

# Allied Health Services

## Chaplaincy

During 2016, The Chaplaincy team provide spiritual, emotional, grief and bereavement support to 428 women and their families antenatally and postnatally, through early miscarriage, mid trimester loss, stillbirths and neonatal deaths.

Over 101 blessings, baptisms, naming ceremonies and funeral services were facilitated during 2016. The chaplaincy office was used as a quiet space providing spiritual, emotional, grief and bereavement support to parents, their families and to staff members. There was also other unspecified and unplanned support provided which arose from day to day ward visitations. Support often occurred informally with staff, patients and their families on corridors or other public areas throughout the hospital.

The Chaplaincy Department organized liturgies to celebrate various religious and significant occasions in the life of the hospital. This year's Remembrance Service was very well supported and was attended by approximately 1,600 people, indicating the importance of this commemorative event. As in previous years many bereaved parents, as well as a number of bereaved adult siblings, requested that baby's names be included in the Book of Remembrance which is on permanent display in the hospital oratory.

In 2016, the chaplaincy team lectured at a number of education days including the Bereavement Study Day, the NCHD Induction and Training Day, the Liberty Students Induction and Training Day and the Qualified Midwives Induction Day. The team are members of the Bereavement Committee and chair the Annual Remembrance Service Committee. The team engaged fully with continued professional development programmes and attended all relevant conferences.

Continued management and co-ordination of the mortuary service was provided, liaising with all relevant departments, various faith leaders, funeral directors, crematoriums, and cemeteries.

**Eithne O'Reilly & Helen Miley**  
*Chaplaincy*



## Clinical Nutrition and Dietetics

Neonatology continued to be covered by a clinical specialist dietitian who remained active within the neonatal multi-disciplinary team with the main patient group continuing to be very preterm low birth weight infants, born  $\leq 1.5$  kg or  $\leq 31$  weeks gestation (n=154). Patient numbers remained consistent with previous years however the ever increasing complexity resulted in greater demands on dietetic input. Efforts continued to optimise early maternal milk supply and the transition to breastfeeding, but this remained challenging in the absence of adequate support staff including speech and language therapy and dedicated lactation support. The lack of a weekend parenteral nutrition compounding service also persisted and we continue to campaign for its reinstatement.

In January 2016, two new dietetic posts for the busy diabetes in pregnancy service were funded bringing the total dietetic complement for the hospital to 3.69 WTE. Laura Harrington joined the department as a Senior Dietitian bringing a wealth of expertise in maternal nutrition; and Hilary Devine who has extensive experience in diabetes management, took up a clinical specialist position, which has a research and education component.

Additional administrative support was approved and Helen McCrimmon was appointed in June to a role shared with the Diabetes Midwifery Team. The department also relocated offices during the year. Restructuring of the maternity dietetic service and the wider department was undertaken throughout 2016 incorporating a dietetic management role. Locum cover for the maternity dietetic service was provided by Lillian Murtagh.

### Other Activities

- The department undertook supervision of postgraduate MSc dietetics students on clinical placement for the first time.
- Dietetics became a regulated profession under CORU and professional registration was undertaken by each dietitian.
- The process of incorporating the international Nutrition Care Process model into dietetic records began.
- Efforts progressed to facilitate the dietetic follow up of appropriate patients in the community rather than the hospital setting in line with the Model of Care for the provision of services, and the neonatal dietitian contributed to the 3<sup>rd</sup> annual one day education session on the follow up care of preterm infants post discharge to support to our community partners.
- Collaboration and specialist support with dietetic colleagues continued and work progressed to standardise guidelines for nutrition care across centres.
- The maternity dietitian co-chaired the Healthy Ireland group at the hospital.
- Active participation and contributions were made to relevant professional groups and the National Clinical Programs.

### Sinead Curran

*Dietitian Manager, Maternity Services & Women's Health*

### Roberta McCarthy

*Dietitian Manager / Clinical Specialist, Neonatology*



## Clinical Engineering

The Department of Clinical Engineering continued to provide a designated, coordinated approach to the management of Medical Devices / Equipment (MDE) throughout the hospital. The department's objective is to ensure a safe, high quality service for its service users to enable better outcomes for patients.

2016 saw further hospital investment in MDE with the procurement of over 300 new and replacement medical devices, bringing the total number of in-service devices to 2,137. The department continued to maintain its high level of in-house preventative maintenance with approximately 80% of medical devices maintained internally. The department's integration with HSE guidelines and policies with respect to MDE continues as the national implementation of the Medical Devices / Equipment Management Policy is rolled out.

With the on-going redevelopment of the hospital on its current site, and its planned co-location to St Vincent's University Hospital campus, Clinical Engineering participated on several committees providing advice on all aspects of the management of Medical Devices including risk assessment and cost effectiveness. Other committees and projects that required departmental involvement include the establishment of a hospital Triage area, the redevelopment of CSSD, expansion of other clinical areas and the continued involvement in the introduction of the Maternal & Newborn Clinical Management System. The department also represents the hospital on several external committees such as the BEAI (Biomedical Engineering Association of Ireland), the national AIMS project (Medical Devices / Equipment Management Database) and the Health and Social Care Professions Expert Group.

The department continued its participation in the National Neonatal Transport Program which was expanded in 2016.

Department members continue to keep up to date professionally in order to maintain an appropriate level of competence by participating in many internal and external lectures / presentations and by publishing articles for various bodies.

I would like to take this opportunity to wish Mr. Emmet Travers well in his new role as he left the department in 2016 and to welcome Mr. Vasanth Pillai who joined the Clinical Engineering in November 2016 & to thank Mr. Dara Keeley for his on-going commitment & dedication to the NMH & its service users.

**Eoghan Hayden**

*Clinical Engineering Manager*

## Physiotherapy

The Physiotherapy Department had another busy year in 2016 with 2,512 new patient contacts. As ever our administrator Nicola Jordan kept the department running smoothly. Physiotherapy continued to be staffed by two full time physiotherapists and three part-time physiotherapists leading to a whole time equivalent (WTE) of 3.7 with 1 part-time post based in the Pelvic Floor Centre based in St. Michael's Hospital. We were permitted an extension to a maternity locum allowing us to keep an extra Physiotherapist on staff which increased our WTE to 4.7. This has been hugely helpful in resourcing our busy service.

### The Physiotherapy Team provide:

- A referral based Physiotherapy service to all inpatients Monday - Friday.
- An outpatient clinic offering appointments Monday - Friday for musculoskeletal conditions and issues relating to pelvic floor dysfunction.
- A neonatal service three days weekly.
- Ongoing delivery of the hospital antenatal and postnatal education programmes alongside our colleagues from Midwifery and Nutrition and Dietetics.
- A range of education sessions to facilitate early assessment and timely access to physiotherapy services e.g. Pelvic Girdle Pain Class, Pelvic Floor Care Class and Healthy Bodies after Birth Class.
- A service to the multidisciplinary Pelvic Floor Centre team based in St. Michaels Hospital every Monday and Wednesday.

### Commitment to Education and Professional Development

We continued to provide Physiotherapy input into:

- Lecture Programmes for Midwifery Medical and Public Health Nurse students (RCSI and UCD)
- The Active Management of Labour Courses
- Clinical training for UCD undergraduate Physiotherapy students
- Public Health Nurse study days
- Community partners information evenings

### Courses attended

- Assessment and Management of Female Urinary Incontinence
- Integrated Systems Approach – Diane Lee
- The Pelvic Floor, Exercise & Sport
- Paediatric Incontinence & Pelvic Floor Dysfunction
- Protecting Baby Brain – Neonatal Care Study Day

**Judith Nalty**

*Physiotherapy Manager*



## Psychosexual Therapy

The Psychosexual Therapy Clinic continues to be busy with referrals being received from General Practitioners throughout the country as well as clinics from within the hospital including gynecology, infertility, oncology and consultant clinics. As in previous years, there remains a waiting list of people requiring a review.

The main concern presenting for women continues to be vaginismus, whereby penetration is not possible. Other concerns include dyspareunia (painful intercourse), lack of desire and anorgasmia (inability to achieve orgasm).

For male clients presenting, the main concerns are erectile dysfunction (inability to achieve or maintain an erection) and lack of desire, which is often connected.

Sexual addiction and pornography use presented as an issue for many clients attending the clinic. Initially the referral may have been for erectile dysfunction or inhibited sexual desire. However, with assessment the impact of porn use emerged. For single clients, it may have effects on their expectations of sexual relationships and it may affect their ability to enjoy and experience arousal with a partner. For couples it may cause difficulties around trust, secrecy and ability to enjoy sex in a committed relationship. This is an area that can be extremely challenging for both clients and therapist to work on.

Training events included a workshop on dealing with the impact of trauma on intimacy.

Lectures to Medical and Midwifery Students continue throughout the year and remain important in increasing awareness about sexual difficulties and help available.

**Meg Fitzgerald**

*Psychosexual Counsellor*

## Social Work

### Specialist Audits

#### Snapshot of Fetal Anomaly Caseload: August 2016

In August the Fetal Assessment Unit (FAU) monitored a total of 53 cases for identified Fetal Anomalies. Of these, 10 were not scheduled to deliver within the NMH and were not offered an NMH social work service. 19 cases were referred to the Medical Social Worker (44.1%) with an additional 9 cases pending a review for referral. 4 of these 19 cases were from the Dublin catchment area while the remaining 15 were spread across 11 other counties from Cork to Donegal. A wide range of anomalies are represented among the 19 referrals requiring specialist intervention: Cardiac (5), Gastrointestinal (3), Neurological (1), Pulmonary (1), Complications of Multiple Pregnancy (3), Genetic (3), General Medical (3).

#### Domestic Violence Audit

Domestic violence is a significant risk factor in child protection assessment. Active domestic Violence was a primary referral reason in 10 of the 68 child protection referrals. Domestic Violence was a secondary concern in an additional 9 referrals. **Domestic Violence accounted for 30% of all child protection referrals.** A more comprehensive domestic violence audit is planned for 2017 together with an awareness raising programme.

#### Substance Misuse Audit

Alcohol – primary misuse (5) – one as part of poly drug use\*  
Single drug use (8): cannabis (3), methadone (2), cocaine (1), codeine (1), amphetamines (1).

Poly drug use\*: (7) \* Poly drug use refers to the use of two or more psychoactive drugs in combination to achieve a particular effect. 28% of child protection referrals were related to Parental Substance Misuse during the year.

#### Parental Intellectual Disability

Although many parents with an intellectual disability (ID) are able to parent their baby safely, in some cases this is not possible. This may be due to the level of presenting difficulty and/or the available supports. The Social Work Department offers intensive support to mothers/families parenting with ID.

However, in some cases, it is necessary to engage child protection services in a comprehensive assessment and long term support plan where all other efforts have been exhausted. 5 child protection referrals were made in relation to parental intellectual disability in 2016.

Due to the increasing number of parent's presenting with ID the social work department has developed a specialist ID service pathway to be developed in 2017.

#### Child Protection Referrals: Summary (68 cases)

Domestic Violence (10), Substance Misuse (19), Lifestyle Concerns\* (15), Pregnancy under the age of consent (10), Parental Mental Health (8), Non accidental Injury (1), Intellectual Disability (5).

\* Lifestyle concerns relate to patterns of behaviours (in combination) that present a significant ongoing risk of harm to an infant/child. E.g. Homelessness / personal criminal history / history of interpersonal violence / criminal history of significant others/ previous children in the care of the state; parent grew up in the care system.

The Social Work Department continue to offer psychosocial support for a wide range of other psychosocial concerning arising in pregnancy which do not present with ongoing risk of serious harm to an infant in addition to the complex child protection workload described above.

**Kaylene Jackson**

*Head Medical Social Worker*

There were 908 new referrals in 2016 in addition to cases carried forward from 2015.

	Total Referrals on caseload	Specialist referrals only	Child protection referrals on caseload	Cases carried forward to 2017
Neonatal Admission 1.0 WTE	242	141	11	63
Fetal anomalies 1.0 WTE	245	71	20	75
Complex Mental Health 0.5 WTE	115	39	5	43
Maternal Substance Misuse 0.6 WTE	197	25	20	49
Other* 1.0 WTE	109	N/A	12	22
<b>Total</b>	<b>908</b>		<b>68</b>	<b>251</b>

\* cases managed by HMSW/student MSW and/or locum MSW