Medical Organisation (IMO) launched a "No More 24" campaign and a national one-day NCHD strike was held on 1st October 2013. Departmental Heads and NCHDs met regularly with the HSE and IMO to explore the challenges in achieving compliance and towards the end of the year, the Hospital achieved full compliance with the European Working Time Directive in relation to 24-hour shift limits despite the difficulties with NCHD recruitment and retention. Non-compliance carries unaffordable financial penalties of €350,000 and further compliance in relation to a 48-hour working week will be sought in 2014 . Staffing challenges were experienced across all specialties, both locally and nationally during the year. The addition of community midwives into the Hospital's antenatal clinics played a huge role in supporting our antenatal services. I would like to thank the NCHDs, Consultants and Midwives who played a vital role in helping us achieve compliance while maintaining a safe and high-quality service for our patients.

Over the course of the year, Mr David Walsh was appointed to the position of Regional Director of Performance and Integration for HSE Dublin Mid-Leinster, and replaced Mr Gerry O'Dwyer. I would like to sincerely thank Gerry for his support to the Hospital over the years and to wish David every success in his new role. I would also like to acknowledge the support given to the Hospital throughout the year by our colleagues in the HSE, Ms Susan Temple, Ms Carol Cuffe, Mr Michael O'Keeffe and Mr Michael Quirey.

In Memory

The year was also tinged with great sadness. We were devastated to learn that Ms Frances McCarthy, the Urogynaecology Midwife Manager, died tragically on Friday 11th January 2013. Frances had been on her way to work when she was struck by a car. She had worked in the Hospital for almost 30 years. Mass was arranged in the Hospital for her family, friends and staff. She is deeply missed and our thoughts are with her husband, Alex, and her children.

Professor Donal Hollywood, visiting Consultant Radiation Oncologist to the Coombe, and one of Ireland's leading oncologists, sadly passed away during the year. I would like to extend my deepest sympathies to his family. Mr Oliver McCullen also sadly passed away during the year. He was a visiting Consultant ENT Surgeon to the Coombe for 40 years (1954 - 1994) and I wish to offer my condolences to his family. The Hospital was shocked to learn of the tragic deaths of the wife and children of Dr Sattar in Leicester. Dr Sattar is a Consultant Neurosurgeon and attends this Hospital to provide care for infants in our NICU. We were also saddened to learn of the devastation caused by Typhoon Hayian in the Philippines. Many of our nursing staff are from the Philippines and our sympathies are with them and their families, especially as they are so far from home.

To all who experienced bereavement in 2013, I would like to extend my deepest condolences.

May they all Rest in Peace.

Going forward in 2014

Undoubtedly, 2014 will bring a new set of challenges, in addition to the current ones, and will also bring new opportunities. We strive to deliver safe high-quality care to our patients and their families within the context of reducing allocations and staff shortages, all the while under the media spotlight. Recruitment and retention of healthcare staff must be prioritised at a national level to guarantee the safe provision of women and infants' healthcare into the future. We must seize the opportunities afforded by our Hospital Group and continue to deliver our mission of "Excellence in the care of women and babies".

It is a privilege to serve as Master of this great organisation and I thank the Board for giving me this honour.

Dr Sharon Sheehan
Master / CEO

Executive Summary

Executive Summary
2013 Annual Clinical Report

Obstetrical activity

A total of 8554 mothers attended the Hospital in 2013, 7986 mothers delivering 8170 infants weighing ≥ 500g including 169 sets of twins, 6 sets of triplets and 1 set of quadruplets, and 138 infants ≤ 1500g.

Obstetrical demographics

A total of 30.1% of mothers who booked in the Hospital in 2013 were born outside the Republic of Ireland; (30.8% in 2012; lowest in 2007: 27.5%). 21.5% of mothers were unemployed; this percentage is the lowest in the last 7 years (highest in 2010: 26.3%). Communication difficulties were reported in 7.8% of mothers at booking (highest in 7 years). 0.5% of mothers were < 18 years (no significant change over the last 7 years); 5.7% of mothers were ≥ 40 years (highest in 7 years; lowest in 2007: 4.2%). Nulliparae accounted for 39.1% of mothers (highest in 2008: 42.4%). 31.2% of pregnancies were unplanned (there has been no significant change over the last 7 years); 56.6% of mothers had not taken pre-conceptual folic acid prior to booking for antenatal care (> 50% were not taking folic acid over the last 7 years); 12.8% were current smokers; this was the lowest percentage over 7 years (highest in 2007:17.3%); 1.4% were consuming alcohol at the time of booking (showing a steady decline over the last 4 years; 3.5% in 2010); 0.7% were taking illicit drugs or methadone (range over 7 years: 0.6% - 1.2%); 8.7% had a history of previous drug use (the highest in 7 years); 18% of mothers had a history of psychological/psychiatric disorders (the highest in 7 years) including 4.0% with a history of post-natal depression (4.7% in 2012); 0.9% had a history of domestic violence (range over 7 years: 0.9% - 1.2%). At booking just over half (51.6%) were in the healthy weight range, 2.1% were underweight (BMI < 18.5) and 28.9% were defined as overweight (BMI 25-29.9). Overall 17.1% were obese (Class 1-3), with 1.8% defined as morbidly obese (Class 3). 12.6% had history of one previous Caesarean section at booking (range over 7 years: 11% - 12.4%) and 3.4% had a history of two or more sections (range over 7 years: 2.0% - 3.7%).

Obstetrical Interventions and Outcomes

The induction rate in 2013 was 33.3% (35.3% in 2012 compared to 25.9% in 2007). The percentage of nulliparae having a spontaneous vaginal delivery was 43.2%; the highest rate over the last 7 years (41.1% in 2012). The percentage of parous mothers having a spontaneous vaginal delivery was 68.1%; there has been little change since 2007 (highest in 2007: 71.6%). Since 2007 there has been a marked reduction in forceps deliveries in nulliparae (18.7% in 2007; 11.4% in 2013). There has been minimal increase in ventouse deliveries in nulliparae since over the last 7 years (15.6% in 2007; 16.1% in 2013).

The rate of LSCS in 2013 (28.0%) was the highest rate in the last 7 years (lowest rate: 22.1% in 2006). The rate of LSCS in nulliparae (singleton with cephalic presentations) in spontaneous labour is 11.0%; induction in nulliparae significantly increased the risk of LSCS (31.5% in 2013). The overall VBAC rate for mothers with one previous LSCS was 34.1% in 2013 (highest in 2007: 47.4%). 56.3% of mothers with one previous LSCS (and no previous vaginal delivery) had an elective repeat LSCS (57.4% in 2012); the VBAC rate for mothers with one previous LSCS and at least one vaginal delivery was 58.6% (60.3% in 2012; 66.8% in 2007). There has been a marked decline in overall VBAC rates over the past 7 years.

There was a decrease in the number of operative vaginal deliveries conducted in theatre this year compared to last year (88 vs. 111). There were 4 Classical Caesarean sections performed in 2013 (range over last 7 years: 2-7).

Overall 1460 mothers had their booking appointments completed in the community based clinics; this represents 17% of all bookings (14.2% in 2009); in 2010 the Early Transfer Home (ETH) Scheme was extended to Dublin 10 and 20; uptake in ETH areas has steadily increased to 51.4% in 2013; the average length of stay for mothers availing of ETH was 1.5 days for those who had a spontaneous/operative vaginal delivery and 3 days for those delivered by Caesarean section; the calculated savings in bed-days in 2013 was 2875 days; the readmission rate for mothers was 0.8% and infants was 0.4% (0.7% in 2010). A DOMINO scheme, introduced in 2012, continued its expansion in 2013. 78% of women booked in the DOMINO scheme had a spontaneous vaginal delivery and the caesarean section rate was 15%. The community midwives also supported the hospital-based antenatal clinics in 2013, to assist the hospital in achieving EWTD compliance for NCHDs.

The rates of Breast-feeding at time of discharge to Public Health Nursing Service (41.4%) remain low by international standards and have significant socio-economic and ethnic patterns; 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

The reported incidence of primary post-partum haemorrhage (PPH) has continued to rise over the past 7 years (2.5% in 2007; 15.7% in 2013); spontaneous labour in nulliparae (11.6%), induction of labour in nulliparae (26.2%), instrumental vaginal delivery in nulliparae (ventouse 9.4.%; forceps 21.9%), twin delivery (39.4%), Caesarean section (elective 27%, emergency 43.7%) and manual removal of the placenta (60.7%) were associated with higher reported incidences of PPH. There was also a rise in the number of women undergoing manual removal of placenta this year (135 in 2012; 102 in 2013). The percentage of admissions to HDU for obstetric haemorrhage was 37.2% in 2013 (39.6% in 2012). The incidence of transfusion increased slightly in 2013 (2.3%; 1.7% in 2012). The rate of transfusion > 5 units (0.1% in 2007; 0.1% in 2013) has remained relatively unchanged over the past 7 years. The recorded incidence of third degree tears was 1.8% (1.5% in 2012). A total of 7 (0.09%) fourth degree tears were reported (6 in 2012).

The rate of severe maternal morbidity increased from 4.4/1000 in 2012 to 5.8/1000 in 2013. Massive obstetric haemorrhage remains the leading cause of severe maternal morbidity but reassuringly the rate of peripartum hysterectomy remains low (2 cases in 2013 for placenta accreta). In 2013 there were 33 cases of Massive Obstetric Haemorrhage (26 in 2012) defined according to revised criteria (estimated blood loss > 2.5L and/or treatment of coagulopathy). 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 180 obstetrical admissions to the High Dependency Unit (126 in 2012); 37.2% of these admissions were related to haemorrhage (39.6% in 2012) and 27.8% were due to hypertension (35.7% in 2012). Of note 19 patients were admitted for MgSO4 for fetal neuroprotection for anticipated premature delivery. There were two cases of eclampsia which occurred postnatally and two cases of septic shock. There was no case of uterine rupture. There were four mothers transferred to ICU in St. James's Hospital: massive obstetric haemorrhage (2), hepatorenal impairment (1) and suspected ruptured oesophagus (1). There was one maternal death which was attributable to cardiac arrest brought about by hyperkalaemia.

There has been a decline in the number of infants born weighing > 4500g categories over the past 7 years (2.4% in 2007; 1.6% in 2013) despite the increasing maternal BMI and the diagnosed incidence of Gestational Diabetes. The incidence of shoulder dystocia remains relatively unchanged over the last 7 years.

The number of patients attending the Combined Clinic for Diabetes continued to rise (461 in 2013, 404 in 2012). Increasing BMI, demographic changes and revised diagnostic criteria have contributed to this increase. A number of service changes were made including the launch of a group education programme delivered by midwifery, dietetic and physiotherapy staff. Oral hypoglycaemic therapy (Metformin) was introduced and resulted in a reduction in the number of women requiring admission and insulin therapy. A total of 461 mothers developed Gestational Diabetes; 195 were treated with insulin and 82 with Metformin (8 of which required additional insulin therapy).

New referrals to the multidisciplinary Medical Clinic continued to rise in 2013 (357 in 2012; 361 in 2013). The consultant-led high risk service with a dedicated in-patient maternal medicine team was established in 2012 and has continued to provide a comprehensive service for CWIUH mothers and those referred from other units around the country. The most common indications for referral relate to thrombosis/haemorrhagic disorders (129) renal/hypertensive disease (57), cardiac disease (54), liver/GI disease (27) and cerebrovascular disease (26).

Early Pregnancy Assessment Unit (EPAU)

There were a total of 4866 visits to EPAU in 2013; 2460 new and 2406 return attendances. The Unit hosted a clinical fellowship post, held by Dr Aoife Mullally, and Ms Janice Gowran was appointed as CMM2 to the unit during the year. 1691 miscarriages were seen in the unit and of these, 58% were managed conservatively, 20% were managed medically and 22% were managed surgically. A total of 75 ectopic pregnancies were diagnosed in the unit with only 37% requiring surgical management.

Fetal Medicine

The Fetal Medicine service has continued to see significant expansion in 2013 with a total of 27,899 scans performed. All mothers booked at CWIUH are offered both routine dating and a 20-22 week structural scan. 229 structural abnormalities and a total of 29 cases of aneuploidy were diagnosed. A total of 137 invasive prenatal procedures were performed (89 amniocenteses and 48 chorionic villus samples), with no procedure-related losses.

The weekly Combined Fetal Medicine/Paediatric Cardiology Clinic has grown significantly since its formal establishment in 2010 with referrals from units nationwide. Women are seen within two weeks of referral, with the vast majority being seen within a week. A total 614 fetal echocardiograms were performed in 2013 (275 in 2009; 369 in 2010; 458 in 2011; 539 in 2012); 93 major cardiac abnormalities were detected in addition to 11 major rhythm disturbances. Two-thirds of all single ventricle pathologies in Ireland were diagnosed in this clinic (12 in 2012; 20 in 2013).

At the beginning of 2013, Dr Aisling Martin took over from Professor Sean Daly as lead in the Multiple Birth Clinic. A total of 195 multiple pregnancies were looked after in 2013; 188 sets of twins, six sets of triplets and one set of quadruplets. 72.8% of twins were delivered at or beyond 34 weeks gestation. The preterm delivery rate in the multiple pregnancies overall was 67.7%.

In 2013 the Department also hosted two fellowship posts: the Bernard Stuart Fellow in Perinatal Ultrasound and the Rotunda/Coombe/Columbia Subspecialty Fellow.

Perinatal/Neonatal Outcomes

The overall Perinatal Mortality Rate (PMR) for infants born weighing ≥ 500g was 7.34/1000; the corrected PMR rate was 4.66/1000. Ten of the 25 normally formed stillbirths weighed ≤1500g; hypoxia (10), placental abruption (5), and cord accident (5) were the most frequent causes of death among the normally formed stillborn infants. There were two intra-partum deaths in normally formed infants; one was delivered at 23 weeks gestation.

Congenital malformation (16) and prematurity (11) were the main causes of early neonatal death (29); 10 of the 13 early neonatal deaths in normally formed infants weighed < 800g; aneuploidy (5) was the most common cause of early neonatal death due to congenital malformation (16).

147 infants were reported to the Vermont Oxford Network in 2013. As a consequence of recent infrastructural expansion of NICU/SCBU with the provision of seven additional NICU spaces and a new SCBU together with the increase in non-invasive ventilation, capacity in has been significantly enhanced and referral acceptance has significantly increased. The hospital participates in the National Neonatal Transport Scheme which increased to a 2417 service in November 2013.

The overall survival for VLBW infants in 2013 was 82%. The low incidence of chronic lung disease at 36 weeks (15.5% v VON 24%) appears to correlate with the low rate of invasive ventilation. Patent Ductus Arterious (PDA) was identified in 40% of VLBW infants; only one required ligation (v 5.2% ligation rate in VON). The strategy of conservative PDA treatment, frequent use of point of care ultrasound and cardiology support from Dr Orla Franklin appears to have been particularly effective in this context.

While late onset bacterial infection remains a significant clinical challenge, the multidisciplinary initiative to reduce this - including decreased blood sampling, customised care bundles, infection control precautions and the promotion of non-invasive ventilation – seems to be having a significant beneficial effect (9.9%; 22% in 2010; 16% in 2011; 11% in 2012).

Four neonatal deaths occurred in normally formed infants born weighing ≥ 1500g: PPHN with pulmonary haemorrhage (day 1), HIE Grade III (day 4) and SIDS (day 12 and day 22).

Two inborn infants were classified with HIE grade II/III; one was treated by Total Body Cooling according to TOBY trial criteria; this infant died day 4 of life. The other infant had normal neurodevelopmental follow-up at 12 months.

Gynaecology

In 2013 there were 5618 gynaecological operations performed (5319 in 2012). The gynaecology service provided by consultants based in the CWIUH across this hospital, St. James's Hospital and Tallaght Hospital continues to be the busiest surgical service in the state. Increasing caesarean section rates continue to put pressure on theatre capacity but it is hoped that the new Emergency Obstetric Theatre will alleviate some of the infrastructural challenges posed. The introduction of pre-operative anaesthetic assessment clinics and new care pathways in over the last number of years has resulted in an increase in same day admission for major surgery and a reduction in overall length of stay.

There has been a marked increase in the number of minimal access surgeries performed in the hospital over the last five years. The overall number of laparoscopic hysterectomies (laparoscopic-assisted vaginal, total, subtotal and radical hysterectomy) has risen from 55 in 2009 to 79 in 2013, with a marked decrease in the number of open hysterectomies (vaginal, total abdominal, subtotal and radical hysterectomy) from 226 in 2009 to 150 in 2013.

Similar trends have been seen in tubal/ovarian surgeries over the past five years, with a rise in laparoscopic surgery from 911 in 2009 to 982 in 2013, and a fall in open surgery from 57 in 2009 to 50 in 2013. The percentage of myomectomies which are performed endoscopically has continued to rise over the past 5 years, from 57% in 2009 to 63% in 2013.

Urogynaecology operations have risen significantly in 2013 to 336 (244 in 2009). There has been a significant expansion in treatment options for women with complex pelvic floor dysfunction – both vaginal and advanced laparoscopic interventions. Urogynaecology MDT meetings were introduced during the year and have proved very beneficial. Intravesical hyaluronic acid instillations for bladder hypersensitivity were also introduced in 2013.

There were 1847 first visit attendances at the Coombe Colposcopy Clinic in 2013, the second highest number since 2002; a total of 538 excisional procedures were performed in the clinic and 127 in theatre. In 2011, in accordance with the recommendations of the National Cancer Control Programme there was a strategic transfer of oncology patients and consultant sessions to SJH and a reciprocal transfer of patients with benign gynaecology disorders and sessions to the CWIUH, and this arrangement has continued..

The National Cervical Screening Programme (NCSS) began sending GP smears and other NCSS - designated clinic smears to the Cytopathology Department from April 2013. This resulted in a significant increase in workload from 10,428 specimens in 2012 to 16,774 in 2013.

Gynaecological surgical complications during 2013 included blood transfusion > 5 units (1), bladder injury (2), bowel injury (1), other organ injury (2), uterine perforation (9), transfer to HDU (6) and transfer to ITU (2). There was no reported incidence of wound dehiscence.

Peri-operative Medicine

A total of 3358 epidurals were sited in labour in 2013; the epidural rate was 42% without any significant change over the last 7 years; 99% of elective Caesarean sections and 93% of emergency Caesarean sections were performed under regional anaesthesia. The Emergency Obstetric Theatre on the Delivery Suite opened in August 2013, catering for emergency cases between 08.30 and 16.30 hours. This has been a great advance in patient care, allowing for timely intervention without transfer delays. Approximately one hundred procedures were carried out in the new theatre since opening.

The multidisciplinary Acute Pain Service led by the Department of Peri-operative Medicine (established in 2008) continued to operate effectively in 2013; over 90% of all surgical patients were reviewed by this service in 2013 which now includes a pharmacist and a physiotherapist. The introduction of electronic PCA pumps continues to enhance the monitoring of opiod requirements. 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 and it is hoped that this will be expanded to all patients undergoing surgery. The Chronic Pain Clinic which commenced in July 2012 has continued to be of huge benefit to both obstetrical and gynaecological patients with refractory pain. Structured training and research programmes within the Department of Peri-operative Medicine, under the leadership of Dr Michael Carey, have continued to attract anaesthetic trainees.

Academic

The Hospital campus maintained its high level of clinical and academic activity in 2013. 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 UCD and TCD attend the Hospital; the campus hosts the Centre for Midwifery Education for the Greater Dublin Area. In 2012 the new National Cytology Training Centre was completed; this unique centre continues to provide dedicated training and an MDT function for the National Cervical Screening Programme. The Hospital also supports research fellowships in Obstetrics, Peri-operative Medicine, Early Pregnancy Assessment and Perinatal Ultrasound.

In 2013 the Research Laboratory in the Hospital, under the leadership of Professor John O'Leary, has a grant portfolio of almost €42.9m; the Laboratory hosted 13 PhD/MD students and had 24 research associates. The Molecular Pathology Group published 8 peer reviewed journal articles with 6 additional articles accepted, 1 book chapter accepted and 21 published abstracts. 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). This Laboratory hosts researchers from TCD, UCD, RCSI, DCU, DIT and from other national and international third level institutions and has collaborative relationships with many biotechnology partners.

The academic departments within the Coombe (UCD, TCD and CME) continued to develop and expand the research portfolio of the Hospital. The leadership role of Ms Triona Cowman (CME Director) is also acknowledged in relation to the Centre for Midwifery Education for the Greater Dublin Area.

A series of highly successful multidisciplinary conferences (see Introduction for details) were hosted / co - hosted by the Hospital in 2013 including the 6th Annual Essence of Midwifery Care Conference, the Prematurity Awareness Symposium and the Guinness Lecture Symposium.

Hospital Overview

Hospital Overview

Members of the Board of Guardians and Directors 2013

Board Members	Date of Election
Aidan O'Hogan	2007 (Chair From January 2010)
Eileen Gleeson	2007
Dr James Clinch	1978
Paul Donnelly	2002
Dr Margaret Fine-Davis	2005
Cliona Mullen	2007
Dr Margaret Sheridan – Pereira	2006
Geoff Bailey	2010
Prof Linda Hogan	2010
Dr Michael Carey	2012
Carol Bolger	2013
John Gleeson	2013

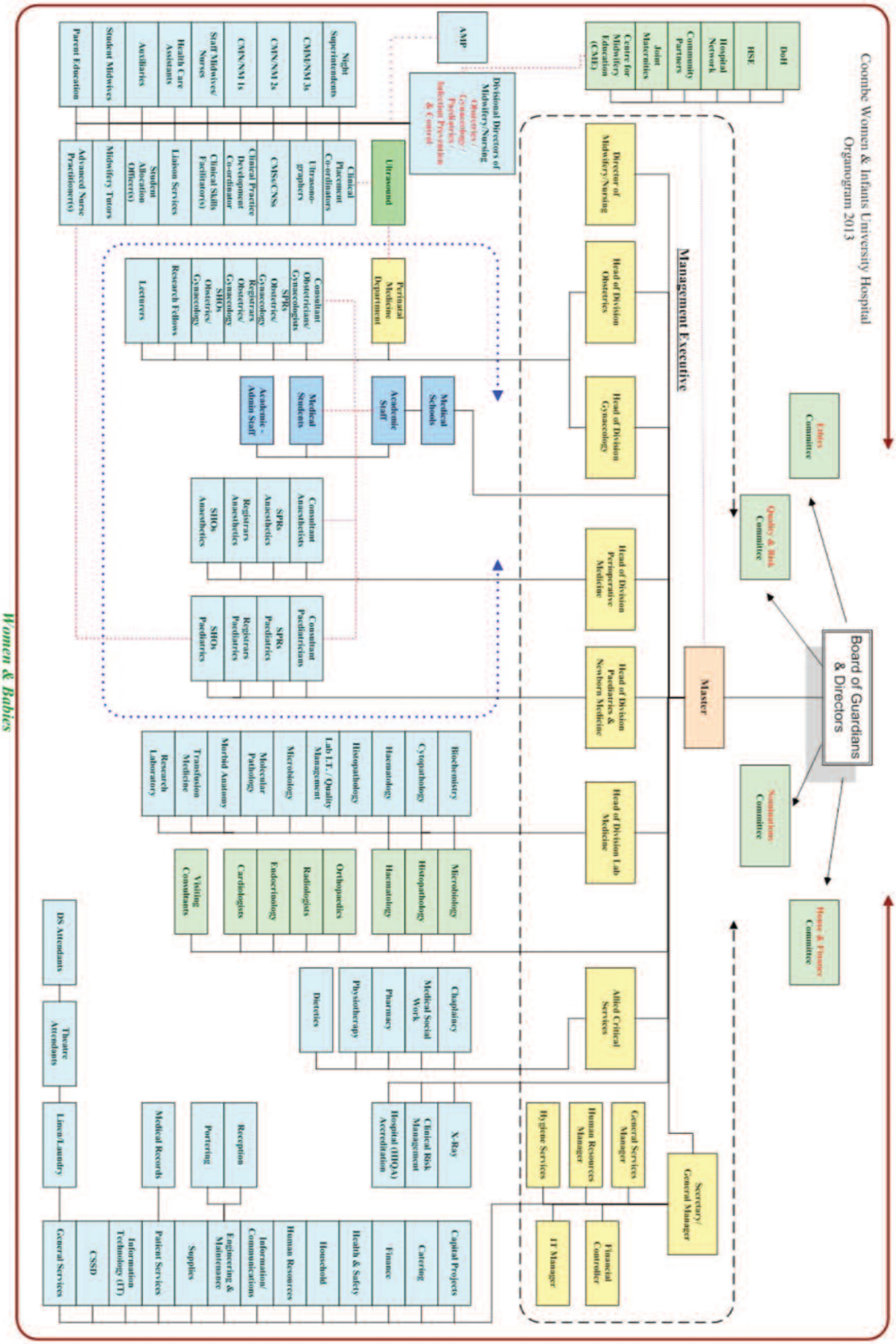
Ex - Officio Members

THE LORD MAYOR OF DUBLIN

The Rt Hon Lord Mayor Councillor Naoise O'Muiri

THE MASTER/CHIEF EXECUTIVE OFFICER

Dr Sharon Sheehan, from January 2013


Coombe Women & Infants University Hospital
Organogram 2013
Women & Babies
DoH
HSE
Hospital Network
Community Partners
Joint Maternities
Centre for Midwifery Education (CME)
Board of Guardians & Directors
Ethics Committee
Quality & Risk Committee
Seminarium Committee
House & Finance Committee
Master
Management Executive
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
Secretary/ General Manager
Financial Controller
IT Manager
Hygiene Services
Human Resources Manager
General Services Manager
Divisional Directors of Midwifery/Nursing Obstetrics/ Gynaecology/ Paediatrics/ Infection Prevention & Control
AMP
Night Superintendents
CMN/NM 3s
CMN/NM 2s
CMN/NM 1s
Staff Midwives/ Nurses
Health Care Assistants
Auxiliaries
Student Midwives
Parent Education
Clinical Placement Co-ordinators
Ultrasono-graphers
CMSs/CNSs
Clinical Practice Development Co-ordinator
Clinical Skills Facilitator(s)
Liaison Services
Student Allocation Officer(s)
Midwifery Tutors
Advanced Nurse Practitioner(s)
Ultrasound
Perinatal Medicine Department
Consultant Obstetricians/ Gynaecologists
SPRs Obstetrics/ Gynaecology
Registrars Obstetrics/ Gynaecology
SHOs Obstetrics/ Gynaecology
Research Fellows
Lecturers
Academic - Admin Staff
Medical Students
Academic Staff
Medical School
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
Capital Projects
Catering
Finance
Health & Safety
Household
Human Resources
Information/ Communications
Engineering & Maintenance
Supplies
Patient Services
Information Technology (IT)
CSSD
General Services
Reception
Portering
Medical Records
Linen/Laundry
Theatre Attendants
DS Attendants

Members of Staff

CONSULTANT OBSTETRICIANS/GYNAECOLOGISTS

Dr. Sharon Sheehan
Master

Dr. Christopher Fitzpatrick
Professor Michael Turner
Dr. Hugh O'Connor
Professor Patricia Crowley
Professor Sean Daly
Dr. Noreen Gleeson
Dr. Mary Anglim
Dr. Bridgette Byrne
Dr. Carmen Regan
Dr. Thomas J D'Arcy
Professor Deirdre Murphy
Dr. Michael O'Connell
Dr. Gunther Von Bunau
Dr. Mairead Kennelly
Dr. Cliona Murphy
Dr. Aisling Martin
Dr. Caoimhe Lynch
Dr. Aoife O'Neill
Dr. Nadine Farah
Dr. Shobha Singh
Dr. Yahya Kamal *

CONSULTANT ANAESTHETISTS

Dr. Michael Carey (Director of Perioperative Medicine)
Dr. Niall Hughes
Dr. Steven Froese
Dr. Nikolay Nikolov
Dr. Rebecca Fanning
Dr. Terry Tan
Dr. Sabrina Hoesni *

CONSULTANT NEONATOLOGISTS

Dr. Jan Miletin (Director of Paediatrics & Newborn Medicine)
Professor Martin White
Dr. Pamela O'Connor
Dr. Joanne Balfe*
Dr. Clodagh Sweeney*
Dr. Saulius Satas *
Dr. Muhamad Shahid *
Dr. Margaret Sheridan
Dr. Jan Janota *
Dr. Anne Doolan *

CONSULTANT PAEDIATRICIAN IN PALLIATIVE MEDICINE
Dr. Mary Devins

CONSULTANT RADIOLOGISTS (ADULT)
Prof. Mary T. Keogan

CONSULTANT RADIOLOGISTS (PAEDIATRIC)
Dr. David Rea

DIRECTOR OF PATHOLOGY
Professor John James O'Leary

CONSULTANT HISTOPATHOLOGIST
Dr. Colette Adida

CONSULTANT MICROBIOLOGIST
Dr. Niamh O'Sullivan

CONSULTANT HAEMATOLOGIST
Dr. Catherine Flynn
Dr. Kevin Ryan *

CONSULTANT DIABETOLOGIST
Dr. Brendan Kinsley

CONSULTANT ENDOCRINOLOGIST
Dr. Frances Hayes
Dr. Jean O'Connell *

CONSULTANT NEPHROLOGIST
Dr. Catherine Wall

CONSULTANT CARDIOLOGIST
Dr. Niall Mulvihill

CONSULTANT PSYCHIATRISTS
Dr. Joanne Fenton

CONSULTANT ORTHOPAEDIC SURGEON
Dr. Paula Kelly
Dr. Jacques Noel

NON-CONSULTANT HOSPITAL DOCTORS

SPECIALIST REGISTRARS IN OBSTETRICS/GYNAECOLOGY

Dr. Premala Paramanathan
Dr. Rizmee Shireen
Dr. Karen McNamara
Dr. Kushal Chummun
Dr. Orfhlaith O'Sullivan
Dr. Aoife Freyne
Dr. Eve Gaughan
Dr. Mark Hehir
Dr. Nicola Maher
Dr. Gbenga Oluyede
Dr. Gillian Ryan

T.C.D./COOMBE LECTURERS/REGISTRARS IN OBSTETRICS / GYNAECOLOGY

Dr. Richard Deane
Dr. Nita Adnan

TCD RESEARCH FELLOW

Dr. Meenakshi Ramphul

UCD LECTURERS/REGISTRARS IN OBSTETRICS/GYNAECOLOGY

Dr. Amy O'Higgins

UCD LECTURERS RESEARCH FELLOW IN REPRODUCTION NUTRITION

Ms. Linda Mullally

UCD LECTURERS RESEARCH FELLOW IN REPRODUCTION REPRODUCTION (POST-DOCTORAL)

Dr. Aoife McKeating

THE BERNARD STUART RESEARCH FELLOWSHIP IN PERINATAL ULTRASOUND (U.C.D.)

Dr. Clare O' Connor
Dr. Maria Farren

UCD LECTURERS RESEARCH FELLOW IN OBS/GYNAE

Dr. Niamh Daly

CLINICAL RESEARCH FELLOW IN EARLY PREGNANCY ULTRASOUND

Dr. Shereen Gul *
Dr. Aoife Mullally

VISITING REGISTRAR IN OBSTETRICS & GYNAECOLOGY

Dr. Claire Young

REGISTRARS IN OBSTETRICS/GYNAECOLOGY

Dr. Nicola Maher
Dr. Nedaa Obeidi
Dr. Sasikala Selvamani
Dr. Rizmee Shireen *
Dr. Rabiya Rashid Siddiqi *
Dr. Mashhour Naasan *
Dr. Shereen Gul *

JUNIOR REGISTRARS IN OBSTETRICS/GYNAECOLOGY

Dr. Hugh O'Connor
Dr. Maria Farren
Dr. David Crosby
Dr. Aoife McSweeney

SENIOR HOUSE OFFICERS IN OBSTETRICS/GYNAECOLOGY

Dr. Aoife McGoldrick
Dr. Catherine O'Gorman
Dr. Kate Meghen
Dr. Fiona O'Toole
Dr. David Crosby
Dr. Eimear O'Malley
Dr. Suzanne Smyth
Dr. Breffini Anglim
Dr. Maebh Horan
Dr. Alison Demaio
Dr. Rebecca Marshall

SENIOR HOUSE OFFICERS IN GENERAL PRACTICE

Dr. Vincent Patton
Dr. Edward Naughten
Dr. Catherine O'Neill
Dr. Gearoid O'Connor
Dr. Brian Hannon
Dr. Ciara Boomsma
Dr. Lucy Kelly

SPECIALIST REGISTRARS IN PAEDIATRICS

Dr. Lucy Perrem
Dr. Sinead Glackin
Dr. Taha Hassan
Dr. Aisling Walsh
Dr. Sheena Durnin
Dr. Catherine Diskin

REGISTRARS IN PAEDIATRICS

Dr. Faiza Yasin
Dr. Christianah Owoeye
Dr. Zahoor Iqball
Dr. Jyothsna Purna
Dr. Christianah Owoeye
Dr. Bola Diya
Dr. Zohra Reyani
Dr. Kafil Shadani
Dr. Jyothsna Purna

SENIOR HOUSE OFFICERS IN PAEDIATRICS

Dr. Sarah Lewis
Dr. Peter Korcek
Dr. Peig Costello
Dr. Mary O'Dea
Dr. Aisling Walsh
Dr. Anne Deasy
Dr. Nurrasyidah Halim
Dr. Rioghnach O'Neill
Dr. Jennifer Yates
Dr. Jennifer Geoghegan
Dr. Peter Kopp
Dr. Emma Ruth
Dr. Fauzana Mokhti
Dr. Martin Hasa
Dr. Helen Deeney
Dr. Mathew McGovern
Dr. Jennifer Curry
Dr. Eimear McGovern
Dr. Camelia Ciubotariu
Dr. Meredith Kinoshita
Dr. Ronan Coakley

NEONATAL TUTOR IN PAEDIATRICS

Dr. Anne Doolan

RESEARCH FELLOW IN NEONATOLOGY

Dr. Jana Semberova

VISITING SPECIALIST REGISTRAR IN PAEDIATRICS RESEARCH

Dr. Emily Kiernan*

SPECIALIST REGISTRAR IN ANAESTHETICS

Dr. Anne Marie Dolan
Dr. Maeve Henry
Dr. Clare O'Connor

Dr. Ian Conrick-Martin
Dr. Darren Mullane
Dr. Stiofán O'Conghaile

REGISTRAR IN ANAESTHETICS

Dr. Ashley Fernandes
Dr. Muhamad Alsousawi
Dr. Rizwan Ali
Dr. Elwaleed Humaida
Dr. Godfrey Azzopardi
Dr. Shrijit Nair
Dr. Ilankathir Sathivel
Dr. Anab Kumar Bangalore Puttappa *

SENIOR HOUSE OFFICERS IN ANAESTHETICS

Dr. Montasser Farouk Ghazy
Dr. Sheila Duggan
Dr. Zeenat Nawoor
Dr. David Greancy
Dr. Bill Walsh
Dr. Moninne Creaney
Dr. Caoimhe Casby
Dr. Peter Michael Moran
Dr. Samahir Mohamed
Dr. Elena Velicu

RESEARCH FELLOW IN OBSTETRIC ANAESTHESIA

Dr. Matthew Leonard

CLINICAL FELLOW IN OBSTETRIC ANAESTHESIA

Dr. Giri Saminathan

SPECIALIST REGISTRAR IN HISTOPATHOLOGY

Dr. Osama Sharaf Eldin
Dr. Anne Aherne
Dr. Sarah Mahon
Dr. Thomas Fitzgerald
Dr. Susan Aherne

LECTURER IN PATHOLOGY

Dr. Salih Bakheit

VISITING CONSULTANT DERMATOLOGISTS

Dr. Louise Barnes
Professor Alan Irvine (Paediatric)
Dr. Rosemary Watson

VISITING CONSULTANT RESPIRATORY PHYSICIAN
Dr. Fiona Lyons
Dr. Fiona Mulcahy

VISITING CONSULTANT IN INFECTIOUS DISEASES
Dr. Colm Bergin

VISITING CONSULTANT GASTROENTEROLOGISTS/HEPATOLOGIST
Professor Suzanne Norris

VISITING CONSULTANT GENETICIST
Professor Suzanne Norris

VISITING CONSULTANT GENETICIST
Professor Andrew Greene

VISITING CONSULTANT HAEMATOLOGISTS
Professor Owen Smith
Dr. Aengus O'Marcaigh

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 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

VISITING PAEDIATRIC CARDIOLOGISTS
Dr. David Coleman
Dr. Orla Franklin
Dr .Colin McMahon
Dr. Paul Oslizlok
Dr. Kevin Walsh

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 PAEDIATRIC SURGEONS
Professor Martin Corbally
Professor Prem Puri
Mr. Feargal Quinn

VISITING REGISTRAR IN OPTHALMOLOGY
Dr. Claire Hartnett

MIDWIFERY & NURSING

DIRECTOR OF MIDWIFERY & NURSING
Patricia Hughes

DIRECTOR OF CENTRE OF MIDWIFERY EDUCATION
Triona Cowman

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
Shyla Jacob, Night Superintendent
Lucy More O'Ferrall, Night Superintendent
Ann Noonan, Night Superintendent

ADVANCED NURSE PRACTITIONER – NEONATAL NURSING
Anne O'Sullivan

INFECTION PREVENTION & CONTROL NURSE
Rosena Hanniffy

PRACTICE DEVELOPMENT CO-ORDINATOR
Paula Barry

CLINICAL MIDWIFE / NURSE MANAGERS 3
Ann Fergus, CMM3 Delivery Suite
Bernadette Flannagan, Community Midwifery
Ann MacIntyre, CMM3, NNC
Anne Jesudason, PPG's, Audit, Statistics & Personnel
Fidelma McSweeney, CMM3 Maternity Wards
Mary Nolan, CMM3 OPD
Alison Rothwell, CNM3 Theatres

MIDWIFERY EDUCATION
Ann Bowers, CPC
Emma Davoren, CPC
Judith Fleming, CPC from 9th December 2013
Mary Kenny, Post Registration Programme Facilitator until 29th September 2013
Denise Kiernan, CPC & Allocations Liaison Officer
Ann Leonard, Acting CPC from 8th July 2013
Patricia O'Hara, Co-ordinator Post Graduate Diploma in Intensive Neonatal Nursing Programme
Mary Rodgerson, CPC

CLINICAL MIDWIFE / NURSE MANAGERS 2
Rhoda Billones, NNC
Eileen Boyle, Community until 14th July 2013
Vivienne Browning, Community
Niamh Buggy, NNC
Ita Burke, Delivery Suite
Carmel Byrne, NNC
Helen Castelino (Acting), St Monica's Ward from 7th January 2013 -19th August 2013
Suzanne Daly, Parent Education
Raji Dominic (Acting), St Patrick's Ward from 8th July 2013
Sinead Finn, Delivery Suite
Eva Fitzsimons, St Gerard's Ward until 30th June 2013
Judith Fleming, Perinatal Centre until 8th December 2013
Sinead Gavin, Delivery Suite
Fiona Gilsenan, Theatre
Janice Gowran, Early Pregnancy Assessment Unit from 6th May 2013
Carmel Healy, (Acting), Delivery Suite until 20th May 2013
Karen Hill, Delivery Suite until 14th April 2013
Mary Holohan, Community
Elizabeth Johnson, (Acting), Delivery Suite
Breege Joyce, Community
Deirdre Kavanagh, Delivery Suite

Ann Kelly, NNC
Kathleen Lynch, Gynaecology Day Ward
Olivia McCarthy, Colposcopy
Suzi McCarthy, Delivery Suite
Elaine McGeady, Ultrasound
Mary McMorrow, St Joseph's
Gráinne McRory, Delivery Suite
Nicole Mention, Community
Anne Moyne, Delivery Suite
Geraldine Mulvany, St Patrick's Ward
Jean Murray, Our Lady's Ward
Fiona Noonan, Delivery Suite
Margaret O'Brien, Community
Mary O'Connor, NNC
Monica O'Shea, Delivery Suite
Joanne O'Riordan, Diabetes Midwife (Acting) from June 2012 to 21st July 2013,
Our Lady's Ward from 22nd July 2013.
Sunita Panda (Acting), Delivery Suite from 8th April 2013
Maureen Revilles, Delivery Suite
Mary Ryan, NNC
Patricia Ryan, Theatre
Anitha Selvanayagam (Acting), St Gerard's Ward from 2nd September 2013
Gráinne Sullivan, Delivery Suite
Fiona Walsh, Community
Sarah Ann Walsh, Theatre

HAEMOVIGILANCE OFFICER

Sonia Varadkar

MIDWIFE CO-ORDINATOR HIGH RISK MIDWIFERY TEAM

Catherine Manning

CMM2 GYNAECOLOGICAL ONCOLOGY LIAISON

Aideen Roberts

CLINICAL MIDWIFE OR NURSE SPECIALISTS (CMS/CNS)

Fiona Barrett, CMS, US until 10th February 2013
Anne Marie Brady, CMS, US until 3oth September 2013
Sinead Cleary, CMS, Colposcopy
Ethna Coleman, CMS Diabetes
Orla Cunningham, CMS, Infectious Diseases
Jane Durkan Leavy, CMS US
Aoife Kelly, CMS Designate, Colposcopy
Christina McLoughlin, CMS Designate, Ultrasound Department
Margaret Moynihan, CMS, Adult & Neonatal Resuscitation
Siobhán Ni Scannaill, CMS, US
Meena Purushothaman, CMS, Lactation

Brid Shine, CMS Designate Perinatal Mental Health & Bereavement
Mary Toole, CMS, Lactation
Louise Warren, CMS, Diabetes
Barbara Whelan, CMS, Neonatal Transition Home Service

CLINICAL SKILLS FACILITATORS (CSF)

Anna O'Connor, Midwifery until 21st October 2013
Mary Ryan, Neonatal Nursing
Pauline O'Connell, Neonatal Nursing
Ann Kelly, Neonatal Nursing
Ruth Banks, A/ CSF, Delivery Suite from 25th February 2013

CLINICAL MIDWIFE / NURSE MANAGERS 1

Violeto Basco
Helen Saldanha Castelino
Jean Cousins
Geraldine Creamer Quinn
Helen Curley
Grace Cuthbert
Luisa Daguio
Majella Denehan (Acting)
Maureen Doherty
Raji Dominic
Deborah Duffy
Marie Foudy
Minimol George
Carmel Healy
Susan Jagen until 6th October 2013
Bridget Kirby
Manju Kuzhivelil
Ann Leonard
Sangeetha Nagarajan
Althea Noble
Alice O'Connor
Louise O'Halloran, (Acting)
Marion O'Shaughnessy
Sunita Panda
Nova Lacondola Quaipos
Monikutty Rajan
Anitha Selvanayagam

ON SECONDMENT

Karen Hill, to TCD, Clinical Midwifery Tutor from 15th April 2013 to 31st Dec 2013
Joan Malone, to Health Service Executive on the
Maternal & Neonatal Clinical Management Systems (MN-CMS) Jan- Dec 2013
Anna O'Connor to TCD, Clinical Midwifery Tutor from 21st October 2013
Clare Smart, to National Treatment Purchase Fund Jan- Dec 2013

HONORARY MIDWIFERY RESEARCH FELLOWS

Professor Declan Devane, Professor in Midwifery, NUIG
Dr. Valerie Smith, Dept of Midwifery & Nursing, TCD

SECRETARIAL SUPPORT

Sarah Bux

MEDICAL SOCIAL WORKERS

Rosemary Grant, Principal Medical Social Worker
Denise Shelly, Senior Social Work Practitioner
Carmel Cronin, Medical Social Worker (To March 2013)
Tanya Franciosa, Medical Social Worker
Sarah Lopez, Medical Social Worker (Career Break from July 2012 to March 2013)
Sorcha O'Reilly, Medical Social Worker (Career Break from Sept. 2012 to Sept. 2014)
Mary Treacy, Medical Social Worker
Emma Nolan, Medical Social Worker (To January 2013)*
Kate Burke, Medical Social Worker (From June 2013)
Berit Andersen, Medical Social Worker (From September 2013) *

PHYSIOTHERAPISTS

Margaret Mason, Physiotherapy Manager
Julia Hayes, Senior Chartered Physiotherapist
Mary Duffy, Chartered Physiotherapist (To November 2013)
Anne McCloskey, Senior Chartered Physiotherapist
Eibhlin Mulhall, Senior Chartered Physiotherapist

DIETICIAN/CLINICAL NUTRITIONIST

Fiona Dunlevy (employed by St. James Hospital)

PHARMACISTS

Mairead McGuire, Chief Pharmacist
Brian Cleary, Senior/Research Pharmacist (To July 2013)
Peter Duddy, Senior Pharmacist (From June 2013)
Una Rice, Basic Grade Pharmacist (From July 2013)
Gayane Adibekova, Temporary Pharmacy Technician*

CHIEF MEDICAL SCIENTISTS

Martina Ring, Laboratory Manager
Noel Bolger, Cytology
Stephen Dempsey, Pathology Quality/IT
Catherine Byrne, Microbiology
Fergus Guilfoyle, Haematology/Blood Transfusion
Jacqui Barry O'Crowley, Histopathology (From January 2013)

PRINCIPAL BIOCHEMIST

Ruth O'Kelly

SECRETARY & GENERAL MANAGER
Patrick Donohue

FINANCIAL CONTROLLER
John Robinson

HUMAN RESOURCES
Graham Finlay, HR Manager, part-time
AnneMarie Waldron, Assistant HR Manager
Stephen Dunne
Lindsay Cribben
Gina Elliott
Sandra Plummer

GENERAL SERVICES MANAGER
Anita Comerford (From March 2013)

PATIENT SERVICES MANAGER
Siobhan Lyons/Ann Shannon

DEPUTY PATIENT SERVICES MANAGER/HEALTHCARE RECORDS MANAGER
Niamh McNamara

HYGIENE SERVICES MANAGER
Vivienne Gillen

HOUSEHOLD SUPERVISOR
Jonathan Roughneen

ASSISTANT HOUSEHOLD SUPERVISOR
Arlene Kelly
Olive Lynch
Rita Greene, Acting Assistant Household Supervisor

ENGINEERING OFFICER
Ian Lapsley

CAPITAL PROJECT CO-ORDINATOR
Katrina Seery

RESEARCH PROJECT MANAGERS
Lean McMahon (From December 2013)*
Karen Power (From December 2013)*
Jean Kilroe (From December 2013)*
Julia Anne Bergin (From December 2013)*

CLINICAL RISK MANAGER
Susan Kelly

SUPPLIES MANAGER
Robert O'Brien

CATERING MANAGER
Thomas Dowling

COMMUNICATIONS OFFICER
Mary Holden

INFORMATION TECHNOLOGY MANAGER
Tadhg O'Sullivan

HEALTH & SAFETY OFFICER
Tom Madden

MASTER'S & SECRETARY & GENERAL MANAGER'S PERSONAL ASSISTANT
Laura Forde

* Locum/Temporary position

Staff Retirements in 2013

Professor Patricia Crowley	Consultant Obstetrician & Gynaecologist Associate Professor (TCD)
Maura O'Brien	Health Care Assistant
Bernadette Graham	Senior Registered Midwife
Sheila Ryan-Locke	Catering Domestic
Anne Mulhall	Cleaner

On behalf of 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 2013 for their enormous contribution during their years of dedicated professional service.

Dr Sharon Sheehan
Master / CEO

Director of Midwifery and Nursing Report

Director of Midwifery and Nursing Corporate Report

Head of Department

Patricia Hughes, Director of Midwifery & Nursing

Title of Post	In post on 31st December 2013 (WTE)	In post on 31st December 2012 (WTE)
Director of Midwifery & Nursing	1	1
Assistant Director of Midwifery & Nursing	6.56	6.56
Advanced Nurse Practitioner-Neonatal Nursing	1	1
Midwifery & Nursing Practice Development Co-ordinator	1	1
Postgraduate Neonatal Programme Co-ordinator	1	1
Director Centre for Midwifery Education	1	1
Clinical Midwife/Nurse Manager 3	7	7
Clinical Midwife/Nurse Manager 2	37.43	33.32
Clinical Midwife/Nurse Specialists	12.94	13.75
Clinical Skills Facilitators	2.5	2.73
Haemovigilance Officer	1	1
Clinical Placement Coordinators	2.5	2.5
Post Registration Programme Facilitator	1	0.85
Allocation Liaison Officer	0.5	0.5
Clinical Midwife/Nurse Manager 1	19.22	24.3
Midwives & Nurses	211.67	215.76
Midwifery Students	18.5	25
Total	**325.82**	**338.27**

Staff Complement

Total Complement for Midwives & Nurses as of 31st December 2013 was 355 WTE including 12 WTE suppressed posts leaving a working complement of 343 WTE.

Key Performance Indicators

- To lead, develop and manage a midwifery, nursing & healthcare assistant workforce that is educated & skilled to deliver 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 the required levels of staffing to provide a safe and high quality service.
- Collaboration with the HEI's and FETAC to ensure high quality training and education for midwives, nurses and healthcare assistants.
- Development and promotion of both 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.

Overview of 2013

2013 was an exciting year for the Coombe Women & Infants University Hospital for a number of reasons. First & foremost, the newly appointed Master, Dr. Sharon Sheehan took up her post on 1st January 2013, the first woman Master in the history of the hospital. On behalf of all midwifery, nursing and healthcare assistant staff, I wish Dr. Sheehan all the best in her role and to assure her of our support and commitment to her over her 7 year tenure as Master. By the end of year 1, already so much had been achieved as is detailed in the reports. I would also like to acknowledge the enormous contribution to the hospital and staff of the outgoing Master, Dr. Chris Fitzpatrick.

There was also huge sadness and on Friday 11th January 2013 when we received the tragic news that our colleague Mrs. Frances McCarthy, Senior Staff Nurse & Midwife, Urogynaecology, had died following a road traffic accident. She had been on her way to work at the time. Frances, who was originally from Co. Cork, married with family and living in Dublin was a highly experienced, highly respected, very popular and much loved colleague and friend to many since she took up post here in 1979. She was deeply appreciated by the thousands of women she cared for in all aspects of her professional work. Frances left an unescapable void in all of our lives and in the space that was her work place. A plaque was later erected in her in memory in the Urogynaecology department. Our deepest sympathies go to Frances's husband, Alex, her daughters Laura & Catriona and her sons Liam and Brian on their loss. May she Rest in Peace.

Later in 2013, we were notified of a maternal death of a young mother in early pregnancy shortly after she attended a general hospital. Again we extend our sincere condolences to her family. Such events are a stark reminder of the fragility of life and yet they also set us a challenge to continue to strive for better, safer healthcare for all.

For the 5th year in a row since the economic crisis, all staff responded admirably to the challenges set before us as a hospital as we sought to continue to strive to deliver on our Mission Statement, "Excellence in the Care of Women & Babies". The details of inputs and outcomes are detailed throughout the various departmental reports in this Annual Clinical Report. Such results are not possible without the commitment and perseverance of our staff. Sincere thanks to each and every member of staff across all disciplines and grades.

Following discussions at the Joint Standing Maternity Committee regarding concerns over midwifery staffing levels, a meeting took place with HSE (Dr Shannon) in October 2013 regarding a national approach and funding for a Workforce Planning review of midwifery staffing levels in all 19 maternity units. This was in response to; changing demography, impact of HSE recruitment moratorium and various incentivized schemes which have altered the numbers and make up of hospital support services, impact of current and expected student numbers, impact of requirements set down by the National Clinical Programmes for Obstetrics / Gynaecology & Neonatology, impact of emerging research and technology advances/breakthroughs as well as recommendations from Reports such as Mid Staffs, Halappanavar, Berwick & Keogh (UK) and a further increase in the turnover of staff.

The Haddington Road agreement yielded almost 12 WTE extra across all of the grades within Midwifery & Nursing. The additional hours yielded were offset against agency requirements. There has been no net effect from Health Care Assistant hours as they remain at 39 hours per week.

The law in respect of Protection of Life during Pregnancy was widely discussed & debated in the Oireachtas in preparation for upcoming legislation on this subject.

Achievements in 2013

2013 was the year in which the hospital completed a major capital development project on the expansion and refurbishment of the delivery suite. We now had the most modern Delivery suite in the state complete with obstetric theatre, 2 HDU suites, a bariatric room, an Isolation room and a Birthing pool suite. The birthing pool was first used in March 2013 and the Delivery Suite Emergency Operating Theatre was used for the first time on Wednesday 14th August 2013 with Dr. Fitzpatrick carrying out the first elective Caesarean Section there.

The Health Information and Quality Authority (HIQA) published their report on maternity services in HSE West (Galway) following the tragic death of Savita Halappanavar. The report recommended changes for maternity services nationally and in line with such recommendations we successfully implemented the Irish Maternity Early Warning System in April of 2013.

A series of events took place in the hospital in November 2013 to mark World Prematurity. Approximately 6% of babies born in Ireland are born prematurely and there is an increased incidence of both mortality and morbidity in such babies. On 15th November 2013, Frances Fitzgerald, Junior Minister for Health and Children launched the 24/7/365 National Neonatal Transport Service at the Royal College of Anaesthetists to which we participate in every third week along with the National Maternity and Rotunda Hospitals. Heretofore the service had operated 9-5 seven days per week.

A hospital wide End of Life Care Committee chaired by Dr. Martin White, was established to implement the Irish Hospice Foundation Standards. World Perinatal Loss Day was held on 8th October 2013 and it was marked by the International Wave of Light Ceremony (candle lighting) organised by the chaplains. All staff were invited to attend.

The hospital received approval from An Bord Altranais agus Cnáimhseachais (Nursing & Midwifery Board of Ireland) to continue as a training hospital for midwives (and nurses on placements) for a further five years as an outcome of their accreditation and site visit. The hospital hosted visits from Professor Faye Dorris, University of Plymouth who is the external Assessor for the Higher Diploma programme in TCD, CWIUH and Rotunda and from Dr. Ethel Burns, Midwife Practitioner and Researcher at John Radcliffe Hospital, Oxford. Dr. Burns had provided a number of multidisciplinary workshops for staff in preparation for the opening of a birthing pool suite within the delivery suite. She has practiced, researched and published widely in the area of use of water for labour and birth.

Three of our Assistant Directors of Midwifery & Nursing commenced a HSE-funded leadership programme run by RCSI. The course which was on a day-release for 6 days over 6 months aimed to assist candidates in developing their full potential in terms of leadership and management in the health services.

The Director of Midwifery & Nursing and the General Services Manager were tasked with leading out on the implementation of the HIQA Standards for Safer, Better Healthcare for the hospital in advance of licensing for hospitals due to be introduced in 2015 and work began in earnest on the self assessment and setting of quality improvement plans.

A number of PROMPTATHON drills (for obstetric emergencies) were held and attended by a large number of staff members from O&G, Anaesthetics, Midwifery & Nursing. A further five Midwives were trained as Basic Life Support Instructors in an effort to ensure that ALL staff members are able to avail of training in basic life support, as a First Responder.

The old Patient Administration System (PAS) was upgraded by the hospital in conjunction with HSE, providing staff with the new Inpatient Management system (iPMS) on the 8th February 2013.
The hospital continued to make progress with implementation of LEAN/ Productive Ward methods of working to improve throughput and efficiency in various departments of the hospital. The Coombe Women & Infants University Hospital (Our Lady's Ward) was shortlisted for a NHS award for progress to date on the Productive Ward Initiative. They reached the top three in the International category and a small team travelled to Leeds to attend the awards ceremony and to be presented with their prize.

An eight minute video clip was developed by our Midwifery Practice Development team in order to increase awareness of a hospital policy and procedure. Staff responded very favourably to this mode of dissemination of a guideline. It opens up possibilities for such an approach in developing new practice standards.

The hospital became a tobacco free campus in late 2013.

Challenges for 2014

The biggest challenge to the organisation in 2014 will continue to be the impact of the current and changing economic status of the country together with the need to reconfigure as per government proposals. Recruitment and retention will be a challenge as the national events within maternity services in 2012 and 2013 will have a long lasting impact on both service users and staff. This will inevitably mean change for us all. It is critically important to use resources wisely. We will continue to examine every opportunity to reduce our costs whilst at the same time maintain and where possible, increase our safety and quality levels. This will provide us with challenges and opportunities to examine our current ways of working and explore if there is a better way to do our work.

Activity Data

Dublin Maternity Hospitals Combined Clinical Data

Dr Sharon Sheehan, Master

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	7986
Mothers delivered < 500 grams and miscarriages	563*
Gestational Trophoblastic Disease	14
Ectopic pregnancies	47
Total mothers	**8610**

* Does not include all spontaneous miscarriages

2. Maternal Deaths 1*

* Cardiac Arrest brought about by hyperkalaemia

3. Births ≥ 500g

Singletons	7810
Twins*	338
Triplets	18
Quadruplets	4
Total	**8170**

* excludes two twin babies <500g

4. Obstetric Outcome (%)

Spontaneous vaginal delivery	58.5
Forceps	5.2
Ventouse	8.5
Caesarean Section	28.0
Induction	33.8

5. Perinatal Deaths ≥ 500g

Antepartum Deaths	29
Intrapartum Deaths	2*
Stillbirths	31
Early Neonatal Deaths	29
Late Neonatal Deaths	6
Congenital anomalies	26**

* 1 at 23 weeks ** 6 SB, 16 END, 4 LND

6. Perinatal Mortality Rates ≥ 500g

Overall perinatal mortality rate per 1000 births.	7.34
Perinatal mortality rate corrected for lethal congenital anomalies	4.66
Perinatal mortality rate including late neonatal deaths	8.08
Perinatal mortality rate excluding unbooked cases	5.00
Corrected perinatal mortality rate excluding unbooked	3.26

7. Age

	Nulliparous* N	Parous* N	Totals N	%
< 20 yrs	150	18	168	2.1
20-24 yrs	502	348	850	10.6
25-29 yrs	809	1004	181	22.7
30-34 yrs	1052	1792	2844	35.6
35-39 yrs	455	1412	1867	23.4
40+ yrs	121	323	444	5.6

*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	%
Para 0	3089		3089	38.7
Para 1		2859	2859	35.8
Para 2-4		1911	1911	23.9
Para 5+		127	127	1.6

9. Country of Birth & Nationality

Country	N	%
Ireland	5630	70.5
Britain	191	2.4
EU	991	12.4
EU Accession Countries 2007	136	1.7
Rest of Europe (including Russia)	82	1.0
Middle East	19	0.2
Rest of Asia	485	6.1
Americas	61	0.8
Africa	353	4.4
Australasia	17	0.2
Uncoded	21	0.3
Total	**7986**	**100**

10. Socio-Economic Groups

Socio-economic Group	N	%
Higher Profession	499	6.3
Lower Profession	1762	22.1
Clerical	953	11.9
Skilled	454	5.7
Semi-Skilled	365	4.6
Unskilled	203	2.5
Unemployed	1726	21.6
Unsupported	29	0.4
Military	9	0.1
Not Classified	195	2.4
Not Answered	1791	22.4
Total	**7986**	**100**

11. Birth Weight

	Nulliparous N	Parous N	Totals N	%
500 – 999 gms	22	35	57	0.7
1000 – 1499	42	39	81	1.0
1500 – 1999	64	72	136	1.7
2000 – 2499	163	210	373	4.6
2500 – 2999	443	613	1056	12.9
3000 – 3499	1105	1624	2729	33.4
3500 – 3999	972	1708	2680	32.8
4000 – 4499	323	602	925	11.3
≥ 4500	35	96	131	1.6
Not answered	0	2	2	0.0
Total	**3169**	**5001**	**8170**	**100**

12. Gestational Age

	Nulliparous N	Parous N	Totals N	%
< 26 weeks	10	19	29	0.4
26 – 29 weeks + 6 days	22	27	49	0.6
30 – 33 weeks + 6 days	55	82	137	1.7
34 – 36 weeks + 6 days	138	227	365	4.6
37 – 41 weeks + 6 days	2849	4527	7376	92.3
42+ weeks	15	15	30	0.4
Total	**3089**	**4897**	**7986**	**100**

13. Perineal Trauma after Spontaneous Vaginal Delivery (SVD)

	Nulliparous		Parous		Total	
	N	%	N	%	N	%
Episiotomy	195	14.6	91	2.7	286	6.1
First degree tear	175	13.1	716	21.5	891	19.1
Second degree tear	641	48.1	1089	32.6	1730	37.0
Third degree tear	45	3.4	37	1.1	82	1.8
Fourth tear	3	0.2	1	0.0	4	0.1
Other	60	4.5	85	2.6	145	3.1
Intact	215	16.1	1317	39.5	1532	32.8
Total Spontaneous Vaginal Deliveries	1334	100	3336	100	4670	100

14. Third Degree Tears (n = 145)

	Nulliparous	Parous	Totals	
	N	N	N	%*
Occurring spontaneously	45	37	82	56.9
Associated with episiotomy	14	5	19	13.2
Associated with forceps	25	7	32	22.2
Associated with ventouse	19	3	22	15.3
Associated with ventouse + forceps	6	2	8	5.6
Associated with O.P. position	13	4	17	11.8

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

15. Perinatal Mortality in Normally Formed Stillborn Infants (N=25)

	Nulliparous	Parous	Totals
	N	N	N
Hypoxia	2	8	10
IUGR	0	2	2
Cord accident	2	3	5
Infection	2	0	2
Abruption	1	4	5
Feto-maternal Haemorrhage	0	1	1

16. Perinatal Deaths in Infants with Congenital Malformation (N=26)*

	Nulliparous N	Parous N	Totals N
Neural tube defects	1	1	2
Cardiac	2	4	6
Renal	2	1	3
Multiple	1	0	1
Chromosomal	2	8	10
Other	2	2	4

* 6 SB, 16 END, 4 LND

17. Neonatal Deaths (N=35)*

	Nulliparous N	Parous N	Totals N
Congenital	9	11	20
Prematurity	3	5	8
Infection	1	1	2
PPHN/pulmonary haemorrhage	0	2	2
Hypoxia	0	1	1
Sudden Infant Death Syndrome	0	2	2

* 29 END, 6 LND

18. Overall Autopsy Rate 51.5%

19. Hypoxic Ischaemic Encephalopathy - Inborn (Grade II and III) 2

20. Severe Maternal Morbidity (N = 46)

	Nulliparous N	Parous N	Totals N
Massive obstretric haemorrage	11	22	33*
Emergency hysterectomy	0	2	2**
Transfer to other institution	3	1	4
Other	5	6	11

* MOM = EBL ≥ 2.5L and 1 or coagulopathy requiring tx ** placenta accreta

21. Financial Summary at 31st December 2013

Income:	€,000	€,000
Department of Health Allocation 2013	50,189,368	
Patient Income	11,255,605	
Other	5,366,561	
		66,811,534

Pay:		
Medical	9,575,632	
Nursing	20,358,998	
Other	21,455,485	
		51,390,115

Non Pay:		
Drugs & Medicines	2,239,305	
Medical & Surgical Appliances	4,257,361	
Insurances	154,597	
Laboratory	2,097,523	
Other	6,097,202	
		14,845,988

Net Deficit 2013	575,431

Taxes paid to Revenue Commissioners Year ended 31 December 2013

PAYE & USC	9,610,517
PRSI EE	1,480,983
PRSI ER	3,713,203

Withholding Tax	105,644

Does not include any deficit balances carried forward from previous years

Statistical Summaries

1. Mothers Attending Hospital

	2007	2008	2009	2010	2011	2012	2013
Mothers delivered ≥ 500 grams	8369	8287	8652	8768	8536	8419	7986
Mothers delivered < 500 grams and Miscarriages	627	734	676	663*	638*	627*	563*
Gestational Trophoblastic Disease	-	10	12	19	26	19	14
Ectopic Pregnancies	90	79	81	89	115	110	47**
Total Mothers	**8996**	**9110**	**9421**	**9539**	**9315**	**9175**	**8610**

* Does not include all spontaneous miscarriages ** method of collecting ectopic data changed in 2013

2. Maternal Mortality

	2007	2008	2009	2010	2011	2012	2013
Maternal deaths	1[1]	1[2]	0	1[3]	1[4]	3[5]	1[6]

1 Road traffic accident 2 Carcinoma of the colon 3 AIDS related lymphoma 4 Sudden unexplained death in epilepsy (SUDEP)
5 Suicide, Sudden Adult Death Syndrome (SADS) and Amniotic Fluid Embolism 6 Cardiac arrest brought about by hyperkalaemia

3. Births ≥ 500g

	2007	2008	2009	2010	2011	2012	2013
Singleton	8242	8095	8496	8615	8371	8258	7810
Twins	243	366	304	293	313*	309*	338*
Triplets	12	21	12	17	21	18	18
Quadruplets	0	0	0	0	4	0	4
Total	**8497**	**8482**	**8812**	**8925**	**8709**	**8585**	**8170**

* excludes two twin babies >500g

4. Obstetric Outcomes

	2007	2008	2009	2010	2011	2012	2013
Induction of Labour	25.9%	28.1%	30.3%	32.0%	33.3%	35.3%	33.8%
Episiotomy	19.8%	16.6%	15.7%	16.0%	15.4%	14.0%	13.2%
Forceps Delivery	9.5%	8.5%	7.2%	7.7%	7.2%	6.4%	5.2%
Ventouse Delivery	9.2%	9.4%	10.4%	9.7%	7.8%	8.9%	8.5%
Caesarean Section	22.1%	24.1%	25.1%	25.8%	27.7%	27.1%	28.0%

5. Perinatal Deaths ≥ 500g

	2007	2008	2009	2010	2011	2012	2013
Stillbirths	44	40	38	35	33	33	31
Early Neonatal Deaths	11	26	13	18	17	20	29
Late Neonatal Deaths	9	5	6	4	8	8	6
Total	**64**	**71**	**57**	**57**	**58**	**61**	**66**

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

	2007	2008	2009	2010	2011	2012	2013
Overall PNMR	6.5	7.8	5.8	6.0	5.7	6.2	7.3
PNMR corrected for lethal malformation	4.6	4.6	4.4	3.9	3.7	3.7	4.7
PNMR including late neonatal deaths	7.5	8.4	6.5	6.5	6.7	7.1	8.1
PNMR excluding unbooked cases	5.8	7.1	5.5	5.6	4.9	5.0	5.6
Corrected PNMR excluding unbooked	4.2	4.2	4.1	3.5	3.3	3.3	3.0

7. Statistical Analysis of Obstetric Population

7.1 Age

Age (years)	Nulliparous* N	Parous* N	Total N	Total %
<20	150	18	168	2.1
20 – 39	2818	4556	7374	92.3
40+	121	323	444	5.6
Total	**3089**	**4897**	**7986**	**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	2363	3730	6093	76.3
Semi-Private	343	504	847	10.6
Private	340	614	954	11.9
Not Answered	43	49	92	1.2
Total	**3089**	**4897**	**7986**	**100**

7.3 Birthplace

Mother's Country of Birth	N	%
Republic of Ireland	5630	70.5
EU	1318	16.5
Non EU	1017	12.7
Uncoded	21	0.3
Total	**7986**	**100**

7.4 Parity

	Nulliparous N	Parous N	Totals N	Totals %
Para 0	3089		3089	38.7
Para 1		2859	2859	35.8
Para 2-4		1911	1911	23.9
Para 5+		127	127	1.6

7.5 Birth Weight

	Nulliparous N	Parous N	Totals N	Totals %
500 – 999 gms	22	35	57	0.7
1000 – 1499	42	39	81	1.0
1500 – 1999	64	72	136	1.7
2000 – 2499	163	210	373	4.6
2500 – 2999	443	613	1056	12.9
3000 – 3499	1105	1624	2729	33.4
3500 – 3999	972	1708	2680	32.8
4000 – 4499	323	602	925	11.3
4500 - 4999	31	90	121	1.5
> 5000	4	6	10	0.1
Not Answered		2	2	0.0
Total	**3169**	**5001**	**8170**	**100**

7.6 Gestational Age

	Nulliparous	Parous	Totals N	Totals %
< 26 weeks	10	19	29	0.4
26 – 29 weeks + 6 days	22	27	49	0.6
30 – 33 weeks + 6 days	55	82	137	1.7
34 – 36 weeks + 6 days	138	227	365	4.6
37 – 41 weeks + 6 days	2849	4527	7376	92.3
42+ weeks	15	15	30	0.4
Total	**3089**	**4897**	**7986**	**100**

8. Statistical Analysis of Hospital Population 2007-2013

8.1 Age 2007-2013

Age at Delivery (Years)	2007 (n=8369)	2008 (n=8287)	2009 (n=8652)	2010 (n=8768)	2011 (n=8563)	2012 (n=8419)	2013 (n=7986)
<20	4.2%	3.9%	3.6%	3.6%	3.9%	2.6%	**2.1%**
20 – 24	13.8%	13.5%	13.8%	13.2%	12.2%	11.7%	**10.6%**
25 – 29	23.6%	23.2%	24.4%	25.0%	24.8%	23.3%	**22.7%**
30 – 34	33.4%	33.9%	32.8%	32.1%	32.7%	34.4%	**35.6%**
35 – 39	20.7%	21.5%	21.2%	21.8%	22.2%	23.0%	**23.4%**
> 40	4.3%	4.0%	4.2%	4.2%	4.1%	5.0%	**5.6%**

8.2 Parity 2007-2013

Parity	2007 (n=8369)	2008 (n=8287)	2009 (n=8652)	2010 (n=8768)	2011 (n=8563)	2012 (n=8419)	2013 (n=7986)
0	40.5%	40.8%	41.5%	42.4%	40.6%	40.2%	**38.7%**
1,2,3	55.7%	55.4%	54.9%	54.3%	56.0%	56.5%	**57.7%**
4+	3.8%	3.8%	3.6%	3.3%	3.4%	3.3%	**3.6%**

8.3 Birth weight 2007-2013

Birth Weight (grams)	2007 (n=8497)	2008 (n=8482)	2009 (n=8812)	2010 (n=8925)	2011 (n=8709)	2012 (n=8419)	2013 (n=8170)
500 - 999	0.6%	0.7%	0.6%	0.6%	0.7%	0.7%	**0.7%**
1000 – 1499	0.6%	0.7%	0.8%	0.7%	1.0%	0.8%	**1.0%**
1500 – 1999	1.1%	1.6%	1.4%	1.6%	1.4%	1.4%	**1.7%**
2000– 2499	3.6%	3.9%	3.8%	3.5%	3.6%	4.3%	**4.6%**
2500– 2999	12.3%	13.0%	13.2%	13.2%	13.4%	13.8%	**12.9%**
3000– 3499	33.9%	33.0%	33.5%	34.6%	34.0%	33.4%	**33.4%**
3500– 3999	32.4%	33.1%	32.3%	32.5%	32.6%	33.0%	**32.8%**
4000– 4499	13.1%	11.3%	12.1%	11.3%	11.6%	10.7%	**11.3%**
>4500	2.4%	2.7%	2.3%	2.0%	1.7%	1.9%	**1.6%**
Unknown	0.05%	0%	0%	0%	0%	0.7%	**0.0%**

8.4 Gestation 2007-2013

Gestation (weeks)	2007 (n=8497)	2008 (n=8482)	2009 (n=8652)	2010 (n=8768)	2011 (n=8536)	2012 (n=8419)	2013 (n=7986)
<28 weeks	0.4%	0.6%	0.5%	0.6%	0.7%	0.5%	**0.6%**
28 – 36	6.1%	6.8%	6.1%	6.1%	6.1%	6.0%	**6.7%**
37 – 41	91.4%	91%	92.3%	92.0%	92.6%	93.2%	**92.3%**
42+	1.9%	1.5%	1.1%	1.2%	0.5%	0.3%	**0.4%**
Unknown	0.2%	0.1%	0.1%	0.1%	0.1%	0%	**0.0%**

9. In-patient Surgery 2007-2013

	2007	2008	2009	2010	2011	2012	2013
Obstetrical	2820	2918	3041	3210	3333	3270	**3308**
Cervical	410	687	1261	1062	1190	1034	**838**
Uterine	2304	3015	2416	2683	2553	2668	**2887**
Tubal & Ovarian	1083	999	950	1011	903	1020	**1042**
Vulval & Vaginal	322	500	445	489	419	413	**578**
Other	369	240	241	278	254	245	**320**
Total	**7308**	**8359**	**8354**	**8733**	**8652**	**8650**	**8973**

10. Out-patient Attendances 2007-2013

	2007	2008	2009	2010	2011	2012	2013
Paediatric	8212	8511	9558	9027	9075	9378	**8,690**
Obstetrical/ Gynaecological	69139	74025	89261	93796*	99228*	101448*	**111,204***

*excludes Colposcopy and Perinatal Centre

11. In-patient Admissions * 2007 - 2013

	2007	2008	2009	2010	2011	2012	2013
Obstetrics	15643	15971	16467	17051	17342	17185	**15,047**
Gynaecology	993	1003	975	1127	1015	962	**1,062**
Paediatrics	1004	1207	1188	1095	1023	1057	**1012**

*Figure based on discharges

12. Bed Days (Overnight admissions) 2007 - 2013

	2007	2008	2009	2010	2011	2012	2013
Infants	10203	11182	11497	12035	12497	12653	**12,200**
Adults	48183	44835	45980	46046	46492	45626	**43,530**

13. Day Case Admissions 2007 - 2013

	2007	2008	2009	2010*	2011*	2012*	2013*
Obstetrics	8872	9552	10154	9828	12222	12741	**10,092**
Gynaecology	1593	1670	1432	7432	8148	8045	**9,461**
Total	**10465**	**11222**	**11586**	**15260**	**20370**	**20786**	**19,553**

*Figure based on discharges

14. Adult Emergency Room (ER) & Early Pregnancy Assessment Unit (EPAU) 2007 - 2013

	2007	2008	2009	2010	2011	2012	2013
ER	6950	8010	8159	7168	7346	7802	**8,136**
EPAU	3478	3137	3599	3687	2381	4293	**4,368**

15. Perinatal Day Centre (PNDC) and Perinatal Ultrasound (PNU)* 2007 – 2013

	2007	2008	2009	2010	2011	2012	2013
PNDC	15025	13803	14486	10112	11841**	12372**	**11,534****
PNU	16492	16223	19270	25164	27781*	28701*	**27,732***

* refers only to scans performed in the Perinatal Ultrasound Dept.

** excludes all telephone consultations with Diabetic patients

16. Laboratory Tests 2007-2013

Area	2007	2008*	2009	2010	2011	2012	2013
Microbiology	163175	49463	46897	44185	44535	44672	**44672**
Biochemistry	109701	167484	113709	108102	203818**	172734**	**162045 ****
Haematology	50856	44949	47523	45173	45546	45718	**46877**
Transfusion	23158	24548	24544	24406	22010	22076	**22866**
Cytopathology	16969	17401	14934	13604	12409	10428	**16774**
Histopathology	4918	4999	5601	5843	5036	5606	**5696**
Post mortems	46	70	50	45	34	40	**41**
Phlebotomy	12321	13877	15662	17466	18732	19394	**19931**

* new numbering system adopted in 2008/2009 and carried forward subsequently

** includes POCT blood gas tests

Perinatal Mortality and Morbidity

Dr Sharon Sheehan, Master
Dr Jan Miletin, Director of Paediatrics and Newborn Medicine

A. Overall Statistics

1. Perinatal Deaths ≥ 500g

Antepartum deaths	29
Intrapartum deaths	2*
Stillbirths	31
Early neonatal deaths	29
Late nonatal deaths	6
Congenital malformations	26**

* 1 at 23 weeks ** 6 SB, 16 END, 4 LND

2. Perinatal Mortality Rates ≥ 500g

Overall perinatal mortality rate per 1000 births	7.34
Perinatal mortality rate corrected for lethal congenital anomalies	4.66
Perinatal mortality rate including late neonatal deaths	8.08
Perinatal mortality rate excluding unbooked cases	5.64
Corrected perinatal mortality rate excluding unbooked	2.95

3. Perinatal Mortality in Normally Formed Stillborn Infants (N=25)

	Nulliparous N	Parous N	Totals N
Hypoxia	2	8	10
IUGR	0	2	2
Cord accident	2	3	5
Infection	2	0	2
Abruption	1	4	5
Feto-maternal Haemorrhage	0	1	1

4. Intrapartum Deaths ≥ 500g (n = 2)

(i) para 0^{+0}, NSAPH/SOL, 23 weeks, breech, cord prolapse, 610g
(ii) para 1^{+1}, SOL, 38 weeks, 3194g

5. Perinatal Deaths in Infants with Congenital Malformations ≥500g (n = 26)*

	Nulliparous N	Parous N	Totals N
Neural tube defects	1	1	2
Cardiac	2	4	6
Renal	2	1	3
Multiple	1	0	1
Chromosomal	2	8	10
Other	2	2	4

* 6 SB, 16 END, 4 LND

6. Neonatal Deaths ≥ 500g (n = 35)*

	Nulliparous N	Parous N	Totals N
Congenital	9	11	20
Prematurity	3	5	8
Infection	1	1	2
PPHN/pulmonary haemorrhage	0	2	2
Hypoxia	0	1	1
Sudden Infant Death Syndrome	0	2	2

* 29 END, 6 LND

7. Overall Autopsy Rate **51.5%**

8. Hypoxic Ischaemic Encephalopathy - Inborn (Grade II and III) **2**

Division of Obstetrics

Division of Obstetrics

General Obstetric Report - Medical Report

Head of Division
Dr Sharon Sheehan, Master

1. Maternal Statistics

	2007	2008	2009	2010	2011	2012	2013
Mothers booking	9225	9206	9484	9262	9113	8761	**8554**
Mothers delivered ≥ 500g	8369	8287	8652	8768	8536	8419	**7986**

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

	2007	2008	2009	2010	2011	2012	2013	(n=8554)
Born in RoI	72.5	69.4	68.4	69.3	68.4	69.2	**69.9**	5979
Born in rest of EU	12.1	14.8	15.3	16.2	17.0	16.8	**16.9**	1442
Born outside EU	15.2	15.4	16.1	14.4	14.3	13.8	**13.2**	1132
Country not known	0.2	0.5	0.2	0.2	0.3	0.2	**0.01**	1
Resident in Dublin	65.6	65.9	66.5	66.4	67.2	65.9	**65.7**	5619
< 18 years	1.1	1.0	1.0	0.9	0.7	0.6	**0.5**	40
≥ 40 years	4.2	4.3	4.3	4.6	4.8	5.7	**5.7**	489
Unemployed	24.4	26.0	21.6	26.3	26.0	25.5	**21.5**	1838
Communication difficulties reported at booking	5.2	5.9	6.2	6.6	6.0	7.1	**7.8**	664

2.2 Maternal Profile at booking – general history (%)

	2007	2008	2009	2010	2011	2012	2013	(n=8554)
BMI Underweight: <18.5	-	-	2.2	1.9	1.6	1.8	**2.1**	179
BMI Healthy: 18.5 – 24.9	-	-	52.3	51.3	52.1	53.3	**51.6**	4413
BMI Overweight: 25-29.9	-	-	28.8	29.8	29.1	28.2	**28.9**	2471
BMI Obese class 1: 30-34.9	-	-	10.5	11.4	11.3	11.1	**11.0**	944
BMI Obese class 2: 35 – 39.9	-	-	3.4	3.9	4.0	3.7	**4.3**	366
BMI Obese class 3: ≥ 40	-	-	1.5	1.4	1.8	1.6	**1.8**	157
Unrecorded	-	-	1.3	0.3	0.1	0.3	**0.3**	24
Para 0	40.5	42.4	38.9	41.2	40.8	39.4	**39.1**	3344
Para 1-4	58.1	55.8	52.5	57.3	57.9	59.1	**59.3**	5071
Para 5 +	1.4	1.7	1.1	1.5	1.3	1.5	**1.6**	139
Unplanned pregnancy	30.3	32.2	32.6	31.5	30.9	30.5	**31.2**	2667
No pre-conceptual folic acid	58.7	56.8	55.6	56.1	56.6	56.5	**56.6**	4840
Current Smoker	17.3	16.7	16.1	14.5	14.2	13.5	**12.8**	1096
Current Alcohol Consumption	–	–	–	3.5	2.6	1.5	**1.4**	123
Taking illicit drugs / methadone	0.7	1.2	0.7	0.6	0.7	0.8	**0.7**	59
Illicit drugs/Methadone ever	5.4	6.4	7.0	7.1	7.8	7.9	**8.7**	747
Giving history of domestic violence	0.9	0.9	1.2	1.2	1.1	1.0	**0.9**	79
Cervical smear never performed	24.7	26.0	24.4	22.5	22.4	20.7	**21.7**	1858
History of psychiatric/psychological illness /disorder	10.0	11.6	13.8	12.3	13.0	15.4	**18.0**	1539
History of postnatal depression	2.7	2.5	3.9	4.7	4.0	4.7	**4.0**	343
Previous perinatal death	2.0	1.7	1.6	1.6	1.5	2.1	**1.7**	149
Previous infant < 2500g	2.5	5.0	5.0	5.4	5.1	5.5	**5.5**	470
Previous infant < 34 weeks	2.5	2.4	2.7	2.5	2.3	1.3	**2.7**	2.7
One previous Caesarean section	11.4	11.2	11.0	12.4	11.7	12.2	**12.6**	1081
Two or more previous Caesarean sections	2.6	2.0	3.1	3.0	3.4	3.7	**3.4**	292

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

	2007	2008	2009	2010	2011	2012	2013	(n=8554)
Pregnancy Induced Hypertension	10.5	12.2	8.3	7.3	8.5	7.5	**7.7**	611
Pre-eclampsia	7.1	6.2	5.9	4.6	4.1	3.8	**2.8**	226
Eclampsia	0.02	0.02	0.06	0.02	0.0	0.01	**0.06**	5
Pregestational Type 1 DM	0.3	0.5	0.3	0.3	0.5	0.5	**0.38**	33
Pregestational Type 2 DM	0.1	0.2	0.2	0.2	0.4	0.2	**0.23**	20
Gestational DM	2.6	2.8	2.9	3.0	4.7	6.6	**4.4**	379
One abnormal OGTT value	1.5	1.7	1.2	1.6	0.6	-	**-**	-
Placenta praevia	0.4	0.5	0.6	0.5	0.4	0.4	**0.4**	36
Abruptio placentae	0.3	0.2	0.2	0.1	0.1	0.2	**0.3**	24
Antepartum haemorrhage (other)	0.7	1.0	1.2	1.1	1.3	4.4	**5.6**	446
Haemolytic antibodies	0.3	0.4	0.9	0.5	0.3	0.5	**0.5**	44
Hep C +	0.6	0.7	0.8	0.7	0.9	0.8	**0.6**	52
Hep B +	0.7	0.6	0.8	0.5	0.7	0.5	**0.6**	52
HIV +	0.3	0.2	0.4	0.3	0.3	0.2	**0.3**	20
Sickle cell trait	0.6	0.5	0.5	0.4	0.4	0.4	**0.4**	34
Sickle cell anaemia	0.05	0.02	0.01	0.02	0.01	0.1	**0.02**	2
Thalassaemia trait	0.8	1.1	1.3	1.3	0.7	0.6	**0.4**	35
Delivery < 28 weeks	0.4	0.5	0.5	0.6	0.7	0.6	**0.6**	50
Delivery < 34 weeks	2.0	2.2	2.3	2.3	2.5	1.3	**2.7**	214
Delivery < 38 weeks	10.9	12.3	13.1	13.1	13.5	14.3	**13.9**	1114
Delivery < 1500g	1.2	1.4	1.3	1.4	1.5	1.5	**1.4**	110
Delivery < 2500g	5.8	6.3	6.0	6.7	6.1	6.5	**6.9**	552
Unbooked mothers	1.2	1.0	1.4	1.8	1.8	1.7	**1.3**	100
LSCS	22.1	24.1	25.1	25.8	27.7	27.1	**28.0**	2233
Admissions to HDU	1.9	1.9	1.6	1.6	1.9	1.5	**2.1**	180
Severe Maternal Morbidity	0.2	0.3	0.5	0.4	0.5	0.5	**0.5**	46
Maternal Deaths (N)	1[2]	1[3]	0	1[4]	1[5]	3[6]	**1[7]**	1

1 Definition of Massive Obstetrical Haemorrhage changed in 2009 2 Road traffic accident 3 Carcinoma of the colon 4 AIDS related lymphoma
5 Sudden unexplained death in epilepsy (SUDEP) 6 Suicide, Sudden Adult Death Syndrome (SADS), Amniotic Fluid Embolism
7 Cardiac arrest brought about by hyperkalaemia

3.1 Induction of Labour 2013

	Nullip		Multips		Total	
	N	%	N	%	N	%
Inductions	1274	41.2	1422	29.0	2696	33.8

3.2 Induction of Labour 2007-2013

Inductions	2007	2008	2009	2010	2011	2012	2013
N	2166	2328	2628	2803	2846	2969	**2696**
%	25.9%	28.1%	30.4%	32.0%	33.3%	35.3%	**33.8%**

4.1 Epidural analgesia in Labour 2013

	Nullip		Multips		Total	
	N	%	N	%	N	%
Epidural Analgesia	1861	60.2	1496	30.5	3357	42.0

4.2 Epidural analgesia in Labour 2007-2013

Epidurals	2007	2008	2009	2010	2011	2012	2013
N	3785	3915	3925	3906	3855	3744	**3357**
%	45.2	47.2	45.4	44.5	45.2	44.5	**42.0**

5.1 Fetal Blood Sampling in Labour 2013

	N
< 7.20	69
≥ 7.20	620
Total	**689**

5.2 Fetal Blood Sampling in Labour 2007-2013

FBS	2007	2008	2009	2010	2011	2012	2013
N	627	621	714	993	986	758	**689**
%	7.5	7.5	8.3	11.3	11.5	9.0	**8.6**

6.1 Prolonged Labour 2013

	Nullip		Multips		Total	
	N	%	N	%	N	%
Prolonged Labour	223	7.2	54	1.1	277	3.5

6.2. Prolonged Labour 2007 - 2013

	2007	2008	2009	2010	2011	2012	2013
N	326	297	266	254	266	287	**277**
%	3.9	3.6	3.1	2.9	3.1	3.4	**3.5**

7.1 Mode of delivery (%) – Nulliparae 2007 - 2013

	2007	2008	2009	2010	2011	2012	2013
SVD	41.6	41.1	40.9	40.8	41.8	41.1	**43.2**
Vacuum	15.6	16.2	18.4	16.8	14.4	16.2	**16.1**
Forceps	18.7	17.0	14.8	14.9	15.0	13.6	**11.4**
LSCS	24.4	26.3	26.2	27.7	29.3	29.5	**29.6**

7.2 Mode of delivery (%)- Parous 2007 - 2013

	2007	2008	2009	2010	2011	2012	2013
SVD	71.6	70.4	69.4	69.1	68.5	69.4	**68.1**
Vacuum	4.8	4.7	4.8	4.5	3.3	3.9	**3.6**
Forceps	3.2	2.6	1.8	2.4	1.8	1.7	**1.4**
LSCS	20.6	22.6	24.3	24.4	26.6	25.5	**26.9**

7.3 Mode of delivery (%) – all mothers 2007 - 2013

	2007	2008	2009	2010	2011	2012	2013
SVD	59.5	58.4	57.5	57.1	57.7	58.0	**58.5**
Vacuum	9.2	9.4	10.4	9.7	7.8	8.9	**8.5**
Forceps	9.5	8.5	7.2	7.7	7.2	6.4	**5.2**
LSCS	22.1	24.1	25.1	25.8	27.7	27.1	**28.0**

8. Episiotomy (%) 2007 - 2013

	2007	2008	2009	2010	2011	2012	2013
Nulliparae	37.3	31.4	31.4	30.3	30.0	28.1	**27.7**
Parous	7.9	6.3	4.5	5.5	5.5	4.5	**4.0**
Overall	19.8	16.6	15.7	16.0	15.4	14.0	**13.2**

9.1 Shoulder Dystocia (SD) 2013

	Nullip		Multips		Total	
	N	%	N	%	N	%
Prolonged Labour	223	7.2	54	1.1	277	3.5

9.2 Shoulder Dystocia (SD) & Birth Weight

	Mothers of babies <4kg		Mothers of babies ≥ 4kg	
	N	%	N	%
Shoulder Dystocia	34	0.5	30	2.8

9.3 Shoulder Dystocia 2007 - 2013

	2007	2008	2009	2010	2011	2012	2013
N	68	59	66	74	66	87	**64**
%	0.8%	0.7%	0.8%	0.8%	0.8%	1.0%	**0.8**

10.1 Third Degree Tears

	Nullip		Multips		Total	
	N	%	N	%	N	%
Third Degree Tears	96	3.1	49	1.0	145	1.8

10.2 Third Degree Tears 2007 - 2013

	2007	2008	2009	2010	2011	2012	2013
N	100	77	51	87	160	130	**145**
%	1.2%	0.9%	0.6%	1.0%	1.9%	1.5%	**1.8%**

11.1 Fourth Degree Tears 2013

	Nullip		Multips		Total	
	N	%	N	%	N	%
Fourth Degree Tears	6	0.2	1	0.02	7	0.09

11.2 Fourth Degree Tears 2007 - 2013

	2007	2008	2009	2010	2011	2012	2013
N	6	4	8	8	10	6	**7**
%	0.07	0.05	0.1	0.09	0.1	0.1	**0.09**

12. 0 Primary Post Partum Haemorrhage (1^0 PPH) 2007 – 2013

	2007	2008	2009	2010	2011	2012	2013
N	208	270	439	542	850	1160	**1256**
%	2.5	3.3	5.1	6.2	10.0	13.8	**15.7**

12.1 1^0 PPH spontaneous labour

	2007 %	2008 %	2009 %	2010 %	2011 %	2012 %	2013 %	2013 N
Nulliparae	2.6	3.6	5.0	6.9	9.4	11.4	**11.6**	**1493**
Parous	2.2	2.7	4.2	5.8	5.4	6.2	**8.3**	**2442**
Overall	**2.3**	**3.1**	**4.5**	**6.3**	**7.0**	**8.2**	**9.6**	**3935**

12.2 1^0 PPH - induced Labour

	2007 %	2008 %	2009 %	2010 %	2011 %	2012 %	2013 %	2013 N
Nulliparae	4.5	5.5	7.1	8.6	16.4	19.1	**26.2**	**1274**
Parous	2.8	3.6	5.0	6.4	7.3	8.9	**10.8**	**1422**
Overall	**3.7**	**4.5**	**6.0**	**7.5**	**11.8**	**3.8**	**18.1**	**2696**

12.3 1⁰ PPH - SVD

	2007 %	2008 %	2009 %	2010 %	2011 %	2012 %	2013 %	2013 N
Nulliparae	3.1	4.0	4.4	5.0	5.5	6.7	**7.6**	**1334**
Parous	2.5	2.9	4.4	5.3	4.3	5.0	**6.2**	**3336**
Overall	**2.7**	**3.2**	**4.4**	**5.2**	**4.7**	**5.5**	**6.6**	**4670**

12.4 1⁰ PPH - Ventouse

	2007 %	2008 %	2009 %	2010 %	2011 %	2012 %	2013 %	2013 N
Nulliparae	2.8	3.8	8.0	7.3	12.6	10.2	**9.4**	**498**
Parous	0.4	3.4	6.6	6.1	5.9	6.0	**9.5**	**179**
Overall	**2.1**	**3.7**	**7.7**	**7.0**	**10.9**	**9.1**	**9.4**	**677**

12.5 1⁰ PPH - Forceps

	2007 %	2008 %	2009 %	2010 %	2011 %	2012 %	2013 %	2013 N
Nulliparae	5.5	7.3	7.1	11.9	16.7	17.6	**21.9**	**351**
Parous	4.3	4.6	1.1	10.8	5.3	11.9	**19.1**	**68**
Overall	**5.3**	**6.8**	**6.3**	**11.7**	**14.9**	**16.8**	**21.5**	**419**

12.6 1⁰ PPH - Caesarean Section (by parity)

	2007 %	2008 %	2009 %	2010 %	2011 %	2012 %	2013 %	2013 N
Nulliparae	1.6	2.6	5.4	7.5	21.0	33.2	**44.0**	**914**
Parous	0.9	1.4	5.4	5.4	18.1	23.8	**30.2**	**1319**
Overall	**1.2**	**1.9**	**5.4**	**6.4**	**19.4**	**28.0**	**35.8**	**2233**

12.7 1⁰ PPH - Caesarean Sections (by priority status)

	2007 %	2008 %	2009 %	2010* %	2011 %	2012 %	2013 %	2013 N
Elective	0.5	0.6	3.9	1.1	13.3	21.3	**27.0**	**1054**
Emergency	1.7	3.0	6.5	12.6	24.6	34.5	**43.7**	**1179**
Overall	**1.2**	**1.9**	**5.4**	**6.4**	**19.4**	**28.0**	**35.8**	**2233**

* Method of measuring blood loss in theatre changed - 2010

12.8 1⁰ PPH - Twin Pregnancy

	2007 %	2008 %	2009 %	2010* %	2011 %	2012 %	2013 %	2013 N
Nulliparae	11.5	7.0	11.5	14.7	31.2	35.3	**59.1**	**71**
Parous	1.6	2.9	12.1	7.6	13.6	24.1	**25.3**	**99**
Overall	**6.5**	**4.8**	**11.8**	**10.9**	**22.1**	**29.0**	**39.4**	**170**

13. 0 Manual Removal of Placenta (%) 2007 - 2013

	2007	2008	2009	2010	2011	2012	2013
N	134	112	95	111	106	102	**135**
%	1.6	1.4	1.1	1.3	1.2	1.2	**1.7**

13.1 1^0 PPH in Manual Removal of Placenta 2007 - 2013

	2007	2008	2009	2010	2011	2012	2013
N	32	24	42	56	64	63	**82**
%	23.9%	21.4%	44.2%	50.5%	60.4%	61.8%	**60.7%**

14.0 Mothers Transfused 2007 – 2013

	2007	2008	2009	2010	2011	2012	2013
N	124	120	165	189	176	148	**181**
%	1.5	1.4	1.9	2.2	2.1	1.7	**2.3**

14.1 Mothers who received Massive Transfusions (> 5units RCC) 2007 – 2013

	2007	2008	2009	2010	2011	2012	2013
N	12	8	13	14	15	15	**7**
%	0.1	0.1	0.1	0.2	0.2	0.2	**0.1**

15. Singleton Breech Presentation 2007 - 2013

	2007	2008	2009	2010	2011	2012	2013
Number of breech in nulliparae	152	160	142	152	165	174	**150**
% LSCS for breech in nulliparae	95.4	91.9%	94.4%	93.4%	94.5%	96.0%	**96.0%**
Number of breech in parous	134	159	152	133	151	159	**171**
% LSCS for breech in parous	93.3	93.7%	92.1%	93.2%	96.0%	93.1%	**93.0%**
Total number of breech	**286**	**319**	**294**	**285**	**316**	**333**	**321**
Total % LSCS	**94.4**	**92.8%**	**93.2%**	**93.3%**	**96.5%**	**94.6%**	**94.4%**

16. Twin Pregnancy 2007 – 2013

	2007	2008	2009	2010	2011	2012	2013
Number of Twin pregnancies in Nulliparae	61	84	61	68	77	68	**71**
% LSCS in Nulliparae	55.7%	58.3%	67.2%	70.6%	53.2%	66.2%	**78.9%**
Number of Twin pregnancies in Parous	62	101	91	79	81	87	**99**
% LSCS in Parous	37.1%	39.6%	54.9%	51.9%	50.6%	49.4%	**51.5%**
Total number of Twin pregnancies	**123**	**185**	**152**	**147**	**158**	**155**	**170**
Total % LSCS in Twin pregnancy	**46.3%**	**48.1%**	**59.9%**	**60.5%**	**51.9%**	**56.8%**	**62.9%**

17. Operative Vaginal Delivery in Theatre 2007 - 2013

	2007	2008	2009	2010	2011	2012	2013
Operative Vaginal Delivery in Theatre	57	55	52	83	103	111	**88**

18. Classical Caesarean Section, Ruptured Uterus, Hysterectomy in Pregnancy 2007 - 2013

	2007	2008	2009	2010	2011	2012	2013
Classical Caesarean Section	3	7	6	4	7	2	**4**
Ruptured Uterus	4	6	1	3	3	1	**0**
Hysterectomy in pregnancy	1	3	7	3	6	2	**2***

*Placenta accreta

19.1 Categories of Caesarean Section (modified Robson)

	Groups	Number of CS	Number in group	Contribution to total population	% CS
1	Nulliparous, single, cephalic, ≥ 37 wks, in Spontaneous Labour	150	1365	17.1%	**11.0%**
2	Nulliparous, single, cephalic, ≥=37wks, induced and CS before labour	497	1341	16.8%	**37.1%**
a.	Nulliparous, single, cephalic, ≥=37 wks, induced	389	1233	15.4%	**31.5%**
b.	Nulliparous, single, cephalic, ≥ =37 wks, CS before labour	108	108	1.4%	**100.0%**
3	Multiparous (excl. prevCS) single, cephalic, ≥ =37wks, in Spontaneous Labour	39	1946	24.4%	**2.0%**
4	Multiparous (excl. prevCS) single, cephalic, ≥ =37 wks, induced and CS before labour	157	1323	16.6%	**11.9%**
a.	Multiparous (excl. prevCS), single, cephalic, ≥ =37 wks, induced	59	1225	15.3%	**4.8%**
b.	Multiparous (excl. prevCS), single, cephalic, ≥=37 wks, CS before labour	98	98	1.2%	**100.0%**
5	Previous CS, single, cephalic, ≥= 37wks	792	1102	13.8%	**71.9%**
6	Nulliparous, single, breech	144	151	1.9%	**95.4%**
7	Multiparous, single, breech (incl. prevCS)	160	176	2.2%	**90.9%**
8	Multiple pregnancies (incl. prevCS)	114	178	2.2%	**64.0%**
9	Abnormal Lies, single (incl. prevCS)	19	24	0.3%	**79.2%**
10	Preterm, single, cephalic (incl. prevCS)	161	380	4.8%	**42.4%**
N	Total CS/Total Mothers Delivered	2233	7986	100%	**28.0%**

19.2 Vaginal Birth (%) after a single Previous Lower Segment Caesarean Section (VBAC) 2013

	Para 1	Para 1 +	Total
VBAC	24.1	58.6	**34.1**
Elective LSCS	56.3	25.5	**47.4**
Emergency LSCS	19.6	15.9	**18.5**

19.3 Vaginal Birth (%) after a single Previous Lower Segment Caesarean Section (VBAC) 2007 – 2013

	2007 %	2008 %	2009 %	2010 %	2011 %	2012 %	2013 %	2013 N
Para 1	37.7	31.7	23.7	25.0	23.0	21.6	**24.1**	**711**
Para 1+	66.8	64.0	58.8	59.5	55.1	60.3	**58.6**	**292**
Overall	**47.4**	**42.5**	**35.6**	**35.8**	**33.3**	**32.5**	**34.1**	**1003**

19.4 Caesarean Sections (%) 2007 – 2013

	2007	2008	2009	2010	2011	2012	2013
Nulliparae	24.5%	26.2%	26.2%	27.7%	29.3%	29.5%	**29.6%**
Parous	20.5%	22.6%	24.3%	24.4%	26.6%	25.5%	**26.9%**
Total	**22.1%**	**24.1%**	**25.1%**	**25.8%**	**27.7%**	27.1%	**28.0%**

20. Apgar score < 7 at 5 mins 2007 - 2013

	2007	2008	2009	2010	2011	2012	2013
N	70	86	70	84	82	98	**97**
%	0.8%	1.0%	0.8%	1.0%	1.0%	1.2%	**1.2%**

21. Arterial Cord pH < 7 2007 - 2013

	2007	2008	2009	2010	2011	2012	2013
N	32	36	35	50	36	21	**37**
%	0.4%	0.4%	0.4%	0.6%	0.4%	0.3%	**0.5%**

22. Admission to SCBU/NICU at 38 weeks+ 2007- 2013

	2007	2008	2009	2010	2011	2012	2013
N	482	617	554	470	412	454	**454**
%	6.4%	7.3%	6.4%	5.4%	4.8%	5.4%	**5.7%**

23. Born Before Arrival 2007 - 2013

	2007	2008	2009	2010	2011	2012	2013
N	31	24	29	27	22	22	**31**
%	0.4%	0.3%	0.3%	0.3%	0.3%	0.3%	**0.4%**

Addiction & Communicable/Infectious Diseases

Head of Department/Division/Clinical Area

Dr. Michael O'Connell, Consultant Obstetrician & Gynaecologist

Staff Complement

Orla Cunningham, CMS Infectious Diseases (1 WTE)
Deirdre Carmody, CMS, Drug Liaison Midwife, HSE Mid Leinster
Dr. Karen McNamara, Specialist Registrar (Jan-Jul 2013)
Dr. Nicola Maher, Specialist Registrar (Jul-Dec 2013)
Tanya Franciosa, MSW

Genitourinary Medicine Consultants (St James's Hospital)

Prof. Fiona Mulcahy
Dr. Fiona Lyons
Sinead Murphy (HIV Liaison nurse)

Dept. of Hepatology (St James's Hospital)

Prof. Suzanne Norris & team

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

Prof. Karina Butler & team

Total Attendees in 2013:

309 women attended Team A Dr O'Connell, the majority of whom were provided with full antenatal care & postnatal follow up. In addition a number of both antenatal and gynae patients attended for consultation and follow up regarding positive STI screening.

Infectious Diseases (Hepatitis B & C, HIV and Treponema pallidum): Key Performance Indicators

- 42 women booked for antenatal care in 2013 tested positive for Hepatitis B, of whom 6 were newly diagnosed on antenatal screening.
- 45 women tested positive for Hepatitis C, of whom 11 were newly diagnosed on antenatal screening. Of the 45, 22 were PCR positive and 23 were PCR negative.

- 26 women tested HIV positive, of whom 1 was newly diagnosed. 2 women were co-infected with HCV (both PCR positive) & 2 women were co-infected with Hepatitis B. 4 women were co-infected with Syphilis.
- 9 women were confirmed positive for Treponema pallidum. 1 woman required treatment in pregnancy as a new diagnosis, while the remaining had been appropriately treated previously.
- 60 antenatal women required follow up +/- repeat testing due to indeterminate serology attributed to cross-reactivity in pregnancy.
- 2 MTCT diagnosis of Hepatitis C in 2013, 1 of whom was in the co-infected (HIV/HCV) group.

Diagnosis and management of an Infectious disease in pregnancy challenges the healthcare provider with a myriad of complexities in the provision of antenatal and follow-up care. The clinic is specifically designed to ensure individualised education & care-planning, specialised counselling as well as disclosure and support services. Women are provided with a specific pathway into specialist on-going care, ensuring treatment and monitoring, thereby often preventing disease progression, mother-to- child transmission and significantly reducing future healthcare costs in this high risk patient cohort.

Addiction

- 82 women linked with the DLM and attended the ancillary clinic in the CWIUH in 2013.
- 68 women delivered 69 live babies (one set of twins) in the CWIUH who were linked with the DLM.
- 13% born preterm (less than 37 weeks gestation)
- Of the 69 babies delivered, 48% (33) were admitted to ICU/HDU/SCBU and of these 57% (19) babies needed pharmacological treatment for neonatal abstinence syndrome (NAS).
- The mean stay in the baby unit was 28 days, ranging from 1 to 72 days. The mean length of stay in the baby unit for babies who received pharmacological treatment for NAS was 36 days, ranging from 16 to 72 days.

As with previous years, the majority of women linked with the DLM were booked in early to the CWIUH, received adequate antenatal care and the majority of women had a positive neonatal outcome. While heroin continues to be the primary substance used, cocaine and benzodiazepine continue to be a problem. There were 6 women looking for treatment for opiate abuse because of their pregnancy. The Addiction Medical Social Worker is present at the weekly antenatal clinic, which has increased accessibility for patient and provider alike.

Additional KPIs:

- 29 women with high-risk pregnancies also attended this service for specialist care e.g. previous mid-trimester loss, PET, Herpes simplex virus, sero-discordant couples.
- 16 couples were referred to & seen in our Conception Clinic, which provides fertility investigations for both seropositive & sero-discordant couples attempting to optimise conception, while safeguarding risk of transmission of HIV.

- The team continue to be actively involved in undergraduate & postgraduate education, providing speciality conferences at hospital level, national level and a Higher Specialist Training Day in the Royal College of Physicians.

Achievements in 2013

- Success from our Conception clinic with six of our sero-discordant & serology positive couples becoming delighted parents.
- Annual national Addiction / Infectious diseases study day, with An Bord Altranais approval, took place with hugely positive feedback.
- The Addiction MSW provided training regarding Child Protection, Record Keeping & Confidentiality to staff in the hospital as well as presenting to the Diploma in Child Protection class in Trinity College Dublin.
- CMS Infectious Diseases completed the STI foundation course in St James's Hospital.

Opportunities for 2014

- Re-establishment of Paediatric input during clinic sessions with direct consultation provided to address the concerns of future parents.
- Audit, evaluation & guideline development for antenatal women with an outbreak of genital herpes in pregnancy.
- To continue to provide Addiction, Child Protection & Infectious Diseases training to the NCHDs in the hospital and at specialist training days & to the wider midwifery & nursing staff via the Centre for Midwifery Education.
- To pursue the appointment of a dedicated Medical Social Worker to work with patients with Infectious Diseases.
- Client Satisfaction Survey and client-led changes to service provision.

Publications & Presentations

- '*Methadone Prescribing and Administration in Pregnancy*' published as a **national guideline**. Institute of Obstetricians & Gynaecologists, Royal College of Physicians of Ireland & the Directorate of Strategy and Clinical Care, HSE.
- Poster presentation at European Aids Conference, Brussels, Oct 2013. '*A Combined Obstetric/ HIV Clinic: a model for engagement in antenatal and HIV care for women with HIV during and after pregnancy*'.

Bereavement Support

Head of Department

Ms Brid Shine – CMS Bereavement (Author)

Staff Complement:

0.5 WTE Clinical Midwife Specialist

Key Performance Indicators

- Provision of anticipatory bereavement counselling support to parents whose baby is diagnosed with a life-limiting condition.
- Provision of bereavement counselling support for parents who experience a Perinatal Death. This may be at the time of loss, in the weeks and months that follow, and may include care in relation to subsequent pregnancy anxiety.
- Co-ordinating the formal structured follow up care of bereaved parents who experience stillbirth.
- Advocacy role of the needs of bereaved parents, and development of service provision in response to the identified needs of bereaved families.
- Development of a holistic approach in Bereavement Care in line with evidence based practice (NICE 2014)
- Resource & informal support to staff impacted in their care of bereaved families.

Achievements in 2013

- Bereavement training & education, inputting on Midwifery Programmes in the CME, on the Undergraduate Programmes in TCD, as well as informal education in the clinical setting.
- Involved in the establishment of the Hospital's End of Life Care Committee as part of the Hospice Friendly Hospitals' Initiative, and I co-facilitated two HFH staff training programmes.
- Involved with the Irish Hospice Foundation in the establishment of a National Network Meeting of staff working in End of Life/ Bereavement Care within Maternity services.
- Commenced Mindfulness Teacher Training with the Institute of Mindfulness Based Approaches (Europe).

Challenges in 2014

- The CMS role continues in a part time capacity and therefore is limited in respect of further service expansion and development.
- Increasing volume of clerical duties reduces time available for direct client contact and impacts the ability to be pro-active in bereavement follow up care.
- A nominated Clinical lead in the area of Perinatal death would greatly assist development, research & audit.

Community Midwife Service

Head of Department/Division/Clinical Area

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

Staff Complement

1 WTE CMM3

2.8 WTE CMM2

13.7 WTE Midwives

2 WTE Clerical Support

Key Performance Indicators

- Provision of a Domino service, whereby low risk women can book with a team of community midwives, have all of their antenatal care with that team in conjunction with the woman's GP, be cared for during labour by a Domino Midwife from the community midwife service and have follow up care in her home from the team of midwives up until the 5th postnatal day.
- Provision of community based antenatal and postnatal midwifery care to women and their families irrespective of risk category (as long as community care is suitable to needs as assessed by obstetric team). This service is based on geographical boundaries but covers Dublin 8, 10, 12, 18, 20, 22, 24, Naas-urban, Kill and Johnstown in Co. Kildare
- Booking appointments in the Community Midwife Clinics
- Numbers attending the Community Midwife Follow Up Clinics
- Uptake of Early Transfer Home Service (ETH)
- Bed days saved
- Re-admission rates at Day 5
- Breastfeeding rates at Day 5

Trends in Activity 2011-2013

	2010	2011	2012
Number of women booked	1513	1490	1460
Community Midwife clinic follow up appointments seen	6092	6542	6249
ETH women who availed of the service	2267	2361	2351
% uptake of ETH in areas where it is available	46.7%	49.8%	51.4%
Average length of stay (days): all ETH women	1.8	1.8	1.9
Average length of stay (days): SVD and Instrumental birth	1.4	1.4	1.5
Average length of stay (days): C-Section	3	3.1	3
Number of bed days saved	2875	2815	2875
Readmission rate: women	0.9%	0.8%	0.8%
Readmission rate: babies	0.4%	0.3%	0.4%
Breastfeeding rate at Day 5	37.4%	38%	41.4%
Women booked for Coombe Domino Service	-	141	157
Births in Coombe Domino Service	-	-	32

Achievements in 2013

- Implementation of IPMS by midwives and clerical staff
- Commenced GTT service in the Naas Clinic
- Community Midwife attendance in OPD clinics in CWIUH
- Extend the option to book by OPD midwives for the Coombe Domino Service to suitable women booked by OPD midwives
- Outcome for women booked for the Coombe Domino Service 2013 were SVD = 78%; Instrumental birth = 7%; Caesarean Section = 15%

Challenges for 2014

- Increase the number of women referred directly from booking to the community based midwife clinics
- To promote the community based clinics for antenatal care
- To offer the Coombe Domino Service as an option for healthy women
- Commence midwifery input from CWIUH to the Trim based outreach obstetric clinic
- To support mothers to breastfeed successfully after transfer home from hospital
- To promote the ETH service to women who may avail of the scheme
- Staff retention and ongoing education

Delivery Suite

Heads of Department

Dr. S. Sheehan, Master
A. Fergus, CMM 3 (Author)
Professor D. Murphy, Lead Obstetrician *
Dr. B. Byrne, Lead Obstetrician
A. Dunne, Assistant Director of Midwifery & Nursing, Division of Obstetrics

Staff Complement

Total WTE :

- 1 WTE CMM 3
- 12.5 WTE CMM 2
- 4.48 WTE CMM 1
- 1 WTE A/Clinical Skills Facilitator
- 34.14 WTE Midwives. Can include BSc 4th year Interns and Higher Diploma Midwifery Students depending on college commitments
- 4 WTE HCA
- 2 WTE Auxiliary Staff (night duty)
- 2 WTE Attendant Staff
- 1 WTE Clerical Staff 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 58.5% excluding elective caesarean sections
- The Episiotomy rate for Spontaneous Vaginal Deliveries was 6.1%. This is well below the accepted standard of less than 10%.
- The overall epidural rate was 42%. There was a rate of 60.2% for nulliparous women and a rate of 30.5% for multiparous women. This reflects an overall decrease of approximately 2% on the 2012 rate.
- A 3rd and 4th degree tear rate of 1.9 % is similar to last year but is felt to reflect the improved reporting and classification of same.
- Skin to Skin contact rate was 89%, a noticeable increase on a rate of 83% last year.

Achievements in 2013

- In 2013, we completed the capital development works on our Delivery providing us with a fantastic new unit which offers great facilities and choice to women with the dignity of having their own room to labour and birth in, which up to now was not always possible. Many thanks to the construction crew who were accommodating at all times and 'delivered' our new unit on time!

- The Capital Development Plan for building Single Labour and Delivery Rooms and an Emergency Obstetric Theatre within the Delivery Suite was funded in part by the HSE and in part by Friends of the Coombe. It included the provision of two High Dependency Rooms, one room for bariatric women and a room with a birthing pool to facilitate women who wished to use hydrotherapy for labour. The works were completed in 2013. The first caesarean section was carried out in the new operating theatre on August 14th 2013.

- The birthing pool went into use for hydrotherapy in labour on the 30th of March 2013 with very positive feedback from both women using it and staff who cared for them whilst using the pool.

- The High Dependency Rooms had a total of 186 admissions.

- A Track and Traceability System was introduced for instrument sets used in Delivery Suite in April 2013. The system went live on August 1st 2013.

- The CWIUH HDU chart was amended to correlate to the National IMEWS parameters.

- Training and up skilling midwives in perineal suturing continued and over 60% of midwifery staff were in training or deemed competent in same in 2013.

Challenges for 2014

- To continue to provide women with an improved range of choices for labour and birth in an enhanced environment. This includes encouraging mobility, use of birthing aids and hydrotherapy/birthing pool.

- Review our induction of labour rate within a multidisciplinary group and to audit same with a view to ensuring that induction of labour is justifiable and warranted in each case and that the methods and timing of same is evidence based.

- Facilitate and increase the number of midwives in the Delivery Suite competent in Perineal Suturing.

- To continue to review the reporting of Clinical Incidents in order to promote a shared perception of the importance of patient safety and disseminate the learning points. Further use of audit to improve the quality of service we provide.

- To work within the current budgetary constraints while continuing to provide excellence in care to our women and infants.

- To encourage participation in educational study days outside of mandatory training to enhance our knowledge and skills in order to benefit our labouring women and their families.

Combined Service for Diabetes Mellitus – Medical Report

Prof Brendan Kinsley, Consultant Endocrinologist
Prof Sean Daly, Consultant Obstetrician
Dr Rhizmee Shireen, Dr Aoife Freyne, Dr Sasikala Selvamani, Obstetric Registrars
Dr Ali Hameed, Research Registrar
Ethna Coleman, Diabetes Midwife Specialist
Clíodhna Grady, Diabetes Midwife Specialist
Fiona Dunlevy, Senior Dietician
Ailbhe McCarthy, CNM 1 Research

Pre-existing Diabetes

Pregnancy Outcomes

	Type 1		Type 2	
N=				
Pregnancies	33		20	
Coombe Deliveries	31	1 set twins	14	1 set twins
Delivered elsewhere	2		0	
Spontaneous abortions	1		7	
Preterm Deliveries	6		2	
Caesarean Section	18	(60%)	8	(61.5%)
Term Deliveries	24		11	
Congenital Abnormalities	0		0	
Shoulder Dystocia	1		0	
IUD	0		0	
PND	0		0	

Maternal Data

	Type 1		Type 2	
N=	33		20	
Age	31.5 +/- 5.9		34.9+/- 6.1	
DM Duration (years)	15.0 +/- 8.0		3.7 +/- 1.7	
DM Complications				
Hypertension	5		1	
Retinopathy	11		0	
Nephropathy	1		0	
Neuropathy	0		0	
PET	5		1	
PCOS	2		2	
Gestation at OPD Booking (weeks)	7.5 +/- 3.3		8.0 +/- 2.8	
Booking HbA1c	7.5 +/- 1.7		7.8 +/- 1.6	
Delivery HbA1c	6.6 +/- 0.8		6.2 +/- 0.7	
Booking Fructosamine	318 +/- 53		266 +/- 58	
Delivery Fructosamine	241 +/- 15		204 +/- 37	

Infant Data

	Type 1		Type 2	
N=				
Coombe Deliveries	31		14	
Gestation at delivery (weeks)	37.7 +/- 1.9		38.4 +/- 1.9	
Birth weight (kg)	3.41 +/- 0.54		3.7 +/- 0.8	
< 4kg	26		8	
4.0 - 4.49kg	5		5	
4. kg - 4.99kg	0		1	
> 5kg	0		0	
Macrosomia	4		5	
Shoulder Dystocia	1		0	
Congenital Abnormalities	0		0	
IUD	0		0	
PND	0		0	

Gestational Diabetes

	n=
Pregnancies	461
Rx with Insulin	195
Rx with Diet	184
Rx with Metformin	82
Rx with Metformin and Insulin	8
Rx with Metformin and Diet	74

Pregnancy Outcomes - GDM (excl. Metformin)

	GDM Total		Rx with Insulin		Rx with Diet	
N=						
Pregnancies	379		195		184	
Coombe Deliveries	385	11 sets twins	200	7 sets twins	185	4 sets twins
Delivered elsewhere	5		2		3	
Spontaneous abortions	0		0		0	
Gestational at delivery (weeks)	38.9 +/- 1.8		38.7 +/- 1.7		39.0 +/- 1.9	
PET	1		0		1	
Hypertension	31		11		20	
PCOS	2		2		0	
Birth weight (kg)	3.39 +/- 0.6		3.37 +/- 0.62		3.40 +/- 0.6	
Caesarean Section	161	(42.1%)	78	(39.2%)	83	(44.9%)
Congenital Abnormalities	4	*	1		3	
Shoulder Dystocia	1		1		0	
IUD	0		0		0	
NND	2		0		2	**
Time to Insulin (weeks)			24.2 +/- 6.1			

Birth weights GDM (excluding Metformin)

< 4kg	337	
4.0 - 4.49kg	42	
4. kg - 4.99kg	6	
> 5kg	0	
Macrosomia	28	(7.3%)

Pregnancy Outcomes - GDM Metformin

	GDM Metformin Total		Rx with Metformin & Insulin		Rx with Metformin & Diet	
N=						
Pregnancies	82		8		74	
Coombe Deliveries	80		8		72	
Delivered elsewhere	2		0		2	
Spontaneous abortions	0		0		0	
Gestational at delivery (weeks)	39.1+/- 1.4		39.23 +/- 0.95		39.0 +/- 1.5	
PET	2		0		2	
Hypertension	11		0		11	
PCOS	1		1		0	
Birth weight (kg)	3.4 +/- 0.5		3.37 +/- 0.23		3.36 +/- 0.5	
Caesarean Section	23	(28.8%)	1	(12.5%)	22	(30.6%)
Congenital Abnormalities	0		0		0	
Shoulder Dystocia	0		0		0	
IUD	0		0		0	
NND	0		0		0	
Time to Insulin (weeks)			30.3 +/- 1.1			

Birth weights GDM Metformin

< 4kg	337	
4.0 - 4.49kg	42	
4. kg - 4.99kg	6	
> 5kg	0	
Macrosomia	28	(7.3%)

* The congenital abnormalities were hypospadias (1), talipes (1) and Trisomy 21 (2). There is no known association between Diabetes and Trisomy 21.

** Please refer to Perinatal Morbidity and Mortality Report for further details.

Combined Service for Diabetes Mellitus - Midwifery Report

Heads of Department

Professor S. Daly, Consultant Obstetrician and Gynaecologist
Professor B. Kinsley, Consultant Endocrinologist
E. Coleman, Clinical Midwife Specialist - Diabetes Mellitus
C. Grady, Clinical Midwife Specialist Diabetes Mellitus

Staff Complement

- 2 WTE Clinical Midwife Specialists
- 1 WTE Dietitian: F. Dunlevy
- Phlebotomy, laboratory and administrative staff

Key Performance Indicators

- 2013 was a challenging year for the Diabetes service. Due to rising numbers of women attending the service, changes were made to the management of women with Gestational Diabetes Mellitus (GDM). A group education programme was developed by the midwives, dietician and a physiotherapist to provide lifestyle and diabetes education to women newly diagnosed with GDM. Development of a designated patient education room on the 1st floor facilitated the introduction of group education.

- Feedback from the women attending the programme has been very positive (through questionnaires) and the women report feeling more confident and in control of managing their Diabetes as they are well informed.

- The introduction of oral hypoglycaemic therapy saw a reduction in numbers of women requiring admission to hospital for education and supervision in relation to initiating insulin therapy.

- Self-monitoring of blood glucose (SMBG) was introduced for this group of clients, negating the need for doing 24 hour blood sugar series, again contributing to a reduction in the number of admissions and bed days.

Achievements in 2013

- Developed and implemented the lifestyle education programme for women with GDM.

- Developed information leaflets/hand-outs for the lifestyle education programme.

- Developed a questionnaire to audit women's thoughts on the lifestyle programme. This was done in conjunction with the dietetic and physiotherapy staff.

- Assisted in the development of the patient education room.

- The midwife-managed Diabetes clinic continued.

- The Diabetes CMS continued to facilitate the tri-hospital Diabetes study days, providing lectures and workshops on Diabetes to nurses and midwives from the three Dublin maternity hospitals, and from outside the Dublin area.
- The diabetes CMS facilitated education of a midwife from Mount Carmel Hospital.
- We continued to commence women on insulin therapy as outpatients where possible
- We continued to provide advice and support by phone to patients, and to colleagues in other hospitals, and to take referrals from other hospitals, GPs and self-referrals.
- We continued to work with, and provide education and support to midwife colleagues, as well as those from other disciplines.
- Worked on the Diabetes patient database and statistics for the department.
- The Diabetes multi-disciplinary team continued to have regular team meetings to review progress and plan developments in patient management.
- Diabetes midwives, in conjunction with dietitian F. Dunlevy, set up a stand in the hospital reception for World Diabetes Day in November to provide information to clients and the general public about the risk of developing diabetes.

Challenges for 2014

- Ensuring adequate cover of appropriately trained staff to meet needs of growing population.
- Addressing the issue of DNA and follow up of women who DNA.
- Ensuring women with BMI ≥ 40.0 are provided with bariatric and anaesthetic clinic referrals.
- To book women who had GDM in a previous pregnancy to routine antenatal clinics and monitor them, thus reducing the need for those women to attend the Diabetes clinic unless blood sugars become abnormal.
- To improve ICT support in the consulting rooms.
- Set up a lifestyle education programme for women who had GDM in a previous pregnancy.

Early Pregnancy Assessment Unit

Head of Department

Dr. Mary Anglim

Other Consultant Staff

Dr. Nadine Farah

Clinical Research Fellow

Dr Aoife Mullally (July 2011-December 2012)

CMM II

Ms. Janice Gowran

Secretary

Ms. Carol Devlin

Key Performance Indicators

	TOTAL	NEW	RETURN
EPAU VISITS	4,866	2,460	2,406
Ongoing Pregnancies	1,378	776	602
Pregnancy of uncertain viability	818	586	232
Miscarriages	1,691	457	1,234
Pregnancy of uncertain location	641	493	148
Ectopic Pregnancy*	75	35	40

*This excludes patients who were admitted directly to theatre from the emergency room or who were diagnosed with an ectopic pregnancy outside normal working hours.

Management of Miscarriage	
Conservative Management	981 (58%)
Medical Management	338 (20%)
ERPC	372 (22%)
Management of Ectopic Pregnancy	
Conservative Management	20 (27%)
Medical Management (Methotrexate)	26 (36%)
Laparoscopy	27 (37%)

Achievements in 2013

- Patient attendances continue to increase on a yearly basis.
- Janice Gowran was appointed as CNM 2 in 2013 and provides invaluable clinical and administrative support to the EPAU.

Fetal Medicine and Perinatal Ultrasound Department - Medical Report

Members of Staff

Dr Carmen Regan	Director of Perinatal Ultrasound
Professor Sean Daly	Fetal Medicine Specialist
Dr Mairead Kennelly	Fetal Medicine Specialist
Dr Aisling Martin	Fetal Medicine Specialist
Dr Caoimhe Lynch	Fetal Medicine Specialist
Dr Nadine Farah	Consultant Obstetrician with Special Interest in Early Pregnancy
Dr Orla Franklin	Visting Paediatric Cardiologist
Dr Fionnuala Breathnach	Visiting Fetal Medicine Specialist (Coombe/ Rotunda/Crumlin Cardiology Clinic)
Dr Maria Farren	Bernard Stuart Fellow in Perinatal Ultrasound
Dr Etaoin Kent	Subspecialist Fellow (Rotunda/Coombe/Columbia)(to June 2013)
Elaine Mc Geady	Clinical Midwife Manager
Anne Brady	Clinical Midwife Specialist in Ultrasound
Christina McLoughlin	Clinical Midwife Specialist in Ultrasound
Feena Sheerin	Clinical Midwife Specialist in Ultrasound
Siobhan Ni Scanaill	Clinical Midwife Specialist in Ultrasound
Jane Durkin	Clinical Midwife Specialist in Ultrasound
Ciara Caldwell	Midwife Sonographer
Blathnaid McGowan	Radiographer

Contact details

Telephone: 01 4085243
Fax: 01 4085574
Fetalecho@coombe.ie
www.coombe.ie

Clinical Activity and Service Expansion

- In 2013 both routine dating and a 20-22 week structural scan were offered to all mothers booking at the CWIUH in the Perinatal Ultrasound Department.
- There continues to be a significant expansion in the perinatal ultrasound /fetal medicine service in 2013 with a total of 27,899 scans being performed.

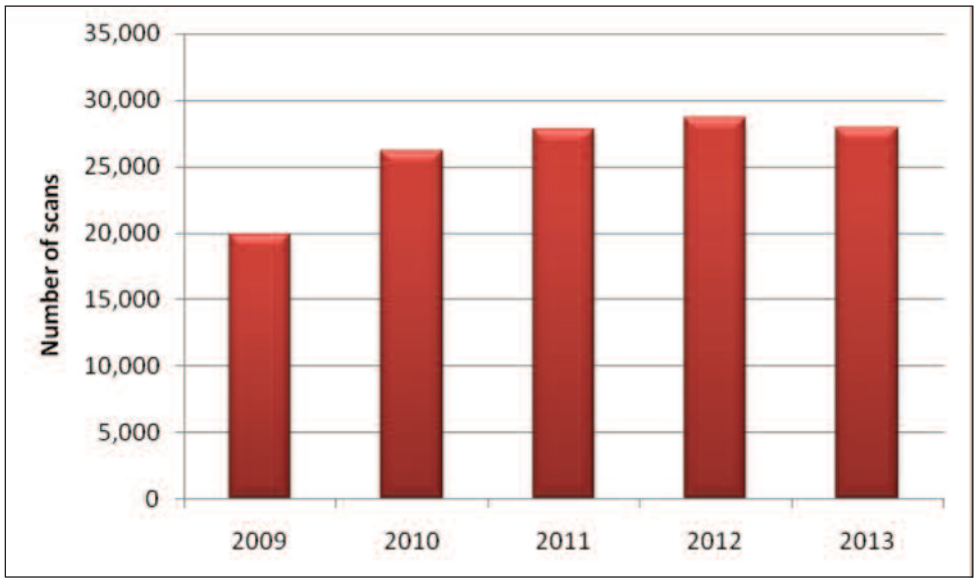
Table 1 Indications for Ultrasound in 2013 (n=27,899)

First trimester / dating scans	7495*
Structural survey scan at 20-22 weeks	8004
Fetal growth / assessment / Doppler	10,397
Fetal Echo	614
First trimester screen	429
Procedures	135
Naas scans	825**

* Excludes scans performed in EPAU

** Dating, structural and fetal assessment scans performed in Naas General Hospital

Number of ultrasound examinations 2009-2013



First Trimester Screening

- In 2013 there were 429 first trimester screening examinations perfomed at 11-14 weeks (426 in 2012).
- The NT was > 3 mm in 17 cases, in 5 cases this was associated with aneuploidy : Turner's Syndrome, Trisomy 21 (3) and Trisomy 18. In 2 cases this was associated with a euploid cardiac defect.
- This service was delivered by seven members of staff accredited by the Fetal Medicine Foundation for FTS screening.

Cystic Hygroma < 20 weeks

- Twenty cases of cystic hygroma were detected in early pregnancy; 7 were associated with aneuploidy; Trisomy 21 (6) and Trisomy 18 (1).

Structural Anomalies

- There were 229 structural anomalies identified in 2013 (233 in 2012). Anomalies were classified according to the RCOG classification.
- There were 35 cases of Nuchal Fold > 6mm (8 amnios and 1 case T21).
- The breakdown of cardiovascular anomalies is also reported in the Fetal Echo section of the report.

Table 2 Structural fetal abnormalities Detected in 2013

Anencephaly	3
Other brain	12
Spine	8
Face	13
Neck (mass)	5
Cystic Hygroma	20
Thorax	5
Major heart defect	93
AWD	9
GIT	14
Echogenic bowel	6
Renal	19
Extremities	11
Skeleton	2
Multiple	12
Placental	3

Invasive Prenatal Procedures (n=137)

- There were 137 invasive procedures performed in 2013 (194 in 2012) which included 89 amniocentesis and 48 chorionic villus samples. There were 6 amnioreductions and 3 vesicocentesis performed and 1 vesico-amniotic shunt placed.
- There were no procedure related losses.
- There were 29 cases of aneuploidy identified.

Table 3 Aneuploidy (n= 29)

Trisomy 21	15
Trisomy 18	7
Trisomy 13	1
Turners Syndrome	4
Balanced reciprocal translocation	2

Research and Training

- A comprehensive portfolio of research was undertaken in 2013 with a significant focus on diabetic pregnancy, fetal growth trajectories and maternal body composition.
- In 2013 UCD awarded Dr Clare O' Connor an MD for her research on Fetal Growth trajectories in low and high risk populations. Dr Maria Farren was appointed as the second Bernard Stuart Research fellow and commenced her PhD investigating the role of a food supplement in those at risk of developing gestational diabetes.
- Dr Etaoin Kent was attached to the perinatal ultrasound department as the successive Rotunda/Coombe/Columbia Subspecialist Fellow.
- The multi-centred Perinatal Ireland study, Genesis study commenced in 2013 under the supervision of Prof Sean Daly and Prof Michael Turner.
- Graduate certificate training modules in Obstetric ultrasound were provided in the perinatal ultrasound department in addition to the MSc under the auspices of UCD.
- Midwife sonographers Christina McLoughlin and Feena Sheerin completed their MSc in 2013 and were appointed as clinical midwife specialists.

MDT Meetings

- Multidisciplinary Fetal Medicine / Perinatal meetings are held quarterly to discuss all ongoing fetal medicine cases with input from Paediatrics, Genetics, Palliative care, Social work and physiotherapy departments. Individual case by case care plans are outlined for all high risk cases.
- A quarterly MRI MDT is held in association with the Radiology Department in OLCHC.
- The tri-hospital Fetal medicine meeting is held on a monthly rotational basis in the three Dublin Maternity Hospitals. These meetings enable specialist input from all disciplines and have proven to be helpful in the management of rare / complex cases. This forum has facilitated the generation of consensus clinical guidelines.

Acknowledgements

2013 proved to be another busy year for the department. Despite a reduction in staff complement due to leave and relocation we continued to successfully provide routine dating ultrasound and fetal anomaly scans for all of our patients. I would like to thank all of our clinical midwife specialists, midwife sonographers and radiographers for their dedication and hard work.

Publications

O'Connor C, Stuart B, Fitzpatrick C, Turner MJ, Kennelly MM.
A review of contemporary modalities for identifying abnormal fetal growth.
J Obstet Gynaecol 2013;33:239-45.

Unterscheider J, Daly S, Geary MP, Kennelly MM, McAuliffe FM, O'Donoghue K, Hunter A, Morrison JJ, Burke G, Dicker P, Tully EC, Malone FD.
Predictable progressive Doppler deterioration in IUGR: does it really exist?
AM J Obstet Gynecol. 2013 Dec;209(6):539.el-7. Doi: 10.1016/j.ajog.2013.08.039. Epub 2013 Aug 30.

Barker ED, McAuliffe FM, Alderdice F, Unterscheider J, Daly S, Geary MP, Kennelly MM, O'Donoghue K, Hunter A, Morrison JJ, Burke G, Dicker P, Tully EC, Malone FD.
The role of growth trajectories in classifying fetal growth restriction.
Obstet Gynecol. 2013 Aug; 122(2 Pt 1):248-54. Doi: 10.1097/AOG.0b013e31829ca9a7.

Pratt I, Anderson W, Crowley D, Daly S, Evans R, Fernandes A, Fitzgerald M, Geary M, Keane D, Morrison JJ, Reilly A, Tlustos C.
Brominated and fluorinated organic pollutants in the breast milk of first-time Irish mothers: is there a relationship to levels in food?
Food Addit Contam Part A Chem Anal Control Expo Risk Assess. 2013; 30(10):1788-98. doi:10.1080/19440049.2013.822569. Epub 2013 Aug 6.

Unterscheider J, Daly S, Geary MP, Kennelly MM, McAuliffe FM, O'Donoghue K, Hunter A, Morrison JJ, Burke G, Dicker P, Tully EC, Malone FD.
Optimizing the definition of intrauterine growth restriction: the multicenter prospective PORTO study.
Am J Obstet Gynecol. 2013 Apr; 208(4): 290.el-6. doi: 10.1016/j.ajog.2013.02.007.

O'Connor, C, McAuliffe FM, Breathnach FM, Geary M, Daly S, Higgins JR, Dornan J, Morrison JJ, Burke G, Higgins S, Mooney E, Dicker P, Manning F, McParland P, Malone FD; Perinatal Ireland Research Consortium.
Prediction of outcome in twin pregnancy with first and early second trimester ultrasound.
J Matern Fetal Neonatal Med. 2013 Jul; 26(10): 1030-5. doi: 10.3109/14767058.2013.766701. Epub 2013 Feb 27

Kent E, O'Dwyer V, Fattah C, Farah N, O'Connor C, Turner MJ.
Correlation between birth weight and maternal body composition.
Obstet Gynecol 2013;121:46-50.

O'Dwyer V, Layte R, O'Connor C, Farah N, Kennelly MM, Turner MJ.
International variation in caesarean section rates and maternal obesity.
J Obstet Gynaecol 2013;33:466-70.
O'Connor C, Farah N, O'Higgins A, Segurado R, Fitzpatrick C, Turner MJ, Stuart B, Kennelly MM. Longitudinal measurement of fetal thigh soft tissue parameters and its role in the prediction of birth weight. Prenat Diagn 2013;33:945-51.

Farah N, Kennedy C, Turner C, O'Dwyer V, Kennelly MM, Turner MJ.
Maternal obesity and pre-pregnancy folic acid supplementation. Obes Facts 2013; 6:211-5.

Fetal Cardiology

Heads of Department

Professor Sean Daly
Dr Orla Franklin
Dr Fionnuala Breathnach

The fetal cardiac service continues to expand. In 2013 there were 614 fetal echocardiographs performed in the hospital (539 in 2012). As well as in house Coombe referrals, we receive referrals from every unit in Ireland, the majority of these coming from the Rotunda (n=90) with whom we share this service. Indications for referral are standard and we also encourage referrals if the clinician is unable to get satisfactory 4 chamber or outflow tract views. Women are seen within 2 weeks of referral, the vast majority being seen within the week. Rhythm abnormalities are reviewed within 48 hours.

The service is divided into two parts, a screening arm and a diagnostic arm. In the screening arm, fetal echocardiographs are performed by fetal medicine consultants and if a structural abnormality is suspected they are referred to the weekly fetal cardiac clinic. This clinic is led by Dr Orla Franklin (OLCHC), Professor Sean Daly (CWIUH) and Dr Fionnuala Breathnach (Rotunda). In 2013 we held another fetal echo course in order to improve the standard of cardiac screening in Ireland. This course was very well attended by clinicians from all over the country.

Two hundred and ninety seven screening fetal echo exams were performed in 2013. In the cardiac clinic 317 fetal echoes were performed. Of these 93 structural cardiac abnormalities and 11 rhythm abnormalities were detected.

Structural abnormalities were as per the table below:

Lesion	2013
HLHD	14
HRHD	6
cAVSD	15
VSD	23
Outlet Lesions AS	2
Isomeric Lesions (Single Ventricle)	5
Coarctation	5
Cardiac Tumours	1
Truncus Arteriosus	3
Tetralogy of Fallot	8
Cardiomyopathy	1
Ebsteins Anomaly	1
TGA	5
Bilateral SVC (Isolated)	1
Isolated Right Aortic Arch	1
Isolated Dextrocardia	1
TOTAL	93

Twenty single ventricle abnormalities were diagnosed In 2013, an increase from 12 in 2012. This represents two thirds of all single ventricle pathologies in Ireland.

Rhythm abnormalities were as per the table below:

Arrhythmia	
Congenital Complete Heart Block	2
SVT	3
Atrial Ectopics	6
TOTAL	11

We would like to acknowledge the skill and expertise of all the sonographers and fetal medicine specialists who refer cases to us, without whom antenatal detection would not be possible.

Fetal MRI service

- A comprehensive Fetal MRI service is provided by the dedicated team in OLCHC (Dr David Rea, Dr Eibhlin Phelan, Dr Clare Brenner).
- A total of 12 fetal MRI scans were performed in 2013 for complex CNS and thoracic anomalies.

Multiple Birth Clinic

Head of Department

Dr Aisling Martin

There were 195 multiple pregnancies looked after at the Coombe in 2013. There were 188 sets of twins, six sets of triplets and one set of quadruplets. Of the twins, 148 were dichorionic diamniotic (DCDA), 36 were monochorionic diamniotic (MCDA) and we had three sets of monochorionic monoamniotic (MCMA) twins. We had twins transferred from a number of units around the country. We looked after two sets of twins from Castlebar, one from Limerick, four from Portlasoise, two from Kilkenny, one from Sligo and one from Mullingar all of whom required delivery preterm. There was also a second patient from Mullingar who was delivered after 37 weeks of gestation.

We had six sets of triplets, three of whom were trichorionic triamniotic (TCTA) and three were dichorionic triamniotic (DCTA)

We had one set of quadruplets that were tetrachorionic tetraamniotic.

Gestational Age at Delivery for all Multiples

Overall, 132 of 195 multiple pregnancies were delivered before 37 weeks gestation giving a preterm delivery rate of 67.7%. Taking twins alone, 124 of 188 (65.9%), delivered before 37 weeks gestation, however only 51 sets were delivered prior to 34 weeks gestation. A total of 73 sets were delivered between 34 and 37 weeks gestation, thus 137 delivered at or beyond 34 weeks gestation.

GA at Delivery (weeks)	All Twins N=188	DCDA N=148	MCDA N=36	MCMA N=3	All Triplets N=6	TCTA N=3	DCTA N=3	Quads N=1
>37	64 (34%)	53 (36%)	9 (25%)	0(0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
34-37	79 (41%)	69 (47%)	10 (28%)	0 (0%)	2 (33%)	1 (33%)	1 (33%)	0(0%)
32-34	19 (10)	13 (9%)	6 (17%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
28-32	16 (9%)	9 (6%)	6 (17%)	1 (33%)	4 (67%)	2 (67%)	2 (67%)	0 (0%)
24-28	6 (3%)	2 (1%)	3 (8%)	1 (33%)	0 (0%)	0 (0%)	0 (0%)	1 (100%)
<24	5 (3%)	2 (1%) 23+4 23+6	2 (5%) 18+3 post laser 23+4 post laser	1 (33%) Double IUD at 16/40	0 (0%)	0(0%)	0 (0%)	0 (0%)

Mode of Delivery

GDM Total	All Twins	DCDA	MCDA	MCMA	TRIPLETS	MCMA
SVD/SVD	36 (19%)	25 (17%)	12(34%)			
SVD/BREECH	23 (12%)	21 (14%)	3 (8%)			
BREECH/BREECH / SVD	3 (2%)	3 (2%)	0 (0%)			
INSTRUMENTAL	13 (7%)	10 (7%)	3 (8%)			
VAGINAL DELIVERY OF BOTH BABIES	75 (40%)	59 (40%)	17 (50%)			
EL LSCS	40 (21%)	32 (21%)	8 (22%)			
EM LSCS	71 (37%)	60 (40%)	9 (25%)			
VAG/EM LSCS	3 (2%)	2 (1%)	1 (3%)			
CS of ONE OR BOTH BABIES	114(60%)	94 (63%)	18 (50%)	3 (100%)	6 (100%)	1 (100%)

Monochorionic Twins

There were 36 sets of MCDA twins and three sets of MCMA twins.
There were three cases of Twin to Twin Transfusion Syndrome (TTTS) in the MCDA group giving a rate of 8.3%.
All three cases underwent laser ablation of the placental anastamoses at the Rotunda Hospital.

Triplets

All six sets of triplets got to 30 weeks gestation with the earliest delivery at 30+6 weeks. Two sets got to 34 weeks and the other three sets getting to 31+3 weeks. Birth weights ranged from the smallest at 1020g to the largest at 2200g.

Hemolytic Disease of Fetus and Newborn

Staff Complement

- Dr. Carmen Regan, Head of Department
- Ms. Catherine Manning, CMM 2

Dr Carmen Regan is the consultant in charge of this service. Catherine Manning CMM2 is the specialist midwife. The management of patients with red cell antibodies (RCA) 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/ National Maternity Hospital in consultation with other maternal fetal medicine specialists.

In 2013 there were 44 referrals to the rhesus clinic. 27 of these patients were diagnosed with red call antibodies for the first time.

Outcome of pregnancies with RCA:

Intrauterine transfusions for HDFN	1
Affected neonates (DCT positive)	18
SCBU admission	9
Phototherapy only	5
Phototherapy + IVIG	2
Phototherapy + RCC transfusion	1
Phototherapy + IVIG + exchange transfusion	1

Flow cytometry for post-natal quantification of FMH is available at the CWIUH; the national implementation of prophylactic ante-natal Anti-D administration is awaited.

Red Cell Antibodies (n=44)

Anti D	7
Anti D+C	1
Anti c	1
Anti K	5
Anti U	1
Anti M	9
Anti Jka	1
Anti E	7
Anti c+E	3
Anti E+C	1
Anti C+e	1
Anti Cw	4
Anti Jka+Fya+E	1
Anti G+S	1
Jkb+S	1

Fetal Medicine and Perinatal Ultrasound Department - Midwifery Report

Heads of Department

Dr. C. Regan, Director of Ultrasound.
E. McGeady, CMM2, Department Manager (Author)
B. Boyd, Assistant Director of Midwifery & Nursing with Divisional responsibility for Ultrasound Dept.

Staff Complement

- 1 WTE Clinical Midwife Manager 2
- 2.97 WTE Clinical Midwife Specialists
- 2.6 WTE Midwife Sonographers
- 1.0 WTE Radiographer

Key Performance Indicators

PRODUCTIVITY

- A total of 27,732 ultrasound examinations were performed in 2013. This includes 825 scans performed in Naas by J. Durkan CMS.
- Achieve correct diagnosis to international standard of 98.5%.
- Installation of one new ultrasound system to assist in increased productivity.

SERVICE

- On-going routine offering of a booking scan to women on their first visit.
- Routine offer of a fetal anatomy scan at 18-22 weeks to all women.
- Qualified sonographers now able to perform First Trimester Screening.
- Continued provision of an outreach ultrasound service in Naas, provided by J. Durkan, CMS.
- Cover provided for Naas clinic to maintain service due to increased demand for this external service.
- Increase in no. of referrals nationally – the highest no. from Portlaoise (High Risk Referrals) and Rotunda (Cardiac referrals for Dr O. Franklin).

STAFF/PROFESSIONAL DEVELOPMENT

- Provision of ongoing further education to enhance the service to women.
- 2 staff members commenced Masters programme (one in Ultrasound, one in Counselling), due for completion in December 2014.
- On-going development of guideline documents based on best practice, agreed and implemented at department level.

Achievements in 2013

- Maintaining service provision to full capacity despite the reduced staffing numbers.
- Up-grading of 2 staff midwives to Clinical Midwife Specialists.
- Appointment of Radiographer at trainee level for Obstetric Ultrasound.

Challenges for 2014

- Staff retention and recruitment following a reduction in WTE over the year.
- Maintaining first trimester screening service as a routine service with reduced staff numbers.
- Increase number of sonographers who obtain license to perform first trimester screening scans (FTS).
- Facilitate staff members undertaking Masters in Ultrasound.
- Upgrading of ultrasound machines to maintain recommended standards for ultrasound.

Infant Feeding

Head of Department/Division/Clinical Area

M. Purushothonam & M. Toole (Author)

Staff Complement

2 WTE Clinical Midwife Specialists

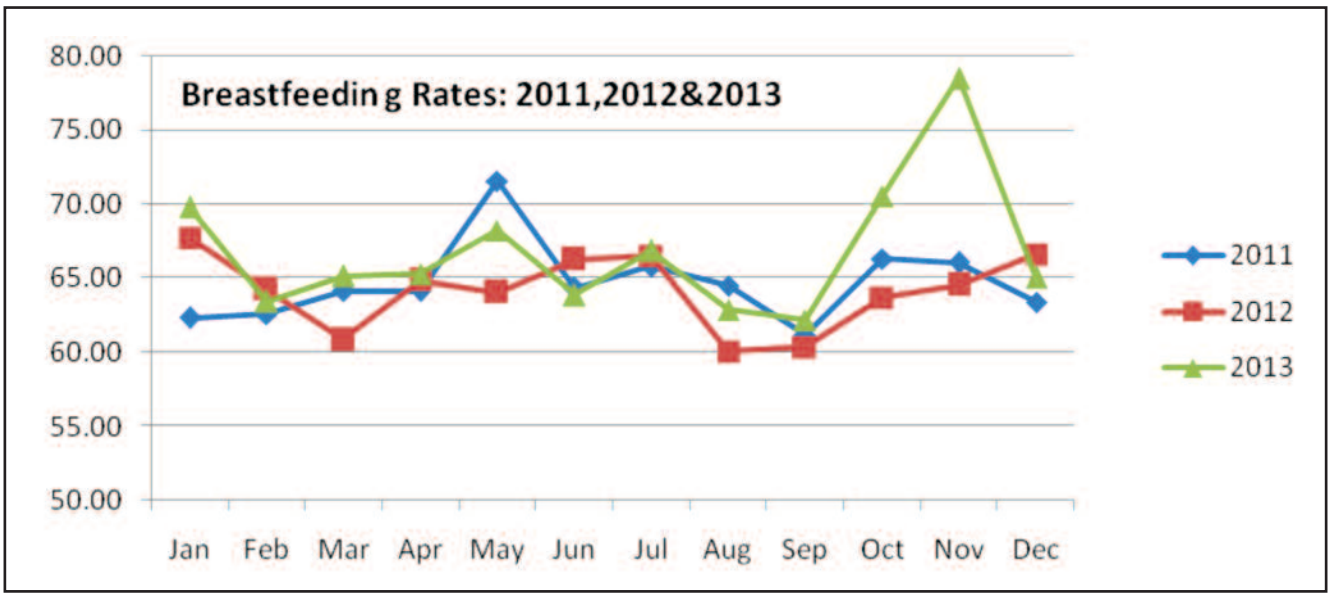
Key Performance Indicators

- Develop a strategy & action plans towards achieving Baby Friendly Hospital Initiative standards through education, clinical practice reviews & audits.
- Promote and support Mother and Baby Friendly Hospital Initiative Standards.
- Facilitate infant feeding education programmes under the auspices of Centre for Midwifery Education in collaboration with the 3 Dublin maternity hospitals.
- Act as a resource to staff in the management of complex issues arising with breastfeeding.
- Carry a clinical caseload in keeping with the objectives of the post.

Achievements in 2013

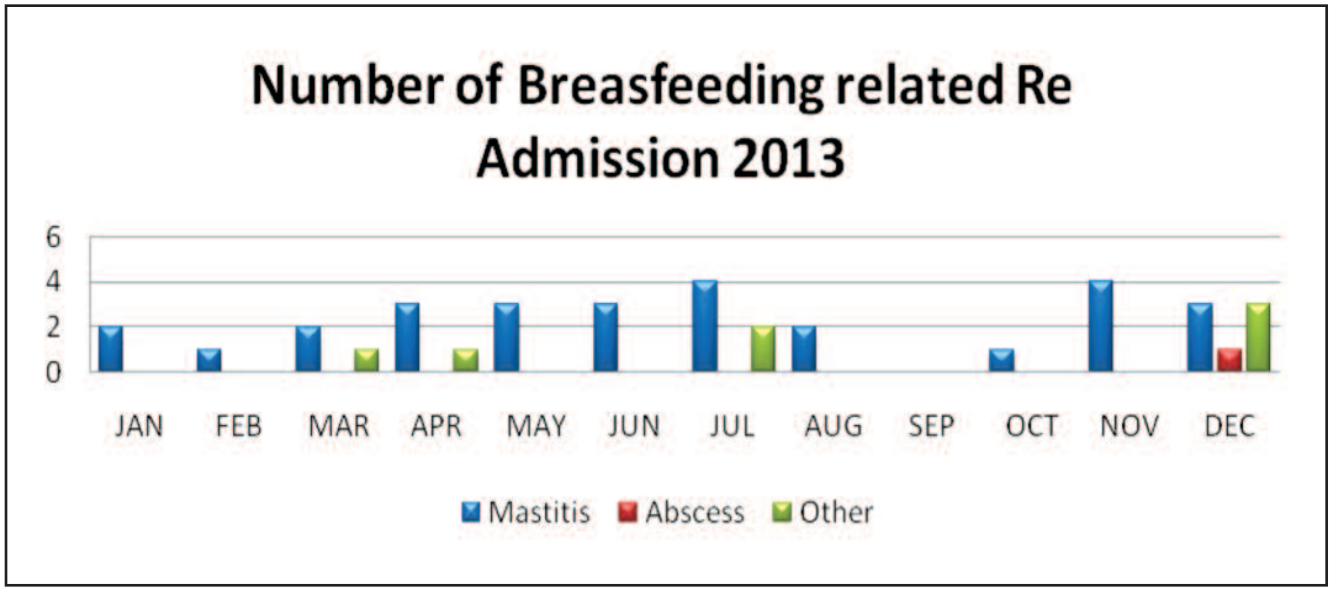
- Progressed on recommended standards of Steps 1,2,4,5,7,8,9 and 10 of Baby Friendly Hospital Initiative, Ireland.
- Facilitated a comprehensive infant feeding support service to mothers and their families through antenatal, postnatal, neonatal and follow up services.
- Supported a number of group skills workshops for mothers whose babies were in the Neonatal Centre.
- Developed and facilitated three 20hr-Breastfeeding Management Programmes and four Refresher Breastfeeding Management Programmes under the auspices of the Centre of Midwifery Education.
- Developed and facilitated Maternity Care Assistants training programme on Infant feeding.
- Provided education sessions to non-clinical staff as part of activities of National Breastfeeding Week.
- Developed antenatal, and postnatal information leaflets.

Breastfeeding Rates in the Hospital 2011-2013:



Breastfeeding Rates on the postnatal wards

- Preterm Support Group Workshops: 38 workshops with 108 attendances by mothers.
- Number of mothers attended Antenatal breastfeeding workshop: 840
- Inpatient antenatal infant feeding information: 1420
- Inpatient reviews/Consultations: 1190
- Post-discharge reviews/consultation: 535



- Total 3rd time readmission: 1 (Mother with bilateral breast implants, used nipple shields)
- 1 mother was artificial feeding, Para 4, never attempted breastfeed.
- 2 mothers had preterm babies in NICU
- 1 mother with breast abscess had antenatal mastitis, had a resolving mastitis at the time of delivery.

Challenges for 2014

- To achieve and sustain Baby Friendly Hospital Initiative Standards.
- Development of a woman and family focused service providing optimum care and evidence based practice.
- Facilitating audit and reflective practice to improve the provision of high quality care and promote further education and professional development.

Maternal Mortality 2000-2013

Year	No of Maternal Deaths	Total Number of Mothers
2000	0	7958
2001	0	8132
2002	1	7982
2003	0	8409
2004	0	8523
2005	0	8546
2006	0	8633
2007	1	9088
2008	1	9110
2009	0	9421
2010	1	9539
2011	1	9315
2012	3	9175
2013	1	8610
Total	9	122447
Maternal Mortality Rate	0.007%	

2002 Stevens Johnson Syndrome and Liver Failure secondary to Nevirapine (HIV +)
2007 RTA
2008 Metastatic Carcinoma of the Colon
2010 AIDS related Lymphoma
2011 Sudden Unexplained Death in Epilepsy (SUDEP)
2012 Suicide, Sudden Adult Death Syndrome, Amniotic Fluid Embolism

Maternity Wards

Head of Department/Division/Clinical Area

A. Dunne, Assistant Director of Midwifery and Nursing
F. Mc Sweeney, Clinical Midwifery Manager 3 (Author)

Staff Complement

- 56 WTE as follows:
- 2 WTE CMM3
- 4 WTE CMM2
- 8.56 WTE CMM1
- 32.66 WTE Midwives
- 7 WTE HCA's
- 3.5 WTE Clerical Staff

Student Midwives:

16 Interns (Year 4) commenced on Jan 3rd 2013 and 15 Higher Diploma Midwifery Students commenced their midwifery training in Sept 2013. Both groups of students are included in the staffing levels, which varies throughout the year depending on college commitments.

Key Performance Indicators

- Lead, develop and manage midwifery staff, in the delivery of safe effective and evidence based care to women babies and their families

- Provide services which encompass and are mindful of our multi-cultural patient population.

- Develop and maintain the uptake of early transfer home (ETH) by women living in the catchment areas of the community midwifery service and meeting the criteria for early transfer home. Within this service, the average length of stay for women who had had a vaginal birth was 1.5 days, and 3.1 days for women who had had a caesarean birth. The impact of the scheme has released 6-8 beds per day.

- Collaboration with the neonatal staff in the provision of a Neonatal Postnatal Liaison Nurse (NPLN). The NPLN is a neonatal nurse who visits babies on the ward. Instead of being separated from their mothers new babies can now be nursed alongside their mothers on the postnatal wards and have safe and timely administration of antibiotics /other medications where there is no other reason requiring admission to the NNC. The service which was piloted during a major capital development within our hospital a number of years ago has proven to be invaluable both in adding quality and safety to mothers and their babies from this holistic model of care; in effective cot utilization and finally in the benefits it assigns to midwives and neonatal staff in the joint approach to care of the mother and baby dyad. Furthermore it can assist in a reduction in average length of stay in hospital for the baby.

Achievements in 2013

- Coombe Women & Infants University Hospital was the European Runner Up, the only Irish hospital to be nominated for the Lean Health Care Awards: UK February 2013.

- *"Releasing Time to Care"* is a quality improvement initiative which aims to empower *"frontline"* staff to drive forward improvements in health services through redesigning and streamlining the way staff and services deliver care with emphasis on patient safety (HSE 2012). Our journey with "Productive Ward: Releasing Time to Care" through 2013 has been very successful. We have implemented nearly all of the modules, foundations and processes. All improvements have been led by different members of the ward teams. All efforts are about "Releasing Time To Care" in a safe, effective and efficient manner.

  What was measured /achieved:

  - More Time Released to Care
  - Improved satisfaction reported by women
  - Improved clinical outcomes, identified using data collection, clinical audit/bench marking against our KPIs
  - Increased staff morale- autonomy and demonstration of ownership
  - Additional clinical equipment obtained
  - Financial gains for the ward and organization. Reduction in unnecessary clinical stock, stock control of medication.
  - Improved discharge planning.
  - Direct Time to Care: Midwife: **41% in 2012 v 54% in 2013**
  - Direct Time to Care: HCA: **51% in 2012 v 65% in 2013**
  - Major Ward Refurbishment in Our Lady's Ward consisting of new midwifery office, new paediatric room, and milk room, commenced in November 2013.
  - Introduction of Clinical Handover at the Bedside, commenced in November 2013 in our postnatal wards. Bedside handover is a concept based on Canadian and Australian studies (Australian Commission for Safety & Quality in Healthcare 2007, WHO 2007). It is a key initiative used to improve patient safety by improving the accuracy of handover communication. It promotes a woman/ baby centred approach to care, with contributions welcomed and encouraged from the woman on her and her baby's behalf. It gives midwives an opportunity to work in partnership with women. Visualising the woman and her baby during handover assists in identifying care priorities. Accurate and detailed handover is required to ensure oncoming staff can provide safe and effective care. Clinical handover at the bedside streamlines handover and helps to involve women in their care, promotes continuity of care, allowing the woman feel part of the process and valued.
  - Successful implementation of the Adult Drug Kardex.

Challenges for 2014

To further develop the "Productive Ward" objectives;

- Maintain Motivation
- Sustain Achievements
- Continue Ongoing Clinical Audit /Improvement of KPIs
- Improve Team Approach with specific grades of staff
- Maintain Clinical Handover at the bedside
- Continue education of staff
- Continue Support from Senior Management
- Roll out Productive Ward to other wards
- Further refurbishment and additional clinical equipment
- Increase midwifery skills in order to safely administer prostaglandin to women who are booked for induction of labour having met agreed criteria.
- Promote a shared multi-departmental perception of the importance of patient safety through continuously reviewing clinical incident reports and disseminating the learning points.
- Facilitate clinical audits and reflective practice to improve the provision of quality patient care.
- Staff Retention: Facilitating continuous professional development within the current climate of budgetary constraints and the HSE moratorium on recruitment of staff.

The challenge to all departments in 2014 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.

I would like to take this opportunity to thank sincerely all the staff involved in the Productive Ward Initiative since we started our journey. All your help, support and drive for change have been very much appreciated.

Medical Clinic Report

Head of Service

Dr Bridgette Byrne
Dr Caoimhe Lynch
Dr Carmen Regan

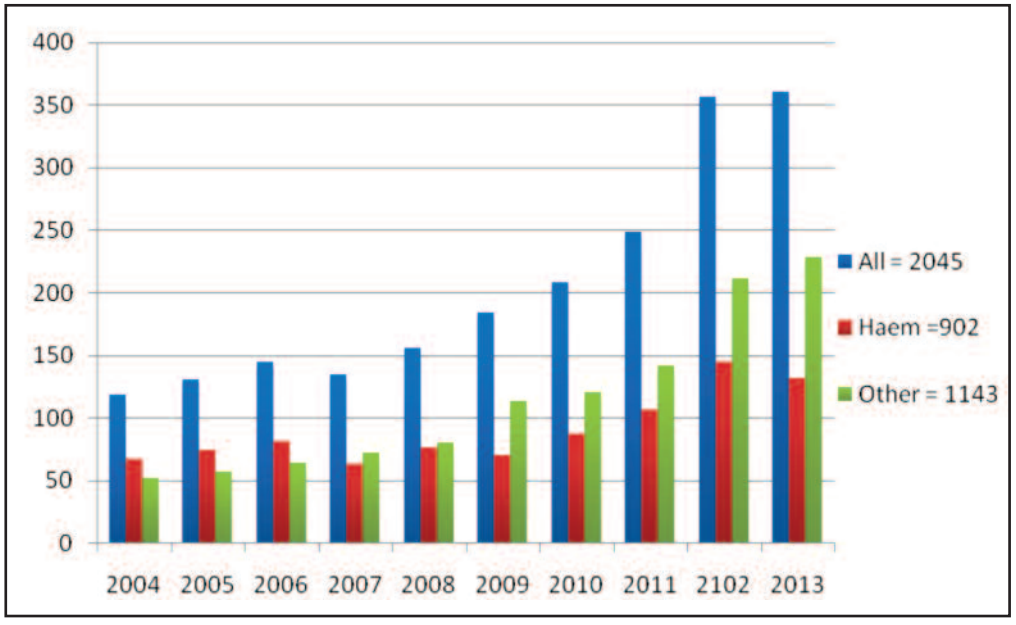
Staff Complement

Dr Carmen Regan Consultant Obstetrician and Gynaecologist
Dr Bridgette Byrne Consultant Obstetrician and Gynaecologist
Dr Caoimhe Lynch Consultant Obstetrician and Gynaecologist
Dr Etaoin Kent Fellow in Maternal Fetal Medicine, Rotunda Hospital and CWIUH

Dr Catherine Wall, Consultant in Renal Medicine
Dr Kevin Ryan, Consultant Haematologist (Locum, Thrombosis/Haemostasis)
Dr Catherine Flynn, Consultant Haematologist (General Haematology)
Dr Niall Mulvihill, Consultant Caridologist, St James Hospital
Dr Terry Tan, Consultant in Perioperative Medicine
Mr Fergus Guilfoyle, Chief Medical Scientist, Blood Transfusion
Mr Brian Cleary PhD (to June 2013), Ms Una Rice (from July 2013), Pharmacy

Ms Catherine Manning, CMM2, Midwife High Risk Service

Medical Clinic attendees (Haematology and others) by year of referrral



This is our tenth Medical Clinic annual report. Over the past decade 2045 patients with medical disorders have attended the clinic for consultation and management. This service, the largest of its kind in the country continues to maintain its activity and attracts increasingly complex referrals from other centres. The clinic had 361 new referrals in 2013. From 2012 a consultant led high risk service with a dedicated in-patient maternal

medicine team was established. This is a comprehensive service with access to three maternal medicine consultants, a liaison high risk midwife, a maternal fetal medicine fellow, a specialist registrar and a multidisciplinary team including haematology, cardiology, renal medicine, pharmacology, blood transfusion and perioperative medicine.

The medical clinic continues to work closely with the NCHCD at St James's Hospital and we acknowledge the huge contribution by our haematological colleagues at in the provision of care to our patients with bleeding and thrombotic disorders. Dr Kevin Ryan co-manages women with haematological disorders and Dr Catherine Wall, consultant in renal medicine, provides expertise in the management of renal disease in pregnancy.

Key Performance Indicators

In 2013 there were 361 new referrals to the medical clinic many of whom had complex medical conditions. The continued increase in referrals for preconceptual counselling and of pregnant women non haematological conditions reflects recognition of the clinic as a centre of excellence in the care of medical disorders in pregnancy.

Achievements

- Provision of a consultant-led multidisciplinary clinical service to high risk mothers.
- Dedicated maternal medicine team.
- 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.
- Maintenance of a detailed database for the purpose of research and education.
- Continued increase in haematological and non-haematological referrals.
- 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 for 2014

- In the past few decades our ability to predict and avert adverse obstetric outcomes 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

In 2013 there were 361 new referrals to the Medical Clinic

HAEMATOLOGICAL DISORDERS:	
THROMBOSIS/THROMBOPROPHYLAXIS:	**55**
HISTORY OF PULMONARY EMBOLISM	17
HISTORY OF DEEP VENOUS THROMBOSIS	20
HISTORY OF PORTAL VEIN THROMBOSIS	3
PULMONARY EMBOLISM IN THIS PREGNANCY	3
DEEP VENOUS THROMBOSIS IN THIS PREGNANCY	6
FAMILY HISTORY VENOUS THROMBOSIS EMBOLISM	6
CLOTTING FACTOR DEFICIENCIES	**27**
BLEEDING DISORDER UNKNOWN AETIOLOGY	7
FACTOR XI DEFICIENCY	2
FACTOR IX DEFICIENCY	1
FACTOR VIII DEFICIENCY	1
FACTOR II DEFICIENCY	1
VON WILLEBRANDS DISEASE	11
SEVERE HAEMOPHILIA CARRIER	3
FAMILY HISTORY VON WILLEBRANDS DISEASE	1
THROMBOPHILIAS	**18**
APLS	3
PROTEIN S DEFICIENCY	2
PROTEIN C DEFICIENCY	3
HETEROZYGOUS MTHFR	1
FACTOR V LEIDEN	9
PLATELET DISORDERS	**24**
ITP	12
SPECIFIC PLATELET ANTIBODY	1
GESTATIONAL THROMBOCYTOPENIA	9
NON SPECIFIC PLATELET DISORDER	1
PARTNER WITH BERNARD SOULIER SYNDROME	1
RED CELL DISORDERS	**5**
THALASSAEMIA	1
SICKLE CELL DISEASE	2
HAEMOCHROMATOSIS	1
HEREDITARY SPHEROCYTOSIS	1
ONCOLOGY	**3**
HISTORY CHRONIC MYELOID LEUKAEMIA	1
HISTORY OF HODGKIN'S LYMPHOMA	2

CARDIAC DISEASE	**64**
COARTATION OF THE AORTA	3
MITRAL VALVE REPLACEMENT	1
ARRHYTHMIAS/PALPITATIONS	16
HISTORY OF CARDIOMYOPATHY	3
DIASTOLIC DYSFUNCTION	1
HYPERTROPHIC OBSTRUCTIVE CARDIOMYOPATHY	1
ATRIOVENTRICULAR BLOCK	1
CONGENITAL HEART DISEASE	5
CARDIOMEGALY	1
PULMONARY VALVOTOMY	1
HEART MURMUR	12
ASD & VSD	2
MITRAL VALVE PROLAPSE	9
MITRAL VALVE REGURGITATION	2
MYOCARDITIS	1
AORTIC INCOMPETENCE	1
PERICARDIAL EFFUSION	1
POSTURAL ORTHOSTATIC TACHYCARDIA SYNDROME	1
VALVE LESION	1
WOLF PARKINSON WHITE SYNDROME	1
HYPERTENSIVE DISEASE	**27**
BATTERS SYND	
RENAL DISORDERS	**30**
BARTTERS SYNDROME	1
ALPORT SYNDROME	1
CHRONIC RENAL DISEASE	1
RENAL CONGENITAL ABNORMALITY	2
DUPLEX KIDNEY	1
GOODPASTURES SYNDROME	1
NEPHRECTOMY	3
RECURRENT UTI'S	2
IGA NEPHROPATHY	3
SINGLE KIDNEY	1
POLYCYSTIC KIDNEY DISEASE	1
SEVERE PROTEINURIA	11
HENOCH SCHONLEIN PURPURA	1
CONNECTIVE TISSUE DISEASE	**23**
SYSTEMIC LUPUS ERYTHEMATOSIS	13
MARFANS SYNDROME	1
ANKYLOSING SPONDYLITIS	1
RHEUMATOID ARTHRITIS	5
HYPERMOBILITY OF JOINTS	1
PSORIATIC ARTHRITIS	1
INFLAMMATORY ARTHRITIS	1

RESPIRATORY	**10**
ASTHMA	4
SARCOIDOSIS	3
HISTORY OF BRONCHIECTASIS	1
CYSTIC FIBROSIS	2
CEREBROVASCULAR DISEASE	**26**
BENIGN INTRACRANIAL HYPERTENSION	2
EPILEPSY	7
HISTORY OF CVA	5
MULTIPLE SCLEROSIS	3
MYAESTHENIA GRAVIS	2
HYDROCEPHALUS	1
GUILLAIN BARRE SYNDROME	1
MENINGIOMA	1
HISTORY OF SUBARACHNOID HAEMORRHAGE	2
HISTORY OF TIA	1
HISTORY OF SYNCOPE	1
ENDOCRINE/METABOLIC	**4**
ADDISONS DISEASE	1
PKU	1
GRAVES DISEASE	1
SYNDROME	1
ACROMEGALY	1
LIVER/GI	**27**
ULCERATIVE COLITIS	15
CROHNS DISEASE	7
GILBERTS SYNDROME	1
PANCREATITIS	1
SEVERELY ELEVATED LFT'S	2
HISTORY OF IMPERFORATE ANUS	1
PRECONCEPTUAL CARE	**15**
IMMUNOLOGY	**1**
SPECIFIC ANTIBODY DEFICIENCY	1
OTHER	**6**
HYPERPROLACTINAEMIA	1
BECKWITH WIEDEMANN SYNDROME	1
CARNITINE TRANSPORT DEFICIENCY	1
MUSCULAR DYSTROPHY	1
POLIOMYELITIS	1
PORPHYRIA	1

Outpatient Department, Obstetrics and Gynaecology (Excluding Colposcopy and External Clinics)

Heads of Department

M. Nolan	Clinical Midwife Manager 3 OPD (Author)
Dr S. Sheehan	Master/CEO, Head of Obstetric Division
Dr T. D'Arcy	Head of Gynaecology Division.
Dr M. Anglim	Lead Consultant EPAU
Dr M. Carey	Director of Peri-operative Medicine

Staff Complement

18 WTE Midwifery/Nursing Staff to include:
1 WTE CMM 3
1 WTE CMM 2
12.23 WTE Midwives
0.7 WTE Nurses
3 WTE Student Midwives
1 WTE Health Care Assistants
8.5 WTE OPD Clerical Staff
2 WTE Records / Clerical Staff

Achievements in 2013

- Continued ongoing education of staff.
- Further expansion of Diabetic Clinic to include, Diabetic Midwives Clinic to cope with increasing demand.
- Establishment of LEAN project to improve patient experience times.

Challenges for 2014

- To cope with increasing complexities and demand of cases with diminishing resources.
- To upgrade patient facilities.
- To expand Pre-Op Assessment Clinics.
- Provision of up-to-date equipment with diminishing resources.
- To reduce Did Not Attend appointment rates.
- To comply with HIQA standards.
- To improve patient information leaflets.
- Facilitate continued ongoing education of staff

Key Performance Indicators

Table 1 : Activity Levels in OPD (Adult) in 2013

Type of consultation	No. of woman attending or % value where indicated	Percentage increase (+) or decrease (-) on previous year
Antenatal Booking History appointments made (SPC bookings included)	7,168	+ 8%
Antenatal women (Public & Semiprivate) Booking History attendance	6,374 includes 870 semi-privates	+5%
Did Not Attend Rate	11%	+3%
Total Consultant new & return, Public & Semi Private Antenatal & Postnatal appointments – excludes Diabetics	40,512	+.8%
Did Not Attend Rate	11.7%	-1.87%
Appointments Seen	35,755	+4%
Midwife Clinic Appointments	3,176	+5.4%
Did Not Attend Rate	9.98%	+0.66%
Diabetic Clinic Appointments	5,667	+16.9%
Did Not Attend Rate	17.9%	+4.29%
Diabetic Clinic Midwives (New Clinic)	522	N/A
Did Not Attend Rate	27.4%	N/A
Total Antenatal appointments made	57,045	+4.3%
Early Pregnancy Assessment Unit appointments booked	4694	+9.3%
Emergency Room Attendances	9,319 (manual count)	+.37%
Anaesthetic & Pre-Op Appointments	972	+5%
Pain Clinic	43	+7.5%
Gynaecology Appointments made	8,914	-1.1%
Did Not Attend Rate	23.39%	+.54%
New Attendances - Gynae	2602	-4%
Total Appointments in OPD Clinic & ER Attendances 2013	**80,987**	**+3.53%**

Parent Education/Antenatal Classes/Midwives Clinic

Head of Department

S. Daly, CMM2 (Author)

Staff Complement

1 WTE	Clinical Midwife Manager 2 (CMM2)
0.23 WTE	Midwife, K. Cleere
0.5 Staff	Clerical Support

Key Performance Indicators

- Provision of a comprehensive, parent-focused antenatal 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 including teaching of students in TCD
- Provision of a Midwives Clinic every Monday in the Outpatient Department

Achievements in 2013

- 2013 saw an overall increase in the numbers of parents attending antenatal classes
- The number of 1:1 classes increased by 90%
- The team focused on improving existing classes by making them more interactive and parent-oriented - responding to parents' needs through antenatal and postnatal evaluation of classes

Service	Attendances
Hospital Tour	233
Saturday Class	461
Refresher Class	112
Evening Classes	1637
Introductory Classes	244
Day Classes (Donore)	1508
Multiple Birth Classes	45
1:1 Classes	76
Total	**4,316**

Challenges and Outlook for 2014

- Introduction of a VBAC class
- Parent Education Staff to undergo training and qualify as Hypnobirthing Instructors
- Introduction of Hypnobirthing classes
- Introduction of regular, ward based breathing and relaxation classes for inpatients
- Managing increased demand within the existing service

Perinatal Day Centre (PNDC)

Head of Clinical Area

Judith Fleming CMM2

Staff Complement

- 1 WTE CMM2 as above
- 1WTE CMM1 M. Rajan
- 1 WTE CMM1 S. Nagarajan (Aug- Dec. 2013)
- 0.96 WTE Midwife (AM. Niland, Jan- Aug. 2013)
- 1 WTE Clerical staff (J. Walsh)

Support staff combined with other departments.

Key Performance Indicators

INDICATOR	NUMBER
Total number of attendances	11,534
Oral Glucose Tolerance tests	3526
Fasting and Post Prandial bloods	1505
Cardiotocograph Monitoring	2489
Blood Pressure series	2448
Other blood tests	1921
Diabetic phone ins	876
External Cephalic Versions	87
Wound reviews/dressings	361
Admissions	312

Achievements in 2013

- The total number of attendances was 11,534. This means that these women were facilitated in having some of their care managed on an ambulatory basis thus reducing the need for admission.
- An air conditioning unit was installed in the waiting area which improved comfort levels for women.

Challenges for 2014

- To upgrade sanitary ware to comply with hygiene standards.
- To have the floor area resurfaced.

HIGH DEPENDENCY UNIT

Patrick Maguire, UCD Research Fellow
Bridgette Byrne, Consultant Obstetrician and Gynaecologist

The development of a new labour ward has led to the establishment of a new High Dependency area adjacent to the labour ward theatre where ill mothers are cared for jointly by obstetricians, anaesthetists and midwives. Haemorrhage and hypertension remain the most significant cause of severe illness and increasingly women with sepsis are being cared for in the HDU. The number of admissions has increased further as women receiving MgSO4 for fetal neuroprotection are cared for in HDU also.

Reasons for admission	No. of admissions (n=186)
Obstetric haemorrhage	67
Hypertensive disease of pregnancy	50
Infection	22
Fetal reasons	19
Other (obstetric patient)	22
Gynaecology	6
Transfers to Intensive Care Unit	4

Division of Gynaecology

General Gynaecology Report

The last five years has seen a steady increase in the number of operative procedures undertaken through the Gynaecology Theatres. This year activity is up 4% on last year, with Obstetric activity accounting for 33% of all surgical procedures undertaken. Caesarean deliveries account for 74% of this Obstetric activity.

The opening of our Emergency Obstetric Theatre on the Delivery Suite has been welcomed but the resource necessary in terms of man-power to run this theatre continues to be achieved through the gynaecological service.

The number of laparoscopic/minimal access procedures now being undertaken has increased significantly over the past five years. This has been noticeable over the entire spectrum of operative gynaecology. While this trend is welcomed and encouraged it does create its own difficulties, not least of which are longer operative times balanced against shorter hospital stay. The impact of referral patterns has added to this demanding service.

In maintaining this increasing service, I would like to acknowledge the support of Frances Richardson, Assistant Director of Midwifery/ Nursing, Alison Rothwell, CNM III (Theatre), Kathleen Lynch, CNM II (Day Ward), Mary Nolan, CNM II (Outpatients), Olivia McCarthy, CNM II (Colposcopy Department) and Anitha Selvanayagam CNM II (St Gerard's Ward).

The Gynaecology and Colposcopy Department are intimately linked with the departments of Pathology and Perioperative Medicine. I would like to once again acknowledge the continued support and leadership of Professor John O'Leary, Director of Pathology and Dr Michael Carey, Director of Perioperative Medicine. Through the associated linkages via our consultant staff across the gynaecological services at St James's Hospital and AMNCH/Tallaght Hospital, inclusively, we continue to provide the busiest surgical gynaecological service in Ireland.

Despite the difficulties which current financial constraints and diminishing resources places upon us, I am as always privileged to acknowledge the professionalism of all our members of staff, who continue to deliver such a high level of service with commitment and dedication.

Dr Tom D'Arcy
Director of Gynaecology

Table 1: Inpatient Surgery

	2009	2010	2011	2012	2013
Patients	6150	6239	6362	6202	**6212**
Operations	8354	8733	8652	8650	**8973**

Table 2: Operation Categories

	2009	2010	2011	2012	2013
Obstetrical	3023	3185	3300	3239	**3308**
Cervical	1261	1062	1190	1034	**838**
Uterine	2416	2683	2553	2668	**2897**
Tubal & Ovarian	968	1036	936	1051	**1032**
Vulval & Vaginal	445	489	419	413	**578**
Other (including urogynae)	241	278	254	245	**320**
Total	**8354**	**8733**	**8652**	**8650**	**8973**

Table 3: Obstetrical Operations

	2009	2010	2011	2012	2013
Lower Segment Caesarean Section (including those with Tubal Ligation)	2165	2257	2358	2280	**2229**
Classical Caesarean Section (including those with Tubal Ligation)	6	4	7	2	**4**
Hysterectomy in Pregnancy	7	3	6	2	**2**
ERPC	533	493	460	433	**494**
ERPC Postpartum	26	25	13	11	**13**
Laparotomy for Ectopic *	3	5	3	4	**0**
Laparoscopy for Ectopic *	51	59	48	75	**47**
Cervical Cerclage	23	30	48	59	**61**
Perineal Repair Postpartum in theatre	66	104	137	123	**194**
Manual Removal of Placenta	79	95	81	79	**123**
Operative Vaginal Delivery in theatre	52	83	103	111	**88**
Other	12	27	36	60	**53**
Total	**3023**	**3185**	**3300**	**3239**	**3308**

*method of collecting ectopic data changed in 2013

Table 4: Cervical Operations

	2009	2010	2011	2012	2013
LLETZ/NETZ/SWETZ/LEEP (in theatre)	159	179	196	176	**127**
LLETZ/NETZ/SWETZ/LEEP (in clinic)	841	649	777	677	**538**
Cone Biopsy	13	10	10	1	**4**
Punch & Wedge Biopsy of Cervix	11	11	13	14	**16**
Cervical Polypectomy	61	60	47	42	**47**
Diathermy to Cervix	6	8	11	3	**8**
Other	170	145	136	121	**98**
Total	**1261**	**1062**	**1190**	**1034**	**838**

* previously only recorded in Colposcopy Clinic Statistics

Table 5: Uterine Operations

	2009	2010	2011	2012	2013
Hysteroscopy:					
- Diagnostic	686	764	804	918	**955**
- Operative					
Myomectomy	17	21	11	11	**9**
Resection of uterine septum	2	2	2	12	**1**
Resection of uterine adhesions	0	1	3	2	**2**
Laparoscopy:					
- Laparoscopic assisted Vaginal Hysterectomy	21	40	41	39	**38**
- TAH	31	22	7	19	**35**
- SAH	3	1	0	0	**6**
- Radical Hysterectomy	0	0	0	0	**0**
- Myomectomy	13	17	18	5	**18**
Laparotomy:					
- TAH	97	93	102	82	**67**
- SAH	1	5	1	7	**4**
- Radical Hysterectomy	3	2	1	0	**0**
- Myomectomy	23	24	19	15	**16**
Other:					
- Vaginal Hysterectomy	125	121	92	60	**79**
- D&C	542	622	606	735	**759**
- TCRE	53	68	58	25	**23**
- Endometrial Ablation	0	0	0	2	**44**
- Polpectomy	24	61	61	73	**46**
- Mirena Coil insertion	337	361	347	342	**374**
- Mirena Coil removal	93	86	133	119	**143**
- Examination under Anaesthesia	281	299	208	150	**214**
- Omentectomy	16	21	12	15	**11**
- Other	48	52	27	37	**53**
Total	**2416**	**2683**	**2553**	**2668**	**2897**

Table 6: Tubal and Ovarian Operations

	2009	2010	2011	2012	2013
Laparoscopy:					
- Diagnostic	323	354	281	379	**340**
- Sterilisation	67	80	61	68	**88**
- Dye Test	90	125	110	131	**125**
- Tubal Reconstructive Surgery	4	1	1	1	**2**
- Unilateral Salpingectomy	9	15	14	9	**10**
- Bilateral Salpingectomy	2	4	6	10	**20**
- Unilateral Oopherectomy	2	10	12	4	**5**
- Bilateral Oopherectomy	1	2	2	1	**5**
- Unilateral Salpingo-oopherectomy	40	21	10	19	**14**
- Bilateral Salpingo-oopherectomy	96	97	85	93	**95**
- Unilateral Ovarian Cystectomy	71	79	83	69	**49**
- Bilateral Ovarian Cystectomy	16	10	16	9	**29**
- Aspiration of Ovarian cyst(s)	8	9	10	9	**15**
- Adhesiolysis	94	89	81	69	**69**
- Ablation/Diathermy	82	85	110	111	**105**
- Other	6	8	4	13	**11**
Laparotomy:					
- Sterilisation	1	0	0	1	**1**
- Tubal Reconstructive Surgery	2	4	2	4	**1**
- Unilateral Salpingectomy	5	2	4	4	**3**
- Bilateral Salpingectomy	2	4	9	8	**11**
- Unilateral Oopherectomy	5	1	6	2	**4**
- Bilateral Oopherectomy	0	0	0	1	**1**
- Unilateral Salpingo-oopherectomy	22	12	15	16	**11**
- Bilateral Salpingo-oopherectomy	0	0	0	0	**0**
- Unilateral Overian Cystectomy	11	16	10	13	
- Bilateral Ovarian Cystectomy	3	2	2	0	**2**
- Adhesiolysis	3	5	0	6	**6**
- Ablation/Diathermy	2	1	2	1	**1**
- Other	1	0	0	0	**2**
Total	**968**	**1036**	**936**	**1051**	**1032**

Table 7: Vulval and Vaginal Operations*

	2009	2010	2011	2012	2013
Simple Vulvectomy	1	2	0	3	**2**
Vaginal Repair for Dyspareunia / Vaginoplasty	6	3	8	5	**7**
Posterior Repair	110	120	103	81	**130**
Anterior Repair	103	130	112	109	**150**
Suturing of Vaginal Vault	0	1	0	2	**3**
Hymenectomy / Hymenotomy	2	4	0	1	**1**
Excision of Vulval / Vaginal Cysts / Biopsy	61	69	77	78	**110**
Bartholin's Cyst / Abcess	22	24	25	23	**24**
HPV	7	4	4	3	**3**
Labial Reduction	4	7	8	8	**9**
Fenton's Procedure	20	14	15	5	**8**
Other cyst/abscess / lesions	11	14	6	10	**8**
Other	51	45	42	40	**67**
Total	**398**	**437**	**400**	**367**	**522**

*Excludes Urogynaecology operations and operations for vault prolapse

Table 8: Urogynaecology*

	2009	2010	2011	2012	2013
Laparoscopic Burch/paravaginal repair	0	0	0	6	**10**
TVT/TOT/TVTO	96	98	79	70	**96**
Bulking injection	1	3	5	21	**17**
Botox injection	0	0	0	12	**11**
Vault suspension:					
SSLS	0	6	3	11	**20**
LSCP	4	0	3	5	**10**
Other	43	46	13	13	**26**
Cystoscopy	88	98	114	86	**131**
Other	2	10	9	6	**15**
Total	**244**	**261**	**226**	**224**	**336**

* includes prolapse operations only for vault prolapse
SSLS = sacrospinous ligament suspension
LSCP = Laparoscopic sacrocolpopexy

Table 9: Other Operations

	2009	2010	2011	2012	2013
Abdominal Wound Dehiscence	1	1	1	0	**0**
Appendicectomy	21	27	15	15	**12**
Laparotomy for other indication	4	5	6	18	**8**
Blood Patch	19	13	8	14	**12**
Other	9	23	17	13	**15**
Total	**54**	**69**	**47**	**60**	**47**

Table 10: Total Gynaecological Outpatient Attendances

	2009	2010	2011	2012	2013
Adolescent	262	248	252	256	**143**
Colposcopy	4740	5885	6732	6322	**6166**
Endocrine/Infertility	473	511	582	737	**627**
General	3917	3761	3903	3392	**4328**
Urogynaecology	919	1006	1323	1283	**1249**
Anaesthetic	194	464	548	725	**905**
Oncology*	589	100	20	3	**-**
Cervical Screening**	63	-	-	-	**-**
Total	**11157**	**1175**	**13360**	**12708**	**13,418**

* Oncology consultant sessions transferred to St. James's Hospital (with reciprocal transfer of benign sessions to CWIUH)
** Hospital screening service discontinued in accordance with the National Cervical Screening Programme; in 2012 the National Cervical Cytology Training Centre opened in the CWIUH

Table 11. Gynaecology Complications & Transfer to HDU/ITU

Complication	N
Blood Transfusion > 5 units	1
Bladder Injury	2
Bowel Injury	1
Other Organ Injury	2
Wound Dehiscence	0
Uterine Perforation	9
Transfer to HDU	6
Transfer to ITU	2

Coombe Continence Promotion Unit – Medical Report

Staff

Dr Chris Fitzpatrick, Director (Author)

Staff Complement

Dr. Mary Anglim, Consultant
Dr. Gunther Von Bunau, Consultant
Dr. Aoife O'Neill, Consultant
Ms Frances McCarthy, Specialist Urodynamic Midwife
Ms Eva Fitzsimons, Specialist Urodynamic Midwife
Dr. Nedaa Obeidi, Registrar
Dr. Gillian Ryan, Specialist Registrar
Ms. Margaret Mason, Chartered Physiotherapist
Ms. Eibhlin Mulhall, Chartered Physiotherapist
Ms. Anne McCloskey, Chartered Physiotherapist
Ms. Julia Hayes, Chartered Physiotherapist
Ms. Mary Duffy, Chartered Physiotherapist

Description of Unit

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

Special Interests

- Refractory Detrusor Overactivity
- Urodynamic Stress Incontinence after previous surgery
- Post-hysterectomy and recurrent prolapse

Appreciation

The tragic, untimely death of Ms Frances McCarthy in early 2013 was an incalculable loss for the staff and for the women who attend the Unit. Frances was a tour de force of enthusiasm, industriousness, professionalism and efficiency. A special service of remembrance was held in the Hospital during the year at which the Master, Dr Sheehan re-named the Urodynamic Suite as The Frances McCarthy Urodynamic Suite in recognition of Frances's phenomenal contribution of service to this unit in particular and to the Hospital in general over many years. Our thoughts remain with Frances's husband Alex and all the McCarthy family. Ar dheis Dé go raibh a anam dílis.

Key Performance Indicators

- 429 first visits and 1132 return visits to Urogynaecology Clinic; 117 urodynamic evaluations (July – December 2013); 336 operative procedures
- Diagnostic rate of 92% in patients undergoing urodynamic evaluation

Table 1 Urodynamic Diagnosis (N = 117): July – December 2013

Diagnosis	%
USI	34
USI + DO	26
USI + HRVD	1
DO	25
DO + HRVD	3
HRVD	3
No diagnosis	8
Total	**100**

USI = urodynamic stress incontinence
DO = detrusor overactivity
HRVD = high residual voiding dysfunction

Table 2 Urogynaecology Operations (2009 – 2013)*

	2009	2010	2011	2012	2013
Laparoscopic Burch/paravaginal repair	0	0	0	6	**10**
TVT/TOT/TVTO	96	98	79	70	**96**
Bulking Injection	1	3	5	21	**17**
Botox injection				12	**11**
Vault suspension:					
SSLS	0	6	3	11	**20**
LSCP	4	0	3	5	**10**
Other	43	46	13	13	**26**
Cystoscopy	88	98	114	86	**131**
Other	2	10	9	6	**15**
Total	**244**	**261**	**226**	**224**	**336**

*Includes prolapse operations only for vault prolapse
SSLS = sacrospinous ligament suspension
LSCP = Laparoscopic sacrocolpopexy

Achievements in 2013

- Significant expansion of treatment options for women with complex pelvic floor dysfunction - both vaginal and laparascopic interventions
- Introduction of regular Urogynaecology MDT meetings
- Introduction of intravesical hyaluronic acid instillations for bladder hypersensitivity
- Same day admission policy for >90% major cases
- Appointment of Ms Eva Fitzsimons as the special midwife in Urodynamics
- Fast-tracking triage of GP referrals directly to Physiotherapy

Challenges for 2014

- Expansion of urodynamic sessions - mainly to deal with back-log of referrals (due to suspension of service January-June 2013)
- Expansion of the role of the Urodynamic specialist midwife and training of second Urodynamic midwife/nurse
- Expansion of Physiotherapy services

Acknowledgments

I would like to acknowledge the support of the Department of P`eri-Operative Medicine, Theatre & Recovery, OPD, Day Ward, St Gerard's Ward, Radiology, Laboratory, Admissions and the Master in 2013.

Coombe Continence Promotion Unit – Midwifery Report

Head of Department

Dr Chris Fitzpatrick

Staff Complement

0.5 WTE Urodynamics Midwife- Ms Eva Fitzsimons

Introduction

The Coombe Women and Infants University Hospital provides an Outpatients Urodynamic service for women with lower urinary tract dysfunction attending the hospital. This Midwifery/Nurse-led service strives to provide a holistic and patient centred approach to urodynamic practice, while maintaining high standards of midwifery/nursing clinical skills and specialist urogynaecology knowledge.

The aim of urodynamic investigations is to reproduce and investigate bladder function and dysfunction in women with urinary symptoms i.e. frequency, urgency and urinary incontinence, whilst making accurate measurements in order to detect the underlying causes and to provide a patho-physiological explanation for the patient's problems.

Attendance to the clinic can provide women with urinary symptoms, an understanding of bladder function and the appropriate interventions that may be necessary during the course of treatment.
The following services are provided to women attending the clinic:

- Continence promotion and education
- Bladder re-training programme
- Intermittent self-catheterization advice and education
- Frequency/Volume chart advice and review
- Uroflowmetry
- Urodynamic studies
- Advice and information prior to urogynaecology surgery
- Follow-up support post-surgery

Key Performance Indicators

- Provision of urodynamic sessions for women who are referred from the Urogynaecology/Gynaecology service within the hospital. Approximately 360 urodynamic evaluations with a diagnostic rate of 92% in patients undergoing this investigation.
- Provision of pre-operative education for women who may require intermittent self-catheterization during treatment for lower urinary tract dysfunction.
- Resource and clinical advice to staff caring for women with urinary problems.

Achievements in 2013

- The development of a Urodynamic Referral form so as to provide more efficient and appropriate access to the urodynamic service.
- A written consent form and post Urodynamic test information leaflet.
- Multidisciplinary team meetings held every 6 weeks to discuss the development and enhancement of the urogynaecology service.

Challenges for 2014

- Provision of more urodynamic sessions for the increasing number of women attending the Urogynaecology service.
- To develop and improve the Urodynamic service so as to a provide high quality care and support to women who are suffering with incontinence.
- The development of the role of urodynamics midwife to Clinical Midwife Specialist in Urodynamics and Continence Promotion, thus providing a more structured and dynamic approach to a variety of distressing symptoms that can have a devastating impact on the woman, her family and friends.

Colposcopy Service

Head of Department

Dr Tom D'Arcy, Divisional Lead for Gynaecology Department

Staff Complement

Consultant Colposcopists	Dr Tom D'Arcy, Director of Colposcopy
	Dr Nadine Farah
	Dr Cliona Murphy
	Dr Mary Anglim
Nurse Colposcopists	Ms Sinead Cleary
	Ms Aoife Kelly
Clinical Nurse Manager	Ms Olivia McCarthy
Registered General Nurses	Ms Rani Hilarose (0.36 WTE)
	Ms Feba Paul (0.33 WTE)
Health Care Assistants	Ms Amanda Kennedy
	Ms Maria White (0.5 WTE)
Failsafe Officer/Office Manager	Ms Bernie Cummins
Office Administrators	Ms. Frances Cunningham
	Ms. Helen Browne
	Ms. Helen Conlon (0.5 WTE)
Office Administrators	Ms. Frances Cunningham
	Ms. Helen Browne
	Ms. Helen Conlon (0.5 WTE)
Specialist Registrars	As per 6 month rotation

The service is consultant led with two nurse colposcopists, Sinéad Cleary and Aoife Kelly. All clinicians are BSCCP accredited colposcopists.

Clinic attendances

In 2013 CervicalCheck introduced a facilitated referral service in order to equally allocate patient referrals amongst the 15 Colposcopy services .We expected this to impact the service by reducing patient referral numbers but this has not been the case.

The clinic attendances in 2013 showed a small increase in first visits (1.7%) on the previous year. In total there were 1847 first visits compared to 1815 in 2012.

There were 4355 return visits in 2013, (a small decrease of 2.5 %) compared to 4470 follow up visits in 2012. New pathways introduced by Cervical Check and our own unit management pathways have had a positive impact on reducing the frequency of follow up visits for patients.

In 2013 our DNA rate for patients attending the clinic for the first time was 8.71% or 161 patients. This was slightly higher than 2012 figures of 6.39 % or 116 patients.

Although we continue to be able to offer patients an appointment within the recommended waiting times set out by Cervical Check, patients are reporting to us that they are finding it difficult to get time off from work to attend the clinic. We have certainly noticed the impact this has had on return visits; the DNA rates for these patients increased from 23.6% in 2012 to 25.8% in 2013.

The overall DNA rate has increased from 18.6% in 2012 to 20.7% in 2013.

We work as closely as we can with patients to endeavor to get them to their appointments by offering early or later time slots to fit in with work or by changing the date of their appointment to suit working hours. Thanks must be given to the office administrators for the work they put into maintaining clinic attendance.

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

Table 1 Colposcopy attendance figures over last decade

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
First Visits	895	864	795	935	847	1764	1769	2004	1815	1847
Follow-up Visits	1692	1959	2034	2841	2741	2837	3997	4664	4470	4355
TOTAL	**2587**	**2823**	**2829**	**3776**	**3588**	**4601**	**5766**	**6668**	**6285**	**6202**
DNA			*853	1056	852	750	873	1203	1172	1286
DNA%			*30.0	27.0	23.0	16.3	15.1	18.0	18.6	20.7

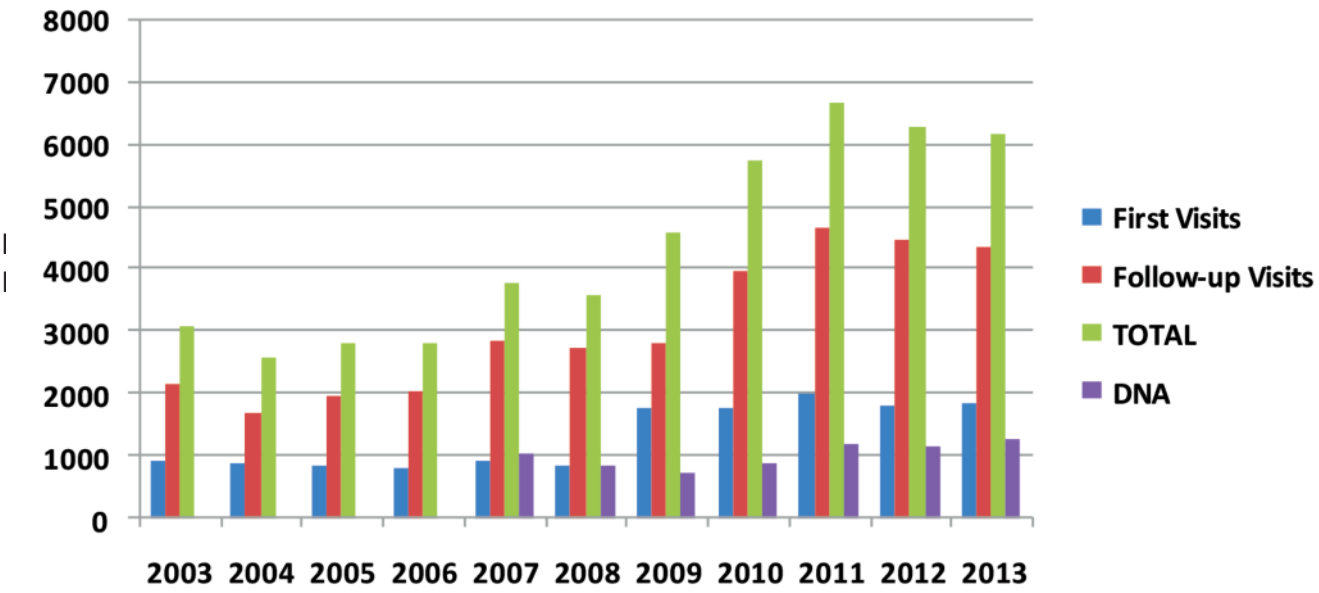


Figure 1 Attendance at the colposcopy clinic at the CWIUH over 11 years
Includes DNA figures from 2006 onwards

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

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
No CIN	42	27	3	4	8	2	9	28	22	15	11
CIN1	77	91	89	68	72	95	187	172	201	213	164
CIN2	125	177	130	112	99	88	226	175	179	157	104
CIN3	240	231	161	202	169	204	406	321	351	271	232
CGIN	5	7	8	8	5	11	7	19	10	13	12
Micro Invasion	2	6	1	9	9	7	6	9	4	2	11
Invasive Neoplasia	4	1	5	3	2	2	9	7	10	6	4
Total	**495**	**539**	**397**	**406**	**357**	**409**	**841**	**731**	**777**	**677**	**538**

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).
For those patients who require treatment in a theatre setting, this is usually down to clinical need- extent of disease for example, for a glandular abnormality or a repeat treatment requiring a NETZ. Occasionally it is down to patient preference alone.

However this year we reduced the number of patients going through theatre from 177 in 2012 to 126 patients in 2013.

This included:

- 90 LLETZ
- 36 NETZ, SWETZ

We remain within the Target Clinical Standards set out by BSCCP and CervicalCheck for outpatient vs. inpatient treatment setting. **See table 3 below.**

Table 3

BSCCP CLINICAL STANDARDS	Target	CWIUH
Proportion of LLETZ performed as outpatients	> 80%	81.98%
Proportion of LLETZ as inpatients	< 20%	18.02%
Proportion of women with CIN on histology	> 85%	94.68%

Quality Assurance and CPCs

In 2013 we maintained the fortnightly frequency of our CPC/MDT meeting. The meetings continue to be supported by the cytopathology and histopathology departments and our own clinicians. Thanks are given to these members of staff in recognition of the significant commitment required to hold the meetings.

Colposcopy service provision is based upon Quality Standards set out by the National Cancer Screening Service (NCSS). These encompass organisational standards such as facilities, system management, and staffing, clinical and administrative management and governance structures. The CWIUH Colposcopy department continually reviews our practice against these standards and we have maintained a high level of compliance within the Quality Standards criteria.

We continue to achieve suggested waiting times for referrals suggested by Cervical Check, through constant review of available appointment slots and working to fill a vacant slot if it arises through patient cancellation or postponement.

In April 2012 management pathways were introduced by Cervical Check changing the follow up management of women at 6 and 18 months post LLETZ treatment. We now review patients with Cytology and a HPV test rather than with colposcopy. As a result we began to see women being discharged from the colposcopy service in October 2013. The impact this has had on patients has been a positive one, as it enables them to exit the colposcopy service far earlier than in previous years, and to return to their GP for routine or annual screening, and therefore reduce our follow up numbers in the service.

In September 2012 we introduced a new patient pathway which directed the management of women referred with glandular abnormalities. In conjunction with the cytology department, glandular referral cytology is reviewed prior to the woman being seen in Colposcopy, to confirm or out rule glandular pathology. Where no glandular pathology is confirmed we can avoid women having to undergo unnecessary investigations at colposcopy including biopsies, ultrasound scans and day case hysteroscopy. This pathway commenced early in 2013 and as projected, significant cost savings were achieved for the hospital based on this change in management.

Future plans

We will continue to review management pathways to ensure optimal use and allocation of colposcopy appointments.

New Pathways will be introduced in 2014 regarding the management of women following low grade referral. Again this will, in the majority of cases reduce the length of time women will have to attend the colposcopy service. We will look forward to reporting on this next year.

Olivia McCarthy
CNM 2
Colposcopy

Dr Tom D'Arcy
Director of Colposcopy

Gynaecology Oncology Liaison Nurse

Heads of Department/Division/Clinical Area

Dr Tom D'Arcy, Divisional Lead for Gynaecology Department

Staff Complement

0.5 WTE CNM2, A. Roberts (Author)

Key Performance Indicators

The role of the Gynaecology Oncology Liaison Nurse within the CWIUH has strong linkages to St James's Hospital. It is an essential role that ensures a seamless pathway of care is maintained for the patients diagnosed with a gynaecology malignancy. A visible presence is provided in both the inpatient and outpatient environment, working closely with the team in Colposcopy, St Gerard's ward and Gynae Day Ward at CWIUH. The Gynaecology Oncology Liaison Nurse accompanies Dr D'Arcy when women are informed of their cancer diagnosis. The contact numbers are given to the woman and they are strongly advised to keep in contact if they have any issues or further concerns. Providing telephone advice, consultation and reassurance continues to prominently feature in the working week. The Gynaecology Oncology Liaison Nurse attends both multi-disciplinary meetings, the weekly gynae-oncology multidisciplinary meeting in St James's Hospital and the fortnightly CIN/CPC meeting in the CWUIH. In 2013, 23 CINCPC meetings were attended in the CWIUH & 40 MDT meetings in St James's Hospital. The Gynaecology Oncology Liaison Nurse organises the relevant imaging and biopsies that are required for staging purposes in new cases or in cases where there is a suspicion that there is a recurrence of the cancer. She is also responsible for the booking of beds for admission for both diagnostic and therapeutic purposes and the submission of the woman's details for SJH MDT meeting. She liaises with all disciplines within the gynae oncology team and co-ordinates referrals to both radiation and medical oncology, for women who require adjuvant treatment. She meets with the women and their families pre- and post-operatively, providing verbal and written information and support regarding their gynae-oncology surgery and their possible need for further treatment. A seamless pathway of referral to the Gynaecological Oncology Service in CWIUH is provided. Where a confirmed cancer diagnosis has been made, the referring team contacts the Gynaecology Oncology Liaison Nurse directly, where a scheduled appointment for the patient is given to see the gynae-oncologist within 2 weeks. In 2013, the CWIUH hours increased to 19.5 reflecting the increase in the numbers of new cancers presenting.

Achievements in 2013

In 2013 77 women were seen who presented as new patients with cancers and 3 women with persistent gestational trophoblastic disease who were referred to Medical Oncology in St James's Hospital and who required chemotherapy.

Type of Cancer	2012	2013
Cervix	22	29
Corpus Uteri	21	27
Ovary: Invasive	6	9
Borderline	7	8
Vulva	3	2
Other Cancers:		
Breast		1
Lymphoma		1

Challenges for 2014

- To continue to ensure that a seamless pathway of care is maintained, to ensure that women are supported to reach their proposed treatment plan within the recommended timeframe, given the existing clinical hours and current demands on the service.
- It is envisaged that all FIGO stage 1A1 cervical cancers diagnosed in St James's Hospital will have follow-up through the CWIUH service.
- It is further envisaged that a second consultant gynae-oncologist will be appointed to support the service in the CWIUH.

Hysterosalpingocontrastsonography (HyCoSy) Service

Heads of Department

Dr Nadine Farah and Professor Mary Keogan

Staff Complement

Clinical Research Fellow:	Dr Aoife Mullally
Sonographer:	Ms Patricia McGinty
Secretary:	Ms Aideen O'Connor

Key Performance Indicators

- Procedures performed: 265
- Procedure abandoned: 4
- Tubal patency diagnosed in 221 women

In eight women a diagnosis of an endometrial polyp or a submucosal fibroid was made, all of which were confirmed by hysteroscopy

Achievements in 2013

- Expansion of the service to outside referrals

Operating Theatre Department

Head of Department

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

Staff Complement
Approved posts - 28 WTE & Total as of 31st Dec 2013 was 28.25WTE

1 WTE	CNM 3
1 WTE	CNM 2 (Anaesthetics)
1.5 WTE	CMM 2
19 WTE	RGN
5.75 WTE	Midwives

Key Performance Indicators

The total number of women delivering by Caesarean Section in CWIUH in 2013 reduced slightly, a trend of the past two years. However, the department remained as productive as ever with 5674 surgical gynaecology patients being processed through main theatre.

Achievements in 2013

- The new Emergency Obstetric Theatre in Delivery Suite commenced on a phased basis in August 2013, which meant that it was operational from 08.00 – 16.30hrs (Mon-Fri). Almost 100 emergency cases were undertaken in the DS theatre, in the last quarter of 2013. Theatre nursing staff gained exposure to surgical obstetric service in the Rotunda in preparation for the opening of the DS emergency theatre.
- The Safe Surgery practice of the WHO Checklist was implemented in August 2013, for all gynaecology patients.
- Nurse/Midwife-led discharge for elective gynaecology day cases was implemented.
- A drug Kardex for women undergoing day case gynaecological admission was developed and implemented.

Challenges for 2014

- To implement the Safe Surgery practice of WHO Checklist for all Obstetric women.
- To develop the process of the Safe Surgery practice of WHO Checklist to include antibiotic prophylaxis and VTE prophylaxis as routine verifications within the process.
- To further develop the pre-operative anaesthetic clinic service for both obstetric and gynaecology women.
- To safely manage the demands of both routine and emergency obstetric and gynaecology surgical services.

Division of Paediatrics & Newborn Medicine

Division of Paediatrics and Newborn Medicine – Medical Report

Dr. J Miletin, Director of Paediatrics and Newborn Medicine

Section 1

Admissions

Table 1.1

Admissions: Coombe Women & Infants University Hospital Neonatal Centre	
*Total No of Admissions to Neonatal Centre	1087
No of Infants > 1.5kg	923

*Including readmissions

Table 1.2

Main Indications for Admission to the Neonatal Centre	
Prematurity <37 weeks	413
Low birth weight <2.5 Kg	383
Hypoglycaemia	160
Jaundice	121
Suspected sepsis	132
Respiratory symptomatology	360
Neonatal abstinence syndrome	24
Congenital abnormalities	70
Perinatal stress	51
HIE	16
Congenital toxoplasmosis	0
Gastro-Intestinal symptoms	36
Cardiology	37
Social	5
Dehydration	4
Seizures	1

Some infants are assigned more than one reason for admission

Section 2

VLBW Infants

Table 2.1
Number of cases reported to the VON

	All cases	Number of cases excluding congenital anomalies
Infants < 401g but ≥22 wks gestation	1	1
Infants 401-500g	7	6
Infants 501-1500g	136	126
Infants > 1500g but ≤29 wks gestation	3	3
Total	147	136

Table 2.2
Gestational age breakdown and survival to discharge of all infants reported to VON (including those with congenital anomalies) (n=144)

Gestational Age	Inborn Infants	Survival to 28 days	Survival to Discharge	Outborn Infants	Survival to 28 days	Survival to Discharge	Total Survival to Discharge
21 wks	1	0 (0%)	0 (0%)	0	0	0	0 (0%)
22 wks	8	0 (0%)	0 (0%)	0	0	0	0 (0%)
23 wks	6	2 (33.3%)	2 (33.3%)	0	0	0	2 (33.3%)
24 wks	9	7 (77.8%)	6 (66.7%)	0	0	0	6 (66.7%)
25 wks	8	6 (75%)	6 (75%)	0	0	0	6 (75%)
26 wks	10	9 (90%)	8 (80%)	2	1 (50%)	1 (50%)	9 (75%)
27 wks	16	16 (100%)	16 (100%)	2	2 (100%)	2 (100%)	18 (100%)
28 wks	12	12 (100%)	12 (100%)	1	1 (100%)	1 (100%)	13 (100%)
29 wks	16	16 (100%)	15 (93.7%)	6	6 (100%)	6 (100%)	21 (95.5%)
30 wks	20	18 (90%)	18 (90%)	0	0	0	18 (90%)
31 wks	15	15 (100%)	15 (100%)	0	0	0	15 (100%)
32 wks	5	5 (100%)	5 (100%)	1	1 (100%)	0 (0%)	5 (83.3%)
> 32 wks	6	5 (83.3%)	5 (83.3%)	0	0	0	5 (83.3%)
Total	**132**	**111 (84.1%)**	**108 (81.8%)**	**12**	**11 (91.7%)**	**10 (83.3%)**	**118 (81.9%)**

4 deaths post 28 days of life. 8 deaths due to congenital abnormality; 3 infants > 1500g but ≤29 wks gestation not included, all 3 survived to discharge

Table 2.3
Birth weight and survival to discharge of all infants reported to VON (including those with congenital anomalies) (n=144)

Gestational Age	Inborn Infants	Survival to 28 days	Survival to Discharge	Outborn Infants	Survival to 28 days	Survival to Discharge	Total Survival to Discharge
<501g	8	1 (12.5%)	1 (12.5%)	0	0	0	1 (12.5%)
501-600g	12	7 (58.3%)	7 (58.3%)	0	0	0	7 (58.3%)
601-700g	10	7 (70%)	5 (50%)	0	0	0	5 (50%)
701-800g	13	10 (76.9%)	10 (76.9%)	0	0	0	10 (76.9%)
801-900g	5	5 (100%)	5 (100%)	4	3 (75%)	3 (75%)	8 (88.9%)
901-1000g	10	10 (100%)	9 (90%)	0	0	0	9 (90%)
1001-1100g	12	12 (100%)	12 (100%)	0	0	0	12 (100%)
1101-1200g	9	9 (100%)	9 (100%)	2	2 (100%)	1 (50%)	10 (90.9%)
1201-1300g	12	11 (91.7%)	11 (91.7%)	0	0	0	11 (91.7%)
1301-1400g	15	15 (100%)	15 (100%)	4	4 (100%)	4 (100%)	19 (100%)
>1400g	26	24 (92.3%)	24 (92.3%)	2	2 (100%)	2 (100%)	26 (92.9%)
Total	**132**	**111 (84.1%)**	**108 (81.8%)**	**12**	**11 (91.7%)**	**10 (83.3%)**	**118 (81.9%)**

4 deaths post 28 days of life. 8 deaths due to congenital abnormality. 3 infants > 1500g but ≤29 wks gestation not included, all 3 survived to discharge

VON Definitions

Nosocomial Infection: defined as any late bacterial infection or coagulase negative staphylococcus infection.

Any Late Infection: defined as any late bacterial infection, coagulase negative staphylococcus infection or fungal infection after D3.

Mortality: defined as death at any time prior to discharge home or first birthday. It is applicable to all infants for whom survival status is known. In this table, it only includes infants 501-1500g and it includes infants with major congenital anomalies.

Mortality Excluding Early Deaths: excludes infants who die within the first 12 hours of birth.
Survival: indicates whether the infant survived to discharge home or first birthday.

Survival Without Specified Morbidities: indicates whether the infant survived with none of the following key morbidities: severe IVH, CLD, NEC, pneumothorax, any late infection or PVL.
Source: Vermont Oxford Network Annual Report and Nightingale, the Vermont Oxford Network Internet Reporting Tool.

Table 2.4
Morbidity figures for infants 501-1500g admitted to NICU in CWIUH (congenital anomalies included) compared to the Vermont Oxford Network (n=136)

	CWIUH Infants 501-1500g (n=136)	VON Infants 501-1500g (%)
Inborn	123 (90.4%)	86.9%
Male	67 (49.3%)	50.6%
Antenatal Steroids (partial or complete)	121 (89.6%)	80.5%
C/S	92 (67.6%)	72.6%
Antenatal Magnesium Sulphate	99 (73.3%)	47.9%
Multiple Gestation	55 (40.4%)	28.0%
Any major birth defect	10 (7.4%)	4.6%
Small for gestational age	24 (17.6%)	24%
Surfactant in DR	55 (40.4%)	28.3%
Conventional Ventilation	69 (53.9%) (n=128)	57.4%
High Frequency Ventilation	16 (12.5%) (n=128)	19.6%
Any Ventilation	70 (54.7%) (n=128)	59.5%
High Flow Nasal Cannula	22 (17.2%) (n=128)	51.6%
Nasal IMV/SIMV	1 (0.8%) (n=128)	28.6%
Nasal CPAP	111 (86.7%) (n=128)	74.2%
Nasal CPAP before ETT Ventilation	63 (55.3%) (n=114)	53.1%
Ventilation after Early CPAP	14 (22.2%) (n=63)	36.4%
Surfactant at any time	75 (55.1%)	59.4%
Steroids for CLD	8 (6.3%) (n=128)	8.8%
Inhaled Nitric Oxide	15 (11.7%) (n=128)	4.7%
RDS	122 (95.3%) (n=128)	72.8%
Pneumothorax	3 (2.3%) (n=128)	4.1%
Chronic Lung Disease (at 36 wks)	18 (15.5%) (n=116)	24.0%
Chronic Lung Disease, Infants <33 wks	18 (16.2%) (n=111)	25.6%
Early Bacterial Infection	4 (3.1%) (n=128)	2.3%
Late Bacterial Infection	7 (5.8%) (n=121)	8.0%
CONS Infection	6 (5.0%) (n=121)	5.2%
Nosocomial Bacterial Infection	12 (9.9%) (n=121)	11.6%
Fungal Infection	1 (0.8%) (n=121)	1.0%
Any Late Infection (Bacterial or Fungal)	12 (9.9%) (n=121)	12.1%
NEC Surgery	3 (2.3%) (n=128)	3.2%
PDA ligation	1 (0.8%) (n=128)	5.2%
Surgery for ROP	1 (0.8%) (n=128)	2.7%
Any Grade of IVH (Grade I-IV)	29 (23.0%) (n=126)	24.0%
Severe IVH (Grade III-IV)	5 (4.0%) (n=126)	7.9%
Cystic PVL	5 (4.0%) (n=126)	2.9%
Retinopathy of Prematurity	19 (19.2%) (n=99)	31.0%
Severe ROP (Stage 3 or more)	0 (0%) (n=99)	5.8%
Anti-VEGF Drug	1 (0.8%) (n=128)	0.9%
GI perforation	5 (3.9%) (n=128)	2.2%
Indomethacin	0 (0%) (n=128)	14.3%
NEC	9 (7.0%) (n=128)	5.1%
PDA	51 (39.8%) (n=128)	28.9%
Ibuprofen for PDA	0 (0%) (n=128)	8.2%
Probiotics	116 (90.6%) (n=128)	10.6%
Mortality	19 (14.3%) (n=133)	12.1%
Mortality excluding Early Deaths	10 (8.1%) (n=124)	9.2%
Survival	114 (85.7%) (n=133)	87.9%
Survival without Specified Morbidities	90 (67.7%) (n=133)	58.0%

Table 2.5
Shrunken Standardised Mortality and Morbidity (SMR) Rates

	SMR (95% confidence interval) For Year 2013	SMR (95% confidence interval) For Year 2012
Mortality	1.1 (0.7-1.5)	1.1 (0.7-1.5)
Death or Morbidity	0.8 (0.6-1.0)	1.1 (0.6-1.6)
CLD	0.8 (0.5-1.1)	0.6 (0.4-0.9)
CLD in <33 wks GA	0.8 (0.5-1.1)	0.6 (0.4-0.9)
NEC, any location	1.3 (0.7-2.0)	1.1 (0.6-1.8)
Late Bacterial Infection, any location	0.8 (0.4-1.4)	1.2 (0.6-1.9)
Coagulase Negative Infection, any location	1.0 (0.4-1.9)	0.5 (0.1-1.0)
Nosocomial Infection, any location	0.9 (0.5-1.4)	0.8 (0.4-1.3)
Fungal Infection, any location	1.0 (0.0-3.3)	2.2 (0.5-5.5)
Any Late Infection, any location	0.9 (0.5-1.4)	0.8 (0.5-1.3)
Any IVH, any location	1.0 (0.7-1.3)	1.2 (0.9-1.5)
Severe IVH	0.8 (0.5-1.3)	1.0 (0.7-1.5)
Pneumothorax, any location	0.8 (0.4-1.4)	1.5 (0.9-2.3)
Cystic PVL	1.3 (0.5-2.4)	0.5 (0.1-1.2)
Any ROP	0.7 (0.5-1.0)	0.7 (0.4-1.0)
Severe ROP	0.4 (0.1-0.9)	1.0 (0.5-1.8)

Section 3

Hypoxic Ischaemic Encephalopathy and Mortality Tables

Table 3.1
Hypoxic Ischaemic Encephalopathy

	Inborn	Outborn
Hypoxic Ischaemic Encephalopathy (HIE)	11	15
• Mild HIE (Grade 1)	9	0
• Moderate HIE (Grade 2)	1	5
• Severe HIE (Grade 3)	1	0
Therapeutic Hypothermia	1	4

Table 3.2
Inborn infants with congenital anomalies (23)

Birthweight (g)	Gestational Age	Apgar Scores	Age at Death (day of life)	Place of Death	Abnormality (leading to death)
491	30^{+0}	0, 2	1	CWIUH (DS)	Severe IUGR, Oligohydramnios, AVSD AND, normal karyotype
790	25^{+6}	5, 10	2	CWIUH (DS)	Duplication of 8q & Deletion of 4q, DORV, Hypoplastic pulmonary arteries, Inlet VSD AND, Absent corpus callosum PND
910*	26^{+0}	4, 6	113	OLCHC (PICU)	Tetralogy of Fallot PND, Necrotising Enterocolitis in Neonatal Period, Bowel Perforation sec. to Pneumatosis Intestinalis
1000	34^{+6}	1, 0	1	CWIUH (DS)	Trisomy 18 AND
1430	30^{+1}	3, 4	1	CWIUH (NICU)	Microcephaly, Cystic hygroma, Cervical meningomyelocoele, Kyphoscoliosis AND, Vertebral segment defect with neural tube defect PND
1480	26^{+3}	1, 0	1	CWIUH (Theatre)	Placental Abruption, AVSD, Mesocardia, Left atrial isomerism, Biventricular hypertrophy AND
1760	$37^{=6}$	5, 7	1	CWIUH (NICU)	Bilateral renal agenesis, Pulmonary hypoplasia, Potter's Syndrome AND
1895	40^{+3}	1, 2	1	CWIUH (DS)	Trisomy 18 AND
1940	34^{+2}	1, 1	1	CWIUH (DS)	Pulmonary hypoplasia, Bilateral multicystic dysplastic kidneys AND
2100	37^{+1}	5, 7	3	CWIUH (NICU)	Trisomy 18 AND
2180	32^{+1}	5, 5	3	CWIUH (NICU)	Beemer-Langer Syndrome, with Cleft lip & palate, Absent cavum septum pellucidum, Dilated cisterna magna AND
2250	36^{+1}	8, 9	28	Home	Cleft Lip and Palate, AND Trisomy 13

AND - Antenatally diagnosed malformation; PND - Postnatally diagnosed malformation; * Infant Death

Table 3.2 continued
Inborn infants with congenital anomalies (23)

Birthweight (g)	Gestational Age	Apgar Scores	Age at Death (day of life)	Place of Death	Abnormality (leading to death)
2374	39^{+0}	4, 3	1	CWIUH (NICU)	Hydrocephaly, Anal Atresia AND
2460	34^{+6}	8, 8	2	CWIUH (NICU)	Hypoplastic Left Heart Syndrome AND
2585*	36^{+4}	6, 7	129	Hospice	Trisomy 13 AND
2710	37^{+3}	9, 10	12	OLCHC (PICU)	Ebstein's Anomaly AND
2810	37^{+2}	7, 9	3	CWIUH (NICU)	Teratoma on face & oral cavity, Ventriculomegaly, Agenesis of Corpus Callosum, Colpocephaly AND
2910	38^{+6}	9, 10	8	OLCHC (PICU)	Hypoplastic Right Heart Syndrome, Tricuspid Atresia AND
3100	38^{+1}	5, 8	1	CWIUH (DS)	Matthew Wood Syndrome AND
3500	39^{+2}	4, 4	4	CWIUH (NICU)	Trisomy 13 PND
3540	33^{+1}	0, 1	1	CWIUH (NICU)	Kaposiform hemangioendothelioma, Kasabach-Merritt Syndrome PND
3570	38^{+4}	2, 7	14	OLCHC (PICU)	Tetralogy of Fallot, Pulmonary atresia AND
4100	38^{+4}	1, 5	3	CWIUH (NNU)	Fetal Hydrops AND

AND - Antenatally diagnosed malformation; PND - Postnatally diagnosed malformation; * Infant Death

Table 3.3
Inborn infants normally formed ≤ 1500g (25)

(18 intensive care not started for extreme prematurity)

Birthweight (g)	Gestational Age	Apgar Scores	Age at Death (day of life)	Place of Death	Cause of Death
253	18^{+4}	2, 1	1	CWIUH (DS)	Extreme Prematurity, Not resuscitated
270	19^{+5}	1, 1	1	CWIUH (DS)	Extreme Prematurity, Not resuscitated
293	18^{+6}	1, 1	1	CWIUH (DS)	Extreme Prematurity, Not resuscitated
335	20^{+1}	1, 1	1	CWIUH (DS)	Extreme Prematurity, Not resuscitated
363	20^{+3}	1, 1	1	CWIUH (DS)	Extreme Prematurity, Not resuscitated
380	20^{+3}	3, 2	1	CWIUH (DS)	Extreme Prematurity, Not resuscitated
393	22^{+3}	3, 3	1	CWIUH (DS)	Extreme Prematurity, Not resuscitated
438	22^{+3}	1, 1	1	CWIUH (DS)	Extreme Prematurity, Not resuscitated
454	22^{+3}	1, 1	1	CWIUH (DS)	Extreme Prematurity, Not resuscitated
474	22^{+2}	2, 2	1	CWIUH (DS)	Extreme Prematurity, Not resuscitated
480	21^{+6}	2, 2	1	CWIUH (DS)	Extreme Prematurity, Not resuscitated
484	22^{+3}	3, 2	1	CWIUH (DS)	Extreme Prematurity, Not resuscitated
515	22^{+0}	1, 0	1	CWIUH (DS)	Extreme Prematurity, Not resuscitated
560	23^{+1}	1, 1	1	CWIUH (DS)	Extreme Prematurity, Not resuscitated
565	22^{+5}	2, 1	1	CWIUH (DS)	Extreme Prematurity, Not resuscitated
575	23^{+4}	1, 0	1	CWIUH (DS)	Extreme Prematurity, Not resuscitated
590	24^{+2}	4, 6	3	CWIUH (NICU)	Extreme Prematurity, Refractory Hypotension
620	23^{+4}	1, 1	1	CWIUH (DS)	Extreme Prematurity, Not resuscitated
640	23^{+6}	5, 7	2	CWIUH (NICU)	Extreme Prematurity, Extremely Low Birth Weight, Bilateral Grade III IVH
640*	24^{+0}	5, 7	50	CWIUH (NICU)	Late Onset Pneumonia, Chronic Lung Disease, Right grade IV IVH with post haemorrhagic hydrocephalus
645	22^{+1}	1, 1	1	CWIUH (DS)	Extreme Prematurity, Not resuscitated
650*	29^{+6}	1, 8	44	OLCHC (PICU)	Necrotising Enterocolitis
740	24^{+1}	4, 6	6	CWIUH (NICU)	Necrotising Enterocolitis, Late Onset Sepsis (Ent. Cloacae), Extreme Prematurity
790	25^{+4}	3, 8	2	CWIUH (NICU)	Early Onset Sepsis (ESBL)
1250	26^{+3}	1, 5	4	CWIUH (NICU)	Severe PPHN, Pulmonary Haemorrhage, Bilateral Grade II IVH

* Infant Death

Table 3.4
Inborn infants normally formed >1500g (4)

Birthweight (g)	Gestational Age	Apgar Scores	Age at Death (day of life)	Place of Death	Cause of Death
1540	30^{+5}	2, 6	1	CWIUH (NICU)	PPHN, Pulmonary Hypoplasia, Pulmonary Haemorrhage
2700	34^{+6}	1, 0	4	CWIUH (NICU))	HIE Grade III, withdrawal of care due to devastating brain injury
2812	39^{+5}	9, 10	12	AMNCH	SIDS
3355	41^{+3}	9, 10	22	CUH	SIDS

Table 3.5
Outborn infants with congenital anomalies (3)

Birthweight (g)	Gestational Age	Apgar Scores	Age at Death (day of life)	Place of Death	Cause of Death (Referring Hospital)
1049*	31^{+6}	8, 10	133	OLCHC (PICU)	Dysmorphic Features, Chronic Lung Disease, Bronchomalacia (Letterkenny General Hospital)
1170*	32^{+2}	9, 10	58	OLCHC	Complex Congenital Cardiac Disease (pm VSD, coarctation of the aorta, dilatation of the ascending aorta, anomalous vein ascending from the left atrium, large PDA), Necrotising Enterocolitis, Chronic Lung Disease, (University Maternity Hospital, Limerick)
3080	37^{+6}	6, 7	19	OLCHC (PICU)	Mitochondrial Disorder, Dysmorphic Features (Midland Regional Hospital, Portlaoise)

* Infant Death

Table 3.6
Outborn infants normally formed >1500g (1)

Birthweight (g)	Gestational Age	Apgar Scores	Age at Death (day of life)	Place of Death	Cause of Death (Referring Hospital)
850	26^{+0}	4.6	3	CWIUH (NICU)	Extreme Prematurity, ELBW, RDS, Pulmonary Hypertension, Bilateral IVH (Midlands Regional Hospital, Mullingar)

Table 3.7
Outborn infants normally formed >1500g (0)

Section 4

Morbidity Tables for Patients Admitted to Neonatal Centre

Table 4.1

TERM BABY CAUSES OF RESPIRATORY MORBIDITY (> 37 weeks)	
Transient tachypnoea of the newborn	91
Respiratory distress syndrome	21
Air leak	23
Meconium aspiration syndrome	16
Aspiration pneumonia	4
Congenital pneumonia	2
Persistent pulmonary hypertension of the newborn	32
Congenital diaphragmatic hernia	3
Laryngomalacia	1
Stridor	0
Tracheo-Oesophageal fistula	3
Congenital cystic adenomatoid malformation (CCAM)	5
Congenital lobar emphysema	0
Airway pathology	7
Pulmonary hypoplasia	2

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

Table 4.2

CONGENITAL HEART DISEASE	
Patent ductus arteriosus (Echo confirmed)	58
Ventricular septal defect	31
Atrial septal defect	18
Atrioventricular septal defect	8
Arrhythmia	12
Persistent pulmonary hypertension of the newborn	32
Transposition of the great arteries	2
Hypoplastic left heart syndrome	7
Tetralogy of Fallot	7
Cardiomyopathy	2

Table 4.3

GASTROINTESTINAL ANOMALIES	
Cleft lip and palate	14
Cleft palate only	6
Cleft lip only	1
Inguinal hernia	6
Imperforate anus	2
Ectopic anus	0
Omphalocoele	3
Bowel atresia	7
Gastroschisis	3
Tracheo-Oesophageal fistula	3
Volvulus/Malrotation	1
Gastro-oesophageal reflux	2
Spontaneous perforation	3
Pyloric stenosis	2

Table 4.4

GENITO-URINARY ANOMALIES	
Undescended testes	15
Hydrocoele	3
Hypospadias	10
Hydronephrosis	9
Pyelectasis	4
Ambiguous genitalia	1
Polycystic kidney	1
Multicystic dysplastic kidney	4
Absent kidney	2
Ovarian cyst	0
Nephrocalcinosis	1
Hypoplastic right testis	0

Table 4.5

CENTRAL NERVOUS SYSTEM ABNORMALITIES		
Erb's palsy		3
Facial nerve palsy		0
Hydrocephalus		1
Subdural haemorrhage		0
Neural tube defect	*including 1 anencephaly	12
Dandy Walker malformation		1
Absent corpus callosum		4
Vein of Galen malformation		0
Tuberous sclerosis		1
Seizures not HIE		6
Congenital toxoplasmosis		0
Meningitis		2
Neonatal abstinence syndrome		25
Schizencephaly		0
Microcephaly		6
Polymicrogyria		0

Table 4.6

ORTHOPAEDIC	
Developmental dysplasia of hip	2 (64*)
Congenital talipes equinovarus	13
Fracture of clavicle	0
Fracture (unspecified)	0
Syndactyly	3
Calcaneovalgus	1
Limb deformity (including digit abnormality)	13
Congenital scoliosis	0

* 64 infants born with DDH, 2 admitted to Neonatal Centre

Table 4.7

OPHTHALMOLOGIC ABNORMALITIES	
Retinopathy of prematurity (ROP)	19
Microphthalmia	1
Optic nerve atrophy	1
Retinal detachment (not ROP)	0
Retinal haematoma	0
Retinal astrocytoma	0
Retinal haemorrhage	0
Congenital ectropion uveae bilateral	0
Coloboma	1
Congenital ptosis	0

Table 4.8

CUTANEOUS ABNORMALITIES	
Capillary haemangioma	4
Subgaleal haemorrhage	1
Branchial arch cyst	0
Cephalhaematoma	9
Caput succedaneum	1
Skin necrosis	3
Digit necrosis	1

Table 4.9

METABOLIC / ENDOCRINE / HAEMATOLOGICAL ABNORMALITIES	
Hypoglycaemia	234
Hyperglycaemia	18
Anaemia of prematurity	49
Thrombocytopenia	18
Polycythaemia	20
Anaemia (not including Anaemia of Prematurity)	5
Feto-Maternal transfusion	0
Haemolytic disease of newborn	32
Spherocytosis	0
Haemoglobinopathies	0
TAM	0
Hypothyroidism	6
Rickets of prematurity	1
Disseminated intravascular coagulopathy	1
Hyperinsulinism	0
Galactosaemia	0
SIADH	4

Table 4.10

DYSMORPHIC SYNDROMES	
Trisomy 21 (Down)	32(16*)
Dysmorphic features (no final diagnosis)	12
Trisomy 13 (Patau)	3
Trisomy 18 (Edwards)	8
Foetal alcohol syndrome	0
Turner syndrome	0
Klinefelter syndrome	0
Beckwith Wiedeman syndrome	1
Apert syndrome	0
VATER syndrome	0
Facial naevus flameus	0
Facial hemihypertrophy	0
EEC syndrome	0

* 32 infants born with T21, 16 admitted to Neonatal Centre

Table 4.11

JAUNDICE IN TERM BABIES >37 WEEKS	
Non-haemolytic	84
Haemolytic	
ABO	17
RH	12
Other	3

The year 2013 was, as always, very busy for the Department of Paediatrics & Newborn Medicine. The number of very low birth weight (VLBW) infants increased again compared to last year (Figure 1). 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.

Comparison with Previous Reports

The Paediatric Report 2013 continues to show good outcomes in VLBW infants. The overall survival in this weight category for the year 2013 was 81.9%. Survival of VLBW infants after admission to NICU was 91.5% (Figure 2) and importantly survival of VLBW infants after admission to NICU without specified morbidities was 78% (Figure 3). These results are encouraging and favourable compared to previous years.

Our VLBW cohort is showing decreased incidence of severe intraventricular/periventricular (PIVH) haemorrhages compared to 2012 (4% vs. 9%). We did not observe any case of severe retinopathy of prematurity (ROP) (stage 3 or more). Trends over the last decade for intracranial abnormalities and severe ROP are documented in Figure 4.

There is a very positive continuous trend of using non-invasive forms of ventilation. We believe this is reflected in our continuing low incidence of chronic lung disease. Respiratory morbidity over the last decade is shown in Figure 5.

In relation to patent ductus arteriosus (PDA), 40% of our VLBW infants had PDA. We continued with our conservative strategy (started in 2010) and the frequent usage of point of care ultrasound (together with excellent cardiology support from Dr Orla Franklin); there was one case of ligation in 2013 (Figure 7).

I am very happy to report that our initiative to decrease late onset bacterial infection was successful and the rate for any late bacterial infection was 9.9% and that represents the lowest incidence of late onset sepsis in our neonatal unit since 2002 (Figure 6). This decrease is most likely caused by multiple activities in place in our NICU, including care bundles, decreasing blood sampling and a dedicated "bug buster" team. The trend of late onset infections together with necrotising enterocolitis is documented in Figure 6.

In relation to hypoxic ischaemic encephalopathy (HIE), there were 9 infants who were classified as HIE grade I (same number of infants as in 2012), 6 classified as HIE grade II (5 outborn infants) 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 receive infants from other hospitals for assessment with regard to body cooling therapy. 5 infants were treated by Total Body Cooling in the year 2013.

In relation to main indications for admission, prematurity, respiratory disorders, low birth weight and hypoglycaemia continue to be the commonest reasons for admission.

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. Babies 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 co-operation between our team and the foetal/perinatal medicine specialists in the Coombe Women and Infants University Hospital.

In 2013, we started specialised follow up clinics for very low birth weight infants and infants with moderate to severe HIE. These clinics are led by Dr. Joanne Balfe, Consultant in Developmental Paediatrics. We are expecting the first long term outcome results in next year's report. I would like to thank Dr. Shahid Saleemi and Dr. Clodagh Sweeney for their contribution to the Paediatric and Newborn service in the CWIUH in 2013.

I would like to congratulate Dr. Martin White on his academic achievement, as he was appointed as Associate Clinical Professor in RCSI and this is an important achievement, which strengthens the academic portfolio of the Department of Paediatrics and Newborn Medicine in the CWIUH. Our department organised the 2013 Guinness Lecture with pre-lecture symposium. The keynote speaker was Prof. Geoffrey Miller. The 4th Annual Czech Lecture, which was also organised by our department, took place in 2013 with Prof. Karel Marsal and Ass. Prof. Michal Rygl as the invited speakers.

I would like to thank my Paediatric Registrar colleagues, Dr. Elaine Reade, Dr. Jana Semberova, Database Co-Ordinator, Ms Julie Sloan, and 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 in the Neonatal Centre for their hard work during 2013.

Research in the Department of Paediatrics & Newborn Medicine

CWIUH Neonatology department participates in and runs many research projects. In 2013 Research Fellow in Neonatology, Dr. Jana Semberova, was appointed.

- **HIP trial:** Multicentre multinational randomised controlled trial investigates Management of Hypotension in the Preterm Extremely Low Gestational Age Newborns (ELGANs). The aim of the HIP trial is to develop an effective treatment of hypotension in the ELGANs. HIP trial is the largest multicentre randomised European study in this particular population. Recruitment is starting soon.

- **SKA trial:** Multicentre randomised trial of Chlorhexidine versus Povidone-iodine for SKin Antisepsis prior to central venous catheter insertion in preterm infants. Study investigates whether in infants below 31 weeks of gestation who have central venous catheter inserted, does skin Cleansing with 2% Chlorhexidine in 70% isopropyl alcohol compared to 10% povidone-iodine reduce the rate of catheter-related blood stream infections. Recruitment finished.

- **POPS trial:** A randomised trial of stopping parenteral nutrition and removing PICC lines from preterm infants with very low birth weight at 100ml/kg/day or 140 ml/kg/day enteral feeds. The aim is to compare the two groups with respect to the time to regain the birthweight. Trial is currently recruiting.

- **HiFlow trial:** The aim of this randomised controlled trial is to determine if HiFlow Nasal Prong Therapy can facilitate earlier establishment of full oral feeds in very low birth weight babies who are CPAP dependent at 32 weeks corrected gestational age. Trial is currently recruiting.

- **MUSIC trial:** The effect of music on cerebral oxygenation in premature infants between 28-32 week of corrected gestation. The aim of this crossover randomised trial is to compare cerebral oxygenation, determined by Near Infrared Spectroscopy, and baby's behavioural response during the periods of Mozart Lullaby and silence. Recruitment finished.

- **Maternal lifestyle and behavior change intervention study.** Randomized controlled study focused on primigravidas delivering in CWIUH. The study seeks to determine whether an e-health platform compared with written and verbal communication improve maternal and neonatal health outcomes. The study is multidisciplinary with obstetric and dietetic involvement and planned follow-up at 4 and 9 months postpartum. Recruitment started.

- **ASCMicroPlat-trial:** Study focused on development of Fast Automated Multiplex Analysis of Neonatal Sepsis Markers on a Centrifugal Platform. Recruitment finished.

- **PPHN study:** Prospective analysis of Pulmonary Hypertension and Patent Ductus Arteriosus in extremely low birth weight infants in the first 24 hours of life. The study is focused on echocardiography evaluation of pulmonary pressures and PDA size and flow pattern evaluation at 3, 6 and 12 hours of age in preterm newborns with birth weight less than 1000g. Recruitment finished.

- **RSV-PREMI study: R**espiratory **S**yncytial **V**irus **P**reterm **R**isk **E**stimation **M**easure in **I**reland. The study aims to investigate the risk factors for Respiratory Syncytial Virus hospitalisation in a cohort of infants born in Ireland between 32+0 and 36+6 weeks of gestation. Recruitment finished

- **"What is for dinner?" study:** The purpose of this prospective study is to examine the diet of mothers of very low birth weight infants hospitalised in CWIUH NICU using food diaries. Trial is currently recruiting.

- **Body Composition Studies:** Research in the CWIUH focuses on body composition in both term and preterm infants. One major project focused on the changes in body composition seen in preterm infants in early infants and examining the factors influencing these changes. Another project formed part of a large collaboration study with TCD Department of Paediatrics, UCD Centre for Human Reproduction and Dublin Institute of Technology Department of Human Nutrition. This study recruited women in early pregnancy and measured their body composition longitudinally, as well as recording detailed dietary information. Longitudinal body composition was measured in the infants at birth and 4 months of age. We are also constantly auditing our current practice and translate the findings into new or amended management guidelines.

Publications in the Department of Paediatrics & Newborn Medicine 2009 – 2013

- Allen NM, O'Donnell SM, **White MJ**, Corcoran JD. Initial assessment of jaundice in otherwise healthy infants--a comparison of methods in two postnatal units. Ir Med J. 2010 Nov-Dec;103(10):310-3.
- Burianova I, Paulova M, Cermak P, **Janota J**. Group B Streptococcus Colonization of Breast Milk of Group B Streptococcus Positive Mothers. J Hum Lact. 2013 Nov;29(4):586-590.
- 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. 2011 Feb;204(2):139.e1-9.
- Cleary BJ, Eogan M, O'Connell MP, Fahey T, Gallagher PJ, Clarke T, **White MJ**, McDermott C, **O'Sullivan A**, Carmody D, Gleeson J, Murphy DJ. Methadone and perinatal outcomes: a prospective cohort study. Addiction. 2012 Aug;107(8):1482-92.
- Cleary BJ, Reynolds K, Eogan M, O'Connell MP, Fahey T, Gallagher PJ, Clarke T, **White MJ**, McDermott C, O'Sullivan A, Carmody D, Gleeson J, Murphy DJ. Methadone dosing and prescribed medication use in a prospective cohort of opioid-dependent pregnant women. Addiction. 2013 Apr;108(4):762-70.
- 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.
- **Doolan A**, Cousins J, Sheridan-Pereira M. Vitamin D supplementation in babies. Opinions of mothers. Ir Med J. 2012 Jan;105(1):2
- Hopewell J, **Miletin J**. Parenteral nutrition in very low birth weight infants in the United Kingdom and Ireland. Ir Med J. 2012 Feb;105(2):42-5.
- Kirpalani H, Millar D, Lemyre B, Yoder BA, Chiu A, Roberts RS; **NIPPV Study Group**. A trial comparing noninvasive ventilation strategies in preterm infants. N Engl J Med. 2013 Aug 15;369(7):611-20.
- Konopova P, **Janota J**, Termerova J, Burianova I, Paulova M, Zach J Successful treatment of profound hypothermia of the newborn. Acta Paediatr. 2009 Jan;98(1):190-2
- **Miletin** J, Pichova K, Dempsey EM. Bedside detection of low systemic flow in the very low birth weight infant on day 1 of life. Eur J Pediatr. 2009 Jul;168(7):809-13.
- **Miletin J,** Pichova K, Doyle S, Dempsey EM. Serum cortisol values, superior vena cava flow and illness severity scores in very low birth weight infants. J Perinatol. 2010 Aug;30(8):522-6.
- Moran M, **Miletin J,** Pichova K, Dempsey EM. Cerebral tissue oxygenation index and superior vena cava blood flow in the very low birth weight infant. Acta Paediatr. 2009 Jan;98(1):43-6.
- O'Donnell SM, Curry SJ, **Buggy NA, Moynihan MM**, Sebkova S, **Janota J, Miletin J**. The NOFLO trial: low-flow nasal prongs therapy in weaning nasal continuous positive airway pressure in preterm infants. J Pediatr. 2013 Jul;163(1):79-83.
- O'Grady MJ, Hopewell J, **White MJ**. Management of neonatal abstinence syndrome: a national survey and review of practice. Arch Dis Child Fetal Neonatal Ed. 2009 Jul;94(4):F249-52. doi: 10.1136/adc.2008.152769. Epub 2009 Jan 27.

- O'Regan GM, Irvine AD, Yao N, O'Marcaigh A, **Sheridan-Pereira M**, Phelan E, McDermott MB, Twomey A, Russell J, Watson R. Mediastinal and neck kaposiform hemangioendothelioma: report of three cases. Pediatr Dermatol. 2009 May-Jun;26(3):331-7.

- **O'Sullivan A, O'Connor M**, Brosnahan D, McCreery K, Dempsey EM. Sweeten, soother and swaddle for retinopathy of prematurity screening: a randomised placebo controlled trial. Arch Dis Child Fetal Neonatal Ed. 2010 Nov;95(6):F419-22.

- Paul K, Melichar J, **Miletin J**, Dittrichova J. Differential diagnosis of apneas in preterm infants. Eur J Pediatr. 2009 Feb;168(2):195-201.

- Sebkova S, Tomek V, Zemanova P, **Janota J.** Heart failure treated with low-dose milrinone in a full-term newborn. Prague Med Rep. 2012;113(1):58-65.

- Sirc J, Dempsey EM, **Miletin J**. Cerebral tissue oxygenation index, cardiac output and superior vena cava flow in infants with birth weight less than 1250 grams in the first 48 hours of life. Early Hum Dev. 2013 Jul;89(7):449-52.

- Suryawan A, **O'Connor PM**, Bush JA, Nguyen HV, Davis TA. Differential regulation of protein synthesis by amino acids and insulin in peripheral and visceral tissues of neonatal pigs. Amino Acids. 2009 May;37(1):97-104.

- Tarrant RC, **Sheridan-Pereira M**, Younger KM, Kearney JM. The positive role of breastfeeding on infant health during the first 6 weeks: findings from a prospective observational study based on maternal reports. Ir Med J. 2012 Mar;105(3):75-8.

- Tarrant RC, **Sheridan-Pereira M**, McCarthy RA, Younger KM, Kearney JM. Maternal and infant nutritional supplementation practices in Ireland: implications for clinicians and policymakers. Ir Med J. 2011 Jun;104(6):173-7.

- Tarrant RC, Younger KM, **Sheridan-Pereira M,** Kearney JM. Factors associated with duration of breastfeeding in Ireland: potential areas for improvement. J Hum Lact. 2011 Aug;27(3):262-71.

- Tarrant RC, Younger KM, **Sheridan-Pereira M**, Kearney JM. Maternal health behaviours during pregnancy in an Irish obstetric population and their associations with socio-demographic and infant characteristics. Eur J Clin Nutr. 2011 Apr;65(4):470-9.

- Tarrant RC, Younger KM, **Sheridan-Pereira M**, White MJ, Kearney JM. Factors associated with weaning practices in term infants: a prospective observational study in Ireland. Br J Nutr. 2010 Nov;104(10):1544-54.

- Tarrant RC, Younger KM, **Sheridan-Pereira M**, White MJ, Kearney JM. The prevalence and determinants of breast-feeding initiation and duration in a sample of women in Ireland. Public Health Nutr. 2010 Jun;13(6):760-70

- Termerová J, **Janota J**. Severe tentorial haemorrhage of the term newborn with a favourable outcome-case report. Prague Med Rep. 2011;112(2):144-50.

Trends in Very Low Birth Weight (VLBW) Infants in the Coombe Women and Infants University Hospital (CWIUH) (2002 - 2013)

Figure 1
Number of VLBW Infants Admitted to NICU in CWIUH

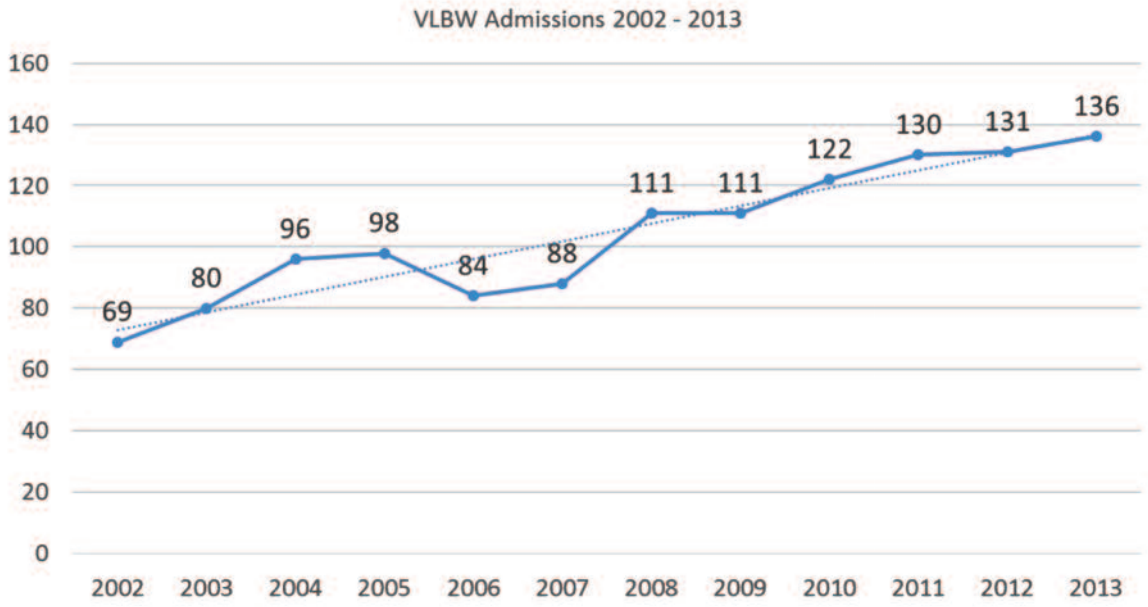


Figure 2
Survival of VLBW Infants after admission to NICU in CWIUH
(including congenital malformations)

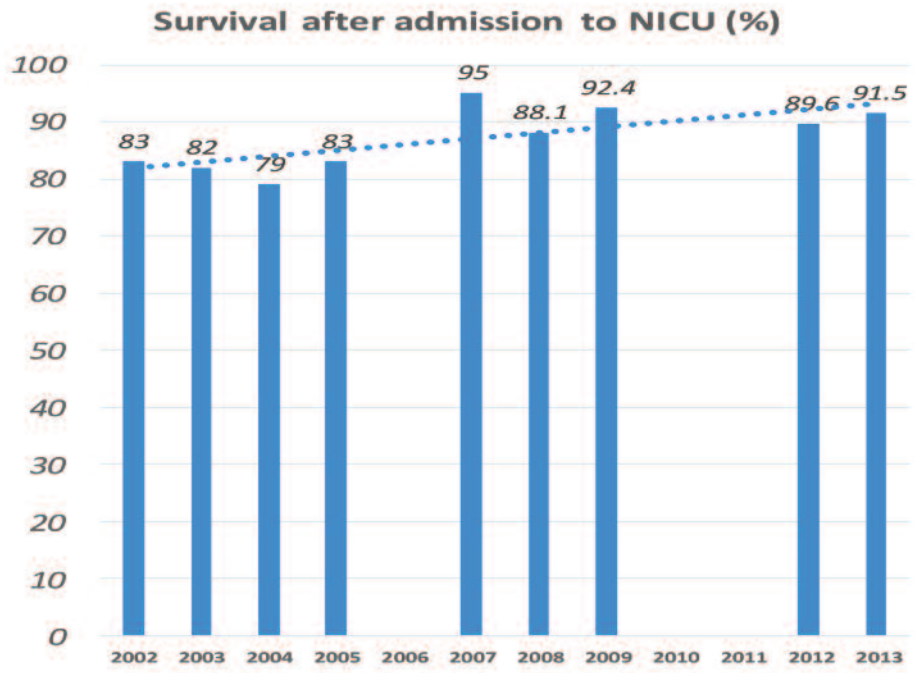


Figure 3

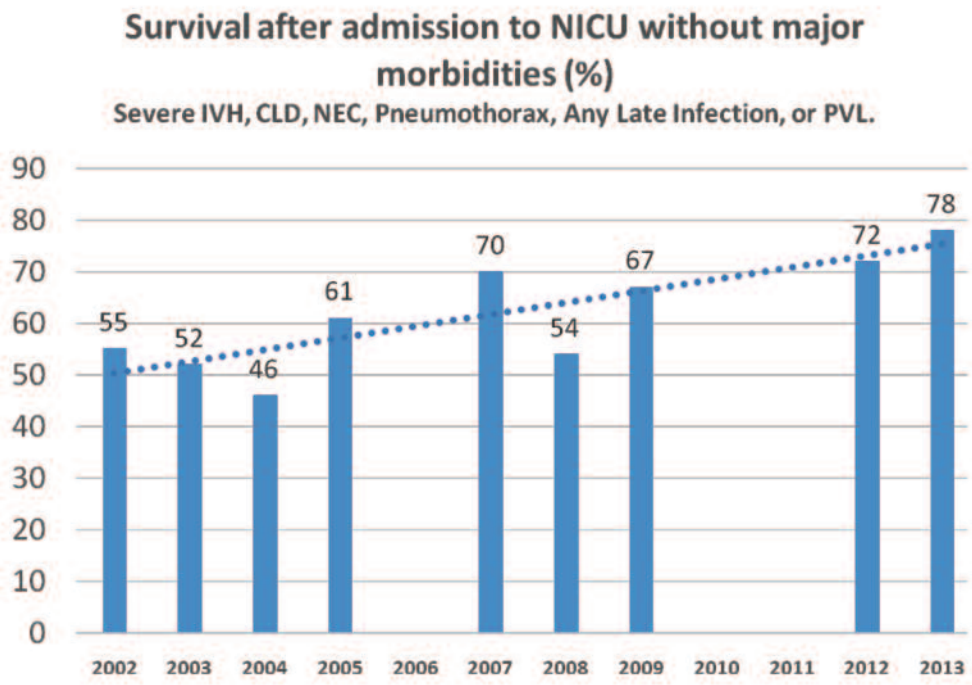


Figure 4
Intracranial Morbidity and ROP in VLBW Infants in CWIUH

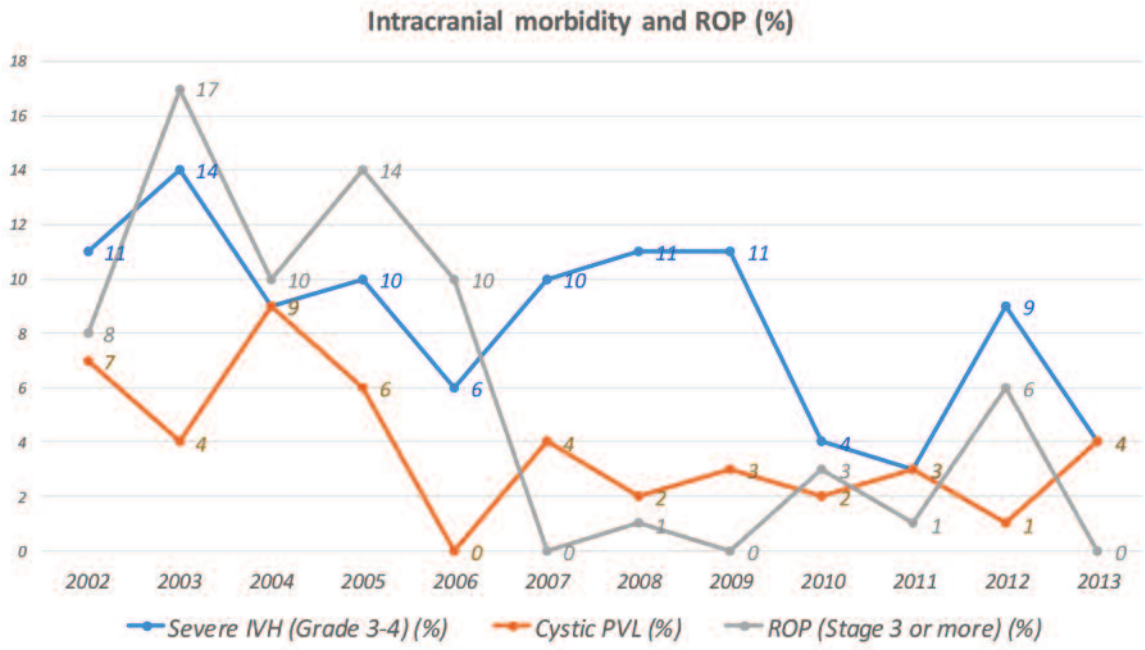


Figure 5
Antenatal Steroids and Respiratory Morbidity in VLBW Infants in CWIUH

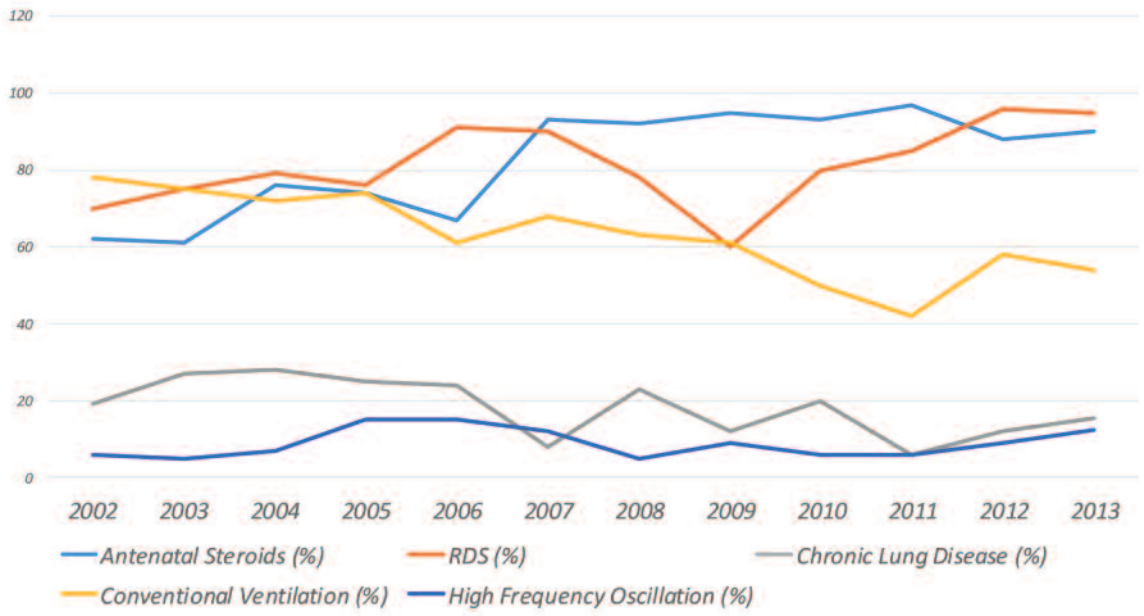
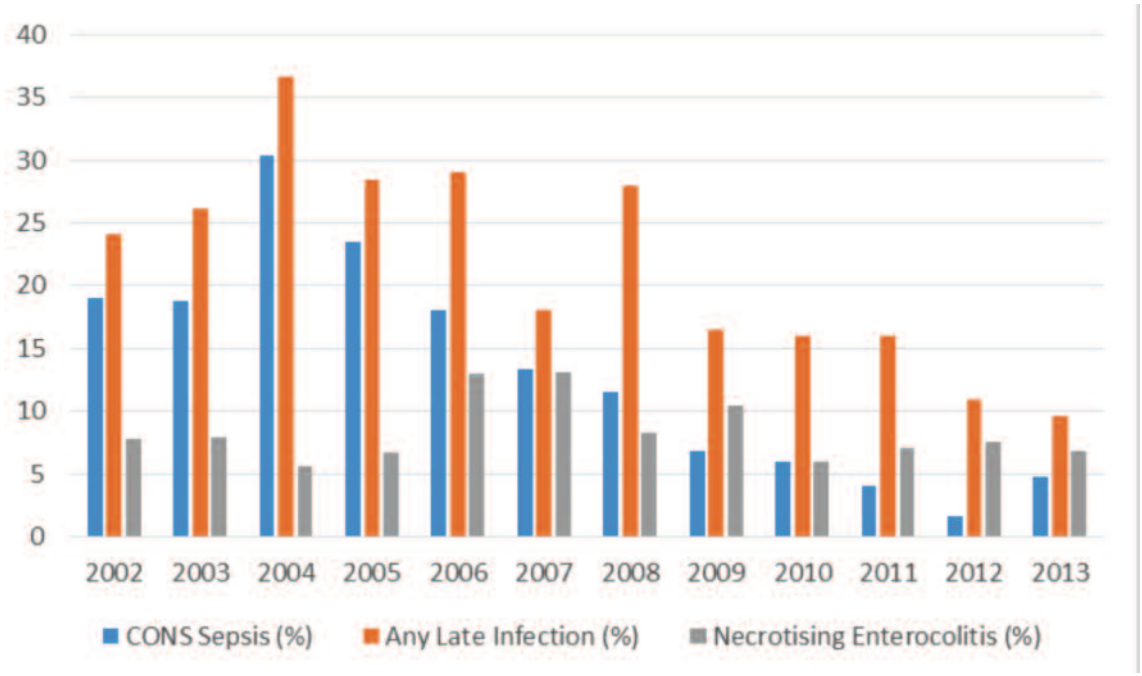


Figure 6
Late Onset Sepsis, CONS Sepsis and NEC in VLBW Infants in CWIUH



Division of Paediatrics and Newborn Medicine - Midwifery Report

Heads of Department

Dr. J Miletin, Director of Paediatrics and Newborn Medicine
Bridget Boyd, Assistant Director of Midwifery and Nursing
Ann Mac Intyre, CMM3, (Author)

Staff Complement

- 1 WTE Advanced Nurse Practitioner – Neonatal Nursing
- 1 WTE CMM3
- 7 WTE CMM2
- 7 WTE CMM1
- 1 WTE CMS Transition Home Service
- 1.5 WTE Clinical Skills Facilitators
- 59.3 WTE Midwives / Nurses

Key Performance Indicators

- The CWIUH neonatal team is committed to improving the quality and safety of medical and nursing care for newborn babies and their families.
- Promotion of evidence-based practice and clinical audits, thus developing a continuous quality assurance and research culture.
- Improvement in medication management, contributing to staff competence and reduction in medication risk incidents.
- Decreased days on mechanical ventilation with decreased lung injury and therefore decreased chronic lung disease.
- Decreased length of time with umbilical arterial, venous and central catheters.
- Family-centred care enhancing attachment between baby and the family and resulting in improved long-term outcomes.

Achievements in 2013

- Staff retention was 98%, 2 WTE staff nurses were recruited.
- 3 staff midwives/ nurses graduated with the Post-graduate Diploma, 7 staff midwives/nurses are progressing through the programme. 2 staff completed the Neonatal Foundation Level 1 course. A student from Limerick was facilitated in the unit for the Post-graduate Diploma course. 3 staff commenced MSc Nursing at RCSI.

- 6 staff attended the COINN Conference (International Neonatal Nursing conference) in Belfast, Ann Kelly CSF/CMM2 presented her MSc research titled 'Neonatal Nurse's Perceptions and Experiences of Neonatal Transport Services'. 9 staff attended the All-Ireland National Neonatal Study Day, Ann Kelly CSF/CMM2 won the poster award. A further 31 staff attended the Neonatal In-Service Study day/workshops.

- The first Prematurity Awareness Symposium and the first NICU Graduate Gathering was held as part of celebrating World Prematurity week. The family-centred developmental care committee set out aims and objectives for the unit. Quarterly developmental care newsletters were published. Mary O'Connor attended the 24th NIDCAP trainers meeting in North Carolina, USA and two Master classes in London.
  Mary presented at the two day Foundation Toolkit for Family Centred Care at the Imperial College, London and also at the 6th Essence of Midwifery Conference entitled "Pushing the Boundaries in Neonatal Care - NIDCAP". She facilitated a study day on Developmental Care in Our Lady of Lourdes Hospital Drogheda.

- Two more staff commenced their NIDCAP training under the stewardship of Inga Warren, Senior NIDCAP trainer, UK centre.

- A total of 110 staff attended NRP study days organised by Margaret Moynihan CMM2/ CSF in resuscitation, 22 Doctors, 87 midwives/nurses and 1 Advanced Paramedic Ambulance Personnel.

- The NTTP team from the CWIUH conducted 35.3% of the total number of Transports, 31% (72) of which were outside the greater Dublin area, including 1 transport to the UK. The CWIUH spent a total of 719.34 hrs on NTTP transports.

- Accepted 90% (89) of referrals requested, of these 33 babies were less than 27+6 weeks gestation.

Challenges for 2014

- Planning and managing capacity effectively, the average occupancy was 88% with peak occupancies of over 100% at times.

- Implementation of the PNW Liaison Nurse on full time basis.

- Introduction of inter-disciplinary team discussions and appraisals relating to infant management, focusing on research evidence and best practice.

- Revising existing policies to reflect best practice.

- Commence the application process for Accreditation of the Neonatal Unit, thus ensuring the objective and systematic evaluation of our healthcare provision against a set of pre-defined quality standards.

- To develop an emergency evacuation plan that is unique to the NICU and meets relevant Health and Safety requirement.

- To further reduce infection rates.

- To increase the complement of Advanced Nurse Practitioners.

Advanced Nurse Practitioner

Heads of Department

Dr. J Miletin, Director of Paediatrics and Newborn Medicine
Bridget Boyd, Assistant Director of Midwifery and Nursing
Ann Mac Intyre, CMM3

Staff Complement

- 1 WTE Advanced Nurse Practitioner – Neonatal Nursing,
  A. O' Sullivan, accredited in 2006 (Author)

Key Performance Indicators

- To enable consistency in standards of health care. This is achieved by having a presence of the ANP - Neonatal Nursing in the clinical area, offering support and guidance to medical and nursing staff whilst also managing a caseload.

- To deliver optimal neonatal care, ensuring nursing and medical care is evidenced based. Clinical guidelines are reviewed regularly and staff are updated using formal and informal education and orientation programmes. As a provider of the Neonatal Resuscitation Programme and the Stable Programme, the ANP aims to promote consistency and high standards in the management of infants requiring resuscitation and stabilization following delivery and on transport. Outcomes are measured by regular audits.

- To promote family-centred care and minimize separation of mothers and babies, we endeavour to reduce the admission rate to the Neonatal Department and staff education is ongoing as it is a vital component to support this initiative.

- To further reduce nosocomial infection rates.

- To further reduce ventilation days and minimize incidence of chronic lung disease in our VLBW infants.

- To promote breastfeeding and optimize nutritional management of our infants.

- To promote and facilitate research activities by participating in research studies as a primary researcher, as an investigator or in a support role.

Achievements in 2013

- Participated in a number of research studies.

- In collaboration with nursing and medical colleagues we presented 5 posters at the AbbVie 8th Annual Neonatal Study day including the winning poster titled: **"Neonatal Nurse's Perceptions and Experiences of Neonatal Transport Services".**

- Presented a prize winning poster at the 2013 Essence of Midwifery Care Conference. The poster outlined a tendency towards increased BMI in mums who delivered infants < 32 weeks gestation and was titled: **"Is there an association between maternal BMI and preterm birth in Coombe mothers?"**

- Participated in the Masters of Science in Nursing/Midwifery (Advanced Practice) programme in the RCSI, as a member of curriculum development group and as a lecturer.

Challenges for 2014

- To complete research studies and seek publications to disseminate results.

- To enhance the working relationship with medical and nursing staff in our network hospitals as we strive to provide expert neonatal care in the region.

- To further promote family-centred care by working closely with the Postnatal Ward Liaison Nurse. The aim of this initiative is to demonstrate a reduction in the admission rate to the Neonatal Unit and to enhance the provision of neonatal care on the post-natal wards and in the delivery suite in conjunction with midwifery staff.

Neonatal Transition Home Service (NTHS)

Heads of Department

Dr. J. Miletin, Director of Paediatrices and Newborn Medicine.
B. Boyd, Assistant Director of Nursing and Midwifery.
A. MacIntyre, Clinical Midwife Manager 3.
B. Whelan, Clinical Midwife Specialist, NTHS (Author)

Staff Complement

- 1 WTE CMS-NTHS, B. Whelan.

Key Performance Indicators

- Pre-discharge teaching provided on an on-going basis for all families.
- Mobile phone support post discharge helping to alleviate anxiety.
- Neonatal Parent Support Group continues to be held monthly with excellent attendance. This support is offered voluntarily by the 4 members of staff involved.
- Provision of a RSV prophylaxis service with 121 babies enrolled to receive Palivizumab.
- Bi-weekly workshops held to support and encourage mothers providing breastmilk for their sick or premature babies.
- Education sessions delivered as requested for Centre for Midwifery Education.

Achievements in 2013

- In September 2013, The Council of International Neonatal Nurses (COINN) Conference was held in Belfast, Ms Whelan was invited to chair a session and also made a presentation on RSV prevention from Hospital to Home. This was a joint presentation with a Canadian Nurse involved with RSV prevention in Canada.
- Presented at the Neonatal and Paediatric Nurses Conference in Coimbra, Portugal on RSV Prevention and Prophylaxis, The Irish Experience.

Challenges for 2014

- Strive to continue to provide seamless transition to home for babies with confident and competent parents.
- Develop improved combined medical and nursing discharge documentation.

Division of Peri-operative Medicine

Perioperative Medicine – Medical Report

Head of Department

Dr Michael Carey

Staff Complement

Dr Michael Carey	Consultant	23.5 hrs
Dr Steven Froese	Consultant	23.5 hrs
Dr Niall Hughes	Consultant	10 hrs
Dr Nikolai Nikolov	Consultant	10 hrs
Dr Terry Tan	Consultant	23.5 hrs
Dr Rebecca Fanning		23.5 hrs
Dr Sabrina Hoesni		37 hrs

January – June

Z. Hennessy SHO, D. Greaney SHO, B. Walsh SHO, M. Creaney SHO, R. Ali Registrar, A. Fernandes Registrar, S. Nair Registrar, C. O'Connor SpR 1-3, I. Connick-Martin SpR 4-5, M. Leonard Research Fellow.

July – December

E. Velicu SHO, S. Mohamed SHO, P. Moran SHO, C. Casby SHO, I. Sathivel, Registrar; A. Fernandes Registrar, D. Mullane SpR 1-3, S. O'Conghaile SpR 4-5, M. Leonard Research Fellow, G. Saminathan, Research Fellow.

Key Performance Indicators

THEATRE:

Total number of Anaesthetics	5,610
General	2,794 (49.8%)*
Elective	4,011 (71.5%)
Regional	2,709 (48.2%)
Emergency	1,599 (28.5%)
Local	109 (2%)

CAESAREAN SECTIONS

Number of Caesarean Sections	2,233 (28% of all mothers delivered)
Elective	1,054 (47.2%)
Emergency	1,179 (52.8%)

Mode of anaesthesia for caesarean section: –

	ELECTIVE	EMERGENCY
General	11* (1%)	81** (7%)
Spinal	1,043 (99%)	579 (49%)
Epidural	0	497 (42%)
CSE	0	22 (2%)
TOTAL	1,054	1,179

* includes 3 converted from regional, ** indicates 21 converted from regional

ANALGESIA IN LABOUR

Total numbers of mothers delivered 7986

Mode of analgesia

None	650 (8%)
Entonox	5,214 (65.3%)
Pethidine	251 (3.1%)
TENS	438 (5.5%)
Low dose spinal	111 (1.4%)
Epidural	3,358 (42%)
Hydrotherapy	49 (0.6)

Number of epidurals in nulliparae 1,861 (60.2% of nulliparae)
Number of epidurals in parous 1,496 (30.5% of parous)

Acute Pain Service

- Over 90% of all surgical patients were seen by this service which now includes a pharmacist and physiotherapist.

Achievements in 2013

- In August the Emergency Obstetric Theatre in the Labour ward commenced catering for obstetric emergencies arising from the labour ward between 08.30 and 16.30. The service, while limited by lack of staffing resources is an advance in patient care allowing for timely intervention without the risk of transfer between floors. Approximately 100 procedures were carried out during the year.
- An area on the ground floor of the hospital was identified and ring fenced as the future site for a Preoperative Anaesthetic Clinic.

Challenges for 2014

- To increase the frequency of the dedicated preoperative assessment clinic to a daily service
- To replace anaesthetic machines in Theatres 1 and 2
- To provide epidural infusion pumps in every delivery room
- Increased research output

Publications

Dooley N, Hoesni S, Tan T, Carey M. A survey of the prevalence of persistent pain after vaginal delivery: a pilot study. Ir J Med Sci 2013; 182 (1): 69-71.

Fanning RA, McMorrow JP, Campion DP, Carey MF, O'Connor JJ Opioid mediated activity and expression of mu and delta opioid receptors in isolated human term non-labouring myometrium. Eur J Pharmacol. 2013 Jan 5;698(1-3):170-7.

Presentaions / Abstracts

Fanning R, Sheehan F, Carey MF, O'Connor JJ. A role for adrenergic and serotonergic receptors in the uterotonic effects of egometrine on isolated human term non labouring myometrium. ISOA Annual Meeting. December 2013

Division of Laboratory Medicine

Department of Laboratory Medicine- Administration Report

Heads of Department

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

Staff Complement

Pathology Consultants:

Dr Niamh O'Sullivan	Microbiology
Dr Catherine Flynn	Haematology/ Transfusion
Dr Colette Adida	Histopathology/ Cytology
Dr Vivion Crowley	Chemical Pathology
Locum-Pathologist	Dr Peter Kelehan – Pathology/Morbid Anatomy

Pathology Quality/ IT Manager: Stephen Dempsey

Staff Complement:

Medical Scientist & Lab Aide Staff	36 WTE
Biochemists	3 WTE
Phlebotomist	2 WTE
Administration / Clerical Staff	5.5 WTE
Laboratory Porter	1 WTE
Specialist Registrar [SPR] Histopathology	1 WTE
Consultant Staff	3 WTE
Haemovigilance Officer	1 WTE

Secretaries:

Ursula Mangan	1WTE [Histopathology and general administration]
Maud Flattery	1 WTE [Histopathology and general administration]
Jenny Caffrey	0.5 WTE [Histopathology and general administration – Jan to Sept 2013]
Elizabeth Lynch	0.5 WTE [Histopathology and general administration – Oct to Dec 2013]
Mary Nugent	0.5WTE (job sharing) [Cytopathology]
Ann O'Reilly	0.5 WTE (job sharing) [Cytopathology]
Tara McMahon	0.5 WTE (job sharing) [Cytopathology]
Avril Phillips	0.5 WTE (job sharing) [Cytopathology]
Maureen Hand	1 WTE [Microbiology and Haematology & Transfusion Medicine]
Helena Lyons	[Private Secretary]

Key Performance Indicators

Area	2008	2009	2010	2011	2012	2013
Microbiology	49463	46897	44185	44535	44672	44672
Biochemistry	167484	113709	108102	203818*	172734*	162045*
Haematology	44949	47523	45173	45546	45718	46877
Transfusion	24548	24544	24406	22010	22076	22866
Cytopathology	17401	14934	13604	12409	10428	16774
Histopathology	4999	5601	5843	5036	5606	5696
Post mortems	70	50	45	34	40	41
Phlebotomy	13877	15662	17466	18732	19394	19931

*includes POCT tests

Achievements in 2013

- Maintenance of full compliance with ISO 15189 in all pathology departments.
- The Pathology Department provided in service training to Cytopathology third year DIT Medical Laboratory Science students.
- Fergus Guilfoyle completed Specialist Diploma in Lean Healthcare.
- Karen Foley completed a Postgraduate Diploma in Healthcare Management.
- Sarah Deasy completed an MSc in Molecular Pathology.
- Niamh Kernan completed an MSc in Molecular Pathology.

Challenges for 2014

- Implementation of the new ISO 15189 standards.
- Continued cost saving and income generation initiatives within the department.

Biochemistry / Endocrinology / Point of Care Testing

Heads of Department

Dr Vivion Crowley Consultant Chemical Pathologist
Ruth O'Kelly Principal Clinical Biochemist

Staff Complement

- Ann O'Donnell-Pentony, Specialist Senior Medical Scientist (0.9 WTE)
- Mary Stapleton, Senior Clinical Biochemist (1.0 WTE)
- Sanders Sebastian, Senior Clinical Biochemist (1.0 WTE)
- Barry Crean, Staff grade Medical Scientist (1.0 WTE)
- Grace Creighton, Staff grade Medical Scientist (1.0 WTE)

Key Performance Indicators

- Test numbers:

Year	In-house tests
2013	162045
2012	172734
2011	171254
2010	169737

Note: decrease seen in 2013 due to increased confidence in Point of Care testing in clinical areas.

- The Biochemistry Department is accredited by the Irish National Accreditation Board.
- Excellent scores were continued to be achieved in our External Quality Assessment Schemes.
- Referral service for specialised tests for external hospitals.

Achievements in 2013

- Maintenance of INAB accreditation status.
- Continued training and re-certification of ward staff in Point of Care testing.
- Oestradiol was introduced as an in-house test with significant savings.
- Senior staff regularly attend multi-disciplinary meetings including the Perinatal review, Diabetes team and Point of Care committee meetings.

- Education and Teaching: Ruth O'Kelly lectures on the Masters in Clinical Biochemistry course at Trinity College. Ann Pentony has been involved in the education of midwifery/medical/paediatric staff. Barry Crean is currently studying for a degree in Engineering and Systems Maintenance. Sanders Sebastian and Grace Creighton both regularly present at the Departmental Journal Club.

- Professional Associations: Ruth O'Kelly is President of the Association of Clinical Biochemists in Ireland, a Specialist advisor on Point of Care testing to the Irish External QA Scheme and a member of the National Point of Care Consultative Group. Ann Pentony is a member of Council of the Academy of Medical Laboratory Science, responsible for membership. Mary Stapleton is secretary of the Irish Region of the Association of Clinical Biochemistry and Laboratory Medicine.

- Collaboration with research projects within the hospital including a major international project on neonatal sepsis markers in a novel point of care testing device and in two major projects on the prevention of gestational diabetes.

- Publication: "Is Point of Care Testing in Irish Hospitals ready for the Laboratory Modernisation Process? An audit against the current national Irish guidelines" RA O'Kelly, E Byrne, C Mulligan, KJ Mulready, P O'Gorman, P O'Shea, G Boran. Irish Journal of Medical Science 182:663-668 (2013).

Challenges for 2014

- The extended working day continues to pose challenges for the department, as we strive to maintain our excellent quality and service to our patients.

- Cost containment.

- Improved access to referral laboratory results on laboratory information system.

- The Diabetic service continues to expand due to the increased incidence of risk factors for diabetes in our population.

- Point of Care testing is expanding with the increased demand particularly in the area of maternal sepsis and fetal monitoring during labour. Maintaining this service (analyser support, quality control and staff training) is becoming more time-consuming.

Cytopathology

Head of Department

Professor John O'Leary	Consultant Histopathologist
Noel Bolger	Chief Medical Scientist

Staff Members

Dr Colette Adida	Consultant Histopathologist

Non Consultant Hospital Doctors

Dr Salih Bakhiet
Dr Susan Aherne
Dr Sarah Mahon
Dr Tom Fitzgerald

Scientific and Clerical staff

Mary Sweeney	Senior Medical Scientist (0.8WTE)
Nadine Oldfield	Senior Medical Scientist
Padma Naik	Senior Medical Scientist
Niamh Cullen	Medical Scientist
Roisin O'Brien	Medical Scientist
Mary McKeown	Medical Scientist (0.5WTE)
Rebecca Olohan	Medical Scientist
Graham O'Lone	Lab Aide (0.5WTE)
Cathy Hannigan	Lab Aide

Key Performance Indicators

External QC/ Internal Audit.

Workload patterns changed with the arrival of GP smears from the National Cervical Screening Programme (NCSS). From April- Dec 2013 a total of 6913 new smears were received from NCSS designated clinics.

Specimen throughput	2012 Figures	2013 Figures
Specimen throughput	10,428	16,774
Coombe OPD	(4%)	(1.5%)
Consultants/Private	(20%)	(9.5%)
Colposcopy Clinics	(67%)	(43%)
Programme GP Smears	-	(41%)
Non-Programme GPs	(9%)	(5.0%)

Achievements in 2013

- Maintaining our INAB Accreditation Status.
- Participation in the South and West EQA scheme, Bristol, U.K. (2 rounds completed).
- Participation in the Hologic TEQA scheme (4 rounds completed).
- Participation in Coombe and Tallaght Colposcopy MDT meetings.

Challenges for 2014

In April 2013 our workload increased with the arrival of contract work from the National Cervical Screening Programme (NCSS). Over a full year (2014) this volume is expected to be 12,000 smears giving us an overall smear total of approx 30,000.

Laboratory response time (turnaround time (TAT)): Cytology results must be authorised, released and transmitted to CervicalCheck within the target TAT from sample validation by the NCSS – 95% **within 10 working days.**

Haematology/Transfusion Medicine/Haemovigilance Department

Head of Department

Dr Catherine Flynn, Consultant Haematologist
Fergus Guilfoyle, Chief Medical Scientist

Staff Complement

1 WTE Chief Medical Scientist	Fergus Guilfoyle (Nov – Dec)
3 WTE Staff Grade Medical Scientists	Derek Merrin Karen Foley Gabriel Hyland
4 WTE Staff Grade Medical Scientists	Declan Lyons Lillian Broderick Therese O'Donovan (Jan – Jun 2013) Therese Cohalan Orla Cormack (Sep – Dec 2013)
1 WTE Haemovigilance Officer 0.5 WTE Clerical Officer	Sonia Varadkar Maureen Hand

Key Performance Indicators

Specimen Throughput

- Haematology tests: 46,877 (45,718 in 2012)
- Transfusion Medicine tests: 22,866 (22,076 in 2012)

Transfusion Statistics

• Number of Women transfused	238
• Number of women who received 5 or more RCC	9
• Number of babies who received paedipacks	50
• Neonatal exchange transfusions	1 neonate
• Reports to National Haemovigilance Office	2
• Umbilical Cord Blood Collection under direction to the IBTS	1

External Quality Assurance/Internal Quality Control

- Continued satisfactory performance in EQA & IQC for Haematology & Transfusion Medicine
- Blood Film screening staff enrolled in Digital Morphology EQA programme

Turn Around Time (TAT) Figures for Haematology

Test	Full Blood Count	Coagulation Screen
Number Audited	1299 (4% of total received)	195 (10% of total received)
Target Max TAT	2 Hours	4 Hours
Average TAT achieved	30 minutes	35 minutes
% within target TAT	98 %	100 %

Turn Around Time (TAT) Figures for Transfusion Medicine

Test	Crossmatch	Group & Screen
Number Audited	105 (21% of total received)	123 (2.5% of total received)
Target Max TAT	4 Hours	4 Hours
Average TAT achieved	1 Hour 6 Minutes	1 Hour 39 Minutes
% within target TAT	100 %	98 %

Achievements in 2013

- Maintained INAB ISO 15189 accreditation for Haematology, Transfusion Medicine and Haemovigilance.
- ntroduced Phase 1 of the Blood Track system.
- Reduced amount of blood expiring in stock from 5.7% to 1.9%.
- Greatly increased the frequency of monitoring of Turn Around Times in Haematology and Transfusion Medicine.
- One staff member completed Specialist Diploma in Lean Healthcare and another completed a Postgraduate Diploma in Healthcare Management, both achieving 1st Class Honours.
- In-house transfusion guideline for neonates developed.

Challenges for 2014

- Roll-out of Phase 2 of Blood Track system & preparation for Phase 3.
- Roll-out of Routine Ante-natal Anti-D Prophylaxis programme.
- Preparation of department for inspection under new version of ISO 15189 standards.

- Tri-hospital (Dublin maternity hospitals) audit on neonatal blood transfusions.
- Validation of IH-1000 Blood Grouping analyser, training of staff and introduction into routine use.
- Modifications to methods for performing and reporting Lupus Anticoagulant and Kleihauer tests to conform to latest international guidelines.
- Ongoing review of work-flow processes and procedures with a view to increase efficiencies and reduce Turn Around Times.
- Development of in-house guidelines for anaemia & haemoglobinopathy screening.
- Continuing staff education in Haemovigilance.

Haemovigilance - Midwifery Report

Head of Department

Dr Catherine Flynn
Dr Kevin Ryan

Staff Complement

1 WTE HVO, Sonia Varadkar (Haemovigilance Officer,) Author

Key Performance Indicators

• Number of women transfused	238
• Number of women who received 5 or more RCC	9
• Number of babies who received pedipacks	50
• Neonatal exchange transfusions	4 units to 1 baby
• Reports to National Haemovigilance Office	2 accepted
• Umbilical Cord Blood Collection under the direction to the IBTS =	1

Achievements in 2013

- Accreditation – ISO 15189
- 100% traceability of blood components and blood products
- Implementation of Electronic BloodTrack System

Challenges for 2014

- Education of staff
- Review guidelines/SOPs relating to blood components and blood products
- Transfusion rate reduction - staff identifying risk factors early and involvement in Massive Obstetric Haemorrhage Drills
- To maintain ISO 15189 (INAB Accreditation)
- Implementation of phase 2 and 3 of Electronic BloodTrack System

Histopathology and Morbid Anatomy

Head of Department

Professor John O'Leary	Consultant Histopathologist
Jacqui Barry-O'Crowley	Chief Medical Scientist

Staff Members

Dr Colette Adida	Consultant Histopathologist

Non Consultant Hospital Doctors

Dr Salih Bakhiet
Dr Susan Aherne
Dr Sarah Mahon
Dr Tom Fitzgerald

Scientific and Clerical staff

Linda Donegan	Senior Medical Scientist 1 WTE
Paul Moorehead	Medical Scientist 1 WTE
Dr. Louise Kehoe	Medical Scientist 1 WTE
Ciara Murphy	Medical Scientist 1 WTE
Niamh Kernan	Medical Scientist 1 WTE
Mairéad O'Byrne	Medical Scientist 1 WTE
Johnny Savage	Laboratory Assistant 1 WTE
Graham O'Lone	Mortuary Technician 0.5 WTE

Key Performance Indicators

Specimens	5,696
Blocks	18,218
Special stains	194
Immunohistochemistry	4,639
In-Situ Hybridisation	107
Fresh Tissue /Frozen Sections	10
Post Mortem Cases	41

Colposcopy Specimens 2013

Specimen Type	Average Case Numbers	Average Blocks Numbers	Slide Numbers
LLETZ	756	7,000	14,000
Cervical biopsies	883	883	2649

(Each block has x 2 level on each block. 20 % of LLETZ cases have further levels)

Achievements in 2013

- Maintained INAB Accreditation to ISO15189 Standards.
- The histopathology workload continued to increase in 2013, carrying out work generated under the CWIUH/NCSS Colposcopy SLA.
- Increased the number of Immunohistochemistry panel of antibodies offered to Pathologists which were subsequently accredited by INAB.
- 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.
  3. Inter Laboratory IHC EQA Scheme which is organised through the CWIUH with other INAB accredited histopathology departments nationally.
- INAB Accreditation for Silver In-Situ Hybridisation (SISH) which is used routinely in molar pregnancy diagnostics.
- Two Medical Scientists attended the Roche Tissue Diagnostics Meeting.
- One Medical Scientist completed an MSc in Molecular Pathology.
- Placement for Student Medical Scientist Histopathology/Molecular Pathology facilitated.
- All medical scientists took part in a CPD program.
- Facilitated histopathology staff to be involved in Continuous Professional Development and course attendance.

Challenges for 2014

- INAB Accreditation Certification for Histopathology.
- Commence offering HPV in-Situ hybridization, that is INAB accredited.
- Continue the management of the Inter Laboratory IHC Assessment Scheme.
- Continue to facilitate histopathology staff to partake in Continuous Professional Development and facilitate staff to undertake their MSc.
- Facilitate a Student Medical Scientist Histopathology/Molecular Pathology Clinical Placement with DIT.

Microbiology and Infection Prevention and Control

Heads of Department

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

Staff members

1 WTE Dr. Catherine Byrne	Chief Medical Scientist
1 WTE Anne Marie Meenan	Surveillance Scientist
1 WTE KellyAnne Herr	Senior Medical Scientist
1 WTE Sheila Collins	Senior Medical Scientist (Maternity Leave)
1 WTE Sabrina McCaffrey	Senior Medical Scientist (Since Aug 2013)
1 WTE Ciaran Byrne	Staff Grade Medical Scientists
1 WTE Sarah Deasy	Staff Grade Medical Scientists
1 WTE Grace Nugent	Staff Grade Medical Scientists (Locum)
0.5 WTE Teresa Hannigan	Laboratory Aide

Key Performance Indicators

- Numbers attending IPC education sessions
- IPC contact tracing
- Surveillance of alert organisms
- NICU Bloodstream Infections (BSI)
- Caesarean Section Surgical Site Infection rate
- Adult BSI rates
- EARS-Net (European Antimicrobial Resistance Surveillance Network)
- External/Internal Quality Control Performance
- Turnaround Times
- Microbiology specimen throughput:

Internal	30,822
External	13,850
Total	44,672

Achievements in 2013

- Ongoing Infection Prevention and Control Quarterly Committee meetings chaired by Dr. Niamh O' Sullivan on a quarterly basis.
- Bi-annual hand hygiene audit – Scored 83% and 83% in 2013.
- NICU water testing for Pseudomonas aeruginosa extended.
- Switch from CLSI to EUCAST for susceptibility testing in line with international agreements.
- Additional validation and batch acceptance workload required for accreditation carried.
- Increased requirement for screening of alert organisms absorbed within resources.
- Manage workload and staffing to cover extended and increased working hours.
- Audit of GBS PCR resulted in change of protocol which decreased clinical and laboratory workload.
- Maintained INAB accreditation.
- MSc awarded to Sarah Deasy.
- Anti-biogram data to inform antimicrobial guideline for Pharmacy generated.
- Infection Prevention and Control Dashboard enhanced and maintained.
- "Bug busting" team maintains reduced Neonatal sepsis rates; the "Bug Buster" poster took 1st prize at the Essence of Midwifery Care Conference and the National IPC Conference.
- Ongoing presentations and feedback to multidisciplinary meetings.

Challenges for 2014

- Microbiology and the Infection Prevention and Control Team must continue to respond to changes in patient case load and acuity.
- To increase input into Caesarean SSI surveillance.
- To commence Gynaecology wound surveillance.
- Presentations of Obstetric Microbiology data monthly.
- Optimise screening of patients from other healthcare facilities for Multi Drug Resistant Organisms.
- HIQA audits by IPC.
- Prevention of HCAI.
- Input into product procurement and Point Of Care Tests.
- Antibiotic stewardship by regular feedback of antimicrobial susceptibility patterns and reiterations of guideline recommendations.
- Maintain INAB Accreditation.
- Increased weekly epidemiology queries and reporting due to wider range of infections to be reported through CIDR; including GBS and Syphilis.
- Cost containment.
- Apply electronic alerts for MDRO to IPMS records.

Pathology/Molecular Pathology

Head of Department

Professor John O'Leary	Consultant Pathologist and Chair of Pathology, Trinity College Dublin. Principal investigator, Biomedical Diagnostics Institute (BDI) [an SFI funded CSET]. Cancer Champion, Trinity College Dublin.

Staff Complement

Academics	Dr Cara Martin Assistant Professor (Trinity College Dublin)
Molecular Pathology Manager	Dr Cara Martin (TCD/CWH)
Research Scientists	Dr Michael Gallagher Ms Loretto Pilkington Dr Helen Keegan Dr Cathy Spillane Dr Victoria McEneaney Dr Katharine McAllister Dr Britta Stordal Dr Sharon O'Toole (shared with Obs & Gynae, TCD) Dr Prerna Tewari Dr Christine White Dr Lynne Kelly Dr Antoninio Glaviano

Research Students

PhD/MD	Itunu Soyingbe, Brendan Ffrench, Aoife Cooke, Padraig Kearney, Louise Flynn, Stephen Buschotts, Claudia Gasch, Mark Bates, Gomaa Sulaiman, Dr Jeyanthi Kulasegarah, Dr Robbie Woods, Dave Nutall.
Research Associates	Dr Michael Turner, Prof Walter Prendiville, Dr Tom D'Arcy, Dr Gunther von Bunau, Dr Mary Anglim, Dr Cliona Murphy, Dr Nadine Farah, Dr Margaret Sheridan, Dr Bridgette Byrne, Dr 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), Dr Edgar Mocanu (Rotunda), Professor Dolores Cahill (UCD), Professor Steve Pennington (UCD), Dr Fiona Lyng (DIT), Dr Linda Sharp (NCRI), Prof Charles Normand (TCD), Dr Bryan Hennessy (RCSI).

Key performance indicators

1. Grants held 2013

Title:	CERVIVA 2: building capacity and advancing research and patient care in cervical screening and other HPV associated diseases in Ireland.
Awarding Body:	Health Research Board. Collaborative Applied Research Grant (2012-2017).
Total Value:	€1,250,000.
Title:	Systems biology approaches to cervical pre-cancer and cancer SYSTEMCERV Awarding Body: European Union 7th Framework Programme. (FP7-Health HEALTH-2012.2.1.2-1 [Systems Medicine: SME driven research applying systems biology approaches to address medical and clinical needs] – (2012-2014).
Total Value:	€3,140,000.
Title:	What is the circulating tumour cell and the role of the immune system in the metastatic cascade? John O'Leary CSA.
Awarding Body:	Health Research Board. Clinician Scientist Award (CSA) Awards (2012-2014).
Total Value:	€280,000.
Title:	CERVIVA 2: building capacity and advancing research and patient care in cervical screening in Ireland.
Awarding Body:	Health Research Board. Interdisciplinary Capacity Enhancement (ICE) Awards (2011-2014).
Total Value:	€620,000.
Title:	Non-coding miRNAs as regulators of chemoresistance in ovarian cancer.
Awarding Body:	Royal City of Dublin Hospital Trust Fund, Duration: 2011-2014.
Total value:	€66,545.
Title:	A 'Molecular Pap test' for cervical cancer screening – detecting HPV infection and cellular abnormalities in exfoliated cervical cells (2011-2014).
Awarding Body:	Enterprise Ireland, Commercialisation fund www.enterprise-ireland.com.
Total value:	€ 344,625.
Title:	Biomedical Diagnostics Institute 2 [BDI2] SFI CSET ONC1 Programme (2010-2015).
Awarding Body:	Science Foundation Ireland.
Total value:	€ 19.2 million, [actual value to ONC1 programme 1.2million]
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:	Platform for Advanced Single Cell-Manipulation and Analysis (2010-2013) (Co-investigator)
Awarding Body:	European Union 7th Framework Programme. (FP7-Strep-2010) Total Value: €3,000,000.
Title:	Prostate Cancer Research Consortium [2011-2015] JOI co-PI
Awarding body:	Irish Cancer Society.
Total value:	€750,000.00

Title:	Prostate Cancer Research grant.
Awarding body:	Health Research Board [prostate grant; JOL co-PI with Prof Steve Pennington, UCD] 2012-2014.
Total value:	€220,000.00
Title:	Prognosis potential of miRNAs in high-risk radiotherapy prostate cancer patient [JOL collaborator]
Awarding body:	Health Research Board 2012-2015.
Total value:	€299,000.00
Title:	Mazzone Special Challenge Award.
Awarding body:	Prostate Cancer Research Foundation [PCF].
Total value:	USD1,000,000.00
Title:	Pharmaco-epidemiology of ovarian cancer. [JOL named collaborator].
Awarding body:	The Health Research Board.
Total value:	€350,000.00
Title:	Movember Global CTC project.
Awarding body:	Movember [JOL co-PI].
Total value:	AusD1,567,500.00
Title:	A risk model for prediction of venous thromboembolism in gynaecological cancer patients post surgery 2013-2016.
Awarding body:	The Health Research Board. [Investigators: Norris, O'Toole, Gleeson, O'Leary].
Total value:	€299,000.00
Title:	Movember Revolutionary Team Award – Australia.
Awarding body:	Movember [JOL co-PI]
Total value:	AUD4,250,000.00
Title:	Evasion of immune editing by circulating tumour cells is an exercise-modifiable mechanism underlying aggressive behaviour in obese men with prostate cancer.
Awarding body:	World Cancer Research Fund. [PI: Stephen Finn; JOL co-PI], 2014 – 2018.
Total value:	£249,994.00
Title:	Movember/ Irish Cancer Society Trans formative grant. iProspect – JoL co-applicant and investigator 2014-2016
Awarding body:	Irish Cancer Society and Movember.
Total value:	€750,000.00
Title:	Senior Clinical Fellowship [visiting].
Awarding body:	Government of Queensland.
Total value:	AUD6,1000,000.00

2. Publications
In 2013, the Molecular Pathology Group at the CWIUH and St James's Hospital published 8 peer reviewed journal articles with 6 additional articles accepted, 1 book chapter accepted and 21 published abstracts [see below].

3. Post graduate degrees
In 2013, the department had 13 post graduate students pursuing PhD and MD degrees.

4. Diagnostic Services
The Molecular Pathology Group campus company GynaeScreen, provides HPV testing services to the hospital and outside parties.

Achievements in 2013

Peer reviewed publications

1. Brosnan JF, Sheppard BL, Kelly LA, O'Leary JJ, Norris LA. Norethisteron acetate alters coagulation gene expression in vitro in human cell culture. Thromb Res. 2013 Jan;131(1):72-7. doi: 10.1016/j.thromres.2012.09.006. Epub 2012 Sep 19. PubMed PMID: 22999413.

2. Laios A, Mohamed BM, Kelly L, Flavin R, Finn S, McEvoy L, Gallagher M, Martin C, Sheils O, Ring M, Davies A, Lawson M, Gleeson N, D'Arcy T, d'Adhemar C, Norris L, Langhe R, Saadeh FA, O'Leary JJ, O'Toole SA. Pre-Treatment of Platinum Resistant Ovarian Cancer Cells with an MMP-9/MMP-2 Inhibitor Prior to Cisplatin Enhances Cytotoxicity as Determined by High Content Screening. Int J Mol Sci. 2013 Jan 22;14(1):2085-103. doi: 10.3390/ijms14012085. PubMed PMID: 23340649;PubMed Central PMCID: PMC3565367.

3. Barr MP, Gray SG, Hoffmann AC, Hilger RA, Thomale J, O'Flaherty JD, FennellDA, Richard D, O'Leary JJ, O'Byrne KJ. Generation and characterisation of cisplatin-resistant non-small cell lung cancer cell lines displaying a stem-like signature. PLoS One. 2013;8(1):e54193. doi: 10.1371/journal.pone.0054193. Epub 2013 Jan 17. PubMed PMID: 23349823; PubMed Central PMCID: PMC3547914.

4. Stordal B, Timms K, Farrelly A, Gallagher D, Busschots S, Renaud M, Thery J,Williams D, Potter J, Tran T, Korpanty G, Cremona M, Carey M, Li J, Li Y, AslanO, O'Leary JJ, Mills GB, Hennessy BT. BRCA1/2 mutation analysis in 41 ovarian cell lines reveals only one functionally deleterious BRCA1 mutation. Mol Oncol. 2013 Jun;7(3):567-79. doi: 10.1016/j.molonc.2012.12.007. Epub 2013 Jan 31. PubMed PMID: 23415752; PubMed Central PMCID: PMC4106023.

5. White C, Keegan H, Pilkington L, Ruttle C, Kerr P, Sharp L, O'Toole S, Turner M, Prendiville W, D'Arcy T, Fitzpatrick M, Lenehan P, Flannelly G, O'Leary JJ Martin CM. Evaluation of the clinical performance of the cobas 4800 HPV test in patients referred for colposcopy. J Clin Microbiol. 2013 Oct;51(10):3415-7. doi:10.1128/JCM.01949-13. Epub 2013 Jul 31. PubMed PMID: 23903550; PubMed Central PMCID: PMC3811647.

6. Cooke NM, Egan K, McFadden S, Grogan L, Breathnach OS, O'Leary J, Hennessy BT, Kenny D. Increased platelet reactivity in patients with late-stage metastatic cancer. Cancer Med. 2013 Aug;2(4):564-70. doi: 10.1002/cam4.86. Epub 2013 May 21. PubMed PMID: 24156029; PubMed Central PMCID: PMC3799291.

7. Abu Saadeh F, Norris L, O'Toole S, Mohamed BM, Langhe R, O'Leary J, Gleeson N.Tumour expresion of tissue factor and tissue factor pathway inhibitor in ovarian cancer- relationship with venous thrombosis risk. Thromb Res. 2013 Nov; 132(5):627-34. doi: 10.1016/j.thromres.2013.09.016. Epub 2013 Sep 21. PubMed PMID: 24094893.

8. Kelly LA, Seidlova-Wuttke D, Wuttke W, O'Leary JJ, Norris LA. Estrogen receptor alpha augments changes in hemostatic gene expression in HepG2 cells treated with estradiol and phytoestrogens. Phytomedicine. 2014 Jan 15;21(2):155-8. doi: 10.1016/j.phymed.2013.07.012. Epub 2013 Aug 23. PubMed PMID: 23972791.

Published Abstracts 2013

1. D'Adhemar C, Spillane C, Gallagher M, O'Toole S, Martin C, Stordal B, Cooke A, Ffrench B, Finn S, Flavin R, O'Leary JJ. MyD88 Is Central to the Process of Differentiation in Cancer Stem Cells Which May Explain Its Role in Chemoresistance of Ovarian Cancer. Laboratory Investigation 93; 270A-270A, 2013

2. Ffrench B, Gallagher M, Cooke A, Stordal B, O'Toole S, Martin C, Sheils O, O'Leary J. Isolation and Interrogation of Ovarian Cancer Stem Cells.Laboratory Investigation 93; 274A-275A, 2013.

3. White C, Pilkington L, Keegan, H, O'Toole S, Spillane C, Sharp L, O'Kelly R, Flannelly G, O'Leary JJ, Martin CM. The Clinical Utility of HPV DNA, mRNA and p16INK4A/Ki-67 as Triage Tools for Low Grade Cervical Lesions LSIL and ASCUS. Laboratory Investigation 93; 107A-107A, 2013.

4. O'Connor M, Murphy J, White C, Ruttle C, Martin C, Flannelly G, Bunau G von, O'Leary J, Pilkington L, Anglim M. Prevalence and Predictors of Anxiety and Worry in Women After Colposcopy: A Longitudinal Study Psycho-Oncology 22; 303-303, 2013.

5. McEvoy L, O'Toole S, Spillane C, Stordal B, Gallagher, M, Martin C, Norris L, Gleeson N, McGoldrick A, Furlong F, McCann A, O'Leary JJ. Novel Hypoxia-Associated Markers of Chemoresistance in Ovarian Cancer. Laboratory Investigation 93; 288A-288A,2013.

6. O'Connor M, Murphy J, White C, Ruttle C, Martin C, Flannelly G, Bunau G von, O'Leary J, Pilkington L, Anglim M. Associations Between Psychological and Physical After-Effects in Women Undergoing Colposcopy and Related Procedures for Follow-Up for an Abnormal Cervical Smear Psycho-Oncology 22; 302-303, 2013.

7. Vencken S, Gallagher MF, Blacksheilds G, Martin C, Sheils OM, O'Leary JJ. Mechanisms of Expression and Regulation of SOX2 and its Targets in Two Embryonal Carcinoma Cell Lines. Laboratory Investigation 93; 297A-297A, 2013.

8. Conlon N, Spillane C, Cooke N, O'Toole S, Martin C, Sheils O, Kenny D, Bernd, M, O'Leary J. Interaction of Platelets with Ovarian Carcinoma Cells Leads to Induction of an Epithelial Mesenchymal-Transition (EMT)-Associated Gene Expression Profile in Carcinoma Cells. Laboratory Investigation 93; 270A-270A, 2013.

9. McEneaney V, Keegan H, Gallagher M, Martin C, Shiels O, Schondube J, Gross A, Koltay P, O'Leary J. Single Cell Manipulation Technology-Towards" Ink-Jet" Printing of Cancer Arrays Laboratory Investigation 93; 497A-497A,2013.

10. Lawlor D, Spillane C, O'Leary JJ, Stordal B. Collateral Sensitivity to Cisplatin in KB-8-5-11 Is Confluence Dependant. Modern Pathology. Feb 2013; 26: 284A.

11. McEvoy L, O'Toole S, Spillane C, Stordal B, Gallagher M, Martin C, Norris L, Gleeson N, McGoldrick A, Furlong F, McCann A, Sheils O, O'Leary J. Novel Hypoxia-Associated Markers of Chemoresistance in Ovarian Cancer. Modern Pathology. Feb 2013; 26: 284A.

12. White C, Pilkington L, Keegan H, O'Toole S, Spillane C, Sharp L, O'Kelly R, Flannelly G, O'Leary JJ, Martin CM. The Clinical Utility of HPV DNA, mRNA and p16INK4A/Ki-67 as Triage Tools for Low Grade Cervical Lesions LSIL and ASCUS. Modern Pathology. Feb 2013; 26: 107A.

13. Ffrench B, Kehoe L, Doyle B, Cooke A, Stordal B, O'Toole S, Martin C, Sheils O, Gallagher M, O'Leary J. Identification, Isolation and Validation of Ovarian Cancer Stem Cells. ISSCR 2013.

14. O'Connor M, White C, Ruttle C, Martin C, Flannelly G, von Bunau G, O'Leary J, Pilkington L, Turner M, Farah N, Cleary S, D'arcy T, Prendiville W, Murphy J, Sharp L. Prevalence and predictors of anxiety and worry in women after colposcopy: a longitudinal study. UK Society behavioural medicine, Oxford, 9-10th December 2013.

15. O'Connor M, White C, Ruttle C, Martin C, Flannelly G, von Bunau G, O'Leary J, Pilkington L, Anglim M, Turner M, Farah N, Cleary S, D'arcy T, Prendiville W, Murphy J, Sharp L. Prevalence and predictors of anxiety and worries in women following colposcopy: results from a longitudinal study. British Society for Colposcopy and Cervical Pathology, Glasgow, 25th April, 2013.

16. O'Connor M, Murphy M, White C, Ruttle C, Martin C, Flannelly G, von Bunau G, O'Leary J, Pilkington L, Anglim M, Turner M, Farah N, Cleary S, D'arcy T, Prendiville W, Sharp L, on behalf of the Irish Cervical Screening Research Consortium (CERVIVA). Associations Between Psychological And Physical After-Effects In Women Undergoing Colposcopy And Related Procedures For Follow-up For An Abnormal Cervical Smear. International Psycho-Oncology Conference 2013, 4th-8th November, Rotterdam. The Netherlands.

17. O'Connor M, Murphy M, White C, Ruttle C, Martin C, Flannelly G, von Bunau G, O'Leary J, Pilkington L, Anglim M, Turner M, Farah N, Cleary S, D'arcy T, Prendiville W, Sharp L, on behalf of the Irish Cervical Screening Research Consortium (CERVIVA). Prevalence and Predictors Of Anxiety And Worry In Women After Colposcopy: A Longitudinal Study. International Psycho-Oncology Conference 2013, 4th-8th November, Rotterdam. The Netherlands.

18. Tewari P, Spillane C, Keegan H, Pilkington L, White C, Jeney C, Bencwick M, Varga N, D'Arcy T, Murphy C, Anglim M, Cleary S, Farah N, Sheils O, O Toole S, Sharp L, O'Leary J, Martin C. Assessing the role of a novel panel of mRNA biomarkers for managing women in Colposcopy. Eurogin 2013, HPV at a crossroads: 30 years of research and practice. Florence, Italy 3-6th November 2013.

19. White C, Ruttle C, Pilkington L, Keegan H, O'Toole S, Spillane C, Sharp L, O'Kelly R, Flannelly G, O'Leary JJ, Martin CM. HPV DNA, mRNA and p16INK4A/Ki-67 protein co-expression in minor cervical abnormalities. European Federation of Colposcopy and Cervical Pathology, Prague, Sept, 2013.

20. White C, Ruttle C, Keegan H, Pilkington L, O'Toole S, Sharp, L, Kerr, P, Turner M, Prendiville W, D'Arcy T, Fitzpatrick M, Lenehan P, Flannelly G, O'Leary JJ, Martin CM. Evaluation of the clinical performance of the Cobas 4800 HPV test in a colposcopy referred population. Eurogin. Florence November 2013.

21. McEneaney V, Keegan H, Gallagher M, Martin C, Shiels O, Gross A, Koltay P, O'Leary J. "PASCA's Single Cell Manipulation Technology – A Powerful New Tool in Cancer Diagnostics and Therapeutics" Lab-on-a-Chip Asia - Singapore November 12th & 13th 2013.

Challenges for 2014

Establishment of a Non Invasive Prenatal Testing service using next generation sequencing technology.

Phlebotomy in OPD

Head of Department

Martina Ring, Chief Medical Scientist (Laboratory Manager)

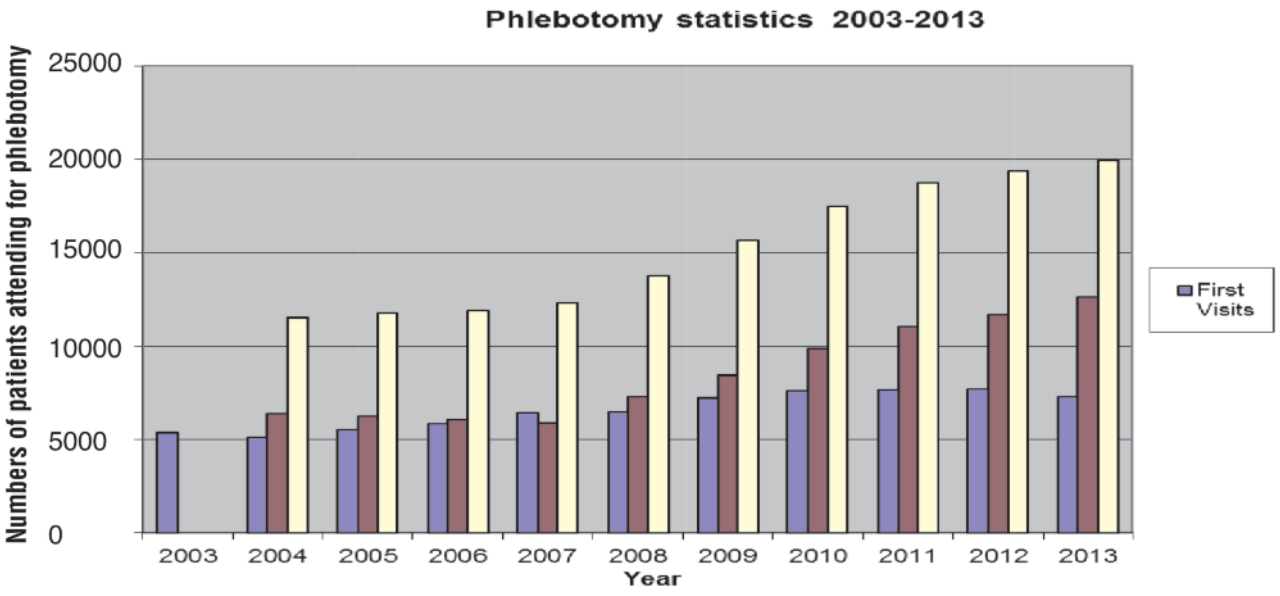
Staff Complement

1 WTE - Artemio Arganio
1 WTE – Vladimir Getoyev

Key Performance Indicators

Continued increase in workload through the department.
Figures supplied below relate to patient episodes only.

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
First Visits	5383	5147	5522	5860	6435	6509	7212	7610	7672	7714	7298
Other Visits		6382	6250	6036	5886	7269	8450	9856	11060	11680	12633
Total		11529	11772	11896	12321	13778	15662	17466	18732	19394	19931



Radiology Departments

Department of Adult Radiology

Head of Department

Professor Mary Keogan

Staff Complement

1 Clinical Specialist Radiographer (part time) general
1 Senior Radiographer (part time), general
1 Clinical Specialist Radiographer (part time), ultrasound
1 Senior radiographer (1 day/ week), ultrasound

Key Performance Indicators

- Waiting time for routine gynaecology ultrasound < 6 weeks

Achievements in 2013

- Refurbishment of Ultrasound Scanning areas.

Challenges for 2014

- Prevention of unacceptable wait times for gynaecology imaging accentuated by change over in ultrasound sonographer staff.

Relevant Statistics:

	n =
Adult OPD Radiographs	73
Adult OPD Ultrasounds	2019
Adult Inpat Radiographs	78
Adult Inpat Ultrasounds	159
TOTAL ADULT EXAMINATIONS	2359

Department of Paediatric Radiology

Head of Department

Dr David Rea

Staff Complement

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

Key Performance Indicators

	n =
Outpatient Radiographs	1,490
Inpatient Radiographs	2,105
Inpatient Ultrasounds	1,039
Total paediatric examinations	4,634

Achievements in 2013

- Teaching registrars on the RCSI Radiology Training Scheme about neonatal imaging particularly emergency US

Challenges for 2014

- Significant increase in Consultant Paediatric Radiology support (beyond the current 13 hours per week) required for clinical service and undergraduate/postgraduate education and training
- Significant increase in NICU ultrasound; highest number of infants >1500g in the state in CWIUH NICU
- Equipment replacement
- Installation of a Patient Archiving and Communications System (PACS)
- The Orthopaedic team continue to require an appropriately resourced hip ultrasound service

Allied Services

Bereavement Support

Head of Department

Ms Brid Shine – CMS Bereavement (Author)

Staff Complement:

0.5 WTE Clinical Midwife Specialist

Key Performance Indicators

- Provision of anticipatory bereavement counselling support to parents whose baby is diagnosed with a life-limiting condition.
- Provision of bereavement counselling support for parents who experience a Perinatal Death. This may be at the time of loss, in the weeks and months that follow, and may include care in relation to subsequent pregnancy anxiety.
- Co-ordinating the formal structured follow up care of bereaved parents who experience stillbirth.
- Advocacy role of the needs of bereaved parents, and development of service provision in response to the identified needs of bereaved families.
- Development of a holistic approach in Bereavement Care in line with evidence based practice (NICE 2014).
- Resource & informal support to staff impacted in their care of bereaved families.

Achievements in 2013

- Bereavement training & education, inputting on Midwifery Programmes in the CME, on the Undergraduate Programmes in TCD, as well as informal education in the clinical setting.
- Involved in the establishment of the Hospital's End of Life Care Committee as part of the Hospice Friendly Hospital's Initiative, and I co-facilitated two HFH staff training programmes.
- Involved with the Irish Hospice Foundation in the establishment of a National Network Meeting of staff working in End of Life/ Bereavement Care within Maternity services.
- Commenced Mindfulness Teacher Training with the Institute of Mindfulness Based Approaches (Europe).

Challenges in 2014

- The CMS role continues in a part time capacity and therefore is limited in respect of further service expansion and development.
- Increasing volume of clerical duties reduces time available for direct client contact and impacts the ability to be pro-active in bereavement follow up care.
- A nominated Clinical lead in the area of Perinatal death would greatly assist development, research & audit.

Clinical Nutrition and Dietetics

Head of Department

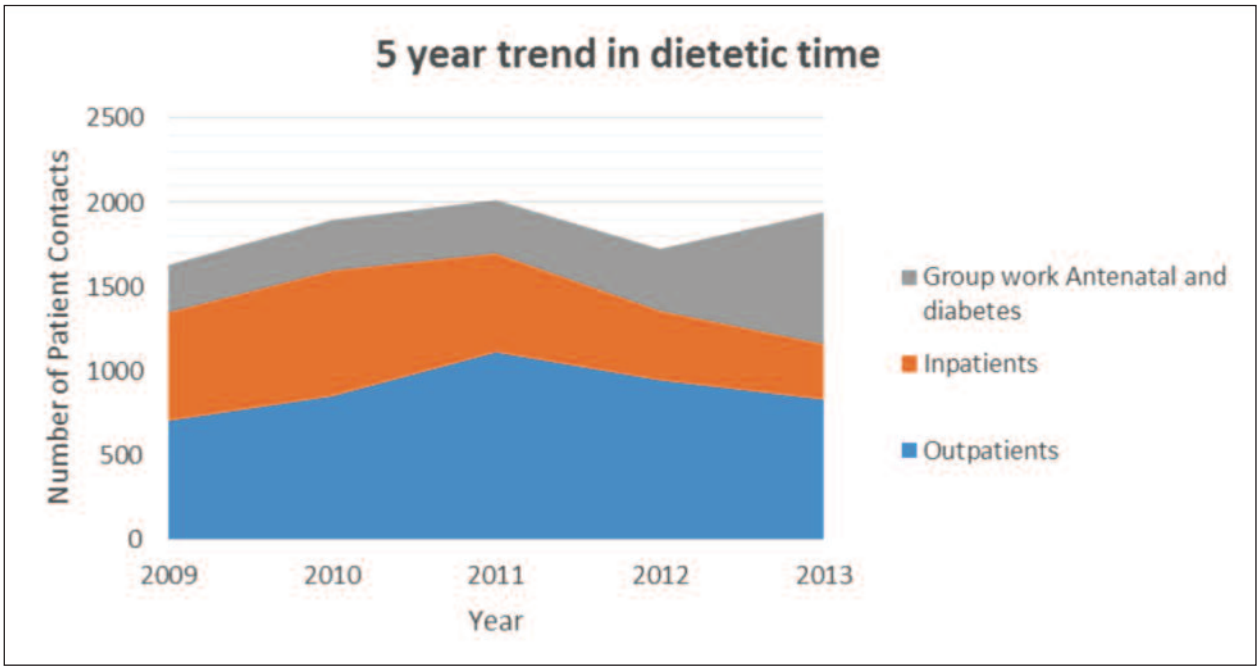
Senior Dietician – Fiona Dunlevy under management of Clinical Nutrition Manager, Sandra Brady, St. James's Hospital

Staff Complement

- 1 WTE Senior Dietitian

Key Performance Indicators

The 5-year trend in clinical activity shows an increase in outpatient and group work with a decrease in inpatient clinical time, which can be attributed to the dramatic increase in women attending the CWIUH with Gestational Diabetes.



Achievements in 2013

- Review and improvement of inpatient catering service including menu analysis, patient satisfaction survey, patient and staff education.
- Implementation of efficiency strategies to accommodate the increase in patient numbers including group education with the MDT for GDM.

- Audit and report on the CWIUH multidisciplinary nausea and vomiting guideline for women with Hyperemesis Gravidarum.
- Continued participation at national level in clinical care programmes.
- Development of a national guideline for nutrition in pregnancy.

Challenges for 2014

Meeting the increasing demands for dietetics in the area of Gestational Diabetes continues to pose a considerable challenge. Increasing demands in Diabetes continue to impact on the dietetic service available for antenatal, gynaecology, obesity and paediatrics.

Clinical Risk Management Department

Head of Department

Susan Kelly

Staff Complement

- Ann Byrne, Assistant Clinical Risk Manager - WTE

Key Performance Indicators

To capture and report all incidents and untoward clinical events which threaten patient safety.

To investigate reported incidents in order to identify possible system vulnerabilities, extract the learning, implement change where indicated and communicate this to the multidisciplinary team.

To promote patient safety through the delivery of a quality risk management service within the multidisciplinary team.

Achievements in 2013

The Clinical Risk Manager facilitated a number of Incident Reporting lectures in order to highlight the dependence of an effective risk management programme on a reliable and robust reporting culture. These were well attended by the multidisciplinary team.

The Risk Management Committee introduced the publication of a "Safety Matters" newsletter on a bi-monthly basis in order to ensure appropriate communication to staff of patient safety issues discussed at the monthly meetings.

The ISBAR communication report tool continues to be promoted in the clinical areas as the most appropriate method of communication between the multidisciplinary team.

The risk managers from the three Dublin maternity hospitals facilitated another two successful study days on the Legal Aspects of Midwifery & Nursing Care in the Centre for Midwifery Education. The participants included midwifery colleagues from the three Dublin hospitals and some of our network hospitals.

The Clinical Risk Manager had an article published in the INMO monthly magazine WIN on The Coroner's Court.

The Clinical Risk manager continues to facilitate on the CTG Interpretation workshops held regularly in the Centre for Midwifery Education for midwifery staff within Dublin and our network hospitals.

Challenges for 2014

To continue to promote a positive safety culture by encouraging shared perceptions of the importance of safety in this challenging economic climate with reducing human and financial resources.

To continue the development of the Risk Register.

To co-operate in the introduction of Open Disclosure and the National Consent Policy as mandated by the HSE.

I welcome this opportunity to thank the CRM committee for their continued commitment and support. There were ten meetings held during the year and all were well attended. I would particularly like to thank the Master, Dr Sharon Sheehan for her drive, enthusiasm, support and guidance in all aspects of risk management and patient safety.

The work in the department in the area of risk and claims management has risen expeditiously over the past few years and I sincerely thank Ann Byrne for her continued support and assistance. The administrative support of Mary Jackman is also appreciated.

Chaplaincy/Pastoral Care Department

Heads of Department

Ms Phil Power, Chaplain
Ms Renee Dilworth, Chaplain

The Pastoral Care Department provides a supporting ministry to all families in times of sadness and in times of joy. The surrounding parishes provide additional support, as required. The chaplains understand that everyone has a spiritual dimension and that many may have a religious component. We can contact Ministers and Leaders of other denominations and traditions at the request of patients. Chaplaincy is both a pastoral ministry of the Church 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. The Book of Remembrance continues to be displayed in the Oratory and is regularly updated.
With funding from Friends of the Coombe we were able to buy a new burial plot for the hospital and a headstone was erected to mark the grave in Holy Angels, Glasnevin Cemetery.

Key Performance Indicators

• Bereavement Support	232
• Funeral Services	186
• Baptisms	36
• Naming/Blessing Services	61
• Appointments for past patients	20
• Prayer Services for past miscarriage and loss	8
• Referral for support for foetal anomalies	18
• Requests for copy of Baptismal Certificates	13
• Organise Mass and Services for staff as required	9

In 2013 the Department continued to provide support to patients and staff. The wards and the NICU were visited daily. We had a Service of Remembrance for Bereaved parents and their families and this year the newly formed Coombe Choir sang at the service. The Department continues to respond to the growing cultural diversity of families attending our hospital. We are committed to ongoing development personally, pastorally and professionally. The support and encouragement of all Staff and Management is deeply appreciated by the chaplains.

Medical Social Work Department

Head of Department

Ms. Rosemary Grant (author)

Staff Complement

In 2013 the permanent staff complement in the Medical Social Work Department remained unchanged at five and a half WTE posts. The Medical Social Workers employed during 2013 were:

Ms. Rosemary Grant	B.S.S., C.Q.S.W. - Principal Medical Social Worker
Ms. Denise Shelly	B.Soc.Sc., C.Q S.W. - Senior Medical Social Work Practitioner
Ms. Carmel Cronin	B.Soc.Sc., MA Social Work, N.Q.S.W (Until 1st March 2013)
Ms. Tanya Franciosa	B.S.S., N.Q.S.W.
Ms. Kate Burke	B.Soc. Sc., M. Soc. Sc., N.Q.S.W. (from 13th of June 2013)
Ms. Sarah Lopez	B.A., H Dip.Soc.Pol., MA Social Work, N.Q.S.W. Diploma in Play Therapy and Child and Adolescent Psychotherapy(Part Time/Job Share post) (from 25th March 2013)
Ms. Berit Andersen	(Locum, Part Time/ Job Share) from the 4th of September 2013
Ms. Mary Treacy	B.Soc. Sc., H. Dip. In Ed., Dip. In Applied Social Studies, C.Q.S.W., MA Social Work (Part time post)

In 2013 the receptionist/secretarial services was provided to the Medical Social Work Department by Ms. Karen Farrell.

During 2013 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 Neonatal Unit, to those with addiction problems and to those attending the Naas Clinic and patients with out of Dublin addresses continued. It was not possible to provide a dedicated Medical Social Worker to all of the obstetric teams. This is particularly true in the case of the specialist clinics including the non- addiction part of Team A Dr O Connell, Team Multiple Births, Team Diabetes and Team B. The Medical Social Work service provided to patients attending these teams is on a rota basis. The lack of a dedicated Medical Social Worker for these patients is challenging for the patients, the Medical Social Workers and for other members of the interdisciplinary team providing care to these women and their partners and expected babies.

In 2013, the number of patients who were appropriately 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 patients' General Practitioners, 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.

Child protection issues arise in relation to a wide range of children including:

- babies born in the Coombe Women and Infants University Hospital

- patients attending either the hospital's gynaecological service or obstetric service who are under 18 years

- siblings of babies born in the hospital

- children who are visiting the hospital

- unknown children

The identification of Child Protection concerns in relation to any of the above groups of children is of extreme importance as is the appropriate referral of the family to their local HSE Child Protection Social Work team for an assessment of the risks /issues involved. Preparation for and attendance at Child Protection Case Conferences both pre birth and after birth remain an important and time consuming part of the workload of the Medical Social Workers.

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 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. Hospital staff, when making decisions about an appropriate referral being made to the Medial Social Work Department, need to take account of all of the people involved and in particular children affected by the issue of concern. As mentioned earlier, affected children are not just the expected babies but include siblings, young parents, and other children whose identities may be unknown. The importance of the HSE's Children First Guidelines for all hospital staff cannot be over emphasized.

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 is essential. This liaison occurred during 2013 both at individual patient/family level and at a broader level. The Medical Social Work Staff continues 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. Ms Rosemary Grant continued to chair the National Advisory Committee of the Teen Parent Support Programme. Ms Denise Shelly continued her involvement within the hospital with The Neonatal Support Group.

The staff of the Medical Social Work Department continues 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 2013 assistance was given to individual families who were in particular need where it was impossible to locate an alternative source of support. The increased pressure on families as a result of the broader economic situation meant that a number of families who had never before been in a position of needing support have found themselves in such a position.

During 2013, as in other years I have appreciated the support of the Head Medical Social Workers in other hospitals. There has always been a good liaison between other Medical Social Work Departments, which contributes to the ideal of best practice. The Medical Social Workers assigned to the paediatric units and to those with addiction problems in each of the three maternity hospitals in Dublin continued to meet on a number of occasions in 2013. There were benefits to all in sharing knowledge and experiences of these particular areas of Social Work in the maternity setting.

All Social Workers in the Department were successful in their application to be placed on the Social Workers Register with the Social Workers Registration Board, CORU in 2013. This is now a statutory requirement. With registration, Social Workers will be required to provide evidence of their Continuous Professional Development (CPD) as outlined by CORU over a two year period in order to allow registration the following year. The issues of Supervision and Continuous Professional Development are extremely important and are a challenge at a time when there is no possibility of staffing levels increasing or of staff receiving any financial contribution towards training. We exist, as do our patients, in a time of major financial challenge and have to be innovative in both the organisation of the Medical Social Work Service and in the provision of this service to patients and their families.

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 level of professionalism and the seeking to attain a standard of best practice demands a major commitment on the part of 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.

Liaison Perinatal Mental Health

Head of Department

Dr. Joanne Fenton

Staff Complement

- Consultant Psychiatrist .3WTE
- Brid Shine, Liaison Mental Health Midwife
- Dr Mark Joynt, 1 Psychiatry Registrar for 6 months

Key Performance Indicators

• Patients referred to Perinatal Clinic	1375
• Patients seen for inpatient consultation	152
• Diagnosed with antenatal depression	25%
• Diagnosed with postpartum depression	42%
• Diagnosed with anxiety disorder	22%
• Severe & enduring mental illness	11%
• One patient admitted with puerperal psychosis	

Achievements in 2013

- Provide an educational programme to Medical Students / Midwives in Perinatal Mental Health.
- The Liaison Midwife commenced teacher training with the Institute of Mindfulness based Approaches in January 2013.
- Low risk women with perinatal mental health concerns were supported with the mindfulness based stress ewer reduction (MBSR) approach in managing symptoms without pharmacological intervention.
- Investment in research in collaboration with Trinity Health Services.

Challenges for 2014

- Provide comprehensive care to patients which will include psychiatric and psychological support.
- Reduce waiting time for patients while ensuring high quality care.
- Advance Research in Perinatal Mental Health.
- Recruit high quality mental health nurse to work in the hospital as well as the community.

Pharmacy Department

Head of Department

Ms. Mairéad McGuire Chief Pharmacist

Staff Complement

- 1 WTE Chief Pharmacist — Mairéad McGuire
- 1 WTE Senior grade Pharmacist — Mr. Peter Duddy
- 1 WTE Senior grade Pharmacist — Mr. Brian Cleary (Jan. 2013-June 2013)
- 1 WTE Basic grade Pharmacist — Úna Rice (July 2013 – Dec. 2013)
- 1 WTE Pharmacy technician — Gayane Adibekova

Key Performance Indicators

1. Clinical service provision:

    - NICU daily (incorporating Paediatric Drug and Therapeutics Committee and attendance at morning meetings and rounds)
    - Weekly Medical clinic
    - Twice weekly Acute pain round / team
    - Twice monthly Antenatal GUIDE Clinic
    - Daily review of patient drug charts on wards.

2. The department dispensed 34,300 items to wards, outpatients, babies discharged from SCBU and staff.

3. Maintained clinical service provision to wards e.g. regular review of drug charts in adult and neonatal population.

4. Electronic recording of medicines information queries using MIDatabank software introduced in May 2007. Thirty four new queries were recorded for 2013 and previously recorded queries were updated. These include only complicated inquiries where specialist research and interpretation are required. Time and staff constraints do not allow recording of routine queries. MIDatabank queries are searchable and all documentation is included in electronic format and can be accessed from OPD Medical clinic.

5. Work continued on developing individual medication monographs for medications used during pregnancy.

6. Continued monitoring of compliance with the Hospital's Prescribing and Microbiology Guidelines for Obstetrics & Gynaecology.

7. Ongoing research & teaching collaborations with the Schools of Pharmacy in the University College Cork & Royal College of Surgeons in Ireland, the School of Medicine in Trinity College Dublin, the Rotunda Hospital, the HRB Centre for Primary Care Research (RCSI) and HSE Addiction Services.

8. Continued provision of educational sessions to NCHDs and Nurses/Midwives.

Achievements in 2013

1. Recruitment of a Pharmacy technician.

2. Introduction of a Pharmacy Technician operated medication Top-up service for wards. This resulted in improved stock availability, more efficient use of stock and cost efficiencies through the wards.

3. Review of medication storage areas throughout the hospital.

4. Revised Pharmacy hatch opening times which resulted in increased pharmacist contact time on wards.

5. Continued participation in Clinical Trials.

6. Reviewed electronic version of Prescribing and Microbiology Guidelines which could be accessed from the user's Smartphone.

7. Heavy involvement in re-establishing the Irish Neonatal & Paediatric Group (NPPG), of which Peter Duddy is Secretary. NPPG is a forum for pharmacists with an interest in paediatrics and neonatology to work together and share ideas and knowledge to improve pharmacy services.

8. Further development of the role of the Pharmacist in the Medical Clinic Team.

9. The first hospital in Ireland to obtain online subscription to Teris, an American teratology and drug use in pregnancy database.

10. Continued development, revision and monitoring of comprehensive NICU medication prescribing and administration guidelines.

11. Development of a Neonatal Prescribing handbook which will be reviewed every 6 months.

12. Medication Management Refresher Courses to keep NICU staff up-to-date with medication issues.

13. Participation in the multidisciplinary Post-operative Analgesia team.

14. Continued strong post-graduate education ethos:

    - One staff member commenced an MSc in Clinical Pharmacy in UCC.
    - Undergraduate and postgraduate teaching for pharmacy, medical and nursing/midwifery students.
    - Facilitation of postgraduate research projects.

15. Maintained educational links with the three Irish Schools of Pharmacy.

16. Built on established research collaborations with the other Dublin Maternity Hospitals, Drug Liaison Midwives and Addiction Psychiatrists.

17. Continued co-working with the other maternity hospitals in Dublin.

18. Facilitated and aided nursing and midwifery colleagues in the development of the role of the Registered Nurse Prescriber within a maternity hospital setting.

19. Provision of Education session on Prescribing Skills as part of Basic Specialist Training in Obstetrics and Gynaecology at the Royal College of Physicians of Ireland.

20. Facilitation of second and third level students works placements.

21. Increased involvement in Risk management and auditing of practices within the hospital to improve patient safety.

22. Expanded in-house training for NCHDs, midwives and nurses.

23. Provision of lectures for National Midwifery Education courses.

24. Upgraded fluid and flammable liquids storage facilities in line with Health and Safety guidelines.

25. Installed Web-based Temperature monitoring system for all Pharmaceutical-grade fridges in the hospital.

Challenges for 2014

1. To maintain current service levels within the existing staff complement.

2. To continue developing pharmacy services to meet the needs of the hospital and improve patient care.

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

4. To develop a Smart-phone App for the dissemination of the Hospital's Prescribing and Microbiology Guidelines for Obstetrics & Gynaecology.

Physiotherapy Department

Head of Department

Margaret Mason BA MA MCSP MISCP GradDipPhys

Staff Complement

- Eibhlin Mulhall BSc MISCP — Senior Grade 1WTE
- Anne McCloskey BSc MISCP — Senior Grade 1WTE
- Mary Duffy BSc MISCP — Staff Grade 1WTE (until November)
- Julia Hayes BSc MISCP — Senior Grade 0.6 WTE

Achievements in 2013

- As in previous years we continued to provide a wide range of services to women and infants attending this hospital on an inpatient and outpatient basis.
- We continued to provide a high quality service to women and infants, within the limited resources available to our department.

Antenatal Education

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. We continue to receive excellent feedback from the women who attend the classes who find them both enjoyable and informative.

Antenatal classes provide an ideal opportunity for physiotherapists to discuss and encourage health benefits of general and specific exercise, and improve health behaviours.

One of the main topics discussed in these classes is the importance of pelvic floor muscles, their role in pregnancy and during labour, and their role in good bladder function. Appropriate pelvic floor muscle exercises are taught and encouraged in these classes.

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. In fact many women develop bad bladder habits even before pregnancy and find it very useful to be informed about normal micturition and the consequences of bad habits.

The importance of exercise is stressed both generally and during pregnancy and women are encouraged to take part in appropriate exercise regimes. Most women are aware of the benefits of regular exercise but are unsure about what kind of exercise and how much exercise they could and should do during pregnancy. Physiotherapists with their knowledge of exercise are the appropriate health professionals to discuss exercise with women and it is also part of our health promotion role.

Women are taught strategies for managing pain during labour using non-pharmacological methods and encouraged to have confidence in their abilities to give birth. They are also encouraged to make informed decisions regarding their care throughout pregnancy, labour and the puerperium.

Pelvic Girdle Pain

The number of referrals for pregnancy-related pelvic girdle pain and low back pain continued to rise. Referrals to the department for this condition have reached 200 per month during this year. We continued to provide classes for these conditions, which we instigated 3 years ago, as it would be impossible to provide individual appointments for these women without developing long waiting lists. 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 that they can use themselves 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 classes.

Postnatal Care

Postnatal women are encouraged to attend the physiotherapy postnatal classes no matter what kind of delivery they have experienced where they will receive advice on pelvic floor muscle exercises.

OASIS (Obstetric Anal Sphincter Injuries)

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 to three weeks later and six to 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.

Continence Promotion

Our Continence Information and Education sessions for women continued. Most newly referred women attend one of these sessions, usually within one month of referral. Referrals of women with incontinence continued to rise also. In this session 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 to eight weeks later.

In order to help integrate care of women with incontinence a physiotherapist continues to regularly attend the urogynaecology clinics. Early in 2013 we piloted a triage system whereby one of the urogynaeclogy consultants on the MDT triaged the referrals and then sent some patients directly to physiotherapy. These women were seen by the physiotherapy members of the MDT while they continued on the consultant clinic waiting list. It is anticipated that many of these women will respond well to physiotherapy and may not even need to see the consultant which will free up clinics for those who do need consultant review. We will audit this in the coming year. The urogynaecology team consists of consultants with an interest in continence, members of the physiotherapy team and the urodynamics nurse.

Paediatric Services

We continued to provide services to the NICU/SCBU, the baby clinics, and to the specialist consultant, neurodevelopmental and orthopaedic clinics.

The lack of therapy resources in the community has led to many infants with special needs continuing to be monitored by 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 and can only see these infants infrequently. However it is extremely difficult to discharge them and leave these families with no input for their child with special needs, sometimes for periods of up to six months while they wait for the community services to give them an appointment. At present we have one WTE working in the neonatal service which clearly is not sufficient for the volume of work demanded. This work includes seeing babies on the postnatal wards with talipes, DDH, brachial plexus lesions, and providing follow-up for them as outpatients, and developmental follow-up in SCBU and in the baby clinic for those infants considered to be 'at-risk' of developmental delay.

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 (who are not paid for providing this service). Attendance at this group has continued to grow in the six years that it has been running and it has proven to be very successful with families.

Challenges for 2014

- 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 providing joint education sessions.
- To develop an improved integrated multidisciplinary service with clear pathways for women referred to the hospital with continence issues.

Psychosexual Therapy

Head of Department/Division/Clinical Area

Donal Gaynor

Staff Complement

- One Counsellor (part-time)

Key Performance Indicators

• Number of Consultations:	Private	43	Public	226	Total	269
• Number of New Visits:	Private	9	Public	21	Total	30
• Number of Return visits:	Private	34	Public	205	Total	239

Dysfunctions Treated

The principal dysfunctions treated were:

- Vaginismus (39%),
- Male Anorgasmia (15%),
- Erectile Dysfunction (15%),
- Inhibited Sexual Desire - Female (13%)

Achievements in 2013

- Successful treatment of Primary Vaginismus which existed for over 20 years
- Successful treatment of a couple presenting with Erectile Dysfunction, Male Anorgasmia Situational and Female Inhibited Sexual Desire

Challenges for 2014

- Continuing treatment of patient presenting with Secondary Vaginismus and Severe Endometriosis with partner experiencing Erectile Dysfunction
- Managing treatment when patients or spouses are unavailable at the desired attendance frequency due to economic pressures.

Academic Departments

Academic Midwifery Report

Ms Patricia Hughes, Director of Midwifery and Nursing

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 2013 we had a total of 95 midwifery students undertaking one of the two programmes. Our thanks to Ms. Kathryn Muldoon, Director of Midwifery Programmes and to all of the staff at the Department of Nursing & Midwifery in Trinity College Dublin, without whose direction and assistance, the programmes would not be possible.

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. Five neonatal nurses undertook and successfully completed the PG Dip (NNC) in 2013.

The Centre of Midwifery Education was well established and now in its sixth year of running (see Report of Ms Triona Cowman, Director of the Centre for Midwifery Education). Due to the excellent collaboration with a co-coordinating group (COG) of senior staff drawn from all three Dublin Maternity Hospitals, another comprehensive programme of in service training was provided for all midwives working in the Greater Dublin Area and Nurses from all three hospitals. Thanks are due to Ms. Susanna Byrne, Director of the NMPDU in the Dublin Mid Leinster Area and Chair of the Board of the Board of Management for the Centre for Midwifery Education and from whom much support is gleaned in respect of practice development and continuing education.

The 6th Annual Essence of Midwifery Care Conference took place on International Day of the Midwife on the 2nd May 2013 in the Rita Kelly Conference Centre in the Education Centre. Over 120 people attended from all three Dublin Maternity hospitals and from 12 other maternity units around the country as well as from HSE, NMPDU and An Bord Altranais agus Cnáimhseachais. The Master opened the Conference. Guest speakers included the Secretary General from the Dept of Health, Dr. Ambrose Mcloughlin; Ms Dawn Johnston, Director of Midwifery & Governance from the Bart NHS Trust & Dr. Melanie Jasper, Swansea University who presented the Maureen McCabe Lecture, entitled *"Reflecting on Midwifery Care in Times of Recession"*. A large number of CWIUH staff presented on the day and were very positively evaluated.

2013 Essence of Midwifery Care Conference – "Pushing the Boundaries in Times of Recession" 6th Annual Essence of Midwifery Care Conference

At Rita Kelly Conference Centre, Coombe Women and Infants University Hospital, Thursday 2nd May 2013

08.30- 08.50	**Registration, Coffee, Trade Exhibition, Poster Presentation**	**SPEAKER**	**Chairperson - Frances Richardson,**
08.50-09.00	Opening Address	**Patricia Hughes**	Director of Midwifery & Nursing
09.00-09.30	Opportunities to Provide Better Healthcare for Women and Infants in Times of a Recession	**Dr. Ambrose McLoughlin**	Secretary General Dept of Health
09.30-10.00	How Changes in the Nurses and Midwives Act 2012 Enable Midwifery and Nursing Practice for the Good of the Public and the Good of the Professions	**Bernie Conolly**	An Bord Altranais agus Cnaimhseachais
10.00-10.20	The Irish Maternity Early Warning Score (IMEWS)	**Anna O' Connor**	Clinical Skills Facilitator, CWIUH and member of the design team for IMEWS
10.20-10.50	How We are Pushing the Boundaries in Maternity Care in the NHS in Times of Global Recession	**Dawn Johnston**	Director of Nursing , Midwifery & Governance Women's Clinical Academic Group, Barts Health NHS Trust, London
10.50-11.10	**Coffee & Trade Exhibition,**	**Poster Presentation**	**Chairperson - Angela Dunne, Division of Obstetrics**
11.10-11.40	Pushing the Boundaries of Normal Care / Innovations in Care in these times	**Paula Barry**	Practice Development Coordinator, CWIUH
11.40-12.10	The Productive Ward: Our Journey	**Jean Murray**	CMM2, Our Lady's Ward, CWIUH
12.10-12.25	Pre/Post Reg Education update on what is happening now and what the future may bring	**Kathryn Muldoon**	Director of Midwifery Programmes, TCD

12.25-12.40	Continuing Professional Development Update on What is Happening Now and What the Future May Bring	**Triona Cowman**	Director of the Centre for Midwifery Education Greater Dublin Area
12.40-13.00	Know Your Midwifery Student Scheme (KYMS). What We Did Here at the Coombe.	**3rd Year BSc. Midwifery Students**	**CWIUH & TCD**
13.00-14.00	**Lunch & Trade Exhibition,**	**Poster Presentation**	**Chairperson Bridget Boyd, Division of Perinatal Medicine & Newborn**
14.00- 14.45	**The Maureen McCabe Lecture:** *"Reflecting on Midwifery Care in Times of Recession ".*	**Dr. Melanie Jasper**	Swansea University Swansea, Wales, UK
14.45-15.15	Taking Control of the Situation. How Can I Mind Myself and Deal with Situations of Stress in a Productive Manner	**Mary Harris**	Management & Training Consultant
15.15-15.45	Pushing the Boundaries in Neonatal Care/ NIDCAP	**Mary O'Connor**	Lead Facilitator NIDCAP at CWIUH, CMM2, Neonatal Centre
15.45-16.15	Pushing the Boundaries of Abnormal Care/ Innovations in Care	**Catherine Manning**	CMM2, Coordinator of High Risk Care, CWIUH
16.00-16.15	Closing Remarks & Results of Poster Competition	**Patricia Hughes**	Director of Midwifery & Nursing, CWIUH

Awards to Midwives & Nurses in 2013

Mary Drumm Scholarship 2013
Anne O'Sullivan

Ann Louise Mulhall Scholarship 2013
Nora Vallejo

Best Clinical Teacher Award
Raji Dominic

Awards to Midwifery Students

Gold Medal BSc Midwifery
Sophie Clare

Silver Medal BSc Midwifery
Megan Sheppard

Gold Medal Higher Diploma in Midwifery
Laura Andrews

Silver Medal Higher Diploma in Midwifery
Ana Alonso

Dr. T. Healy Award – Best Overall Clinical Student Midwife
Anne-Jane McBrien

Biological Resource Bank (BRB)

Head of Department

Dr Sharon Sheehan, Master

Staff Complement

Ruth Harley, Research Midwife
Muireann Ni Mhurchu, Research Midwife

Key Performance Indicators in 2013

BRB Bloods Collected	221
BRB Deliveries	707
Total Cord Bloods	1114
Total BRB Bloods	11929

Achievements in 2013

- Optimisation of Free DNA Fetal RhD genotyping kit for non-invasive prenatal fetal genotyping in Rhesus positive mothers in their second trimester-a technical study. Helen Keegan.
- Shift focus from collecting samples to increasing utilisation of samples for research studies.
- Reached full storage capacity for blood samples in – 80 degree freezers.

Challenges for 2014

- Increase usage of BRB blood samples for Research Studies.
- Ensuring that – 80 degree freezers run efficiently and maintain optimum temperature.
- Increase uptake of BRB collections.

Centre For Midwifery Education (CME)

Head of Department:

Triona Cowman

Staff Complement

- 1 WTE Director: Triona Cowman
- 1 WTE Nurse Tutor: Patricia O'Hara
- 0.5 WTE Secretary: Patricia Griffiths

Key Performance Indicators

- Develop and deliver high quality, evidence-based education and training programmes that respond to service needs
- Appropriate accreditation/NMBI Category 1 Approval for all education and training programmes
- Close working relationships with the CME Board of Management
- Close working relationship with the Coordinating Group (COG) of the CME
- Cost effective management of the CME

Achievements in 2013

- In 2013 the CME delivered over one hundred and ten programmes to over fourteen hundred staff. More than 10% of attendees in 2013 were from outside the three Dublin Maternity hospitals.
- Twelve neonatal nurses graduated with a Post Graduate Diploma in Neonatal Intensive Care Nursing and nine staff members commenced the programme in September 2013.

- The first Neonatal Foundation Programme focusing on the Principles of High Dependency and Special Care Nursing took place in October 2013. Fifteen particpants completed the programme. In response to service needs, a curriculum "Focusing on the Principles of Neonatal Intensive Care nursing" was developed and this programme will commence in February 2014.

- Eight members of CWIUH staff sucessfully completed the Instructors Training Programme in Basic Life support in line with the Irish Heart Foundation/American Heart Association Guidelines (2010).

- Fifteen classes of Healthcare Basic Life Suport took place, with seventy six healthcare professionals trained.

- The Heart Saver First Aid/CPR & AED Programme for staff with limited or no medical training began in September 2013. Thirty members of staff attended training.

- Following successful applications to the NMPDU for support for service innovation and research, funding was approved for the following:

    - A research study entitled 'Perineal Repair by Midwives in Ireland: A National Survey of Skills, Knowledge and Experience'

    - An instructional video promoting evidence-based care for normal birth

    - Funding to train and equip staff, directly involved in the development of educational programmes within the CME, with the appropriate skills and knowledge to implement blended learning into the continuing professional development programmes provided.

    - The expansion of the Foundation Programme in Neonatal Nursing to include blended learning.

- Work is progressing on the implementation of blended learning into education programmes.

Challenges for 2014

There is increasing and expanding activity in the CME. Clinical staff have been trained to assist with mandatory training. ANP/AMPs and Clinical Midwife/Nurse Specialists assist with the delivery of aspects of clinical programmes. However the release of clinical staff to assist with education in the CME is proving increasingly more challenging due to high clinical acuity and work load. Sustaining our current activity and responding to increasing service needs with our current staff compliment is a challenge we face.

Midwifery & Nursing: Practice Development

Head of Department/Division/Clinical Area

P. Barry, Assistant Director of Midwifery & Nursing / Practice Development Co-ordinator (Author)

Staff Complement

- 1 WTE Practice Development Co-ordinator
- 3 WTE Clinical Placement Co-ordinators
- 3.5 WTE Clinical Skills Facilitators (1.5 WTE : Neonatal Nursing)
- 1 WTE: Delivery Suite & 1 WTE : Wards
- 1 WTE Post-registration Programme Co-ordinator
- 0.5 WTE Allocations Liaison Officer

Key Performance Indicators

- 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.
- Quality assurance in midwifery and nursing practice, including facilitating and performing regular clinical audit, promoting and supporting research and evidence based practice.
- Practice Development issues in midwifery and nursing, particularly in relation to the autonomous role of the midwife and the promotion of pregnancy and childbirth as a normal healthy life event.
- Collaboration with the Centre of Midwifery Education (CME) in the provision of continuing educational needs of Midwifery and Nursing staff.
- Collaboration with our affiliated HEI, Trinity College Dublin (TCD) & RCSI
- Promotion and facilitation of Midwives Clinics.

Achievements in 2013

- Continued facilitation of the 4 year BSc in Midwifery as well as the 18 month Higher Diploma in Midwifery Programmes in conjunction with Trinity College, Dublin (TCD).
- 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.
- Continued to encourage staff to embrace evidence-based care by facilitation of a monthly Journal Club, conducting clinical audits, developing evidence based PPG's, and supporting the ethos of research throughout the hospital.
- Members of the Practice Development Team participate on a number of Committees within the hospital and TCD.
- Supported the introduction of a Birth pool for use by Women during labour via the development of a practice guideline, facilitation of workshops by Dr. Ethel Burns, networking and site visits to and from Dundonald Hospital (Ulster Hospital).
- Facilitation of a Midwives Clinic by the Practice Development Team (697 consultations in 2013). 72% of these clinics were facilitated by the same midwife, enhancing continuity of care.
- Involvement in the organisation of the annual Essence of Midwifery Care Conference to celebrate International Day of the Midwife, in May.
- MR (CPC) completed MSc in Midwifery in TCD.
- Held a number of Midwifery & Nursing Research Strategy Development Committee meetings, succeeding in an objective to attract funds to promote and enhance the research culture within Midwifery & Nursing at CWIUH.

Challenges for 2014

- Continue to meet the clinical learning needs of midwifery and nursing students while on placement in CWIUH.
- Continue to support and assist midwifery and nursing staff involved in clinical teaching and preceptorship of midwifery and nursing students.
- Continue to promote the midwifery philosophy that pregnancy and childbirth is a normal, healthy life event for many women.
- Continue to develop and ensure ratification of guidelines, particularly guidelines promoting normality, in an attempt to reduce intervention and improve normal birth rates i.e.: Use of the Birthing Pool during Labour/Birth.
- Continue to facilitate midwifery and nursing educational programmes and up-dates in collaboration with the CME.
- Continue to promote, increase attendance at and facilitation of midwives clinics.
- To promote and support a positive 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.

Postgraduate Medical Training – Obstetrics & Gynaecology

Head of Department

Dr Michael O'Connell

Key Performance Indicators

- All Doctors in training are assigned to a team and a named Trainer
- All Doctors in training (BST level) are prospectively allocated to a two year BST rotation
- All BST rotations include one year in CWIUH
- Preparatory course are provided for MRCPI (O&G) and DOWH examinations
- Special Skills module in Gynaecological surgery 6 months St James's /6 months CWIUH in place
- Dedicated Delivery suite sessions for all Doctors in training

Achievements in 2013

- Successful implementations of the HUB rotational scheme for BST with RCPI
- Excellent success rates for MRCPI, MRCOG (Part1 and Part 2) and DOWH examinations
- Excellent progression of senior Doctors in training to HST
- Successful Open evening for doctors and students interested in a career in Obstetrics and Gynaecology

Challenges for 2014

- Maximisation of training opportunities in the context of EWTD

Postgraduate Medical Training – Peri – Operative Medicine / Anaesthesia

Head of Department

Dr Michael Carey

The department continues to place a strong emphasis on education and training. Eight members of the national training scheme in anaesthesia rotated through the department fulfilling their obstetric anaesthesia training requirement.

The formal educational component consists of:

- An eight-week introduction to obstetric anaesthesia course delivered by consultant staff
- College of Anaesthetists exam preparation
- Departmental CEPD schedule, which includes obstetric and non-obstetric related topics
- Six weekly morbidity conference

All anaesthesia trainees are invited to participate in the formal education sessions irrespective of their training status. Combinations of teaching strategies are employed including problem based learning, small group discussion, debating and practical skills training. Trainees are encouraged to evaluate sessions and feedback is used to modify the programme accordingly.

The focus for the next year will be to implement the more routine use work placed based assessment tools as a means to providing constructive feedback to trainees during clinical supervision to maximize the full potential of the rich learning environment the hospital has to offer.

Postgraduate Medical Training – Paediatrics and Newborn Medicine

Head of Department

Dr Jan Miletin

Six Specialist Registrars in Paediatrics rotated through the Department of Paediatrics & Newborn Medicine in 2013. 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. Senior House Officers on the Basic Specialty Training Scheme also rotate through the Department. The Department of Paediatric & 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.

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

Postgraduate Medical Training – Pathology

Head of Department

Professor John O'Leary

Medical training in Laboratory Medicine in 2013 was provided in Histopathology, Cytopathology, Morbid Anatomy and Molecular Pathology. The Specialist Registrar is attached to the Department for a 6 month period. The Specialist Registrar is encouraged to undertake a dedicated piece of research during his/her rotation in CWIUH. The Department of Cytopathology is the only one in the Republic of Ireland that offers training in gynaecological cytopathology. The CWIUH has been nominated as the National Cervical Cytology Training Centre, in association with a commercial provider, the HSE, the NCSS and the Faculty of Pathology.

Trinity College Dublin, Academic Department of Obstetrics & Gynaecology

Head of Department

Prof Deirdre J Murphy

Support Staff

Cristina Boccardo, Executive Officer

Academic Staff

Deirdre J Murphy	Professor, Head of Department, Consultant in Obstetrics
Patricia Crowley	Associate Professor, Consultant Obstetrics & Gynaecology
Sean Daly	Clinical Professor, Consultant Obstetrics & Gynaecology
Richard Deane	Clinical Lecturer, Obstetrics & Gynaecology
Nadia Ahmad	Clinical Lecturer, Obstetrics & Gynaecology
Meena Ramphul	HRB PhD Research Fellow (IDUS RCT)
Clare Dunney	Research Midwife (Alcohol in Pregnancy)
James Clinch	Hon Emeritus Senior Lecturer
Noreen Gleeson	Honorary Senior Lecturer, Consultant Gynaecology
Gunther von Bunau	Hon Lecturer, Consultant Obstetrics & Gynaecology
Mary Anglim	Hon Lecturer, Consultant Obstetrics & Gynaecology
Cliona Murphy	Hon lecturer, consultant Obstetrics & Gynaecology

Grant income in 2013

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
HRB 2007-2011	€4,100,000 Perinatal Ireland, ESPRIT Study, Co-PI S Daly

Achievements in 2013

20 Peer-review publications in high impact journals
Invited plenary addresses at National and International meetings

Higher Degrees awarded

Dr Meenakshi Ramphul	PhD	(D Murphy supervisor)
Dr Richard Deane	MD	(D Murphy supervisor)
Ms Clare Dunney	MSc	(D Murphy co-supervisor)

Challenges / Opportunities for 2014

Appointment of new Professor of Gynaecology (Consultant Obstetrics & Gynaecology) – joint appointment Trinity College Dublin, St James's Hospital & Coombe Women and Infants University Hospital.

PUBLICATIONS, PRESENTATIONS & GRANTS IN 2013

Original Publications in Peer-Review Journals

1. Deane RP, Murphy DJ. Student attendance and academic performance in undergraduate obstetrics/gynecology clinical rotations. JAMA. 2013 Dec 4;310(21):2282-8. PubMed PMID: 24302091.

2. Murphy DJ, Fahey T. A retrospective cohort study of mode of delivery among public and private patients in an integrated maternity hospital setting. BMJ Open. 2013 Nov 25;3(11):e003865.. PubMed PMID:24277646;

3. Murphy DJ, Dunney C, Mullally A, Adnan N, Deane R. Population-based study of smoking behaviour throughout pregnancy and adverse perinatal outcomes. Int JEnviron Res Public Health. 2013 Aug 27;10(9):3855-67. PubMed PMID: 23985771.

4. Bahl R, Van de Venne M, Macleod M, Strachan B, Murphy DJ. Maternal and neonatal morbidity in relation to the instrument used for mid-cavity rotational operative vaginal delivery: a prospective cohort study. BJOG. 2013 Nov;120(12):1526-32. PubMed PMID: 23924292.

5. Bahl R, Murphy DJ, Strachan B. Decision-making in operative vaginal delivery: when to intervene, where to deliver and which instrument to use? Qualitative analysis of expert clinical practice. Eur J Obstet Gynecol Reprod Biol. 2013 Oct;170(2):333-40. PubMed PMID: 23910696.

6. Bahl R, Murphy DJ, Strachan B. Qualitative analysis by interviews and video recordings to establish the components of a skilled rotational forceps delivery. Eur J Obstet Gynecol Reprod Biol. 2013 Oct;170(2):341-7. PubMed PMID: 23891388.

7. Vaughan DA, Cleary BJ, Murphy DJ. Delivery outcomes for nulliparous women at the extremes of maternal age - a cohort study. BJOG. Epub 2013 Jun 12. PubMed PMID: 23755916.

8. Macleod M, Goyder K, Howarth L, Bahl R, Strachan B, Murphy DJ. Morbidity experienced by women before and after operative vaginal delivery: prospective cohort study nested within a two-centre randomised controlled trial of restrictive versus routine use of episiotomy. BJOG. 2013 Jul;120(8):1020-6. PubMed PMID: 23464382.

9. Murphy DJ, Mullally A, Cleary BJ, Fahey T, Barry J. Behavioural change in relation to alcohol exposure in early pregnancy and impact on perinatal outcomes--a prospective cohort study. BMC Pregnancy Childbirth. 2013 Jan 16;13:8. PubMed PMID: 23324650.

10. O'Brien YM, Murphy DJ. The reliability of foetal blood sampling as a test of foetal acidosis in labour. Eur J Obstet Gynecol Reprod Biol. 2013 Apr;167(2):142-5. PubMed PMID: 23270744.

11. Cleary BJ, Reynolds K, Eogan M, O'Connell MP, Fahey T, Gallagher PJ, Clarke T, White MJ, McDermott C, O'Sullivan A, Carmody D, Gleeson J, Murphy DJ. Methadone dosing and prescribed medication use in a prospective cohort of opioid-dependent pregnant women. Addiction. 2013 Apr;108(4):762-70. PubMed PMID: 23216809.

12. Unterscheider J, Daly S, Geary MP, Kennelly MM, McAuliffe FM, O'Donoghue K, Hunter A, Morrison JJ, Burke G, Dicker P, Tully EC, Malone FD. Predictable progressive Doppler deterioration in IUGR: does it really exist? Am J Obstet Gynecol. 2013 Dec;209(6):539.e1-7. PubMed PMID: 23999424.

13. Barker ED, McAuliffe FM, Alderdice F, Unterscheider J, Daly S, Geary MP, Kennelly MM, O ºDonoghue K, Hunter A, Morrison JJ, Burke G, Dicker P, Tully EC, Malone FD. The role of growth trajectories in classifying fetal growth restriction. Obstet Gynecol. 2013 Aug;122(2 Pt 1):248-54. PubMed PMID: 23969791.

14. Pratt I, Anderson W, Crowley D, Daly S, Evans R, Fernandes A, Fitzgerald M, Geary M, Keane D, Morrison JJ, Reilly A, Tlustos C. Brominated and fluorinated organic pollutants in the breast milk of first-time Irish mothers: is there a relationship to levels in food? Food Addit Contam Part A Chem Anal Control Expo Risk Assess. 2013;30(10):1788-98. PubMed PMID: 23919530.

15. Anbazhagan A, Hunter A, Breathnach FM, Mcauliffe FM, Geary MP, Daly S, Higgins JR, Morrison JJ, Burke G, Higgins S, Dicker P, Tully E, Carroll S, Malone FD. Comparison of outcomes of twins conceived spontaneously and by artificial reproductive therapy. J Matern Fetal Neonatal Med. 2014 Mar;27(5):458-62. Epub 2013 Jul 19. PubMed PMID: 23865515.

16. Neff KJ, Walsh C, Kinsley B, Daly S. Serial fetal abdominal circumference measurements in predicting normal birth weight in gestational diabetes mellitus. Eur J Obstet Gynecol Reprod Biol. 2013 Sep;170(1):106-10. PubMed PMID: 23806444.

17. Kabir Z, Daly S, Clarke V, Keogan S, Clancy L. Smoking ban and small-for-gestational age births in Ireland. PLoS One. 2013;8(3):e57441. PubMed PMID: 23555561.

18. Unterscheider J, Daly S, Geary MP, Kennelly MM, McAuliffe FM, O'Donoghue K, Hunter A, Morrison JJ, Burke G, Dicker P, Tully EC, Malone FD. Optimizing the definition of intrauterine growth restriction: the multicenter prospective PORTO Study. Am J Obstet Gynecol. 2013 Apr;208(4):290.e1-6. PubMed PMID: 23531326.

19. O'Connor C, McAuliffe FM, Breathnach FM, Geary M, Daly S, Higgins JR, Dornan J, Morrison JJ, Burke G, Higgins S, Mooney E, Dicker P, Manning F, McParland P,Malone FD; Perinatal Ireland Research Consortium. Prediction of outcome in twin pregnancy with first and early second trimester ultrasound. J Matern Fetal Neonatal Med. 2013 Jul;26(10):1030-5. PubMed PMID: 23413819.

20. Unterscheider J, Geary MP, Daly S, McAuliffe FM, Kennelly MM, Dornan J, Morrison JJ, Burke G, Francis A, Gardosi J, Malone FD. The customized fetal growth potential: a standard for Ireland. Eur J Obstet Gynecol Reprod Biol. 2013 Jan;166(1):14-7. PubMed PMID: 23068999.

Grants Received

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 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.

Health Service Executive 2007-2013 €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,
Burke G, Dornan J, Higgins S, **Daly S** (Joint Co PI)

UCD Centre for Human Reproduction

Head of Department

Professor Michael Turner

The UCD Centre for Human Reproduction was established in 2007 to conduct clinical research in obstetrics and gynaecology at the Coombe Women and Infants University Hospital. Our present research focus is on maternal obesity and nutrition, intrauterine fetal development and caesarean section.

Staff Complement

Professor Michael Turner	Professor of Obstetrics and Gynaecology
Professor Bernard Stuart	Associate Clinical Professor of Obstetrics
Dr Mairead Kennelly	Senior Lecturer and Consultant in Obstetrics & Gynaecology
Dr Jan Miletin	Senior Lecturer and Consultant Neonatologist
Dr Amy O'Higgins	Clinical Lecturer
Ms Laura Bowes	Administrator
Dr Chris Fitzpatrick	Honorary Lecturer
Dr Aisling Martin	Honorary Lecturer
Dr Nadine Farah	Honorary Lecturer
Dr Michael Carey	Honorary Lecturer
Dr Tom D'Arcy	Honorary Lecturer
Dr Mary Anglim	Honorary Lecturer

Research Fellows

Ms Shona Cawley (MSc)
Dr Niamh Daly (MD)
Dr David Crosby (MSc)
Dr Maria Farren (MD)
Dr Aoife McKeating (MD)
Ms Laura Mullaney (MSc)
Dr Clare O'Connor (MD)

List of Grants active in 2013

Title: Maternal obesity and unplanned pregnancy
Start/End Dates: July 2013 – June 2015
Funder: HSE Crisis Pregnancy Agency
Amount: €58,710.00 annually

List of Grants received in 2013:

Title: Nutritional supplements and Gestational Diabetes Mellitus
Start/End Dates: July 2013 – June 2015
Funder: Bernard Stuart Fellowship
Amount: €100,000.00

Prizes awarded for JOGS 25th Anniversary Meeting

The full blood count and its relationship with Maternal Body Composition
Thomas McCartan, UCD Centre for Human Reproduction- First Prize
An Audit of Neural Tube Defects in the Republic of Ireland 2009 -2011
Aoife McKeating, UCD Centre for Human Reproduction- Second Prize

Publications

- Publications: 16
- Abstracts: 43

Publications 2013

1. O'Connor C, Stuart B, Fitzpatrick C, Turner MJ, Kennelly MM.
A review of contemporary modalities for identifying abnormal fetal growth.
J Obstet Gynaecol 2013;33:239-45.

2. Kent E, O'Dwyer V, Fattah C, Farah N, O'Connor C, Turner MJ.
Correlation between birth weight and maternal body composition.
Obstet Gynecol 2013;121:46-50.

3. K Whyte, H Kelly, V. O'Dwyer, M. Gibbs, A O'Higgins, MJ Turner.
Offspring birth weight and maternal fasting lipids in women screened for Gestational Diabetes Mellitus (GDM).
Eur J Obstet Gynecol Reprod Biol 2013;170:67-70.

4. McVey RM, Clarke E, Joyce P, Turner MJ, Gannon MJ.
Toward a wiki guide for obstetrics and gynaecology trainees in Ireland.
Int J Gynecol Obstet 2013;120:301-6.

5. O'Dwyer V, Layte R, O'Connor C, Farah N, Kennelly MM, Turner MJ.
International variation in caesarean section rates and maternal obesity.
J Obstet Gynaecol 2013;33:466-70.

6. O'Connor C, Farah N, O'Higgins A, Segurado R, Fitzpatrick C, Turner MJ, Stuart B, Kennelly MM.
Longitudinal measurement of fetal thigh soft tissue parameters and its role in the prediction of birth weight.
Prenat Diagn 2013;33:945-51.

7. Farah N, Kennedy C, Turner C, O'Dwyer V, Kennelly MM, Turner MJ.
Maternal obesity and pre-pregnancy folic acid supplementation.
Obes Facts 2013;6:211-5.

8. Turner MJ, Layte R.
Obesity levels in a national cohort of women 9 months after delivery.
Am J Obstet Gynecol 2013;6:211-5.

9. Fida A, Farah N, O'Dwyer V, Dunlevy F, Turner MJ.
The impact of new guidelines on screening for gestational diabetes mellitus.
Ir Med J 2013;106:57-9.

10. O'Dwyer V, Turner MJ.
Caesarean section and maternal obesity.
www.intechopen.com/download/pdf/37217

11. Turner MJ.
Uterine Rupture (Chapter).
Munro Kerr's Operative Obstetrics (12th edition).
Saunders Elsevier 2013.

12. White C, Keegan H, Pilkington L, Ruttle C, Kerr P, Sharp L, O' Toole S, Turner MJ, Prendiville W, D'Arcy T, Fitzpatrick M, Lenehan P, Flannelly G, O' Leary J, Martin C.
Evaluation of the clinical performance of the cobas® 4800 1 HPV test in a colposcopy referred population.
J Clin Microbiol 2013;51:3415-7.

13. O'Dwyer V, Bonham S, Mulligan A, O'Connor C, Farah N, Kennelly MM, Turner MJ.
Antenatal rubella immunity in Ireland.
IMJ 2013;106:232-5.

14. O'Dwyer V, O'Toole F, Darcy S, Farah N, Kennelly MM, Turner MJ.
Maternal obesity and gestational weight gain.
J Obstet Gynaecol 2013;33:671-4.

15. O'Dwyer V, O'Kelly S, Monaghan B, Rowan A, Farah N, Turner MJ.
Maternal obesity and induction of labour.
Acta Obstet Gynecol Scand 2013;92:1414-8.

16. O'Higgins AC, Doolan A, Mullaney L, Daly N, McCartney D, Turner MJ.
The relationship between gestational weight gain and fetal growth: time to take stock?
J Perinat Med 2013;21:1-7.

Abstracts

1. O'Higgins AC, O'Dwyer V, O'Connor C, Daly SF, Kinsley BT, Turner MJ
   Postparutm dyslipidemia is highly prevalent postnatal in women with gestational diabetes mellitus.
   Society of Maternal and Fetal Medicine Meeting, San Francisco, February, 2013.

2. McGolderick A, O'Higgins AC, O'Dwyer V, O'Connor C, Farah N, Turner MJ.
   Risk of gestational diabetes analysed by rate for weight gain before screening.
   Society of Maternal and Fetal Medicine Meeting, San Francisco, February, 2013.

3. O'Connor C, O'Higgins A, Segurado R, Fitzpatrick C, Turner MJ, Stuart B, Kennelly MM.
   Birthweight and neonatal adiposity prediction using 3D fractional thigh volume ultrasound.
   Society of Maternal and Fetal Medicine Meeting, San Francisco, February, 2013.

4. O'Connor C, O'Higgins A, Segurado R, Fitzpatrick C, Turner MJ, Stuart B.
   Longitudinal data on fetal thigh soft-tissue parameters and its role in the prediction of birthweight.
   British Maternal and Fetal Medicine Society, Dublin, April 2013.

5. Farren M, Obaidi N, Mullally A, O'Gorman C, Turner M, Farah N.
   The Declining Rate of VBAC
   British Maternal and Fetal Medicine Society, Dublin, April 2013.

6. O'Higgins AC, O'Dywer V, O'Connor C, Daly SF, Kinsley BT, Turner MJ
   Postpartum dyslipidaemia in women diagnosed with gestational diabetes mellitus.
   British Maternal and Fetal Medicine Society, Dublin, April 2013.

7. O'Higgins AC, Murphy OC, Egan AF, Kennelly MM, Sheehan SR, Turner MJ
   The potential of digital media to improve fetal and maternal outcomes.
   British Maternal and Fetal Medicine Society, Dublin, April 2013.

8. Crosby D, et al.
   Interpregnancy changes in maternal weight and Body Mass Index.
   Obstetrics Registrars prize meeting, Dublin, May 2013.

9. O'Higgins AC, O'Dywer V, O'Connor C, Daly SF, Kinsley BT, Turner MJ.
   Postpartum dyslipidaemia in women diagnosed with gestational diabetes mellitus.
   Obstetrics Registrars prize meeting, Dublin, May 2013.

10. O'Connor C, O'Higgins A, Segurado R, Fitzpatrick C, Turner MJ, Stuart B, Kennelly MM.
    Maternal arterial elasticity in the first trimester screen for birthweight.
    Obstetrics Registrars prize meeting, Dublin, May 2013. Oral presentation.

11. O'Higgins AC, O'Dwyer V, White K, Daly SF, Kingsley BT, Turner MJ.
    Postpartum dyslipidaemia in women diagnosed with gestational diabetes mellitus.
    Royal College of Obstetricians and gynaecologists, World Congress, Liverpool, June 2013. Oral presentation

12. O'Higgins AC, Murphy OC, O'Connor C, Kennelly MM, Sheehan SR, Turner MJ
    The potential of social media for healthcare communication in pregnancy.
    Royal College of Obstetricians and gynaecologists, World Congress, Liverpool, June 2013. Oral presentation

13. O'Higgins AC, Layte R, Turner MJ, O'Connor C, Kennelly MM
Obesity levels in a national cohort of women at 9 months postpartum.
Royal College of Obstetricians and gynaecologists, World Congress, Liverpool, June 2013.

14. O'Higgins AC, O'Dwyer V, Bonham S, Mulligan A, O'Connor C, Turner MJ
Antenatal rubella immunity in the Republic of Ireland.
Royal College of Obstetricians and Gynaecologists, World Congress, Liverpool, June 2013.

15. O'Higgins AC, Dunne FB, Lee B, Smith D, Turner MJ
A national survey of implementation of guidelines of screening for gestational diabetes mellitus.
Royal College of Obstetricians and gynaecologists, World Congress, Liverpool, June 2013.

16. O'Connor C, O'Higgins A, Segurado R, Fitzpatrick C, Turner MJ, Stuart B, Kennelly MM.
Thigh Fat in the fetus as a predictor of birthweight - a novel approach to improving estimated fetal weight.
RCOG World Congress Liverpool June 2013. Oral presentation. Winner of oral session (FC7)

17. O'Connor C, O'Higgins A, Segurado R, Fitzpatrick C, Turner MJ, Stuart B, Kennelly MM.
First trimester maternal haemodynamics and Birthweight prediction.
RCOG world congress Liverpool June 2013.

18. O'Connor C, O'Higgins A, Segurado R, Fitzpatrick C, Turner MJ, Stuart B, Kennelly MM.
Visceral fat level in pregnancy and birthweight.
RCOG World Congress Liverpool June 2013.

19. Lane M, Barrett EM, O'Higgins A, Mullaney L, Turner MJ, McCartney D .
The relationship between socioeconomic status and nutritional knowledge in women during pregnancy.
Nutrition Society Meeting, Dublin, June 2013.

20. O'Higgins AC, Doolan A, O'Connor C, Kennelly MM, Sheridan-Pereira M, Turner MJ.
Comparison of maternal adiposity with neonatal fat mass.
Nutrition Society Meeting, Dublin, June 2013.

21. Doolan A, O'Higgins A, O'Connor C, Kennelly MM, Turner MJ, Roche E, Sheridan-Pereira M.
The influence of late preterm birth on infant body composition at term correct age.
Nutrition Society Meeting, Dublin, June 2013.

22. O'Higgins AC, Murphy OC, O'Connor C, Kennelly MM, Sheehan SR, Turner MJ
A survey of the use of social media by women for pregnancy.
Medicine 2.0 Conference, London, September 2013

23. Murphy OC, O'Higgins AC, Egan AF, Sheehan SR, Turner MJ
The use of digital media for pregnancy related information
Student Summer Research Awards, UCD, September 2013

24. Egan AF, Murphy OC, O'Higgins AC, Fitzpatrick C, Turner MJ
Bacteraemia in an Obstetric Population
Student Summer Research Awards, UCD, September 2013

25. Rowan A, O'Higgins AC Fennessy AM, Mullaney L, Turner MJ
Maternal obesity and the outcome of labour
Student Summer Research Awards, UCD, September 2013

26. Fennessy AM, O'Higgins AC, Rowan A, Daly NM, Mullaney L, Turner MJ
The relationship between gestational weight gain and gestational diabetes mellitus
Student Summer Research Awards, UCD, September 2013

27. O'Higgins AC, O'Dwyer C, O'Connor C, Kinsley BT, Daly SF, Turner MJ.
Postpartum dyslipidaemia in women diagnosed with gestational diabetes mellitus.
Junior Obstetrics and Gynaecology Society, Dublin, November 2013.

28. McKeating A, Mullany C, Turner MJ.
An audit of neural tube defects in the Republic of Ireland 2009-2011.
Junior Obstetrics and Gynaecology Society, Dublin, November 2013, Oral presentation.

29. Ridge K, O'Higgins AC, Doolan A, Mullaney L, McCartney D, Turner MJ
Maternal body parameters in the first trimester and prediction of neonatal body composition
Junior Obstetrics and Gynaecology Society, Dublin, November 2013.

30. Daly NM, O'Higgins AC, Coleman I, Farren M, McKeating A, Kennelly MM, McCartney D, Turner MJ.
Correlation between diet and body composition in early pregnancy.
Junior Obstetrics and Gynaecology Society, Dublin, November 2013.

31. Daly NM, O'Higgins AC, Coleman I, Farren M, McKeating A, Kennelly MM, McCartney D, Turner MJ.
Correlation between physical activity and body composition in early pregnancy.
Junior Obstetrics and Gynaecology Society, Dublin, November 2013.

32. Daly NM, Mitchell C, Barry S, Farah N, Stuart B, Kennelly MM, McCartney D, Turner MJ.
Exercise in pregnancy and maternal obesity.
Junior Obstetrics and Gynaecology Society, Dublin, November 2013.

33. McKeating A, Crosby DA, Daly NM, Farren M, O'Higgins AC, Turner MJ.
Unplanned pregnancy after delivery of a first baby.
Junior Obstetrics and Gynaecology Society, Dublin, November 2013.

34. McKeating A, Crosby DA, Daly NM, Farren M, O'Higgins AC, Turner MJ.
Pregnancy intention analysed by Body Mass Index (BMI) category.
Junior Obstetrics and Gynaecology Society, Dublin, November 2013.

35. Farren M, Mullaney L, McKeating A, Daly NM, O'Higgins AC, McCartney D, Daly S, Turner MJ.
Recording folic acid supplementation in early pregnancy.
Junior Obstetrics and Gynaecology Society, Dublin, November 2013.

36. O'Higgins AC, Egan AF, Murphy OC, Fitzpatrick C, Sheehan SR, Turner MJ.
A clinical audit of maternal bacteraemia.
Junior Obstetrics and Gynaecology Society, Dublin, November 2013, Oral presentation.

37. Rowan A, Fennessy AM, O'Higgins AC, Mullaney L, Turner MJ
Maternal obesity and the outcome of labour.
Junior Obstetrics and Gynaecology Society, Dublin, November 2013.

38. O'Higgins AC, Dunne FP, Lee B, Smith D, Turner MJ
A national survey of implementation of guidelines of screening for gestational diabetes mellitus.
Junior Obstetrics and Gynaecology Society, Dublin, November 2013.

39. Murphy OC, Egan AF, O'Higgins AC, O'Connor C, Turner MJ.
The use of digital media for pregnancy-related information.
Junior Obstetrics and Gynaecology Society, Dublin, November 2013.

40. McCartan T, O'Higgins AC, Turner MJ.
The full blood count and its relationship with maternal body composition.
Junior Obstetrics and Gynaecology Society, Dublin, November 2013, Oral presentation.

41. O'Higgins AC, Murphy MJA, Coleman I, Mullaney L, McCartney D, Turner MJ.
Comparison of smoking status to socioeconomic and attitudinal measures in pregnancy.
Junior Obstetrics and Gynaecology Society, Dublin, November 2013.

42. Daly NM, Mitchell C, Barry S, Farah N, Stuart B, Kennelly MM, Turner MJ.
Obesity influences time spent exercising in pregnancy.
Junior Obstetrics and Gynaecology Society, Dublin, November 2013.

43. Mc Goldrick A, Hehir M, O' Gorman C, Turner MJ.
Trends in the management of women with one previous caesarean section only in the decade 2002-2011
Junior Obstetrics and Gynaecology Society, Dublin, November 2013, Oral presentation.

Support Services

Hygiene Services

Head of Department

Vivienne Gillen, Hygiene Services Manager

Key Performance Indicators

- Hygiene Audits
- Waste Segregation
- Waste Recycling
- Compliments and Complaints

Achievements in 2013

- Increased multi-disciplinary hygiene and environmental audits at all levels.
- Increase in audit scores with hospital average 83-86%
- Increase lead auditors in Hand Hygiene
- Ongoing replacement of sinks to compliant hand hygiene sinks
- Ongoing upgrade of toilet and shower facilities
- Upgrading of floors in number of areas
- Overall reduction of 1.2% in sick leave on 2012

Waste Management

- Total waste generation in 2013 is 493 tonnes, a decrease of 10 tonnes on 2012 with healthcare risk waste accounting for 108 tonnes of the total.
- Recycling rate up to year end amounted to 39% of waste generated, increased on 2012.
- Increased rates for glass recycling, food waste composting, cardboard waste recycling and 100% healthcare risk waste recycling for waste treated in Ireland.

Hygiene and Environmental Cleaning

- Hygiene Audit Scores increasing on 2012.
- Cleaning Review under way with completion in 2014. This will greatly improve efficiencies within the cleaning department with the amalgamation of different job descriptions into one overall cleaning role.

Challenges for 2014

- Catering Plan schedule for completion in February 2014, with the ward catering service placed under the management of the Catering Department.
- Plan for introduction of greater efficiencies within cleaning department through the completion of the Cleaning Plan.
- Increase in recycling of waste throughout the hospital campus with target of 64%.
- Plans in place to upgrade number of areas within Hospital, wholly dependent on budgetary constraints.
- The hospital continues to strive to achieve optimum delivery of hygiene services within the entire campus.

Information Technology Department

Head of Department

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. Anne Clarke, IT Midwife (0.5 WTE 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 2013

- Ongoing maintenance of core operational and technical environment
- Implementation of national ICT projects, in particular iPM (Hospital Information System) and CSSD Track & Trace system

Challenges for 2014

- Increase in level and complexity and demand for IT services, both internally and externally, with a reduction in resources
- Implementation of national & local ICT clinical and administrative projects

Friends of the Coombe

Friends of the Coombe

Head of Charity

- Ms. Ailbhe Gilvarry, Chair

Staff Complement

- Emer McKittrick, Development Officer

Achievements in 2013

- Donation of €500,000 to new Labour Ward and Delivery Suite
- Donation of new anaesthetic machine for Gynaecology Theatre 3
- Funding for Dr Niamh Daly research project; "Healthy Eating, Exercise & Lifestyle Trial for Pregnant Women who are Obese. A randomised controlled trial to reduce the mean fasting glucose"
- Neonatal Unit Assistance: Jaundice Meters, Laryngoscope Handles & Blades
- Rise & Recline Electric Chairs, ongoing accommodation support for parents, staff attendance at key teaching & training conferences
- Financial support for voluntary Neonatal Support Group
- Renewed research support for Dr Cara Martin, Molecular Pathology
- Financial facilitation of annual Bereavement Service

Challenges for 2014

- Continue to raise awareness of charity
- Build & protect reputation
- Demonstrate need and highlight impact
- Develop new website

Appendices

Appendix One

Outline History of the Coombe Women and Infants University 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

2013 First Female Master took up position

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 - 2012
Sharon Sheehan	2013 - Present

Appendix Three

Matrons & Directors of Midwifery & Nursing at Coombe Women & Infants University Hospital

Over a period of 146 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

2011 Pre-eclampsia: Pathogenesis of a Complex Disease
Professor Chris Redman, Emeritus Professor of Obstetric Medicine, Nuffield Department of Obstetrics and Gynaecology, University of Oxford.

2012 Non-invasive prenatal diagnosis: from Down syndrome detection to fetal whole genome sequencing
Professor Dennis Lo, Director of the Li Ka Shing Institute of Health Sciences, Department of Chemical Pathology, Prince Of Wales Hospital, Hong Kong

2013 A procedural approach to perceived inappropriate requests for Medical Treatment. Lessons from the USA.
Prof Geoffrey Miller, Professor of Pediatrics and of Neurology; Clinical Director Yale Pediatric Neurology, Co-Director Yale/MDA Pediatric Neuromuscular Clinic Yale Program for Biomedical Ethics

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
BPS	biophysical score
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
END	early neonatal death
EPAU	early pregnancy assessment unit
ERPC	evacuation of retained products of conception
ETT	endotrachial tube
EUA	examination under anaesthetic
FAIT	fetal allo-immune thrombocytopoenia
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
FTS	first trimester screen
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
LND	late neonatal death
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
NP	nasal prongs
NR	not relevant
NS	not sent
NT	nuchal translucency
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
PDA	patent ductus arteriosus
PET	pre eclamptic toxemia
PFA	plain film of abdomen
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
TPN	total parenteral nutrition
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