

The Rotunda Hospital Dublin

Annual Report
2023



The Rotunda Hospital Dublin

Annual Report 2023

INTRODUCTION 1

Introduction by the Master	2
Introduction by the Chairperson	7
Clinical Directors Office	9

CLINICAL SERVICES 12

MATERNITY 13

Department of Midwifery and Nursing	14
Emergency and Assessment Service	30
Early Pregnancy Assessment Service	32
Recurrent Pregnancy Loss Service	35
Fetal Medicine Service	38
Bereavement Support and Chaplaincy Services	51
Maternal Medicine Service	54
Teenage Pregnancy Service	61
Combined Obstetric Endocrine Service	66
Infectious Diseases Service	74
Epilepsy Service	82
Perinatal Mental Health Service	85
Labour and Delivery	87
Anaesthesiology Service	90
Critical Care Service	94
Maternal Morbidity	98
Complicated Postnatal Service	103
Radiology Service	107
GP Liason Service	112

GYNAECOLOGY 114

Gynaecology Service	115
Pregnancy Options Service	121
Colposcopy Service	123
Sexual Assault Treatment Service	126

NEONATOLOGY 130

Department of Neonatology	131
---------------------------	-----

ALLIED CLINICAL SERVICES 151

Laboratory Medicine Service	152
Blood Transfusion Haematology Service	155
Haemovigilance Activity	157
Division of Biochemistry and Endocrinology	159
Division of Clinical Microbiology	161
Division of Histopathology	164
Laboratory Medicine – Quality Management	166
Division of Laboratory – Information and Communications Technology	168
Clinical Nutrition and Dietetics Service	169
Medical Social Work Service	175
Pharmacy Service	183
Physiotherapy Service	186

QUALITY AND SAFETY SERVICES 192

Quality and Patient Safety Service	193
Infection Prevention and Control Service	200
Clinical Audit Service	203
Clinical Risk and Patient Safety Service	209
Clinical Information Department	213

ACADEMIA 215

Department of Research	216
Research Ethics	221
RCSI Department of Obstetrics and Gynaecology	223
Library & Information Service	227
The Rotunda Foundation	230

CORPORATE SERVICES 235

Human Resources Department	236
Finance and Procurement Department	239
Patient Services Department	243
Operations and Sustainability Department	246
- Energy and Sustainability	248
- Facilities and Utilities	249
- Support Services Department	250
- Clinical Engineering Department	252
- Decontamination Quality Assurance	252
- Household Department	255
- Portering Services	257
- Technical Services Department	258
- Telecommunications and Technology Services	259
- Non-Clinical Claims	260
- Health and Safety Department	261
Business Development and Project Management	263

GOVERNANCE 265

Board of Governors	266
--------------------	-----

APPENDICES 267

Appendix 1: Clinical Summary Data	268
Appendix 2: Comparative Summary	273
Appendix 3: Perinatal Deaths	274
Appendix 4: Outpatient Activity Data	275
Appendix 5: Financial Information	276
Appendix 6: Clinical Audits	277
Appendix 7: Staff Research Publications	280
Appendix 8: Staff List	286
Appendix 9: Organisational Structure	292

About the Rotunda

In 1745 Bartholomew Mosse, surgeon and man-midwife, founded the original Dublin Lying-In Hospital as a maternity training hospital, the first of its kind. The Rotunda Hospital is unique as an institution in that it has continued to provide an unbroken record of service to women and infants since its foundation. The Rotunda Hospital has been in operation at the Parnell Square campus for 266 years, with the main inpatient building remaining in continuous use since the doors first opened on 8 December 1757, making the Rotunda Hospital the longest serving maternity hospital in the world. The Rotunda remains an independent, voluntary organisation operating under Charter with a Board of Governors and the Mastership System responsible for clinical and operational management. Since the introduction of Hospital Groups in 2013, the Rotunda is the lead maternity centre for the RCSI Hospitals Group.

The ethos and core values of its founder are still at the heart of the hospital and this is demonstrated through the care and dedication of the staff and the Board of Governors of the hospital. Over time the Rotunda has evolved into a 198-bed teaching hospital which provides specialist services in order to support women and their families at a local, regional and national level.

Introduction





Introduction by the Master

On the 1st January 2023, I was incredibly honoured to take up the post of Master of the Rotunda Hospital. I would like to start by acknowledging the incredible work of Prof. Fergal Malone over the previous seven years who had guided the hospital through the Covid Pandemic and the Cyber Attack on our Electronic Medical Records, while all the time ensuring that the hospital moved forward on multiple fronts. The approval for the Critical Care Wing Development was also secured during Prof. Malone's term as Master. One of my principal responsibilities will be to ensure that this Critical Care Wing is delivered over the next seven years.

My first year as Master has been an incredibly exciting, challenging and rewarding year. We have delivered 8,442 babies during the year and have cared for almost 10,000 pregnant women, in addition we have cared for almost 1,700 babies in our Paediatric Service. Our perinatal mortality rate, and in particular our perinatal death rate in women at term is a huge credit all the staff. The rate of hypoxic ischaemic encephalopathy is at a record low with a rate of 0.71/1000 births. These tragic events can happen despite the best efforts of all involved in the clinical care of women and while I am delighted to be reporting such excellent figures, I readily acknowledge that these numbers can vary year on year.

In terms of Gynaecology, we have had more than 3,700 women who required inpatient/day case surgery and now have the busiest Gynaecology Service in Ireland. We receive almost 1,000 new referrals a month but our waiting lists continue to be managed well, with no woman waiting more than 12 months to be seen. We are particularly focused on those women who wait longer than 9 months and are working towards achieving the Slaintecare targets of 10 weeks for an outpatient appointment.

THE CRITICAL CARE WING

As part of the enabling process for the Critical Care Wing, the HSE had purchased a building behind Cleary's Quarter on Earl Street for the Rotunda Hospital. This building, which we have now named Hampson House to recognise the huge role of Midwifery and Nursing within the Rotunda, will be fitted out and operational by Q1 2025. The Radiology Department which currently resides within the Outpatient Department will move to a temporary structure which will be purpose built at the back of the hospital in order to facilitate the demolition of the single storey building on Parnell Square West. This will create space for our Critical Care Wing which will be a four storey over basement extension to the hospital. The main drivers of the Critical Care Wing are to allow the construction of a new Neonatal Intensive Care/Special Care Baby Unit which will allow us a 21st Century facility in which to care for babies who can weigh as little as 500 grms and be born as early as 23 weeks' gestation. In addition to modern neonatal facilities, we will have a new labour ward with 16 labour and delivery rooms as well as extra postnatal accommodation which will permit us space to modernise our postnatal facilities.

NORTH DUBLIN WOMEN'S HEALTH INITIATIVE

The Rotunda Hospital has a history and tradition of leading in many aspects of women's health. In 2023, a concept of a centralised gynaecological service within North Dublin has been developed. This would ensure that all referrals for benign gynaecology and women's health will be managed through a Central Hub which would be located in the Rotunda Hospital. The outpatient and the inpatient services would then be offered across multiple locations in Dublin including the Rotunda Hospital, Beaumont Hospital and Connolly Hospital. This initiative has been designed to improve the service offered to women within our catchment area and to ensure, as much as possible, that women are seen within a reasonable timeframe. At the end of 2023 the Rotunda was receiving almost 1,000 referrals per month. A significant proportion of these were for infertility. The government sponsored and the National Women and Infants Health Programme (NWIHP) delivered Infertility Service for public patients began in Q3 2023 and has been embraced fully by the Rotunda Hospital.

The HSE has once again helped hugely with the provision of a North Dublin Women's Health Initiative by acquiring over 24,000 square feet for the Rotunda Hospital on Dominick Street in which we plan to offer our Outpatient Gynaecological Service. The RCSI Hospital Group has also been very supportive of this initiative approving extra posts in both medical and nursing specialities and helping with the logistics of centralising appointments and adding capacity to the system. With the help of the NWIHP we were able to secure extra equipment to allow us open a separate second Outpatient Hysteroscopy Suite in the Rotunda Hospital. This has allowed us to increase our gynaecology throughput in our outpatient and inpatient services and we would hope to build on this in 2024.

NEW ANTENATAL SERVICE

Currently the Rotunda cares for more pregnant women than any service in Ireland. Forty per cent of these women are cared for within our Community Midwifery Service while the remainder of the women are cared for within the hospital Antenatal Clinic Service. The move to Hampson House gives us an opportunity to relook at how this service is delivered. The current team system, which has worked very well, will continue but individual clinics would have named consultant teams assigned to them. This will ensure improved continuity of care and better support for all our antenatal patients.

CAMPUS EXPANSION

There had been significant campus expansion achieved by the Rotunda Hospital in 2023. Hampson House will house all adult outpatient pregnancy related services, the Paediatric Outpatient Department, Colposcopy Department as well as Perinatal Mental Health, Medical Social Work and Dietetics. Dominick Street will be dedicated to the provision of gynaecology care with a new Physiotherapy Department, an educational facility and the Early Pregnancy Assessment Unit. In addition to these two significant properties, the Board of Governor's purchased 1,2 and 5 Cavendish Row in November 2023. The corner building on Cavendish Row was apparently built for Bartholomew Mosse but it is believed that he never actually lived there. It is a beautiful red stoned building on the corner of Parnell Street and Parnell Square East. Further up that block number 5 is a very significant building which will add hugely to the campus of the Rotunda. It is planned to move non patient facing services to these new facilities in order to free up space within the hospital for the provision of care. The building on 1,2 Cavendish Row has, after a staff survey and competition, been renamed as the Mosse Building in honour of the Rotunda's founder Dr Bartholomew Mosse.

THE ROYAL COLLEGE OF SURGEON'S IN IRELAND

During 2023, the hospital maintained its close links with its academic partner the Royal College of Surgeons in Ireland. Indeed the Royal College of Surgeons in Ireland held its first meeting in the Boardroom of the Rotunda on 2nd March 1784 so our association goes back almost 250 years. The Royal College of Surgeons supports several consultant posts within the hospital across multiple specialities and adds hugely to the research output of the Rotunda Hospital.

The Bartholomew Mosse lecturer in 2023 was Prof. Ronald Wapner who is currently working in Columbia University in New York. Prof. Wapner delivered a wonderful insight into where genetics may take us over coming decade and I am personally indebted to him, being my first Bartholomew Mosse lecturer.

On the 15th June 2023 Ms Ann Mooney, a much loved and highly regarded member of the Rotunda Staff, was tragically killed in her home. This news rocked the hospital to its very core and I would like to pay tribute to the many members of staff who helped commemorate Anna's life in the weeks after she died.

On 23rd November 2023, a horrible attack took place outside Coláiste Mhuire on the east side of Parnell Square and several people were injured. Members of the Rotunda staff rushed across the road to try and help in any way they could. They significantly impacted the survival of a little girl who had been most seriously injured during the attack.

Later that evening rioting broke out just outside the Rotunda Hospital which resulted in much destruction and generated a lot of fear and anxiety among staff and in particular many non-Irish members of staff. These members of staff contribute hugely to the service that is delivered in the Rotunda and are extremely valuable members of our community, the fact that they felt so threatened is totally unacceptable.

STARDUST INQUIRY

The inquiry into the deaths of 48 young people who died on Valentines Night 1981 continued in the Rotunda's Pillar Room during 2023. As I write this report I am delighted to say that the inquest concluded in April 2024 with a verdict of unlawful killing of all 48 people. Many of those who died on that tragic night were actually born in the Rotunda

and the hospital was honoured to have been able to have a venue suitable for such an important inquiry.

Finally, I would like to thank every member of staff in the Rotunda for delivering a wonderful service during in 2023. We take for granted the expertise of all who work here but it is the added kindness that people are shown which is the back bone of the care that we give to the families that attend the Rotunda year in, year out.

I would like to acknowledge the role of the Board of Governor's and in particular the Chairman Prof. Tom Matthews who has helped me hugely to negotiate my first year. My colleagues on the Executive Management Team; Mr Jim Hussey, Secretary General Manager; Ms Fiona Hanrahan, the Director of Midwifery and Nursing and the newly appointed, Clinical Director Prof. Jennifer Donnelly for all their support, expertise and insight over what has been an incredible year for the hospital.

Prof. Sean Daly

Master of the Rotunda Hospital



Introduction by the Chairperson

The Rotunda Hospital is the oldest functioning maternity hospital in the world, founded in 1745 by Bartholomew Mosse to alleviate the suffering of Dublin's poor pregnant women and to care for their infants. The hospital's legal status was defined in 1756 by a Royal charter issued by King George II of Great Britain, France and Ireland. The Board of Governors are the guardians of the hospital and are responsible for what happens in the hospital by ensuring good clinical and corporate governance.

I wish to thank all board members for their support and advice with special thanks to the Board Vice Presidents; Dr Marie Wilson-Brown, Margaret Philbin, Ian Robertson and Dr Jimmy Gardiner. As a voluntary hospital the Rotunda's Board of Governors provide a wide range of skills, knowledge and expertise gratis to the hospital, epitomising the best of voluntarism, for which I as Chairman, am truly grateful.

The Board, while retaining overall responsibility, delegates the day to day running of the hospital to the Executive Management Team (EMT), which includes the Master, Prof. Sean Daly, the hospital Secretary/General Manager Jim Hussey, the Director of Nursing Fiona Hanrahan and Director of Finance Peter Foran. I cannot adequately express my gratitude and appreciation to the Executive Management Team for their work on behalf of the patients and staff and to Claire Murphy, who is secretary to the Board, for the seemingly effortless and helpful efficiency with which she manages all things related to Board business in the hospital.

The Board annually confirms Governors compliance with their statutory requirements under the Ethics in Public Office Act 1995 and the standards in Public Office Act 2001.

The Board receives information from the EMT relevant to the management of the hospital's affairs with much of this work organised via sub-committee's namely:

- Quality Safety and Risk Committee (Chair, Margaret Philbin, and Vice Chair, Prof. Fergal Malone)
- Finance and Audit Committee (Chair, Denis Reardon, and Vice Chair, Jennifer Cullinane)
- Governance Committee (Chair, David Abrahamson, and Vice Chair, Barry Holmes)
- Estates and Campus Committee (Chair, Greg Power)
- Performance and Remuneration is a working group of the Board, Chaired by Dennis Reardon.

2023 saw a 5.8% increase in the number of mothers delivered with more than 8,400 babies born in the hospital, making the Rotunda the busiest maternity hospital in Ireland. This is all the more remarkable given the overall fall in the birth rate nationally of 25% over the past ten years. Board meetings have remained a blend of in person and virtual, ensuring a high attendance at the six meetings held annually.

Prof. Sean Daly commenced as the Rotunda's 40th Master on the 1st January 2023 becoming the only person to have served as Master in two of Dublin's maternity hospitals, having previously been Master of the Coombe Hospital.

The Board had an 'away' day on Friday the 19th May, in the Radisson Hotel in Stillorgan, allowing for an in-depth discussion of the hospital's strategic plan with particular emphasis on efforts to improve the hospital's venerable, but decidedly creaky, infrastructure, especially inpatient and staff accommodation. The fact that 35 mothers

and babies share, in the postnatal ward, three large rooms and three toilets weighs heavily on Governors' minds. Consequently, it was heartening to hear of the herculean efforts of the ex-Master, Fergal Malone, in advancing the hospital's development plans and his skill in navigating the complexity of the public planning and procurement process.

Governors, anxious to improve onsite facilities for patients and staff, have encouraged the EMT, in their discussions with the DOHC and the HSE, to develop a new critical care wing (CCW). This will allow improvements to the inpatient accommodation, the labour ward, the neonatal intensive care unit and the central sterile supply department, all badly needed developments.

The building of the CCW will require all ambulatory activity to move off the Parnell Square site. The HSE's recent acquisition of the Earl building for the use of the Rotunda, part of the Clery's department store redevelopment, will allow this to happen.

The recent development of additional theatre space, to tackle the Rotunda's gynaecology waiting list, has resulted in a trebling of gynaecology referrals revealing a huge unmet need in the community. Consequently, a benign gynaecology hub will be developed in the Rotunda serving the North Dublin and Leinster area covered by the RCSI Hospital Group (soon to become a Regional Health Area). The HSE have recently acquired premises in Dominick Street, adjacent to the hospital, to facilitate this endeavour.

The Board also supported a hospital wide quality improvement initiative with 351 suggestions coming from the staff. Sixty-eight percent of these were completed in 2023 as part of a series of planned events to bolster staff morale, including a staff award incentive scheme.

A publicly funded fertility service was commenced in September 2023 as was a specialist endometriosis service, both necessary and needed developments.

The Board also supports plans for improving the on-site accommodation for hospital staff, especially nursing staff, in the nurses home.

I also wish to thank the Rotunda Hospital Foundation, and Dr Mary Holohan as Chair, for their efforts on behalf of the hospital and for the many projects and initiatives which they fund annually in the hospital for the betterment of all concerned.

Looking to the future, the challenge for the hospital remains, as laid out by Bartholomew Mosse, to develop world class care for mothers and babies, including better infrastructure with the best possible staff, including cooks, cleaners, porters, allied medical staff, doctors and nurses. Attracting and retaining world class staff in the face of an accommodation crisis, a new public-only consultant's contract as part of the Sláintecare package, and the proposed MetroLink route going directly under the hospital represent only some of the challenges to be faced into the future.

Finally, I want to thank all the hospital staff whose enthusiasm, energy and commitment to humane, timely, quality patient care makes the Rotunda a joyful and happy workplace while providing high quality compassionate care to our many patients. Much done, more to do!

Prof. Tom Matthews

Chairman

Clinical Director's Office

CLINICAL DIRECTOR

Prof. Jennifer Donnelly, Consultant Obstetrician Gynaecologist (from March 2023)

Prof. Michael Geary, Consultant Obstetrician Gynaecologist (until Feb 2023)

OVERVIEW

The Office of the Clinical Director (CD) at the Rotunda Hospital was set up in 2009 following the introduction of the role nationally as part of the 2008 Consultants Contract. The primary purpose is to support the Master with respect to managing the consultant staff and non-consultant hospital doctor (NCHD) staff to deliver safe, effective, high quality and efficient care. Since March 2023, the Clinical Director has become part of the Executive Management Team (EMT).

ACTIVITY

The Clinical Director's Office role was supported by Ms Olga Pearson and Ms Olivia Boylan in 2023. Active communication with the lead NCHD, Assistant Masters, and the NCHD Committee has been key to continuously driving numerous clinical innovations by medical staff.

Dr Aisling Smith, Dr Amy Worrall and Dr Arthi Subramanian were the lead NCHD's in 2023.

INFRASTRUCTURE

Design development for the move to Hampson House began in earnest in 2023. There was huge engagement from many people across all departments who are due to move with their outpatient services. This is to ensure that the new building will be tailored to the care and service needs of the staff who will be working there and the people who will be attending maternity, neonatal, colposcopy and other allied health services there. This will massively improve the environment in which people will work and attend. Rotunda staff have been working closely with the Design Team from OCMA Architects and HSE Estates, NWIHP and many others.

CONTINUING PROFESSIONAL DEVELOPMENT

Attendance at Continuing Medical Education events is a professional registration requirement and the Clinical Director's Office continues to facilitate this by certification of doctors' attendance at internal educational events. Facilitating mandatory training for medical staff and collating compliance reports are ongoing roles of the office, which has become more demanding as the number of mandatory training components increases year on year. It remains challenging to provide dedicated, ring-fenced time for hospital staff to complete these requirements.

HUMAN RESOURCE (HR LIAISON)

Medical manpower is a valuable resource provided by the hospital. The Clinical Director's Office provides a direct link with HR for the purpose of assistance in clarification with all elements and provisions of the consultants' contract and the NCHD's contract. Service planning, manpower requirements and recruitment are also facilitated by the office, and regular employment control meetings are held.

TRAINING SITE ACCREDITATION

The Rotunda is a recognised training site for medical training in a number of disciplines. The Medical Council sets out the requirements for recognition. Regular internal assessment of the ability of the hospital to provide a quality training environment is conducted by the Clinical Director's Office, which is performed in conjunction with specialty training leads. The hospital has been in compliance with the most recent Medical Council inspection recommendations and hosted them for a review in 2023.

SUCCESSSES & ACHIEVEMENTS 2023

ROTUNDA FERTILITY HUB

A dedicated publicly funded fertility service was launched in September 2023 providing fertility clinics and offering fertility investigations and treatments for all patients within the Rotunda Hospital catchment area. The Fertility Service Team has expanded to cope with the increased referrals and the ability to access IVF for their patients has improved

PUBLIC-ONLY CONSULTANT CONTRACT 2023

The implementation date of the Public-Only Consultant Contract 2023 (POCC23) was 8th March 2023. This is the only contract of employment that may be offered to new consultants, consultants who wish to transition from existing consultant contracts, or consultants changing employers. A number of consultant staff have switched to the new contract.

MEDICAL EXECUTIVE COMMITTEE

The Medical Executive Committee, chaired by the Clinical Director, with Heads of Clinical Departments, as well as senior management in attendance, continued to meet throughout 2023. This continues to provide a valuable additional forum to the hospital Medical Board for communication between hospital management and senior medical staff.

ELECTRONIC TMS SERVICE

The electronic time management system (TMS) has been used to ensure successful compliance with EWTD legislation for many Rotunda staff, in particular for NCHDs. This service ensures that all NCHDs are paid appropriately for their actual hours worked. A new upgraded and personalised TMS system was introduced, whereby individual NCHDs can see their hours online and their reimbursement. A huge amount of effort and engagement between the NCHDs and Finance Dept resulted in a much improved service with clear pathways to resolve what can be a complex system to navigate

CHALLENGES 2023

As in prior years, the main clinical challenge in 2023 relates to the ability to manage an extremely busy obstetric service, which is demand-led. The improvement in physical infrastructure and the normalisation of COVID-19 impacts has improved the hospital's ability to cope with high clinical volumes. However, the Rotunda remains under-resourced to optimally care for its clinical demand despite very welcome increase in service provision due to NWIHP championed initiatives

Another major clinical challenge is to continue to recruit and retain excellent staff at the Rotunda. The hospital remains committed to recruiting and retaining the highest quality staff to cope with any and all such staffing challenges. As a result, the hospital is exploring ways of increasing accommodation options on site

A significant improvement in operating theatre capacity occurred following the construction of a third and fourth state-of-the-art operating theatre in 2021. Due to

high levels of clinical activity including unscheduled work and demand for service, management of high throughput can be challenging.

PLANS FOR 2024

CAMPUS DEVELOPMENT

Plans for further development of the Critical Care Wing will be enabled with the move to Hampson House which is aimed for Q1 of 2025. This will be an exciting milestone for everyone.

ANTENATAL CLINIC REORGANISATION

In order to provide a high quality of care in line with the National Maternity Strategy, work has been ongoing to improve antenatal care provision. We aim to streamline the service and create clearer, more accessible pathways of care with clear governance structures.

OPERATING THEATRE PROCESS IMPROVEMENT

In 2024, the EMT are supporting two teams to participate in a Professional Certification in Process Improvement in Health Systems to improve patient flow and experience in the Operating Theatre complex. The aim is to review and improve the running schedule of the theatre list to maximise theatre throughput, improve utilisation and reduce downtime between cases.

I would like to acknowledge and thank the contribution of Ms Olga Pearson and Ms Olivia Boylan, the Assistant Masters, the Lead NCHDs and NCHD committee whose commitment, expertise and innovation resulted in a successful year for the hospital. I have been honoured and excited to take up the role as Clinical Director in 2023, working closely with so many people across specialties and departments who work hard every day to ensure that high standards of quality care are maintained day and night.

Prof. Jennifer Donnelly

Clinical Director

Clinical Services



Maternity



Department of Midwifery & Nursing

HEAD OF DEPARTMENT

Ms Fiona Hanrahan, Director of Midwifery & Nursing

ASSISTANT DIRECTORS OF MIDWIFERY & NURSING

Ms Patricia Williamson

Ms Janice MacFarlane

Ms Aideen Keenan (retired June 2023)

Ms Catherine Halloran

Ms Geraldine Gannon

Ms Annmarie Sliney

Ms Suzanna Byrne

Ms Ciara Roche (Commenced July 2023)

Ms Mary Deering PDU

Ms Mary Whelan, Clinical Audit

Ms Anu Binu IPC

INTRODUCTION

In January 2023, we welcomed Prof. Sean Daly to his new role as the 40th Master/CEO of the Rotunda Hospital. On behalf of the midwifery and nursing teams, we look forward to working collaboratively with Prof. Daly to achieve the common goals and strategic visions of the Rotunda Hospital over the next seven years.

At the end of 2022, the Board of the HSE agreed to purchase a new building for the Rotunda. This building, located on North Earl Street, will allow us to decant all ambulatory services from our adult outpatients building to this new, state of the art, facility. This move will be a key enabler for the greater goal of demolishing the existing Out Patient Department building and erecting a critical care wing with new NICU, labour/delivery and postnatal facilities. The main focus of the EMT for the early part of the year was working closely with colleagues in HSE Capital Estates to drive these projects forward.

Clinical activity at the Rotunda remained busy in 2023 with the birth rate continuing to increase within our catchment area. There were 8,442 births at the Rotunda in 2023 making us the busiest maternity hospital in the state. The provision of extensive community midwifery services; both antenatal and postnatal, allows the Rotunda Hospital to provide care aligned to the goals of Sláintecare – close to the patient's home, by the right professional, making every contact count. Our candidate Advanced Midwife Practitioner (AMP), Chantal, completed her clinical and educational programmes in 2023 and successfully achieved registration with Nursing and Midwifery Board of Ireland. The addition of an AMP to community midwifery will allow us to expand the inclusion criteria for community midwifery clinics and services.

There was a sharp increase in referrals to our gynecology services in 2023. We carried out some focused work on gynae referrals to gain a greater understanding of the drivers for the increase and we put in place systems to help manage referrals in a better, smarter ways. The Rotunda Hospital is fortunate to have two excellent Gynae

Advanced Nurse Practitioners (ANP), Jean and Jennifer. Both ANPs manage their own caseloads of patients, through full episodes of care, from referral to discharge. Recognising the need to train nurses in hysteroscopy, we funded one of our gynae nurses to commence the pathway in education/training this year. We will build a robust business case to increase our Gynae ANP resourcing in 2024.

Recruitment of midwives and nurses remained a major challenge in 2023. We work hard to retain the students that we train and we were fortunate that 14 of the 17 BSc Interns who qualified in 2023 joined us on staff as midwives. Shortages of midwives and nurses is a national issue and, as Director of Midwifery and Nursing, I work closely with relevant stakeholders at National Women and Infants Health Programme (NWIHP) and Department of Health to advocate for a national focus and approach to this issue.

The International Confederation of Midwives (ICM) held their triennial conference in Bali, Indonesia in June 2023. We were very fortunate to receive funding to allow four of our midwifery staff to travel to the Conference in June 2023. Our thanks to the team in the Nursing and Midwifery Planning and Development Unit (NMPDU) and the Rotunda Foundation for funding attendance at this very prestigious international conference.

In October 2023, four of our sonographers travelled to South Korea to attend the International Society of Ultrasound in Obstetrics and Gynecology (ISUOG). Funding for this conference was provided by NMPDU, through their innovation fund.

Another bittersweet year as we bade a fond farewell to staff who retired from their posts at the Rotunda. Many of these staff have provided continuous service for over 20 years. At each retirement function we celebrate these amazing women as they move on to the next phase of their lives:

- S/N Daisy Dominique
- ANP Edna Woolhead
- CMM2 Jackie Edwards
- S/M Patricia Fletcher
- ADOM/N Aideen Keenan
- CMM2 Noelle Farrell
- S/N Evangelina Manubay
- CNM2 Elizabeth Doran

I want to thank all of our staff; midwives, nurses, students and care assistants for their incredible work and commitment to the Rotunda Hospital. The role of Director of Midwifery and Nursing is always challenging and I would not be able to fulfil this role without the support, advice and friendship of my team of Assistant Directors of Midwifery and Nursing so I thank each and every one of them sincerely for their unfailing support.

I would also like to acknowledge the enormous contribution that our admin support team provide; led by my PA Carol Paget and assisted by Stephanie Hoey and Mags Campion. Everyone that calls to the door of the office is greeted with a friendly helpful face and, to me that is priceless.

Fiona Hanrahan

Director of Midwifery & Nursing

LACTATION DEPARTMENT

The team of Lactation Clinical Midwife Specialist (CMS) continue to support individuals and families in the promotion of breastfeeding as the optimal infant feeding choice. 2023 saw a breastfeeding initiation rate of 72% in the Rotunda, with only 4% ceasing to breastfeed completely at time of discharge home. This is a reflection of the support and commitment of all staff throughout the service to assist parents on their breastfeeding journey. In addition to the four CMS roles, the hospital continues to support staff to pursue additional training and education opportunities in the area of lactation with approximately 23 International Board Certified Lactation Consultants (IBCLCs) working across all clinical areas, in different roles throughout the service.

The Lactation Team support women with a broad range of services across the hospital including:

- Facilitating over 400 individual consultations monthly with early breastfeeding challenges across all departments.
- Antenatally, the breastfeeding wrap-around service supports those women who may be high risk for breastfeeding challenges.
- The Rotunda Outreach Lactation Service (ROLS) has continued to support women delivering in the Mater Hospital whether with complications that required early delivery or anticipated admission of infants to NICU or transfer out to specialised medical centres in neighbouring hospitals.
- Our dedicated lactation specialist in NICU offered support to women both antenatally and postnatally. This service included a postnatal breastfeeding support clinic, working with dyads for an extended period.
- Paediatric out-patient (POPD) reviews for breastfeeding dyads having feeding issues after discharge home.
- On discharge home mothers were offered contact details for lactation department for additional phone support and often mothers would self- refer back in for review and advice with support provided in lactation room by appointment.
- The A/N Breastfeeding Workshop continued to be facilitated online with over 20 women booked in weekly throughout the year. We aim to role out face-to-face breastfeeding classes in 2024.

Baby Friendly Initiative (BFI)

The revised BFI set out to promote the implementation of the National Infant Feeding Standards in Maternity Services (2022), which describe the infant feeding practices and management process required within the maternity setting to meet with standards laid out by the WHO/UNICEF guidance for implementation of BFI worldwide. NWHIP, under the guidance of HIQA's framework, developed Infant Feeding Self-assessment tools for maternity units to assess their own performance against the National Standards. The Lactation Team led out on self- assessment process in the Rotunda, which examined standards of care provided throughout the service, and the audit results identified some shortcomings.

This self-assessment process will continue over three years with audits repeated yearly to benchmark improvement in standards.

An Infant Feeding Specialist Support Forum was established nationally and its purpose is to support infant feeding specialists in their roles as they plan, develop and continue to implement National Standards in their respective maternity units. The Lactation Team attended a workshop to set up the group and have had representation at scheduled meetings held on a regular basis during the year.

Expansion of services provided

- 2023 saw an increased demand for provision of specialised A/N support through the B/F Wrap around Service that was initially introduced for women attending CMT. This service was extended to all women identified as high risk for breastfeeding challenges with a particular focus on those pregnancies complicated by GDM.
- The Lactation Team continued to provide cross-site support for critically ill mothers in MMUH to provide breastmilk to their infants in NICU.
- The role of CMS specific to Neonatal Intensive Care Unit (NICU) was expanded with the introduction of a dedicated follow-up review clinic in POPD after infants were discharged home. This provided CMS Sinead Donaghy an opportunity to continue to support dyads on their breastfeeding journey as they slowly try to transition to full feeds at home.
- Continued collaboration with community support providers, CMS Lisa Carroll created a comprehensive list of community support groups provided throughout the Dublin/North East/Meath catchment area. Liaising with community supports is a key feature in our drive to improve breastfeeding supports to women.

Other achievements in 2023

- CMS Lisa Carroll was invited to speak at the NWIHP Quality & Safety Conference subsequent to winning the poster competition at the MWIHP Q&S conference in 2022.
- CMS Geraldine Gordon successfully completed Professional Postgraduate Certificate in Breastfeeding and Lactation in UCD. This included a project on 'Birth Interventions and Impact on Early Breastfeeding', which has been used to improve education for staff and mothers in A/N period and highlighted the need to promote A/N harvesting of colostrum and promoted the need for provision of early targeted breastfeeding support for breastfeeding dyads. The project was awarded first prize in the Quality Improvement section of poster competition at the Association of Lactation Consultants Annual Conference. The Lactation Team attended this conference as part of their individual continuing education programmes.
- CMS Marina Cullen & CMS Lisa Carroll facilitated an informative breastfeeding education session during a GP/PHN information evening hosted by the Rotunda.
- CMS Sinead Donaghy facilitated a talk outlining her role as Lactation CMS in NICU during a virtual Neonatal Nutrition Study Day, which was available nationally.
- The lactation team continued to facilitate regular breastfeeding education sessions arranged through the Centre of Midwifery Education and locally in the Rotunda.

DEPARTMENT OF OCCUPATIONAL MEDICINE

TABLE 1: DR DOMINICK NATIN, OCCUPATIONAL CONSULTANT ACTIVITIES 2023

Consultations	188
Meetings	5

TABLE 2: OCCUPATIONAL HEALTH NURSING ACTIVITIES 2023

Flu vaccines given	585	60% by 31.12.23
Extra Flu vaccine clinics across site	21	
Staff visits on weekly clinics	160	Bloods/ Vaccines
Student nurse visits vaccines/ bloods	99	Extra clinics for this group
Health promotion clinics	68 attendees	Blood pressure clinics
Training /Conference	1	First Aid refresher
Immunisation reports	62	For staff leaving/ 2nd jobs
Pre -employment paper medicals	462	*Including students and placement staff
First Aid call outs	5	
Splashes	11	No high risk
Needle stick injuries	40	No high risk

Other Occupational Health Activities 2023

- Flu vaccine increased uptake: Currently 60% of staff are vaccinated which is in comparison with 43% last year. Covid vaccination done by HSE onsite.
- Flu vaccinators: Four more vaccinators trained up in 2023.
- Measles Policy: No staff or student can start in the Rotunda until proven Measles immunity. Remains in place since 2019.
- First Aiders: Co-ordinating the retraining of First Aiders for 2023 relaunch new branding and committee for Flu vaccine 2020.
- NCHD review: Closer liaison with HR contact to ensure smoother sign off of NCDS medicals.
- Paper Light: Move to reduce amount of paper used in OH with particular reference to pre-employment medicals.
- Staffing in OH: CNM2 Sile Gunning resigned in June 2023. Unsuccessful applicant for that post externally. CNM2 Ruth Mc Loughlin increased hours to 23.4hr per week.
- COHORT to Cority: Project to move from OH IT system COHORT to Cority paused due to legal advice not being available.

Occupational Health Plan 2024

- Implementation of COHORT to Cority to be completed.
- Continue and improve Paper light project.
- Work with HR re NER project if requested by management.
- Continue with health promotion initiatives and offer more staff screening.
- CNM2 Ruth Mc Loughlin to attend three days case management course in January.

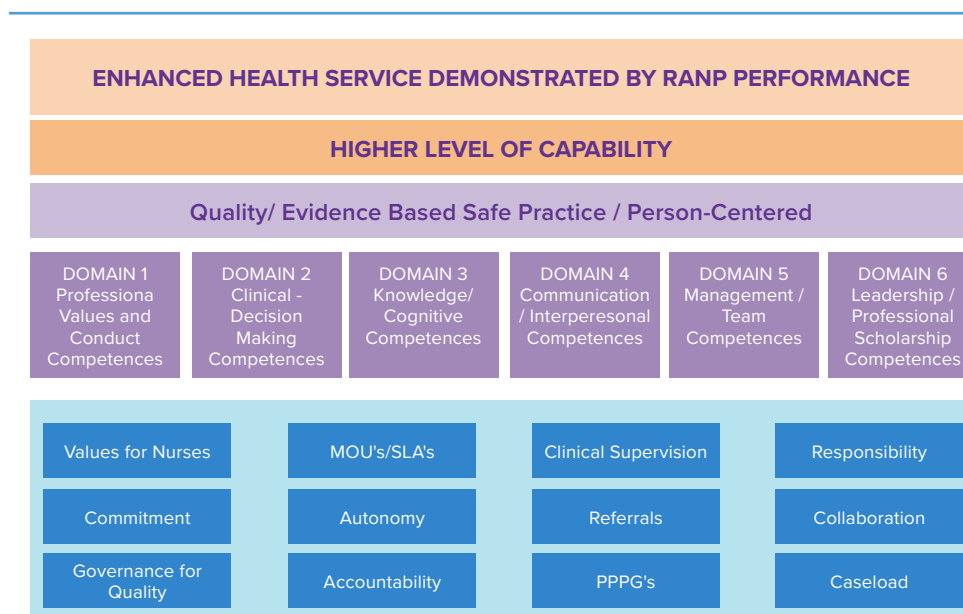


FIGURE 1: ADVANCED NURSE PRACTITIONER (ANP) GYNECOLOGY

NMBI Advanced Nursing Practice Model (2021)

Current triage criteria for ANP management:

- <45yrs
- Pelvic pain
- Abnormal uterine bleeding
- Secondary amenorrhea/oligomenorrhea
- Suspicious cervix in context of normal smear
- Sexual/Reproductive Health – complex contraception/IUCD/STI
- Conservative management of pelvic organ prolapse

Current Clinical Activity

- ANP Gynaecology Clinic – weekly, 10 NEW slots, 10 FOLLOW UP slots
- Virtual Gynaecology Clinic – weekly, 5 NEW slots, 15 FOLLOW UP slots
- Prolapse/Pessary Clinic – weekly, 7 FOLLOW UP slots
- Unscheduled Care (ED referrals/self-referrals/walk ins) – daily, 5 NEW/ FOLLOW UP slots

CLINICAL ACTIVITY

(1st Nov 22- 21st Nov 23)

ANP Gynaecology Clinic

- 343 NEW appointments
- 176 RETURN appointments

Virtual Gynaecology Clinic

- 575 appointments, 10-20% NEW appointments, 80% RETURN

Prolapse/Pessary Clinic

- 8 NEW appointments
- 221 RETURN appointments

Unscheduled care

- 153 check ins to GOPD

Wait Times

- Prolapse/Pessary Clinic – 24 weeks (increased from 2022 by 20 weeks)
- ANP Gynae Clinic – 17 weeks maximum (increase from 2022 by 13 weeks)
- Virtual Gynae Clinic – No waiting time

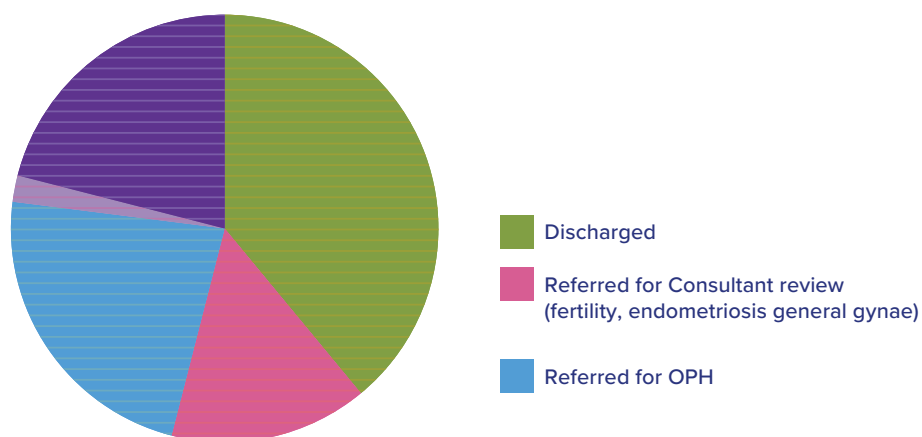


FIGURE 2: ANP GYNECOLOGY CLINICAL OUTCOMES

Prolapse/Pessary Clinic

- 100% followed up at 6 months as per SOP

Patient Satisfaction

ANP Gynaecology Clinic Survey Monkey Nov 2023 – *received over 60 responses, but only 40 are viewable due to Survey Monkey restrictions.

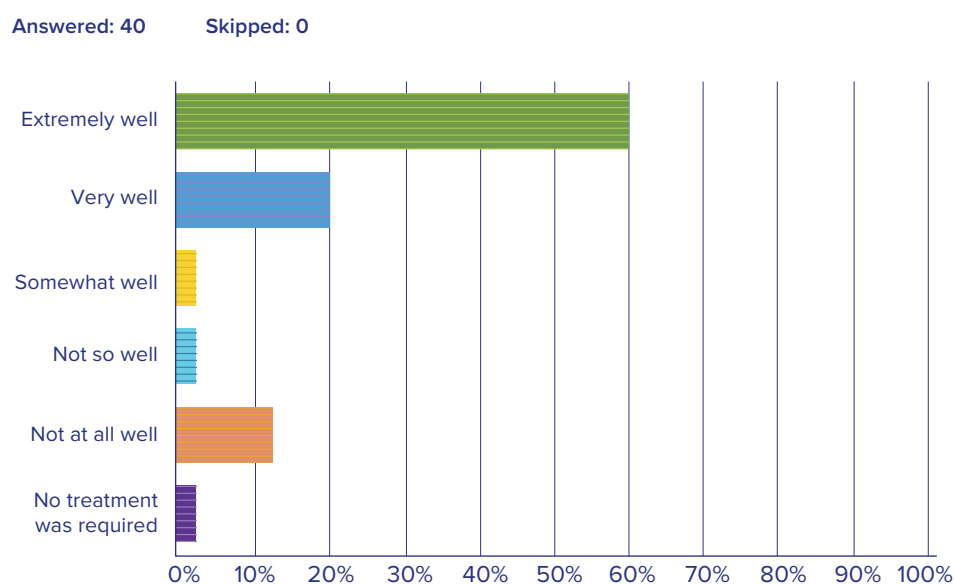


FIGURE 3: HOW WELL DID YOUR PROVIDER EXPLAIN YOUR TREATMENT OPTIONS?

Answered: 40 Skipped: 0

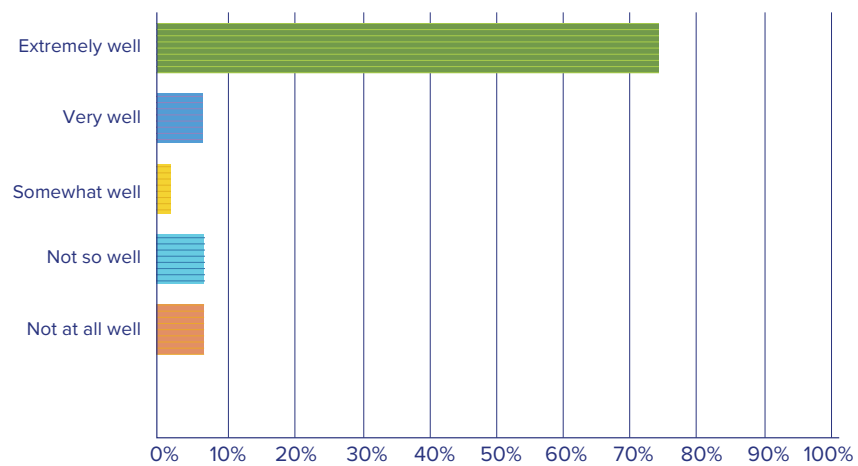


FIGURE 4: HOW WELL DID YOUR PROVIDER LISTEN TO YOUR NEEDS?

Answered: 40 Skipped: 0

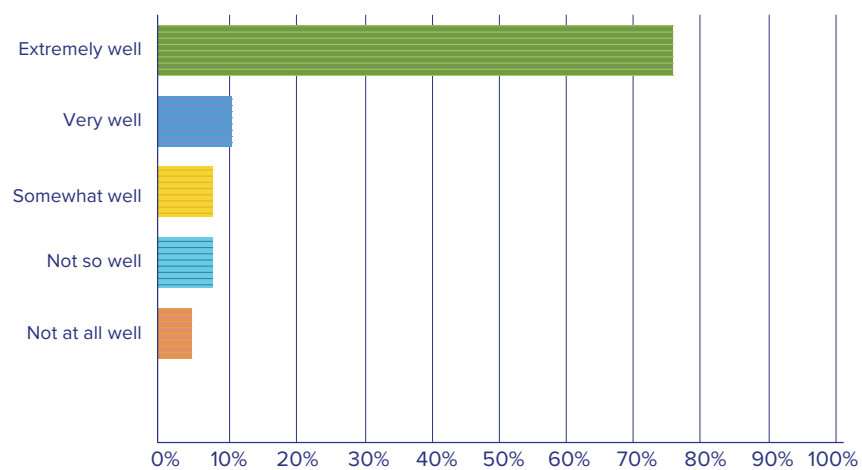


FIGURE 5: HOW WELL DID YOUR PROVIDER ANSWER YOUR QUESTIONS?

Answered: 40 Skipped: 0

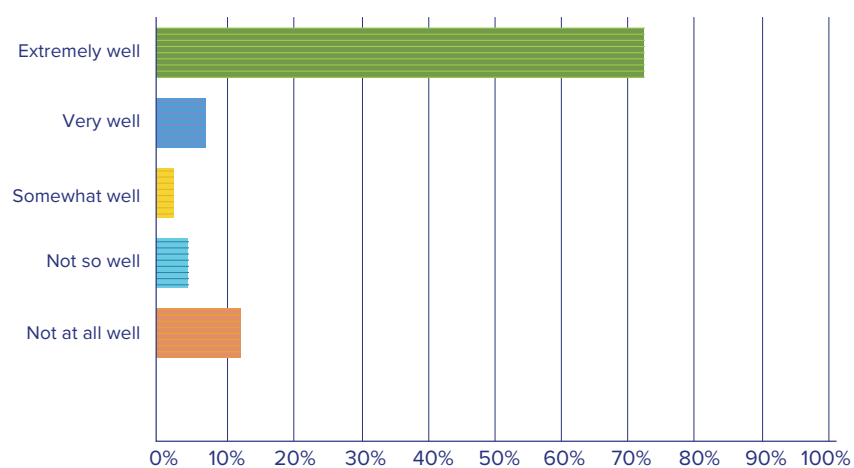


FIGURE 6: OVERALL, HOW WOULD YOU RATE THE CARE YOU RECEIVED FROM YOUR PROVIDER?

Continuing Professional Development

- Active member of Faculty of Sexual and Reproductive Healthcare (FSRH) and member of FSRH nurses forum
- Attendance at FSRH 2023 conference and nurses workshop
- Active member of British Society of Gynaecological Endoscopy and attendance at 2023 Nurses Study Day
- Member of Irish Association of Advanced Practitioners
- Presentation at Grand Rounds
- Conducting clinical audit
- Member of interview panel for nursing roles in GOPD
- Mentor for training/ education of nurses and midwives in GOPD
- Reflective case discussions with medical colleagues

Leadership/ Gynaecology ANP Role Development

- Triage of all routine gynaecology referrals
- Triage of all pregnancy options referrals
- Triage of all GOPD cervical screening reports and responding to failsafe requests from Cervical Check
- Support/advice for patients under the care of ANP clinics (email/telephone etc.)
- Member of Rotunda ANP/AMP Forum
- Member of the Irish Association of Advanced Nurse/Midwife Practitioners
- Development of local and National PPPGs for Ambulatory Gynaecology
- Development of ANP caseloads and Key Performance Indicators
- Provide mentorship and guidance to nurses and midwives working at the Rotunda and to Candidate ANPs in other hospitals
- Participation in Advanced Practice Grand Rounds

Education and Training

- Cervical Check updates, mandatory training, domestic violence training, gynecology update

Research/ Audit

- Nurse/Midwife Led Pessary Clinic Audit
- Contraception in Options clinic mini research project following scheme funding
- Prescribing Audit

2023 Service Objectives

- Progression of PPPGs and local pathways for ANP care – Ongoing
- Expansion of service delivery by way of second ANP and additional clinics – Additional cervical assessment clinic and hysteroscopy training in 2024
- Ultrasound training – Delayed due to practical support issues
- Identification of research topic for future development – Topic identified
- Improving methods of obtaining service user feedback – Not progressed

2024 Service Objectives

- Development of Gynae ANP Job Description
- Ultrasound training
- Progress feedback collection strategy – Survey Monkey has good response rates but limited access to responses unless signed up to annual fee
- Progress research topic

ADVANCED MIDWIFE PRACTITIONER (AMP) SUPPORTED CARE

2023 saw the candidate AMP in Supported Care/Community Midwifery complete the MSc programme in Advanced Practice and successfully register with the NMBI as a Registered Advanced Midwife Practitioner. In collaboration with the Midwifery Team and the MDT the AMP, integrated care pathways were created to a specific cohort of women including;

- Next Birth After Caesarean (NBAC) Assisted Care Clinic
- Previous large for dates baby
- Advanced maternal age
- Grand multiparous women (>5)
- Post-dates pregnancy

Following registration the AMPs service expanded to include two community based antenatal clinics in addition to the two on-site clinics.

TABLE 1: REGISTERED ADVANCED MIDWIFE - COMMUNITY MIDWIFERY	
Antenatal Clinics	
Monday	Balbriggan Primary Care Centre
Tuesday	Rotunda Adult Outpatient Department
Thursday	Corduff Primary Care Clinic
Friday	Rotunda Adult Outpatient Department

At the end of 2022, the aim for the AMP in community midwifery was to expand the inclusion criteria, to include integrated care pathways for women with advanced maternal age (less than or equal to 40-42 years of age at booking), grand multiparity, previously large for gestational age babies, and raised maternal BMI (34). The completion of the third trimester ultrasound course and the inclusion of two community outreach clinics, has seen women who meet the pre mentioned criteria availing of community midwifery-led care with targeted appointments with the AMP in community clinics. This model of care meets with the principles of Slaintecare. Prior to the AMP provided community clinics an established pathway for confirming presentation or assessing fetal growth for women attending the community midwifery team was referral into the obstetric-led clinics. An additional benefit of the AMP completing the third trimester ultrasound course and providing clinics alongside the pre-established community midwifery clinics, is that these women can be seen/assessed and care plan established on the same day.

Throughout the year either as part of the newly developed integrated pathways or referrals into AMP services, 851 antenatal appointments were provided to 499 women. The two largest cohorts of women seen throughout 2023 were, NBAC (n=93) and postdates (n=276).

Of these individuals 165 prim parous and 111 multiparous women were seen for a postdate consultation between 40 and 41 weeks' gestation. There were a further 98 referrals from midwifery clinics into the service for reasons including; review for presentation, query large for dates, provision of home birth prescription and anaemia as depicted in diagram 1. The majority of women (76.9%) were referred back to midwife led clinics, 14.5% were referred to obstetric led care, while the remaining 8.5% of women continued their antenatal care along the AMP care pathway.

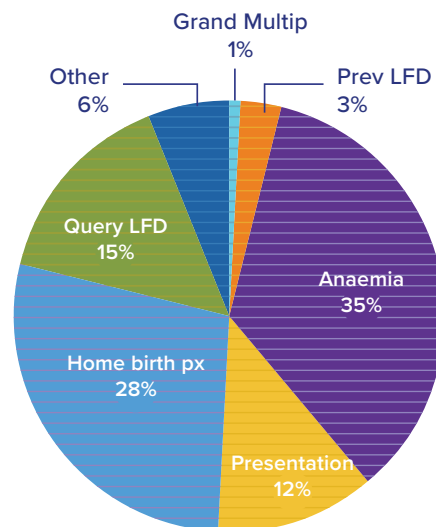


FIGURE 1: REFERRALS INTO AMP SERVICE (N=98)

The AMP referred 51 women to obstetric led care for review or continued management. The reasons for same included reduced fetal movement, raised blood pressure, gestational diabetes, large for dates (prior to AMP completing third trimester USS course), small for dates, as seen in diagram.

In 2024, the AMP in Community Midwifery/Support care pathway will continue to work with the midwifery team and midwifery management to explore ways that enhance the care to all women availing of midwifery led care.

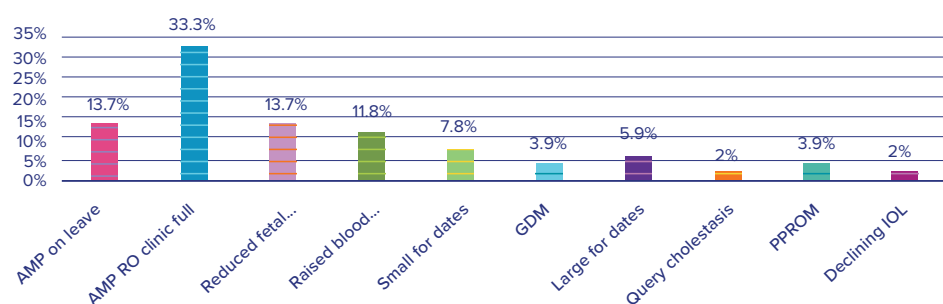


FIGURE 2: REASONS FOR REFERRAL FROM AMP CLINICS TO OBSTETRIC CARE (N=51)

COMMUNITY MIDWIFERY SERVICES

During 2023, the Community Midwifery Team (CMT) continued to offer midwifery-led care; choice and continuity to low risk pregnant women of Dublin city (north) as well as North County Dublin. We continue to develop our services to meet the needs of women who attend for care. We are currently running one booking visit clinic and 9 antenatal clinics in the outlying community and one clinic in the Rotunda to facilitate women living in the inner city area.

TABLE 1: CMT ANTENATAL CLINICS

Balbriggan Booking Clinic	Monday	09.00-13.00
Balbriggan Clinic	Monday	14.00-17.00
Blanchardstown Roselawn Clinic	Monday	17.00-20.00
Darndale 'Bell' Clinic	Tuesday	10.00-12.00
Coolock Clinic	Tuesday	17.00-20.00
Finglas Clinic	Wednesday	14.00-17.00
Swords Clinic	Wednesday	17.00-20.00
Ballymun Clinic	Thursday	14.00-17.00
Corduff clinic	Thursday	14.00-17.00
Cabra Clinic	Friday	09.00-12.00
Rotunda Clinic	Friday	15:30-18:30

In 2023, 1,490 women attended CMT clinics antenatally. We provided 6,821 antenatal appointments for women in our outlying clinics and 66 antenatal home visits. Thirteen women were booked at home for community midwifery care and 159 women booked in our Balbriggan Booking Visit Clinic. Antenatal care was carried out in one of our community based clinics.

All women who attend CMT antenatal clinics are offered early transfer home (ETH) post-delivery. Women continued to be offered early transfer home ETH between 6-48 hours post-delivery. A total of 2,228 women availed of the service offering care to mother and baby in the home setting up to day seven of life, and then discharging them both to GP and the PHN. The Community Team carried out a total of 5,511 postnatal visits with each woman receiving an average of two visits in the home.

Birth Reflections

This is a dedicated midwifery-led debriefing and listening service for women who have given birth at the Rotunda Hospital. This is the first of its kind within the RCSI Hospital Group. The service aims to support and empower women while they reflect on their pregnancy and birth experience, in particular in circumstances where their experience was not what they had initially expected. The clinic offers a one-to-one appointment to help support women to reflect and gain closure with their birth or pregnancy experience based on empathy and compassion. A total of 303 women availed of the service in 2023, covering antenatal, intrapartum and postnatal experiences.

CMT Clinical Midwife Specialist (CMS) in Lactation

The CMT CMS in Lactation works between the hospital and community and optimises breastfeeding rates amongst CMT patients. CMT now have a breast pump loan system that can be provided for women who need this service on a short-term basis. This service has enabled the CMT midwives to provide extra lactation support for women who require it.

One-to-one antenatal consultations are allocated for women identified as high risk for breastfeeding challenges attending CMT. These women are being seen in our antenatal breastfeeding clinic held once a month. Where appropriate the CMS supports women deemed high risk for breastfeeding challenges attending CMT to harvest colostrum antenatally when there is no clinical contraindication. Postnatally the CMT midwives

identify women prior to discharge who require additional breastfeeding support at home and link them with the CMS. The CMS is visiting women in the community and providing ongoing support for women up to six weeks via phone and home visits.

CMT are often required to visit women who have delivered in or required transfer postnatally to the Mater Hospital to aid with breastfeeding and to perform postnatal care. The CMS has been pivotal in setting up breast pumps specifically for the ICU/High dependency areas where our patients are based. The CMS provided education for the staff around breastfeeding and how to use the breast pumps. This service won a NWHIP poster competition at the NWHIP annual conference and the Rotunda Hospital Charter Day.

NBAC (Next Birth After Caesarean)

The NBAC service provides a midwife-led care pathway for women who have had one previous caesarean section. A total of 208 NBAC support visits were allocated at 18-20 weeks' gestation. During the support visit women discuss their previous delivery by caesarean section. Reasons for the caesarean delivery are discussed as well as options for their next birth. Information leaflets are provided on the risks and benefits of vaginal birth after caesarean (VBAC) compared with elective repeat caesarean section (ERCS). Women attending the NBAC clinic attend the cAMP and community-based midwifery clinics. If the women fall outside the criteria of the cAMP, they are reviewed by the obstetricians at 36 weeks if they want an elective caesarean and at 39 weeks if they want a VBAC.

Patient education continues to be an important factor for the Community Midwifery Team in empowering and informing women in their pregnancy. We ran hypnobirthing classes that facilitated women to attend three classes online and one class face to face, which consist of four classes run over four weeks. Seventy-eight couples attended our hypnobirthing classes in 2023.

In 2024, CMT will continue to offer women and babies access to safe, high quality maternity care in their area, which is appropriate to their needs with dignity and respect.

PRACTICE DEVELOPMENT UNIT (PDU)

The Practice Development Unit (PDU) provides optimum levels of support and guidance to 98 BSc and Higher Diploma Midwifery Students throughout their clinical placements (Table 1). Placement site accessibility and availability improved in 2023, especially access to community sites.

PDU continued to support 193 external students throughout the year: General & Paediatric Nursing Students from DCU for 2-week maternity placements (n=160); Public Health Nursing Students from UCD for 6-week placements (n=6); Children's & General Integrated Nursing Students from CHI, Tallaght Hospital (TCD) for 2-week placements in NICU (n=25) and International Erasmus Students from the University of Malta for 9-week placements (n=2).

TABLE 1: MIDWIFERY STUDENTS FOR ACADEMIC YEAR SEPTEMBER

2022-2023	Number of students
Junior Freshman - Year 1 (BScM 2022-2026)	22
Senior Freshman - Year 2 (BScM 2021-2025)	18
Junior Sophister - Year 3 (BScM 2020-2024)	19
Senior Sophister - Year 4 (BScM 2019-2023)	19
HDip Students (HDip Sept 2022)	20
Total	98

The Clinical Placement Co-ordinators (CPC's), HDip Co-ordinator and the Student Allocations Officer work together to improve the students' experience through on-going quality improvement initiatives, clinical environment audits, student evaluations, staff & student education sessions, preceptorship training, skills and drills training for students, 'cheat sheets', facilitation of reflective practice sessions, orientation and induction study days, sourcing new placements and adapting to change as required.

The Clinical Skills Facilitators (CSF's) supported 57 new (n= 12) and rotating staff/newly qualified (n=45) to practice safely in newly appointed roles and changing environments in 2023. The CSF's greatly assist staff to orientate and adapt to new clinical areas and this enhances midwives' overall experience in their transition to practice (Gynae (n=4), Lillie Suite (n=7), PSNTA (n=8), PSNTB (n=6), GPN (n=11) and DS (n=21).

The CSF's provide ongoing education support for RHOET & NRP as instructors, emergency skills & drills training sessions for new NCHD rotations and staff on orientation, staff education on 'PPH Big Six', 'Fresh Eyes', ISBAR training (prompt card), sepsis training and other equipment training (i.e. New Gold Trace FSE's, New Drager Resuscitaires in DS, bleep training, IV pumps, breast pumps, POC equipment and arterial lines etc.).

The CSF's facilitate study days onsite in the Rotunda and the CME, participating in organising induction study days for 'return to practice candidates' etc. They have also participated in the IMEWS/INEWS Audits on MEG in the relevant clinical areas in the hospital.

The PDU team encourage staff from all departments to engage in further postgraduate education to enhance professional development. The Practice Development Co-ordinator supports and guides staff to undertake specific programmes relevant to their clinical area, interest and professional development. This improves service delivery and quality of care to women and babies within the hospital. Staff undertook the following programmes in 2023 and some will complete or progress into Year 2 of these programmes in 2024. The Rotunda Hospital is extremely grateful for the support provided by the Nursing and Midwifery Planning & Development Unit (NMPDU) without which it would be impossible for so many staff to access ongoing education.

POSTGRADUATE EDUCATION PROGRAMMES IN 2023

Postgraduate Diploma in Infection Control
MSc in Specialist Nursing/Midwifery for Future Healthcare
MSc in Midwifery Practice & Leadership
Postgraduate Diploma in Neonatal Intensive Care Nursing
MSc in Neonatal Intensive Care Nursing
Professional Diploma in Clinical Leadership
MSc in Healthcare Law & Ethics
MSc in Leadership & Innovation
Postgraduate Diploma in Specialist Nursing – Perioperative
Professional Certificate in High Dependency
Professional Certificate in Ambulatory Gynaecology Ultrasound
Advanced Health & Assessment Practice for Healthcare Practitioners
MSc in Health and Social Inclusion
MSc in Midwifery Practice & Leadership
MSc in Clinical Health Sciences Education
MSc Perinatal Mental Health
MSc in Positive Health Coaching
Graduate Diploma in Diabetes Care
MSc in Human Factors in Patient Safety
Early Pregnancy Ultrasound Course
Radiology Referring Course
Drug Prescribing
Advanced Practice Masters

In addition to this, staff access the CME and the Rotunda Hospital for in-house education study days to add to their portfolio of professional development. The PDU department oversees mandatory training. Staff and Clinical Managers have a professional responsibility to ensure that mandatory training is up to date as per local/national guidance.



Emergency and Assessment Service

HEAD OF SERVICE

Dr Meena Ramphul, Consultant Obstetrician Gynaecologist

STAFF*

Ms Fiona Walsh, Clinical Midwife Manager 3

Ms Debra England, Registered Advanced Midwife Practitioner

Ms Bernadette Gregg, Registered Advanced Midwife Practitioner

*Supported by a team of midwife managers and staff midwives from the Delivery Suite who rotate through the Emergency and Assessment Service.

SERVICE OVERVIEW

The Emergency Assessment Service is a unique setting in the Rotunda which provides antenatal, intrapartum, postpartum, gynaecologic, and neonatal services 24 hours per day, and is the first setting in which patients encounter Rotunda services in an emergency. 2023 was another busy year at the Rotunda Emergency Assessment Service, with the staff working extremely hard and providing high standards of emergency care. Staffing is provided by two registered advanced midwife practitioners (AMP), clinical midwife managers, staff midwives, and maternity care assistants, as well as obstetric and neonatal senior house officers on a 24-hour basis, with the support of relevant senior registrars. Patients can self-present or be referred by their GP or Public Health Nurse, or via an in-house referral pathway. Patients are triaged using an adapted version of the 'Manchester Triage System', enabling midwives to assign clinical priority and determine the urgency of patients' needs. The AMP or on-call doctor performs an initial review, before a diagnosis and management plan are confirmed. The service uses clearly defined referral pathways and ongoing staff training which allow continued delivery of a dedicated service that manages patients in a safe, timely and supportive manner.

CLINICAL ACTIVITY

TABLE 1: CLINICAL ACTIVITY 2021 – 2023				
Activity	2021	2022	2023	2022 V 2023 Variance
Obstetrics	24,059	23,584	24,413	3.5%
Gynaecology	1,308	1,589	1,811	14.0%
Paediatrics	359	359	348	-3.1%
TOTAL	25,726	25,532	26,572	4.1%

SUCCESSSES & ACHIEVEMENTS 2023

There are increased numbers of registered midwife prescribers, thereby providing clinical autonomy to the role of the midwife in prescribing select medications in a number of clearly defined clinical pathways. A number of midwives have commenced

and completed various master's programmes to further enhance their clinical skills. The introduction of a early pregnancy ultrasound clinic for women with pregnancy of unknown viability in the EPAU has been established and run by two AMPS in EAU. This clinic has enhanced continuity of care with the AMP's and a future audit will hopefully reflect patient satisfaction thus expanding the service to a second clinic.

CHALLENGES 2023

Clinical activity is increasing and with only five cubicles for clinical assessment, space remains an issue. Midwifery staffing retention and recruitment remains a challenge for the Emergency Assessment Service.

Additionally, the number of gynaecologic cases presenting for emergency assessment has been increasing year on year, reflecting the increased volume of outpatient and inpatient gynaecologic activity in the hospital.

PLANS FOR 2024

- To promote and facilitate the expansion of the role of the midwife and Advanced Midwife Practitioners in provision of emergency care to pregnant women and gynaecology patients.
- To facilitate more clinical audits and cooperative learning to improve the provision of safe effective care in the department.
- Introduce a formatted plan for emergency skills and drills sessions for all staff.
- Expand the EPAU AMP service.
- To set up a dedicated consultant led gynaecologic clinic to manage appropriate gynaecologic cases which present for emergency assessment after being adequately triaged.

Early Pregnancy Assessment Service

HEAD OF SERVICE

Prof. Sharon Cooley, Consultant Obstetrician Gynaecologist

Ms Suzanna Byrne, CMM3 Outpatients and Early Pregnancy Assessment Unit

Ms Judith Mulligan, Early Pregnancy Unit Administrator

EARLY PREGNANCY FELLOWS

Dr Icchya Gyawali

Dr Rebecca Boughton

SERVICE OVERVIEW

The Early Pregnancy Assessment service plays a key role in the management of complicated pregnancies up until 12 weeks' gestation with case referrals from the Emergency Room and external sources including general practitioners and a new self-referral service. This advent of self-referral is unique to our unit and gives patients more options in accessing care.

Through our Reassurance Clinic we provide an ultrasound service for women who have had prior molar pregnancies, ectopic pregnancies or two consecutive early pregnancy losses, and we maintain close links with the Bereavement and Social Work Departments.

Women with prior poor obstetric outcomes are offered an early booking visit or a reassurance scan in order to facilitate early access to antenatal care and allied personnel.

The service goal has always been to provide a dedicated, patient-centered service that supports and facilitates safe efficient compassionate care. This is a standard that we strive to meet on a daily basis.

TABLE 1: CLINICAL ACTIVITY 2021 – 2023

Activity	2021 No. Patients	2022	2023
Total number of patients seen	4,234	4,071	4,612
Repeat EPAU scans	780	929	680
Beta hCG testing	817	709	658
Referred for Booking visit	864	1,748	1,256
Pregnancy of uncertain viability	545	598	542
Miscarriage	1,494	972	1,548
Surgical management of miscarriage	114 (8%)	93 (10%)	187 (12%)
Expectant or medical management of miscarriage	421 (92%)	879 (90%)	1,367 (88%)
Features suggestive of molar pregnancy on ultrasound in EPAU	23	11	15
Pregnancy of unknown location	303	331	375
Ectopic pregnancy	80	71	119
Methotrexate use and follow-up	111	83	47
Patients admitted from the EPAU	82	107	53
Reassurance scans	368	480	410

SUCCESSSES & ACHIEVEMENTS 2023

Enhancing Patient Care

In 2023, Dr Icchya Gyawali and Dr Rebecca Boughton were our Early Pregnancy Fellows who provided continuity of care for the women attending the unit and to reaudit the management of complications in early pregnancy to ensure standard of care. They also trained in operative hysteroscopy and manual vacuum aspiration.

The number of patients attending our early pregnancy service increased in 2023 from 4,071 to 4,612. This is an increase of 13% and is in line with increased activity across the hospital. The increase may also be due to the fact that we now allow patient self-referral in stable cases where emergency review is not warranted and this is the only hospital unit in Dublin facilitating this option.

One in four patients will require more than one visit to the unit for either a rescan or serial blood tests before the pregnancy outcome can be determined, with only 27% being referred on for a booking visit.

The number of cases of pregnancy of unknown location and pregnancies of uncertain viability remain at similar levels to previous years at 12% and 8% respectively.

In 2023, we had 119 ectopic pregnancies in the hospital, however only 79 of them originated in the Early Pregnancy Unit with the remaining 40 cases being diagnosed following emergency review in the hospital or transfer from a general hospital.

Service Developments

- The appointment of a prospective Clinical Midwifery Manager role in early pregnancy loss occurred in 2022 with the successful candidate due to start following completion of ultrasound training. This training will hopefully start in the near future.

- Maintenance of our weekly log of activity, mifepristone and methotrexate use to identify trends in incidence and management.
- Ongoing structured multi-modality teaching programme in early pregnancy for our non-consultant hospital doctors many of whom are enrolled in the University College Dublin Diploma in Early Ultrasound.
- Our collaboration with Ann Charlton and Bereavement Services to facilitate a Certificate of Life and a birthstone for those experiencing pregnancy loss has been warmly received by patients and acknowledges their pregnancy loss.

CHALLENGES 2023

- Demand for early pregnancy scans continue to exceed availability and measures to increase scan hours is being addressed but staffing remains the limiting factor.
- The issue of space within the unit and service activity remains challenging but will be addressed with the proposed move to Dominick Street.

PLANS FOR 2024

The service plans for 2024 include:

- Agreement with the Executive Management Team for the ongoing appointment of an Early Pregnancy Fellow to continue the initiatives within the unit and assist in teaching.
- Agreement with our Pharmacy Team on care pathways around methotrexate charting and administration to avoid where possible its use out of hours.
- Linking with our Pathology Department to engage in discussion around rapid turnaround for endometrial samples in women with pregnancy of unknown location where a decision has been made for methotrexate, to determine whether we can adopt a conservative approach if chorionic villi are identified on endometrial samples.
- Linking with support groups in the country to see what their feedback is on patient priorities.
- Linking with other Early Pregnancy Units in our group, and then nationally, to see what common issues each unit faces, and see if we can standardise care and outcomes.
- Planning for the proposed move to Dominick Street in 2025 which will have a dedicated separate area for patients with bleeding and pain in early pregnancy. This is a move that we look forward to as it will align with National Standards in Miscarriage and Bereavement and avoid unnecessary upset with providing care for this vulnerable cohort in a maternity hospital.

Recurrent Pregnancy Loss Service

HEAD OF SERVICE

Dr Karen Flood, Consultant Obstetrician Gynaecologist

STAFF

Ms Nicola Quigley, Midwife

Dr Elizabeth Tunney

Dr Oladayo Oduola

Dr Emer Hall

Dr Parijot Kumar

SERVICE OVERVIEW

The Recurrent Pregnancy Loss Service was developed to provide thorough, standardised investigation and follow-up of couples with recurrent pregnancy loss. New referral criteria includes patients affected by two or more first or second trimester losses. The team endeavour to deliver evidence-based care, limiting our investigations and interventions to those recognised by international best-practice guidelines.

As part of the service early reassurance scans are also performed for these patients up to their 'booking visit'. The psychological impact of pregnancy following multiple previous losses requires clinical continuity to optimize support and expert care.

All patients with histological confirmation of gestational trophoblastic disease (GTD) following a miscarriage also attend this clinic for counselling and close serum β hCG monitoring with rapid access for review if complications occur. All our patients are registered with the National GTD centre in Cork to coordinate their care.

TABLE 1: CLINICAL ACTIVITY 2017 – 2023

Activity	2017	2018	2019	2020	2021	2022	2023
New visits	170	151	156	120	117	136	210 (126*)
Return visits	748	694	559	747	562	577	708 (49*)
Livebirth rate %	69	80	78	76	70	73	77
GTD pregnancies followed	25	24	39	21	19	17	22
Total number of visits	918	845	715	867 (107*)	689 (77*)	823 (32*)	918 (175*)

*telemedicine visits

SUCSESSES & ACHIEVEMENTS 2023

Ms Patricia Fletcher retired this year after 30 wonderful years of service to the Rotunda Hospital and many years of dedication and support in the recurrent miscarriage clinic. She will be missed by patients and staff alike.

The new National Clinical Practice Guideline on Recurrent Miscarriage was published this year. Our gap analysis study confirmed that we are delivering an expert and appropriate service.

The main issue identified was the change in definition and therefore referral criteria to two pregnancy losses. This in turn greatly increased the number of patients referred for investigation and management. To maintain our waiting time of less than three months we introduced a telemedicine approach to the initial history consultation. Case based investigations are then arranged with patients attending in person for results and individual management plans. This was implemented successfully from 1st May and the subsequent audit confirmed the efficacy of this approach however more work is needed to optimise the service.

CHALLENGES 2023

Despite the change in approach as outlined above, it remains very challenging to keep the interval time between referral and review to a few months. Couples who have experienced recurrent pregnancy loss are understandably very distressed and relatively long waiting times can add further to a difficult time.

PLANS FOR 2024

Dr Elizabeth Tunney is undertaking a MD exploring the definition of recurrent miscarriage with a focus on the unexplained cohort. We hope to develop a triage protocol to focus resources and management.

We plan to move the service to the gynaecology building, which is a more appropriate setting to review such patients. As part of this move, we also plan to rename the clinic acknowledging patient sensitivity and privacy.



Fetal Medicine Service

HEAD OF SERVICE

Dr Sieglinde Müllers*

STAFF

Consultants in Maternal Fetal Medicine:

Prof. Fergal Malone

Dr Etaoin Kent

Prof. Jennifer Donnelly

Dr Sieglinde Müllers

Dr Karen Flood

Prof. Sean Daly

Prof. Fionnuala Breathnach

Prof. Michael Geary

Dr Sharon Cooley

Dr Maria Kennelly

Maternal Fetal Medicine Subspecialty Fellow

Dr Catherine Finnegan

Dr David Mackin

Fetal Sonographers:

Ms Mabel Bogerabatyo

Ms Fiona Cody

Ms Suzanne Gillen

Ms Aisling Graham

Ms Linda Hughes

Ms Laura McBride

Ms Deirdre Nolan

Ms Avril O'Connor

Ms Gemma Owens

Ms Gloria Guiteras Petibo

Ms Roberta Saullo

Ms Irene Twomey

Midwifery

Ms Fionnuala Nugent, Midwife Manager

Ms Jane Dalrymple

Ms Nollaig Kelliher

Ms Joan O'Beirnes

Ms Paula McEnteggart (OLOH Drogheda, Cavan General Hospital)

Genetic Counsellor

Ms Debby Lambert

Administration

Ms Anita O'Reilly

Ms Suzanne Larkin

Ms Mary Maguire

Medical Social Worker

Ms Louise O'Reilly

Chaplain

Ms Ann Charlton

MCA

Alannagh Geraghty

* Prof. Fionnuala Breathnach was Head of Department up to October 2023.

SERVICE OVERVIEW

The Fetal Medicine Service at the Rotunda Hospital is the largest fetal medicine division in Ireland, providing care for an increasing number of complex maternal fetal medicine pregnancies each year. The service consists of 10 consultants in maternal fetal medicine, who together with a dedicated team of fetal medicine midwives, a genetic counsellor, dedicated social worker, chaplain, and an RCOG-approved subspecialty fellow support the fetal screening service provided by sonographers.

All women booked for prenatal care at the Rotunda Hospital receive at a minimum, an early pregnancy dating ultrasound and a detailed mid-trimester fetal anatomy ultrasound. Suspected or confirmed fetal anomalies are referred by the sonographers to the Fetal Medicine Service, who provide prompt expert prenatal diagnosis, diagnostic testing where required and further dedicated and individualised prenatal care. In addition to providing specialist care for Rotunda booked patients, we continue to receive an increasing number of referrals from all obstetric units across the country, underpinning the fetal medicine expertise provided by the Rotunda Fetal Medicine Service.

The Rotunda Fetal Medicine Multidisciplinary Team also supports fetal medicine services across the RCSI Hospital Group, with Rotunda consultant-provided Maternal Fetal Medicine (MFM) expertise now well established in Our Lady of Lourdes Hospital, Drogheda, and Cavan General Hospital. Last year saw the successful introduction of Non-invasive prenatal screening (NIPS) in Drogheda, such that expert fetal medicine care is now exclusively delivered locally within the group, with the benefit of tertiary level governance. This has had a significant positive impact on patient care and local services.

The Rotunda Hospital has the largest and longest RCOG-approved MFM fellowship training programme in the country, which already harnesses a twinning/training programme with Columbia University in New York, a major North American fetal surgery programme. It continues to retain its reputation as a successful, competitive fellowship, consisting of one clinical year at the Rotunda Hospital and a second clinical year abroad, in Columbia University Medical Center in New York. All of the Rotunda-Columbia fellow graduates from the last 10 years have been appointed to substantive consultant MFM posts in Rotunda or National Maternity Hospital.

CLINICAL ACTIVITY

The categories of fetal ultrasound examinations performed are presented in Table 1. 2023 saw a 9% increase in clinical activity across all activities listed compared with 2019.

TABLE 1: CLINICAL ACTIVITY 2019 – 2023

Activity	2019	2020	2021	2022	2023
Booking ultrasound examinations	6,351	6,776	6,261	6,718	7,363
Fetal anatomic survey (20-22 weeks)	8,710	8,524	8,452	8,166	8,690
Fetal growth assessment	14,961	14,822	15,860	15,995	16,787
Fetal echocardiography	278	260	304	263	296
Total ultrasound examinations	30,300	30,382	30,877	31,142	33,136

PRENATAL SCREENING AND DIAGNOSIS

Prenatal Screening

The Rotunda Fetal Medicine Service, together with its academic partner at the RCSI Department of Obstetrics and Gynaecology, remains Ireland's busiest provider of services for prenatal screening and diagnosis of fetal abnormalities, facilitating patients from all maternity units in Ireland. This service is based on non-invasive prenatal screening (NIPS) using a maternal blood sample for cell-free fetal DNA, followed by invasive testing, as needed, by means of chorionic villus sampling or amniocentesis.

In 2023, 1,957 new patients attended for NIPS. NIPS has now replaced former means of prenatal screening (e.g. combined first trimester screening) at the Rotunda Hospital (Figure 1).

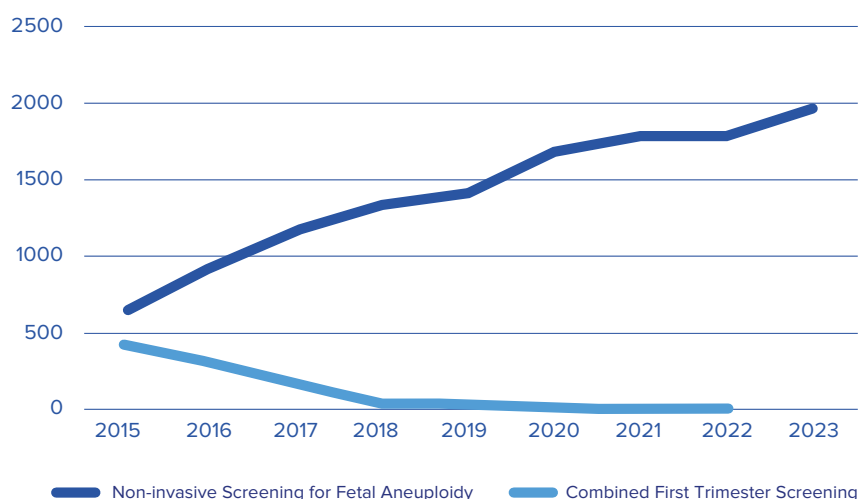


FIGURE 1: NON-INVASIVE PRENATAL SCREENING (NIPS) FOR FETAL ANEUPLOIDY

All women registering for care at the Rotunda Hospital are given information relating to prenatal screening services, including NIPS for fetal aneuploidy. A proportion of women not intending to book for prenatal care in the Rotunda self-refer for NIPS. This remains an opt-in service and is not currently publicly funded. In 2023 the vast majority of NIPS testing was carried out in the first trimester, with 94% of samples returning an initial low-risk result, and with 4% of women requiring a re-draw to obtain a result. Fewer than 2% of NIPS results were abnormal, as summarised in Table 2.

TABLE 2: NON-INVASIVE PRENATAL SCREENING RESULTS (N = 1,957#)

NIPS Result	Number	Confirmed with Invasive Test	Pregnancy Termination
Low-risk at first blood draw	1,844 (94%)	N/A	N/A
High-risk for Trisomy 21*	19# (1%)	14/19 (74%)	10/14 (71%)
High-risk for Trisomy 18**	5 (0.2%)	4/5 (80%)	4/5 (80%)
High-risk for Trisomy 13	0	N/A	N/A
High-risk for Triploidy***	2 (0.1%)	1/2	1/2
Atypical Sex Chromosome findings****	4 (0.2%)	1/4	0
High-risk XXY	2 (0.1%)	1/2	N/A
High-risk Monosomy X*****	1 (0.05%)	0	
High-risk 22q11.2 deletion*****	1 (0.05%)	0	N/A
No result with first NIPS sample#	81 (4%)	N/A	N/A

Two of the 19 cases with a high-risk result for Trisomy 21 were not identified on first NIPS, but were subsequently identified on first and second redraw, and are therefore included in the total number of cases with a no result with first NIPS (n=81). Both were confirmed Trisomy 21 with invasive testing.

#Analysis based on cases performed at main hospital campus location.

*Among 19 patients with a high-risk NIPS result for trisomy 21, three were managed expectantly, two had subsequent abnormal scan findings and there were 10 pregnancy terminations.

**Among five patients with a high-risk NIPS result for trisomy 18, there was one miscarriage and four patients underwent pregnancy termination following confirmatory invasive testing.

***Of two patients with a high-risk NIPS result for triploidy, both had invasive testing with one having a normal result.

****Among NIPS reports of 'Atypical Sex Chromosome Findings,' two patients had normal invasive testing, one result returned that of Mosaic X chromosome aneuploidy and one patient was found to be a carrier of a sex chromosome translocation.

*****One 'no result' specifically for Monosomy X subsequently returned a high-risk result for Monosomy X on first redraw; amniocentesis returned a normal result.

*****One high risk result for 22q11.2 deletion was confirmed as a false positive, consanguinity being a feature.

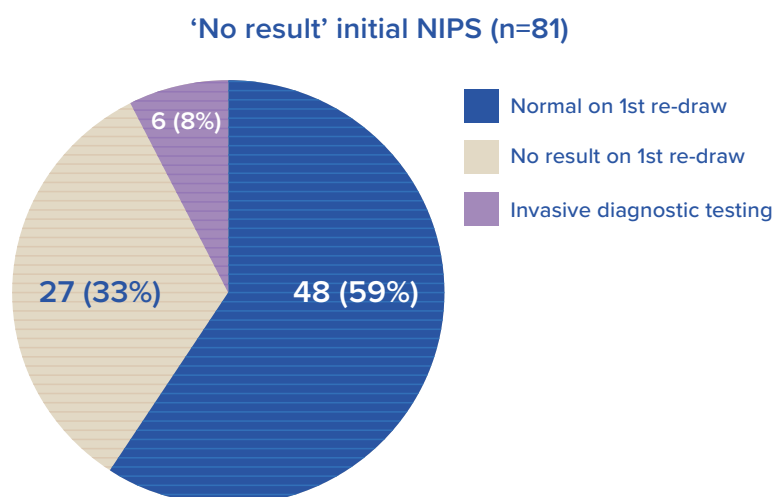


FIGURE 2: OUTCOME OF NON-INVASIVE PRENATAL SCREENING (NIPS) IN WHICH THE INITIAL BLOOD SAMPLE DID NOT RETURN AN INFORMATIVE RESULT (N = 81)

Almost two thirds of those with an initial 'no result' NIPS received a low-risk result on first redraw. Twenty seven (33%) of patients undergoing a first redraw were given a further 'no result', of which 13 (48%) had a no-result on a second redraw. A total of six patients subsequently underwent invasive diagnostic testing, with only one having a normal result, and with two cases each of trisomy 21 and triploidy, and one case of XXY confirmed. There was one additional case of a no result specifically for Monosomy X which was confirmed normal on invasive testing.

PRENATAL DIAGNOSIS

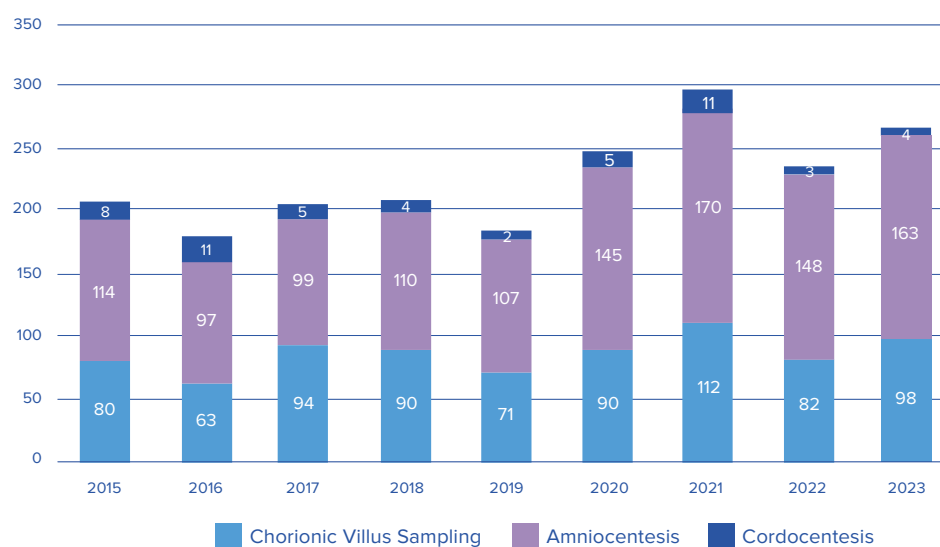


FIGURE 3: INVASIVE PRENATAL DIAGNOSTIC PROCEDURES (N = 265)

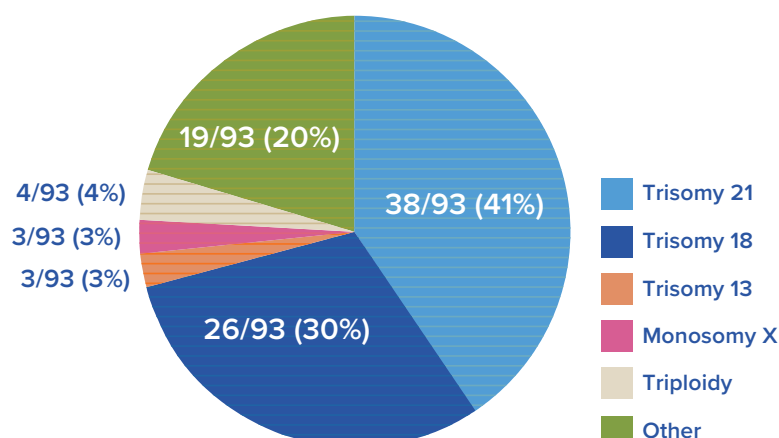


FIGURE 4: FETAL GENETIC ABNORMALITIES DIAGNOSED PRENATALLY (N = 93)

Prenatal Diagnosis of Major Fetal Structural Abnormality

Excluding cases of fetal chromosome abnormality, an additional 225 cases of non-aneuploid major structural fetal abnormalities were detected prenatally in 2023. While many fetuses had multiple involved organ systems, the results described in Figure 5 are categorised based on the most dominant anatomic problem

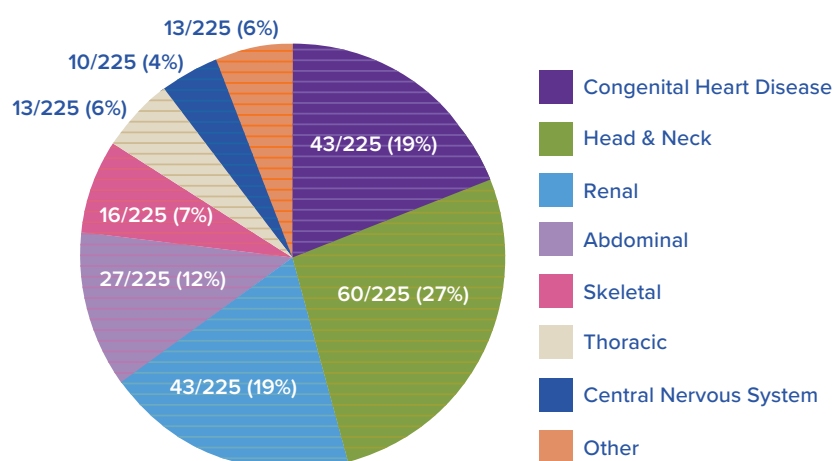


FIGURE 5: MAJOR FETAL STRUCTURAL ABNORMALITIES (NON-ANEUPLOID) DIAGNOSED PRENATALLY (N = 225)

FETAL INTERVENTION

Intrauterine transfusions:

A total of four cordocentesis procedures were performed in 2023 for Rhesus isoimmunisation in the context of suspected fetal anaemia, followed by intrauterine fetal transfusion (IUT). One patient, a 34-year-old Para 2 had a prior dichorionic twin pregnancy complicated by Rhesus isoimmunisation managed with IVIG and required delivery at 29 weeks' gestation for worsening hydrops. In her subsequent pregnancy

in 2023 she required three IUTs and was delivered at 34+4 weeks' gestation for worsening hydrops. The second patient was a 36-year-old Para 1, previous hemolytic disease of the newborn who underwent a single IUT at 33 weeks' gestation with subsequent delivery at 35 weeks' for worsening hydrops.

In-utero MMC repairs:

Two patients successfully underwent in utero myelomeningocele (MMC) repair in Leuven, Belgium, following MDT review by the Rotunda and Leuven fetal medicine teams. One patient was a 41-year-old primigravida, with a fetus confirmed to have MMC (upper level of lesion L5/S1), Arnold Chiari II Malformation and normal invasive prenatal testing. She underwent laparotomy-assisted fetoscopic repair of the defect at 25+5 weeks' and was subsequently delivered at 37 weeks by caesarean section. The second patient was a 25-year-old primigravida with a fetus confirmed to have MMC (upper level of lesion L3/L4), Arnold Chiari II Malformation, mild ventriculomegaly and unilateral talipes, and with normal invasive prenatal testing. She underwent laparotomy-assisted fetoscopic repair of the defect at 24+5 weeks' and was subsequently delivered at 37 weeks by caesarean section; chorion membrane separation was noted prenatally in the absence of PPROM. Both cases demonstrated <50% thinning of the myometrium at the previous port sites at the time of delivery.

Ex-utero intrapartum treatment (EXIT):

There were two successful EXIT procedures in 2023. The first patient was a 26-year-old primigravida with a fetal diagnosis of a large cervical lymphatic malformation identified at fetal anomaly scan, with an EXIT successfully undertaken at 34+3 weeks'. The second patient was a 33-year-old Para 2 with a fetal diagnosis of an extensive anterior lymphovascular neck mass, with an EXIT successfully undertaken at 33+4 weeks' due to fulminating pre-eclampsia. Both cases had ultrasound drainage of the lesions prior to delivery, to facilitate fetal airway access. All potential EXIT procedures are successfully managed in a multidisciplinary manner, involving a dedicated team of Rotunda fetal therapists, paediatric surgical ENT, paediatric anesthesia and obstetric anaesthesia teams. All potential cases are referred for fetal MRI to assess suitability for EXIT, with paediatric radiology providing a critical role in characterising airway involvement. EXIT deliveries are supported by the Rotunda theatre staff, midwifery, NICU and neonatal transport teams and require coordinated delivery, being an excellent example of a successful MDT approach involving obstetric, neonatal, and paediatric services between the Rotunda Hospital and Children's Health Ireland, Crumlin.

Fetoscopic laser ablation for TTTS:

There were 9 pregnancies that required fetoscopic laser ablation for twin-to-twin transfusion syndrome (TTTS) at the Rotunda Hospital in 2023. There were four double survivors, four single survivors and one double demise. The double demise occurred in a case that was technically challenging at an early gestation with a complete anterior placenta. Therefore, for the Rotunda Hospital, at least one survivor occurred in 8/9 (89%) of cases, with overall survival in 12/18 (67%) of cases.

Since 2010, the fetal therapy teams at the National Maternity Hospital, Dublin, and the Rotunda Hospital Dublin have jointly collaborated for the management of all cases of TTTS referred to either centre. This has resulted in a single team approach to cases, regardless of which of the two hospital locations such patients are seen. During 2023, a total of 19 cases of severe TTTS were managed by the Dublin Fetal Therapy Group by means of fetoscopic laser ablation of placental vessels. Amongst these 19 pregnancies, seven resulted in survival of both fetuses, and 8 resulted in survival of one fetus with at least one survivor in 15/19 cases (79%), with overall survival of 23/38 (60%).

By the end of 2023, the group have treated 328 fetuses with laser surgery for severe TTTS, with at least one survivor occurring in 78% of pregnancies (128/164). These results are consistent with the results at the major international centres providing this advanced fetal therapy. This approach to a complex but relatively rare fetal problem is an excellent example of a joint collaborative management strategy that successfully optimises care for these patients.

FETAL MEDICINE SERVICE (RCSI HOSPITAL GROUP)

In 2023 a total of 262 patients were reviewed in the fetal medicine service in OLOH, Drogheda, of which 23% (61/262) were referred to the Rotunda Hospital for further review, with 36% (22/61) deemed to require delivery at the Rotunda. An additional 38 patients were referred from Cavan General Hospital to the Rotunda Hospital for fetal medicine review, of which only 26% (10/38) required delivery in the Rotunda Hospital. This is an excellent example of a coordinated fetal medicine and neonatal network within the RCSI Hospital Group which enables the appropriate selection of patients for either regional or tertiary level care depending on the severity of the underlying fetal diagnosis. The Fetal Medicine Service at OLOH Drogheda and Cavan General Hospital has significantly enhanced and supported the local obstetric services.

Fetal Cardiac Service

The Fetal Cardiac Service at the Rotunda is a national referral service provided jointly by Prof. Fionnuala Breathnach, consultant obstetrician and subspecialist in Maternal Fetal Medicine and by Prof. Orla Franklin, consultant paediatric cardiologist at Children's Health Ireland. A weekly clinic sees referrals from within the Rotunda, from the RCSI Hospitals group and from hospitals beyond this group. In 2023, the Fetal Medicine Service performed 296 targeted fetal echocardiography examinations in addition to the standard fetal cardiac examination (4-chamber view and outflow tracts) that is a key component of the fetal anatomy scan offered to all women at the Rotunda at 20-22 weeks' gestation.

A total of 46 cases of fetal major congenital heart disease were managed through this service in 2023 (Table 3). Women who attend the Fetal Cardiology Service are supported by multidisciplinary input from the Rotunda Fetal Medicine Service, the Paediatric Cardiac Liaison service at Children's Health Ireland, the Rotunda neonatology subspecialists, the Rotunda perinatal palliative care clinicians, a dedicated social worker and by the invaluable pastoral support offered by the Bereavement team.

The prenatal detection of duct-dependent critical congenital heart disease is the most meaningful metric for evaluating the success of this service. During 2023, one baby was diagnosed with total anomalous pulmonary venous drainage at birth, having had normal prenatal imaging. All other (16) cases of duct-dependent critical congenital heart disease were diagnosed before birth, had a prenatal consultation with Paediatric Cardiology, visited the Cardiac Centre at CHI Crumlin in the prenatal period, and had a delivery plan developed in anticipation of the cardiac needs of the neonate.

Pregnancy outcomes for cases of critical, duct-dependent, congenital heart disease are presented in Figure 6.

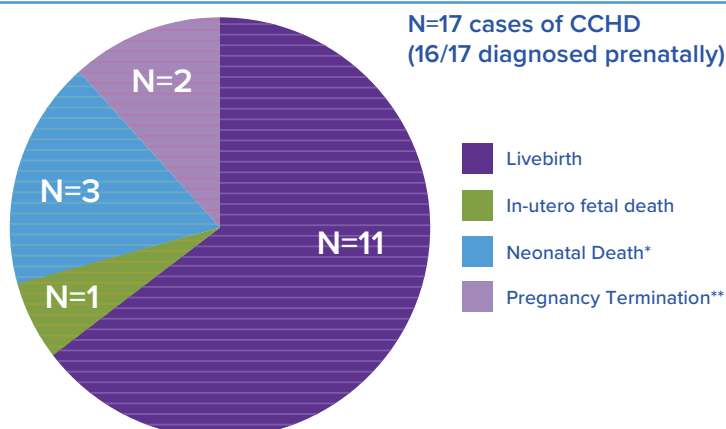


FIGURE 6: CRITICAL CONGENITAL HEART DISEASE AND PREGNANCY OUTCOME

Footnote: *NND=Neonatal death within 28 days of delivery

**Both cases of pregnancy termination were carried out at Rotunda under Section 11 of the Health Act (Termination of Pregnancy for Fatal Fetal Abnormality)

TABLE 3: PRENATAL DETECTION OF CONGENITAL HEART DISEASE

	2016	2017	2018	2019	2020	2021	2022	2023
Hypoplastic left heart disease	6	9	3	5*	5	8	5	5
Hypoplastic right heart disease	5	7	4	2	3	3	2	5
Complete AVSD	2	5	3	4	2	6	4	8
Isolated VSD [#]	12	15	18	4	11	6	3	3
Tetralogy of Fallot/ DORV	3	7	5	9	8	2	6	5
Transposition of great arteries	5	5	6	6	6	3	3	4
Aortic coarctation/ interrupted arch/double arch	2	6	2	6	5	2	0	2
Truncus arteriosus	1	0	1	0	0	0	0	1
Isolated right-sided aortic arch	1	0	2	2	4	9	5	4
Ebstein's anomaly	0	1	0	1	0	0	0	1
Systemic vein anomalies	4	1	0	0	1	1	0	3
Arrhythmia	3	2	5	2	3	2	1	1
Cardiac tumours	0	0	1	0	1	1	0	1
Miscellaneous ^{##}	0	0	2	3	2	8	4	3
TAPVD (isolated)	0	0	0	1	0	0	0	0
Total	44	58	52	45	50	51	33	46

AVSD = Atrioventricular septal defect; VSD = ventricular septal defect; TAPVD = Total anomalous pulmonary venous drainage

[#]The majority of isolated VSDs are not referred to the multidisciplinary fetal cardiology service, but rather are evaluated for aneuploidy and a postnatal echocardiogram is planned in the event of abnormal neonatal examination

^{##}Miscellaneous includes one case of aberrant right subclavian artery, and two cases of isolated aortic valvular stenosis

MONOCHORIONIC MULTIPLE PREGNANCY SERVICE

All patients with a monochorionic pregnancy are now provided with their complete antenatal care through the dedicated consultant-delivered monochorionic twin service in the Fetal Assessment Unit. This enables an efficient comprehensive maternal and fetal assessment at each visit and provides fetal medicine support for pregnancy complications in high-risk twins. In 2023, a total of 60 sets of multiple pregnancies had their care supervised through this service, comprising 55 pregnancies with a twin pregnancy and five sets of triplets. A total of 42 MCDA twin pairs were reviewed with a further three MCMA twin pairs and one set of conjoined twins. Of the triplets, three were TCTA and there was one set each of DCTA and MCTA. A further 9 sets of complicated dichorionic twins were cared for through this service.

PERINATAL GENETICS SERVICE

Appointments for new patients/couples 2023:

- Seen through fetal assessment unit: 68
- Seen through genetic counselling clinic: 18

The majority of patients for genetic counselling are seen through the Fetal Medicine Department. These are either patients for whom scanning or invasive testing in Fetal Medicine have identified a condition that is, or is likely to be, genetic; or those referred in to Fetal Medicine with a known chromosomal or monogenic risk who require a genetic counselling appointment and organization of prenatal testing in Fetal Medicine. These patients are usually seen over the course of two, three or more appointments depending on complexity of diagnosis. Individuals or couples seen in genetic counselling clinic are referred by Neonatology, Gynaecology, or Fetal Medicine and are usually preconceptual in nature and therefore do not have an immediate need for prenatal testing. Results of testing are outlined in Table 4.

Genetic and genomic testing requires the selection of the correct test and sourcing of the appropriate laboratory. While laboratory suppliers have been identified for frequently requested analyses, many other analyses are unique and family specific. Not all genetic counselling patients require additional genetic testing, but all patients requiring genetic testing require test-specific consent.

TABLE 4: GENETIC TESTING RESULTS FROM THE PERINATAL GENETICS SERVICE

Type of test	N
Trio exome – prenatal and postmortem	17
Genetic panel – prenatal and postmortem	1
Non-invasive prenatal testing – other than trisomy screening	1
Single gene prenatal tests	12
Single gene tests on adults or children – gene sequencing	8
Single gene test on adults or children – variant panel	11
Single gene test on adults or children – known family variant	15
Other specialised genetic test on adults or children	2

Our genetics testing protocol is to perform both PCR and microarray for all fetal medicine cases that have necessitated an invasive test whether amniocentesis or chorionic villus sampling. The only exception to an automatic reflex microarray test

is when there an abnormal PCR result is found in the setting of a clear ultrasound abnormality, particularly in the setting of a high risk NIPS result. In an effort to streamline resources, conventional prenatal karyotyping is only specifically requested in the setting of recurrent aneuploidy or significant family history of fetal anomalies.

As evident by our increasing numbers whole exome sequencing (WES) has a more crucial role in our complex cases. Determination of the correct test/panel continues to be greatly aided by the expertise of the Debby Lambert in consultation with CHI genetic services. A Rotunda Hospital specific consent form has been developed in line with international best practice with consent being obtained either by Debbie Lambert or a Fetal Medicine Consultant.

With respect to the National Genomics strategy, the Rotunda Hospital continues in its leadership role in the development of the perinatal genomics service. Numerous national meetings have occurred. A national prenatal testing directory has been agreed and the appointment of a Clinical Geneticist for the RCSI Hospital group linked with CHI is in progress.

PLACENTA ACCRETA SPECTRUM

Placenta Accreta Spectrum (PAS) refers to a range of clinical conditions characterised by abnormal placental adherence to the uterine wall. The incidence of PAS has increased substantially from 0.8 per 1,000 deliveries in the 1980s to 3 per 1,000 deliveries in the past decade, largely attributed to a rising global caesarean section rate. The condition is associated with significant maternal morbidity.

The PAS multidisciplinary team (MDT) service was established in The National Maternity Hospital in June 2017. This service provides care to patients of NMH and Rotunda and also accepts external referrals nationwide. To date, 72 women with PAS have been cared for by the MDT.

On average three cases are discussed at each MDT (range 2-5). In 2023, 9 women with PAS were cared for by the PAS MDT. This included seven (78%) women who had a caesarean hysterectomy and two women who had uterine conservation procedures. Of these, 44% (n = 4) were external referrals. Table 5 provides a summary of these 9 cases managed within the MDT in 2023. The median (IQR) gestation at delivery was 34 weeks (23–35). Most women had an elective delivery (n = 6, 66%). The median (IQR) estimated blood loss (EBL) was 1700mls (705– 3350mls). A blood transfusion was required for 6 (66%) of women.

All women were offered input from allied healthcare professionals including social work, perinatal mental health, physiotherapy, and lactation support as well as information about the Placenta Accreta Ireland patient advocacy group.

TABLE 5: OVERVIEW OF PAS PROCEDURES

Case	Elective/ Emergency	Procedure +/- IR	Anesthesia	Estimated Blood loss (ml)
1	Elective	Caesarean hysterectomy, ureteric stenting and aortic balloon insertion	GA	1,900
2	Elective	Caesarean hysterectomy	GA	500
3	Emergency	Caesarean hysterectomy	GA	2,000
4	Elective	Myometrial resection + Aortic balloon	GA	1,700
5	Elective	Myometrial resection	GA	1,050
6	Emergency	Caesarean hysterectomy + Aortic balloon	GA	500
7	Elective	Caesarean hysterectomy + Aortic balloon	GA	910
8	Elective	Caesarean hysterectomy + bladder repair	Regional/GA	4,700
9	Emergency	Caesarean hysterectomy + Aortic balloon	GA	5,000

CAESAREAN SCAR PREGNANCY

Caesarean scar pregnancy (CSP) is a precursor to severe PAS and both conditions exist as part of a common disease spectrum. The true incidence of CSP is unknown with reported rates in literature varying from 1:800 to 1:2656. Although relatively uncommon its incidence is increasing in line with increasing caesarean section rates.

In 2023, two women with CSP were managed within the PAS MDT. Both cases were diagnosed prior to 8 weeks' gestation, and managed surgically, with one case requiring uterine balloon insertion (table 6).

TABLE 6: CAESAREAN SCAR PREGNANCY OVERVIEW

Case	Management	Estimated Blood Loss ml	Outcome
1	ERPC under ultrasound guidance	400	Ultrasound at 3 months – no haematoma
2	ERPC under ultrasound guidance + Foley balloon insertion	900	Ultrasound at 3 months – no haematoma

RESEARCH

The PAS service is engaged in a diverse range of research projects, collaborating with colleagues both nationally and internationally. Since 2017, a prospective database of all women cared for by the PAS MDT has been maintained, alongside a biobank consisting of tissue and serum. Research published to date has focussed on multi-disciplinary team care, exploring the lived experience of women and their partners, and in 2023 new research explored women's and healthcare providers experience of anaesthesia care in PAS. Ongoing research is taking a multi-omic translational approach to investigate the pathophysiology of PAS. The PAS team have been invited to present their work at several international conferences, including the Society for Maternal Fetal Medicine and the International Society for Placenta Accreta Spectrum.

PLACENTA ACCRETA IRELAND

Placenta Accreta Ireland is a patient advocacy and support group founded in 2019. Placenta Accreta Ireland supports women and their families by focussing on four key areas – advocacy, support, information and education, and research. In 2023,

they launched their website paireland.ie, as well as the third series of their podcast 'Accreta&Me'. Placenta Accreta Ireland supports women and their families both in Ireland and across the globe, while working in close collaboration with the National Maternity Hospital to provide evidence based and up to date resources about placenta accreta spectrum.

WEEKLY MULTIDISCIPLINARY TEAM CONFERENCES

A weekly Multidisciplinary Team (MDT) meeting represents an integral component of the work of the Fetal Medicine Service. This meeting is attended by clinicians from the Fetal Medicine Service, together with the Neonatology Service, and a range of additional paediatric subspecialists as needed, to discuss and plan the perinatal management of individual complex cases. During 2023, 282 case discussions were conducted at this meeting (some cases being discussed more than once), with prompt documentation of the outcome of resultant management plans being placed in each patient's MN-CMS electronic healthcare record.

The vast majority of patients at the Rotunda who receive a prenatal diagnosis of a serious fetal abnormality continue with their pregnancy. These patients then receive their prenatal care and follow-up postnatal care in a streamlined manner through the Fetal Medicine Service, in collaboration with relevant paediatric specialties. The contribution of Dr Fiona McElligott, Consultant in Paediatric Palliative Care Medicine, toward guiding families through this pathway is highly valued by staff and patients.

SUCCESSSES & ACHIEVEMENTS 2023

- Refurbishment of counselling rooms in the FAU to provide a more comfortable environment for patients availing of FAU services.
- Successful appointment of a dedicated Fetal Medicine Midwife to the Fetal Medicine services at Cavan General Hospital and Our Lady of Lourdes Hospital, Drogheda, greatly enhanced referral pathways with the Rotunda.
- Commencement of NIPS screening in Our Lady of Lourdes Hospital, Drogheda.

PLANS FOR 2024

- Continued upgrading of all ultrasound equipment.
- Education sonographers and NCHDs.
- Implementation of prenatal diagnostic testing in Our Lady of Lourdes Hospital, Drogheda.
- Development specialist fetal medicine services.

Bereavement Support and Chaplaincy Service

HEAD OF SERVICE

Dr Sieglinde Müllers, Consultant Obstetrician Gynaecologist

STAFF

Ms Trish Butler, Clinical Midwife Manager

Ms Carol Rock, Clinical Midwife Manager

Ms Ann Charlton, Hospital Chaplain

Ms Dawn Kelly Dunne, Medical Social Worker

Ms Ciara O'Connor, Administrative Assistant

SERVICE OVERVIEW

The Rotunda Hospital acknowledges the loss of a baby during pregnancy or following delivery is a significant and painful experience for any parent. To meet the needs of bereaved parents, the hospital provides a range of services through the Bereavement, Recurrent Pregnancy Loss, and Fetal Medicine Services. The Bereavement Team includes a specialist bereavement midwife, chaplain, dedicated medical social worker and maternity care assistant, and part time administrative support. The team provide sensitive, individualised and compassionate care to all families.

The Bereavement Specialist Midwives co-ordinate the Bereavement Service Team and are advocates for all bereaved parents. This includes ensuring all relevant multidisciplinary medical and nursing/midwifery team members within the hospital and in the community are involved and engaged as required with the patient's and family's care following a stillbirth or perinatal death. The specialist midwives are also responsible for coordinating and arranging appropriate follow-up appointments for all bereaved patients and are available to patients in a subsequent pregnancy, ensuring an early reassurance scan and a timely booking visit are coordinated, and referral to any other service is made as necessary. Following resumption of typical clinical services in the wake of the COVID-19 pandemic, the service is now offering face-to-face appointments for all, however the option of Telemedicine appointments remains; this has been found to work well over the course of the pandemic, and is the preference of many parents. The service is as adaptable as possible to ensure individualised, sensitive, and compassionate care is offered to each family.

The online suite of bereavement education sessions, in collaboration with the Centre for Midwifery Education remained available, and some short, targeted informal education sessions recommenced in clinical areas.

SUCSESSES & ACHIEVEMENTS 2023

The Annual Service of Remembrance for 2023 was held again at St. Saviours' church in Dominick Street, with extreme gratitude to the Dominican community for once again welcoming hospital staff and families, and enabling the service to be delivered in a sensitive and compassionate manner. The work of the hospital and the bereavement team is greatly assisted by the chaplains and ministers who are available to offer support to patients and staff alike. The Dominican community from St. Saviour's Church

in Dominic Street continue to provide dedicated pastoral support to parents and babies which is very much appreciated.

Appointments:

In August 2023, the team were delighted to welcome Ms Carol Rock in her role as a WTE CMM2. Carol brings with her a wealth of clinical experience and initiative and has significantly enhanced and supported the service.

Education:

Having been significantly impacted in recent years due to a combination of the COVID-19 pandemic and reduced staffing, all onsite bereavement education resumed in 2023, which involved a number of successful formal & informal education sessions. The bereavement specialist midwives continue to provide support to all NCHDs and staff directly involved in the care of bereaved families, and their expertise is heavily relied upon.

Infrastructure:

Following the highly successful and enjoyable inaugural 2022 fundraising event to support bereavement services in the hospital, a number of key clinical areas accessed by bereaved families were successful upgraded. These included a dedicated delivery room suite, two counselling rooms in the fetal assessment unit, and one single room in the Gynaecology Ward. These upgrades have been well received by patients and staff. The Bereavement Team were extremely grateful to all the staff and patients who contributed to this event, and the EMT and board for recognising the importance of bereavement care within the hospital.

ACTIVITY

The number of patients requiring bereavement support is highlighted in Table 1. Although there was a reduction in activity in 2023, the complexity and needs of bereaved parents continues to increase. The team endeavour to work cohesively to ensure they provide the best individualised care for all parents.

TABLE 1: NUMBER OF PERINATAL LOSS CASES REQUIRING BEREAVEMENT SERVICE SUPPORT FOR BURIAL OR CREMATION	
2018	209
2019	223
2020	242
2021	268
2022	240
2023	247

PLANS FOR 2024

- Further develop and expand bereavement education for all staff.
- Update and improve all written patient information.
- Introduce additional mementoes for bereaved parents.
- A second single room on the Gynaecology Ward to be upgraded once essential infrastructural repairs are completed.



Maternal Medicine

HEAD OF SERVICE

Prof. Jennifer Donnelly, Consultant Obstetrician/ Maternal Fetal Medicine
Rotunda Hospital, Mater Misericordiae University Hospital (MMUH).

STAFF

Dr Etaoin Kent, Consultant Obstetrician/ Maternal Fetal Medicine, Rotunda Hospital, OLOLH Drogheda
Dr Nicola Maher, Consultant Obstetrician & Gynaecologist, Rotunda Hospital
Dr Maria Kennelly, Consultant Obstetrician & Gynaecologist, Rotunda Hospital, Cavan Hospital
Dr Claire McCarthy, Locum Consultant Obstetrician & Gynaecologist
Dr Suzanne Smyth, RSPI Fellow in Maternal Medicine
Prof. Fionnuala Ní Áinle, Consultant Haematologist, Rotunda Hospital/MMUH
Dr Colm Magee, Consultant Nephrologist, Rotunda Hospital. Beaumont Hospital
Dr Barry Kelleher, Consultant Gastroenterologist, Rotunda Hospital/MMUH
Dr Dorothy Ryan, Consultant Pulmonologist, Beaumont Hospital
Prof. Conán McCaul, Consultant Anaesthetist, Rotunda Hospital, MMUH
Dr Patrick Thornton, Consultant Anaesthetist, Rotunda Hospital, MMUH
Prof. Ann Brannigan, Consultant Colorectal Surgeon, MMUH
Prof. Kevin Walsh, Consultant Congenital Cardiologist, MMUH
Prof. Emer Joyce, Consultant Cardiologist MMUH
Dr Tony Geoghegan, Consultant Radiologist MMUH
Ms Cathy O'Neill, Staff Midwife
Ms Patricia Fletcher, Staff Midwife
Ms Brenda Kidd, Staff Midwife
Dr Joan Devin PhD RM, Irish Medicines in Pregnancy, Rotunda
Ms Catherine Daly, Administration

SERVICE OVERVIEW

The Maternal Medicine Service at the Rotunda comprises of a number of different specialities who provide overlapping care for women with medical conditions throughout pregnancy and in the postpartum period. The reports concerning endocrine, infectious diseases and epilepsy are found elsewhere in this Annual Report.

During 2023, members of the maternal medicine service liaised with clinicians in non-maternity hospitals including the Mater Misericordiae University Hospital (MMUH), Beaumont Hospital, Cavan and Connolly Hospital to provide guidance and inpatient care for pregnant and postpartum women with various medical conditions.

CLINICAL ACTIVITY

Maternal Medicine Clinic (COMMC)

There were 1,138 patient encounters at the Maternal Medicine Clinic. Table 1 provides an overview of the range of medical diagnoses managed through the clinic.

TABLE 1: MATERNAL MEDICINE CLINIC	
CARDIOTHORACIC	1
Adenoid Cystic Carcinoma of the Distal Trachea	1
COVID-19	4
COVID	4
DERMATOLOGY	9
Discoid Lupus	1
Pemphigoid Gestationis	1
Psoriasis	3
Hidradenitis Suppurativa	2
Malar Rash, Hair Loss No formal Dx as yet.	1
Urticaria	1
ENDOCRINOLOGY	3
Acromegaly	1
Non-Haemorrhagic Adrenal Infarction	1
Hypothyroidism	1
GENETICS	1
Mosaic Turner syndrome	1
GASTROENTEROLOGY	39
Sleeve Gastrectomy	1
Autoimmune Hepatitis	1
Coeliac disease	1
Ulcerative Colitis	19
Crohn's Disease	16
Diverticulitis	1
GYNAE ONCOLOGY	1
Pelvic Mass	1
CURRENT/PREVIOUS VTE	10
Central Venous Thrombosis (previous)	3
Acute DVT	3
Macular Artery thrombus	1
PE	1
Pre-Conceptual: Pulmonary Embolism. Pulmonary Hypertension	1
Previous PE	1
BLEEDING DISORDER NOS	2
Bleeding Disorder	2
GENERAL HAEMATOLOGY	11
Anti PP1PK Antibodies	1
APLS	3

TABLE 1: MATERNAL MEDICINE CLINIC (CONT.)	
GENERAL HAEMATOLOGY (CONT.)	11
Thrombocytosis	2
Hereditary Haemorrhagic Telangiectasia	1
ITP	2
Macrothrombocytopenia	1
Thaymayer syndrome/Iliac stent/DVT	1
PANHYPOGLOBULINAEMIA	1
FACTOR IX DEFICIENCY CARRIER	2
Factor VII Deficiency	1
Factor IX Deficiency.	1
Factor IX Deficiency	1
BACTERIAL MENINGITIS	1
INFECTIOUS DISEASE	2
Chronic EBV (Epstein-Barr Virus Infection)	1
Hx Septic Shock. Syphilis.	1
METABOLIC	4
Homocysteinuria	1
PKU	3
OTHER MISCELLANEOUS	12
Including Pre-Conceptual	12
NEURO-ONCOLOGY	2
Low Grade Astrocytoma	1
Right Parietal Brain Tumour	1
NEUROLOGY	31
Chiari Malformation	3
Cerebral Aneurysm	3
Cerebral Palsy. Anorexia Nervosa	1
Epilepsy	5
Idiopathic Intracranial HTN	3
Migraine. Non-epileptic attack disorder	1
MS	11
Pituitary Adenoma	1
Functional neurological disorder vs Stroke. R. Hemithyroidectomy – Benign Goitre.	1
Neurofibromatosis Type I	1
Charcot Marie Tooth	1
ONCOLOGY – CURRENT	4
B-cell Hodgkins Lymphoma	1
Stage 2 Breast Cancer	1

TABLE 1: MATERNAL MEDICINE CLINIC (CONT.)	
ONCOLOGY – CURRENT (CONT.)	4
Papillary Thyroid Cancer	1
R. chest wall metastatic Ewing's sarcoma	1
PLACENTA ACCRETA	2
ERPC Oct 2022. Scar/Ectopic Review	1
Placenta Accreta. EI LSCS in MMUH + Hysterectomy	1
COMPLEX OBSTETRIC HISTORY	18
OBSTETRIC FOLLOW UP	2
PREVIOUS ONCOLOGY	21
Liposarcoma	1
Sarcoma of LUL	1
Breast Cancer	2
Colorectal Adenocarcinoma	1
Melanoma	1
Lymphoma (Hodgkins and Non-Hodgkins)	6
Bladder cancer	1
Mucoepidermoid Carcinoma	1
Skin Cancer	1
Melanoma	1
Chronic Myeloid Leukemia	1
Grade II Chondrosarcoma	1
Langerhans Cell - Histiocytosis	1
Olfactory Nerve Blastoma. Surgery +Radiotherapy	1
Thyroid papillary cancer	1
RENAL	17
Chronic Kidney Disease	4
Hypertension	2
Nephrectomy	1
Duplex Collecting System.	1
Renal Transplant	1
Reflux with STING Procedure	1
Urosepsis Secondary to Renal Stones.	1
SLE	6
RESPIRATORY	21
Antisynthetase Deficiency	1
Asthma	4
Cystic Fibrosis	6
Hx: Left-Sided Pneumothorax	1

TABLE 1: MATERNAL MEDICINE CLINIC (CONT.)	
RESPIRATORY (CONT.)	21
Pneumonia with Pleural Effusions. Requiring Surgery	1
Pulmonary Hypertension.	1
R. Lr. Lung Lobectomy.	1
Sarcoidosis	4
Alpha1Antitrypsin Deficiency, MZ Variant	1
Pre-Conceptual Counselling. Kartagener's syndrome	1
RHEUMATOLOGY	56
Rheumatoid Arthritis	24
Psoriatic Arthritis	7
Psoriatic Arthritis. Hashimoto Disease.	1
Juvenile Arthritis	1
Palendromic Arthritis	1
Ankylosing Spondylitis	5
Sjogrens syndrome	4
Familial Mediteranean Fever	2
Bechet's	1
CREST syndrome/Scleroderma	3
Ehlers Danlos syndrome	4
Spondyloarthritis	1
Osteogenesis Imperfecta	1
Undifferentiated Connective Tissue disease	1
SURGICAL	2
Bartholin's Cyst	1
Perforated Appendix.	1
VASCULAR	3
Cerebral AVM	1
Right Sided Congenital Mass – Vascular	1
Incidental Finding of Pulmonary AVM.	1
TIA/STROKE	5
Previous TIA	2
Previous Stroke	3
MYTONIC DYSTROPHY	1
OBSTRUCTIVE HYDROCEPHALUS SECONDARY TO AQUEDUCTAL STENOSIS (2018)	1
NARCOLEPSY	1

Maternal Medicine MDT

The MMDT is held every six to eight weeks at MMUH and provides a platform for multidisciplinary input into the management of women with complex backgrounds, most

of whom are managed through the Maternal Medicine clinic. A total of 102 women were discussed at the MMMDT in 2023.

Cardiac Obstetric Clinic

This specialist clinic involves a collaboration between obstetricians with expertise in maternal medicine together with cardiologists in the Mater Hospital with expertise in cardiology in areas including congenital heart disease, heart failure and electrophysiology. There were 628 patient encounters at this clinic in 2023, which was a 5% increase on the 505 patients seen in 2022.

Table 2 gives an overview of the range of cardiac diagnoses managed at this clinic.

TABLE 2: CARDIAC OBSTETRIC CLINIC	
CLASSIFICATION OF CARDIAC DISEASE	NUMBER
Arrhythmia	68
Congenital Heart Disease	55
Valvular Disease	18
Cardiomyopathy	10
Aortic Disease	17
Coronary Artery Disease	2
Myo/Endocarditis	6
Family History	3
Non-cardiac	24
TOTAL	194

Cardiac MDT

The Cardiac MDT is held every six to eight weeks, which provides a forum for multidisciplinary discussion and delivery planning for women with complex congenital heart disease and other complex cardiac conditions. A total of 124 patients were discussed at this MDT held at MMUH in 2023.

SUCCESSSES & ACHIEVEMENTS 2023

The Maternal Medicine Service remains a national referral centre for pregnancy in women with complex congenital cardiac disease, lung and heart transplant and metabolic disease, as well as a range of other serious medical diseases that can coincide with pregnancy.

Dr Joan Devin PhD RM joined the service in 2023 in her role in Irish Medicines in Pregnancy (IMPS). This unique role has allowed further development of the IMPS service in the clinical area facilitating communication and ensuring relevant medication use is captured.

After 20 years, Ms Patricia Fletcher, Staff Midwife for the Obstetric Cardiac service retired leaving a legacy of excellent care. Her contribution to data collected for the annual reports for many years was greatly appreciated.

Dr Nicola Maher was invited to speak at the prestigious International Human Teratogens Course run by the Society for Birth Defects research in Prevention in November 2023.

IMPS hosted the European Network of Teratology Information Services (ENTIS) conference in Dublin in September 2023. The conference was attended by members

from around the globe and attracted an extremely high quality of research and prestigious presenters.

PLANS FOR 2024

The appointment of a joint site consultant radiologist between MMUH and Rotunda to support major obstetric haemorrhage management and other complex maternal medical conditions between the two hospitals.

Further development of the pathway for emergency referrals between the Rotunda and the Mater to improve communication and patient safety.

Teenage Pregnancy Service

HEAD OF SERVICE

Dr Nikita Deegan, Consultant Obstetrician, Paediatric & Adolescent Gynaecologist

STAFF

Ms Deborah Browne, Clinical Midwife Specialist in Teen Pregnancy

Ms Gemma Madden/Ms Eileen Gleeson, Medical Social Workers

SERVICE OVERVIEW

For the 19th consecutive year, the Teen Pregnancy Service at the Rotunda provided holistic pregnancy care for those up to the age of 19. The service also continued to offer care to some vulnerable adults over the age of 19 (e.g. those with additional medical or social needs), for whom the continuity of care of a dedicated obstetrician, midwife, and other supports available within the service are imperative.

CLINICAL ACTIVITY

Table 1 reports the number of new patients that booked to our service over the past five years.

TABLE 1: CLINICAL ACTIVITY	
Year	No. of Patients
2019	126
2020	136
2021	119
2022	145
2023	129

48% of patients who attended our service in 2023 were non-Irish. The use of the telephone translation service again proved an essential resource, with the most common required language being Romanian, as 40% of the patients were Roma or Romanian (33% and 7% respectively). These patients are a vulnerable cohort who face huge barriers to accessing healthcare.

Ten of our patients were under 16 at the time of booking (9 patients were 15, one patient was 14). As 16 is the age of consent in Ireland for medical treatment/procedures, providing care to patients aged under 16 brings additional complexities and challenges.

Our CMS Deborah Browne continued to offer 1:1 face to face antenatal classes on an individualised basis when required.

The dedicated support from the Medical Social Work (MSW) service continued to play an integral role in the Teenage Pregnancy Service. Gemma Madden joined our service in 2023 and has been an asset to our team. Patients are referred following the identification of a particular need at the booking visit, or during subsequent appointments. Essential emotional and practical support is provided to patients with respect to parenting and relationship issues, education, financial and work support. In 2023, 78% of patients attending our service were provided with MSW support during

and after their pregnancy. Twenty percent of the patients referred to MSW required referral onwards to TUSLA. The majority of referrals to TUSLA were in relation to underage sex, but there were also referrals for domestic violence, neglect, child welfare concerns and the pregnant person being a child in care themselves.

PREGNANCY OUTCOMES 2023

Pregnancy outcomes for 2023 are shown in Table 2.

In 2023, 129 patients booked to our service for antenatal care.

Of these, 77% were nulliparous, and 23% were multiparous. Of note, over half (57%) of the multiparous patients were aged under 18 at booking. Eighty-three percent of our multiparous patients were para 1 and 17% were para 2 at the time of booking. Seventeen percent of the multiparous patients reported one previous caesarean section at the time of booking.

During their pregnancy, 11 patients transferred their care/delivered elsewhere due to relocation/moving outside of Ireland. One of these patients was booked with and planned to deliver within the Rotunda; however, when an ambulance was called for labour, she was taken to her nearest maternity hospital (OLOL Drogheda). The patient was informed of this pathway antenatally.

One patient had their care transferred to Pre-Natal Diagnosis on the day of booking, following a diagnosis of fetal abnormality (before meeting the teenage pregnancy team). Ideally, patients who require the expertise of other services would also remain within the Teenage Pregnancy Service to avail of the holistic care delivered by both teams. Moving forward, our aim is to provide combined care with other services in these cases.

One patient had a second trimester loss (Intrauterine fetal demise diagnosed at time of anatomy scan).

One hundred sixteen of 129 patients remained within our service and delivered at the Rotunda.

In addition to the patients who attended the service antenatally, four additional patients (aged 15, 16, 17 and 18) presented to the Rotunda for the first time in labour, without having previously booked for care. All four of these patients were non-Irish and extremely vulnerable. One delivery was at 26 weeks' (EGA by LMP). All four of these patients were referred to the teen postnatal clinic.

Two additional teen patients (15 and 18 years old) booked late; both were referred to the teen pregnancy service but delivered prior to attending their teen booking visit (both delivered within one week of first presentation).

It was reassuring to see that every patient who booked under 18 was referred to our service in 2023.

Of the 116 of 129 bookers remained within our service and delivered at the Rotunda, 87 (75%) were primiparous and 29 (25%) were multiparous.

All 116 patients had singleton pregnancies and there were 116 live births.

One hundred thirteen patients (97%) of our patients had term deliveries. Three patients were recorded as pre-term deliveries, delivering at 28+3, 36+2 and 36+4 weeks gestation.

The mean birth weight was 3.34kg. Eight of 116 babies were <2.5kg at birth. Five of 113 term babies were <2.5kg. All of these were identified to be SGA antenatally. Two babies were >4.5kg at term. Both were suspected to be LGA by our CMS in clinic, both underwent formal USS for EFW, and both were deemed to be AGA based on USS.

Fifty-seven percent of 116 patients had Induction of labour (IOL), 37% had spontaneous onset of labour (SOL), and 6% had pre-labour caesarean sections.

The indications for IOL were: fetal growth restriction (26%), prolonged rupture of membranes (17%), post-dates (15%), pre-eclampsia (11%), large for gestational age (8%), reduced fetal movements (6%), and oligohydramnios (5%). The remainder were a combination of non-reassessing CTG not in labour, fetal anomaly requiring timed delivery, and induction as part of the Rotunda home induction trial.

Indication for pre-labour caesarean section (7) was having two previous caesarean deliveries (2), severe PET/HELLP syndrome (2), breech presentation with one previous caesarean delivery (1), sepsis (1) and pathological CTG not in labour (1).

TABLE 2: PREGNANCY OUTCOMES 2023

Pregnancy Outcomes	Number*	%
Spontaneous vaginal delivery	78	67.25%
Operative vaginal delivery	20	17.25%
Caesarean delivery (elective)	7	6%
Caesarean delivery (emergency)	11	9.5%
Total Delivered in Rotunda	116	100%

*Does not include patients who were un-booked and delivered at the Rotunda or those who were transferred to other hospitals/moved abroad.

The overall caesarean section delivery rate for our service in 2023 was 15.5%, which is similar to 2022 (17%). Seventy-eight percent of patients who had caesarean delivery were nulliparous and 22% were multiparous (all of which had a previous caesarean delivery). Five of our 116 patients were multiparous with previous caesarean section at the time of booking; two of these patients had two previous caesarean section deliveries and one patient had one prior caesarean and had a breech presentation in the current pregnancy at term. These three patients had elective repeat caesarean sections. The remaining two multiparous patients with one previous caesarean attempted a trial of labour after caesarean (TOLAC). Both had successful vaginal deliveries (1 SVD, 1 OVD).

Our post-partum haemorrhage rate was 16% in 2023. Our rate of obstetric anal sphincter injury was 0.86%.

Admission to the neonatal intensive care unit occurred in 9.5% of deliveries.

Our Teenage Pregnancy Service provides a postnatal clinic once monthly, offering appointments to patients at approximately four to six weeks postnatally. This is a further opportunity to provide contraceptive advice and administration, and check in on physical and psychological wellbeing. Unfortunately, the attendance rates at our teenage postnatal clinic are poor, despite the improvements made in 2022 to ensure all patients attending our service are offered a postnatal visit (and sent a text reminder).

Four of 116 patients (3%) were not offered an appointment for this clinic in 2023, which is a huge improvement on 2022 figures, but still leaves room for improvement. In 2023, 42% of patients did not attend their scheduled teen postnatal visit. The reasons for poor attendance were multifaceted. Family planning counselling should be performed in the antenatal period, and a plan put in place before delivery. There has been a massive drive at the Rotunda in 2023 to ensure all NCHDs are trained in LARC counselling and insertion. Implanon® insertion training is now provided to all incoming NCHDs, and we now offer insertion of Implanon® devices on our postnatal wards before discharge home. For those who desire a Mirena®, it is either inserted at the time of caesarean delivery (if caesarean delivery occurs), or Depo-Provera® injection is offered on the postnatal ward as an interim measure until the Mirena® can be inserted in the teen postnatal clinic.

SUCSESSES & ACHIEVEMENTS 2023

- Provision of free contraception was introduced by the Rotunda for vulnerable patients who fall outside the remit of the Free Contraception Scheme. This has been particularly beneficial for providing LARCs to patients within our service.
- Introduction of Implanon® insertion as an option for patients both on the postnatal ward and within the dedicated teenage postnatal clinic has been welcomed by patients and families.

CHALLENGES 2023

- Many of our patients are affected by marginalisation, discrimination, domestic violence, mental health issues, substance use, learning difficulties and/or additional needs, illiteracy, homelessness and housing issues. They are a vulnerable cohort of patients who need additional time and support throughout their journey.
- Antenatal education is currently only available in English at the Rotunda Hospital. Forty-eight percent of patients attending our service are non-Irish, and English is not their first language. Forty percent of our patients speak Romanian and require translator services. Antenatal education classes should be available in languages other than English.
- Information leaflets used frequently in the antenatal, intrapartum and postnatal setting should also be available in languages other than English.
- Attendance rates at our dedicated teenage postnatal clinic have continued to be challenging. We need to ensure that 100% of patients attending our service (and all teenagers who deliver within the Rotunda) are offered an appointment at this clinic, followed up by a text reminder.
- Accessing training in Implanon® insertion for our CMS Ms Debbie Browne has continued to be challenging. We will need support to ensure this takes place in 2024.



Combined Obstetric Endocrine Service

HEADS OF SERVICE

Dr Maria Kennelly, Consultant Maternal Fetal Medicine

Prof. Fionnuala Breathnach, Consultant Maternal Fetal Medicine

Dr Maria Byrne, Consultant Endocrinologist

STAFF:

Dr Mairead Crowley, Diabetes Specialist Registrar

Ms Aileen Fleming, AMP

Ms Rebecca Lanauze, CMM2

Ms Elaine Duffy, CMM2

Ms Caroline Kiernan, Staff Midwife

Ms Indira Kuizon, Staff Nurse

Mr Antony Linto, Staff Nurse

Ms Hilary Devine, Clinical Specialist Dietitian

Ms Laura Kelly, Dietitian Manager

Ms Deirbhile Sherry, Staff Dietitian

SERVICE OVERVIEW:

The Combined Obstetric Diabetes Service represents a specialised multidisciplinary area targeted at the perinatal care of a group of patients whose pregnancies are complicated by Diabetes Mellitus (DM). The contribution that each subtype of diabetes (Type 1, Type 2, Maturity-Onset Diabetes of the Young (MODY) and gestational diabetes) makes to the case-mix managed by this clinic is illustrated in Table 1 and in Figure 1.

Women with pregestational diabetes mellitus (PGDM) (Type 1 DM, Type 2 DM and MODY) contend with a condition that confers 'high risk' status for virtually every obstetric complication. In recognition of the multidisciplinary and intensive nature of this cohort's clinical needs, the Combined Obstetric Diabetes Clinic moved in 2014 toward reserving the requirement for attendance through the weekly obstetric-endocrine clinic for women requiring insulin therapy. This includes both the pregestational diabetes cohort and the group with gestational diabetes who require insulin treatment. Concentrating the multidisciplinary in-person weekly service on this group alone allows for the heightened maternal and fetal surveillance required, in addition to facilitating a separate holistic pathway for the much larger population of women identified as having gestational diabetes, or with a history of GDM in a prior pregnancy.

Caesarean delivery rates in the PGDM group remain very high, a reflection of the complexity of the condition, the limit to which spontaneous labour can be awaited, the frequency of iatrogenic intervention based on concern for potential fetal compromise or suboptimal glycaemic control, and of course the prevalence of fetal macrosomia.

We continue to use a selective, risk factor-based screening policy for gestational diabetes, using a 75-g 2-hour oral glucose tolerance test at 24-28 weeks' gestation for women with one or more pre-defined risk factors. Increasingly, gestational diabetes, which is a feature of 14% of pregnancies at the Rotunda Hospital, is being considered a risk factor rather than a medical disorder. The majority of GDM women manage their

(generally) minor aberrations in glucose metabolism through lifestyle interventions alone. Women with diet-controlled GDM had consistently reported to us their dissatisfaction at being labelled 'high risk', and the adverse impact of 'medicalisation' of pregnancy is well-recognised. During the Q3 of 2023, a new protocol for the care of women with gestational diabetes was implemented. This care pathway allows for the delivery of GDM care through a programme of app-assisted self-monitoring, dietician input, midwifery-led telehealth consults in circumstances where SMBG values are above pre-specified targets.

It is reassuring to recognise the excellent perinatal outcomes observed both among women with pre-gestational diabetes (Type 1, 2 and MODY) and in the group of women with gestational diabetes.

CLINICAL ACTIVITY

The contribution of the Obstetric Diabetes service to Rotunda Hospital clinical activity can be summarised in the following key points:

- The Obstetric Diabetes Service was involved in the care of 1,179 of the 8,283 women delivered during 2023, or 14% of the Rotunda population.
- Using the risk-factor based screening approach*, a total 4,259 women were screened for gestational diabetes during 2023, representing 51% of the obstetric population, 20% (859/4259) of prenatal GDM screens were positive.
**75-g 2-hour oral glucose tolerance test at 24-28 weeks' gestation for women with one or more pre-defined risk factors; IADPSG diagnostic criteria.*
- Women with diet-controlled GDM or metformin-controlled GDM did not require attendance at the weekly Combined Obstetric Diabetes MDT Clinic, but rather entered a programme of app-assisted self-monitoring with dietician input, midwifery-led telehealth consults and a protocolised approach to escalation of treatment. This pathway was followed by 859/1,179 (72%) of the diabetes population.

TABLE 1: DIABETES CATEGORIES AND CLINICAL ACTIVITY (2015-2023)

	2015	2016	2017	2018	2019	2020	2021	2022	2023**
Type 1	23	32	37	26	29	32	31	29	30
Type 2	33	22	24	25	55	24	34	29	25
MODY*							5	3	5
GDM-diet	609	753	756	674	856	1,040	1,193	875	607
GDM-metformin						52	27	103	247
GDM-insulin	166	222	218	289	325	223	188	229	325
TOTAL	831	1,029	1,035	1,014	1,260	1,371	1,488	1,268	1,179

*MODY = maturity-onset diabetes of the young

**N.B. Activity data refer to number of patients delivered between Jan 1st 2023 and Dec 31st 2023 who were engaged in the Diabetes pathway, a proportion of whom will have entered the programme in 2022.

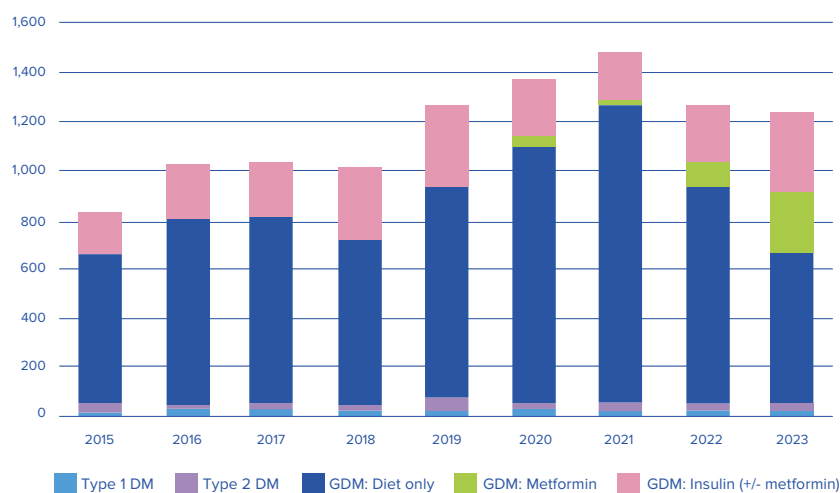


FIGURE 1: 9-YEAR TEMPORAL CHANGE IN DM PROFILE

2023: Type 1 (2.5%); Type 2 (2.5%), GDM diet-only (52%), GDM-metformin (21%), GDM-insulin (28%)

TABLE 2: PREGESTATIONAL DIABETES: MATERNAL CHARACTERISTICS

	TYPE 1	TYPE II & MODY
N	n=30	n=30
Mean Age 33.6 years (SD 5.5)	30.6 years (SD 5.5)	33.6 years (SD 5.5)
Mean Body Mass Index 29kg/m ² (SD 8.9)	27 (SD 6.9)	33 (SD 7.0)
DM Complications: (Expressed in ongoing viable pregnancies)		
Retinopathy	13/30 (43%)	8/30 (27%)
Metformin treatment	-	14/30 (47%)
Glucose sensor	13 (43%)	-
Insulin pump	6* (20%)	-
Mean HbA1c at booking/IFCC (mmols/l) [#]	49.6	47.1
Mean HbA1c at delivery/IFCC (mmols/L)	47.2	38.1
Mean serum creatinine 1st trimester (μmoles/L)	57.7	53.7
Mean serum creatinine 3rd trimester (μmoles/L)	62.5	64.3

[#]Note: miscarriage was observed in 4 of 5 women with a HbA1c above 75mmol/L at booking

*3/6 pumps sensor-augmented

TABLE 3: PREGESTATIONAL DIABETES: PERINATAL OUTCOME

	TYPE 1	TYPE II & MODY
N	n=30	n=30
Fetal Loss (<24 weeks)	6/30	0/30
Preterm delivery 24+0 – 36+6 weeks*	7/24 (29%)	6/30 (20%)
Liveborn*	24/24 (100%)	28/30 (93%)
Stillbirth*	0/24 (0%)	2/30 (7%) #
Neonatal death	0	0
Delivered Elsewhere*	1/24 (4%)	0/30 (0%)
Caesarean Delivery*	17/24 (71%)	19/30 (63%)
Postpartum haemorrhage >1L	3/30 (10%)	5/30 (17%)
Mean Gestational age at delivery	36.5 weeks	37.0 weeks
Mean birthweight (g)	**3,500g (range 1,660-4,500)	**3,026g (range 600-4,300)
Macrosomia ≥95th centile for gestation***	11/24 (46%)	7/32 (22%)
Shoulder dystocia	0	0
NICU Admission	12/24 (50%)	4/30 (13%)
Mean length of NICU stay (days)	9.1	4.3

* Expressed per ongoing pregnancies (>1st trimester) delivered at the Rotunda

** 32 fetuses in Type 2 group (2 sets of twins)

*** Birthweight centiles calculated using FMF Birthweight Centile calculator

Two stillbirths occurred in the T2DM group. Both were cases of major congenital abnormalities, identified in the prenatal period. (One case of multiple structural abnormalities and mid-trimester anhydramnios. One case of osteogenesis imperfecta).

PGDM NICU Admission

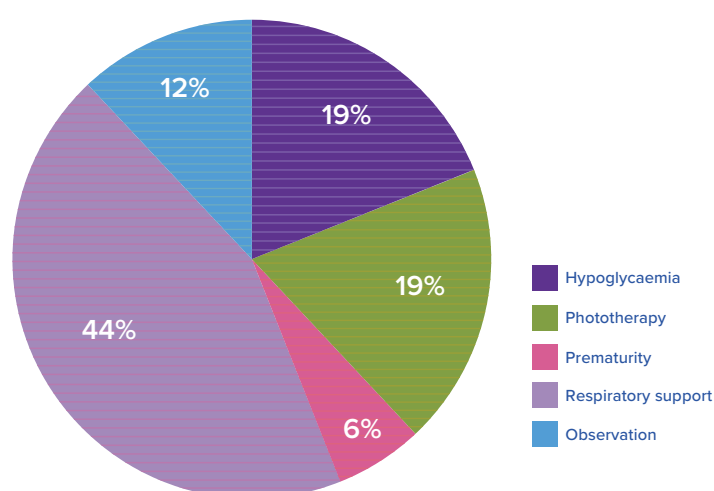


FIGURE 2: INDICATION FOR NICU ADMISSION AMONG PRE-GESTATIONAL DIABETES DELIVERIES (N=16)

PGDM = Pregestational diabetes mellitus

Feeding Practices in PGDM Cohort (N=54)

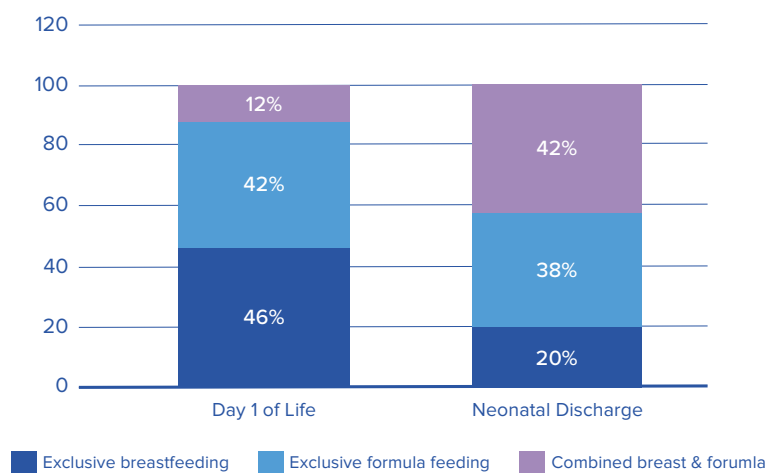


FIGURE 3: PGDM FEEDING PRACTICES

TABLE 4: GESTATIONAL DIABETES (GDM)*

	Diet only	Metformin	Insulin +/- Metformin
N	607/1119 (54%)	247/1119 (22%)	325/1119 (29%)
Mean maternal age (SD)	34.7 (+/-5.23)	34.9 (+/- 4.96)	35.0 (5.35)
Fetal loss<24 weeks	9/607 (1.5%)	0/247	0/325
**Gestational age at delivery (weeks)	38.4 (+/-2.89)	38.7 (+/-1.14)	38.3 (+/-1.21)
Mean Birthweight (g)	3,293 (+/-572)	3,378 (+/-434)	3,338 (+/-530)
Stillbirth***	2/572 (0.3%)	1/247 (0.4%)	0/325 (0.3%)
Shoulder Dystocia	1/572 (1.7%)	1/247 (0.4%)	1/325 (0.3%)

*Delivery outcomes are presented for the 1,119 women with GDM who delivered between Jan 1st and Dec 31st 2023.

**Delivery outcomes presented for pregnancies continuing >24 weeks' gestation (N=572 for diet-controlled GDM cohort) and do not include the 32 women with diet-controlled GDM who delivered in another hospital

***Stillbirths in GDM population: There were two stillbirths in the GDM population. Both women had diet-controlled GDM. One experienced an unanticipated IUFD of a normally-formed infant at 31 weeks' gestation, weighing 1410g. Post-mortem examination attributed fetal death to a cord accident (hypercoiled cord associated with fetal vascular malperfusion). The second IUFD, in the setting of diet-controlled GDM, occurred at 38 weeks and 3 days' gestational age in a normally-formed infant weighing 3,020g. Post-mortem identified a cord accident as the cause of death.

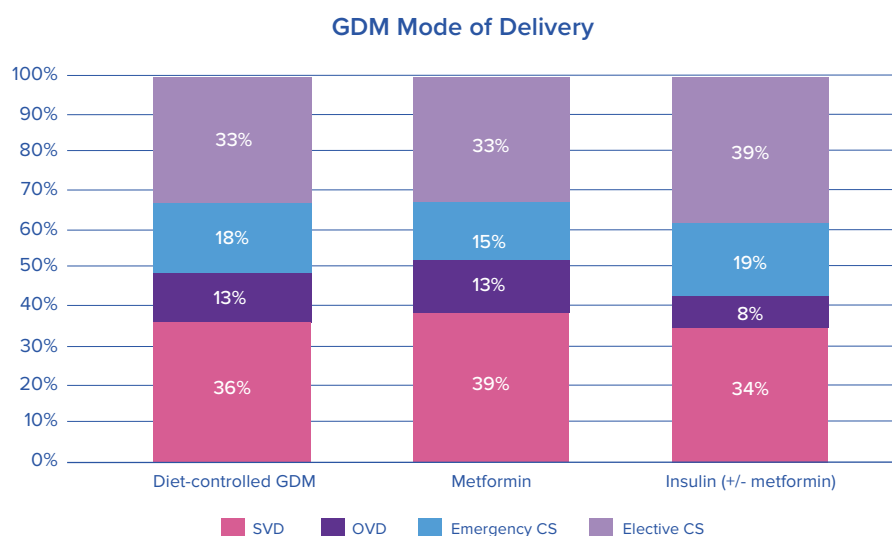


FIGURE 4: GESTATIONAL DIABETES AND MODE OF DELIVERY

SUCCESSSES & ACHIEVEMENTS 2023

Enhancing Patient Care

Enhanced glycaemic control has been observed in the Type 1 diabetes women using sensor-augmented pumps.

The National Retinal Screening programme became operational in the first quarter of 2023 and has resulted in improvements in the communication of retinal findings to the endocrine team and the follow-up treatment and surveillance programme.

In recognition of the heightened risk of congenital abnormality associated with pregestational diabetes, all women requiring insulin therapy prior to 14 weeks' gestational age are offered a targeted fetal echocardiogram at 24 weeks' gestation. This provides a 'second look' opportunity to review fetal anatomy. It is a testament to the attentive expertise of the Rotunda Hospital sonographers and the Fetal Medicine Service that no case of major congenital abnormality was missed in the PGDM group in 2023. There were two stillbirths in the Type 2 diabetes group, both of which had a prenatal diagnosis of lethal congenital abnormality. Among PGDM pregnancies in 2023 there was no case of perinatal mortality of a normally-formed infant. In the GDM cohort, a perinatal mortality rate of three per 1,000 was observed, owing to two cases of acute cord accident.

The long-awaited appointment of a part-time administrative assistant, Hannah Kelly, has been transformative to the delivery of diabetes care as prior to 2023 the service operated with no administrative support. In addition, the diabetes midwifery/nursing staff made a welcome move to an expanded office space area that allows for improved delivery of the telehealth service.

An initiative was introduced to improve attendance for postnatal oral glucose tolerance testing (OGTT). This initiative involved the advanced scheduling of postnatal OGTT at the time of GDM diagnosis, and has significantly improved postnatal attendance.

In recognition of the challenges observed with GDM screening for members of the Roma community (poor attendance for OGTT or poor compliance with fasting instructions), the DM recruited the invaluable assistance of Ms Carol Guinan, inclusion midwife, who sourced translation of the OGTT instructions, accessible to Roma women

via Voicenote for WhatsApp. This initiative has proven highly successful both in improving attendance for OGTT and reducing the number of positive results (reflective of inadequate pre-test fasting).

An improved glucometer system was introduced in Q4 of 2023, which demonstrated improved performance and accuracy compared to the previously-used system.

Innovation

An evidence-based protocolised programme for gestational diabetes care, developed over the last three years through the RCSI research department, was implemented in the Q3 of 2023. The programme allows for the delivery of obstetric care to GDM patients through non-specialised consultant-led general antenatal clinics supplemented by a midwifery-led telehealth programme for monitoring of glycaemic control. The programme features:

- The delivery of an approved Bluetooth-enabled glucometer Starter Pack, including glucose testing strips, delivered to the patient's home within 24 hours of GDM diagnosis. Of note, the self-monitoring system includes an instructional video provided in 16 languages.
- Diet & Lifestyle Modification live webinar for newly-identified GDM patients within one week of diagnosis.
- Remote analysis of App-uploaded glycaemic data by a group of dedicated specialist midwives.
- Utilisation of pre-defined evidence-based glycaemic targets intended to identify those who may merit medical treatment beyond dietary intervention, and reviewed 2-weekly.
- Pre-defined indications for initiation of metformin and/or insulin therapy.
- Scheduling of departmental fetal growth scan at 32 weeks' gestation.
- Scheduling of postnatal OGTT for all patients.
- Transfer of patients to specialist Obstetric Diabetes Clinic in event that pre-defined criteria for insulin therapy are met.

It is important to note that no international practice guidelines provide prescriptive standards for the glycaemic thresholds that merit medical treatment, and in this regard, this innovative GDM programme is novel. The programme, with an emphasis on self-management and patient empowerment, has standardised the management of GDM in a manner that has been welcomed both by patients and staff.

Education and Training

The diabetes midwives (DM) continued to provide lectures and clinical skill workshops to undergraduate and postgraduate student midwives within the hospital environment and in Trinity College Dublin and contributed to the bi-annual Tri-hospital diabetes study day for staff of the three Dublin maternity hospitals. In addition, the DM midwives contributed to the Rotunda Hospital High Dependency Unit Study day by delivering talks on Diabetic Ketoacidosis care.

Ms Elaine Duffy joined the team in 2023 and commenced a diploma in Diabetes Care at UCD and Ms Aileen Fleming entered the Advanced Midwife Practitioner programme in 2022 and continued her AMP training through 2023.

The tradition of strong academic output from this team continued through 2023. Dr Catherine Finnegan was awarded a PhD for the IRELANd Study (Investigating the Role of Early Low-dose Aspirin in Diabetes) and Dr Suzanne Smyth was awarded a PhD for her work on a novel App-assisted self-management programme for gestational diabetes.

CHALLENGES 2023

Consistent with international experience, we have observed a sustained increase in our gestational diabetes population, observed predominantly since 2014. This expanded GDM population now constitutes one in seven of our pregnant patient cohort. The greatest challenge that the Obstetric Diabetes Service faced in 2023 was meeting the needs of this population within current resources.

Increasingly, women with Type 1 diabetes are being managed with sensor-augmented pumps. Three women with Type 1 diabetes were managed with sensor-augmented pumps this year, and that figure is expected to rise going forward. Twice-weekly review of sensor-generated data is highly labour intensive for the core group of midwives involved in this specialised field.

Language barriers pose significant challenges both for GDM screening, consultation and dietary education.

PLANS FOR 2024

- An Advanced Midwife Practitioner clinic for women with gestational diabetes requiring insulin will be established. This service will provide one-to-one AMP care to women with more challenging gestational diabetes.
- The number of Type 1 DM women using sensor-augmented pumps is expected to increase.
- Transition of all GDM patients to universal use of the recently piloted App-assisted glucometer is planned. This system includes instructional videos available in 16 languages.
- Audit of the following key practice areas:
 - » Requirement for pre-caesarean overnight hospitalisation for patients on insulin therapy
 - » GDM programme compliance
 - » GDM programme perinatal outcomes.

Infectious Diseases Service

STAFF

Prof. Maeve Eogan, Consultant Obstetrician & Gynaecologist

Prof. Jack Lambert, Consultant in Infectious Diseases

Dr Wendy Ferguson, ID Associate Specialist Paediatrician

Dr Barry Kelleher, Consultant in GI/Hepatology

Ms Mairead Lawless, ID Liaison Midwife

Ms Geraldine Lacey (until Nov 2023) and **Ms Cara Gallagher** (from Nov 2023), Drug & Alcohol Liaison Midwives

Ms Susan Finn, Medical Social Worker

SERVICE OVERVIEW

This service looks after the specific needs of pregnant women who have or are at risk of blood and sexually transmitted bacterial and viral infections. This exposure may occur through drug use, unprotected sex, or any contact with infected blood or body fluid. The clinic collaborates closely with, and is very dependent on the input of, allied agencies and specialties (including microbiology, addiction services and inclusion health).

CLINICAL ACTIVITY

Infections in pregnancy in 2023, 173 women booked for antenatal care, an increase of 10% from 2022 when 157 women attended. Of those attending the service, 100 were serology positive (Fig 1):

- 32 women were positive for Hepatitis B surface antigen, representing a decrease of 22% compared with 2022.
- 25 women were positive for Hepatitis C antibody, an increase of 25% compared with 2022.
- 19 were positive for HIV infection, an increase of 36% compared with 2022.
- 24 women had positive Syphilis serology, similar to 2022.
- No women were co-infected with more than one blood borne infection.

In addition, 126 women availed of the service provided by the Drug Liaison Midwife in 2022.

Furthermore, a number of women attended the clinic during the course of their antenatal journey for investigation, diagnosis and treatment of HPV, HSV, chlamydia (n=97), gonorrhoea (n=6), mycoplasma genitalium (n=19) & trichomonas vaginalis (n=9).

The numbers in the tables below refer to the number of births in the year, and therefore differ from the number of patients booked throughout the year.

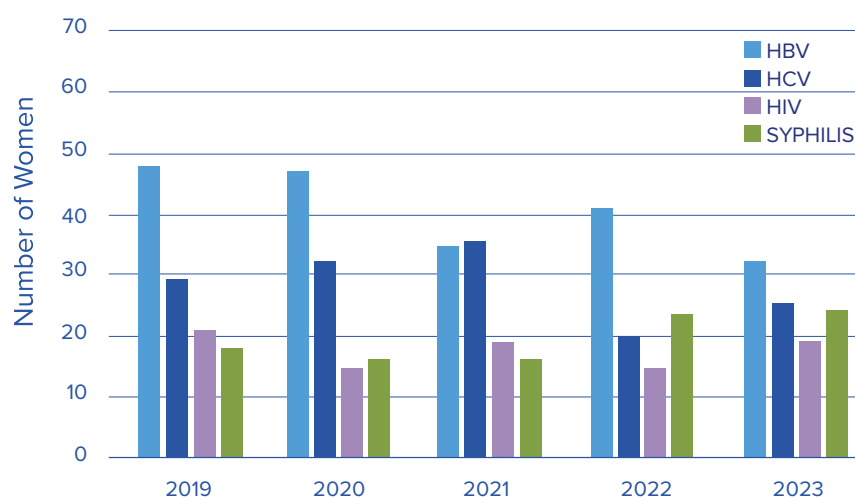


FIGURE 1: INFECTIOUS DISEASE SERVICE BOOKINGS BY YEAR

TABLE 1: DELIVERIES TO HBV POSITIVE MOTHERS 2023

Total Mothers Delivered <500g (incl. misc/TOP)	0
Total Mothers Delivered >500g	31
Live Infants	31
Miscarriage	0
Stillbirths	0
Infants <37 weeks' gestation	1
Infants ≥37 weeks' gestation	30
Infants delivered by C. Section	15
Maternal Data (n=35 – 4 delivered elsewhere**)	
Median Age	23
Newly Diagnosed this pregnancy	3

** Delivered elsewhere/Returned to home country

TABLE 2: DELIVERIES TO HCV POSITIVE MOTHERS 2023

Total Mothers Delivered <500g (incl. misc/TOP)	0
Total Mothers Delivered >500g	15
Live Infants (1x Twins)	16
Miscarriage	0
Stillbirths	0
Infants <37 weeks' gestation	4
Infants ≥37 weeks' gestation	12
Infants delivered by C. Section (1x Twins)	6
Maternal Data (n=17 – 2 Delivered elsewhere**)	
Median Age	34
Newly Diagnosed this pregnancy	5

** Delivered elsewhere/Returned to home country

TABLE 3: DELIVERIES TO HIV POSITIVE MOTHERS 2023

Total Mothers Delivered <500g (incl. misc/TOP)	1
Total Mothers Delivered >500g	17
Live Infants	16
Miscarriage	0
Stillbirths	1
Infants <37 weeks' gestation	1
Infants ≥37 weeks' gestation	16
Infants delivered by C. Section	7
Maternal Data (n=19 – 2 delivered elsewhere**)	
Median Age	32
Newly Diagnosed this pregnancy	3

** Delivered elsewhere/Returned to home country

TABLE 4: DELIVERIES TO SYPHILIS POSITIVE MOTHERS 2023

Total Mothers Delivered <500g (incl. miscarriage)	0
Total Mothers Delivered >500g	25
Live Infants	17
Miscarriage	0
Stillbirths	1
Infants <37 weeks' gestation	1
Infants ≥37 weeks' gestation	24
Infants delivered by C. Section	10
Maternal Data (n=28 – 3 delivered elsewhere)	
Median Age	31
Newly Diagnosed this pregnancy	11

** Delivered elsewhere/Returned to home country

DRUG LIAISON MIDWIFE (DLM) SERVICE

During 2023, 126 women were referred to the DLM service, including 25 women who had a history of opiate addiction and were engaged in an Opioid Substitution Treatment (OST, primarily methadone) programme. This represents a further increase compared with 2022. Sixty-four women linked with the DLM delivered their babies in the Rotunda Hospital in 2023.

TABLE 5: DELIVERIES TO MOTHERS UNDER DLM SERVICE 2023

Total Mothers Delivered >500g	64
Mothers on prescribed methadone programmes	22
Mothers on prescribed buprenorphine	1
HCV positive mothers	8
HIV positive mothers	1
Live Infants	64
Stillbirths	0
Infants <37 weeks' gestation	10
Infants ≥37 weeks' gestation	54
Infants delivered by C. Section	20
NICU admissions for NAS	13

TABLE 6: DELIVERIES TO MOTHERS UNDER DLM SERVICE

	2021	2022	2023
Total mothers >500g	60	62	64
Mothers on prescribed methadone programmes	35	32	22
Mothers on prescribed buprenorphine	4	4	1
HCV positive mothers	19	15	8
HIV positive mothers	2	0	1
Live infants	60	62	64
Stillbirths	1	1	0
Infants <37 weeks'	12	21	10
Infants >37 weeks'	49	42	54
Infants delivered by CS	25	21	20
NICU admissions for NAS	17	15	13

INFECTIOUS DISEASE MEDICAL SOCIAL WORK

The Medical Social Worker liaised closely with the Drug Liaison Midwife, the Infectious Diseases Service Midwife and the consultants to provide a comprehensive service for patients. Where required, the Medical Social Worker referred patients to Tusla, Child and Family Agency, and other community services to ensure patients and their babies had appropriate supports in place. In 2023, 50 women were referred to Tusla, Child and Family Agency.

The Medical Social Worker works in partnership with parents, Tusla and other relevant agencies over a number of months to ensure a baby's safe discharge. Only in exceptional cases, should children be separated from their parents after all alternative means of protecting them have been exhausted. The following actions were the outcome of Tusla social work involvement:

- 31 Discharge Safety Planning Meetings
- 32 Child Protection Case Conferences
- Three babies placed in foster care under an Interim Care Order
- Six babies placed in a foster care placement under a voluntary care order
- Three babies were discharged under a private family arrangement
- 17 mothers were required to return under the supervision of a non-drug using relative or agency for a period of time until stability was assured.
- Two mothers were admitted to a mother and baby unit/ parent assessment unit arranged by TUSLA
- One mother returned to a women's refuge with her baby.

PAEDIATRIC INFECTIOUS DISEASE CLINIC

Infants of mothers with positive serology were provided with follow-up appointments for the Rotunda Paediatric Infectious Disease Clinic. The clinic is delivered by Dr Ferguson who is affiliated with the Rainbow Team: the national service for paediatric infectious diseases. In 2023, a total of 230 infants and children attended the paediatric infectious disease clinic for monitoring and outcome.

Antenatal screening for blood borne viruses, in conjunction with comprehensive antenatal, intrapartum and postpartum (maternal and neonatal) care has had a significant positive impact on the prevalence of mother to child transmission of HIV,

HBV and syphilis. In view of the duration of clinical and serological follow up required to conclusively exclude perinatal disease acquisition, as well as the relatively small numbers of confirmed cases we have decided that it would be more appropriate to present this data separately, on a five year rolling basis rather to include in this report of key service activity.

SUCCESSES & ACHIEVEMENTS 2023

Education & Training

Members of the Infectious Disease Team continue to be actively involved in undergraduate, postgraduate and hospital education programmes.

The ID Liaison Midwife provides in-service education sessions for all clinical staff. She also lectures on Infectious Diseases in Pregnancy to undergraduate and postgraduate midwifery students annually.

The Drug Liaison Midwife has delivered lectures on substance misuse in pregnancy to both undergraduate and postgraduate midwifery students in TCD, as well as to students on the Masters Programme in Addiction Studies in the Dublin Business Institute and to those on the Graduate Diploma in Public Health Nursing in University College Dublin.

The British Association for Sexual Health and HIV (BASHH) accredited Sexually Transmitted Infection Foundation (STIF) Course (STIF Core) continues to be held in Dublin, with Dr Lambert acting as course director, and Prof. Eogan providing teaching on management of rape and sexual assault. The courses took place in March and October 2023 and provided multidisciplinary training in the knowledge and skills required for the prevention and holistic management of STIs.

Dr Ferguson provides regular lectures to NCHDs in house and also lectures at the microbiology SPR study days and the Diploma in Primary care paediatrics. A new teaching initiative commenced in 2022 for all Dublin-hospital based paediatric infectious disease and microbiology NCHDs. Weekly teaching sessions are delivered by zoom and Dr Ferguson is on a rota with her Dublin based paediatric ID and microbiology consultants for delivery of teaching sessions.

Enhancing Patient Care

2023 saw a sustained collaboration with inclusion health (Safetynet) to enhance patient care. This enabled provision of vaccination and contraception onsite in the clinic. There was good uptake of both services, and the clinic has really focussed on embedding both contraception and vaccination discussions as central parts of every antenatal visit. A number of members of the team have collaborated to enhance maternal and neonatal care in the context of perinatal infection – Dr Ferguson continues to participate in the European congenital CMV network which is a collaboration of paediatricians aimed at improving diagnosis and management of congenital CMV.

Targeted screening for congenital CMV linked with the national newborn hearing screening (NHS) programme was launched by NWHIP in November 2023 for roll out nationwide. All infants who fail the hearing screen will have a urine CMV taken in a timely manner to confirm or out rule congenital CMV as a cause of hearing loss. This is a quality improvement project for early identification of congenital CMV infants with hearing loss who can potentially benefit from early initiation of treatment to maximise hearing and developmental outcome. Dr Ferguson is the designated liaison person for coordination of the targeted screening project at the Rotunda Hospital.

A number of members of the team were involved in developing the NWIHP/IOG National Clinical Practice Guideline on prevention of Early Onset GBS Disease in Term Infants, which was launched in 2023. We were also happy to participate in launch and dissemination of Roma Daja, a HSE framework for supporting Roma women to access maternity and postpartum care.

The Infectious Diseases team also carry out clinical audit, comparing practice against local, national and international guidelines to support continued high performance and positive patient outcomes. Dr Ferguson and colleagues did an audit entitled 'Are pregnant women with a history of genital herpes simplex virus (HSV) and their infants managed according to best practice recommendations?'. The audit won second prize at the Rotunda biannual audit day and was subsequently presented at JENS (Joint European and Neonatal Societies) conference Rome September 2023.

CHALLENGES 2023

Data from 2023 and previous years identifies a possible trend towards an increase in congenital syphilis in Ireland, reflecting the global increase of syphilis in heterosexual populations in resource rich settings. Public health interventions for timely access to antenatal care in vulnerable populations and ongoing implementation of relevant multidisciplinary clinical guidelines are essential.

Furthermore, while there are excellent inpatient stabilisation services for pregnant women with opiate and benzodiazepine addiction, the number of available beds is inadequate. There is also only limited access to Coolmine Ashleigh House, which has the added benefit of being a combined mother and baby unit, so is an excellent resource for the postnatal period. Additionally, it is a challenge to provide similar settings for women with alcohol addiction. The HSE alcohol programmes have prepared a position paper on prevention of fetal alcohol spectrum (FAS), which includes advocacy for consistent education and supports in this regard. Maeve Eogan and Justin Gleeson participated in a HSE webinar about this topic.

The DOVE team were delighted to welcome Cara Gallagher to the role of Drug & Alcohol Liaison Midwife and acknowledge the contribution of Geraldine Lacey who provided support for the role on an interim basis prior to the permanent appointment. Cara has a wealth of experience in a number of departments at the Rotunda, this experience of multidepartmental collaboration will be very useful in her new role.

PLANS FOR 2024

We welcomed funding, received via NWIHP, for expanded provision of free contraception - particularly for people from underserved populations who may not fit the current age categories.

We also continue to explore ways of enhancing vaccination uptake. We look forward to working with the Earl Building development fund to see if opportunities for onsite vaccination provision could be explored.

We hope to be able to access point of care testing for alcohol and drugs of abuse in 2024. This will enhance access to timely screening, which is currently unavailable onsite.

As mentioned, we propose reviewing metrics on factors surrounding confirmation and exclusion of mother to child transmission (MTCT) of blood borne viruses over a longer period of time going forward, in order to identify trends and inform ongoing guideline and protocol development. This will mean that final data will be presented on a five

yearly basis. As the number of affected infants are, thankfully, small it will also mean that there would be no concern about a patient identifying their own individual scenario in discussions.

We look forward to contributing to other ongoing inclusion health initiatives, and look forward to working closely with the newly appointed Inclusion Health Midwife in 2024.

Epilepsy Service

LEAD CONSULTANT

Dr Nicola Maher

STAFF

Ms Sinead Murphy, Advanced Nurse Practitioner

Dr Niamh Lang, Registrar

Dr Roisin Gryson, Registrar

SERVICE OVERVIEW

The epilepsy antenatal clinic at the Rotunda is part of the Maternal Medicine Service. The service provides both prepregnancy and antenatal care to women with epilepsy or a history of epilepsy.

The clinic is a multidisciplinary team which includes Advanced Nurse Practitioner Sinead Murphy and a number of rotating registrars and fellows under the supervision of Consultant Obstetrician and Gynaecologist, Dr Nicola Maher. Close links exist with the Neurology Service in both the Mater hospital and Beaumont hospital and through the ANP service across all of Dublin. The Irish Medicines in Pregnancy Service is an invaluable support to the clinic.

Epilepsy is one of the most common chronic neurological disorders affecting 0.5% of women of child bearing age. Reassuringly for most of these women, pregnancy does not affect the frequency of seizures and women who have been seizure-free for many years are unlikely to have seizures if they remain on treatment. The risk of seizures is highest peripartum and in particular during postnatal periods of sleep deprivation. For women whose seizure control deteriorates in pregnancy the reasons are multifold.

Unfortunately, epilepsy continues to feature in maternal mortality reports. One of the key messages from the most recent MBRRACE was the importance of developing shared decision making resources to help women with epilepsy and the healthcare professionals caring for them during pregnancy.

All women with epilepsy should be able to avail of prepregnancy counselling. This is especially important for women on multiple seizure medications or those who are considering stopping medication due to good seizure control. There is benefit to these consultations occurring in a multidisciplinary setting whereby patients can receive information from both obstetrics and neurology specialists jointly. The Rotunda Epilepsy Clinic is ideally placed for this.

CLINICAL ACTIVITY

A total of 120 women attended the epilepsy clinic in 2023 with 81 of the patients attending considered to have a current diagnosis of epilepsy and continued their care in the joint clinic. Epilepsy is considered to be resolved for women who have remained seizure free for 10 years and off medication at least the last five years. A further 39 patients were seen who either had childhood epilepsy, resolved epilepsy or who were referred for consideration of an epilepsy diagnosis. Most of these patients received once off consultations reminding them of seizure triggers and reducing their risk of recurrence.

Eight patients attended for pre pregnancy counselling during 2023. The benefits of prepregnancy advice are notable, affording patients the opportunity to receive up to date medicines information and an opportunity to optimise their treatment.

CHALLENGES 2023

Of the 81 women with current epilepsy, 56 women were taking medication.

Forty-one women remained on one antiseizure medication, 9 were taking a second agent and six women required three antiseizure medications. Levetiracetam and lamotrigine remain the most commonly prescribed medications with over 50% of patients on one or both of these medications. Thirty-three percent of patients had stopped medications either in advance of pregnancy or in early pregnancy with no record of prepregnancy counselling. This again highlights the information gap that exists and the need to universally address information provision for all women of childbearing age to enable shared decision making.

In September 2023 new pregnancy prevention recommendations were issued by the HPRA to prescribers in relation to topiramate, a less commonly used antiseizure medication. This measure is to reduce the risks of neurodevelopmental delay now shown to be associated with maternal topiramate use in pregnancy. Challenges exist in ensuring all patients being prescribed topiramate are aware of the need for effective contraception.

SUCSESSES & ACHIEVEMENTS 2023

Dr Aaron Ryan presented the audit looking at the challenges of medication reconciliation with electronic health records and antiseizure medications at SMFM in 2023.

At the ENTIS conference in September 2023 in Dublin, antiseizure medication in pregnancy was afforded an entire morning session. This highlights the multitude of research that is ongoing worldwide in relation to antiseizure medications and pregnancy and breastfeeding. Patient's voices and needs were really prioritised with some Rotunda patients voluntarily giving patient perspectives as part of the conference. This novel approach to the conference was warmly welcomed and should be a model for future medical conference highlighting how shared decision making should be to the forefront at all times.

PLANS FOR 2024

Ongoing work continues with the Irish Medicines in Pregnancy Service developing decision aid supports for patients. Further studies planned include drug utilisation studies and pregnancy outcomes in women with epilepsy. It is also hoped that in conjunction with the Medicines in Pregnancy Service, patient friendly information aids in relation to topiramate can be developed which will help women of child bearing potential safely plan pregnancies.



Perinatal Mental Health Service

HEAD OF SERVICE

Dr Richard Duffy, Consultant Psychiatrist

STAFF

Prof. John Sheehan, Consultant Psychiatrist

Ms Ursula Nagle, Advanced Midwife Practitioner in Perinatal Mental Health

Dr Jillian Doyle, Senior Clinical Psychologist

Ms Stefanie Fobo, Senior Mental Health Social Worker

Ms Jeanne Masterson, Clinical Midwife Specialist in PMH

Ms Julia Daly, Clinical Nurse Specialist in Perinatal Mental Health

Ms Leanne O'Neill, Clinical Nurse Specialist in Perinatal Mental Health

Ms Róisín Walsh, Senior Occupational Therapist

Dr Ailbhe Doherty, Higher Specialist Trainee in Psychiatry

Dr Caroline Giacabone, Higher Specialist Trainee in Psychiatry

Dr Imran Ahmed, Senior Registrar in Psychiatry

Ms Eithne Kinsella, Administrator

SERVICE OVERVIEW

The Specialist Perinatal Mental Health Service (SPMHS) provides mental healthcare for people attending the Rotunda from their booking visit until one year after delivery. In addition, preconception counselling is provided for individuals with complex needs. Treatment and support are delivered for a wide range of difficulties including anxiety, depression, obsessional thinking, mania, and psychotic illness. We also provide specific services for psychological birth trauma. We have a strong emphasis on prevention and early intervention.

CLINICAL ACTIVITY

During 2023, we continued to see a high demand for our service. We improved our data collection to facilitate accurate comparison across each year. In 2023, there were 7,871 appointments attended in our service, this is up from 7,099 in 2022; 1,763 new patients were seen and there were 1,395 attendances at groups. Our service received 4,512 phone calls and 2,231 internal referrals. Group attendance has been the biggest areas of expansion. The number of individuals attending groups grew 50% in the last year. We are now running six different groups: Baby Massage, Emotional Well-being, Me as Mom, Me to Mom, Birth empowerment and a post-natal depression group.

We have also started to deliver our services outside of the hospital setting. Home visits have increased, this is the first year we have seen over 100 people in their homes. We have started clinics in Summerhill, Finglas and Ballymun. This addresses our accommodation challenges and allows us to provide care nearer to the individuals and often in a less medical setting. The departure from the medical setting is of particular benefit to individuals attending our psychological birth trauma clinic.

SUCCESSSES & ACHIEVEMENTS 2023

There have been a number of innovations during 2023. Dr Jillian Doyle started offering baby massage, including a specific class for mothers with a history of loss. She has also introduced Video Interactive Guidance (VIG), this uses video recordings of mother-baby interactions and feedback with a therapist to promotes secure attachment. We have

continued to foster our relationship with the travelling community, Jeanne Masterson and Leanne O'Neill have partnered with an expert by experience and Exchange House to delivery perinatal mental health groups for Traveller women.

The psychological birth trauma clinic is now well-established as a collaborative clinic facilitated by SPMHS. The clinic offers early screening, assessment and trauma-focused interventions to antenatal (25%) and postnatal (75%) women with fear of birth; tokophobia, childbirth-related post-traumatic stress (PTS) symptoms and childbirth-related PTSD (CB-PTSD). A recent audit (N=295) examined outcomes from the trauma clinic over a two-year period found that: 51% of those who attended had a pre-existing mental health difficulty. Of those who attended 80% were offered follow-up within SPMHS. Interventions included eye-movement desensitisation and reprocessing; trauma-focused CBT; group interventions and medication.

Education and Training

Our team continues to be involved in the teaching of medical students in TCD, UCD, and in the Perinatal Mental Health Diploma in DKIT. Julia Daly started a course in Psychosexual and Relationship Therapy this year. This is a massive deficit nationally and we hope to be able to meet some of the needs in the Rotunda once she has completed training.

Research

We have begun research in the mental health of fathers and co-parents, this has been led by Dr Ralph Towmey. The research into birth trauma continues with Ursula Nagle and Ailbhe Doherty leading different projects. Psychology is involved in supporting a number of research initiatives including research into the experience of women with eating disorders during the perinatal period. Dr Duffy and Prof. Sheehan recently guest edited a perinatal edition of the Irish Journal of Psychological Medicine.

CHALLENGES 2023

The two most pressing current challenges relate to our ability to meet the needs of marginalised groups. The high number of individuals seeking international protection and the numerous challenge that they face, has required all of us to review how we can best support and meet their needs. Also the current crisis in relation to housing is gravely impacting the mental health of many individuals and putting pressure on our service. This is of particular relevance in the Rotunda in light of the demographic profile of individuals served by the hospital. The appointment of Carol Guinan the inclusion health midwife has been an excellent support in this regard.

PLANS FOR 2024

In 2024 we hope to do a joint infant and parent mental health group for those attending perinatal mental health team, this will be run with infant mental health practitioner from Young Ballymun. We will continue to be involved in teaching and research in perinatal mental health nationally. Our team will play a central part in rolling out the nation data collection tool for perinatal mental health and in designing the second edition of the national model of care.

As a department, we hope to continue to bring a greater awareness of trauma sensitive care into the hospital as a whole, and to identify and meet the mental health needs of individuals attending the Rotunda.

Labour and Delivery

HEAD OF SERVICE

Dr Etaoin Kent, Consultant Obstetrician & Gynaecologist

Clinical Midwife Manager

Ms Fiona Walsh

SERVICE OVERVIEW

2023 saw continued very high activity on the Labour and Delivery Suite in the Rotunda. A total of 8,442 babies >500g were delivered over the year, a slight increase on the numbers delivered in 2022. This continued high level of activity presented ongoing challenges to the staff on the unit. However, despite the high activity levels, and often low staffing levels, patients were cared for in a highly professional and safe environment. This is a testament to the high standards of clinical practice and care provided by the midwifery and obstetric staff in the Rotunda.

The excellent care provided to women in labour is reflected in the extremely high rates of vaginal delivery seen in the Rotunda among women presenting with spontaneous onset of labour. In 2023, nulliparous women in spontaneous labour had a 84.8% chance of achieving a vaginal delivery with 98.4% of multiparous women in spontaneous labour delivering vaginally. With an operative vaginal delivery rate that has remained stable at 16% over the past five years, this reflects the excellence in midwifery care that is seen in the Rotunda.

A dedicated bereavement room on Labour and Delivery was completed during 2023. In line with the National Standards for Bereavement this allows women and their families, who have an intrauterine fetal demise, a quiet private space within the Labour and Delivery Suite where they can receive the care they need.

Work has continued throughout 2023 to reduce our rates of postpartum haemorrhage (PPH). A taskforce met regularly throughout 2022 and 2023 to develop a PPH risk assessment tool to identify women at higher risk of PPH with use of prophylactic medications to reduce this risk. In addition we moved from estimated blood loss to measured blood loss for all deliveries both in the Labour and Delivery Suite and in the operating theatre. This risk assessment tool was implemented in February 2023 and has been subjected to continuous audit throughout 2023. In 2024 we will perform an assessment of the performance of the PPH prevention bundle to evaluate its ongoing use and/or need for further adjustments to the risk assessment.

The intrapartum Fetal Monitoring Working Group, led by Clinical Midwife Manager, Ms Aidene Rogers and Fetal Monitoring Lead Midwife, Ms Jo Taylor held monthly educational meetings in the Labour and Delivery Suite for midwifery and obstetric staff. These were very well attended and provided a great opportunity for ongoing clinical update and education.

TABLE 1: LABOUR AND DELIVERY OUTCOMES IN 2023

Number of Deliveries	8,442
Spontaneous Vaginal Delivery	43.7%
Operative Vaginal Delivery	16%
Caesarean Section	40.3%
Induction of Labour	39%

CAESAREAN SECTION

In 2023, 3,334 women were delivered by Caesarean section (CS) giving an overall CS rate of 40.3%. This increase from 39% in 2022 is not statistically significant. This relatively high CS rate is in keeping with both a national and a worldwide in CS rates over the past 10 years. In our institution one of the main factors driving the high CS rate is the low proportion of women opting for a trial of labour after Caesarean (TOLAC). Our overall CS rate in women with a singleton pregnancy and one prior CS is 86.6% with 1,088 women having 'prior caesarean delivery' recorded as the primary indication for CS. We continue to encourage women to attempt a TOLAC where this is deemed safe and likely to succeed and with appropriate selection and counselling of women we would aim to reduce the CS rate within this group. An Advanced Midwife Practitioner commenced working in 2023, providing a dedicated 'Next Birth after Caesarean' clinic for suitable, otherwise low risk, women.

Other factors that have seen an increase in CS rates over the past 5-10 years include the higher rates of CS in both multiple gestations and preterm gestations. In 2023, of 157 multiple pregnancies delivered, just 40 (25.5%) had a vaginal delivery. This has been relatively consistent over the past five years and is unlikely to increase in the future as patients seek the reassurance of safe caesarean delivery in high-risk pregnancies.

The trend towards offering neonatal intensive care at ever earlier gestations has resulted in higher rates of obstetric intervention in this cohort. We now offer interventions to optimize neonatal outcome, including antenatal corticosteroid administration, magnesium sulphate for fetal neuroprotection and more intensive fetal surveillance from as early as 22-23 weeks gestation. This has predictably increased the rate of caesarean delivery in this cohort. In 2023 there was an overall CS rate of 51.5% in preterm singleton pregnancies.

INDUCTION OF LABOUR

Rates of Induction of Labour (IOL) are continuously monitored and audited in our institution. It is extremely important to do this as IOL is associated with higher rates of caesarean delivery but also significantly increases the workload for the staff, in particular on the prenatal ward. A lot of work has been done over the last few years to improve the flow of patients presenting for IOL with staggered admission times and an increased use of outpatient IOL. A large randomised trial conducted in the Rotunda evaluated home IOL using Propess and Dilapan and both methods were associated with very high success rates, and most importantly, very good patient satisfaction ratings. In conjunction with our Day Assessment Unit we now offer outpatient IOL for suitable low risk women living with a 30 minute drive of the hospital.

Indications for IOL remain largely similar to previous years with maternal or fetal reasons being the two largest categories. Fetal indications include small or large for gestational age or oligohydramnios. Maternal indications could be maternal gestational diabetes

or other maternal comorbidities. The category of 'no medical indication' has reduced from 5% to 3% in 2023; this is likely due to a number of women in 2022 participating in the home induction trial. It would not be unexpected if this became a more common indication for induction in the coming years as more studies confirm the safety and acceptability of IOL.

PLANS FOR 2024

- PPH Working Group: A review of the PPH risk assessment/PPH prophylaxis bundle will be completed in late 2024 to assess the performance of this tool.
- Wound Infection Prevention working Group: A group has been established to monitor rates of wound infections and develop a care bundle with the aim of reducing caesarean section wound infection.
- Critical Care Wing: Work is ongoing to progress the planning and development of a new Critical Care wing. This will include a new 16 bedded Labour and Delivery Suite.
- Obstetric Emergency Training: The current training provided to Midwifery, Obstetric and Anaesthetic staff by the 'RHOET' skills days will be reviewed and updates to align with the new NWIHP recommendations for obstetric emergency training.

Anaesthesiology Service

HEAD OF SERVICE

Dr Patrick Thornton, Consultant Anaesthesiologist

STAFF

Consultant Anaesthesiologists:

Dr Anne Doherty

Dr Thomas Drew

Dr Niamh Hayes

Dr Rose Kearsley

Dr John Loughrey

Prof. Conán McCaul

Dr Brian Murphy

Dr Caitriona Murphy

Dr Aisling Ni Eochagáin, (January-July)

Dr Roisin Ni Mhuircheartaigh, (Sabbatical)

Dr Ryan Howle, (July-December)

Dr Ankita Miglani, (July-December)

SERVICE OVERVIEW

The Department of Anaesthesiology provided care for over 3,550 caesarean deliveries in 2023. Neuraxial blocks for labouring women totalled nearly 4,000. Anaesthesia for over 1,914 gynaecology procedures. Anaesthesiology care was also provided in the operating room for maternal-fetal medicine and fertility procedures. The service also provides support and care for obstetric patients at the Mater Misericordiae University Hospital (MMUH), particularly cardiac obstetric patients and those with Placenta Accreta Spectrum (PAS).

The extra gynaecology theatre, opened in 2022, expanded further in numbers of procedures in 2023 resulting in the highest number of gynaecology cases done in one year. In addition, nearly 2,800 patients were seen for outpatient consultations, either in person or via telemedicine, in specialist anaesthesiology clinics during 2023.

CLINICAL ACTIVITY

An integrated pain management service is provided for labouring mothers on a 24-hour basis in the Rotunda. The most popular analgesic options are epidural or combined spinal-epidural (CSE) neuraxial techniques, and provide for individualised dosing. Programmed Intermittent Epidural Bolus (PIEB) pump technology is used, with Patient Controlled Epidural Analgesia (PCEA) boluses for delivery of epidural medication in labour to limit overall local anaesthetic agent dose, improve obstetric and neonatal outcomes, and enhance maternal satisfaction with labour.

Remifentanyl analgesia is available as alternative pain relief in selected cases where epidural options are unsuitable. This analgesic option is supervised by both anaesthesiology and midwifery staff, and offers improved analgesia over traditional patient-administered Entonox (nitrous oxide). In addition, it is more environmentally sustainable than Entonox, which is a well-recognised contributor to the carbon footprint of local, national, and global healthcare systems. A total of 20 patients received remifentanyl pain relief in labour in 2023. Remifentanyl IVPCA regimes in the Rotunda

continue to be refined in light of international evidence for safe utilisation in labour, and patient feedback.

The Anaesthesiology Service also provides immediate, 24-hour anaesthesiology support for elective and emergency care for operative obstetrics and gynaecology, critical care and resuscitation, and facilitates multi-professional collaboration for deliveries that occur occasionally in partner adult hospitals. The more complex medical and cardiac patients continue to be delivered at MMUH, under the supervision of Rotunda anaesthesiologists and obstetricians.

OBSTETRICS

Neuraxial Analgesia in Labour

A total of 4,061 patients received neuraxial blockade for labour analgesia in 2023, the majority of which were epidurals, and represents a slight increase in the number of delivery suite blocks from the previous year. The proportion of first-time mothers getting epidural analgesia in labour is 80%. The number of epidurals continues to increase

TABLE 1: NEURAXIAL ANALGESIA USE IN LABOUR IN 2023	
Nulliparous	3,259 (80% of labouring nulliparae)
Multiparous	802 (20% of labouring multiparae)
Total	4,061

Post Dural Puncture Headache (PDPH)

In 2023, a total of 47 women were reviewed for headaches following a neuraxial procedure, 22 of whom had an epidural, 17 of whom had received a spinal and 8 of who had a combined spinal epidural. In comparison, 55 patients were managed for possible PDPH in 2022. A total of 18 women had at least one epidural blood patch procedure as part of their treatment for PDPH and the remaining patients were managed conservatively. Of the women who had an epidural blood patch, 8 had developed a headache following an epidural, four occurred following spinal and six following a combined spinal epidural. All of these women were offered an appointment at the Postnatal Post Anaesthesia Clinic.

Anaesthesia for Caesarean Delivery

There were 3,553 caesarean deliveries in 2023. The vast majority of patients had a neuraxial technique (spinal or epidural injection) for caesarean delivery allowing mothers to be awake for the delivery of their baby. Only 147 overall had a general anaesthetic as the primary option or following failure of an epidural or spinal anaesthetic from 3,553 patient. This occurred more frequently in those having emergency caesarean deliveries reflecting the relative unreliability of epidural top-up compared to spinal anaesthesia in the emergency setting, or alternatively the time pressures to deliver a potentially vulnerable baby quickly.

TABLE 2: ANAESTHESIA FOR CAESAREAN DELIVERY IN 2023

	Elective	%	Emergency	%
Spinal	1,538	94%	762	40%
General	25	1.5%	122	6.3%
Epidural	6	0.3%	967	50%
Spinal/Epidural – CSE	69	6%	43	2.2%
General/Spinal/Epidural*	3	0.1%	18	0.9%
Uncategorised	0		0	
Total	1,641		1,912	

*Some patients had failure of the primary neuraxial technique resulting in an alternative neuraxial block or general anaesthesia (GA) conversion

Outpatient Obstetric Clinics

Nearly 1,300 obstetric patients were reviewed in anaesthesiology clinics during 2023. Additionally, members of the Anaesthesiology Service participate in the assessment and care-planning of patients attending the maternal multidisciplinary team meetings at MMUH to address their specific anaesthetic needs.

A specialist cardiac anaesthesiology clinic is also run both on-site in the Rotunda and in conjunction with the cardiology service at MMUH to serve the needs of this vulnerable population. This service managed 92 patients in 2023.

Post Natal Obstetric Clinic

The specialist Postnatal Post Anaesthesia Clinic, led by Dr Rose Kearsley, was which was established in 2022, continued to review patients in 2023, offering both telemed and in person appointments. There were a total of 10 clinics held in 2023, with 65 appointments made in total. The majority of these patients were patients who had experienced a post dural puncture headache with the remaining patients having reviews for complex anaesthesia management or referred via the Birth Reflections Service.

Gynaecology

More than 1,914 gynaecology procedures were carried out in the operating theatres during 2023, including 623 laparoscopic procedures. These are the highest numbers ever recorded for gynaecological procedures in the Rotunda Hospital. The pre-operative assessment service triage all these patients and reviewed over 1,500 patients.

SUCCESSSES & ACHIEVEMENTS 2023

Consultant Staffing

Dr Craig Delavari was appointed in 2023 to permanent consultant, he will take up his position in 2024.

Dr Ryan Howle and Dr Ankita Miglani were locum consultants on staff in 2023.

Dr Vanitha Zutshi retired as a long standing member of the department. Dr Zutshi was a very hard working and much appreciated member of the department and we wish her well in her retirement.

New Service Developments

Two new anaesthetic machines were introduced for Theatre 1 and 2. Theatre 1 opened five days per week to allow a big expansion in gynaecology surgeries completed.

Education, Research and Training

The Anaesthesiology Service continues to provide education and training for RCSI undergraduate medical students in obstetric anaesthesia with lecture-based and bedside clinical teaching in anaesthesia, labour analgesia and pain management. There is also an active teaching programme for postgraduate anaesthesiology for College of Anaesthesiology (CAI) trainees up to and including fellowship level. The Rotunda offers two RCSI-affiliated fellowship training posts and one CAI-affiliated fellowship posts. Fellows also take part in the Intensive Care of Ireland accredited Basic Critical Care Echocardiography Course at MMUH.

The Department has many of its consultant staff invited to give lectures both at national and international meetings, collaborate with both UCD and RCSI in joint research projects. Members of the consultant body have acted at editorial level for anaesthesia journals.

Dr Niamh Hayes continues to serve on the college council of the CAI and chairs the education committee. Several members of the department are official examiners for the CAI membership and fellowship exams.

PLANS FOR 2024

As gynaecological activity continues to increase, the support services are coming under increasing time and space pressure. A new locum consultant post allows the department to increase its pre-operative assessment services to four clinics a week to ensure efficient patient flow and continuing care. The outpatient move to Hampson House will also offer new challenges and developments. The addition of an anaesthesia clinic to run alongside the maternal medicine clinic allows for efficient and complete care of the complex maternal patient in the one setting.

Critical Care Service

HEADS OF SERVICE

Dr Thomas Drew, Consultant Anaesthesiologist
Dr Maria Kennelly, Consultant Obstetrician Gynaecologist

SERVICE OVERVIEW

The Rotunda Hospital's High Dependency Unit (HDU) stands as a specialised facility on the gynaecology ward offering intensive medical and nursing care tailored for critically ill women. Operating at Level 2 critical care standards, it delivers a spectrum of treatments excluding respiratory support. Typically, this involves invasive cardiovascular monitoring or the administration of vasoactive drugs. Embracing a multidisciplinary approach, the unit collaborates closely with anaesthesiology, obstetrics, gynaecology, and nursing teams, often seeking input from external specialists. Support from the Department of Critical Care at the Mater Misericordiae University Hospital (MMUH) facilitates a pathway to ICU beds for women requiring higher-level intensive care (Level 3), such as those in need of mechanical ventilation or renal replacement therapy. The Rotunda HDU has seen a huge increase in annual admissions over the past six years, indicative of a broader trend towards increasing clinical complexity and surgical case volume in both obstetrics and gynaecology (Figure 1, Table 1).

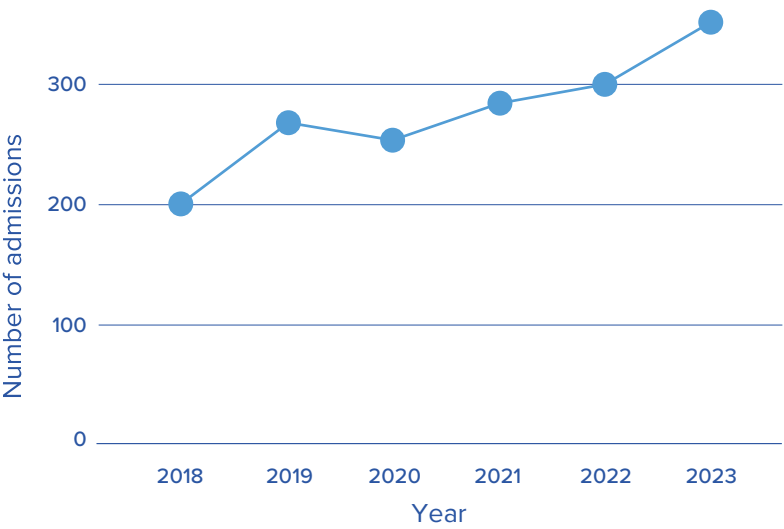


FIGURE 1: NUMBER OF ANNUAL HDU ADMISSIONS

TABLE 1: NUMBER OF HDU ADMISSIONS BY SPECIALTY						
	2018	2019	2020	2021	2022	2023
Obstetrics	199	258	249	272	288	325
Gynaecology	1	11	4	13	15	28
TOTAL	200	269	253	285	303	353

In 2023, 353 women required admission to the Rotunda HDU, 325 women from the obstetric service and 28 from the gynaecology service. This represents an increase of 50 admissions (17%) in total from 2022, with an increase in obstetric admissions of 37 (13%) and an increase in gynaecology admissions of 13 (87%). In 2023, seven readmissions occurred, with one patient readmitted to HDU twice, marking a readmission rate of 2%.

TABLE 2: CHARACTERISTICS OF WOMEN ADMITTED TO THE ROTUNDA HDU IN 2023

	N= 353
BMI (mean [range])	27.5 [15.6-47.5]
Age (mean [range])	34.5 [18-69]
Length of stay, days (mean [range])	1.8 [1-6]
Arterial lines (n[%])	82 [23%]
Central venous lines (n[%])	8 [2%]
Supplemental oxygen therapy (n [%])	134 [38%]
Post caesarean hysterectomy (n [%])	7 [1.9%]
Transfer for diagnostic investigation/surgical intervention (n[%])	5 [1.5%]
Transfer for higher level (level 3) ICU or specialist surgical care (n[%])	14 [4 %]

Obstetric haemorrhage was the most frequent indication for HDU admission. This has increased to 52% of HDU admissions in 2022, with 170 women admitted to HDU due to obstetric haemorrhage compared to 118 in 2022. This reflects an increasing postpartum haemorrhage (PPH) rate, consistent with a national trend, as well as an abundance of caution in managing care for these women. The Rotunda has also implemented Measured Blood Loss, which has improved the detection of women suffering from PPH. The number of admissions for cardiac indications has fallen, perhaps reflecting the fact that a greater proportion of women with cardiovascular disease are being managed along standard perioperative pathways.

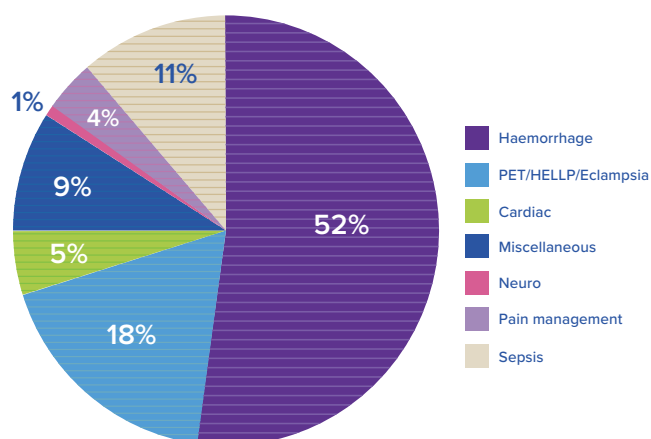


FIGURE 2: OBSTETRIC HDU ADMISSIONS BY PRIMARY REASON FOR ADMISSION

Gynaecology admissions rose significantly in 2023 and is nearly double that of 2022, this was most likely due to a higher surgical gynaecology surgical caseload due to additional theatre capacity in 2023. Most gynaecology cases were admitted to HDU for monitoring after elective surgery due to a pre-existing co-morbidity or had more complex pain management needs.

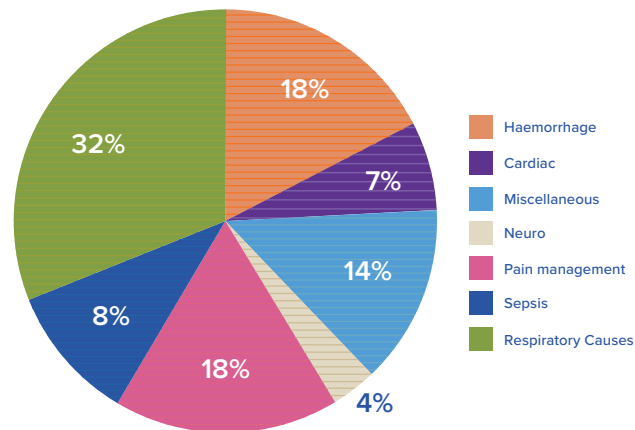


FIGURE 3: GYNAECOLOGY HDU ADMISSIONS BY PRIMARY REASON FOR ADMISSION

In 2023, a total of 82 arterial lines (23% of women) were maintained in HDU. This is a 28% decrease on the previous year. A total of 8 patients required management of central venous access lines (2% of women). There is a general trend towards reducing reliance on these devices which allow greater levels of monitoring, in favour of early mobilisation and a reduced risk of infection, 134 women (38% of women) required supplemental oxygen therapy.

In 2023, there were 19 inter-hospital transfers of patients from the Rotunda HDU. Nine of these cases were for women who required higher levels of critical care, coronary care or specialised general adult care, seven women required surgical or interventional radiology procedures and five women were transferred for a diagnostic scan and returned to the Rotunda immediately afterwards.

Bed occupancy data for the year 2023 was examined and compared to data for 2022 (see figure 4). At the Rotunda Hospital, there are two beds designated for high dependency care, with staffing capacity for a maximum of two admissions. In 2023, 21% of days saw an occupancy of three or even four women in need of HDU level care. This is broadly similar to 18% in 2022. This underscores the importance of providing additional HDU bed space in future infrastructure expansion.

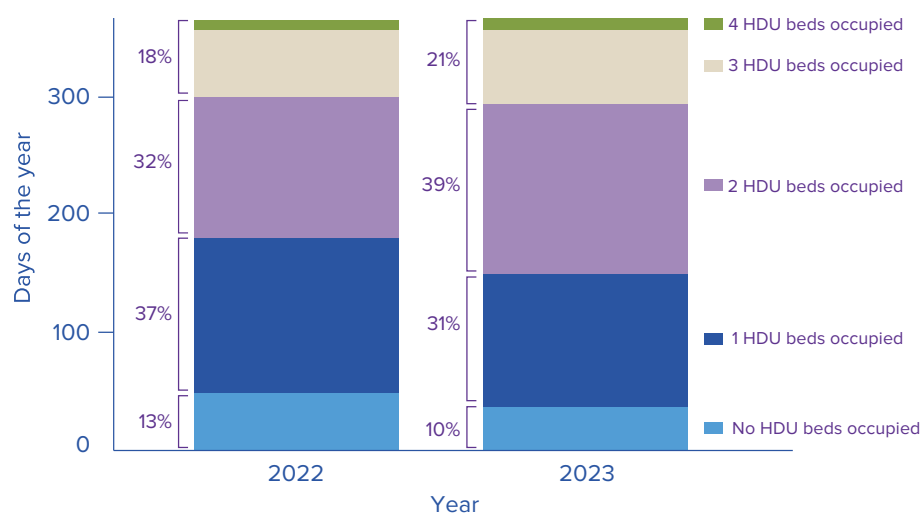


FIGURE 4: HDU BED OCCUPANCY 2022 VS 2023

CHALLENGES 2023

In recent years, there has been a notable increase in the number of women requiring critical care at the Rotunda, with an annual increase ranging between 15 to 20%. This surge has led to a staggering 76% rise in admissions to the High Dependency Unit (HDU) since 2018, often surpassing bed capacity. Compounding the issue, the HDU lacks ensuite facilities and adequate infection control and air-handling systems, as highlighted by previous external inspections, making addressing these deficiencies a top priority. To cope with demand, HDU-level care is often provided in single-occupancy rooms on the adjacent gynaecology ward when additional capacity is required, placing significant strain on nursing and medical staff and compromising the quality of care typically provided by HDU nurses.

Furthermore, there is a growing reliance on advanced diagnostic studies, necessitating the transfer of women to external hospitals for CT or MRI scans. These transfers present logistical hurdles, leading to prolonged diagnosis times and further burdening staff resources. Ensuring sufficient capacity in the planned new critical care wing on the West side of Parnell Square is imperative to effectively address these challenges.

PLANS FOR 2024

To enhance nursing and midwifery education, a tailored critical care nursing course was created and conducted twice with 26 participants successfully completing the course in 2023. The course covered topics such as managing postpartum women with cardiovascular disease, emergency management of postpartum haemorrhage and pre-eclampsia, through a blend of lectures and interactive sessions. Additionally, a collaborative effort with the two other Dublin maternity hospitals is currently underway to develop an interactive online curriculum to extend this initiative for all three hospitals.

Significant work was done on the streamlining of interhospital transfers by the HDU steering group in 2023, including the development of an interhospital transfer protocol.

The establishment of a new Critical Care Wing on the western side of Parnell Square will eventually enable the delivery of suitable High Dependency Unit (HDU)-level care, although it is anticipated that this process will span several years. Throughout 2024, efforts will persist in developing design plans for this forthcoming facility.

Maternal Morbidity

HEAD OF SERVICE

Dr Maria Kennelly, Consultant Obstetrician Gynaecologist

STAFF

Dr Thomas Drew, Consultant Anaesthesiologist

Dr Niamh Hayes, Consultant Anaesthesiologist

Dr Patrick Thornton, Consultant Anaesthesiologist

Mr John O'Loughlin, Laboratory Manager

Dr Suzanne Smyth, Maternal Medicine Fellow

Dr Sarah Mohan, Specialist Registrar, Obstetrics and Gynaecology

Dr Enya Fulston, Junior Registrar, Obstetrics and Gynaecology

Ms Kathy Conway, Clinical Reporting Service

Ms Catherine Daly, Administrative Assistant

Ms Rose O'Donovan, Haemovigilance

Ms Ruth Ritchie, Information Technology

SERVICE OVERVIEW

As the oldest functioning and active maternity hospital in the world, the Rotunda remains resolute in its commitment to caring for women and their babies, with a crucial objective of maximising maternal health while also minimising maternal morbidity. Severe maternal morbidity (SMM) is a key quality indicator of obstetric care and maternal safety in developed countries. While maternal mortality rates allow for comparison internationally, it is through examining maternal morbidity that interventions are designed to minimise mortality and protect mothers and babies in subsequent pregnancies. To support this process, the Rotunda Hospital continues to provide detailed information on a wide range of major obstetric morbidities that are associated with adverse outcomes for mother and baby. Data is compiled and cross-checked from a number of sources including HIPE data, the High Dependency Unit Record, Pathology Department, Placenta Accreta Group, Maternal Medicine Clinic, Microbiology Department as well as referral critical care units, radiology teams and A+E departments. Severe maternal morbidity is prospectively monitored and reported throughout the year and classified according to the Irish National Perinatal Epidemiology Centre (NPEC) system.

CLINICAL ACTIVITY

There were 325 obstetric admissions to the Rotunda High Dependency Unit (HDU) in 2023, with 116 major morbidity events fulfilling the NPEC severe maternal morbidity criteria. The incidence of SMM in the Rotunda has shown an upward trend compared to previous years as detailed in Table 1. However, this increase aligns with the European benchmarks where annual incidence ranges from 0.6% to 1.5%. Postpartum haemorrhage, hypertensive disorders and sepsis remain the top three reasons for admission to the Rotunda High Dependency service which has been consistent over the last five years.

TABLE 1: INCIDENCE OF MAJOR MORBIDITY EVENTS 2019 – 2023

	2019	2020	2021	2022	2023
Number of mothers delivered	8,262	8,152	8,972	8,151	8,283
Number of major morbidity events	73	67	74	70	116
Incidence of major morbidity	0.9%	0.8%	0.8%	0.9%	1.4%

There were 14 inter-hospital transfers between the Rotunda and MMUH during 2023. These individual cases are described in the Critical Care Service chapter of this report. The clinical complexity of these cases demonstrates the superb degree of multidisciplinary cooperation with medical, surgical, radiological and critical care services at MMUH that has resulted in excellent clinical outcomes for both mother and baby.

TABLE 2: MAJOR OBSTETRIC HAEMORRHAGE AND RELATED OPERATIVE EVENTS

	2019	2020	2021	2022	2023
Massive haemorrhage	30 (0.4%)	26 (0.3%)	44 (0.5%)	30 (0.4%)	41 (0.5%)
Uterine rupture	3 (0.04%)	1 (0.01%)	0 (0%)	1 (0.01%)	3 (0.03%)
Peripartum hysterectomy	2 (0.02%)	6 (0.07%)	8 (0.1%)	12 (0.2%)	7 (0.1%)
Interventional radiology	1 (0.01%)	0 (0%)	1 (0.01%)	4 (0.1%)	2 (0.02%)

There were 170 obstetric admissions to the HDU in the Rotunda for obstetric haemorrhage, with 41 of these fulfilling NPEC criteria for Major Obstetric Haemorrhage (MOH) i.e. EBL of $\geq 2,500$ mls. As described in Table 2, the MOH rate has increased by 36% in comparison to 2022, with the mean blood loss in these 41 cases amounting to 3168mls. It's important to note that the Rotunda Hospital utilises a measured blood loss rather than estimated blood loss which will result in increased incidence and identification of PPH and MOH cases. As per previous years, caesarean delivery occurred in 58% of MOH cases, with 41% of these being pre-labour caesarean deliveries. Spontaneous vaginal delivery and operative vaginal delivery accounted for 22% and 20% of MOH cases respectively.

There were seven peripartum hysterectomies performed in 2023. Five of these hysterectomies were performed in the setting of known cases of Placenta Accreta Spectrum (PAS), diagnosed antenatally. This underscores the exceptional clinical judgement and advanced radiological expertise of our staff in accurately identifying these extremely high-risk cases allowing for timely and appropriately placed expertise to deliver these women and their babies. The other two hysterectomies that were performed were unplanned and occurred secondary to MOH. Of the five known PAS cases, two of them were performed in the Mater with IR guided intra-aortic balloon placement. Aortic balloon placement in these cases is associated with a lower incidence of blood loss exceeding 1000mls and reduced need for transfusion. In addition to balloon placement, one of the cases required bilateral ureteric stenting due to surgical complexity and location of the PAS.

There were three cases of uterine ruptures recorded in 2023. Two of the three ruptures occurred at term and in uteri that were scarred. There were no adverse maternal or fetal outcomes. The third occurred at a pre-viable gestation in an unscarred uterus but in the setting of a known congenital uterine anomaly.

TABLE 3: END ORGAN DISEASE

	2019	2020	2021	2022	2023
Renal Dysfunction/Liver Dysfunction	9 (0.1%)	3 (0.04%)	1 (0.01%)	4 (0.1%)	60 (0.7%)
Pulmonary oedema/ acute respiratory dysfunction	5 (0.06%)	2 (0.02%)	12 (0.1%)	3 (0.04%)	0 (0%)
Pulmonary embolism	3 (0.04%)	3 (0.04%)	2 (0.02%)	2 (0.02%)	0 (0%)
Cardiac arrest	1 (0.01%)	2 (0.02%)	1 (0.01%)	1 (0.01%)	0 (0%)
Sepsis	5 (0.06%)	5 (0.06%)	1 (0.01%)	5 (0.1%)	10 (0.1%)
Septic Shock	1 (0.01%)	0 (0%)	1 (0.01%)	0 (0%)	3 (0.03%)
Other	1 (0.01%)	0 (0%)	1 (0.01%)	4 (0.1%)	0 (0%)

There were 60 cases of abnormal liver function that fulfilled NPEC criteria in 2023 (AST or ALT \geq 200). Nineteen cases were related to hypertensive disorders of pregnancy, 31 cases were due to a diagnosis of obstetric cholestasis, seven were due to end-organ dysfunction associated with sepsis cases and three were seen in the context of postpartum haemorrhage. There were no cases of acute renal dysfunction identified in 2023 that fulfilled NPEC criteria (Creatinine \geq 400). The increased incidence of end organ disease likely reflects better data capture of these patients with liver function anomalies.

There were 13 cases of Obstetric Sepsis identified in 2023 with three of these meeting NPEC criteria (septicaemic shock) for severe maternal morbidity. The antenatal and intrapartum period continues to be the highest risk time for severe maternal sepsis in the Rotunda and has been for the preceding years. The first case was that of an 18-year-old antenatal patient who developed septic shock at 37 weeks secondary to an E. coli bacteraemia caused by dual site infection – pyelonephritis and chorioamnionitis. This patient required inotropes but made a full recovery. The second case occurred in a 41-year-old IVF pregnancy at 28 weeks' gestation. This patient developed an E. coli bacteraemia secondary to Chorioamnionitis in the setting of PPRM. The third case of septic shock occurred in a 42-year-old unbooked patient at 16 weeks' gestation. A diagnosis of septic shock secondary to Influenza A was made. She required transfer to the Mater Hospital HDU for inotropic support. No additional respiratory support was required.

TABLE 4: CENTRAL NERVOUS SYSTEM EVENTS

	2019	2020	2021	2022	2023
Eclampsia	1 (0.01%)	1 (0.01%)	2 (0.02%)	3 (0.04%)	0 (0%)
Status epilepticus	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Cerebrovascular accident	1 (0.01%)	0 (0%)	0 (0%)	1 (0.01%)	0 (0%)
Coma	0 (0%)	1 (0.01%)	1 (0.01%)	1 (0.01%)	0 (0%)

There were no acute CNS events recorded for 2023.

TABLE 5: OVERALL MATERNAL MORBIDITY AND MORTALITY SUMMARY

	2019	2020	2021	2022	2023
ICU/CCU transfer	15 (0.2%)	18 (0.2%)	10	11 (0.11%)	14 (0.2%)
Direct maternal death	0 (0%)	0 (0%)	0 (0%)	1* (0.01%)	0 (0%)

Table 5 provides an overview of the inter-hospital ICU transfer workload for 2023 along with the maternal mortality rate, noting that, fortunately there were no maternal mortality cases for the year 2023.

SUCCESSIONS & ACHIEVEMENTS 2023

Managing severe maternal morbidity often involves complex decision making across multiple specialties and sometimes across multiple sites. The care of pregnant Rotunda patients would not be possible without the hard work of the large multi-disciplinary team that help us across the different hospital sites in Dublin. We are continually grateful for their care and dedication to the women who attend the Rotunda, as well as those involved in collecting and analysing the data that allow for this report to be generated.

The implementation of standardised telehealth communication messages through the Silo app between senior teams at the Rotunda Hospital and Mater A+E has transformed communication and established clear clinical pathways for pregnant patients requiring specialised imaging and non-obstetric expertise in tertiary referral hospitals

Our satellite maternal medicine and MFM clinics in both Cavan and Drogheda continue to enhance access to specialised care in regional centres, whilst also providing valuable teaching and training opportunities for doctors and midwives.

CHALLENGES 2023

The Rotunda continues to care for the most vulnerable women of north inner city and county Dublin. Higher rates of severe maternal morbidity (SMM) are higher in these groups due to lack of education, poor health literacy, language barriers and cultural differences in healthcare utilization. Our Inclusion Midwifery team is committed to actively engaging with vulnerable populations to enhance maternal healthcare access and reduce the risk of SMM in these groups.

PLANS FOR 2024

Financial resources are being allocated to establish midwifery support at the MMUH aimed at delivering comprehensive, holistic care to pregnant women with complex medical conditions.



innie
the

Tommy

Complicated Postnatal Service

HEAD OF SERVICE

Prof. Maeve Eogan, Consultant Obstetrician Gynaecologist

SERVICE OVERVIEW

This service was originally established to offer postnatal review to women with obstetric anal sphincter injury (OASI) at vaginal delivery. In addition, women who are pregnant again after a previous anal sphincter injury, or other perineal complications, attend the perineal clinic to discuss options and risks in terms of mode of delivery. This clinic is led by Prof. Maeve Eogan.

The primary focus of this service is to provide postpartum follow-up for women who have sustained obstetric anal sphincter injury. This enables assessment of recovery, review and discussion of labour outcomes and events, integration with physiotherapy follow-up and coordination of referral to other disciplines as required, such as colorectal surgery. The service also supports and advises women who are pregnant again after a previous anal sphincter injury (or other perineal complications) in order to discuss options and risks in terms of mode of delivery and intrapartum care. Written information is given to support this.

The service has also evolved to provide care for patients who have had other postnatal concerns, including wound infection, perineal pain, dyspareunia and faecal incontinence. Since 2014, women have been referred by the HSE funded FGM clinic for surgical revision of female genital cutting/mutilation (FGM).

In recent years, the postnatal service developed further to offer postnatal review to women who have had other unexpected intrapartum outcomes and events. This service was previously led by Dr Meena Ramphul, but underwent some adjustment in 2023, so this report does not include metrics from that clinic this year but will do so again in the future.

CLINICAL ACTIVITY PERINEAL CLINIC

Three hundred thirty-three new patients attended the perineal clinic in 2023, the reasons for attendance are enumerated in Table 1. This figure represents a 22% increase from the previous year, while this increase is partially accounted for by the increased rate of OASI in 2023 compared with 2022, referrals for other reasons also increased in 2023. The number of women attending for assessment of FGM both within and remote from pregnancy has significantly increased. This is likely due to heightened awareness of the prevalence of FGM, and we are delighted to work closely with colleagues in the HSE funded FGM service and inclusion health to optimize this aspect of care.

TABLE 1: INDICATION FOR ATTENDANCE

	2019	2020	2021	2022	2023
Antenatal assessment (previous OASI)	81	79	101	61	75
Antenatal assessment (other issues)	34	24	39	33	47
Postnatal assessment after third-degree tear	105	104	80	69	99
Postnatal assessment after fourth-degree tear	1	8	7	4	6
Postnatal assessment after button-hole tear	-	-	-	3	1
Postnatal assessment of perineal infection/ pain/ dyspareunia	60	64	53	48	47
Assessment of perineal pain/ dyspareunia remote from pregnancy	-	-	-	-	6
Postnatal assessment of faecal incontinence	6	2	3	6	4
Female genital mutilation (FGM) assessment	9	17	12	29	27
FGM assessment in pregnancy	-	-	-	-	16
Other	13	7	7	17	4
Total	334	314	303	270	332

Unfortunately, an increase in OASI rates were noted in the Rotunda in 2023, compared with 2022. While the rate (2.3% of all vaginal births) is similar to the observed rate in 2020 and remains consistent with international norms, the rate was lower in 2021 and 2022. While OASI is a recognised complication of vaginal birth and cannot be entirely eradicated, we continue to strive to keep the incidence as low as possible, while concurrently providing prompt, responsive and quality care to people who experience OASI.

Modes of delivery for those who sustained anal sphincter injury are described in Table 2 below. The total numbers of those who sustained OASI in 2023 (Table 2) is different from the numbers seen for follow up after OASI (Table 1), as the cases enumerated in Table 1 may have delivered their babies in the previous year (2022).

TABLE 2: MODE OF DELIVERY

	3 rd Degree Tear	4 th Degree Tear
Spontaneous vaginal	58	1
Vacuum	23	1
Vacuum and forceps	8	0
Forceps	20	5
Born outside hospital	1	0
Total	110	7

Fifty-one people who attended the clinic required additional treatment or onwards specialist referral, such as to a colorectal surgeon or pain specialist, in addition to physiotherapy (which is provided to all patients). The specific additional treatments that were required are listed in Table 3 below, with the rates being broadly similar to previous years, although significantly more women underwent surgical revision of FGM.

This table does not account for women who have experienced FGM who may undergo surgical revision of this during labour.

TABLE 3: PROCEDURE/REFERRAL					
	2019	2020	2021	2022	2023
Treatment of granulation tissue (outpatient)	15	28	27	24	22
Referral to colorectal or pain service	7	6	7	3	7
Perineal revision/ injection (day case)	9	10	4	9	7
Removal of persistent suture material (outpatient)	10	7	2	4	9
Reversal of Female Genital Mutilation	3	2	2	1	6
Total	44	53	42	41	51

ENHANCING PATIENT CARE

There continues to be a sustained commitment to mitigating risk in terms of reducing both primary and recurrent OASI. This includes provision of evidence based written and oral patient information. This information is continually informed by, and updated with, local metrics based on ongoing audit (e.g. regarding recurrence risk after previous OASI).

Links with other relevant specialists continue to be forged, for example with the pain team in Beaumont Hospital, and colorectal surgery in MMUH. The postnatal services also collaborate closely with the Specialist Perinatal Mental Health Service (SPMHS) Team, particularly in terms of the perinatal trauma clinic led by them. In 2023 the SPMHS team saw 101 people in the perinatal trauma clinic. The clinic provides 1:1 trauma-focused interventions for women with active trauma symptoms related to birth, mainly EMDR and trauma focused CBT.

EDUCATION AND TRAINING

An obstetric non-consultant hospital doctor (NCHD) attends the perineal clinic and receives in-service training in management of OASI, postpartum complications and debriefing as well as gaining the opportunity to undertake audit and research. Other opportunities for outreach education have also been embraced, including participation in medicolegal study days, training days on care of women who have experienced FGM and educational forums.

CHALLENGES 2023

The increase in attendances at the clinic has led to increased waiting times, which can be challenging for patients, particularly those with small babies. Due to an increase in referrals of women who have experienced FGM, the duration between the referral and the appointment time has increased.

PLANS FOR 2024

Continued collaboration between all members of the MDT, and allied specialists, will assist in provision of the optimal response to people who have experienced unexpected and unanticipated birth outcomes. We look forward to ongoing collaboration with the Complex Postnatal Clinic, as it is restructured and progressed.

We will continue to review referrals to the clinic, it may be that we will need to advocate for a specific clinic for women who have experienced FGM. Such a clinic could also provide additional holistic supports including inclusion health and medical social work.

Additionally we will continue to try to mitigate risk of OASI, with regular review of trends and ongoing staff training to ensure awareness of risk factors, mitigation strategies and surgical repair. We look forward to working with the Earl building design team to ensure that work flow and processes support optimum and holistic care for women attending the perineal clinic and allied services, including physiotherapy. We support the hospital's ambition to become a trauma informed institution, and all developments within postnatal services will be delivered with this focus at their core.

Radiology Service

HEAD OF DEPARTMENT

Dr Ailbhe Tarrant, Consultant Paediatric Radiologist

STAFF

- Dr Matylda Sheehan, Consultant Paediatric Radiologist
- Dr Neil Hickey, Consultant Adult Radiologist
- Dr Kevin Pennycooke, Consultant Adult Radiologist
- Ms Aine Hahessy, Radiology Services Manager
- Ms Shenaz Subjee, Senior Radiographer, Radiation Protection Officer & PACS Clinical Specialist Radiographer
- Mr Paddy Nolan, Clinical Specialist in Radiography
- Mr Patrick Feeney, Senior Radiographer in DDH Hip Screening
- Ms Megan Kelly, Senior Radiographer
- Ms Mary Jane Prince Uban, Senior Radiographer, commenced appointment Sept 2023

SERVICE OVERVIEW

The loss of the senior radiographer responsible for hip screening in November 2023 resulted in the service having to be outsourced to Medica as all of these studies are time sensitive. One of the new appointments from 2023 (MJPU) is now to train up as the senior radiographer in charge of hip screening. This will leave a further general radiographer vacancy. There continues to be an increase in overall examinations in Paediatric and Adult Radiology, with the main increases in plain films and Ultrasound (US) respectively. A Clinical Specialist Sonographer was appointed in November 2023, the post having remained unfilled for 18 months. She is due to take up the position in the first quarter of 2024.

Ultrasound, CT and MRI scans of Rotunda babies continue to be discussed, when appropriate, at multidisciplinary meetings in CHI @ Temple Street attended by Rotunda neonatologists and radiologists.

TABLE 1: MRI SCANS IN NATIONAL MATERNITY HOSPITAL 2023		
Rotunda Hospital Patient Referrals	No. of Patients	No. of Areas Scanned
MRI Fetal	37	51
MRI Neonate	68	71

PEDIATRIC RADIOLOGY

In 2023, 5,791 pediatric studies were performed, representing a 10% increase in pediatric activity when compared to 2022. Pediatric activity represents 65% of department activity. Of these studies, 51% were pediatric ultrasound examinations. This includes inpatient and outpatient ultrasounds of Rotunda neonates.

The outpatient studies are all accounted for by referrals from Rotunda neonatology service. The largest volume of these outpatient scans are hip US, accounted for by the selective screening service for developmental dysplasia of the hip (DDH). The Rotunda, as the busiest maternity hospital in Ireland, also scans the largest number of

hips for dysplasia. The volume of hip US this year is less, possibly reflecting the need to outsource in November and December (due to staffing shortage).

The majority of inpatient ultrasounds are portable studies in NICU including a large volume of cranial US. In addition, 2,816 plain films (96% on inpatients) and 16 Upper GI contrast studies were performed.

The videofluoroscopy feeding study service for Rotunda neonates continued in 2023. We have noted a 50% reduction in the number of videofluoroscopy studies requested or performed in 2023. This likely reflects beside assessment of referrals by the Speech and Language Team resulting in changes in patient management rather than videofluoroscopy. Having videofluoroscopic feeding evaluations and SLT available in the Rotunda is a significant service improvement. It allows Rotunda infants to be assessed on site, in a timely manner, removing delays in management, discharge and/or transfer.

In November 2023, ultrasound screening for developmental dysplasia of the hip was temporarily outsourced to Medica. This enabled continued adherence to the National recommendations surrounding this screening programme in spite of staff shortages. Staff recruitment remains a major challenge for radiology departments.

The CT and MRI needs of Rotunda paediatric patients continue to be provided by The National Maternity hospital and CHI @ Temple Street. The National Maternity Hospital is the National Fetal MRI Centre and is now our main provider of paediatric MRI scans; in 2023 there were 71 neonatal MRI studies and 51 fetal studies in the National Maternity hospital. During that time 16 Rotunda patients had MRI in CHI @ Temple Street. Three paediatric CT scans were provided by CHI @ Temple Street in 2023.

TABLE 2: PAEDIATRIC RADIOLOGY ACTIVITY 2023

Total Paediatric US studies	2,959
Total Paediatric Hip US	1,615
Total Paediatric Non-Hip US	1,344
Total Paediatric Inpatient US (All US)	2,480
Total Paediatric Outpatient US (All US)	464
Total Paediatric FL-Upper GI	16
Total Paediatric XR	2,816
Total Paediatric Inpatient XR	2,714
Total Paediatric Outpatient XR	102

There are 8 US patients who do not have a patient classification i.e. In/Out patient

There are 17 XR patients who do not have a patient classification i.e. In/Out patient

PRESENTATIONS AND TEACHING

Dr Ailbhe Tarrant continues as senior faculty, teaching at international Graf Ultrasound courses for the diagnosis and management of developmental dysplasia of the infant hip.

Several audits were completed, including the clinical relevance of simple sacral dimples in the neonatal clinical exam and whether prematurity has a protective effect on the incidence of DDH.

- Irish Pediatric Association Annual conference, 7-8 December 2023: Presentation by Dr Marwa Al Obaidani: The Incidence of Developmental Dysplasia of the Hips in Premature Infants.
- Cerebrocostomandibular Syndrome: A Diagnostic Challenge.
Conlon A, Fragkouli E, Tarrant A, et al. BMJ Case Rep 2024;0:e258108. doi:10.1136/bcr-2023258108

ADULT RADIOLOGY

The adult radiology service is provided by 1WTE currently (2 x 0.5).

The weekly service comprises:

- 7-8 sessions of ultrasound
- 3-4 HSG lists
- Management of cross site benign gynaecology MRI as well as second opinions on gynaecology MRI and complex gynaecology cases.
- Gynaecology MDT

Additional services include:

- Tubal recanalization
- Fibroid embolisation.

Imaging (MRI, CT, PET CT and nuclear medicine studies) and image guided intervention (embolization and some drainages) not available on site is outsourced mainly to Connolly (CHB) and the Mater Hospital (MMUH).

ULTRASOUND (US)

Demand for Gynaecology US continues to increase which placed increased demand on the service with limited resources. Outsourcing of scans which were on the waiting list for >6months was undertaken, a practice which was discontinued in November 2023. The service remained without a clinical specialist for 2023 and in November, the resignation of a sonographer shared between the adult and paediatric service exacerbated the situation. With support from FAU sonographers, which had commenced in August 2023, rotation of a recent Rotunda radiology department Msc Ultrasound graduate and continued Consultant Radiologist led scanning, the service was maintained.

With the appointment of a Clinical Specialist Sonographer, due to take up position in March 2024 and continued support from FAU, it is hoped to maintain waiting lists within appropriate referral guidelines.

FLUOROSCOPY STUDIES

Hysterosalpingograms (HSG) still make up the majority of studies performed under fluoroscopic guidance, the majority of these for purposes of fertility investigation. A significant overflow is still undertaken in CHB by the Rotunda radiologists. An on-going audit comparing fertility rates between oil based contrast and water soluble contrast in HSG patients was discontinued temporarily in the last quarter due to unavailability of oil contrast compatible catheters. HSG lists continue to have some flexibility to cater for the irregularity of cycle often associated with this patient population. Fibroid embolization and fallopian tube re-cannulation continue to be performed in CHB but numbers for fibroid embolisation are limited by elective bed availability, resulting in longer waiting lists.

MRI

While demand continues to increase, supply is limited. The number of MRI scans performed in CHB increased to 219 in 2023 while the number of scans performed in MMUH numbered 55. Many of these cases are pre-approved at in house MDM to justify the need. The demand is likely to continue to increase and as many of these scans are time sensitive, alternative solutions as well as in house options continue to be explored.

CT

Excluding oncology patients, these scans are mainly required for acutely unwell patients and currently are mainly outsourced to MMUH. 42 Rotunda patients were scanned in 2023 and many of these were to exclude acute pulmonary embolus.

TABLE 3: CT SCANS 2023

Adult HSG (CHB)	139
Gynaecology MRI (CHB)	219
Gynaecology MRI (MMUH)	55
Rotunda Patient CT (MMUH)	42

TABLE 4: ADULTS 2023

Total Adults studies (US/FL/XR)	3,377
Total Adult US studies	2,573
Total Adult Inpatient US	207
Total Adult Outpatient US	2,366
Total Adult FL Studies	330
Total Adult FL – HSG	445 (139 CHB)
Total Adult FL – HSG External Exam	11
Total Adult FL – Cystogram	13
Total Adult XR	116
Total Adult Inpatient XR	74
Total MRI (CHB)	219
Total Adult Outpatient XR	42

STRATEGIC INITIATIVES PLANNED FOR 2024

Ongoing validation of HSG referrals on RIS to ensure the active waiting list is a true reflection on service demand.

Minimise exposure of adult and paediatric patients to radiation in accordance with national dose reference levels (DRL) by completing the national adult DRL audit.

Introduce Sonographer preliminary reports of own ultrasound examinations (adults and paed) on PACS to improve quality and efficiency.

PRESENTATIONS AND TEACHING

Dr Kevin Pennycooke continues to be involved in the undergraduate and post graduate teaching for RCSI including Interventional radiology training days for national radiology

trainees. He is also the Academic Head for the Radiology Society of RCSI and has been directly involved in the organising and delivery of material presented for their academic events.

Several audits were completed, including the live birth rate from the HSG population performed in the Rotunda. This data is being prepared for presentation and publication. Currently we have commenced oil based contrast HSG's to see if this will improve this rate as suggested by the literature. The dose reduction strategies for HSG's regarding our low Institutional DRL for this examination has also been audited.

GP Liason Service

HEAD OF DEPARTMENT

Eleanor Power, GP Liaison /Hospital Relationship Manager

The GP Liaison/Hospital Relationship Manager is the prime interface between the hospital and the General Practitioner. The primary role is to optimise communication between hospital staff and GPs to ensure high quality, safe and patient centred care for women and their babies.

GP Study Evenings

The Rotunda hosted two GP study evenings in 2023. The aim of these study evenings are to build stronger relationships with our colleagues in general practice, community and other allied health professionals. We held our first in person study evening post Covid-19 in March. In September we hosted an online GP study evening to facilitate GPs who prefer online meetings. The topics covered in March and September were;

- Fetal medicine update
- Rotunda fertility hub service and pathway
- Pediatric adolescent gynaecology
- Assessment of suspected gynaecology cancers
- Pathways and risk-benefit decisions around medicines in pregnancy

Practice Nurses Public Health Nurses Study Evening

In May 2023 we also welcomed our Practice Nurses and Public Health Nurses in-person for our annual 'Hot Topics in Midwifery & Women's Health Study Evening'. The topics covered were;

- Breastfeeding and its challenges in primary care – support during pregnancy and the postnatal period
- Pregnancy options update
- Emergency and assessment unit service and pathway
- Perinatal mental health update
- Birth trauma and care pathway
- A practical guide to managing newborn problems during the first few weeks of life in primary care

Rotunda GP-Connect eZine

By the end of 2023 we had completed our 19th edition of Rotunda GP Connect E-zine, we produce three editions annually. The Ezine is our regular communication tool to update our referral General Practitioners on the latest developments at the Rotunda, including providing educational updates on our clinical services.

Dedicated GP information webpage

We continued to enhance our communication processes at the Rotunda, including regularly updating pathways services and referrals on the Rotunda GP information page on website. The eReferral system is embedded with the Healthlink system, allowing rapid access for patients to our Gynaecology and Antenatal Clinics. This is yielding great results in terms of efficiency of new patient referrals. We encouraged all of our Referring GPs to use this system.

Virtual information events

We held a virtual information event specifically for partners in June and our annual virtual maternity open week in October. The virtual events were hosted on the hospital's website and on social media platforms. Prospective parents and mums-to-be were able to get key information on a diverse range of topics and services that the Rotunda offers. The virtual information events were interactive, as they were guided by our 'virtual attendees' who had the opportunity to submit questions to our multidisciplinary team.

Both events were well received and feedback was positive.

- Virtual Maternity Open Week Engagement – likes and positive comments.
- Instagram is the platform most relevant to our cohort of patients
- Reach – 214,033 views on all videos posted during the week.

Rotunda Charity Lunch 2023

The Rotunda Hospital, in collaboration with our charity partner the Rotunda Foundation, held its annual Autumn Charity Lunch in the Mansion House, Dublin on Friday 20th of October. The event was held to raise funds for women's mental health services at the hospital.

The event was hosted by Master of the Rotunda, Prof. Sean Daly, and MC'd by Laura Dowling, also known as the 'Fabulous Pharmacist', a popular health, wellness and nutrition influencer.

The charity lunch featured The Mind Event; a fundraising initiative for Women's Mental Wellbeing. Staff from The Rotunda's teenage, fertility, perinatal mental health and menopause teams explained their services and how they care for women in different circumstances, with different clinical needs.

PLANS FOR 2024

We will continue to keep GPs updated on new services, particularly gynaecology with the development of the Gynaecology Hub which will centralise all benign gynaecology referrals for North Dublin/RCSI HG catchment area centred on GP referrals for specific symptoms.

GP Liaison Committee/Forum

In 2024 we plan on setting up a GP Liaison committee/forum that will meet three times annually. This forum will facilitate a platform for discussion between Rotunda Hospital and GPs.

Host three Study Evenings

- An in-person GP study evening in April and virtual online study evening in October 2024
- Practice Nurse and Public Health Nurse in person study evening in May 2024.

Virtual Maternity Open Week:

- Host our annual virtual maternity Open Week in early October 2024

We look forward to continuing to provide a complete range of obstetric, neonatal and gynaecologic services to all our GP Colleagues. We endeavour to continue taking on board suggestions on how we can optimise our services for our GPs and their patients.

Gynaecology Service



Gynaecology Service

SERVICES LEAD

Dr Fadi Salameh

STAFF

Dr Kushal Chummun

Dr Meenakshi Ramphul

Dr Vicky O'Dwyer

Dr Conor Harrity

Dr Edgar Mocanu

Dr Fadi Salameh

Dr Fiona Reidy

Dr Naomi Burke

Dr Niamh Daly

Dr Rawia Ahmed

Dr Rishi Roopnarinesingh

Prof. Hassan Rajab

Prof. Michael Geary

Prof. Sam Coulter-Smith

Prof. Sharon Cooley

Dr Eve Gaughan

Dr Nicola Maher

SERVICE OVERVIEW

This year has been one of significant progress and achievement for our department. Our dedicated team of healthcare professionals has continued to provide exceptional care to women, addressing a wide range of gynaecological needs with compassion and expertise.

Throughout the year, we have focused on enhancing patient experience, improving clinical outcomes, and expanding our services to meet the growing needs of North Dublin and beyond. Our commitment to excellence is reflected in the numerous initiatives we have undertaken, including the expansion of our outpatient services to meet the high demand, and the growth of our current multidisciplinary teams to further improve our services.

We are proud of the strides we have made in reducing waiting times and increasing access to care. Our multidisciplinary approach ensures that each patient receives personalised treatment plans tailored to their specific needs. This holistic approach not only improves health outcomes but also empowers women to take an active role in their healthcare journey.

As we look ahead, we remain dedicated to advancing gynaecological care through continuous innovation, research, and collaboration. We are grateful for the trust our patients place in us and for the unwavering support of our staff, partners, and the broader community. Together, we are committed to building a healthier future for all women.

Of note, there was a significant increase in new gynaecology referrals from 8,116 in 2022 to 9,747 in 2023.

To match the increased number of referrals, we've had 5,521 new gynaecology appointments in the public hospital clinics, and 6,731 return appointments. In addition to 2,789 telemedicine appointments. This meant a more than 24% increase compared to 4,829 new visits and 5,042 return visits the year 2022.

Acknowledgment and credit must be given to all staff involved in the expansion of the gynaecology services in the Rotunda, including administration, household, GP liaison, midwives/nurses and doctors.

GENERAL GYNAECOLOGY CLINICS

Benign gynaecology outpatient clinics are provided by Dr Kushal Chummun, Dr Meena Ramphul, Dr Vicky O'Dwyer, Prof. Sharon Cooley, Prof. Sam Coulter-Smith, Prof. Michael Geary, Prof. Hassan Rajab, Dr Fiona Reidy. They all have special interest areas such as pelvic floor surgery, complex endometriosis, management of fibroids and minimal access surgery amongst others.

SPECIALIST GYNAECOLOGY CLINICS

Paediatric Adolescent Gynaecology

The Paediatric and Adolescent Gynaecology (PG) Service is led by Consultant Paediatric and Adolescent Gynaecologist, Dr Nikita Deegan, Clinical Midwife Specialist in Adolescent Gynaecology, Ms Debbie Browne, and Senior Clinical Psychologist, Dr Susan Carroll. The service includes a weekly clinic for patients aged under 18 with general gynaecological concerns alongside a virtual clinic which is an option for patients with mobility issues or additional needs that may make attending in-person appointments challenging.

Our team also delivers Ireland's first and only dedicated specialist multidisciplinary service for patients of any age with complex congenital gynaecologic conditions, which offers a weekly clinic. Medical and/or surgical care, psychological support and educational events are provided for patients and families affected by premature ovarian insufficiency (POI), structural or developmental anomalies of the genital tract (e.g. vaginal septa, OHVIRA syndrome, Mayer-Rokitansky-Küster-Hauser Syndrome), cloacal anomalies/bladder extrophy, and differences in sex development (DSD). A new development for 2023 was the creation of an Adult DSD Clinic run jointly with Prof. Michael O'Reilly, Consultant Endocrinologist, which takes place quarterly at Beaumont Hospital. This is the first combined gynaecology/endocrinology clinic for adults with DSD's in Ireland.

A new menstrual dysfunction clinic commenced in December 2023, delivered by Dr Eimer O Malley, Locum Consultant Gynaecologist. This additional clinic was set up to tackle the long waiting list for adolescents with menstrual dysfunction.

In 2023, there were 138 new and 220 follow-up appointments in the general PAG clinics, and 94 new and 155 follow-up appointments in the complex PAG clinic (Rotunda Clinic numbers).

Ambulatory Gynaecology

The ambulatory gynaecology unit continued to expand in 2023. This service is consultant-led. It is supported by nurses, care assistants, and administration staff. This clinics runs throughout the week, with two sessions per day. The Ambulatory Hysteroscopy Clinics are provided by consultant gynaecologists Dr Rawia Ahmed,

Dr Naomi Burke, Dr Niamh Daly, Dr Kushal Chummun, Dr Eve Gaughan, Dr Conor Harrity, Dr Nicola Maher, Dr Fiona Reidy, Dr Edgar Mocanu, Dr Vicky O'Dwyer, and Dr Fadi Salameh. In addition, Dr Fadi Salameh runs an ambulatory flexible cystoscopy clinic.

This team is supported by clinical nurse specialist, Ms Hannah Bolger, Ms Kathleen Kelly, Ms Catriona McNeela, Ms Siji Philip, and Ms Caroline Hendricken and healthcare assistants Ms Lisa Hillman, Ms Ciara Deegan, Ms Jade Barton, and Ms Grace Nolan.

The service offers both diagnostic and operative services including endometrial polypectomy and myomectomy. We accept referrals either through our internal referral system from our gynaecology clinics or emergency room, or direct referrals from GPs.

In 2023, we performed 1,218 diagnostic hysteroscopies, 300 polypectomies, 48 myomectomies, 23 cystoscopies and more than 300 other procedures including replacement of Mirena coil as well as retrieval of missed coils.

Urogynaecology

The urogynaecology continued to expand in 2023 with an increased number of patients reviewed in the urogynaecology clinic and an increased number of urogynaecological procedures performed both in an inpatient setting or an outpatient setting.

The unique multidisciplinary approach to patients helps improve the quality of care provided. This includes two specialist bladder care nurses, a big team of physiotherapists and an ANP-led pessary clinic.

TABLE 1: OPERATING THEATRE ACTIVITY 2023

	2020	2021	2022	2023
Laparoscopic diathermy to lesion of pelvic cavity (endometriosis)+/- excision				191
Diagnostic lap and dye test				127
Laparoscopic adhesiolysis				86
Ovarian cystectomy	87	71	74	72
Diagnostic	74	70	60	60
Hysterectomy +/- salpingectomy +/- oophorectomy	22	40	31	43
Salpingo-oophorectomy	41	36	36	42
Myomectomy	6	2	6	10
Sterilisation	9	8	5	9
Oophorectomy	8	9	3	3
Total	581	570	610	643

TABLE 2: OPERATING THEATRE ACTIVITY 2023

	2020	2021	2022	2023
TAH +/- BSO	23	35	43	40
Myomectomy	18	20	24	29
Salpingectomy	1	0	7	17
Conversion from laparoscopy	7	4	4	5
Cystectomy/oophorectomy/ washings	2	0	4	3
Ovarian Cystectomy	6	6	4	3
STAH	1	1	2	4
Salping oophorectomy	3	4	1	3
Total	62	70	89	104

TABLE 3: OPERATING THEATRE ACTIVITY 2023

	2020	2021	2022	2023
D+C with insertion of IUCD	230	270	377	467
Polypectomy	87	113	124	153
D+C	310	278	99	880
D+C with endometrial ablation	86	67	90	110
Myomectomy	56	28	48	70
Resection of uterine septum	2	3	7	10
Total	775	772	755	1,690

TABLE 4: OPERATING THEATRE ACTIVITY 2023

	2020	2021	2022	2023
Injection of paraurethral bulking agent				13
Anterior and posterior colpoperineorrhaphy	63	66	99	131
Vaginal hysterectomy	51	37	51	61
Sacrospinous fixation	9	8	11	17
Diagnostic cystoscopy				50
Total	124	111	161	272

TABLE 5: OPERATING THEATRE ACTIVITY 2023

	2020	2021	2022	2023
Vaginal reconstruction				
Resection of vaginal septum	7	5	10	14
Labial reduction/repair	5	0	2	13
Total	12	5	12	27

TABLE 6: OPERATING THEATRE ACTIVITY 2023

	2020	2021	2022	2023
EUA +/- smear	5	0	35	41
Vulva biopsy/excision of vulva lesions	29	17	24	39
Hymenectomy	14	14	21	11
Bartholin's cyst or vaginal cyst	74	10	13	23
Intravesical Botox injection	1	0	0	40
Total	123	41	93	154

TABLE 6: OUTPATIENT PROCEDURES

Insertion of IUD	270
Replacement of IUD	65
Treatment of Bartholin's abscess/cyst	58
Diagnostic hysteroscopy	1218
Hysteroscopic endometrial polypectomy	300
Hysteroscopic endometrial myomectomy	48
Diagnostic cystoscopy	23
Others	229
Total	2,211

SUCCESSSES & ACHIEVEMENTS 2023

- A significant increase in the number of gynaecological procedures done in an inpatient setting.
- Expansion of the urogynaecology services.
- Expansion of the complex menopause clinic.
- Expansion of the outpatient ambulatory unit. Including empowering nursing staff to train in performing outpatient hysteroscopy.
- Free contraception for women attending the termination of pregnancy service.

PLANS FOR 2024

- Launch of a new multidisciplinary endometriosis service.
- Commence planning for expansion to a new off-site gynaecology building to meet the increased demand.
- Expansion of the ambulatory gynaecology unit by addition of a second procedure room.
- Expansion of the complex menopause clinic by increased number of clinics provided and clinicians trained to reduced waiting lists.

Pregnancy Options Service

The Pregnancy Options Service provides a multidisciplinary care programme for patients seeking an elective termination of pregnancy, or dealing with complications after early medical abortions in the community. The multidisciplinary model has significant medical, nursing, midwifery and social work input. The majority of women seeking pregnancy termination under Section 12 of the Health (Regulation of Termination of Pregnancy) Act 2018, avail of this service with a GP, in particular up to 9 weeks' gestation. In general, from 9 to 12 weeks' gestation, patients seeking this service under Section 12 attend maternity hospitals.

In 2023, there were 326 new referrals to the pregnancy options service, and 91 follow up referrals for assessment following a prior termination. There were 264 admissions for termination of pregnancy in the Rotunda over the year. This compared with 145 such terminations performed in 2022 between nine and 12 weeks' gestation, 102 in 2012, 123 in 2020, and 178 in 2019. The majority of these women had a medical termination of pregnancy, while 21 women opted for surgical termination, which compared to a similar number in 2023 (18). The follow up referrals typically presented with persistent bleeding or a persistently positive urinary pregnancy test (UPT) after an earlier medical abortion being commenced before 9 weeks' gestation by their GP. Assessment was performed to excluded a failed attempt or ectopic pregnancy, but these women were usually treated with a repeat course of medication, surgical evacuation of retained products of conception, or with a more recently introduced procedure of manual vacuum aspiration (MVA) under local anaesthesia. There were 64 MVA procedures performed in 2023.



Colposcopy Service

HEAD OF SERVICE

Dr Vicky O'Dwyer

STAFF

Dr Rawia Ahmed, Consultant Obstetrician Gynaecologist

Dr Kushal Chummun, Consultant Obstetrician Gynaecologist

Dr Eve Gaughan, Consultant Obstetrician Gynaecologist

Dr Yahya Kamal, Consultant Obstetrician Gynaecologist

Dr Claire McCarthy, Consultant Obstetrician Gynaecologist

Dr Reem Magzoub, Consultant Obstetrician Gynaecologist

Dr Hassan Rajab, Consultant Obstetrician Gynaecologist

Ms Rose Thorne, Nurse Colposcopist (part time after the summer)

Ms Virginie Bolger, Nurse Colposcopist

Ms Barbara Markey, Nurse Colposcopist (until approx. March)

Ms Ciara Muddiman, Nurse Colposcopist (until Sept)

Ms Jennifer O'Neill, Lead Nurse Colposcopist

Ms Nicola Boyd, Healthcare Assistant

Ms Hollie Dunne, Healthcare Assistant

Ms Janice Glynn, Healthcare Assistant

Ms Patricia O'Donovan, Healthcare Assistant

Ms Yvonne Burke, Administrative Team Leader

Ms Lisa Gleeson, Clerical Officer

Ms Dee Carroll, Clerical Officer

Ms Jade Ng, Clerical Officer

Ms Sarah O'Brien, Clerical Officer

SERVICE OVERVIEW

The Rotunda Colposcopy Service is a large service that is quality assured with an annual review of all key performance indicators. Monthly multidisciplinary team meetings are provided and are attended by all staff including histopathologists and cytologists.

In 2023, there were staff shortages due to retirements and alterations in job plans. The Rotunda's service has seen a continued increase in new referrals, with the implementation of HPV primary screening. These factors combined to negatively impact on waiting time targets.

Despite these difficult times, every member of the Colposcopy Team consistently went above and beyond to continue to provide the best patient care possible, which is sincerely appreciated. We used a number of interventions in 2023 to improve our waiting times and meet key performance indicators. These interventions were supported by Cervical Check and other colposcopy units in Dublin and Dundalk.

CLINICAL ACTIVITY

In 2023 we exceeded the Memorandum of Understanding with the National Cervical Check Programme where the agreed number of new referrals was 2,400. The continued high level of referrals since the introduction of primary HPV screening has also resulted in an increase in treatments and diagnostic biopsies. A new consultant

histopathologist position, jointly between the Rotunda and the Mater Misericordiae University Hospital (MMUH), supported the colposcopy service's requirements. The Colposcopy Service has maximised all clinical capacity including an increase in nurse-led clinics.

Monthly multidisciplinary meetings take place attended by our colposcopists, histopathologist and cytology teams. These meetings are coordinated by Ms Virginie Bolger, nurse colposcopist.

TABLE 1: FIVE YEAR COMPARATIVE

	2019	2020	2021	2022	2023
New attendances	2,073	1,589	2,444	2,672	2,897
Return visits	3,940	4,004	2,790	2,920	2,692
Total	6,025	5,593	5,235	5,592	5,589

TABLE 2: KEY PERFORMANCE INDICATORS

	% with a clinical referral seen in colposcopy	Met waiting time for high grade referral	Met waiting time for low grade referrals
2019	30%	60%	66%
2020	24%	78%	85%
2021	16%	62%	40%
2022	18%	80%	22%
2023	16%	84%	18%

KEY PERFORMANCE INDICATORS

In 2023 our waiting times increased, particularly for women referred with HPV and low grade cytological abnormalities. There were 2,897 appointments attended for new referrals. The majority of these (41%) had HPV detected and ASCUS cytology.

In 2023, the DNA rate was low at 6%.

We reduced our waiting times by reducing clinic cancellations and rescheduling of appointments. This was particularly helpful in the second half of 2023 and by Q4 we had significantly improved our waiting times for all new referrals.

SUCCESSES & ACHIEVEMENTS 2023

CLINICAL SERVICE DEVELOPMENTS

The role of advanced nurse practitioners is encouraged and supported within the Rotunda, with recognised benefits to patient care and service development. Ms Jennifer O'Neill completed Advanced Nurse Practitioner training. She is a BSCCP accredited colposcopist who runs a nurse led colposcopy clinic and the cervical gynaecology clinic. The redirection of clinical referrals to the cervical gynaecology clinic continues to work well for patients and the colposcopy and gynaecology services.

ACCREDITATION & TRAINING

A National CervicalCheck Programme Quality Assurance visit occurred in November 2022, which recognised the clinical volume challenges, although despite this challenge it was noted that a very high-quality service was consistently provided. Recommendations were mainly directed towards infrastructure of the unit, which will

be resolved in 2024 when the colposcopy service moves to a new outpatient Rotunda facility, Hampson House, off O'Connell Street.

Ms Minimol George has been appointed as CNM 3 for colposcopy. She is working with our dedicated nurse colposcopists.

Audits currently in progress include: Conservative management of CIN 2, LLETZ treatment for CIN 3 in young women, suspicious cervix clinic referrals and outcomes.

CHALLENGES 2023

The main challenge for 2023 was handling the high referral rate following the implementation of the national Primary HPV screening system, and the need to optimise work-force requirements particularly amongst nurse colposcopists, who are at a critical shortage level.

PLANS FOR 2024

- In 2024 the Rotunda colposcopy service will hopefully move to a new development, Hampson House, which will provide state-of-the-art physical infrastructure for colposcopy.
- Continue the development of the Advanced Nurse Practitioner role within the Colposcopy Service.
- Engagement in workforce planning initiatives for future-proofing and expansion of nurse-led services.

Sexual Assault Treatment Service

HEAD OF DIVISION

Dr Nicola Maher, Clinical Lead of SATU Rotunda, Consultant Obstetrician Gynaecologist

Prof. Maeve Eogan, National Clinical Lead of SATU Services, Consultant Obstetrician Gynaecologist

STAFF

Ms Noelle Farrell, Clinical Midwife Manager II

Ms Deirdra Richardson, Clinical Midwife Specialist

Ms Kate O'Halloran, Clinical Midwife Specialist

Ms Naomi Finnegan, Clinical Midwife Specialist

Ms Christine Pucillo, Clinical Nurse Specialist

Ms Laura Doherty, Healthcare Assistant

Ms Moira Carberry and Ms Denise Rogers, Administration

ON-CALL FORENSIC CLINICAL EXAMINERS

Ms Aileen Walsh

Ms Sue Roe

Dr Daniel Kane

Dr Cathy Monteith

Dr Elzahra Ibrahim

Dr Ciara Luke

Dr Amy Worrall

Dr Wendy Ferguson

Dr Haroon Khan

Dr James Walsh

SERVICE OVERVIEW

The Rotunda Sexual Assault Treatment Unit (SATU) is one of six HSE-supported SATUs around the country. Each unit provides comprehensive forensic and medical care to individuals who have experienced sexual violence, as part of a collaborative, interagency National Sexual Assault Response Team (SART). Clinicians from the Rotunda founded the first SATU in Ireland in 1985 and care for victims of sexual assault continues to be provided on site since then. We acknowledge the support the SATU receives from the Executive Management Team and all colleagues at the Rotunda Hospital. This support, despite competing and important demands on valuable resources, is greatly appreciated.

CLINICAL ACTIVITY

TABLE 1: 5-YEAR COMPARISON OF ATTENDEES TO THE ROTUNDA SATU

Year	2019	2020	2021	2022	2023
No.	393	277	309	427	451

In 2023, we saw a continued increase in numbers of victims of sexual assault attending the SATU at the Rotunda. The SATU at the Rotunda responded to the care of over 42% of the total number of patients seen nationally. 2023 saw the CSO publication on Sexual Violence in Ireland, 52% of women and 28% of men reported experiencing sexual violence in their lifetime. Non-consensual sexual intercourse was reported by 29% of women aged 25-34. Clearly there are far more victims of sexual assault who do not avail of our service than those who do. The reasons for this are multifactorial but we believe that the increase in numbers attending our service is due to increased awareness of the service.

SATU Rotunda provides 24 hour/365 care, 65% of our patients attended for a Garda Forensic case. Similar to other years 9% of patients availed of 'option 3' which facilitates evidence collection and storage to allow patients time to consider reporting, 53% of patients reported within 24 hours. Timeline to presentation is important as loss of valuable forensic evidence happens with time. Patients aged 14 and above can attend the Rotunda SATU. We continue to see our largest numbers in the 18-25 and 25-34 age groups at 34% and 26% of attendees. These demographics echo the findings of the sexual violence survey.

On-call teams at the Rotunda include a Forensic Medical or Nurse Examiner, an assisting nurse and volunteers from RCC (victims aged 16 and over) or ASSC (children aged 14,15). This multidisciplinary team aim to provide forensic care, health care and psychological support to all victims who attend the service. Many of our Rotunda NCHDs and Rotunda nursing and midwifery colleagues provide forensic examiner and support nurse cover for which we are very grateful.

SUCSESSES & ACHIEVEMENTS 2023

Education & Training

Two of our team completed their nurse prescribing this year and Christine Pucillo was awarded the Rose Lanigan prize by the RCSI School of Midwifery and Nursing for achieving first place in the Nurse/Midwife Prescribing Programme.

The unit was busy facilitating training for the 2023 SAFE graduates who completed their training in June of 2023. As the busiest unit in the country the students gain valuable experiential training on site shadowing cases with the forensic examiners.

Dr Dan Kane continued his work on his MD with RCSI under the supervision of Dr Maeve Eogan and Dr Karen Flood. He has published numerous studies during his time which have looked specifically at attendance in adolescents, victims aged over 70 and also the group of victims who avail of evidence storage. In addition he has published a systematic review on the prevalence of genital injuries seen in post pubertal female victims of sexual assault presenting for forensic examinations.

The annual interagency SATU study day took place in Autumn 2023 in Department of Health.

Continued staff support to mitigate some of the effects of vicarious trauma was provided by Nicola O'Sullivan. This psychological support has become embedded into the national SATU network and is a key element of measures to reduce the incidence of staff burnout.

Innovation

To increase awareness of SATU services, there has been continued commitment by the Dublin SATU team members to engage in outreach opportunities. Forensic examiners and support staff participated in numerous initiatives, including the Debunking the Myths educational initiative, GP training sessions, transition year educational programmes, training of An Garda Síochána Divisional Protective Services Units, and volunteering at Longitude and Electric Picnic festivals.

Feedback received at these events has often come from survivors of sexual assault who have reiterated the importance of awareness of our service and welcomed any initiatives that highlight this.

Work in a niche but essential area of healthcare benefits from international collaboration opportunities. Early in the year, representatives from the Polish women's support and advocacy organisation, Feminoteka, visited the Dublin SATU to exchange ideas regarding the establishment of a similar sexual assault treatment service in Poland. CMM Noelle Farrell and CNS Christine Pucillo were then invited to Warsaw to participate as panellists at their conference to mark the opening of the first Help Point for Women after Rape in Poland.

Farewell

Our CNM Noelle Farrell retired in June of 2023 after a long career in the Rotunda. She will be greatly missed and we wish her a happy and healthy retirement.

CHALLENGES 2023

Providing a 24-hour 365 service with a forensic team is a constant challenge. We are especially grateful to our many NCHDs, GPs and our assisting nurses who provide large amounts of support to our core team in staffing the on call rota.

While 85% of patients were seen within three hours of presenting we certainly seek to improve this figure which falls short of the KPI. Our biggest challenge to this is the limitation of having one forensic suite which necessitates decontamination after use and can lead to delays. Opportunities to avail of other clinical areas on site are being explored.

PLANS FOR 2024

We look forward to welcoming our new unit clinical manager Oonagh Farrell in early 2024.

Funding for a medical social worker was successfully sought from NWIHP and recruitment for this post is hoped to be completed early in 2024. In addition it is hoped our long awaited ANP role will be filled to add to our expert team of professionals working in SATU.

Catherine Marsh of Mullingar SATU is on secondment to the HSE Spark Innovation fellowship programme. Her proposed project based at the Rotunda involves use of a forensic photographic aid tool Cortexflow which is designed to help with injury recognition and description in forensic cases. It is hoped that in 2024 staff at the Rotunda can become trained in the use of this equipment and a formal evaluation and review process will happen.

In addition it is hoped that improved access to face to face psychological support for victims can be provided so that it is not limited to the acute timeframe of an assault. Discussions in relation to the role out of this initiative are well underway.

We hope to run some initiatives highlighting the SATU in the Rotunda with the aim of actively recruiting medical staff to support our on call rota.

The SATU at the Rotunda continues year round on a 24-hour basis to provide excellent care to victims of sexual assault. It is hoped that increased awareness of our service means we can reach more and more victims with essential forensic and medical care.

Neonatology



Department of Neonatology

HEADS OF DEPARTMENT

Prof. Michael Boyle, Consultant Neonatologist

STAFF*

Dr Maria Carmen Bravo Laguna, Locum Consultant Neonatologist

Prof. David Corcoran, Consultant Neonatologist

Prof. Afif El Khuffash, Consultant Neonatologist

Prof. Adrienne Foran, Consultant Neonatologist

Prof. Breda Hayes, Consultant Neonatologist

Dr Margaret Moran, Consultant Neonatologist

Prof. Lyudmyla Zakharchenko, Locum Consultant Neonatologist

Dr Nurul Aminudin, Consultant Neonatologist Transport

Dr Jan Franta, Consultant Neonatologist Transport

Dr Hana Fucikova, Consultant Neonatologist Transport

Dr Wendy Ferguson, Clinical Specialist Paediatric Infectious Diseases

Dr Fiona McElligott, Consultant Paediatric Palliative Medicine

Prof. Orla Franklin, Visiting Consultant Paediatric Cardiologist

Dr Sarah Chamney, Visiting Consultant Paediatric Ophthalmologist

*Supported by a team of nurses, midwives, non-consultant hospital doctors, health and social care professionals and healthcare assistants.

SERVICE OVERVIEW

The Department of Neonatology delivers the highest quality specialist care for all babies delivered at the Rotunda Hospital and to a sizeable number referred from other hospitals. The Neonatal Intensive Care Unit (NICU) continued to be one of the busiest of the tertiary referral centres in Ireland in 2023. In addition to critical care being provided across intensive, high dependency and special care designations on both a local and national tertiary referral basis, the Department of Neonatology is also responsible for overseeing a number of neonatal screening programmes, delivering specialist neonatal outpatient clinics and performing routine newborn examinations for thousands of infants per year. We are one of four tertiary referral NICU's in the State providing care for extreme preterm infants and infants requiring therapeutic hypothermia as well as infants needing complex tertiary level care. The Rotunda is one of three units along with the Coombe Women and Infants' University Hospital and the National Maternity Hospital who provide a team for the National Neonatal Transport Programme (NNTP) on a 24/7 basis every third week overseen by a Neonatal Transport Consultant.

As a consequence of the busy Fetal Medicine Department and the tertiary referral nature of many antenatally diagnosed conditions the neonatal team is also expert at providing detailed antenatal and postnatal counselling to parents attending this service and also works in partnership with quaternary specialists in Children's Health Ireland at Temple Street and Crumlin and our RCSI Hospitals Group network hospitals of Our Lady of Lourdes, Drogheda and Cavan General Hospital.

The NICU has 39 cots and delivers care to infants requiring various levels of support across seven designated intensive care cots, 12 high dependency care cots and 20 cots designated as special care. Nearly 1,200 infants were admitted to the NICU in the

Rotunda in 2023 requiring specialist care and 115 infants designated as very low birth weight (VLBW) infants.

There was a continued trend of a moderate increase in intensive care bed days from the previous year to 2,105. However, the high dependency bed days increased for the fifth consecutive year with an 11% increase on 2022 to 5,607. The special care bed days had fallen from the year before in 2022, however this was not the case in 2023 with a 24% increase on 2022 to 8,437. Average daily bed occupancy rates remained high throughout the year representing one of the busiest years on record in the Neonatal unit.

An intensive care specialty such as ours requires extensive input from a range of services and specialists in addition to the expert medical and nursing neonatal care. The unit benefits from the specialist expertise of colleagues in the Radiology Department, Neonatal Dietetic Service, Clinical Psychology, Pharmacy team, Physiotherapy Department, Medical Social Work Service, Speech and Language Service, Clinical Microbiology team, Lactation support and Chaplaincy Service. The team is ably supported by a hardworking administrative team, healthcare assistants, porters and household staff to help maintain the ongoing exceptional running of the unit.

CLINICAL ACTIVITY

The admissions rate to the unit in 2023 demonstrated a modest increase on the numbers from 2022, however, the activity reflected in the intensive care, high dependency and special care bed days marks it as a year of significant clinical activity, much busier than previous years. The number of VLBW infants remained comfortably above 100 infants, with 115 cared for in the NICU in 2023. The sustained efforts of the multidisciplinary infection and control strategies have helped mitigate against repeated outbreaks.

NEONATAL NURSING

The Rotunda NICU is fortunate to have a highly skilled and motivated neonatal nurse and midwife workforce and is led by Ms Siobhan Mulvany as the NICU CMM3. The unit continued to support ongoing nurse education programmes with three staff commencing the RCSI postgraduate Diploma in Neonatal Nursing. The collaboration with CHI Temple Street continued in 2023 to support CHI preparedness for the opening of the NICU in the new children's hospital. Another CHI candidate was seconded to the NICU for the Neonatal Nursing Diploma as part of these preparations. Despite the challenges felt internationally in recruiting nursing staff the Rotunda continued to make progress in recruitment towards our full whole time equivalent number. In recent years there have been a number of appointments to specialist roles such as a CNM in Neonatal Transport, Neonatal Resuscitation Officer and Neonatal Neurology Liaison Nurse. In 2023 Ms Edna Woolhead retired from the NICU having been one of the very first advanced nurse practitioners in the state. She played a significant part in progressing this role both locally and nationally and her absence is noted in the unit. Ms Freian Marzan has replaced her as a candidate ANP, due to qualify in 2024, joining Mr Mark Hollywood and Ms Elaine Butler. Two candidate ANPs will now qualify in 2024.

VERMONT OXFORD NETWORK (VON) OUTCOMES

The Rotunda NICU measures key performance indicators (KPIs) for very low birthweight infants – those infants with a birthweight <1,500g and submits anonymised data to the Vermont Oxford Network (VON). This is to benchmark outcomes against over 1,000 international centres of excellence and encompasses over 55,000 VLBW infants

worldwide. In line with the previous year the Rotunda is consistent in performing very well against international standards for antenatal corticosteroid administration and overall neonatal survival, antenatal magnesium sulphate administration and retinopathy of prematurity as well as various measures of infection. The local necrotising enterocolitis (NEC) rates have previously been recognised as being greater than the network and though it remains high 2023 saw a decrease of 3% from the previous year approaching the network average. Hopefully demonstrating the impact of Initiatives in place because of the multidisciplinary taskforce targeting this condition.

Late onset infection rates are noticeably better than VON averages and reflect a concerted effort within the NICU. The incidence of chronic lung disease continues to fall but remains above the VON average. This continued fall may reflect the impact of care bundles targeted at specific high-risk groups. Other significant unit KPI's such as cystic PVL rates and severe IVH rates fell again in 2023, with severe IVH rates below network average. Our multiple gestation rates remain significantly elevated as compared to network. An area of focus for the coming years is the unit pneumothorax rates with a disappointing increase from 2022 and significantly above network rates.

HYPOXIC ISCHAEMIC ENCEPHALOPATHY

In 2023, 11 babies were identified with HIE (seven Inborn). Representing a further year on year reduction potentially reflecting the impact of the HIE Reduction Taskforce. Only one baby was classified as severe (Grade 3). That baby was initially treated with therapeutic hypothermia (TH) but rewarmed early given clinical instability with active bleeding and hypotension and died on day two of life. The remaining 10 babies (6 inborn; 4 outborn) were classified as moderately encephalopathic (Grade 2). All babies were identified as being encephalopathic within the therapeutic window for treatment of HIE with TH. However, one baby had active bleeding at birth associated with severe coagulopathy and significant pulmonary hypertension and so was not suitable for treatment with TH. This baby has evolving cerebral palsy and is linked with disability services. The remaining nine babies completed 72 hours of TH. Brain MRI findings were available for eight of these babies and was normal in 5/9 (55%). Short term outcome data is available on inborn babies, with all five children with moderate HIE treated with TH having typical development in the short term (follow up 4-9 months). All children will continue to be followed in neonatal clinics for assessment of developmental progression until two years of age. They will also be invited back for formal two year developmental assessment with our psychologist.

Two further babies were treated with TH in view of moderate encephalopathy however the cause of encephalopathy was not clearly hypoxic ischemic in nature. One of these babies was inborn and required ongoing respiratory support at birth. They had reassuring cord gases however were treated with TH given significant hypotonia and an abnormal aEEG. Their brain imaging initially showed hyperintensity in the temporal poles bilaterally and a single punctuate foci of reduced diffusion in the left posterior limb of the internal capsule (PLIC). Brain imaging was repeated at two months given ongoing concerns for central weakness and was at that time normal. Extensive investigations (metabolic and infectious) have been negative to date. The child remained centrally weak at four months but was meeting all developmental milestones.

The second baby treated with therapeutic hypothermia who did not have clear evidence of HIE was outborn with Apgars of 9(1) and 9(5) and normal cord gases. They were found to have a left middle cerebral infarct with scattered foci of left sided diffusion restriction on imaging day six of life.

PAEDIATRIC OUTPATIENTS DEPARTMENT (POPD)

The Rotunda Paediatric Outpatients Department is one of the busiest neonatal outpatient clinics in the country and in 2023 saw 9,455 attendances with an overall did not attend (DNA) rate of 9.9%. This represents a 3.5% increase in activity in POPD as compared to 2022 and a reduction in DNA rate from 12% in 2022, possibly reflecting a return to normal functioning as the restriction of one adult per patient had been removed at the end of 2022. The department is the location for general neonatal clinics, infectious disease clinic, dietetic clinics as well as frequent SALT and lactation support reviews. The team is led by Ms Mary Dwyer and Ms Karen Finnegan as the CMM2 and Ms Kathy Hayes and Ms Roisin Twamley as the leads of the busy clerical team. Despite the infrastructural challenges the team continued to provide excellent care to a wide cohort of infants and facilitated extra sessions for infants of parents with active COVID-19 infection. The department will be moving to Hampson House in 2025 and planning has begun to this end. An exciting opportunity of moving to a new purpose built outpatient area which will allow for further development of the POPD in addition to improving parents/patient experience.

PAEDIATRIC INFECTIOUS DISEASE SERVICE (RAINBOW CLINIC)

Dr Wendy Ferguson runs the Paediatric Infectious service (Rainbow Clinic) on site in POPD whereby infants with antenatal, perinatal and some cases of select postnatally acquired infectious diseases are managed and monitored. In addition to the outpatient work load we are fortunate to have inpatient support from Dr Ferguson for a host of congenital acquired infections in terms of investigation and management. The service is closely aligned with the adult infectious disease service (DOVE Clinic) and to the Rainbow Clinic in CHI at Temple Street. There were 230 in-person attendances at the clinic in 2023 which is a 25% increase on 2022 reflecting a return to pre-pandemic levels of activity.

NEONATAL DEVELOPMENTAL SCREENING PROGRAMME

The Neonatal Developmental Screening Programme formally assess the development of VLBW babies (those with a birthweight <1500g) and infants who had a diagnosis of HIE requiring therapeutic hypothermia in the newborn period in line with the standards set out in the 2015 Model of Care for Neonatal Services. Assessment is via the Bayley Scales of Infant and Toddler Development (BSID-3) ideally at two years corrected gestational age for the preterm infants and two years chronological age for the term infants. According to the score system scaled scores ≥ 8 are considered to be within or above the typical /normal range. Scaled scores of 5-7 (composite score equivalent 78-85) are considered borderline and scaled scores ≤ 4 (composite score equivalent 55-70) are suggestive of a significant abnormality. The BSID-3 tool assesses the domains of gross motor, fine motor skills, expressive and receptive language skills and cognition. In addition parental impressions regarding socio-emotional development and adaptive behavioural skills are reported. The importance of maintaining a high standard of neurodevelopmental follow-up remains a priority for the Rotunda. The service is provided by Dr Liezl Wienand and the assessments are conducted in the Summerhill Primary Care Centre, close to the Rotunda. To ensure that all high risk babies continue to receive formal assessment, Dr Wienand has expanded referral criteria in 2021 to include all infants of multiple births, and any baby over whom consultants have developmental concerns on POPD follow up.

In 2023 there were 99 new appointments offered and an additional three follow up appointments. There were 25 DNA's recorded for the year, one of whom was a follow

up appointment. Developmental outcomes are available on all children assessed. Clinical presentation during assessment forms an integral part of the assessment process.

Close consideration of clinical presentation during assessment forms an integral part of the assessment process. Parental impressions regarding social-emotional development and adaptive behaviour skills development are reported in addition to scores for cognitive, language and motor domains. The majority (84) of the 99 assessments were of very low birth weight (VLBW) babies, and 15 were babies who received therapeutic hypothermia treatment (HIE babies). In terms of outcomes 45 out of 84 VLBW children had outcomes in the typical (average/'normal') range across all areas assessed. In 30 cases of the 99 children assessed they presented with clinically significant signs of autism spectrum condition. There were seven children who presented with delays in language development only. There was one child who presented with global developmental delays and one child with significant physical disabilities.

In the HIE group 11 of the 15 toddlers had outcomes in the typical (average/'normal') range across all areas assessed. Two out of the 15 HIE toddlers presented with concerns re autism spectrum condition; one had global developmental delay and another one had isolated speech delay. The three consultant referrals included one child who had cancer, who achieved typical outcomes across all domains, one child who presented with GDD, and the third child had significant sensory seeking behaviour with an otherwise typical developmental profile.

NEURODEVELOPMENTAL CLINIC

The Neurodevelopmental clinic has been running since 2019 and facilitates the onwards referral of infants where concerns exist regarding neurodisability and or behavioural issues. The clinic is held in the Summerhill Primary Care Centre under the governance of the Rotunda Hospital. This post was reconfigured in to a full time substantive post with CHI developmental services and Dr Fionnuala Caulfield was successfully appointed to the position in 2023. Dr Caulfield is due to start in 2024 on completion of her fellowship in Toronto. Dr Jennifer Finnegan who was covering the clinic finished in May 2023 and we had not been successful in appointing a locum. Over the beginning of the year the clinic provided comprehensive neurodevelopmental assessments to 58 high-risk infants, 50 of which were return and an additional 8 telemedicine assessments were conducted.

NEONATAL DIETETICS CLINIC

The Rotunda has a specialist neonatal dietetics clinic run by Ms Anna-Claire Glynn and Ms Naomi Hastings. They provide significant inpatient supports to the NICU and in 2022 expanded the service to include inpatient review to all infants <34 weeks and <1.8kg, where previously it had been <32 weeks and <1.5kg. In the outpatient setting patients with complex nutritional needs, faltering growth and suspected food intolerances are managed in conjunction with the neonatal clinics and SALT support. In 2023 Ms Ellen Regan Magner joined the department covering Anna-Claire's maternity leave. There were 233 in person attendances in 2023 with an additional 123 telemedicine clinics representing another significant year on year increase in activity again from 2022.

SPECIALIST CARDIOLOGY SERVICES

The Rotunda Echo Service is led by Prof. Afif El Khuffash whereby dedicated echo sessions for the NICU are ring-fenced for functional echocardiography assessment to help guide management in cases where there may be functional cardiac concerns

and critical pulmonary hypertension. This has been supported by Prof. Lyudmyla Zakharchenko and Dr Maria Carmen Bravo Laguna. This is an invaluable addition to the services provided in the Rotunda NICU. The department also has a close relationship with the cardiology service in CHI Crumlin through Prof. Orla Franklin whose expertise benefits the management of preterm and term infants with cardiac concerns with weekly in person review and cot side teaching. Further development of the neonatologist-performed echocardiography (NPE) service is a key priority for the unit.

NATIONAL NEONATAL TRANSPORT PROGRAMME (NNTP)

Dr Nurul Aminudin is the site lead for the National Neonatal Transport Programme. The Rotunda along with its sister tertiary NICUs at the National Maternity Hospital and the Coombe Women and Infants' University Hospital, Dublin; rotate responsibility for the National Neonatal Transport Programme (NNTP). This national service provides emergency and planned transfers of infants between all maternity and paediatric centres on a 24-hour basis throughout the year. The Rotunda acts as the NNTP paymaster and has taken the lead in initiating service expansion in this department such as introducing the NNTP Transport Fellow role. The NNTP team comprises of highly trained NICU staff (nurses and doctors), ground ambulance technicians (drivers) and Irish Air Corps (for neonatal air transfers). During 2023, the overall service transported 610 infants on a national basis, with 218 (35.7%) being transported by the Rotunda NNTP Team, representing an increase in activity for the programme of 5.7% from 2022.

Rotunda NICU accepted 28 out-born postnatal transfers (21.4% of the number of requests for tertiary neonatal management (131) and 29.5% of those referred to a Dublin maternity hospital. Eighty infants were transferred from the Rotunda to other centres (87.5% were to Dublin paediatric hospitals). In addition, the NNTP transported six infants booked in the Rotunda following delivery in the Mater due to maternal reasons in 2023. Ms Tara Moore is the Rotunda Transport CNS and continues to provide support in both NICU and NNTP. We are grateful to NNTP consultants; Dr Jan Franta and Dr Hana Fucikova who continue their service with the Rotunda Hospital.

ROTUNDA FOUNDATION SUPPORT

We are eternally grateful to the Foundation for their ongoing support and the purchase of various pieces of equipment which support research within the unit. The Rotunda Foundation has been a stalwart support of the NICU for many years and continued in this manner throughout 2023. The Angel-Eye video system was purchased through funds from the Foundation which will allow for video footage of infants in real time for parents who cannot be with their babies in the NICU and this became operational in 2023. The existing vCreate programme also funded from the Foundation is now used in more of a neurodevelopmental assessment capacity. The RetCam camera commenced operation in 2023 and the Rotunda Foundation secured funding for training of two staff members which is due to be completed in 2024. The highly successful 'Beads of Courage' and 'Tentacles for Tinies' programmes continue to be supported from the Foundation and the graduation packs that are sent to the graduates of the follow up programme each year. We have not yet returned to our in person celebrations in 2023 for World Prematurity Day, but hope to do so in 2024.

RESEARCH

The Rotunda has a longstanding reputation of supporting and fostering good quality research and 2023 continued this theme with the awarding of one MD – Dr Sean Armstrong. In addition to the previously enrolled MD candidate Dr Mahmoud Farhan

two further MD candidates commenced, Dr Sean Tamgumus and Dr Dermot Wildes. In addition Dr Rachel Mullaly and Dr Áine Fox converted to PhDs. Dr Daniel O'Reilly, the first ICAT fellow in the department, is enrolled as a PhD candidate. There are many other research and audit projects being conducted by our clinical NCHDs of all grades leading to several peer reviewed publications.

CHANGES AND CHALLENGES 2023

The challenges of delivering high quality tertiary level neonatal intensive care within the current infrastructural limitations remain. The planning for the Critical Care Wing NICU layout and the Earl Building Paediatric Outpatient Department have progressed well over the year with robust designs that satisfy the needs of the department and attempt to future proof the delivery of neonatal services for years to come. The Neonatologist Performed Echocardiography Service (NPE) became an established element in the NICU providing functional echo imaging several times a week, but not daily as yet. The RetCam system became operational with Dr Sarah Chamney. Working arrangements with CHI Neonatology continue to develop and restructuring of consultant posts is continuing.

PLANS FOR 2024

The development of the Critical Care Wing on the Parnell Square site to radically improve the NICU infrastructure is most welcome and needed to ensure safe and excellent delivery of care to our patients. To ensure that this new NICU is a state of the art facility where high-quality tertiary neonatal care is delivered we will continue to engage with all the relevant stakeholders.

Continue to further develop our working arrangements within the CHI Neonatology Department to the benefit of patients and staff on both sites. In an effort to improve outcomes for the infants at the extremes of viability the Department of Neonatology will be initiating the EPIC (Early Preterm Intensive Care) project in 2024 with a focus on the first week of life of infants born at 23-25 weeks' gestation with an emphasis on metabolic management, haemodynamic transitioning, initial ventilation strategies and early nutritional support with significant neonatal nursing and medical attendance.

TABLE 1.1: ADMISSIONS AND DISCHARGES TO THE NEONATAL UNIT					
	2019	2020	2021	2022	2023
Admissions*	1,300	1,181	1,255	1,169	1,171
Discharged Alive	1,265	1,199	1,253	1,203	1,191
Infants > 1500 grams	1,176	1,103	1,130	1,100	1,073
Infants Treated on the Ward	875	442	483	471	599

* Infants are not always admitted and discharged within the same clinical year

TABLE 1.2: CATEGORIES OF NEONATAL CARE*

	2019	2020	2021	2022	2023
Total Number of Intensive Care Days	1,838	2,039	1,993	2,004	2,105
Total Number of High Dependency Days	3,281	3,528	4,050	4,261	5,607
Total Number of Special Care Days	4,278	5,398	6,453	6,384	8,437

*British Association of Perinatal Medicine. Categories of Care 2011.

TABLE 1.3: DISCHARGES FROM THE NEONATAL UNIT BY BIRTH WEIGHT

	2019	2020	2021	2022	2023
<500gms	3	1	0	2	0
501 - 1000grms	30	36	47	43	52
1001 - 1500grms	55	59	76	58	66
1501 - 2000grms	114	117	109	140	122
2001 - 2500grms	158	200	161	189	156
Over 2501grms	905	786	860	771	795
Total Discharged	1,265	1,199	1,253	1,203	1,191

TABLE 1.4: ADMISSIONS TO THE NEONATAL UNIT BY INDICATION

	2019	2020	2021	2022	2023
Respiratory Symptomatology	447	453	497	510	521
Prematurity < 37 weeks'	428	471	420	523	491
Jaundice	365	546	540	575	670
Low Birth Weight < 2.5kg	360	230	240	281	229
Hypoglycaemia	167	194	209	220	160
Congenital Abnormalities	7	208	239	238	202
Sepsis	30	23	11	17	18
HIE	18	27	23	16	11
Neonatal Abstinence Syndrome (NAS)	15	24	26	18	13
Dehydration	9	8	14	6	6
Seizures	10	15	12	4	5
Social	8	12	13	14	20
Gastro-Intestinal Symptoms	1	2	0	0	0

*Some Infants are assigned more than one reason for admission

TABLE 1.5: RESPIRATORY MORBIDITY IN TERM INFANTS >37 WEEKS ADMITTED TO THE NEONATAL UNIT

	2019	2020	2021	2022	2023
Respiratory Distress Syndrome (RDS)	40	50	51	58	55
Transient Tachypnoea of the New-born (TTN)	211	176	191	149	161
Congenital Pneumonia	7	4	13	8	3
Meconium Aspiration Syndrome (MAS)	3	9	7	7	9
Pulmonary Hypoplasia	0	1	0	0	0
Stridor	9	14	14	17	12
Congenital Diaphragmatic Hernia (CDH)	3	3	3	5	4
Trachea-Oesophageal Fistula	0	0	0	0	1
Congenital Cystic Adenomatoid Malformation (CCAM)	0	0	0	0	0
Air Leak	0	0	0	0	0
Laryngomalacia	2	3	6	0	0

TABLE 1.6: CONGENITAL HEART DISEASE INFANTS ADMITTED TO THE NEONATAL UNIT

	2019	2020	2021	2022	2023
Patent Ductus Arteriosus (PDA)	53	52	74	69	86
Dysrhythmia	65	60	51	63	40
Ventricular Septal Defect (VSD)	21	30	23	20	16
Persistent Pulmonary Hypertension of The New-born (PPHN)	25	30	24	31	23
Atrial Septal Defect (ASD)	9	11	9	10	1
Atrioventricular Septal Defect (AVSD)	6	5	6	4	1
Transposition of The Great Arteries (TGA)	7	5	4	1	1
Tetralogy of Fallot	8	3	2	5	4
Hypo plastic Left Heart Syndrome (HLHS)	1	1	3	4	1

TABLE 1.7: GASTROINTESTINAL ABNORMALITIES IN INFANTS ADMITTED TO THE NEONATAL UNIT

	2019	2020	2021	2022	2023
Inguinal Hernia	6	8	5	6	7
Isolated Cleft Palate	6	3	4	1	6
Imperforate Anus	2	3	2	2	5
Tracheo Oesophageal Fistula	0	1	0	0	1
Cleft Lip	6	3	2	4	3
Spontaneous Perforation	1	4	3	3	2
Bowel Atresia	0	5	5	4	3
Pyloric Stenosis	1	0	0	1	1
Gastrochisis	1	3	3	0	3
Omphalocele	4	2	5	1	2

TABLE 1.8: CENTRAL NERVOUS SYSTEM ABNORMALITIES IN INFANTS ADMITTED TO THE NEONATAL UNIT

	2019	2020	2021	2022	2023
Meningitis	10	5	6	10	5
Microcephaly	1	6	2	0	1
Hydrocephalus	1	1	0	1	0
Erb's Palsy	1	5	3	3	2
Schizencephaly	0	2	2	0	0

TABLE 1.9: METABOLIC/ ENDOCRINE/ HAEMATOLOGICAL ABNORMALITIES IN INFANTS ADMITTED TO THE NEONATAL UNIT

	2019	2020	2021	2022	2023
Hypoglycaemia	167	194	209	220	160
Anaemia of Prematurity	63	63	64	54	57
Thrombocytopenia	34	36	43	32	32
Polycythaemia	29	44	20	18	9
Hyperglycaemia	24	32	22	14	19
Haemolytic Disease of New-born	27	34	30	14	38
Anaemia (Not associated with Prematurity)	8	6	10	12	11
Disseminated Intravascular Coagulopathy	6	4	13	3	6
Syndrome of Inappropriate Antidiuretic Hormone Secretion (SIADH)	3	15	12	21	7
Hypothyroidism	3	5	0	0	0
Galactosemia	2	2	1	0	0

TABLE 1.10: CHROMOSOMAL ABNORMALITIES IN INFANTS ADMITTED TO THE NEONATAL UNIT

	2019	2020	2021	2022	2023
Trisomy 21 (Down Syndrome)	15	14	14	21	9
Trisomy 18 (Edwards Syndrome)	2	0	0	0	0
Trisomy 13 (Patau Syndrome)	0	0	0	0	0

TABLE 1.11: JAUNDICE IN TERM INFANTS >37 WEEKS ADMITTED TO NEONATAL UNIT

	2019	2020	2021	2022	2023
Non-haemolytic	180	271	243	231	365
Haemolytic Jaundice					
ABO Incompatibility	23	31	18	8	29
Rhesus Incompatibility	5	1	4	2	8

TABLE 2.1: BABIES ADMITTED TO NICU WITH BIRTH WEIGHT ≤ 1,500G AND/OR < 29 + 6 WEEKS' GESTATION

	2019		2020		2021		2022		2023	
	All Cases	Excluding Congenital Anomalies	All Cases	Excluding Congenital Anomalies	All Cases	Excluding Congenital Anomalies	All Cases	Excluding Congenital Anomalies	All Cases	Excluding Congenital Anomalies
Infants < 401g but ≥22+0 weeks' gestation	0	0	0	0	2	2	0	0	0	0
Infants 401-500g	4	3	1	1	2	2	2	2	1	0
Infants 501-1,500g	90	85	93	88	104	94	114	106	109	100
Infants > 1,500g but ≤29+6 weeks' gestation	2	2	2	2	1	1	0	0	6	5
Total	96	90	96	91	109	99	116	108	115	105

TABLE 2.2.1: SURVIVAL TO DISCHARGE OF INFANTS < 1,500G AND/OR < 29 + 6 WEEKS' GESTATION BASED ON GESTATIONAL AGE (ALL INFANTS, INCLUDING THOSE WITH MAJOR CONGENITAL ANOMALIES)

Gestational Age at birth	2023 Inborn			2023 Outborn			2023 Total (Inborn & Outborn)			2018-2022 (Aggregate Inborn & Outborn)		
	n	Survival to discharge	%	n	Survival to discharge	%	n	Survival to discharge	%	n	Survival to discharge	%
< 22 Weeks	0	0	0	0	0	0	0	0	0	2	0	0
22+0—22+6	1	0	0	0	0	0	1	0	0	11	0	0
23+0—23+6	7	2	29	0	0	0	7	2	29	30	6	20
24+0—24+6	7	5	71	0	0	0	7	5	71	42	24	57
25+0—25+6	8	6	75	1	0	0	9	6	67	50	37	74
26+0—26+6	4	3	75	2	2	100	6	5	83	51	39	77
27+0—27+6	8	8	100	2	1	50	10	9	90	48	41	85
28+0—28+6	8	7	88	0	0	0	8	7	88	49	47	96
29+0—29+6	18	18	100	3	3	100	21	21	100	76	71	93
30+0—30+6	17	17	100	0	0	0	17	17	100	52	51	98
31+0—31+6	9	8	89	0	0	0	9	8	89	36	32	89
32+0—32+6	8	6	75	0	0	0	8	6	75	35	32	91
>33+0 weeks	10	10	100	0	0	0	10	10	100	35	32	91
Total	105	90	86	8	6	75	113	96	85	517	412	80

TABLE 2.2.2: SURVIVAL TO DISCHARGE OF INFANTS <1,500G AND /OR <29+6 WEEKS' GESTATION BASED ON GESTATIONAL AGE (EXCLUDING THOSE WITH MAJOR CONGENITAL ANOMALIES)

Gestational Age at birth	2023 Inborn			2023 Outborn			2023 Total (Inborn & Outborn)			2018-2022 (Aggregate Inborn & Outborn)		
	n	Survival to discharge	%	n	Survival to discharge	%	n	Survival to discharge	%	n	Survival to discharge	%
< 22 Weeks	0	0	0	0	0	0	0	0	0	2	0	0
22+0—22+6	1	0	0	0	0	0	1	0	0	11	0	0
23+0—23+6	6	2	33	0	0	0	6	2	33	29	5	17
24+0—24+6	6	5	83	0	0	0	6	5	83	40	24	60
25+0—25+6	8	6	75	1	0	0	9	6	67	47	35	74
26+0—26+6	3	2	67	2	2	100	5	4	80	46	36	78
27+0—27+6	8	8	100	2	1	50	10	9	90	44	39	89
28+0—28+6	7	6	86	0	0	0	7	6	86	47	46	98
29+0—29+6	17	17	100	3	3	100	20	20	100	70	67	96
30+0—30+6	16	16	100	0	0	0	16	16	100	49	49	100
31+0—31+6	8	7	89	0	0	0	8	7	88	31	29	94
32+0—32+6	6	4	67	0	0	0	6	4	67	32	30	94
>33+0 weeks	9	9	100	0	0	0	9	9	100	30	30	100
Total	95	82	86	8	6	75	103	88	85	478	390	82

TABLE 2.3.1: SURVIVAL TO DISCHARGE OF INFANTS <1,500G AND/OR <29+6 WEEKS' GESTATION BASED ON BIRTH WEIGHT (ALL INFANTS, INCLUDING THOSE WITH MAJOR CONGENITAL ANOMALIES)

Birth Weight	2023 Inborn			2023 Outborn			2023 Total (Inborn & Outborn)			2018-2022 (Aggregate Inborn & Outborn)		
	n	Survival to discharge	%	n	Survival to discharge	%	n	Survival to discharge	%	n	Survival to discharge	%
<501g	1	0	0	0	0	0	1	0	0	18	2	11
501 - 600g	8	3	38	0	0	0	8	3	38	35	14	40
601 - 700g	7	5	71	0	0	0	7	5	71	54	28	52
701 - 800g	6	6	100	0	0	0	6	6	100	48	38	79
801 - 900g	12	9	75	4	2	50	16	11	69	39	29	74
901 - 1000g	3	3	100	0	0	0	3	3	100	36	30	83
1,001 - 1,100g	9	9	100	2	2	100	11	11	100	39	36	92
1,101 - 1,200g	10	8	80	0	0	0	10	8	80	63	58	92
1,201 - 1,300g	16	15	94	0	0	0	16	15	94	39	37	95
1,301 - 1,400g	14	13	93	0	0	0	14	13	93	57	56	98
>1,400g	19	19	100	2	2	100	21	21	100	89	84	94
Total	105	90	86	8	6	75	113	96	85	517	412	80

TABLE 2.3.2: SURVIVAL TO DISCHARGE OF INFANTS <1,500G AND/OR <29+6 WEEKS' GESTATION BASED ON BIRTH WEIGHT (EXCLUDING THOSE WITH MAJOR CONGENITAL ANOMALIES)

Birth Weight	2023 Inborn			2023 Outborn			2023 Total (Inborn & Outborn)			2018-2022 (Aggregate Inborn & Outborn)		
	n	Survival to discharge	%	n	Survival to discharge	%	n	Survival to discharge	%	n	Survival to discharge	%
<501g	1	0	0	0	0	0	1	0	0	18	2	11
501 - 600g	6	3	50	0	0	0	6	3	50	35	14	40
601 - 700g	7	5	71	0	0	0	7	5	71	49	27	55
701 - 800g	6	6	100	0	0	0	6	6	100	46	38	83
801 - 900g	11	9	82	4	2	50	15	11	69	34	27	79
901 - 1000g	3	3	100	0	0	0	3	3	100	34	30	88
1,001 - 1,100g	9	9	100	2	2	100	11	11	100	35	34	97
1,101 - 1,200g	7	7	80	0	0	0	7	7	100	57	54	95
1,201 - 1,300g	15	15	100	0	0	0	15	15	100	35	35	100
1,301 - 1,400g	12	12	100	0	0	0	12	12	100	51	50	98
>1,400g	18	18	100	2	2	100	20	20	100	85	83	98
Total	95	87	92	8	6	75	103	93	90	479	394	82

TABLE 2.4: MORBIDITY DATA (INCLUDING BABIES WITH CONGENITAL ANOMALIES)

	Rotunda 2023			VON Network 2023		Rotunda 2018–2022 Aggregate		
	No. Cases	No. Infants	%	No. Infants	%	No. Cases	No. Infants	%
Inborn	106	115	92.2	59,935	87.4	474	522	90.8
Male	66	115	57.4	59,895	50.8	269	522	51.5
Antenatal Steroids – all infants	105	115	91.3	59,614	83.6	434	513	84.6
Multiple Gestation	37	115	32.2	59,923	24.1	147	521	28.2
Antenatal magnesium sulphate	80	115	69.6	59,342	65.3	358	515	69.5
Caesarean Delivery	81	115	70.4	59,913	74.2	376	522	72
Any major birth defect	10	115	8.7	59,899	7.1	39	521	7.5
Small for gestational age	25	115	21.7	58,229	21.4	96	514	18.7
Surfactant – administered in delivery room	34	115	29.6	59,829	18.2	191	521	36.7
Surfactant – any time	72	115	62.6	59,860	57.4	325	521	62.4
Any ventilation	64	110	58.2	57,581	53.9	300	491	61.1
Conventional ventilation	64	110	58.2	33,929	40.6	298	491	60.7
High frequency ventilation	14	110	12.7	57,552	23.7	74	490	15.1
Nasal CPAP	91	110	82.7	57,546	78.9	406	488	83.2
Inhaled nitric oxide	14	110	12.7	57,535	7.5	68	489	13.9
Respiratory Distress Syndrome	99	110	90	57,547	75.5	447	487	91.8
Pneumothorax	13	110	11.8	57,575	4.0	42	490	8.6
Chronic Lung Disease	26	86	30.2	49,380	28.1	124	366	33.9
CLD in infants <33 weeks	26	76	34.2	45,019	28.1	121	334	36.2
Corticosteroids for CLD	25	110	22.7	57,452	14.0	69	481	14.3
Late Bacterial Infection	8	107	7.5	55,063	7.3	59	465	12.7
Coagulase negative Staphylococcus Infection	1	107	0.9	55,055	4.7	16	465	3.4
Fungal Infection	2	107	1.9	55,063	0.9	2	465	0.4
Any Late infection	10	107	9.3	55,052	11.5	52	465	11.2
NEC	7	110	6.4	57,558	4.9	42	489	8.6
Ibuprofen for PDA	14	110	12.7	57,383	5.4	55	485	11.3
ROP	24	82	29.3	42,427	31.0	97	353	27.5
Severe ROP	4	82	4.9	42,427	6.2	8	353	2.3
Anti-VEGF for ROP	3	110	2.7	57,293	2.8	18	487	3.7
Severe IVH	7	106	6.6	51,524	7.8	42	456	9.2
Cystic PVL	4	107	3.7	53,311	2.8	13	458	2.8
Mortality	17	113	15	58,880	15.7	105	517	20.3
Mortality excluding early deaths	12	108	11.1	55,856	11.1	70	482	14.5
Survival	96	113	85	58,880	84.3	412	517	79.7
Survival without specified morbidities	66	113	58.4	58,813	54.4	241	517	46.6

TABLE 2.5: SHRUNKEN STANDARDISED MORTALITY RATIOS AND MORBIDITY RATES

Measure	Rotunda 2023				Rotunda 2021-2023			
	N	SMR*	Lower 95%	Upper 95%	N	SMR*	Lower 95%	Upper 95%
Mortality	107	1.1	0.7	1.7	317	1.3	1.0	1.6
Mortality excluding early deaths	103	1.2	0.7	1.8	303	1.3	0.9	1.7
Death or Morbidity	107	1.0	0.8	1.3	317	1.1	0.9	1.3
Chronic Lung Disease	81	1.2	0.8	1.7	233	1.4	1.1	1.7
Chronic Lung Disease <33 weeks	71	1.3	0.9	1.8	205	1.4	1.1	1.7
Necrotising Enterocolitis	105	1.3	0.6	2.2	308	1.3	1.0	1.6
Any Late Infection	102	0.9	0.5	1.4	295	1.0	0.7	1.3
Late Bacterial Infection	102	1.0	0.5	1.7	295	1.3	0.9	1.7
Coagulase negative Staphylococcus infection	102	0.3	0.0	0.9	295	0.3	0.1	0.7
Fungal Infection	102	1.8	0.3	4.8	295	1.4	0.4	2.9
Pneumothorax	105	1.9	1.1	2.8	308	2.1	1.5	2.8
Severe intraventricular haemorrhage	101	1.0	0.6	1.4	292	1.3	0.9	1.7
Cystic PVL	102	1.4	0.5	2.7	295	1.5	0.8	2.3
Any retinopathy of prematurity	77	1.1	0.8	1.5	231	1.0	0.7	1.2
Severe ROP	77	1.0	0.4	1.9	231	0.8	0.4	1.3

TABLE 3.1: MORTALITY AMONGST INFANTS DELIVERED IN 2023 – EXCLUDING INFANTS WITH MAJOR CONGENITAL MALFORMATIONS

Birth Weight (grams)	Gestation	Delivery	Apgar scores (1,5,10 minutes)	Age at Death	Principal Cause of Death
380	24+1	SVD	2,1	20 mins	Stage 3 TTTS, PPROM, extreme prematurity
530	23+1	IVD	5,5,6	26 days	Extreme prematurity, anhydramnios following PPROM at 21/40
535	23+1	SVD	4,6,9	29 days	Extreme prematurity, Candida sepsis, cardiorespiratory failure
560	24+1	SVD	2,2	186 mins	Stage 3 TTTS, PPROM, extreme prematurity
585	22+3	SVD	2,1,1	118 mins	Extreme prematurity (previable)
585	23+1	SVD	8,9	3 days	Extreme prematurity, pulmonary haemorrhage, RDS, PDA
700	23+5	CD	4,7	89 days	Extreme prematurity, Chorioamnionitis, RDS, severe PIE, respiratory failure
830	25+2	CD	3,6	15 days	Pulmonary hypoplasia following PPROM at 19 weeks, pulmonary hypertension, recurrent pneumothoraces
840	26+3	CD	5,5	25 days	Congenital heart block, abdominal perforation, PDA, PVL
890	25+5	SVD	3,5,7	19 hours	Refractory hypotension, coagulopathy, significant bilateral IVH
3,380	40+3	CD	1,4	2 days	Severe HIE, placental abruption

SVD: spontaneous vaginal delivery; IVD: induced vaginal delivery; CD: caesarean delivery; TTTS: twin to twin transfusion syndrome; PPROM: prolonged premature rupture of membranes; RDS: respiratory distress syndrome; PDA: Patent ductus arteriosus; PIE: Pulmonary interstitial emphysema; PVL: Periventricular leukomalacia; HIE: Hypoxic ischaemic encephalopathy

TABLE 3.2: MORTALITY AMONGST INFANTS DELIVERED IN 2023 – INFANTS WITH MAJOR CONGENITAL MALFORMATIONS

Birth Weight (grams)	Gestation	Delivery	Apgar scores (1,5,10 minutes)	Age at Death	Principal Cause of Death
1,180	28+5	SVD	6,5	1 hour	69 XXY, spina bifida, VSD
1,190	32+2	SVD	3,3	1 hour	4 limb phocomelia, Pierre Robin sequence
1,300	31+4	CD	6,10	3 days	Tracheal atresia, imperforate anus, duodenal atresia, aortic stenosis
1,380	32+5	CD	6,6,6	6 days	Wolf Hirschhorn syndrome
2,000	31+5	CD	3,7	10 hours	Noonan's syndrome, hydrops fetalis, cardiac air embolism
2,080	33+2	CD	2,2	1 hour	Atrial isomerism, complete AVSD, pulmonary atresia, abdominal situs inversus, Monosomy X
2,100	37+0	CD	7,6	27 hours	Double outlet right ventricle, pulmonary stenosis
2,520	38+6	SVD	5,8	49 days	Zellweger's syndrome
2,550	35+2	CD	1,2,2	43 mins	Severe hydrocephalus
2,990	38+3	CD	2,6,8	12 days	Severe ventriculomegaly, antenatal intraventricular haemorrhage, polymicrogyria,
3,350	37+5	CD	4,3	40 mins	Polycystic kidney disease, anhydramnios
3,500	38+4	CD	1,3	10 hours	TAPVD

SVD: spontaneous vaginal delivery; IVD: CD: caesarean delivery; VSD: Ventricular septal defect; AVSD: Atrioventricular septal defect; TAPVD: Total anomalous pulmonary venous drainage

TABLE 4.1: HYPOXIC-ISCHAEMIC ENCEPHALOPATHY (HIE) SUMMARY 2019-2023

TABLE 4.1: HYPOXIC-ISCHAEMIC ENCEPHALOPATHY (HIE) SUMMARY 2019-2023										
	2019		2020		2021		2022		2023	
	Inborn	Outborn	Inborn	Outborn	Inborn	Outborn	Inborn	Outborn	Inborn	Outborn
Total	10*	7	18*	5	19*	3	10*	4	7*	4
Mild (Grade1)	Not Reported Given Inaccuracy with Case Ascertainment		Not Reported Given Inaccuracy with Case Ascertainment		Not Reported Given Inaccuracy with Case Ascertainment		Not Reported Given Inaccuracy with Case Ascertainment		Not Reported Given Inaccuracy with Case Ascertainment	
Moderate (Grade 2)	4	3	14	4	17	3	8	3	6*	4
Severe (Grade 3)	6	4**	4	1	2	0	2**	1	1	0
Therapeutic Hypothermia	9***	6	16**§	5	18**	3	9	4	6	4
	*Grade 1 Encephalopathy not included		*Grade 1 Encephalopathy not included		*Grade 1 Encephalopathy not included		*Grade 1 Encephalopathy not included		*Grade 1 Encephalopathy not included	
	** One infant was not eligible for therapeutic hypothermia due to preterm gestational age		** Commenced at 13 hours in 1 case		**Therapeutic Hypothermia not commenced in one case as baby did not meet cooling criteria on initial review		**Therapeutic Hypothermia not commenced in one case as baby did not meet cooling criteria on initial review		*Therapeutic hypothermia not commenced in one child given active bleeding, coagulopathy and pulmonary hypertension	
	***Therapeutic Hypothermia not commenced in one case as baby did not meet cooling criteria on initial review		§ Therapeutic hypothermia not commenced in one child given extensive coagulopathy and severe pulmonary hypertension and in a second child who initially showed signs in keeping with mild encephalopathy but who progressed with onset of seizures at 20 hours following birth.							

TABLE 4.2: CLINICAL DETAILS OF NEWBORN INFANTS WITH SIGNS OF MODERATE TO SEVERE HIE 2023

Grade HIE	Inborn/ Outborn	Gestation	Mode of delivery	Arterial Cord Gas		Venous Cord Gas		1 Minute Apgar	5 Minute Apgar	10 Minute Apgar	Therapeutic Hypothermia	Seizures	Brain MRI	Neurodevelopmental Progress at Last Review	
				pH	Base Excess	pH	Base Excess							Outcome	Age
3	Inborn	40+3	EMCS	6.8	-18.1	7.2	-11.8	1	4	-	Yes	Yes	-	RIP Day 2	
2	Inborn	37+0	EMCS	<6.7	OR	ND	ND	1	5	-	No*	Yes	Day 9: Ischemic changes basal Ganglia; Right pre and post central cortex	Evolving Cerebral Palsy attending CRC	8 months
2	Inborn	41+3	IOL Ventouse	7.0	-10.7	7.2	-8.3	6	8	-	Yes	No	Day 5: Normal	Normal	9 months
2	Inborn	41+1	Ventouse	7.1	-11.8	7.3	-7.0	2	7	-	Yes	Yes	Day 7: Normal	Normal	9 months
2	Inborn	41+4	IOL Vaginal	7.0	-10.9	7.1	-9.6	9	7	-	Yes	Yes	Day 9: Punctuate Foci of reduced diffusivity PLIC & Corona Radiata Bilaterally	Normal	7 months
2	Inborn	38+4	IOL Forceps	7.3-4.1	7.3	-4.3	0	2	4	-	Yes	No	Day 10: Normal	Normal	4 months
2	Inborn	41+0	Ventouse	ND	ND	ND	ND	2	2	4	Yes	No	Day 6: Normal	Normal	9 months
2	Outborn	40+6	EMCS	ND	ND	ND	ND	1	4	8	Yes	Yes	Day 6: IVH; Reduced diffusivity splenium corpus callosum		
2	Outborn	39+0	Forceps	ND	ND	6.9	-13.8	1	6	6	Yes	Yes	Day 6: Normal	Follow up Locally	
2	Outborn	40+2	EMCS	7.0	-1.9	7.34	-1.3	4	6	8	Yes	No	Performed in local hospital	Follow up Locally	
2	Outborn	39+6	SVD	7.1	-8.8	7.3	-7.4	1	3	7	Yes	No	Day 6: Punctuate foci restricted diffusion on ADC within lateral thalami	Follow up Locally	

EMCS= Emergency Caesarean Section; OR = Out of Reportable Range ; IOL= Induction of labour ; ND= Not documented; TH = Therapeutic Hypothermia; BE = Base Excess

*Therapeutic hypothermia not commenced in view of Coagulopathy with active bleeding and severe Pulmonary Hypertension

TABLE 4.3:

Inborn/ Outborn	Gestation	Mode of delivery	Arterial Cord		Venous Cord		1 Minute Apgar	5 Minute Apgar	10 Minute Apgar	Therapeutic Hypothermia	Seizures	Brain MRI	Neurodevelopmental Progress at Last Review	
			pH	Base Excess	pH	Base Excess							Outcome	Age
Inborn	40+3	Forceps	7.36	-1.6	7.4	-2.2	8	8	-	Yes	No	Infectious screen including extended viral panel: Negative Metabolic Screen: Negative Brain MRI: Day 8 Hyper intensity temporal poles bilaterally; single punctuate foci of reduced diffusion left PLC; Repeat at 2 months – Normal	Persistent low central tone; meeting developmental milestones	4 Months
Outborn	41+1	SVD	ND	ND	7.33	-5.7	9	9	-	Yes	Yes	Day 6: Large MCA Infarct with scattered foci of left sided diffusion restriction suggestive of ischemia or small infarcts	Follow up Locally	



Allied Clinical Services



Laboratory Medicine Service

HEAD OF DIVISION

Dr Emma Doyle, Clinical Director of Laboratory

STAFF

Mr John O Loughlin, Laboratory Manager

Ms Susan Luke, Laboratory Quality Manager

Ms Caroline Bosse/Ms Geraldine Fay, Laboratory Administration Team Leader

SERVICE OVERVIEW

In 2023 the Department of Laboratory Medicine continued to grow in terms of number of samples analysed and increase in our repertoire of tests provided. The department saw the introduction of two new biochemistry analysers and also two new haematology analysers. These are major analysers that operate 24/7 and process a significant amount of the laboratory workload. Their introduction is significant in ensuring safe continuation of services into the future.

In 2023, the department introduced new tests and repatriated some existing tests such as Mycoplasma genitalium resistance testing in microbiology. In biochemistry a suite of new tests were introduced including tumour markers, Vit D, procalcitonin and IL-6 to name a few. The histopathology laboratory introduced scientist Histodissection (advanced practice).

The biggest challenges faced by the department in 2023 were a significant increase in workload and a very difficult recruitment market. Recruitment of Medical Scientists is proving to be very difficult so staff retention is critical. Staff turnover was higher than normal so this remains a challenge for the department. The department is looking at new and novel ways of getting qualified staff. We currently have one trainee grade medical scientist due to graduate and get CORU recognition in 2024 and another starting the programme in 2024. These staff will be trained in the Rotunda and gain academic qualifications from TUD and ATU. It is a long and difficult route to CORU recognition but will ensure new staff going forward. Increasing workload has also required us to have additional staff on call. We now have two scientists on call which has helped a lot and ensure a safe and efficient service for our users 24/7. This has, however, put additional pressure on the day staff.

The laboratory infrastructure remains a significant issue and the laboratory needs to expand and be upgraded to allow us to respond to emerging workload demands. There are critical spacial issues in Histology, Microbiology and Haematology/Blood Transfusion. Histology is currently operating at well above capacity and will need to expand to deal with any planned or unplanned increase in activity. Some minor works were completed in Blood Transfusion/Haematology in 2023 but overall space is still very limiting. Phlebotomy also is struggling with space in the face of ever expanding GTT clinics. The department eagerly await the opening of the Earl Building and the Dominic Street building to help address these space deficits.

CLINICAL ACTIVITY

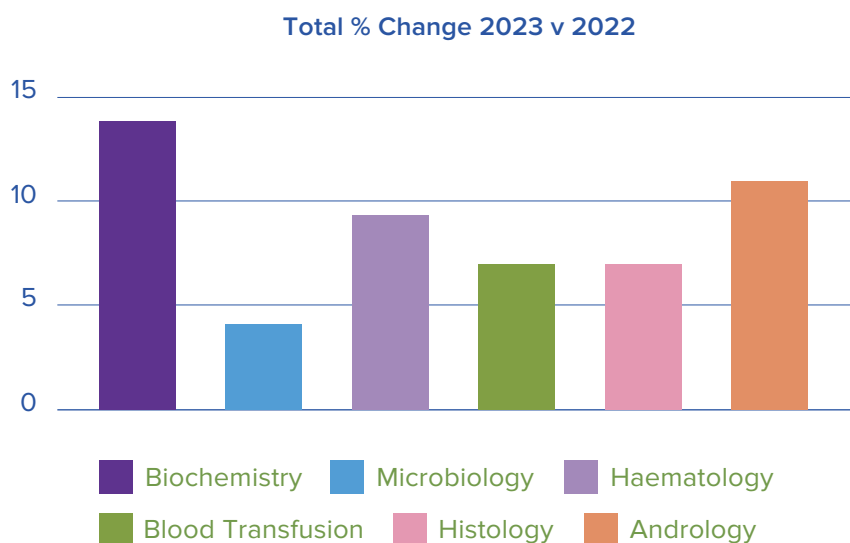


FIGURE 1: WORKLOAD SUMMARY (% CHANGE)

There was an increase in workload in all departments. The most significant increases were in neonatal bilirubins (↑23%), Neonate Group and DCTs (↑8%), Glucose (↑46%), AMH (↑15%), FT3 (↑29%), Andrology (↑11%) and histology surgical specimens (↑8%). Biochemistry saw the largest increases in AMH, Vit D, and FT3 testing due to the expansion of the infertility service. Neonatal Bilirubins and DCTs saw a significant increase and is currently being investigated. Full Blood Counts are up significantly mostly driven by an increase in FBCs taken at subsequent visits. We also saw a dramatic increase in haemoglobinopathy testing reflecting the diverse ethnic population attending the Rotunda. The only noticeable reductions in testing were in coagulation samples and covid samples.

SUCCESSSES & ACHIEVEMENTS 2023

2023 saw the introduction of a new biochemistry and haematology analysers. This was a significant undertaking as these are the most substantial analysers in the laboratory.

The department successfully retained our ISO15189 and ISO22870 accreditation with INAB and extended our scope to include some new tests. We also saw the introduction of CORU registration for all of our Medical Scientists.

CHALLENGES 2023

Increased workload and high staff turnover were the most challenging aspects of 2023. The increased workload highlighted the lack of space in the department both in terms of storage and as it limits out ability to expand to meet this increased demand. The laboratory infrastructure, both in terms of size and condition, continues to be a major challenge for the service. We carried out some minor works in Biochemistry and in Blood Transfusion that saw some minor improvements.

Recruitment of medical scientists remains an issue for the department. For the second year in a row we were unsuccessful in replacing several key staff members.

Increased workload, poor infrastructure and low staff levels have been and will continue to put the department under increased pressure going forward.

PLANS FOR 2024

The major projects planned for 2024 include

- Getting our new FBC analysers on to our scope of accreditation.
- Implementing and validating the new Roche Vantage Digital Pathology solution in histology.
- Remove the down draft room in Histology to try and improve the limited space in the laboratory.
- Look at several ICT projects such as upgrading our LIMS to version 6.1 and introduce digital pathology software.
- Introduction of Ammonia, Androstendione and DHEAS testing in house
- Upgrade and replacement of older items of equipment, including the Abbott Architect, BacTAlert and Microbiology Incubators.
- Introducing an additional method for the estimation of Fetal Maternal Haemorrhage (FMH) using an anti-Hb F.
- Further expansion of Camtasia and Moodle for improved training using video software.
- Implement Corvue analytical software to improve business intelligence in the department.

Blood Transfusion Haematology Service

HEAD OF DIVISION

Prof. Fionnuala Ní Áinle, Consultant Adult Haematologist

Dr Barry Mac Donagh, Consultant Haematologist

Ms Deirdre Murphy, Chief Medical Scientist

STAFF

Ms Natasha Drury, Senior Medical Scientist

Ms Emily Forde, Senior Medical Scientist

Mr Sarah Kelly, Senior Medical Scientist (left in Feb 2023)

Ms Deirdre O'Neill, Senior Medical Scientist

Ms Rose O'Donovan, Haemovigilance Officer

Ms Catriona Ryan, Medical Scientist

Ms Edel Cussen, Medical Scientist

Ms Ellen O Connor, Medical Scientist (took up a senior role in 2023)

TABLE 1: BLOOD TRANSFUSION ACTIVITY 2023

Activity	2022	2023	% Diff
Group and screens	19,006	20,098	+5.7%
Baby groups direct anti-globulin tests	4,000	4,298	+7.5%
FMH estimation by flow cytometry	761	731	-3.9%
FREDA (cffDNA Fetal RhD)	1,173	1,285	+9.5%
Anti-D / Anti-C quantitation	59	37	-37.2%

TABLE 2: HAEMATOLOGY LABORATORY ACTIVITY 2023

Haematology Activity	2022	2023	% Diff
Coagulation screens	3,446	3,257	-5.5%
Full Blood Count	44,994	48,924	+9.5%
LUPUS screens	268	305	+13.8%
Haemoglobinopathy Screens	5,101	5,805	+13.8%
Laboratory blood films	2,384	2,976	+24.8%

SUCCESSSES & ACHIEVEMENTS 2023

The haematology laboratory verified two new FBC analysers. They were installed in Q2 2022 but due to staffing levels they were verified and put into use in August 2023. Once all the documentation was signed off and the interface testing was complete the data was submitted for INAB accreditation. In December 2022, a replacement Flow cytometer was purchased. This was verified by the blood transfusion laboratory as part of a masters project in 2023, and put into use in July 2023 with documentation submitted to INAB in August 2023.

In summer 2023, the main blood transfusion and haematology laboratories had their benching upgraded and the flooring repaired.

As part of this upgrade the old Flow cytometer analyser was removed and the new Flow cytometer was located to another room generating some much needed space in the main blood transfusion laboratory. The introduction of the Sysmex analysers also generated some additional space in the haematology laboratory.

PLANS FOR 2024

As part of the verification the blood transfusion laboratory did examine the feasibility of introducing an additional method for the estimation of Fetal Maternal Haemorrhage (FMH) using an anti-Hb F. Further verification of patient samples is required and it is hoped in Q2 2024 this can commence.

The current laboratory space is compact. Changes to the hospital's future plans has meant that the plans for the expansion of the laboratory are currently in flux. The Transfusion laboratory is hoping progress its eco agenda in 2024. A project looking at green laboratory practises was proposed by the laboratory manager in 2022 and hopefully this can be progressed with the laboratory expansion plans in 2024.

Haemovigilance Activity

REGULATORY REQUIREMENTS

- Article 14 EU blood Directive 2002/98/EC: 100% traceability of blood Components/ products was maintained
- Article 15 EU Blood Directive 2002/98/EC: All mandatory Serious Adverse events/ reactions/wrong blood in tube were reported to the National Haemovigilance Office as mandated

SUCCESSES & ACHIEVEMENTS 2023

Blood sampling and labelling training is ongoing and in combination with staff awareness and engagement it is hoped to further diminish WBIT numbers for our patients.

PLANS FOR 2024

Continued focus in 2024 on a quality Haemovigilance training programme which is integral to ensuring safe clinical transfusion practice and adherence to local guidelines. This training has been made more accessible in recent years and compliance has improved accordingly. One Haemovigilance QIP for 2024 is to choose a training platform that can contain and grow current training programs to allow for further improvements to Haemovigilance training in the future.

TABLE 1: KEY PERFORMANCE INDEX (KPI)	
KPI'S	
Obstetric Transfusion Rate vs. national data	29.45 vs. 23.4
Monitoring number of post-natal women transfused	205
Monitoring number of babies transfused	95
Reports to National Haemovigilance Office	6
Haemovigilance training (% of clinical midwifery staff)	81%

TABLE 2: PLASMA USAGE						
Plasma Usage	Received	Issued	Transfused Units	Transfused Recipients	Clinically Wasted	Expired
2023	80	61	39	21	22	0
2022	110	101	62	26	39	0

TABLE 3: PLATELET USAGE

Plasma Usage	Received	Issued	Transfused Units	Transfused Recipients	Rerouted	Expired	Clinically Wasted	Returned
2023	22	14	13	11	8	1	0	0
2022	45	41	40	26	4	0	1	0

TABLE 4: RED CELL USAGE

Red Cell Usage	Red Cells Received (excl. Paedipack)	Issued	Trans-fused Units	Trans-fused Recipients	Re-routed	Expired	Wasted	Returned	CTR	Samples processed for Xmatch transfused	No. of in-patient group and screens
2023	548	480	474	286	61	3	6	1	3.9	296	10,363
2022	554	459	438	227	80	9	9	3	3.5	245	9,658

TABLE 5: HAEMOVIGILANCE ACTIVITY 2023

Haemovigilance Activity	2022	2023	% Diff
Number of post-natal Women transfused	184	205	+11%
Number of babies transfused	86	95	+10%

Division of Biochemistry and Endocrinology

HEAD OF DIVISION

Dr Mohamed Elsammak, Consultant Chemical Pathologist

STAFF

Ms Grainne Kelleher, Chief Medical Scientist

Ms Sharon Campbell, Senior Medical Scientist

Mr Ernest Czerkies, Medical Scientist

Ms Nicola Finnegan, Medical Scientist

Ms Debbie O'De, Medical Scientist

Ms Tinevimbo Dube, Medical Scientist

Ms Nyashadzashe Mavusa, Medical Scientist

Mr Eimhin Brady, Laboratory Aide

SERVICE OVERVIEW

The Division of Biochemistry and Endocrinology provides an extensive range of routine and specialised biochemistry and endocrinology testing for the hospital and external organisations.

CLINICAL ACTIVITY

TABLE 1: BIOCHEMISTRY & ENDOCRINOLOGY ACTIVITY 2023

	2022	2023	% Diff
Biochemistry & Endocrinology	382,371	433,711	+14%

Highlights for clinical activity in 2023 included:

- A 23% increase in pediatric bilirubin requests
- Significant increases noted in requests for Vitamin D (36%), AMH (15%) and FT3 (29%) as part of our ever-increasing infertility workload
- A surge was noted with glucose requests (46%) due to the reintroduction of 2hr glucose testing

SUCCESSSES & ACHIEVEMENTS 2023

In 2023, the division had several notable achievements:

- Installation and verification of the second new Biochemistry analyser.
- Increased test capacity on the new analysers has allowed introduction of many new tests AFP, CA15.3, CA19.9, CEA, FT3, Vitamin D, PTH, Procalcitonin, IL6, Vancomycin and HE4.
- The division retained and excelled in INAB accreditation for laboratory testing for Biochemistry and Endocrinology.
- Ongoing expansion of MN-CMS electronic healthcare record to include new tests and improve functionality for our clinical staff.

Enhancing Patient Care

- Repatriation of tests in house with improved turnaround times for patients.
- Introduction of a second analyser ensuring 24/7 backup preventing prolonged downtime.
- Introduction of two staff on call to manage increased workload on call.

Education & Training

- Continued staff development with completion of postgraduate qualifications at MSc level.
- Numerous ongoing projects at MD and MSc level with clinical staff.
- Provision of postgraduate specialist lectures to Trinity Clinical Chemistry Masters students.
- Staff attended a number of courses and training days during the year as part of continuous professional development.

Innovation

- Introduction of a contingency procedure with Temple Street during prolonged downtime to allow for a more prompt turnaround time.

CHALLENGES 2023

- Staffing and time limitations during the verification of a new analyser and middleware.
- Continued cost saving and income generation initiatives within the department.

PLANS FOR 2024

- Introduction of Ammonia, Androstendione and DHEAS testing in house.

Division of Clinical Microbiology

HEAD OF DIVISION

Prof. Richard Drew, Consultant Microbiologist

Dr Meaghan Cotter, Consultant Microbiologist

Mr David Le Blanc, Chief Scientist

STAFF

Ms Nicola Boran, Specialist Grade Medical Scientist (Jan 23)

Ms Lorraine White, Senior Medical Scientist

Ms Jenny Tormey, Senior Medical Scientist (Andrology)

Ms Ailbhe Comyn, Senior Medical Scientist

Ms Ita Cahill, Half Time Medical Scientist

Ms Caroline Doherty, Half Time Medical Scientist

Ms Gemma Tyrrell, Medical Scientist

Ms Laura-Jane MacGowan, Medical Scientist (RTW Jan 23)

Ms Maeve Fogarty, Medical Scientist

Mr Stephen Byrne, Medical Scientist

Ms Blessing Adama, Medical Scientist

Ms Shauna Devine, Laboratory Aide (resign June 23)

Ms Janet Lamwaka, Laboratory Aide (Start June 23)

SERVICE OVERVIEW

The Division of Clinical Microbiology provides serology, molecular and routine bacteriology testing to the hospital. The Andrology Laboratory provides initial semen analysis as part of subfertility investigations and screens patients post vasectomy.

CLINICAL ACTIVITY

TABLE 1: CHANGES IN TEST VOLUME 2022 – 2023			
	2022	2023	% Diff
Serology	48,127	48,674	+1.12%
Andrology	9,527	10,739	+11.29%
PCR	19,370	17,718	-9.32%
Microbiology	72,482	75,378	+3.84%
Referral	11,494	11,437	-0.5%
Total	161,000	163,946	+1.8%

SUCCESES & ACHIEVEMENTS 2023

In 2023, the Division had several notable achievements:

- Continuation and Maintenance of ISO 15189 accreditation for microbiology, serology, molecular testing and andrology.
- Continual verification of new tests such as Mycoplasma genitalium resistance testing on the GeneXpert.

- On-going training of new staff to support the split on-call roster covering all driplines 24/7.
- Replacement of urine bacteriuria screens with Group B streptococcus screening for all first visits.
- Implementation of the WHO 6th edition reference ranges for semen analysis.
- Expansion of the role of the surveillance scientist.

Education & Training

- Continued staff training in all areas of the lab including serology, clinical microbiology, andrology and molecular testing.
- Training and education for all staff in an ever increasing and challenging Andrology Laboratory.
- Continued professional education for all staff and active enrolment in a CPD scheme that is CORU regulated.

Research

- To screen or not to screen for asymptomatic bacteriuria in pregnancy: A comparative three year retrospective review between two maternity centres. Houlihan et al., Eur J Obstet Gynecol Reprod Biol 2023.
- Antenatal Pyelonephritis: a three year retrospective cohort study of two Irish maternity centres. Barry et al., Eur J Clin Microbiol Infect Dis 2023.

Innovation

- Introduction of PCR testing for genetic mutations that can cause macrolide resistance in Mycoplasma genitalium.

CHALLENGES 2023

The Division of Clinical Microbiology faced several challenges during the year, which included:

- Retention and recruitment of staff and maintenance of morale in an already fatigued team.
- Space and infrastructure has become a particular concern. The lab is becoming cluttered and there was difficulty in maintaining social distance.
- Continuation of a 7-day service for Microbiology was particularly challenging due to low participation.
- With the growing complexity of specialised testing out of hours, training of non-microbiology staff to provide an effective on-call service has proved difficult.

PLANS FOR 2024

The Division's plans for 2024 include:

- Upgrade and replacement of older items of equipment, including the Abbott Architect, BacTAlert and Microbiology Incubators.
- Introduce a second CASA system for the analysis of Semen for infertility.
- Investigate the possibility of performing Anti-Fungal Susceptibility testing in-house.
- Look at lab redesign together with other departments in the event of a potential move.



Division of Histopathology

HEAD OF DIVISION

Dr Eibhlís O'Donovan, Consultant Histopathologist

STAFF

Dr Emma Doyle, Consultant Histopathologist

Dr Noel McEntagart, Consultant Histopathologist

Dr Keith Pilson, Consultant Histopathologist

Dr Gráinne Heuston, Histopathology NCHD

Dr Orla Smith, Histopathology NCHD

Mr Kieran Healy, Chief Medical Scientist

Ms Lorna Thomas, Senior Medical Scientist

Mr Michael Smith, Senior Medical Scientist

Ms Miriam Hurley, Medical Scientist (retired)

Ms Tokiko Kumasaka, Medical Scientist

Ms Aderanti Morenigbade, Medical Scientist (resigned)

Ms Sarah Morris, Medical Scientist

Ms Shauna Devine, Trainee Medical Scientist

Ms Georgia Daly, Laboratory Aide

Ms Roisin Cannon, Laboratory Aide (resigned)

Ms Aisling Kenny, Laboratory Aide

SERVICE OVERVIEW

The Division of Histopathology provides diagnostic interpretation of human tissue specimens. These include routine surgical specimens, placentas and perinatal pathology cases (post mortems). The division also provides a diagnostic surgical cytopathology service.

All diagnoses of malignancy and pre-malignancy are reported to the National Cancer Registry.

KEY PERFORMANCE INDICATORS (KPIs)

The Division of Histopathology routinely measures turnaround times each month. The division also participates in the National Quality Assurance Intelligence System – Histopathology (NQAIS) which monitors many KPIs and facilitates comparison to other Irish laboratories. The Division of Histopathology maintains accreditation to the ISO 15189 standard and participates in several External Quality Assurance schemes.

There was an increase again in the total workload of the department, despite a continued reduction in post mortems and placentas processed to histology. The increased total workload reflects the increased clinical work of the hospital, especially specimens from hysteroscopy clinics. There has been a significant reduction in scientific staff.

CLINICAL ACTIVITY

TABLE 1: CLINICAL ACTIVITY 2022 – 2023

	2022	2023	% Diff
Surgical Cases	6,713	7,203	7
Surgical Specimens	8,338	9,008	8
Surgical Blocks	15,466	16,482	7
Placental Cases	1,510	1,555	3
Placental Blocks	6,172	6,040	-2
Full Autopsy Cases	66	63	-5
Limited Autopsy Cases	8	12	50
Cytology Cases	38	43	13
Total Cases	8,335	8,876	6
Total Blocks	23,282	2,3841	2

QUALITY OBJECTIVES 2023

- Maintain ISO15189 accreditation.
- Support the hospitals strategic development plan by continuing to upskill staff and expand our repertoire of stains.

SUCCESSIONS & ACHIEVEMENTS 2023

- Accreditation to ISO1589 was maintained.
- Aging equipment was replaced.
- Two medical scientists completed their training in Histodissection (advanced practice) and a staff member was recruited who is close to qualifying as a medical scientist.

Enhancing Patient Care

The division provides the only CervicalCheck Histopathology service on the north side of Dublin. The division also continues to provide a centre for perinatal pathology to the RCSI group of hospitals as well as MMUH.

Despite the loss of 50% of the staff grade scientific workforce together with an increased workload, no backlog has arisen.

PLANS FOR 2024

- Maintain ISO15189 accreditation, transitioning to the new standard.
- Continue to expand the repertoire of in-house stains.
- Implement new technologies to make processes more lean in light of reduced scientific staff.

Laboratory Medicine – Quality Management

HEAD OF SERVICE

Ms Susan Luke, Quality Manager

Ms Emily Forde, Deputy Quality Officer

TEAM

Ms Grace Hanniffy, QA Consultant

Ms Aiveen O'Malley, (January to July 2023) Health and Safety Officer

Mr John O'Loughlin, (August to December 2023), Health and Safety Officer

Mr Michael Maher, ICT Coordinator

Mr John O'Loughlin, T&D

SERVICE OVERVIEW

The Department of Laboratory Medicine provides a wide range of tests to the Rotunda Hospital. The laboratory also provide specialist testing to other hospitals and GP clinics in Ireland. This includes FMH estimation, andrology and specialised testing for biochemistry tests. The quality management system supports the disciplines to maintain accreditation, which for some areas is a requirement to continue providing a service.

ACTIVITY

The laboratory repertoire of tests are accredited to ISO15189 2012 Medical Laboratory – Requirements for quality and competence and ISO22870 for Point of Care Testing

Blood transfusion and Haemovigilance also comply with the requirements of the AML-BB minimum requirements for Blood Transfusion EU directive article 14 (Traceability) and article 15 (notification of SAEs and SARs) of EU Directive 2002/98/EC.

The Irish National Accreditation Board (INAB) are the accrediting body for Irish laboratories. The accreditation cycle is based on a 5-year cycle, with INAB visiting the laboratory each year to carry out a surveillance assessment. In August 2023, the current certificate of accreditation expired. The laboratory underwent a two day re assessment in April 2023 and this assessment was successful; a new certificate of accreditation was issued in August 2023 and will expire in August 2028.

All areas of the laboratory were reviewed; this included technical review of ordering and performing laboratory tests, reporting of results and ensuring the quality of the testing process. Equipment and supplier records, staff training records, the advisory service and non-conformance records were examined.

Laboratory management was also audited which included annual management review records, monitoring of KPIs, auditing which included vertical and horizontal laboratory audits, observational audits in the clinical areas and audits related to quality indicators.

The Quality Management System is based on the understanding that each individual is responsible for the quality of their contribution and that each Head of Department has a responsibility to ensure that this policy is understood and followed at all times. INAB recognised the broad base of knowledge and participation by all staff in the laboratory.



FIGURE 1: ANNUAL MANAGEMENT REVIEW

The laboratory submits a report to the HPRA annually; this is a legal requirement and reports on workload in blood transfusion, blood usage and plans for 2023 with regard to BT and Haemovigilance services. Emily Forde SMS in BT and deputy QA and Haemovigilance officer prepares this report. The report was accepted by the HPRA with no issues.

SUCSESSES & ACHIEVEMENTS 2023

Maintaining accreditation and an active robust quality management system.

Supporting the minor refurbishment in blood transfusion and haematology laboratories and introduction of new equipment into the laboratory using flexible scope process.

Supporting continual improvements across the laboratory, which included implementation of new analysers and test methods, increasing space available for our key function which is to test patient samples and provide quality results.

Completing and submitting a gap analysis for the planned transition to ISO15189 2022 in 2025.

Successful and verified upgrade of Q-Pulse to version 7.2

Laboratory activity is monitored by the use of KPIs. This enables laboratory management to identify areas for quality improvements. In 2023, areas of activity monitored were adhering to the audit schedule, reaction times to non-conformance close out, tracking, and trending incidents.

PLANS FOR 2024

- Implementation of requirements of ISO 15189:2022 Medical Laboratory – Requirements for quality and competence throughout the laboratory.
- Review the number of committees within the laboratory and associated terms of reference.
- Increase number of auditors across the laboratory and re-introduce interdepartmental vertical auditors.

Division of Laboratory ICT

HEAD OF DIVISION

Laboratory Manager

STAFF

Mr Michael Maher, Laboratory ICT Co-coordinator

SERVICE OVERVIEW

Laboratory ICT maintains the LIMS (Apex) in association with providers Dedalus. New laboratory instruments such as analyzers are integrated into the LIMS in compliance with the ISO 15189 standard. New technologies and developments are incorporated into the Laboratory to promote lean practices and enhance efficiency.

SUCCESSSES & ACHIEVEMENTS 2023

In 2023, the division had several notable achievements:

- Interfacing of Sysmex XN Haematology analyzers with LIMS.
- Completion of an ISO 15189 section 5.10 audit, inspecting elements of the Laboratory ICT function.
- Completion of the Lab ICT Verification strategy compliant with ISO 15189:2012.
- Corvu, statistical reporting tool, installed and initial training provided by Dedalus.
- Camtasia, laboratory video/screen capture software implemented.

Education & Training

Rollout of Camtasia produced video tutorials created by Quality, Lab ICT and Haemovigilance.

CHALLENGES 2023

There is only one staff member dedicated to Laboratory ICT. The position of Laboratory ICT-Co-coordinator has been vacant since September 2020. There has been significant growth in the requirements for this division and a backlog of key projects such as the upgrade of the LIMS. A considerable challenge is to both prioritise projects and manage expectations due to the backlog and considerable growth in this sector.

PLANS FOR 2024

- HL7 interface with NSS/NCRI National Cancer screening service to transmit electronic results [Completed awaiting sign-off post monitoring phase].
- Interfacing of Histopathology Vantage middleware to improve traceability, and provide the platform to support Digital Pathology.
- Upgrade of POCT Glucose IT-1000 middleware to Cobas Infinity POC.
- Further support and development of tools for the Surveillance function in Microbiology.

Clinical Nutrition and Dietetics

HEAD OF SERVICE

Ms Laura Kelly, Dietitian Manager

STAFF

Ms Anna-Claire Glynn, Clinical Specialist Dietitian (Neonatology)

Ms Naomi Hastings, A/Clinical Specialist Dietitian (Neonatology)

Ms Hilary Devine, Clinical Specialist Dietitian (Diabetes)

Ms Ciara McNulty, Senior Dietitian (Obstetrics)

Ms Deirbhile Sherry, Dietitian

Ms Ellen Regan Wagner, Dietitian (Maternity cover)

Ms Eimear Scanlan, Dietitian (Maternity cover)

SERVICE OVERVIEW

The service provides support to women, infants and their families attending both inpatient and outpatient services at the Rotunda Hospital.

2023 was a busy year for the team. Multiple staff changes across maternity and neonatal services also placed increased demands on senior colleagues to provide intensive upskilling and supervision of junior staff. Despite this, a lot was accomplished and we continue to strive to provide the highest quality, evidence-based care within available resources to improve outcomes for our patients.

CLINICAL ACTIVITY

Obstetrics and Gynaecology

Clinical activity for general maternity services (excl. diabetes) in 2023 is outlined below. Following a period of reduced activity in 2022 (staff shortages and changes), activity has returned to 2021 levels (below).

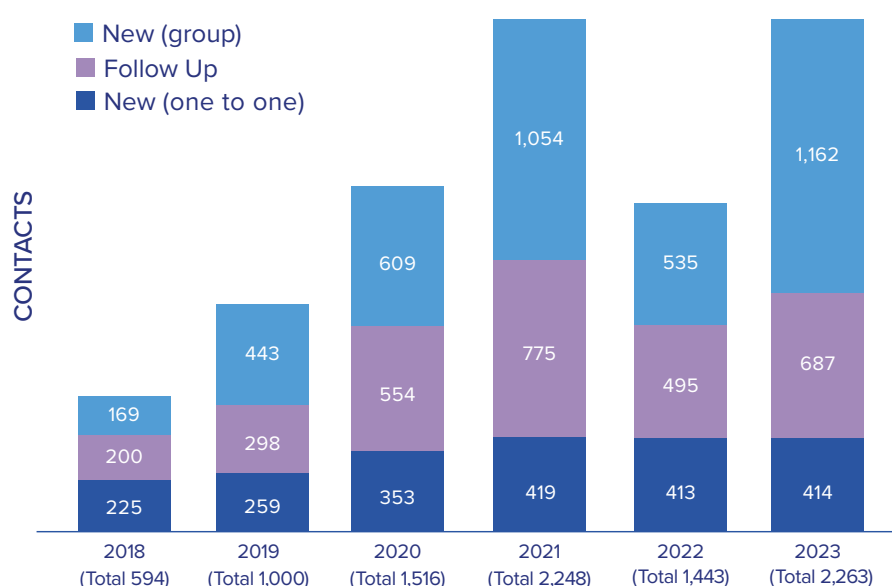


FIGURE 1: DIETIAN CONTACTS FOR GENERAL MATERNITY SERVICES 2018-2023

We provide nutrition support for inpatients women with severe Hyperemesis Gravidarum and poor wound healing postnatally. The majority of clinical activity relates to high-risk maternity outpatients. While total referrals have remained relatively stable in recent years, the case-mix has changed significantly. Patients are becoming more complex, placing greater demands on dietetic resources. The table below outlines changing referral patterns in recent years.

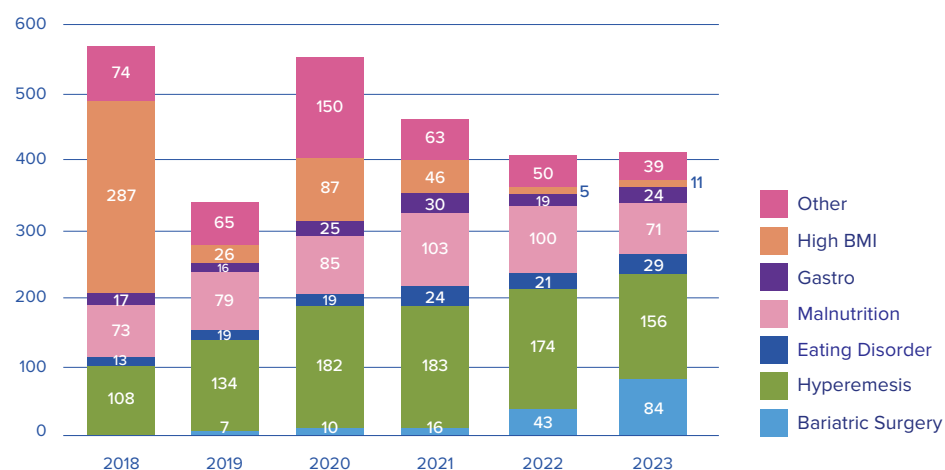


FIGURE 2: REASONS FOR REFERRAL TO MATERNITY SERVICES 2018-2023

Referrals for women with a history of bariatric surgery have increased 11-fold since 2019, due to a rise in 'Bariatric Tourism' nationally. Care is extremely complex and requires individualised follow-up from a dietitian throughout pregnancy. Activity accounted for 33% of all contacts in 2023, up from 6% in 2021. The approval of a 1.0 WTE temporary dietitian to meet the increased clinical demand in 2023 has also facilitated essential upskilling of staff, development of care pathways and hospital guidelines, patient resources and support for research at the Rotunda Hospital.

Referrals for women with a history of eating disorders has also been trending upwards (+120% since 2018), mirroring trends in mental health services nationally post COVID-19 pandemic.

A reduction in referrals for women with severe Hyperemesis Gravidarum is attributed to improvements in MDT management in ED and DAU, optimisation of antiemetic use and greater awareness of clinical guidelines (supported by dietitian-led teaching to NCHD and midwifery staff).

The 'Nutrition in Pregnancy' group education class remains extremely popular. Over 1000 women (n=1162) attended in 2023, representing an almost 6-fold increase since 2018.

Due to high levels of clinical activity within maternity services, there is no routine dietetic support available for patients attending gynaecology or fertility services.

Diabetes in pregnancy dietetic services

Support for diabetes in pregnancy services dominates dietetic activity and continues to operate above capacity. Total activity increased by 35% this year (n=2,656 in 2022 vs 3,477 in 2023). New referrals rose by 9%, mainly attributed to rising numbers of gestational diabetes (GDM). Education for our GDM cohort continues to be provided in group webinar format as an efficiency measure.

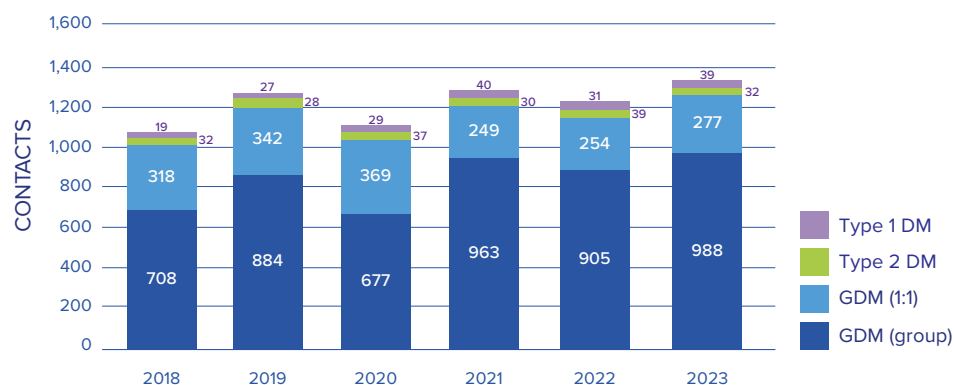


FIGURE 3: DIABETES NEW CONTACTS 2018-2023

Women presenting with pre-gestational diabetes has remained relatively stable in recent years, however, management is becoming increasingly complex due to the use of diabetes technology (insulin pumps, continuous glucose monitors). This is developing at a rapid rate, requiring regular CPD and upskilling by the dietitian to ensure the best possible patient care and clinical outcomes.

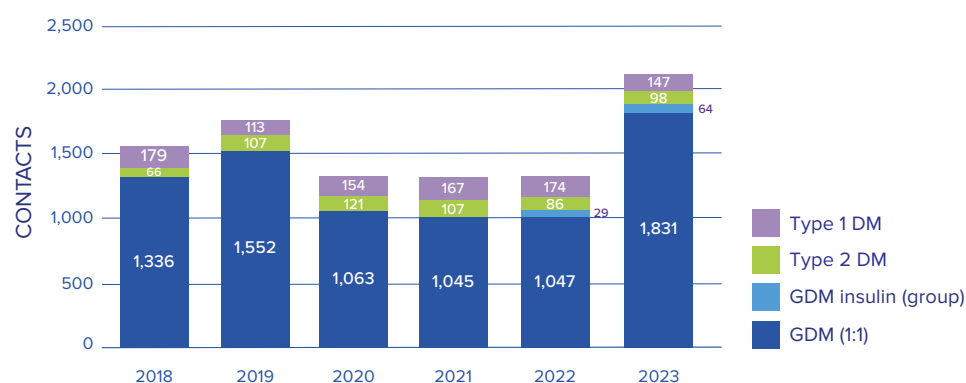


FIGURE 4: DIABETES REVIEW CONTACTS 2018-2023

There was a 74% increase in follow-up contacts for patients with GDM in 2023, placing considerable demands on limited dietetic resources. This has been attributed to a very welcome uplift in midwifery staffing for the service, which facilitates more intensive support and more timely identification of patient's in-need of dietetic review. In 2023, we continued to make the case for additional dietetic resources to match service demands.

The service noted a significant increase in referrals for insulin education for patients with GDM mid-year. As an efficiency and quality improvement measure, dietetic education moved to an online group webinar format. Feedback has been positive and we will continue to develop this resource in 2024.

Neonatology/Paediatric Services

The neonatal dietetic service is predominantly based in the NICU and is prioritised to infants <32 weeks' gestation or birthweight <1.5kg. The dietitian devises specialised enteral and parenteral feeding regimens for complex infants, including individualised parenteral nutrition. The dietitian provides input at ICU (daily) and HDU/SCBU ward rounds (weekly to bi-weekly). A weekly outpatient service is also provided for high-risk infants. The dietitians support parents at the MDT 'FiCare' programme and the monthly 'After the NICU feeding support group', which is jointly run with the Speech and Language Therapist.

Activity for neonatal services is outlined below. There was a significant (37%) increase in POPD activity compared with 2022, attributed to increased virtual clinics/post discharge support along with ANICU parent support group. Inpatient activity increased by 4% in 2023, despite a period of reduced staffing (1.0WTE) due to sick/maternity leave from July and significant demands to upskill a new, junior staff member from September onwards.

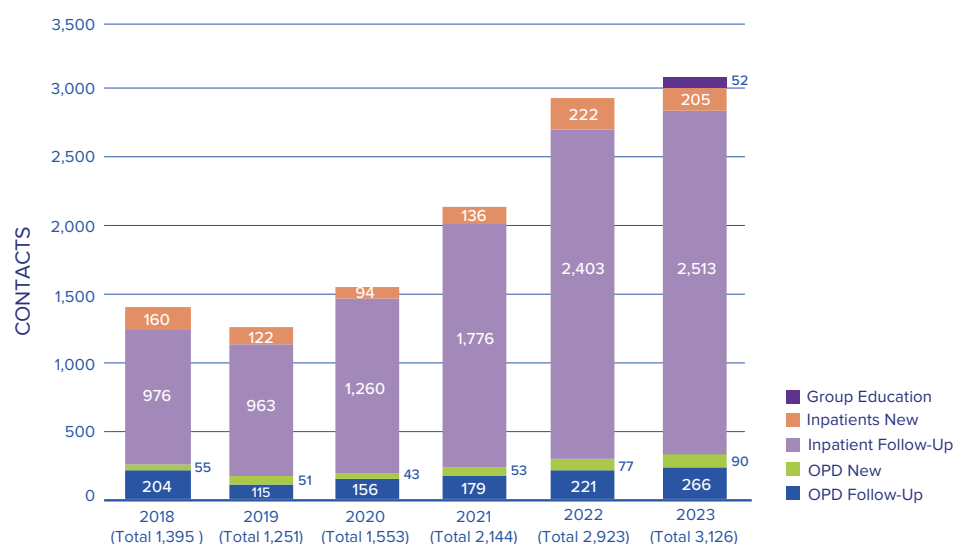


FIGURE 5: NEONATAL DIETETIC SERVICE ACTIVITY 2018-2023

SUCCESSSES & ACHIEVEMENTS 2023

Enhancing Patient Care

- Significant expansion of Bariatric Sx service.
- New group education session introduced for women with GDM starting on insulin therapy.
- Contributed to the development of the updated Rotunda GDM Clinical Care Pathway.
- Involved in coordinating introduction of a new glucometer (OneTouch) to allow for remote monitoring of GDM and enhance patient care.
- Development of new 'After the NICU Feeding Support Group' for parents, incorporated parental feedback and presented at HSE Spark Ignite 'Meet the Innovators' forum.
- Developed new guidelines/SOP and delivered in-service training for: Parenteral nutrition ordering; Enteral feeding; and breastmilk fortification to streamline care in NICU.

- Research/audit:
 - MDT research 'The Rising Popularity of Bariatric Surgery Abroad and its Impact in Pregnancy and on Neonatal Outcomes'
 - Re-audit of dietetic service for GDM on insulin
- Patient resource development:
 - Pregnancy after weight loss surgery; Anaemia resources (translated); Updated nutrition section of the Rotunda website; Updated GDM on insulin resource; Translated GDM patient information; Updated the GDM patient webinars; updated the diabetes inpatient menu (with catering department)
- National project involvement:
 - Draft National Clinical Guideline for the management of Hyperemesis Gravidarum.
 - National Diabetes in Pregnancy Model of Care
 - Programme for diabetes prevention following GDM (National Integrated Care Programme for Chronic Disease) and feedback on the new National Diabetes Prevention booklet.

Continuing Professional Development

The dietitians regularly partake in CPD activities including attending courses and seminars to enhance knowledge and clinical expertise. We also strive to support MDT colleagues to enhance patient care.

- Staff education for nurses/midwives and NCHDs:
 - NICU (nutrition support, BMF, SOP updates)
 - Hyperemesis Gravidarum
 - Bariatric surgery
 - Diabetes in pregnancy
 - Wound healing
- Regular involvement in the national 'Neonatal Dietitians Ireland' and 'Maternity Dietitians Ireland' professional groups for peer support.
- Maternity courses/training:
 - Bariatric Surgery in Pregnancy Webinar
 - Women's Health Across the Lifespan
 - MDI/BDA Study Day
 - Eating Disorders in pregnancy
 - Behaviour Change Training (level 2)
 - Medtronic 780G insulin pump study day
- Neonatal courses/training:
 - 'SOS approach to Feeding' 4 day course
 - Co-chaired NDI Neonatal Nutrition Study Day
 - Presented 'Parenteral Nutrition' at 'A practical approach to Neonatology' study day at Rotunda.
 - 'HSCP in Neonatal Care' study day
 - 'All Island Paediatric Dietetics Study Day'
 - 'An introduction to QI methodology'
 - ESPGHAN Preterm Nutrition course
 - UCD breastfeeding webinar

CHALLENGES 2023

- Service continues to operate above capacity.
- Demands of Bariatric Surgery currently being met by a temporary staff-grade post.
- Gynaecology services on-hold since 2021.

PLANS FOR 2024

- Continue to advocate for additional resources to support services and enhance patient care.
- Develop resources and hospital guidelines for women post Bariatric Surgery (evolving area).
- MDT project to update and develop anaemia policy to include iron, B12 and folic acid.
- Complete National Clinical Guideline for Hyperemesis Gravidarum and develop Rotunda-specific guideline.
- Enhance patient care for pre-existing diabetes through development of resources and webinars, especially in the areas of diabetes technology.
- Complete Metabolic Bone Disease of Prematurity audit and guideline development.
- Complete Vitamin and Mineral Guideline review for NICU.
- Continue regular teaching sessions to support MDT colleagues.

Medical Social Work Service

HEAD OF DEPARTMENT

Ms Sinead Devitt, Head Medical Social Worker

STAFF

Ms Pauline Forster, Senior Medical Social Worker

Ms Susan Finn, Senior Medical Social Worker

Ms Clare Naughton, Senior Medical Social Worker

Ms Louise O'Dwyer, Social Work Practitioner

Ms Laura Feely, Senior Medical Social Worker

Ms Laura Elliott, Senior Medical Social Worker

Ms Gemma Madden, Medical Social Worker

Ms Dawn Kelly-Dunne, Medical Social Worker

Ms Stefanie Fobo, Senior Medical Social Worker

SERVICE OVERVIEW

The department provides a comprehensive social work service to patients, their partners and their families. It operates from the rationale that addressing problems in a timely manner can prevent their escalation and serve to minimize the distress experienced by patients. There is a social worker attached to the hospital's four obstetric teams and to each of the larger specialist clinics and units.

CLINICAL ACTIVITY

Child Protection

In 2023, the Medical Social Work Team was involved in 192 child protection cases. The main types of concerns where a referral was made or received from Tusla in 2023 were:

TABLE 1: REASONS FOR TUSLA INVOLVEMENT

	2017	2018	2019	2020	2021	2022	2023
Drug use	53	57	46	60	64	63	60
Underage Pregnancy	22	34	14	15	22	16	14
Domestic Violence	34	48	38	30	37	34	53
Mental Health	9	7	8	1	9	8	6
Previous Children in Care	4	9	6	6	9	8	8
Child Welfare	16	24	23	29	25	37	30
Alcohol Misuse	3	1	8	3	3	3	3
Child Neglect	3	3	6	2	4	1	0
Adoption	2	0	2	1	0	4	0
Learning Difficulty	2	1	1	3	2	0	7
Retrospective Disclosure	0	3	1	2	3	2	5
Physical Abuse						2	0
Sexual Abuse						3	1
Patient under 18 in care							5
Total	148	187	153	152	178	182	192

The majority of child protection cases are complex and involve a medical social worker working in partnership with parents, her multidisciplinary/medical colleagues in the Rotunda, Tusla and other relevant agencies, over a number of months, to ensure a baby's safe discharge. When parents are experiencing difficulties, every support should be explored to help them take care of their baby. Only in exceptional cases should children be separated from their parents after all alternative means of protecting them have been exhausted.

Inclusion Health Medical Social Work

Inclusion Health is an approach aimed at addressing health and social care inequalities experienced by marginalised populations. It focuses on ensuring equitable access to healthcare services and on addressing the specific needs of groups such as the homeless, ethnic minorities, refugees and other disadvantaged populations. Inclusion Health strives to reduce health disparities and improve health outcomes for all individuals, regardless of their social or economic status. Our Inclusion Health Service in the Rotunda was established in 2021 and was initially comprised of a standalone medical social work post. In 2023, it expanded with the addition of a specified Inclusion Health Midwife. Our Inclusion Health Team provides holistic and personalised care planning and advocacy services to ensure optimal health outcomes for both patient and baby. In 2023, our Inclusion Health Team conducted information sessions across various hospital departments to promote a more inclusive service approach. We also established collaborative networks with community stakeholders. In 2024, we aim to enhance and expand our Inclusion Health Service by implementing new initiatives focused on improving accessibility to our hospital, thereby advancing the quality of care and support provided to our diverse patient population.

Perinatal Mental Health

For the management of mental health difficulties in pregnancy, and up to a year postnatally, women have access to the Specialist Perinatal Mental Health Service. The social worker is part of a multidisciplinary team and works in collaboration with the mental health midwives, mental health nurses, psychologist, occupational therapist and perinatal psychiatrists to provide appropriate assessment, support and interventions to women, their partners and families.

In conjunction with the senior psychologist and other colleagues, the social worker continues to be involved in the co-facilitation of the antenatal anxiety group, Me to Mom. This 6-week intervention is now being run as a hybrid model, i.e. the first and the last session are in person and the remaining four sessions are being facilitated online. The group is for women who are preparing for the changes and challenges of becoming a mother and looking after a new baby. The group uses principles of cognitive behaviour therapy (CBT), compassion focused therapy and mindfulness to help mothers prepare for the social, emotional and psychological changes that accompany having a baby.

The mental health social worker continues to be involved in the facilitation of the Postnatal Depression Group which runs three times a year in partnership with Better Finglas. This is a CBT based skills development programme within a supportive group environment for women who receive a diagnosis of postnatal depression within the first year of giving birth. We recognize that partners have a valuable and crucial role in supporting mothers experiencing postnatal depression and are, therefore, offering an information and support evening for partners as part of the programme.

The mental health social worker has been involved in co-facilitating a postnatal café in Coolock Library in conjunction with North Dublin Mental Health Service. This is an

information and peer support group for new mothers with a focus on postnatal mental health and wellbeing.

The perinatal mental health social worker continues to provide the Newborn Behaviour Observation intervention to parents who attend the Specialist Perinatal Mental Health Service.

Teenage Pregnancy Service

The medical social worker for the teenage clinic provides emotional and practical support to young pregnant women. This service is broad and tailored to suit the individual needs of the young person. The service includes emotional support and advice regarding unplanned pregnancies, relationship difficulties, domestic violence, housing concerns, and mental health issues. The Medical Social Work Service supports young women by signposting them to community services, such as the teen parent support programme.

Other young women over the age of 18 can also attend this service, on a needs basis, such as those living with an intellectual disability or those with additional support needs.

In 2023, 129 patients attended the teenage clinic for antenatal care. One hundred and one patients were referred to medical social work (78%). Of the 101 referred to medical social work, 93 (92%) were supported by the medical social worker throughout their pregnancy and after the birth of their baby. The remainder were contacted by the medical social worker but did not require a service. Of the 101 referrals to medical social work, 20 referrals were made to Tusla (20%). The majority of these were in relation to underage pregnancy but referrals were also made in the context of domestic violence, neglect, child welfare concerns and due to the patients being in care themselves.

The medical social worker works in collaboration with the consultant and midwife attached to the teenage clinic and with other disciplines to provide a caring and supportive service to young mothers and a safe discharge home to the community.

Bereavement Medical Social Worker

The bereavement medical social worker provides emotional and practical supports to bereaved parents who have experienced a pregnancy loss at any stage including ectopic pregnancy, miscarriage, stillbirth and neonatal death. The bereavement social worker is available to offer bereavement supports to parents in the weeks and months following their discharge from hospital. This can include phone calls and face-to-face meetings, all dictated by the individual needs of the patients. In 2023, the medical social work service was offered to 282 parents who experienced a pregnancy loss. From June to December 2023, the medical social worker supported 68 bereaved patients/families, giving them the opportunity to avail of a safe space to talk about their grief and the impact their loss has had on their lives.

Fetal Medicine Service

The medical social worker attached to the Fetal Medicine Service works closely with the multidisciplinary team to identify patients who may require additional emotional and practical support. Many patients also receive support as a result of parental anxiety due to a previous abnormal prenatal diagnosis. The medical social worker also provided bereavement support where required. In 2023 there were a total of 165 referrals to social work from Fetal Medicine, 59 (36%) of those were from outside the Dublin area. The most common reason for a referral to medical social work was a prenatal diagnosis of Trisomy 21 (Down syndrome), Trisomy 18 (Edward syndrome) and Trisomy 13 (Patau syndrome) as well as fetal cardiac malformations.

In January 2023, a second medical social work post was allocated to Fetal Medicine. This initiative is to enhance the social work service provided to patients attending Fetal Medicine from the satellite clinics across the RCSI Hospital Group in Our Lady of Lourdes, Drogheda and Cavan General Hospital. Initially, the social worker appointed to this role covered the whole Fetal Medicine Service due to a maternity leave vacancy but since June 2023 both medical social workers have been in place. This has been a significant development in the social work service delivered to this cohort of patients.

Neonatal Intensive Care Unit

The role of the medical social worker attached to the Neonatal Intensive Care Unit is to help families cope with the stressful experience of having a premature or sick baby. The social worker provides emotional support, information and practical assistance to parents while their baby is in the hospital and also after their baby has been discharged home. In addition, bereavement support is offered to parents if their baby dies while in neonatal care. The medical social worker provided a service to over 400 families whose babies were admitted to the Neonatal Unit in 2023.

Pregnancy Options Clinic

The availability in the hospital of impartial and non-directive counselling for women considering a termination is essential. A medical social worker specialising in crisis pregnancy is available to offer confidential support and counselling to all women attending the Pregnancy Options Clinic. In 2023, the social worker received 53 referrals from the Pregnancy Options Clinic. In addition to non-directive termination counselling, further support was provided in relation to child protection issues, domestic violence, housing and underage pregnancy. The social worker also provides post termination emotional support and, if necessary, will facilitate onward referral for post termination counselling through community organizations. In situations where patients cannot access termination services in Ireland, information and support are given about accessing these services in the UK.

Substance Misuse

In 2023, the medical social worker attached to the DOVE (Danger of Viral Exposure) clinic provided emotional and practical support to women attending this specialist clinic. Patients attending the clinic are women who have an infectious disease diagnosis and/or substance misuse issues. The social worker liaises closely with the specialist midwives to provide a comprehensive service for women attending the DOVE clinic. As part of her role, the medical social worker helps parents to address their addiction issues, at a time when motivation to cease or reduce substance misuse can be high. Fifty women attending the DOVE clinic, and who delivered in 2023, were referred to Tusla by the medical social worker. Referrals to Tusla regarding drug misuse also occurred when patients did not attend the DOVE clinic but drug use was identified postnatally.

In 2023, Tusla held 32 Child Protection Conferences in relation to substance misusing Rotunda patients. These conferences are interagency and multidisciplinary meetings where a child protection plan is formulated.

In 2023, there were three babies discharged to substitute care under a Court Order. The medical social worker attended Court and participated in these proceedings. It is ultimately a Judge who makes the difficult decision for a baby not to be discharged to the care of their parents. 2023 saw an increase from one to six of parents signing their baby into voluntary care, while they focused on addressing their addiction issues.

The medical social worker worked closely with her colleagues in the Neonatal Unit. In 2023, 13 babies were admitted to the Neonatal Unit for the treatment of Neonatal Abstinence Syndrome (NAS). The medical social worker needs to balance the sometimes conflicting interests of parents struggling with addiction, a busy Neonatal Unit, requests from Tusla and instructions from the Courts to ensure that each baby is safely discharged.

TABLE 2: NUMBER OF DELIVERIES TO SUBSTANCE MISUSING WOMEN

	2016	2017	2018	2019	2020	2021	2022	2023
Deliveries to Substance using women	59	62	61	56	56	60	63	64
Child Protection Referrals to and from Tusla	56	53	57	46	51	48	48	50
Parent(s) signing baby into voluntary care	1	5	5	3	1	4	1	6
Babies taken into care under a Court Order	4	1	1	1	10	5	6	3
Mothers & babies returned home under supervision of non-drug using relative	8	7	10	19	9	7	21	17

SUCCESSES & ACHIEVEMENTS 2023

The broadening of staff awareness of domestic violence within the Rotunda Hospital was a success in 2023. From January to May 2023, Woman's Aid, in collaboration with the National Women and Infant Health Programme (NWIHP), ran Domestic Violence training for frontline staff in two phases. Participation in the three-hour workshops was coordinated by the medical social work department and 53 Rotunda staff members completed the training.

Data collected from the workshops generated valuable feedback to help inform bespoke training developed for the Maternity Project. The Maternity Project is a three-year pilot programme, involving the Rotunda Hospital working in partnership with Woman's Aid, the Coombe, the National Maternity Hospital and Cork University Maternity Hospital, to further enhance the maternity hospitals' response to pregnant women experiencing abuse, through the strands of training, awareness and referral. In November 2023, Woman's Aid launched a three level training programme for maternity care staff with a number of Rotunda staff completing the first level by the end of 2023.

As part of the awareness strand of the project, the Medical Social Work Department ran a 16-day awareness campaign from 25th November 2023 to 10th December 2023, which included social media feeds and on-site awareness promotions, which included the distribution of banners, posters, leaflets, pens, lanyards, helpline cards and bookmarks.

In 2023, the number of domestic violence referrals submitted to Tusla by the medical social work team increased from 34 in 2022 to 53 in 2023. This increase may reflect staff's heightened awareness of the prevalence of domestic violence in pregnancy. A referral to Tusla is not an indication that the woman is responsible for the behaviour of the perpetrator but represents Tusla's overall statutory responsibility for assessing all child protection and welfare concerns, which no other agency can carry out. Ultimately, it is the goal of all services working with pregnant women experiencing abuse, to ensure that the woman and her baby are safe and appropriately supported.

On 25th September 2023, the medical social work department ran the first Rotunda Children First Awareness Campaign, which included an information stand in the main hospital reception staffed by the medical social work team to answer questions from the public and staff. Social media feeds and daily hospital broadcasts for a week emphasised key principles and messages. A Children First Quiz was developed by the team and distributed to staff throughout the hospital along with promotional material obtained from the HSE Children First National Office. In November 2023, the medical social work department delivered lunchtime Child Protection training.

At the end of 2023, the medical social work department received the news that NWIHP is to fund the first medical social work post to be attached to the Sexual Assault Treatment Unit (SATU) since its establishment in 1985. The post will enhance the holistic, responsive and patient focused care, which patients already receive, recognizing that patients do not experience sexual assault in a vacuum and are often struggling with other complex social issues and concerns.

Education & Training

The medical social workers working with bereaved parents attended a number of training events. These included a 'Maternity Bereavement' workshop run by the Irish Hospice Foundation (IHF), 'Bereavement and Loss' webinar run by Heart of Kent Hospice Foundation, 'Grief-informed care and service provision in Ireland' run by IHF, 'Supporting Families through Grief, Loss and Trauma' workshop run by ANAM CARA, 'Grief and Loss' run by Psychotherapy College Ireland (PCI) and Maternity and Perinatal Loss Network Meetings run by Hospice Friendly Hospitals.

Members of the medical social work team attended the launch of the Treoir Report 'Establishing Meaningful Relationships between Children and Fathers Who Do Not Live Together', the 'Domestic Abuse Awareness' run by Woman's Aid and a 'Child Protection and Domestic abuse' conference run by Trinity College, Dublin.

In May 2023, the mental health social worker attended 'Young Ballymun Infant Mental Health' masterclasses and the 'World Congress of Infant Mental Health' run over three days in July.

CHALLENGES 2023

In 2023, the medical social work team continued to face significant challenges around the level of homelessness faced by patients attending the hospital. Having no address to be discharged to with a newborn baby places increased pressure on patients and can impact their ability to parent successfully. Effective parenting is a critical protective process predictive of resilience in children in later life.

While working to establish appropriate accommodation for a mother and baby, the medical social work team are cognizant that any delay in discharge can place additional pressure on the hospital, due to its high activity level.

PLANS FOR 2024

The recruitment process will commence in early 2024 to establish the first medical social worker attached to the Rotunda's Sexual Assault Treatment Unit (SATU). This post will also provide advice and support remotely to staff attached to the Mullingar SATU. A medical social work resource will also be established in the other five units nationally.

The medical social workers working with patients and families affected by bereavement plan to develop an information leaflet for parents whose baby has sadly died, in response to feedback from the National Maternity Bereavement Experience Survey.

This service initiative is also in response to requests from bereaved parents in the Rotunda.

The medical social worker attached to the Teenage Clinic plans to develop an information leaflet for staff members outlining the legal age of consent in Ireland, when a referral to Tusla needs to be made, by whom, and what exceptions under the Children First Act apply.



Pharmacy Service

HEAD OF DEPARTMENT

Prof. Brian Cleary, Pharmacy Executive Manager

Ms Elena Fernandez, Acting Chief Pharmacist

STAFF

Ms Fiona Gaffney, Senior NICU Clinical Pharmacist

Ms Lisa Clooney, Senior Antimicrobial Pharmacist

Ms Aileen Cullen, Senior Antimicrobial Pharmacist

Ms Claudia Looi, Senior Pharmacist

Ms Elaine Webb, Senior Pharmaceutical Technician (P/T)

Ms Emer Coll, Senior Pharmaceutical Technician (P/T)

Ms Rachel McNamara, Pharmaceutical Technician

Ms Alison Meehan, Pharmaceutical Technician

Irish Medicines in Pregnancy Service

Dr Fergal O'Shaughnessy, Senior Pharmacist

Dr Joan Devin, Midwife

SERVICE OVERVIEW

The Pharmacy Department supports the safe and effective use of medicines for Rotunda patients. Along with ward-based clinical services, the department provides specialist medicines supply services, ensuring cost-effective purchasing and supply of medicinal and nutrition products. The Pharmacy Team collaborates with multidisciplinary colleagues to optimise medication use processes, utilising advances in health information technology to improve patient safety and remove latent system risks.

The department provides a full pharmacy service to all clinical areas in the hospital, including adult and neonatal pharmacy requirements. Clinical pharmacy services are provided on a team-based model in NICU and a location-based model in all other clinical areas.

The department has ongoing audit and continuous quality improvement projects, together with collaborative research and medicines information initiatives. Themes include Medication Safety, Optimal Medication use in Pregnancy/Lactation, Maternal and Newborn Randomised Controlled Trials (RCTs), Vaccination in Pregnancy, Clinical Informatics and Venous Thromboembolism (VTE) Prevention.

Approximately 250,000 medication orders are placed each year for inpatients and outpatients, with over 400,000 inpatient medication administrations per year. Team and ward-based pharmacists review drug charts and patient records daily Monday – Friday providing support to medical and midwifery/nursing colleagues to ensure safe and effective use of medicines. Medication reviews were recorded for nearly 6,000 patients in 2023. Over 23,000 individual inpatient medication orders were reviewed. Unfortunately, a significant proportion of clinical pharmacy services were not recorded due to serious staffing constraints in 2023.

A goodwill on call service is available out of hours to help with clinical or supply queries.

SUCSESSES & ACHIEVEMENTS 2023

There were a number of achievements in 2023, across several areas, including:

- Completion of a Pharmacy Department refurbishment project, leading to a modern department with a dedicated patient counselling area.
- Installation and commissioning of our Pharmacy Robot, Bartholomew, in order to save Pharmacy Team time and enhance clinical services.
- Continued development of the Irish Medicines in Pregnancy Service – a multidisciplinary collaboration to support the safe and effective use of medicines in pregnancy and lactation through medicines information services, advocacy and research. We have engaged with national and international networks and have strengthened collaborations with the European Network of Teratology Information Services and the Health Products Regulatory Authority. Our team expanded with the recruitment of Dr Joan Devin and we hosted the ENTIS Conference in RCSI in September.
- Expansion of MN-CMS prescribing and administration reporting functionality and use of these reports to improve medication use processes.
- Collaboration on the implementation of the new home birth and contraception services.
- Ongoing optimisation of MN-CMS medication processes in collaboration with end users of the system.
- Ongoing implementation of the hospital's Medication Safety Strategy.
- Ongoing support and optimisation of the VTE risk assessment tool, thrombocalc, which is used to assess the risk of venous thromboembolism in women delivering at the Rotunda.
- Launch of our Clinibee app for NICU medication monographs.
- Engagement in an EU wide collaborative project – ConcePTION, leading on work to develop a knowledge bank on medication use in pregnancy and lactation and an education resource for health professionals on medication use in pregnancy and lactation.
- Development and updating of the Rotunda Antimicrobial Guide App, with continued development of antimicrobial consumption surveillance.
- Collaboration on National Antimicrobial Point Prevalence Survey with the European Centre for Disease Prevention and Control.
- Completed the tender application process to secure a price and continuity of the stock for epidurals cartridges that minimise the risk of medication errors.
- Establishment of new streamlined workflows for intravenous fluid in with the collaboration of the Stores department, including barcode verification of products and expiry dates.
- Expansion of the pharmacy top-up services to five further clinical areas.
- Contribution to the development and review of National Clinical Guidelines in Obstetrics and Gynaecology by National Women and Infants Health Programme and the Institute of Obstetricians and Gynaecologists:

Research, Audit and Education

- The Pharmacy Department leads and collaborates on a broad programme of research with themes including: medication safety, safe medication use in Pregnancy/Lactation, decision support tools, vaccination in pregnancy, clinical informatics and VTE prevention.
- Honorary clinical professor and senior lecturer in the School of Pharmacy and Biomolecular Sciences, RCSI and contribution to the delivery of women's health education to pharmacy undergraduate students in RCSI in addition to medicines

in pregnancy and medication safety teaching for postgraduate medical, midwifery and nursing students.

- The Pharmacy Department is collaborating with, and providing ongoing support to, a range of maternal and newborn randomised controlled trials on conditions including pre-eclampsia, persistent pulmonary hypertension, patent ductus arteriosus and induction of labour.

Enhancing Patient Care

Neonatal and Adult Medication Safety Huddles continue to be implemented providing feedback to frontline staff and disseminating information on potential risk reduction strategies for medication safety issues identified through the hospital's clinical incident reporting system.

CHALLENGES 2023

The department faced several challenges this year which included:

- Significant staffing challenges in 2023, including four pharmacist vacancies and one technician vacancy, led to significant strain on departmental services in the context of a very competitive recruitment environment.
- Sustained significant challenges with continuity of supply of medicines and medication shortages of critical medicines, particularly with obstetric-specific medications including epidurals, pyridoxine/doxylamine, local anaesthetics, antimicrobials, intravenous fluids, magnesium sulfate and oxycodone.
- National delays in the implementation of the hospital Medication Management System – this will replace our current end of life pharmacy informatics system and reduce workloads with double entry of medicines into two different systems.
- Continuing to deliver clinical services while minimising costs of medicines in the challenging context of 2023.

PLANS FOR 2024

The Department's plans for 2024 include:

- Continued implementation of the new National Hospital Medicines Management System (HMMS).
- Continued development of Rotunda innovations on thrombosis risk assessment (implementing a SMART/FHIR version of thrombocalc, the hospital's electronic VTE risk assessment in the MN-CMS test system), NICU high-risk infusions and medication safety.
- Continue with the development and expansion of the NICU medication monographs app.
- Explore the expansion of the Pharmaceutical Technician's role (medication history taking) and the new supplier officer services.
- Continue the development of the hospital's role within the European Network of Teratology Information Services, further expanding the role of the Irish Medicines in Pregnancy Service.
- Optimise insulin prescribing processes in MN-CMS and examine feasibility of standardised peri-partum insulin medication use processes.
- Improving medication documentation in MN-CMS and medication reconciliation at admission and discharge.
- Planning for expansion of services to Hampson House, Dominick Street and the Critical Care Wing.
- Expand recruitment pool by providing training placements for pharmacy students.

Physiotherapy Service

HEAD OF SERVICE

Ms Cinny Cusack, Physiotherapist Manager

STAFF

Ms Brona Fagan, Clinical Specialist (NICU)

Ms Anna Hamill, Clinical Specialist (NICU) 0.5 WTE

Ms Patricia Weldon, Clinical specialist NICU

Ms Eithne Dee, Clinical Specialist NICU

Ms Niamh Kenny, Clinical Specialist

Ms Grainne Sheil, Clinical Specialist 0.5 WTE

Ms Paula Donovan, Clinical Specialist

Ms Nora McCreadie, Clinical Specialist

Ms Sadhbh Reynolds, Senior Physiotherapist

Ms Helen Feeney, Senior Physiotherapist

Ms Emma Houlihan, Physiotherapist

Cover for maternity leave

Ms Roisin Brennan, Physiotherapist

Ms Sarah Bisset, Physiotherapist

Ms Aoife Whelan, Physiotherapist

SERVICE OVERVIEW

The mission of the Physiotherapy Service is to provide patient- centred, innovative and evidence-based care in the assessment and treatment of obstetric (pre and postnatal), gynaecologic and neonatal/paediatric conditions.

The inpatient service focuses on postnatal mothers who are at risk of pelvic floor dysfunction. All patients who undergo major gynaecological surgery are reviewed post-operatively.

The outpatient service provides assessment and treatment of pregnancy related musculoskeletal conditions including pelvic girdle pain. These referrals are triaged and patients are either booked to attend a zoom/in person class or given individual appointments. Key components of the class are based on the European guidelines and include reframing beliefs about PGP, that the pelvis is stable and postural changes during pregnancy are safe. The focus is on pain education, emotional wellbeing, sleep optimisation, exercise and external supports to promote independence and on self-management strategies.

Management of pelvic floor dysfunction includes exercises and life style advice for urinary and faecal incontinence. Treatment for pelvic floor pain and dyspareunia uses a trauma informed approach and may include pain education, manual therapy, holistic advice such as breathing for release, relaxation, exercises, electrotherapy and dilator therapy. A monthly multidisciplinary team (MDT) meeting is held with the Perinatal Mental Health and Birth Reflections Service to manage complex patients in a holistic manner.

Pessary fitting and teaching self-management of removable silicone pessaries is now an adjunct to prolapse management.

Postpartum women can self-refer for individualised treatment for pelvic floor dysfunction up to six months following birth and up to six weeks for musculoskeletal issues.

Physiotherapists are members of the MDT working in the Urogynaecological and Endometriosis Clinics. This enables patients to be reviewed by both the consultant and the physiotherapist. The hospital gynaecology waiting list is triaged to select suitable patients for a first line conservative course of physiotherapy and patients are subsequently booked back into the relevant clinic if required. This facilitates the course of physiotherapy being completed and the patient either being discharged or booked into the Urogynaecology Clinic for further management.

Antenatal Classes

Health promotion and antenatal education form key components of our service. We currently provide online zoom 'Preparation for parenthood' classes in collaboration with the parent education midwives.

Postnatal Classes

All new mothers are encouraged to attend the class, which provides education on good bladder and bowel health, pelvic floor muscle recovery and exercises to manage symptoms of incontinence and prolapse. We teach how to assess diastasis of the rectus abdominus muscle (DRAM) and give advice on safe return to exercise, running at three months postpartum and general fitness. The classes are held on zoom or in person classes are held in Roselawn. Videos on progressing postnatal exercises are available on the Rotunda website.

Paediatric Physiotherapy

The Physiotherapy Service in the Neonatal Intensive Care Unit (NICU) provides assessment and follow up of babies who are preterm or at risk of neurodevelopmental deficits and commences an early intervention programme. The Prechtl General Movement Assessment and Hammersmith Infant Neurological Exam are reliable predictors of motor outcome and the LAPI assessments performed on preterm neonates accurately predicts the development of cerebral palsy. Education is given to staff and parents on developmental positioning, handling and early neurodevelopmental physiotherapy. The physiotherapists have regular meetings with parents and provide educational group sessions to discuss baby cares and discharge planning. This facilitates the transition to outpatient physiotherapy until the baby is discharged or the community takes over the ongoing care. The Paediatric Physiotherapy Team are participating in the Early Detection and Intervention for CP in Ireland Study in conjunction with the CP Foundation and the tertiary maternity hospitals.

The outpatient service follows up the musculoskeletal referrals from the wards for Talipes, plagiocephaly, torticollis and brachial plexus injury.

CLINICAL ACTIVITY

TABLE 1: ADULT NEW OUTPATIENTS

	2019	2020	2021	2022	2023
Pelvic Girdle Pain	2,145	1,845	2,247	2,242	2,325
Urinary Incontinence (Gynaecology)	205	198	289	342	318
Urinary Incontinence (Pregnancy / postpartum)	206	161	202	260	247
Obstetric Anal Sphincter Injury	113	124	84	59	117
Previous perineal tear	53	46	92	56	81
Prolapse	152	141	261	264	263
Carpal Tunnel Syndrome	37	108	156	122	150
Dyspareunia/Pelvic Floor Pain	134	197	234	294	386
Faecal Incontinence	26	14	16	48	36
Endometriosis					153
Post-partum self-referrals			104	91	185
Corduff/Roselawn community				40	134
Direct Gynae triage to physio				85	57
Total	3,071	2,834	3,685	3,847	4,452

TABLE 2: ADULT NEW INPATIENTS

	2019	2020	2021	2022	2023
Prenatal Pelvic Girdle Pain / Carpal Tunnel Syndrome/Respiratory	77	83	56	118	105
Postnatal	7,747	7,488	8,069	7,921	7,860
Gynaecology	203	105	80	144	240

TABLE 3: NEONATAL NEW INPATIENTS

	2019	2020	2021	2022	2023
Obstetric brachial plexus injury or upper limb fracture	15	21	25	22	18
Talipes	27	53	30	38	36
Head and neck (head lag/hypotonia)	4	13	5	6	22
Trisomy 21	14	13	25	20	8
NICU referrals	145	182	219	194	210
Total	205	282	304	280	294

TABLE 4: PAEDIATRIC NEW OUTPATIENTS

	2019	2020	2021	2022	2023
Plagiocephaly and torticollis	50	59	68	78	73
Talipes	16	17	14	29	21
Neurodevelopmental, (including NICU outpatient referrals 2022)	30	26	191	172	185
Other Musculoskeletal problems	3	1	2	10	5
Total	99	103	275	289	284

SUCCESSSES & ACHIEVEMENTS 2023

- Provision of undergraduate specialist lectures and placements for RCSI School of Physiotherapy students.
- The establishment of a second community physiotherapy led service in Roselawn Health centre providing a postnatal class and individual appointments.
- A successful pilot visit to the International Protection Accommodation Service in Baleskin for antenatal and postnatal women was completed in 2023. This led to multidisciplinary antenatal and postnatal visits to Rotunda patients in Baleskin by Niamh Kenny and Carol Guinan Inclusion Midwife.
- Establishment of the physiotherapy clinic for endometriosis patients and attendance at the endometriosis clinic as part of the MDT.
- The establishment of the triage and treat model of care for the Urogynaecology patients in the clinic.
- A new gynaecological information video is now being sent to all patients on the physiotherapy gynaecology waiting list informing them of the role of physiotherapy and giving pre appointment advice.
- Successful introduction of the use of Transcutaneous Tibial nerve stimulation.
- All staff trained in bladder scanning for detection of urinary retention.
- The physiotherapy management of OASI was re audited and presented at the audit study day in 2023.
- We completed an audit of the patient experience of the online pelvic girdle class, which showed a high level of satisfaction with the class content. There is a high DNA rate for the class because of a low threshold to refer to the service and patient's symptoms are often resolved. It is an efficient way of ensuring that only one to one appointment are offered to those who remain symptomatic.
- Paediatric physiotherapy staff expanded to include an additional clinical specialist post and a 0.5 post funded by the CP Foundation to commence in the early detection and intervention for CP study.

Continuous Professional Development (CPD)

Physiotherapy staff actively engage in regular CPD in the form of a weekly journal club, case presentations and clinical supervision of staff. Staff continuously update their CPD requirements by attending postgraduate short/long courses and conferences

Paediatric courses

- Prechtl, HINE, HNNE and DayC-2 (Neonatal assessment)
- Completed core training Early Detection and Intervention study (EDI)
- LAPI (Lacy assessment of pre term infants)
- Neonatal study day. National Maternity Hospital
- Bayley 4

Adult courses

- Management of pelvic organ prolapse
- Introduction to assessment and treatment of urinary incontinence
- Menopause and the city information day
- Introduction to bowel and anorectal dysfunction
- Functional bowel disorders
- Dry needling for pelvic pain
- Pelvic health sexuality counselling certificate
- Advanced pelvic floor dysfunction
- The care of women with female genital mutilation
- Fiona Rogers electrotherapy course

Professional Working Groups

- Neonatal Physiotherapy National Network
- Cinny Cusack is the Irish Society of Chartered physiotherapist representative on the National Women's Health and Infants Programme (NWIHP)
 - Member of antenatal steering group
 - Lead member of the physiotherapist ambulatory gynaecology steering group
 - Member of the working group to roll out 4 pilot postnatal hubs in the community
- Chartered Physiotherapists in Women's Health and Continence (CPWHC) members
- RCSI Physiotherapy Managers working group

CHALLENGES 2023

Main challenge is ongoing busy clinical activity with limited physical space and lack of administration support.

PLANS FOR 2024

- Facilitate specialist training for physiotherapist on the management of chronic OAB (overactive bladder).
- Upskill a senior physiotherapist with the clinical expertise to facilitate caring for gynaecology women who are higher complexity.
- Expand the MDT antenatal and postnatal service to women in the International Protection Accommodation Services (IPAS) who are resident in hotel accommodation and homeless accommodation.
- Implement measures to maximise attendance at specialist PGP (pelvic girdle pain) classes by providing women with greater choice in appointment scheduling to further decrease the DNA rate.
- Facilitate specialist training for physiotherapist on the management of bowel disorders in order to undertake appropriate treatment of OASIS (obstetric anal sphincter injuries) patient.
- Re-audit of the physiotherapy management of OASIS.
- To increase the social media information for the Physiotherapy Service.
- To attend a NWHIP funded course on facilitating adult learning for the antenatal/postnatal classes.
- To review the use of TNS for inpatient PGP pain patients.
- To introduce a baby massage class as a transition between NICU and the community.

- To establish a high risk pathway for a paediatric outpatient physiotherapy follow up clinic.
- Facilitate neonatal physiotherapists to undertake basic and advanced Prechtl training to facilitate ongoing participation in the Cerebral Palsy Foundation Study.
- Plan the departmental move to Dominick Street new facility.

Quality and Safety Services



Quality and Patient Safety Service

HEAD OF DEPARTMENT

Ms Sheila Breen, Head of Quality & Patient Safety

STAFF

Ms Anna Mooney, Information Governance Manager (until June 15th)

Ms Jessica Owolawi, Information Governance Manager (from October 10th)

Ms Orla Brady, Information Officer (until May 1st)

Ms Jane O'Brien, Information Officer (from April 24th)

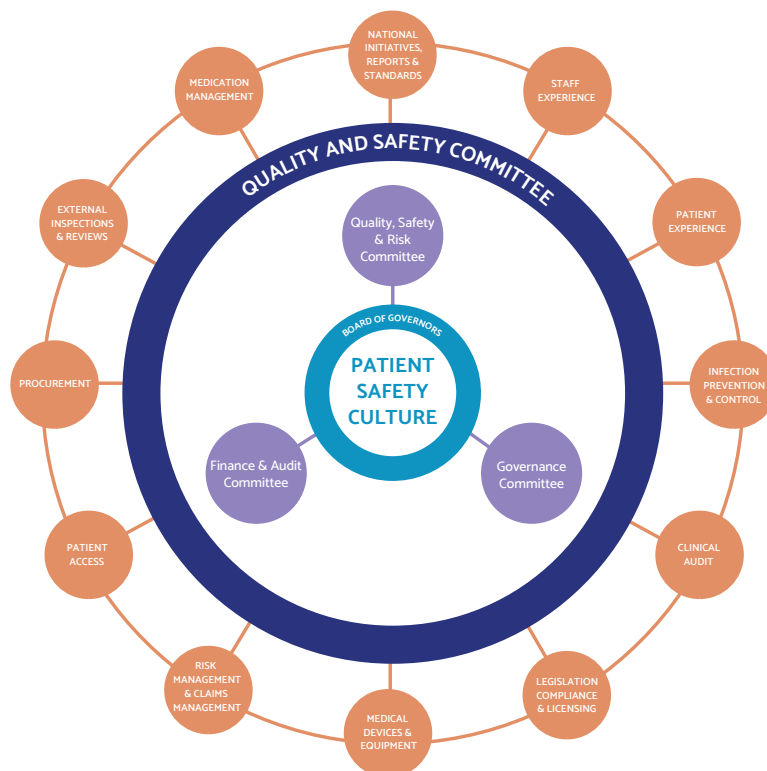
Ms Leanne Kiernan, Information Administrator

Ms Emma O'Mahoney, Information Administrator

Ms Mariam Rachvelishvili, Information Administrator

Ms Lynn Richardson, Information Administrator

Ms Clodagh Mooney, Administrative Assistant (from May 22nd)



QUALITY AND SAFETY COMMITTEE

The Quality and Safety Committee manages quality and safety on behalf of the Executive Management Team. The committee provides oversight, guidance and support for organisation-wide performance improvement and patient safety efforts, in accordance with the organisational values, goals and objectives identified in the Strategic Plan 2022 - 2026. It focuses on driving the implementation of improvements and safeguards in quality and safety. The committee, which is chaired by the Master met on eleven occasions during 2023.

Death of Anna Mooney

On June 15th, we heard of the tragic death of our dear friend and colleague, Anna. Anna worked in the Rotunda for over 15 years and fulfilled many roles in Patient Services before transferring to Information Management. She was our Information Governance Manager incorporating the role of Data Protection Officer since 2018. A beautiful tribute was set up in the Front Hall with a book of condolence. A 'Farewell to Anna' was held on 6 July 2023, which was recorded and shared with her family in the Ukraine and with her children and other relatives here in Ireland. Her professionalism, warmth and endearing personality will be fondly remembered by all who had the pleasure of knowing and working with Anna.

Customer Feedback

The Rotunda Hospital is committed to ensuring that feedback: comments, compliments and complaints from those using our services are acknowledged, reviewed, acted upon and responded to and that the learning derived from this feedback informs our quality improvement programmes.

Effective handling of service user feedback is fundamental to the provision of a high quality service. A summary of all patient feedback received is presented at the Quality and Safety Committee meetings monthly. Relevant reports are also provided to other Committees on a regular basis including the Infection Prevention and Control Committee, the Board's Quality, Safety and Risk Committee and the RCSI Hospital Group.

Complaints Management

TABLE 1: COMPLAINTS MANAGEMENT		
	2022	2023
Complaints received	108	106
▪ Written	104	106
▪ Verbal	4	0
Complaints closed	25	23
▪ % closed within 30 days	94%	98%

The number of complaints received in 2023 was very similar to the number received in 2022. The components of each complaint are categorised under 8 pillars – access, dignity and respect, safe and effective care, communication and information, participation, privacy, improving health and accountability. Similar to previous years, the most common pillars remain communication and information, and safe and effective care.

Overall, 98% of complaints were closed within the required 30 working day timeframe, which demonstrates the commitment of managers and staff to reviewing concerns raised and responding in a timely manner. Nine were resolved informally within 48 hours of receipt. Two complaints were escalated to the RCSI Hospital Group for review and the original decisions were subsequently upheld. One complaint was referred to the Ombudsman's Office.

The importance of listening and responding to concerns of patients at the point of contact is essential to ensuring an overall positive patient experience. Complaints management is included in the corporate induction programme, which highlights the role that all staff members have in listening to concerns raised with them and trying to resolve the concern at source, escalating concerns to their senior colleagues as required, and assisting with any reviews or investigations undertaken. All staff are required to complete the HSeLanD e-learning programme – Effective Complaints Handling or to attend an in-house education session on complaints handling. Complementing this training is the HSeLanD programme – 'Making Conversations Easier', which is also mandatory for all staff to complete.

Other Patient Feedback

Receipt of positive feedback from 1,031 patients/families was recorded during the year. Twenty-four negative comments or suggestions for improvement were also received.

SUCSESSES & ACHIEVEMENTS 2023

Quality Improvement Plans 2023 (QIPs)

The hospital's Strategic Plan 2022-2026 identifies four strategic principles which reflect our core focus as a hospital. The strategic enabler supports the delivery of the strategic principles. Managers and staff throughout the hospital were asked at the beginning of the year to identify quality initiatives and service improvements that they would progress and implement during the year and to align them with the most relevant strategic principle or the enabler.

In total, 351 initiatives/projects were identified and divided into two groups - strategic (148) and operational (203). Progress with implementation and completion of the initiatives was reported the Board's Quality, Safety and Risk Committee at regular intervals throughout the year. Of the 148 strategic initiatives identified, 103 were completed by year end, 36 remained work in progress and 9 were deferred/not progressed. Of the 203 operational initiatives identified, 136 were completed by year end, 48 remained work in progress and 19 were deferred/not progressed.

Audits and Inspections

The annual INAB inspection took place over two days in April. All disciplines/services were assessed and reviewed. The INAB report noted high activity across all departments, staffing levels were acceptable and staff knowledge base was noted as excellent. The quality management system was well maintained with good evidence of effective auditing and non-conformance management.

HIQA's announced inspection against the National Standards for Safer Better Healthcare took place on 12th and 13th September and the key areas of focus were infection prevention and control, medication safety, deteriorating patient, transitions of care and patient experience. Formal meetings/interviews were held with all the lead representatives in these areas.

Most inpatient areas were visited and staff and patients were spoken to and meetings were held with midwifery managers. An extensive range of documentation was

submitted prior to, during and post the inspection. The report is due to be published in early 2024.

National Maternity Bereavement Survey

The report on the findings of the inaugural survey was released by HIQA on 18th May. The survey was aimed at women aged 16 or older who experienced a second trimester miscarriage from 14 weeks of pregnancy, a stillborn infant or an early neonatal death between January 2019 and December 2021. Ninety-four women who attended the Rotunda participated in the survey.

Three main areas for improvement were identified from reviewing the survey findings.

1. Develop the Solas Suite – tranquil rooms for families experiencing a pregnancy loss. Upgrade an ensuite delivery room, two rooms on Gynae Ward and two counselling rooms in the Fetal Medicine Unit.
2. Parents are supported throughout their journey in the Neonatal Unit to ensure they are fully informed, involved in decision making and memory making. Specific actions include:
 - Ensure parents and neonatal staff meet with the Palliative Care Consultant when developing a care plan
 - Refresher training for neonatal nursing staff on memory making in the Neonatal Unit
 - Provide specific information on lactation suppression to breastfeeding/expressing mothers following a neonatal death
3. Develop an information booklet which provides the specific information required by bereaved parents (this will complement the bereavement booklet). Include information on lactation suppression, postnatal exercises, pain management, contraception, follow-up care, support groups, role of GP and PHN. Translate the information booklet into Romanian, Arabic, Somali, Portuguese and Russian, which reflects the other main languages spoken by women availing of our maternity services. It will also be translated into Irish.

Open Disclosure

Training for all staff on open disclosure is mandatory. All staff are encouraged to complete the HSeLanD Module 1 programme – ‘Communicating effectively through open disclosure’. Staff involved in formal open disclosure meetings were required to complete the HSeLanD Module 2 programme – ‘Open disclosure: applying principles to practice and to attend a face to face workshop’, three of which were facilitated during the year.

Open disclosure week was held from 2nd – 8th October. Two multidisciplinary workshops were facilitated for staff who participate in formal open disclosures and two briefing sessions were also held during the week. Twenty-eight staff attended the workshops and 46 attended the briefing sessions during the week. Uptake of open disclosure training is reported at monthly Quality and Safety Committee meetings and to the RCSI Hospital Group quarterly. By the year end, 80% of staff had completed the mandatory training, which is renewable every three years.

New Wayfinding

The identification signage requirements for the main hospital building (blue zone) were finalised and due for installation in early 2024. Uniformity of signage throughout the campus provides clear and concise directional information, intuitive visual cues and

ensures compliance with the requirements of the Official Languages Act and meets best practice recommendations in relation to signage (includes Braille and tactile).

PLANS FOR 2024

- Consider the wayfinding requirements for the Hampson House, Dominick Street and Cavendish Row developments.
- Maximise the uptake of staff training in open disclosure by monitoring training uptake, facilitating face to face training and providing reports to department heads on compliance with training requirements for their staff. The commencement of the Patient Safety Act 2023 will be the summer of 2024.
- Ensure the continued timely review and response to complaints and maximise uptake of mandatory training. Oversee the implementation of the recommendations identified through the complaints review process.

INFORMATION GOVERNANCE SECTION

The Information Governance Department serves as a strategic enabler, ensuring that the Rotunda remains at the forefront of information management excellence while staying compliant with relevant legal requirements and industry best practices and safeguarding the integrity, confidentiality and availability of sensitive data.

TABLE 2: FREEDOM OF INFORMATION (FOI) & SUBJECT ACCESS REQUESTS

	2021	2022	2023
Personal FOI requests	275	292	364
Non-personal FOI requests	36	23	28
Subject Access Requests	1,236	1,355	883
Total requests received	1,547	1,670	1,275

In accordance with legislation we are required to respond Freedom of Information (FOI) requests within a 20 working day timeframe. In 2023, approximately 99% of FOI requests were successfully handled within this stipulated period.

Under the Data Protection Act 2018, individuals can request a copy of any information pertaining to them held in either electronic or manual format. Such requests are commonly referred to as Subject Access Requests. In 2023, the predominant categories of requesters were patients and legal representatives acting on behalf of patients and 99% of requests were responded to within the stipulated one-month timeframe.

Data Protection

The Information Governance Department plays a pivotal role in overseeing the provision of mandatory data protection training, which is renewable every three years. Training is integrated into the corporate induction programme, ensuring that new recruits are adequately equipped with the requisite knowledge and skills pertaining to data protection regulations and best practices from the outset.

Furthermore, to cater for the diverse needs and responsibilities across different departments, specialised training sessions are conducted, which ensures that staff are not only well-versed in general data protection principles but also proficient in addressing sector-specific challenges and compliance standards.

Additionally, staff members are encouraged to engage with the HSeLanD platform, where they can access comprehensive data protection modules. This flexible approach allows individuals to undergo training at their own pace, accommodating varying schedules and work commitments.

The compliance rate at the end of 2023 was 68%. We remain committed to fostering a culture of compliance and continuous learning, employing strategies to boost training participation rates and ensuring that staff members remain abreast of evolving data protection requirements and best practices.

Data Protection Breaches and Non-Conformances

Personal data breach refers to a breach of security resulting in the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to personal data. To ensure compliance and safeguard individuals' rights and freedoms, the hospital's Data Protection Officer (DPO) meticulously reviews every reported breach, assesses the likelihood and severity of the risk posed to the individual's rights and freedoms and ensures the breach is promptly reported (within 72 hours of notification)

to the Office of the Data Protection Commissioner. During 2023, there were 17 reported data breaches and 87 recorded instances of non-compliance (error occurred without information leakage to a 3rd party).

Lessons learned from breaches and non-compliances are incorporated into the mandatory training programme, which ensures that staff are equipped with the necessary knowledge and skills to identify, respond to, and mitigate the risks associated with incidents effectively. This proactive approach underscores the hospital's commitment to maintaining the highest standards of data protection and ensuring the confidentiality, integrity, and availability of personal data entrusted to its care.

PLANS FOR 2024

- Collaborate with the IT Department to identify and implement initiatives aimed at enhancing secure communication platforms, ensuring robust security measures and privacy protections are in place to safeguard sensitive data during transmission and storage.
- Develop and implement additional data protection audit tools to monitor compliance with established policies and procedures throughout the organisation.
- Assess each research ethics application to safeguard the rights and privacy of research participants and ensure compliance with ethical standards and the principles of data protection are strictly adhered to.
- Review corporate service level agreements (SLAs) with third party vendors to ensure all data protection provisions are included.
- Review and update relevant policies and procedures with a focus on data protection elements, ensuring alignment with current regulatory requirements and best practices.

Infection Prevention and Control Service

Prof. Richard Drew, Consultant Microbiologist

Dr Meaghan Cotter, Consultant Microbiologist

Ms Anu Binu, Infection Control Midwife

Ms Alva Fitzgibbon, Infection Control Midwife

SERVICE OVERVIEW

The Infection Prevention and Control (IPC) Team have a comprehensive and structured infection prevention programme which aims to minimize the risk of acquiring infections in our hospital. We provide training to healthcare workers and advise patients and visitors on how best to reduce the risk of healthcare associated infections through education, audit, surveillance, consultation, posters, leaflets and the development and implementation of policies and/or guidelines.

SERVICE ACTIVITY

Key roles in Infection Prevention and Control include clinical, educational and training, research, auditing, and consulting, among many other patient-centered domains.

Experts in Infection Prevention and Control work as collaborators, role models, clinical leaders, and champions for their patients. In their respective domains, the team provides guidance and assistance to all hospital employees in putting agreed-upon policies and procedures into effect. The IPC Team works in conjunction with the training and practice development unit to administer educational programs inside the hospital and offers a continuous educational resource to address the needs of the staff as they are discovered. Clinical auditing and nursing research are supported by the IPC Team.

The IPC Team collects, verifies, analyzes, and reacts to data pertaining to adverse events, infections linked to healthcare and antibiotic resistance.

When outbreaks or newly developing infections occur among patients, healthcare professionals, or others connected to the healthcare environment, the IPC Team organizes and oversees the response. Through routine surveillance testing of patients and the healthcare environment, we identify, assess, monitor, and address emerging hazards and bacteria resistant to antibiotics. This helps to prevent outbreaks or infectious occurrences linked to healthcare by early warning of any possible issues and enabling prompt intervention. We provide monthly updates on multi-drug resistant organism surveillance for HCA infections and antimicrobial stewardship.

Good hand hygiene is encouraged by the IPC Team for all employees. Our Executive and the RCSI Hospital Group receive monthly reports from us as we actively participate in hand hygiene training and frequent hospital and national hand hygiene audits. The IPC Service arranges for routine audits of adherence to intravascular device care bundles and medical equipment cleaning in order to guarantee the caliber and security of the treatment delivery.

SUCCESES & ACHIEVEMENTS 2023

- The hospital collaborated with IPC to provide safe care and reduce risk of infection with SARS CoV-2 virus by providing intensive instruction and training on COVID-19 concerns, hand hygiene, social distance, and the requirement to wear masks indoors. Additionally, PPE training for all departments in accordance with HSE guidelines and instruction on necessary testing were also implemented.
- Achieved 96% hand hygiene compliance in the national hand hygiene audits taken place in May 2023 and 97% October 2023.
- ISLA healthcare technology was used to send patient information leaflets to patients about multidrug resistant organisms (MDROs). Patient information leaflets on MDRO were produced in Romanian and Arabic are available on the hospital Intranet for staff to provide to patients.
- Introduced new hand hygiene training technology for staff and parents of babies in NICU.
- Quality Improvement Project (QIP): Introduction of a Track and Trace system in NICU for reusable decontaminated equipment, to ensure lasting records of use and decontamination.
- This QIP was generated after an outbreak in order to Track and Trace the appropriate decontamination of high risk medical equipment used in the neonatal intensive care unit to prevent cross transmission of pathogens and ensure safe and quality care to all our babies in Neonatal Unit.
- Ongoing monitoring of built environment to ensure compliance (e.g. water safety, ventilation safety with appropriate planned professional maintenance and yearly assurance that systems are fit for purpose) .
- IPC participates in the building planning meetings for Hampson House.

CHALLENGES 2023

- Increased activity levels in hospitals.
- Staff shortage as a result of illness – ongoing difficulties associated with SARS CoV-2 and other viral infections.
- A rise in viral infections unrelated to Covid-19 that required the use of isolation facilities.



Clinical Audit Service

HEAD OF SERVICE

Prof. Sharon Cooley, Consultant Obstetrician Gynaecologist

STAFF

Ms Mary Whelan, Clinical Audit Facilitator & Assistant Director of Midwifery

Dr Valerie Jackson, Clinical Audit & Surveillance Scientist

Mr Colin Kirkham, Research Officer

Dr Rebecca Boughton, NCHD Representative

SERVICE OVERVIEW

The Rotunda Hospital Clinical Audit Service was established in June 2011 and has developed significantly since then to support a structured approach to evaluating care against local, national and international standards.

SERVICE ACTIVITY

All clinical audit activity within the hospital is monitored and routinely reported. Promoting a high standard of practice among clinical staff and all other healthcare workers undertaking clinical audit is a key objective for the hospital. The Clinical Audit Service provides a forum for the sharing and dissemination of clinical audit work throughout the hospital, which is facilitated by the use of a clinical audit database.

SUCSESSES & ACHIEVEMENTS 2023

ENHANCING PATIENT CARE

Register of Clinical Audit

In total, 81 clinical audits were registered in 2023 (48 first time audits, 31 re-audits and two continuous audits), compared with 76 audits registered in 2022. Seventy-one audits were completed in 2023 (Table 1).

TABLE 1: NUMBER OF COMPLETED CLINICAL AUDITS 2019-2023					
Audit Type	2019	2020	2021	2022	2023
First audits	39	26	24	34	48
Re-audits	18	15	16	25	23
Total	57	41	40	59	71

Clinical Audit Group weekly meeting

The core group within the Clinical Audit Service continues to meet on a weekly basis to discuss and approve audit applications. All reports and action plans received are also reviewed at that time.

Support and Mentoring

The team continues to provide advice, guidance and support to clinical audit personnel in other hospitals upon request.

EDUCATION AND TRAINING

The clinical audit team regularly delivers in-house educational sessions on the clinical audit cycle for all disciplines. A two-day Clinical Audit Workshop for Midwives and Nurses was delivered in the Centre of Midwifery Education, Coombe Women and Infants University Hospital in May (day 1) and October (day 2).

The Biannual Clinical Audit and Research Meetings were held in January and June 2023. In addition the Quarterly Interim Audit Results Meetings were held in each quarter of 2023. A large number of staff attended these sessions. These meetings provide a forum for audit leads to discuss their findings and actions for quality improvement. Additionally, clinical audit results and action plans were then disseminated to all key stakeholders, to ensure widespread learning.

The winners of the Biannual Clinical Audit Competitions were:

January 2023

1st Place

- Dr John Coveney – FBC screening for early onset sepsis in asymptomatic infants: does the result alter the management?

2nd Place

- Dr Icchya Gyawali – Termination of Pregnancy (TOP) referrals to EPU

Joint 3rd Place

- Ms Grainne Christiansen – Review of documentation of physiotherapy management of 3rd and 4th degree tears.
- Ms Jo Taylor: Fresh Eyes – Audit of the use and frequency of use of Fresh Eyes as part of CTG interpretation during the pilot period.

June 2023

1st Place

- Dr Roisin Gryson, presented by Ciara McCormick - Fluid Resuscitation in cases of Sepsis

2nd Place

- Dr Ruth Carey – Are women with a history of HSV and their infants managed according to best practice recommendations?

Joint 3rd Place

- Ms Christine Corcoran – Hyperemesis care in pregnancy
- Dr Laith Alfalhat – 40% Dextrose gel for management of Neonatal Hypoglycaemia

Presentations at the Quarterly Audit Results meetings are listed below:

27 March 2023

- Maria Walsh. Compliance with thrombocalc recommendations in postnatal population
- Jo Taylor. Fresh Eyes - Audit of the use and frequency of use of Fresh Eyes as part of CTG interpretation during the pilot period
- Icchya Gyawali. Manual vacuum aspiration service provision

23 May 2023

- Jenny Power. FREDa clinic, a re-audit.
- Amy Worrall. WORD catheter for Bartholin's Cyst/Abscess management
- Roisin Gryson. Fluid Resuscitation in Cases of Sepsis

26 September 2023

- Fatimah Alaya. Cord prolapse, a re-audit
- Roisin Gryson. Shoulder Dystocia a re-audit
- Rebecca Boughton. Aspirin prophylaxis for PET prevention Management of patient receiving MgSO4 for PET

26 November 2023

- Rebecca Boughton. Methotrexate treatment for Ectopic Pregnancy a re-audit
- Jessica Owolawi. Speech Privacy
- Joan Devin. Intrapartum stress dose steroid use

Publications

G.A. Ryan, C. Finnegan, F.M. McAuliffe, F.D. Malone, S.M. Müllers, S. Corcoran, C. Mulcahy, J. Dalrymple, J. Donnelly, J. Walsh, P. Mcparland, A. Martin, S. Carroll*, E. Kent* ***Joint senior authors.** Fetoscopic Laser Ablation for Twin-to-Twin Transfusion Syndrome: A 15-year Review of Perinatal Survival. Irish Medical Journal; May 2022; Vol 115; No. 5; P595 May 25th, 2022.

Corcoran, A, Hayes-Ryan, D, O'Dwyer, V, Cooley, S, Ramphul, M. Audit of Ireland's first manual vacuum aspiration service. International journal of gynaecology and obstetrics, Volume163, Issue1, October 2023, Pages 302-306

Poster Presentations

R. Kearsley, T. Drew, G. Crowe. Potential post-neuraxial neurological injuries in obstetrics. Poster at the 6th World Congress on Regional Anaesthesia and Pain Medicine a Joint Meeting with its 40th Annual Congress 2023, 6-9 September, Paris, France

A number of audits were presented in poster format at the Rotunda Hospital Charter Day November 2023:

J. Walshe, M Cheung, G. Horan, R. Drew, M. Eogan. Prevention of early onset GBS disease: are we doing what we're told?!

J. Taylor. A QIP to improve intrapartum CTG interpretation (Fresh Eyes).

C. McDermott, E. Fragkouli, R. Malik, L. Falahat, L. Zakharchenko. 40% Dextrose Gel for the Management of Neonatal Hypoglycaemia

V. Shanmugam, K. Birkin. Irish Maternity Early Warning System (IMEWS) QIP to enhance care.

F. Alaya, S. Cooley, M. Whelan, F. Walsh, N. Daly, E. Kent, S. Daly. Cord Prolapse Re-audit: Diagnosis and timely management of umbilical cord prolapse in a tertiary unit.

CHALLENGES 2023

Reduced staff resources persisted in 2023, limiting activity and development of the Clinical Audit Service. Returning the team to full staffing levels will be a challenge and indeed our priority for 2024.

PLANS FOR 2024

- Continue to forge links with clinical audit teams in other hospitals, exchanging our experience and knowledge.
- Identify and implement further innovative methods for widespread dissemination of clinical audit results and their recommendations.

- Link and contribute to the recently reconvened Irish Clinical Audit Network (ICAN), supported by the National Centre for Clinical Audit (NCCA).
- Align in-house training and resources with the National Centre for Clinical Audit guidance document 'Clinical Audit – A Practical Guide 2023'.

COMPLETED AUDITS 2023

TABLE 2: COMPLETED AUDITS 2023	
Speciality	Title of Audit
Administration	Speech Privacy
Anaesthetics	An audit of the post-partum anaesthetic review service for patients identified as having potential anaesthetic complications
Anaesthetics	OAA PDPH Guidance 2018 Adherence in Rotunda Hospital
Anaesthetics	The use of Octaplas during major obstetric haemorrhage at the Rotunda Hospital from 2019 till 2021.
Anaesthetics	Use of reversal agents for general anaesthesia
Anaesthetics	Re-audit of timing of administration of post-partum thromboprophylaxis in relation to spinal for CS, following intervention.
Anaesthetics	To reaudit the use of rescue antiemetics in the ward after using prophylactic antiemetic in theatre for elective caesarean sections done under regional anaesthesia (PONV)
Clinical Nutrition	Retrospective re-audit of occipital frontal circumferences (OFC) measurements
Community Midwifery	MNCMS Antenatal Visit Care Documentation
Neonatology – Medical	Audit of optimizing completeness of recording newborns discharge diagnosis/problems in MN-CMS
Neonatology – Medical	Documentation of parental discussion of cranial ultrasound CRUSS findings in the neonatal unit
Neonatology – Medical	Fluids, electrolytes and nutritional management in extreme preterm neonates - Compliance to the current national and international guidelines.
Neonatology – Medical	Frequency of blood draws for preterm neonates receiving PN
Neonatology – Medical	Haemolysed and clotted neonatal blood samples
Neonatology – Medical	How high are we delivering pressure by high-flow nasal cannula therapy in preterm infants?
Neonatology – Medical	Incidence of antenatal steroid administration in preterm deliveries: Documentation in neonatal chart
Neonatology – Medical	Neurodevelopmental follow up for low risk neonates – the practice in a tertiary NICU.
Neonatology – Medical	The role of spinal ultrasound in detecting neural tube defects in newborns
Neonatology – Medical	To determine whether pregnant women with a history of genital herpes simplex virus (HSV) and their infants are managed according to best practice recommendations
Neonatology – Medical	40% Dextrose Gel for the management of Neonatal Hypoglycaemia
Neonatology – Medical	Antibiotic prescribing practices for early onset neonatal sepsis, in reference to GBS flowchart and guidelines

Neonatology – Nursing	Delayed cord clamping in preterm infants 1st & re-audit
Nursing/Midwifery	Assessment of thrombocalc at time of postnatal re-admission
Nursing/Midwifery	Audit of Pre Op assessment clinic for gynaecology patients
Nursing/Midwifery	Compliance with PPH Prevention Bundle and PPH rates pre and post implementation
Nursing/Midwifery	Discharge information Audit (>37w <42w gestation NIEL and SROM attendances at ER)
Nursing/Midwifery	Fresh Eyes - Audit of the use and frequency of use of Fresh Eyes as part of CTG interpretation during pilot period of QIP
Nursing/Midwifery	Gynaecology Sepsis Audit
Nursing/Midwifery	Hand expressing during the first hour of life when infants are admitted to NICU
Nursing/Midwifery	Infant feeding documentation
Nursing/Midwifery	Nurse Led Pessary Clinic
Nursing/Midwifery	Pain Management in HDU patients
Nursing/Midwifery	RCSI Maternity Sepsis Audit 2022 Sepsis recognition, screening and treatment
Nursing/Midwifery	Supplemental breast feeding
Nursing/Midwifery	Thrombocalc recommendation compliance in postnatal population
Nursing/Midwifery	Thromboprophylaxis compliance
Nursing/Midwifery	Fetal Rhesus D test (FREDA) clinic to determine the requirements for Anti-D prophylaxis
Nursing/Midwifery	Fresh Eyes – Re-Audit of the use and frequency of use of Fresh Eyes as part of CTG interpretation
Nursing/Midwifery	Prospective Observational Audit for Obtaining Venous Blood Samples
Nursing/Midwifery	Re-audit of Hyperemesis
Obstetrics	An audit to investigate the adherence of urogynaecology outpatient referrals to the Rotunda referral pathway
Obstetrics	Audit of ECV service
Obstetrics	Audit of Reassurance Scan Service provision in EPU
Obstetrics	Blood Transfusion in Obstetric Patients
Obstetrics	Correct assessment of VTE risk using thrombocalc in patients with postpartum haemorrhage during vaginal birth/caesarean section
Obstetrics	Diagnosis and timely management of cord prolapse
Obstetrics	ER attendances in relation to admissions and discharges and staff resources
Obstetrics	Failure rate of repeat medical management for RPOC following MTOP
Obstetrics	Outcome Following Selective Laser Ablation for Twin to Twin Transfusion Syndrome
Obstetrics	Review of TOP (termination of pregnancy) patients referred to the Early pregnancy unit (EPU)
Obstetrics	Sepsis Fluid resuscitation
Obstetrics	Teenage Pregnancy Contraception

Obstetrics	The number of obese women (BMI ≥ 30) who were referred for an oral glucose tolerance test (OGTT)
Obstetrics	A re-audit of the postnatal readmissions in the Rotunda Hospital January 2019
Obstetrics	Aspirin use in pre-eclampsia prevention
Obstetrics	Audit on Manual Vacuum Aspiration service provision in the Rotunda. A re audit
Obstetrics	Booking Visit Dating Scan – A re-audit of dating pregnancies at the booking visit
Obstetrics	Re-audit antenatal FBC monitoring
Obstetrics	Re-audit of cord prolapse
Obstetrics	Re-audit of the management of shoulder dystocia
Obstetrics	Re-audit of the management of women with PET
Obstetrics	Re-audit of WORD catheter use in Bartholin's Cysts
Obstetrics	Surgical management of early pregnancy miscarriage
Obstetrics	The use of Methotrexate (MTX) in the management of ectopic pregnancy: A re-audit
Occupational Health	Employee health questionnaires
Pharmacy	An Evaluation of Antenatal Corticosteroid Prescribing in the Pre-Natal Ward and the Daycare Unit/Emergency Room
Pharmacy	Assessing the completeness of Medication History Orders recorded in the Rotunda Hospital
Pharmacy	Intrapartum stress dose steroid use
Physiotherapy	Re-audit physiotherapy management of OASI
Radiology	Triple ID Audit and Justification in Advance
Radiology	Re-audit requests for USS for breech deliveries

Clinical Risk and Patient Safety Service

HEAD OF SERVICE

Ms Siobhan Enright, Head of Clinical Risk, Medico-Legal & Quality Systems

STAFF

Ms Aisling Brennan, Clinical Risk Coordinator

Ms Orla Brady, Clinical Risk Coordinator

Ms Brid Leahy, Clinical Risk Administrator

Ms Jane O'Brien, Clinical Risk Administrator

Ms Clodagh Mooney, Clinical Risk Administrator

SERVICE OVERVIEW

The Clinical Risk and Patient Safety Department is responsible for the ongoing management and development of a comprehensive clinical risk management system across the hospital, as well as the management of claims relating to clinical incidents. The department manages clinical risks, incidents and responses in compliance with the appropriate legal and regulatory requirements of the State Claims Agency (SCA), HSE, and HIQA. This includes requirements for the management and reporting of Serious Reportable Events (SREs), as well as monitoring of serious incidents (SIs)

CLINICAL RISK MANAGEMENT

Risk management is a process of clearly defined steps, which serves to support decision-making through improved insight into risks and their impact. Day-to-day management of clinical risk is the responsibility of all staff within the hospital. The Clinical Risk Team works collaboratively with hospital staff and managers in performing risk analyses using the Rotunda Risk Assessment Form (adapted from the HSE Integrated Risk Management Policy, 2017). The resultant risk evaluation and rating, combined with the strength of any mitigating control measures, determines if a particular risk needs to be escalated to the Corporate Risk Register. The Head of Clinical Risk and Medico-Legal and Quality Systems is a member of the hospital Risk Committee. In 2023, 15 clinical risk assessments were performed and reviewed, two were escalated to the Corporate Risk Register.

INCIDENT MANAGEMENT

A clinical incident is an event or circumstance that could have resulted, or did in fact result, in unnecessary harm to a patient during the provision of care. All clinical incidents that fulfil established reporting criteria are recorded on the National Incident Management System (NIMS).

ACTIVITY

Figure 1 provides a breakdown of the number of incidents reported to SCA through NIMS and the severity category. There was a slight decrease in the overall number of incident reported compared to 2022 figures.

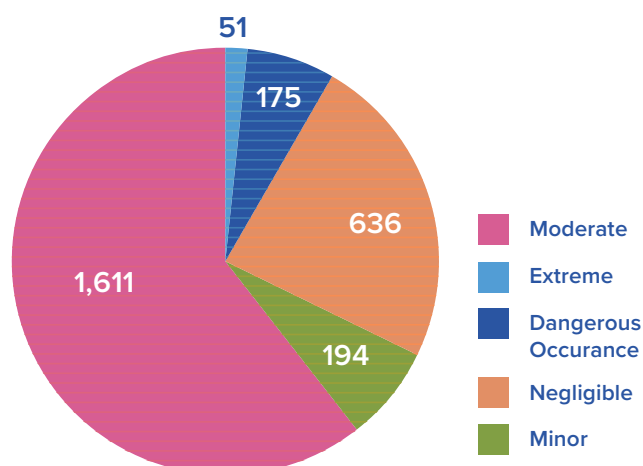


FIGURE 1: TOTAL NUMBER OF INCIDENTS PER CATEGORY REPORTED TO SCA FOR 2023 (N=2672)

Examples of incidents and severity category include:

- **Minor:** Delay in treatment with no impact on care
- **Dangerous Occurrence:** Incidents related to failure of equipment, security, resources etc.
- **Negligible:** Incident where no intervention was required e.g. medication error
- **Moderate:** Intervention was required e.g. postpartum haemorrhage >1000mls
- **Major/Extreme:** Intrauterine death/stillbirth with birth weight >500g

The majority of incidents reported were categorised as negligible or moderate. A small percentage (<1%) of incidents reported required further in-depth review at the hospital's weekly ACE (Adverse Clinical Event) Review Team meeting. A key focus of the ACE is to review adverse clinical incidents with a view to determining whether clinical and safety standards were followed and whether the adverse incident may have been prevented. It remains an unavoidable feature of healthcare that adverse patient outcomes will occur, the avoidance or prevention of which cannot be absolute. Therefore, the focus of the ACE is to determine whether hospital systems or practices may have exposed a patient to a heightened risk of adverse outcome, and whether enhanced safety measures should be considered in light of this occurrence.

The Clinical Risk Team prepares incident review reports (analogous to a Concise Desktop Review) for the weekly ACE Review Team meetings. The process follows the SBAR (Situation, Background, Assessment, Recommendations) format, adapted from the template provided in the HSE Incident Management Framework (2020) and includes Scope of Review, Analysis, Findings and Outcome. The ACE group in 2023 consisted of Prof. Fionnuala Breathnach and Prof. Sam Coulter-Smith (Consultant Obstetrician Gynaecologists), Prof. Breda Hayes (Consultant Neonatologist), Dr Anne Doherty (Consultant Anaesthesiologist), Ms Geraldine Gannon (Assistant Director of Midwifery/ Nursing), the Assistant Masters and Clinical Risk representatives.

Through systematic analysis of clinical incidents, key learnings are identified and disseminated to clinical staff. In 2023, there were 172 cases reviewed at these ACE meetings. Clinical cases that were reviewed include stillbirth, neonatal encephalopathy, postpartum haemorrhage, shoulder dystocia, and unplanned return to the Operating

Theatre. The outcomes of these reviews are presented to the hospital Executive Management Team (EMT) at their weekly meetings, where timely decisions are taken regarding further review (comprehensive or concise systems analysis) that may be required or whether further risk mitigation steps need to be implemented. This system provides senior management of the hospital near real-time visibility into all adverse occurrences at the hospital, thereby allowing rapid management response to potential suboptimal performance, either at the level of individuals or wider teams and systems within the hospital.

Table 1 provides data on the number of incident reviews completed from 2020 to 2023, with the reduction in the number being attributed to a more robust system for concise desktop review where analysis, findings and recommendations are efficiently made. There has been an increase in the total number and quality of reviews completed. This has been achieved through quality improvement initiatives within the Clinical Risk and Patient Safety Service department to ensure the incident review process aligns with national and international best practices. Governance and oversight by the Rotunda Board of Governors, the EMT and senior multidisciplinary team members has ensured the high standard achieved through the incident review process is sustainable into the future.

TABLE 1: CLINICAL RISK AND PATIENT SAFETY INCIDENT REVIEWS COMPLETED

Review Type	2021	2022	2023
Comprehensive Systems Analysis	1	5	0
Concise Systems Analysis	2	2	1
Concise Desktop Review (see details below)	165	189	172
Preliminary Assessment RV by Clinical Risk Coordinator +/- Consultant review/ Head of department (HOD). Further review not indicated	2,460	2,162	2,437

Dissemination of learning and outcome from reviews is provided through direct, timely feedback to obstetric, neonatal, anaesthesiology, and midwifery teams. The review process also ensures appropriate support mechanisms are in place for affected patients, families and staff, including additional follow-up in relevant specialist postnatal clinics with senior clinical expertise, or care from other medical disciplines such as mental health support.

A monthly summary report is provided as part of the CEO's report to the General Purposes Committee of the Board on Serious Reportable Events, new Comprehensive and Concise System Analysis Reviews commissioned and the number of Initial Incident Reviews completed. Additionally, a summary of the learnings from SREs and SIs is shared with the Rotunda's Board of Governors.

In February 2023, the PPH Working Group consisting of a multidisciplinary team introduced the PPH Risk Assessment Score and Prophylactic Medication Plan. Auditing of the system revealed 81% of patients were risk assessed in labour or pre Elective LSCS. Measured blood loss (weighing swabs) was introduced April 2023. An observation is the weighing of swabs has led to as increase in the number of PPH >1000mls.

An overview of Serious Reportable Events and Serious Incidents is also shared at monthly RCSI Hospitals Group Senior Incident Management Forum (SIMF) meetings to support dissemination of learning from relevant cases across all group hospitals, 23

cases were presented at meetings during 2023. Table 2 provides a breakdown of the number of serious reportable events which occurred between 2019 and 2023.

TABLE 2: BREAKDOWN OF SERIOUS REPORTABLE EVENTS			
	2021	2022	2023
Stillbirths (≥37 weeks' gestation, ≥2.5kg)	8	12	7
Encephalopathy	19	13 (9 HIE)	7 (6 HIE)
Neonatal Death (≥37 weeks' gestation, ≥2.5kg)	0	3	1

CLAIMS MANAGEMENT

Claims management relating to clinical incidents is also a key function within the Clinical Risk and Patient Safety Service. The Clinical Risk and Claims Administrator and the Clinical Risk and Safety Manager work collaboratively with the State Claims Agency from initial notification of a new legal claim through to final resolution of cases. The Service analyses claims data for further learning and dissemination to clinical staff. In 2023, there were 15 medico-legal claims settled, while 26 new proceedings served.

CORONERS REPORT

There were approximately 70 cases reported to the Coroner's Office. A Coroner's directed post mortem examination was requested for seven cases. There were three Coroner's cases heard in 2023.

SUCCESSSES & ACHIEVEMENTS 2023

There were a number of patient safety initiatives introduced throughout the year, including Quality Improvement projects, which were implemented through Multidisciplinary Team engagement. The department was awarded a second prize at the National Patient Safety Conference for the Quality Improvement Project for reducing the Incidence of Hypoxic Ischaemic Encephalopathy.

The majority of the Patient Safety themed Quality Improvement projects arose from clinical incidents or near miss reporting.

Successful Collaborative Multi-Disciplinary Quality Improvement Initiatives

- Improving MN-CMS work flow across various clinical areas
- Introduction of hard copy Surgical Safety List
- Improvement in capturing data relating to readmission with wound infection
- Improving the pathway for investigating Medication Incidents
- Introduction of Patient Transfer Form for the transfer of patients to another hospital

PLANS FOR 2024

- Further development of Zoho Incident Management System.
- Continuation of the Quality Improvement Projects with Multidisciplinary Teams.

Clinical Information Department

HEAD OF SERVICE

Ms Kathy Conway, Head of Clinical Reporting

STAFF

Ms Martina Devlin, HIPE Clinical Coder

Ms Aideen Preston, HIPE Clinical Coder

Ms Carmen Gabarain, HIPE Clinical Coder

Ms Orla Brady, HIPE Clinical Coder

Ms Ruth Ritchie, Clinical Data Validation Officer

Ms Marian Barron, Vermont Oxford Network Administrator

SERVICE OVERVIEW

The Clinical Information Department oversees and validates the production of hospital data reports for internal and external use. Activity is validated between current electronic systems such as the patient management system (IPMS), the maternity and neonatal management system (MN-CMS) and Hospital In Patient Enquiry system (HIPE). There are routine periodic reports produced for hospital executive management, committee meetings and for head of departments as required. Additionally, reports are exported to the Health Service Executive, RCSI Hospital Group and other external agencies.

INTERNAL REPORTS

- A monthly report with a suite of key performance indicators is produced to enable hospital management to analyse and plan for service activity in all areas. This report is also circulated to the General Purpose Committee of the Board of Governors.
- Ad hoc reports on specific activity are produced as required.
- Reports for the purpose of audit or research.

EXTERNAL REPORTS

- RCSI Hospitals Group Senior Incident Management Forum (SIMF)
- Irish Maternity Indicator System report to HSE
- Patient Activity Statement to RCSI Hospitals Group and to HSE as well as publishing on Rotunda website
- Business Intelligence Unit report to HSE
- Annual submission for Vermont Oxford Network
- Export HIPE data to Hospital Pricing Office (HPO)

SUCCESSES & ACHIEVEMENTS 2023

There were 13,956 day cases and 13,635 inpatients coded during 2023. This is an increase of 2.5% for In-Patient cases and 11% in Day cases.

CHALLENGES 2023

The biggest challenge for the department in 2023 was to complete the clinical coding in a timely manner with the increase in workload and new inexperienced coder joining the team. Ruth Ritchie retired at the end of 2023. Ruth was the Clinical Data Validator. A Midwife will replace this post in 2024. Orla Brady replaced Mary O'Reilly and is currently undertaking all training courses for this post.

PLANS FOR 2024

- To ensure that all reports are appropriately validated before issuing internally or externally.
- Reports are produced in a timely fashion.
- Meet all HIPE deadlines for coding.
- Reconcile all documented and reported obstetric neonatal risks and complications to ensure accurate data for Irish Maternity Indicator system.
- Ensure all relevant data on women referred with postmenopausal bleeding are recorded on IPIMS at time of referral in order to complete a national template.
- Compiling a quarterly report on caesarean section would surveillance to facilitate more in-depth surveillance and data gathering.
- Compiling a quarterly report for Cerebral Palsy Foundation Project.

Academia



Department of Research

HEAD OF DEPARTMENT

Dr Zara Molphy, Director of Obstetrics and Gynaecology Research (RCSI)

STAFF

Ms Denisa Ramona Asandei, RCSI Clinical Operations Manager

Ms Elisa Belmonte, RCSI Communications Manager

Ms Sirisha Bellamkonda, RCSI Clinical Research Coordinator

Ms Hollie Byrne, RCSI Research Administration Assistant

Ms Sarah Marcu, RCSI Research Administration Assistant

SERVICE OVERVIEW

The Department of Research is jointly run operationally between the Rotunda Hospital and our major academic partner, the Royal College of Surgeons in Ireland. The team provides essential day-to-day research and clinical trial support to RCSI Department of Obstetrics and Gynaecology Principal Investigators, PhD and MD candidates. We continue to expand and develop a portfolio of research studies and clinical trials along with outreach and research dissemination. This includes an extensive suite of randomised clinical trials (RCTs) and a number of observational and pilot studies. In 2023, the RCSI team continued to grow, innovate and pursue competitive funding opportunities from national funding agencies including The Health Research Board and Science Foundation Ireland.

Interventional Clinical Research 2023

- **IRELANd**– This is a multicentre RCT investigating the role of aspirin in pregnancy outcomes of women with pre-gestational diabetes. The trial was led by the Rotunda Hospital and also recruited patients at the Coombe Women & Infants University Hospital, National Maternity Hospital, Our Lady of Lourdes Hospital Drogheda, Galway University Hospital and Cork University Maternity Hospital. The IRELANd trial closed in June 2023. In total, 139 patients were recruited and statistical analysis is now completed. The results of this trial will be published in early 2024.
- **HOME IND** – A randomised open-label trial to assess different methods of outpatient induction of labour and compare the efficacy of a prostaglandin vaginal insert (Propress) versus a non-pharmacologic cervical dilator (Dilapan) for induction of labour at 39 weeks' gestation in normal risk nulliparous women. Recruitment commenced in November 2020 and closed in May 2023 with 327 women recruited. Statistical analysis is now complete and dissemination of trial results are underway, with publication in a leading journal expected in mid-2024.
- **PARTUM** – A pilot trial to determine whether low-dose aspirin (ASA) is efficacious and safe at preventing postpartum venous thromboembolism (VTE) in women at increased risk of VTE, compared to placebo. The trial successfully recruited 23 women at the Rotunda Hospital and closed in October 2023. The trial is due to close globally in 2024.
- **PIPELLE** – A single site RCT to investigate whether the Pipelle endometrial sampling device is of benefit in patients with postmenopausal bleeding and an

atrophic-appearing uterine cavity. Recruitment for this trial is underway and on-target.

- ACEDUCT – Co-administration of Acetaminophen with Ibuprofen to Improve Duct Related Outcomes in Extremely Premature Infants. To evaluate the clinical impact, efficacy and safety of combination regime [Ibuprofen + Acetaminophen] for first treatment course for significant PDA in extremely low gestational age neonates (ELGANs) vs. Ibuprofen alone. The trial has received HPRA and NREC approval and recruitment has received the ‘greenlight’ at the Rotunda Hospital with recruitment due to commence in 2024.

Observational Clinical Research 2023

- AI_PREMie (Artificial Intelligence to prevent preterm birth due to preeclampsia while protecting mothers lives). This is an SFI-funded award-winning project launched in 2020, in which the Rotunda has partnered with UCD, National Maternity Hospital and the Coombe Women and Infants’ University Hospital, to evaluate a combination of patient biomarker testing and risk assessment powered by machine-learning to diagnose preeclampsia and predict patients’ outcome.
- DIONYSUS (International Registry for the Management and Clinical Outcomes in Hemolytic disease of the fetus and newborn). This is an international multicentre observational cohort study to assess differences in prenatal and postnatal management strategies and clinical outcomes of haemolytic disease of the fetus and newborn (HDFN) in cases with moderate to severe HDFN due to Rhesus, Kell or other types of red blood cell antigen alloimmunization, managed at expert fetal therapy centres worldwide.
- PERIMETER – Perinatal Outcomes of Early-Onset Fetal Growth Restriction: A Retrospective Observational Study. The aim of the PERIMETER study is to evaluate perinatal mortality and morbidity associated with early-onset fetal growth restriction in Ireland. Tertiary perinatal centres across Dublin have a standardised approach to diagnosis and management of early onset FGR, providing an opportunity to report outcomes of this high-risk population in a local context. This study is led by researchers at the Rotunda Hospital and involves collaborators in obstetrics and neonatology at The Coombe Women and Infants’ University Hospital and National Maternity Hospital. The project has received funding from RCSI Translational Seed Fund as The Rotunda Foundation.

Clinical Innovation Unit (CIU)

The Clinical Innovation Unit, led by Prof. Richard Drew (Consultant Microbiologist), is an informal collaboration of staff based in the Rotunda laboratory that aims to facilitate, support and develop research projects with the goal of introducing the latest diagnostic advances to the Rotunda. By working with colleagues across different disciplines and academia, we can ensure that the Rotunda is a leader in diagnostics for obstetrics, gynaecology and neonatal care. The CIU works closely with Children’s Health Ireland through cross-appointed laboratory consultants given the significant overlap in terms of clinical problems.

In 2023, the research output of six peer-reviewed papers centred around three key themes, in partnership with Children’s Health Ireland and the Irish Meningitis and Sepsis Reference Laboratory.

The three main research themes for 2023 were:

- Group B Streptococcus
 - Maternity Care provider acceptance for Group B Strep vaccines
 - Trends in invasive bacterial infections during Covid (IRIS consortium)
 - The use of full blood count for investigating early onset sepsis in infants
- Urinary tract infections in pregnancy (done in partnership with the National Maternity Hospital)
 - Antenatal Pyelonephritis management
 - Screening for asymptomatic bacteriuria
- Enterovirus
 - Paper published on enterovirus testing strategies in infancy

Research Communications

In 2023, the RCSI team continued its responsibility for the management and development of websites and social media pages associated with a number of research projects and health campaigns. The talented in-house communications team, have considerable expertise in creating accessible, relevant and scientifically sound video content for YouTube and Instagram Reels to reach our target audiences. Our YouTube content reached a staggering 14,813 views while video content associated with the Early Pregnancy Event on social media channels was watched over 161,000 times. Our website debunkingthemyths.ie had 1.3K active users and a reach of 1.3K on Facebook and 34.3K on Instagram.

Funding Success

The RCSI team had a very successful year in 2023 with awards received from a number of funding bodies for the following projects:

- Debunking The Myths – The Science Behind Our Sexual Health, Science Foundation Ireland (SFI) Discover Programme, €287,980.00
- World Thrombosis Day 2023, Funded under the RCSI PPI Ignite Network Festival, €400
- PERIMETER: Perinatal Outcomes of Early-Onset Fetal Growth Restriction, RCSI Seed Funding 2023 €50,000 and €59,273 from The Rotunda Foundation

Awards & Achievements

- BIAS: Inequalities in Women's Health and Research, our 2022 SFI Science Week Event, won Equality Initiative of the Year category at The Irish Healthcare Awards in December 2023.
- Debunking The Myths – The Science behind Our Sexual Health was shortlisted in the Patient Project of the Year – Non Pharmaceutical category at the Irish Healthcare Awards in December 2023.
- Developed a new collaboration with DCU School of Inclusive and Special Education to introduce a number of pregnancy related terms to the Irish Sign Language STEM glossary programme. We also hosted a dedicated breastfeeding workshop in collaboration with The Rotunda Lactation Midwives for a deaf and hard of hearing family group.

Research Events

A number of high-profile international conferences were targeted to highlight research led by RCSI Principal Investigators including The International Federation of Gynaecology and Obstetrics (FIGO), Society for Maternal Fetal Medicine (SMFM) Annual Pregnancy Conference, and The International Conference on Prenatal Diagnosis and Therapy (ISPD) among others. We also hosted training events and workshops, which

were in-person, while a selection of other events continued online due to the large numbers engaging with content via the Rotunda website and social media platforms (Instagram, Twitter and Facebook).

SMFM 2023

RCSI Department of Obstetrics and Gynaecology had a record number of poster presentations accepted for the annual SMFM Pregnancy meeting held in San Francisco in February 2023. Research topics presented at the meeting included refining gestational diabetes glycemic surveillance targets; the impact of epilepsy on patient safety; teenage pregnancy in contemporary practice; the impact of constitutional change on termination of pregnancy for major congenital heart disease; the probability of achieving spontaneous onset of labor in a low-risk nulliparous pregnancy; and a novel app-assisted self-management programme for gestational diabetes.

Mini-Med

Since 2015, RCSI Department of Obstetrics and Gynaecology has proudly hosted the Mini-Med programme. Led by Prof. Fionnuala Breathnach, this initiative offers 12 Transition Year (TY) students from DEIS schools an immersive week-long clinical experience. Designed for students aspiring to careers in Medicine, Anaesthesia, Midwifery, or Allied Healthcare Professions, the programme combines interactive lectures, seminars, simulated labour experiences, and theatre observations.

World Thrombosis Day 2023

We organised an event in the Rotunda Hospital to celebrate World Thrombosis Day to launch our new educational materials on the prevention of blood clots in pregnancy and after birth. The materials were co-created with patients' inputs gathered by Thrombosis Ireland and have been circulated for use at every maternity unit in the country.

Early Pregnancy Information Event 2023

The first trimester of pregnancy is a momentous time for baby's development, and for the family adjusting to this incredible change. With this in mind, we hosted an event focusing on optimal early pregnancy care on the Rotunda Hospital social media pages for parents to be, and patient support groups. The Early Pregnancy Information event, supported by the Health Research Board and the Rotunda Hospital, took place from the 20th - 24th March 2023. The event was co-created with questions submitted by the public, and it provided an opportunity for the public to directly engage with experts on early pregnancy.

Debunking The Myths – The Science Behind Our Sexual Health

RCSI Department of Obstetrics and Gynaecology in collaboration with colleagues at the Rotunda Hospital developed the Debunking the Myths programme, to provide clear and reliable information in relation to sexual health while also stimulating open discussion and curiosity around the topic. The programme consists of a series of interactive two-hour workshops and online engagement tools. Delivered by RCSI and Rotunda Hospital consultants, non-consultant hospital doctors, community GPs and researchers, the workshops explore a range of topics, including humanpapilloma virus (HPV) vaccine, contraception, menstruation, sexually transmitted infections (STI) prevention, fertility and SATU services, to help teenagers learn more about these subjects in a non-biased and non-judgemental way. This impactful initiative has made significant strides in providing essential information to adolescents through educational workshops, social media campaigns and roadshows.

With the support of the SFI Discover Programme and the Rotunda Foundation in 2022-2023, the Debunking The Myths workshops reached more than 1,900 teenagers

in-person, and a staggering 7,700 students from 23 counties in virtual workshops. In September 2023, the Team brought Debunking The Myths to the National Ploughing Championship, engaging with teenagers, parents and teachers at Europe's largest outdoor event. In December 2023, RCSI Department of Obstetrics and Gynaecology secured a further €287,000 to run more exciting workshops, online campaigns and new resources for teachers until 2025.

SCI:COM 2023

In December 2023, the research team were invited to present two posters at the Science Foundation Ireland event held at The Aviva Stadium highlighting their science communication work both at the community level and the medical field. We were also invited on to a guest panel to discuss 'Private Parts? How to really talk about sexual health and menopause' chaired by Dr Claire O'Connell from The Irish Times.

Charter Day 2023

The research team presented a number of posters at Charter Day 2023 including:

- Debunking The Myths – The Science Behind Our Sexual Health
- Perinatal Outcomes of Early-onset Fetal Growth Restriction in Ireland: A Retrospective Observational Study – The Multicentre PERIMETER Study
- HYPATIA: A prospective randomised controlled trial of HYdroxychloroquine to improve Pregnancy outcome in women with AnTIphospholipid Antibodies
- The Ductus (Interim) Analysis

RCSI Research Day 2023

The research team presented a number of posters at RCSI Research Day 2023 including:

- The Breakfast Club
- BIAS: Inequalities in Women's Health and Research
- AI_PREMie (Artificial Intelligence to Prevent preterm birth due to pre-eclampsia while protecting Mothers' lives)
- Labour roulette: Probability of achieving spontaneous onset of labour in low risk nulliparous pregnancies
- Termination of Pregnancy for Major Congenital Heart Disease: The Impact of Constitutional Change in Ireland

CHALLENGES 2023

The main on-going challenge in 2023 remains maintaining and growing sufficient diverse funding streams that enable the hospital to address important clinical research questions.

PLANS FOR 2024

- Continue to support multiple MD, PhD and MSc research projects across both the RCSI Department of Obstetrics and Gynaecology and the RCSI Department of Paediatrics/Neonatology.
- Continue to identify strategic sources of research funding via national funding bodies and commercial partnerships.
- Provide a number of summer research internships for undergraduate students pursuing a career in obstetrics and gynaecology.
- Secure plenary oral presentations at Society for Maternal Fetal Medicine Annual Pregnancy Conference – the world's largest obstetrics conference – to disseminate the results of both IRELAND and HOME-IND RCT's.
- Host a number of public patient involvement and community outreach events.
- The Debunking The Myths national campaign will continue to host numerous in-person and online events.

Research Ethics

HEADS OF COMMITTEE

Prof. Sharon Cooley, Co-Chair

Prof. David Corcoran, Co-Chair

COMMITTEE MEMBERS*

Dr Aoife Corcoran

Dr Ronan Daly

Prof. Sean Daly, Master

Dr Thomas Drew

Dr Richard Duffy

Dr Aine Fox

Prof. Michael Geary

Ms Fiona Hanrahan

Mr Kieran Healy

Mr Colin Kirkham (Research officer)

Dr Zara Molphy

Ms Anna Mooney Data Protection officer (RIP 2023 – Last meeting on the REC 18th April 2023).

Ms Jessica Owolawi (Data Protection officer)

Dr R. Mulally

Dr Liezl Weinand

Ms Mary Whelan

Ms Margaret Woods

(*with administrative support provided by Ms Margaret Griffin)

SERVICE OVERVIEW

The Research Ethics Committee (REC) was established in 1995 as a hospital committee with overall responsibility to approve any research conducted in the hospital (or related to the hospital) by Rotunda staff or external staff members.

ACTIVITY

In 2023 there were 28 REC applications considered, 18 of which were approved to commence. The Research Ethics Committee met 9 times and meetings were scheduled to ensure that there is continuing timely and effective focus on research within the hospital. Prof. Sharon Cooley, Consultant Obstetrician Gynaecologist and Prof. David Corcoran, Consultant Paediatrician Co-Chairs of the REC, chaired alternate meetings.

There were 33 RAG applications were considered by the Research Advisory Group of which 32 applications were approved one application was withdrawn. The RAG process focusses on review and approval of clinical audit proposals, and provides a pathway of visibility and approval by the overarching REC.

An invitation was extended to Dr Niamh Daly to also join the Committee and the plan was for her to do so in 2023, unfortunately due to work commitments this did not happen.

CHALLENGES 2023

In 2023, the Research Ethics Committee maintained an active and safe research programme at the Rotunda Hospital, despite the continued challenges of the COVID-19 pandemic. The REC meetings continued in person with the appropriate social distancing and mask wearing.

PLANS FOR 2024

The REC has been rotating non-consultant hospital doctors from neonatology and obstetrics at six monthly intervals onto the committee to provide experience and training in the area of critical review of research proposals, and it is expected that this will continue throughout 2024.

Royal College of Surgeons in Ireland

Department of Obstetrics and Gynaecology

HEAD OF DEPARTMENT

Prof. Fergal Malone, Professor & Chairman

STAFF

Prof. Fionnuala Breathnach, Associate Professor

Prof. Karen Flood, Associate Professor

Dr Naomi Burke, Senior Lecturer

Dr Niamh Daly, Senior Lecturer

Dr Fiona Reidy, Senior Lecturer

Prof. Sam Coulter-Smith, Honorary Clinical Professor

Prof. Sean Daly, Honorary Clinical Professor

Prof. Michael Geary, Honorary Clinical Professor

Prof. Jennifer Donnelly, Honorary Clinical Associate Professor

Prof. Maeve Eogan, Honorary Clinical Associate Professor

Prof. Edgar Mocanu, Honorary Clinical Associate Professor

Prof. Hassan Rajab, Honorary Clinical Associate Professor

Dr Kushal Chummun, Honorary Senior Lecturer

Dr Sharon Cooley, Honorary Senior Lecturer

Dr Nikita Deegan, Honorary Senior Lecturer

Dr Eve Gaughan, Honorary Senior Lecturer

Dr Conor Harrity, Honorary Senior Lecturer

Dr Maria Kennelly, Honorary Senior Lecturer

Dr Etaoin Kent, Honorary Senior Lecturer

Dr Nicola Maher, Honorary Senior Lecturer

Dr Sieglinde Mullers, Honorary Senior Lecturer

Dr Vicky O'Dwyer, Honorary Senior Lecturer

Dr Meenakshi Ramphul, Honorary Senior Lecturer

Dr Rishi Roopnarinesingh, Honorary Senior Lecturer

Dr Fadi Saleme, Honorary Senior Lecturer

Dr Claire Thompson, Honorary Senior Lecturer

Dr Catherine Finnegan, Maternal Fetal Medicine Subspecialty Fellow

Dr Brendan McDonnell, Maternal Fetal Medicine Subspecialty Fellow

Dr Ronan Daly, Specialist Registrar/Tutor

Dr Daniel Kane, Specialist Registrar/Tutor

Dr Sarah Nicholson, Specialist Registrar/Tutor

Dr Elizabeth Tunney, Specialist Registrar/Tutor

Dr Eimear Wall, Specialist Registrar/Tutor

Dr Zara Molphy, Head of Research Programmes

Ms Denisa Asandei, Clinical Research Operations Manager

Ms Sirisha Bellamkonda, Clinical Research Coordinator

Ms Elisa Belmonte, Research Communications Project Manager

Ms Hollie Byrne, Research Assistant

Ms Fiona Cody, Research Sonographer

Ms Sophie Conheady, Research Phlebotomist

Dr Patrick Dicker, Epidemiologist/Statistician

Ms Ann Fleming, Midwife Sonographer

Ms Sarah Marcu, Research Assistant

Ms Claire O'Rourke, Midwife Sonographer

Ms Michelle Creaven, Administration

Ms Suzanne Kehoe, Administration

Ms Suzanne King, Administration

SERVICE OVERVIEW

Patient Services

The RCSI Fetal Medicine consultants provide select advanced fetal medicine services for patients of the Rotunda Hospital, as well as those referred from throughout Ireland. In 2023, a total of 3,375 fetal ultrasound examinations were performed at the Centre. First trimester screening using nuchal translucency with serum markers, is now rarely used in our practice, due to the popularity of non-invasive prenatal testing (NIPT) risk assessment. Most patients now select NIPT-based screening at 9-10 weeks' gestation, with nuchal translucency provided as a stand-alone separate test at 11-13 weeks' gestation to screen for additional fetal malformations. In 2023, a total of 1,888 NIPT-based screening tests were performed at the centre.

Teaching

Two hundred medical students participated in the RCSI Obstetrics and Gynaecology core six-week clinical teaching rotations, which expanded from five to six rotations annually in 2023. The RCSI Department of Obstetrics and Gynaecology has a leadership role in providing teaching and assessment for undergraduates at the Rotunda Hospital, National Maternity Hospital, Coombe Women & Infants University Hospital, Our Lady of Lourdes Hospital Drogheda, Midland Regional Hospital Mullingar, St. Luke's Hospital Kilkenny, Waterford Regional Hospital, and Cavan General Hospital. These students participated as sub-interns on the hospital wards and in clinics, contributing significantly to the mission and function of the hospital, while providing increasingly positive feedback on their learning experiences.

Additionally, the department continued to participate in training Physician Associates, under the direction of the RCSI School of Medicine.

Research

The RCSI Department of Obstetrics and Gynaecology continued its strong collaborative relationship with our hospital research partners during 2023. This included further integration of our shared research endeavours with the Rotunda Hospital, encompassing perinatal research both at local site and national levels. Please see the section on the Rotunda/RCSI Research Department for further information

SUCSESSES & ACHIEVEMENTS 2023

In 2023, the Department published 12 scientific articles in international publications with major scientific impact, and again participated at the world's largest obstetric research meeting, the Society for Maternal Fetal Medicine, held in San Francisco, California, in February 2023, where seven scientific projects were presented.

Five postgraduate research theses were in progress in 2023, with four active PhD and MD candidates at year end.

CHALLENGES 2023

The main challenge for the department in 2023 remained trying to maintain high standards of clinical teaching for undergraduate medical students despite increasing student throughput. The quality of teaching has been maintained through the recruitment of additional academic staff and dynamic tutor registrars, as well as harnessing the state-of-the-art simulation centre at the RCSI York Street building which has allowed the implementation of new teaching and assessment techniques, which focus on improving communication and clinical skills, in a small group setting.

PLANS FOR 2024

As the number of medical students continues to grow, the structure of clinical placements will continue to evolve in an attempt to maintain the primacy of bedside clinical teaching. There is also a growing requirement to confirm standardisation of the student learning experience, which can be achieved through use of student portfolios and ensuring that all students are exposed to formal communication skills training in our simulation centre.

Further expansion of the department's clinical research trials portfolio is of major importance for the academic team, including attracting the best talent for research and education of our undergraduate and postgraduate teams.



Library & Information Service

HEAD OF SERVICE

Ms Anne M. O Byrne, Head Librarian

SENIOR LIBRARY ASSISTANT

Ms Heather Boland

The Library & Information Service (LIS) of the Rotunda Hospital provides reference/study facilities, electronic access and computer facilities, to all the staff of the hospital. In addition it provides facilities for medical students from the Royal College of Surgeons of Ireland who use facilities as part of their residency programmes. TCD Midwifery students may also use facilities during their courses of study.

Facilities include the following services: study facilities (24 study spaces), networked computer access (four PCs) & Wi-fi, 24-hour reading room facilities, book return facilities and integrated print & photocopy services. Electronic facilities include access to electronic journals and medical databases through 'Rotunda Discovery Platform' and remote access with ATHENS registration. LIS has qualified library staff to assist in the dissemination of Library & Information Services to users and training on evidence-based resources.

DEVELOPMENTS

As we commenced 2023 the hospital returned to pre COVID working with 'social distancing' now removed from all LIS work and study areas. We have now returned to full capacity.

We continue to provide increased access to services through extended loan facilities and access to our electronic platform 'LIS Discovery Platform'.

The latter continues to be invaluable in providing access to users working out of hours and remotely. Resources accessed electronically continued to be provided to users and to support the research base.

RCSI & Midwifery Student Rotations at the Rotunda

We continue to welcome RCSI Medical students to the Rotunda and our service. Working in co-operation with the RCSI Office & Midwifery Practice Development at the Rotunda we prepare for each student intake and their registration and induction.

This year we have added RCSI Neonatology Students to our user numbers. This is on a rotational basis. This is true also for new Midwifery, BSc, Higher Diploma student intakes and through the further development of online Induction and training programmes.

New NCHD groups commenced in January and July 2023 and we welcomed them to our services. We encourage these groups to register fully with us and avail of access to our Electronic Platform both onsite and remotely through ATHENS authentication. GP Rotation staff are also offered these services and have given positive feedback.

Historical Committee

In continuance with the current Strategic Plan, the Librarian continued to chair the Historical Committee. The work of this committee has continued into 2023 with a review of activities originally planned for 2020.

Work on the placement of a Commemorative Plaque on the site of the first Hospital Building remains in the domain of the Planning Department of Dublin City Council. We are currently reviewing the site based on a review of historical maps of Georges Lane.

We look forward to progressing this commemorative event in 2024.

Culture Night 22nd September 2023

Culture Night at the Rotunda continued as 'Virtual Culture Night' on 22nd September 2023. We again contributed recordings of previous presentations in our historic chapel. Feedback from this event was very positive and virtual viewing numbers greater than earlier years with a total of 9,346 views across all our social media platforms, showing ongoing demand from our public.

CHALLENGES 2023

Staffing was reduced in December 2022 and followed by a new recruitment process in February 2023. Sorchá O'Connor joined the LIS team mid February but went to a new post in August 2023. My thanks to Sorchá for her work during this time. We wish her every success in her new post and trust her work experience has been a positive one in the Rotunda.

A further recruitment process took place and the post was filled by Heather Boland who remains in situ.

SUCCESSES & ACHIEVEMENTS 2023

- Despite the restrictions imposed on our daily lives our creativity again increased during 2023 and we further developed new ways of communicating and delivering training and information. We embraced Zoom meetings and training was received and delivered via Zoom.
- We increased access to further training via our 'Discovery Page'. This extended to training programmes increasing access to our databases and evidence based tools.
- We have added additional Training Videos in MEDLINE, CINAHL, Browzine App and ZOTERO.
- We kept in contact with our peers through online training initiatives including Systematic Review Webinars (SCHARR UK), OVID PICO, OVID Expert Tools, OVID Gey Literature Searching, OVID Search Strategies to name but a few.
- We met our professional groups in this way and shared experiences and sought feedback.
- Our Annual HSLG Conference was held in March 2023. It reminds us of the need for human contact, communication and sharing.
- Our Town Hall Meetings kept us abreast of organisational issues and bring staff from every department to this event. Our communication tool, the 'Trimester' newsletter continues to inform and advise users through its quarterly production which is available online to all staff.
- In September we hosted a photographic exhibition in honour of Mr Albert G Power, RHA. We hosted this 'pop-up' exhibition in co-operation with Mr Power's great-grand daughter Sharon O Meara. Albert was an Irish Sculptor in the academic realist style and a leading sculptor of the Irish Free State who was commissioned by the government to create portraits of a number of leading politicians including Arthur Griffith (1922), Michael Collins (1936), Austin Stack (1939) and Eamon deValera (1944). In connection with the Rotunda he created a Bronze Statue of Dr Bethel Solomons, Master of the Rotunda. It takes pride of

place in the Rotunda's Front Hall. The exhibition was open to all Rotunda staff and was well attended.

Research Support

Through the provision of online training and prescribed literature searching and document delivery, LIS continues to equip busy research staff in all our departments with the skills to undertake audit, research and publication. Support for publication and Open Access publishing increases the profile of the hospital as a research organisation.

PLANS FOR 2024

Feeding into the hospital's current Strategic Plan, the Historical Committee, chaired by the Librarian, are planning to revisit events to commemorate the hospital's 275th Anniversary. Further to this, the Rotunda hopes to secure the submission to Dublin City Council and the Plaques Committee. The Librarian, Prof. Geary & Dr John Loughrey are working on this further submission and on getting permissions in place for activities that are also under review. We hope to contribute to the next Rotunda Strategic Plan (2022-2027) in terms of LIS service planning and delivery.

CONCLUSION

Service developments in 2023 reflect our ability to change and our continuing commitment to user needs and to the equitable extension of services to all our users. We continue to look forward to working with you in the years to come.

2023 Annual Report of The Rotunda Foundation



STAFF

Ms Sheila Costigan, General Manager

Mr Chetan Chauhan, Finance & Administration

OVERVIEW

The Rotunda Foundation raises funds to support the outstanding care delivered at the Rotunda Hospital. Its main objective is to provide a sustainable funding base to promote maternal and child health, the hospital's high-quality research programme and support the specialist clinics and services provided by the Rotunda.

GOVERNANCE AND BOARD OF DIRECTORS

The Rotunda Foundation is governed by a constitution, granted on the 23rd March 1973 and amended by special resolution on 10th June 2016, incorporating a Board of Directors and administration for the charity. This document contains the memorandum & articles of association of the company. The memorandum outlines powers and objectives and the articles determine the procedures and regulations that the company must adhere to.

The Board of Directors have a responsibility to promote a collective vision and purpose for the charity and the culture, values and behaviours it wishes to promote in conducting its business. It provides strong leadership and gives support and direction to its management and administrative staff. It projects a firm commitment to transparency, accountability and an adherence to good governance, best practice and performance.

The Charity has implemented the Charities Governance Code and has completed the Compliance Record Return for year ending 31st December 2023. As a limited company, the Board of Directors comply with all statutory and financial requirements as deemed necessary by the Charities Regulatory Authority and the Revenue Commissioners.

MEMBERSHIP OF THE BOARD OF DIRECTORS

Dr Mary Holohan (Chairperson)

Marie Malone

Magaret Philbin

Mark Simpson

Prof. John Sheehan

Dr Geraldine Connolly

Jo Daly (New Appointment in 2023)

In this report, the Directors of The Rotunda Foundation present a summary of its purpose, governance, activities, achievements and finances for the financial year 2023.

MISSION, OBJECTIVES AND STRATEGY

The Foundation has as its main objective, the development of a sustainable funding base to support and promote maternal and child health, the hospital's high-quality research programme and the services provided by the Rotunda. The Foundation supports all areas of need within the Rotunda not funded by the State, including minor

works, additional equipment, education and training programmes and the development of initiatives that support hospital staff's well-being, continuing educational development and the advancement of patient care for mothers and their babies.

Money is raised through direct donations, fundraising activity and events, the use of capital assets facilitated by the hospital and other donation focused partnerships.

The Board of the Foundation adopts a highly focused strategic approach that is reviewed annually. It has adopted the Charities Regulatory Authority's Governance Code which provides support to its trustees to meet their legal duties. The Governance Code has enabled the Foundation to put systems and processes in place which focus on advancing the organisation's charitable purpose and provides a benefit to the public and all its stakeholders ensuring that the charity is managed in an effective, efficient, accountable and transparent way. The Board of the Foundation obtains external professional advice from financial, business and legal advisors, when necessary.

The Foundation supports the hospital's annual 'Wish List' which identifies areas of need throughout all departments of the Rotunda. The scope of the 'Wish List' covers additional equipment requirements, minor works expenditure, projects and initiatives, resources and training and development opportunities. Funding for these items is not covered within the hospital's budget and has no other source of funding.

ACTIVITY

During the year, supporters were actively encouraged to engage in fundraising activity to enable the charity to carry out minor building projects and to make improvements within the hospital's infrastructure. Funding was also made available to support the hospital's annual wish lists and for the purchase of additional equipment that is not funded by the State.

The Foundation worked closely with Rotunda staff and its donors to help develop and fund patient care initiatives such as the 'Family Integrated Care (FIC)', 'Angel Eye', 'Beads of Courage', 'Aidan & Donnacha's Wings – Ceramic Hand and Foot Prints', 'Tentacles for Tinies', 'The Journey Initiative' and several social welfare and bereavement support services.

Major fundraising events were held during the year which included the Rotunda's Annual Golf Classic, Vhi Mini Marathon, Irish Life Dublin Marathon, Virtual Digital Sporting Events, A Tribute Collection for a former member of Rotunda Staff, Direct Mailings for Christmas & New Year Giving Campaigns, Rotunda Autumn Charity Luncheon and monthly Hospital and community fundraising activity.

The Pillar Room continued to be hired out to the Department of Justice to hold the Stardust Inquest extending an exclusive use of the venue for a further 12-month period from 21st February 2023. With this fortunate rental agreement, the Foundation was further enabled to support the hospital's on-going needs throughout 2023.

The Foundation welcomed opportunities to collaborate with corporates, other charities and professional organisations in order to meet its strategic objectives and fundraising goals.

SUCSESSES & ACHIEVEMENTS 2023

The Foundation has maintained an extensive reach throughout the hospital and during the year it specifically aimed to provide funding to assist areas that had never received Foundation support before. Initiatives that aimed to improve the well-being of

patients, the advancement of educational development for key members of Rotunda staff, improve working environments within the hospital and help to develop hospital's infrastructure, were also supported. Close collaboration with the hospital's Executive Management Team and Rotunda Board Chairperson was maintained by the Chairperson of the Foundation's Board.

The Foundation's support throughout 2023 has had a significant impact on Hospital services. Funding was awarded to the following areas: –

- AV/PA Technician Services at external hospital events (€2,503.05)
- World Prematurity Day Promotions (€423.78)
- National Breastfeeding Week Promotions (€313)
- CSSD Staffroom Upgrade (€3,000)
- Refurbishment of Ground Floor Corridor Bathrooms (€75,000)
- Equipment Portering Services (€500)
- Innovation Hand Hygiene Quality Improvement Training in the Neonatal Intensive Care Unit (€14,500)
- Laparo Analytic, Advance Portable Gynaecology Set and Consumables (€35,000)
- Support Services for Perinatal Mental Health Department (€392.01)
- EDMR Kit for Perinatal Mental Health Department (€708.52)
- WAIMH Congress 1 x Clinical Nurse Specialist & 1 x Senior OT Registrations (€1,300)
- Computer Equipment Specialist Perinatal Health Department (€682.41)
- Printed Envelopes Specialist Perinatal Health Department (€329.64)
- Nursing & Midwifery Registration & Travel 33rd ICM Triennial Congress (€15,136.96)
- Ventana DP200 Slide Scanner for Histology Workflow Automation (€104,892.63)
- BinFlag Project, Training & Installation (€12,632.10)
- Family Integrated Care (FIC) Posters & Booklets for Parents (€2,350)
- Online Adult Attachment Interview Training & Course Registration (€5,942.12)
- Minor Works in Pillar Room: Replacement of dimming system with full swap out of halogen bulbs to LEDs for energy saving (€8,618.68)
- Minor Works to Pillar Room Roof to set up spikes and netting for bird control (€8,007.30)
- Recycle Bin Units for the Pillar Room
- Air Purifier for the Pillar Room
- Catering Serving Equipment for Pillar Room (€533.37)
- Scanbox Convection Heating & Refrigeration Units for Catering Service in the Pillar Room (€10,442.50)
- Catering Equipment for Rotunda Catering Department (€1,704.78)
- Read Out and Read Book Programme, Out Patients Department (€4,000)
- Support Services Rotunda Staff Initiatives (€30,000)
- Staff Wellbeing Event Cookery Demo at the Rotunda (€1,230.00)
- Staff Wellbeing Event Series of Sleep & Wellbeing Talks for Rotunda Staff (€750)
- The Rotunda Chapel Booklet Reprint (€2,228.76)
- 2 Black Claggan Benches for the Rotunda Bereavement Services (€843.78)
- The Rotunda Hospital Mini Med 2023 Transition Year Programme (€675.27)
- 2023 Midwifery Graduation Ceremony External Venue Hire (€4,650.00)
- Electronic Tablets for the DOVE Clinic for Patient Translation Services (€483.39)
- Angel Eye Cameras Shipping & Storage (€681.71)

The Foundation continued to support the hospital's Research Programme and provided seed funding for several research projects approved by its Board:

- Neonatal Tutor Post, NICU (€27,500)

- Specialist Registrar Post, NICU (€49,675)
- PhD Fees Specialist Registrar Post NICU (€11,525.00)
- Funded Research Promotion Rotunda Charter Day (€306.27)
- Biomedical Engineering Research (€1,350)
- Research Project: Appraisal of a Patent Ductus Arteriosus Treatment Based on a Scoring System in a Tertiary Neonatal Intensive Care Unit (€14,000)
- Infants Lab Grant (€5,500)
- Debunking the Myths 2023 Workshop Programme (€21,115.70)
- Irish Medicines in Pregnancy Service Grade VI Administrative Post (€60,214.46)
- Perimeter YR 2 (€40,160 Transfer of Funds from RCSI – GRACE Project)

The Foundation has been a long-standing member of the Health Research Charities Ireland (HRCI) and in October 2023, put out a call for expressions of interest for research applications to the 2024 HRCI/HRB Joint Funding Scheme. The Charity's funding commitment to this scheme will be €150,000 should an application be successful in the HRCI/HRB Panel Review scheduled for May 2024.

PLANS FOR 2024

The Charity aims to expand upon the solid foundations it has built during the current term of the Board of Directors. It hopes to continue to grow its fundraising capacity and strengthen its digital marketing footprint by expanding the functionality of its website.

By mid-June, the Foundation aims to develop a proposal for a Social Media Strategy, Management and other Digital Services that will be adequately plugged into an overall digital and marketing strategy, with goals and objectives set which will be meaningful and impactful to the continuing growth of the organisation as a whole and not just as social metrics.

It is anticipated that the Pillar Room will re-open for general reservation by mid-year following the completion of the Stardust Inquest. A new business development plan will be introduced to increase its revenue stream.

New fundraising projects and events will be developed as approved by the Foundation Board.

Staff succession planning will be addressed by the Board as a priority to ensure the security of the organisation and its future management.

The Foundation aims to continue to support the on-going 'Wish List' needs of the Rotunda Hospital and will honour its commitment to funding pledges of support made in 2023: –

- Research Project – Hydroxychlorine in Pregnancy with Antiphospholipid Antibodies (€54,000 Grant Awarded over 2 years)
- Research Project – GRACE (€18,840 Grant Awarded – Project on Hold 2023)
- Research Project – Trinity/Rotunda Advanced Nurse Practitioner Research Post (€72,423)
- Angel Eye Software Grant (€6,500)
- Retcam Nurse Training Grant (€13,500)
- Mental Health First Aiders Training Course Grant (€6,500)
- Medical Residence Upgrade Grant (€150,000)
- 2022 Autumn Lunch Fund (€27,660.79)
- 2023 Autumn Lunch Fund (€36,245.37)

- Techsmith Camtasia – Video Editing, Screen Capture Software – Annual Recuring Charge (€50.46)

Should the following projects be presented for funding in 2024, a reserve of €70,000 is secured for (1) Dedalus Business Intelligent System, (2) Catering for Our Cycling Community and (3) Employee Engagement Portal.

Sheila Costigan
General Manager

Dr Mary Holohan
Foundation Board Chairperson

Corporate Services



Human Resources Department

HEAD OF DEPARTMENT

Ms Johanne Connolly, Head of Human Resources & People Development Manager

STAFF

Ms Cathy Ryan, Employee Engagement, Wellbeing & Communication Manager

Ms Triona Quinlan, Human Resources Manager

Ms Lesley Owens, Human Resources Business Partner

Ms Niamh Gilleece, Human Resources Business Partner

Ms Dervla Daly, Human Resources Business Partner

Ms Lauren Pike, Human Resources Business Partner

Ms Ana Collazo, Human Resources Business Partner

Ms Valeria Butera, Human Resources Business Partner

Mr Chris Kennan, Human Resource Administrator

Ms Patricia Closca, Human Resources Administrator

Mr Mark Kerins, Graphic designer/communications support

Ms Oghenkaro Egbamuno, Social media specialist/communications support

SERVICE OVERVIEW



The Human Resources Department takes care of all essential people management tasks at the Rotunda within three key functions:

- Employee Engagement and Wellbeing, inclusive of communications – to manage the employee experience to foster a positive environment and culture.
- Operational business requirements – to work efficiently within HR processes and ensure compliance with legislation and national policies.
- Data and Information – to manage future planning, including use of data and metrics to plan for staff development and growth.

As leaders in people services, the HR team is committed to delivering a professional and relevant human resource service. Through building strong relationships with staff, the team is able to meet the needs of hospital staff, who can then meet the needs of

the Rotunda's service users. The HR Department fosters strong employer-employee relations, by working alongside local line managers and staff, complementing and supporting them where needed.

The current HR Department resources include:

- 1.0 WTE Head of HR & People Development Manager
- 1.0 WTE Employee Engagement, Wellbeing & Communications Manager
- 1.0 WTE Graphic designer/communications support
- 1.0 WTE Social media specialist/communications support
- 1.0 WTE HR Operations Manager
- 5.0 WTE HR Operations Business Partners
- 2.0 WTE HR administrative support

SUCCESSES & ACHIEVEMENTS 2023

The Whole Time Equivalent (WTE) staff headcount in the hospital at the end of 2023 was 1,213, which was equivalent to a total headcount of 1,017.61.

During 2023, a total of 274 separate recruitment competitions were actioned, Table 1.

TABLE 1: RECRUITMENT COMPETITIONS	
Area	Competitions
Management/Admin	54
Medical/Dental	126 (incl NCHD)
Nursing/Midwifery	82
Paramedical	38
Patient care	7
Support Services	44

The average employee absence rate was 4.6% and Mandatory Training and Compliance rates were recorded as per Table 2 below;

TABLE 2: MANDATORY TRAINING COMPLIANCE	
	Dec 23
Children First Training	83
Fire Safety Awareness (Online)	65
GDPR/Data Protection	68
Manual & Patient Handling	58
Cyber Security	78
Standard Precautions/Hand Hygiene	91

Other key achievements in 2023 included the following areas:

Recruitment and retention

- Workforce planning recruitment strategy ensured the hospital was resourced to the highest level for service continuity, managing all resourcing via the Employment Control Committee.

- Detailed HR inputs into sourcing funding applications and business cases for new service required posts.
- Robust succession planning process implemented to avoid gaps in resourcing and retain specialised skill-sets, while promoting career progression.
- Gender Pay Gap reporting to ensure measures are in place to improve gender representation across all elements of the workforce.

People development

- Encouraged competency upskilling through eLearning, promoting a learning culture and staff development.
- Shared policy knowledge and best practice for local area managers through the delivery of monthly HR Clinics.
- Implementation of Performance Achievement, as a strong tool for both employer and employee to strengthen and support the working relationship.
- Maximising mandatory training compliance across all staff grades and areas to deliver safer and better healthcare for all.

Staff pay and reward

- Optimising processing of pay and remuneration, by aligning to national regulations, thereby ensuring staff receive entitlements in a timely manner.
- Implemented a Rotunda Employee Recognition Scheme which promotes a culture of thanks and appreciation in working lives.

Staff experience

- A focus on staff health and wellbeing, to ensure staff are emotionally and physically well in their working lives.
- Employee Engagement Committee established to plan and prepare for a roll-out of new initiatives.
- Equality, Inclusion and Diversity Policy implemented through participation on the Diversity Committee with an initial focus on the Rainbow Badge initiative.

Communications

The Communications Department supports the enhancement and optimisation of the Rotunda brand and promote the Rotunda as a great place to work.

PLANS FOR 2024

New priorities and developments for 2024 include:

- The Rotunda Staff Survey
- People readiness committee for support of relocation of staff and services
- Keep Well Accreditation
- HR Knowledge Hub

Finance and Procurement Department

HEAD OF DEPARTMENT

Mr Peter Foran, Head of Finance & Procurement

STAFF

Mr Alan Holland, Finance Accounting & Systems Manager

Mr Edward Smith, Financial Operations Manager

Mr Eric Murphy, Procurement & Supplies Manager

Vacant, Employee & Relations Manager

SERVICE OVERVIEW

The Finance section of the department is responsible for financial oversight in the Rotunda Hospital. It is broken into three areas of Financial Accounting and Systems, Financial Operations and Employee Pay and Relations.

The Procurement section is responsible for oversight of the Rotunda Hospital's procurement and related obligations for the hospital.

The department continuously strives to improve the service delivery to our patients, staff, external suppliers and our funders. In 2023, successes were achieved in each of these categories.

SUCCESSES & ACHIEVEMENTS 2023

The finance department achieved many of its goals for 2023 including:

- Breakeven position
- Additional funding received for new service developments
- Moved our payroll system to the cloud
- Introduced electronic helpdesk function
- Tendering for External Auditors
- Increased income to the hospital arising from increased private and semi-private clinics
- Additional budget allocation due to favourable activity based funding metrics

Financial Position at the end of 2022

The hospital achieved an effective breakeven in 2023 with a shortfall of €0.2m which leaves the hospital with an accumulated surplus of €0.03m. This was achieved through prudent budgetary management, value for money initiatives and good cost control practices. We also worked collaboratively with the RCSI Hospital Group to address budget shortfalls and to source additional funding. The impact of Covid financially was comprehensively collated, validated and reported in a timely transparent fashion to the RCSI Hospital Group which ensured we were successful in being reimbursed or funded for all additional costs incurred due to the Covid-19 Pandemic. Financial breakeven was achieved without impacting on quality and safety of patient services which is critical in a demand-led service.

TABLE 1: FINAL BUDGETARY OUTTURN 2023

Category	€'000
Surplus Carried Forward	(57)
Pay	87,811
Non-Pay	22,528
Income	(17,302)
Net Position for year	92,923
HSE Budget	(93,212)
Surplus/Deficit in Year	(289)
Cumulative Surplus/Deficit at Year End	(232)

The hospital continued to work with the RCSI Hospital Group and the National Women and Infants Health Programme to source additional funding to augment current services and for service developments. In 2023, new service enhancements were funded with regard to developing a wide range of services in the hospital.

Employee Pay and Relations (Payroll/Pensions/TMS)

The Employee Pay and Relations team contains payroll processing and management, pension's management and the 'Time Management System' (TMS) implementation project.

During 2023, the payroll team managed multiple changes to pay scales from public sector collective agreements. These changes, while welcome to all staff, required a lot of extra work to be put in place by the team. During 2023, the team addressed items on its own risk register regarding business continuity by moving the pay systems to the cloud and introducing an electronic help desk which effectively manages queries from the hospital's employees.

The pension function continued to operate during 2023 acting as a service support to staff and ensuring compliance with regulatory requirements for pensions. The pension's team worked hard with the hospital management, the Board of Governors, to ensure that our non-public sector pensions are compliant with the requirements under IORP II. 2023 saw the winding up of a defined benefit pension scheme due to the final serving members taking well-earned retirements. The winding up of the scheme was the culmination of a lot of work undertaken by Finance, the EMT and Board members.

In 2023, the TMS project continued to grow. The system was upgraded and new areas managed. Over 90% of staff are now using the system.

Financial Accounting and Systems (Financial Reporting/Management Accounting/Financial Systems)

Financial Accounting and Systems, managed by Alan Holland, is responsible for all of the financial reporting, management accounting and management of the various systems owned by the Finance and Procurement Department.

During 2023, the hospital met all of its obligations for reporting financially to the HSE and to the RCSI Hospital Group due to the hard work of this team. The 2022 set of financial statements was one of the first to be signed off in the country according to our auditors. All three sets of accounts were signed off by May.

The management accounts team have worked closely with over 80 cost centre owners to give them an understanding and ownership of the costs going through their areas.

Financial systems continues to support the whole department in achieving its aims and assisting where improvements are identified.

Finance Operations (Patient Accounts/Accounts Payable)

Finance Operations, overseen by Ed Smith, is responsible for the Patient Accounts (Accounts Receivable) and Accounts Payable.

During 2023, Patient Accounts continued to make great strides in reducing the debtor days for the hospital thus improving cash flow. Due to putting new posts and collection initiatives in place in Accounts Receivable, 2023 saw a continuation of the big reduction in the bad debts recognised.

Over the past number of years, great advances have been made in Accounts Payable to get all of the supplier accounts up to date which has resulted in very few escalations from suppliers. Increasing activity and prices have led to challenges at times with cash flow. This is something that the Accounts Payable Team have dealt with professionally.

Procurement and Supplies

In 2023, under the management of Yoichi Hoashi, the Procurement function has grown and continues to be an effective support for the hospital in resourcing products and services required.

Yoichi left the hospital in 2023. Eric Murphy was promoted to take over the reins and has brought the team to a new level. New improvements such as reports, changes in work practices and better communication meant that a satisfaction survey of just under 7 out of 10 in December was increased to 8.4 out of 10 in April.

The Tendering manager, Sue Murphy, has been working closely with internal stakeholders to ensure that contract management is in place using the Accord system. Also, multiple tenders have been successfully completed including a pharmacy robot, internal audit services and many more.

CHALLENGES 2023

Ensuring adequate funding in place

The costs for the hospital are increasing due to increased pay, better recruitment and rising prices in goods and services. The HSE have funded us previously for this. The hospital must continue to justify the rising costs and ensure that adequate allocations from the HSE are provided.

Capital Funding

The hospital has made great inroads with capital projects and related funding. In a hospital as mature as the Rotunda, there is always a requirement for more. It will be an obligation of the finance department to assist in ensuring funding is sourced via HSE or one of its programmes, the Rotunda Foundation or indeed another source.

Medical Equipment Replacement Programme

In 2023, the hospital received additional funding for MERP. Much like capital funding, there is a need for ensuring the appropriate equipping is in place. Finance will assist in sourcing that funding.

Finance and Procurement Risks in 2024

The Finance and Procurement Department, along with the hospital as a whole, has a well-worn path in relation to risk management. Risks are identified and managed insofar as is possible. The main risks still present are:

Funding – the lack of a known budgeting process means that there is a difficulty to plan financially from year to year. Finance will work with the newly established North East Regional Health Authority to ensure that maximum funding is achieved.

Controls – the finance department continues to monitor and improve controls. A number of internal audits are undergone annually. There are six meetings of the Finance and Audit Committee annually who scrutinise and support the financial management of the hospital.

PLANS FOR 2024

- Ensure appropriate funding to provide safe quality services.
- Ensure sufficient cash flow to meet all obligations.
- Source funding for essential medical equipment replacement and minor works programme.
- Manage capital budgets including cash flow for major capital works.
- Complete rollout of Time Management System to all staff.
- Further staff engagement on pay and pensions.
- Complete GS1 rollout.
- Improve the data capability in tracking the patient level costing in the hospital.

Patient Services Department

HEAD OF DEPARTMENT

Ms Niamh Moore, Patient Services Manager

Ms Jacinta Core, Deputy Patient Services Manager

Ms Yasmin Mc Evoy, Deputy Patient Services Manager (from August 2022)

TEAM LEADERS*

Ms Yvonne Burke, Colposcopy Unit

Ms Denise Gleeson, Maternity Outpatients

Ms Kathy Hayes, Roisin Twamley, Paediatric Outpatients

Vacant, Admissions/Reception

Ms Ger Fay, Laboratory Medicine

Ms Susan Penny, Healthcare Records & Ward Clerks

Mr Paul Nugent, Gynaecology Out-Patient service

Ms Louise O'Hara, Pregnancy Options & Central Referral Call Centre.

Ms Moira Carberry & Ms Rita O'Connor, S.A.T.U

Ms Catherine Finn, Anaesthetics & Maternal Medicine MDT

Ms Lorraine Hanley, Radiology department

Mr Daragh Moore, iPMS system administrator

Vacant, Project Lead

*The team leaders oversee administrative assistant staff across the spectrum of clinical services in the Rotunda Hospital.

SERVICE OVERVIEW

The Patient Services Department provides front line receptionist, appointment scheduling, waiting list administration and administrative support and services to ensure the smooth operation of scheduled and non-scheduled patient appointments and clinical services. We are responsible for the admission of all patients and management of their medical records and information. This includes 24-hour support at the main hospital reception and switchboard, as well as all scheduled clinical appointments and medical typing. Patient Services also provide administrative support to all allied health professionals in the hospital.

SUCCESSSES & ACHIEVEMENTS 2023

We were delighted to work with new clinical colleagues to assist in the new Complex Menopause Clinic and Fertility Hub, both of which became available in 2023 and we look forward to assisting the new Endometriosis Clinic commencing in 2024.

Considerable resources were allocated to the project to decant the OPD ambulatory services and support services which was discontinued. We were delighted to hear of the new co-location project to Hampson House and we will work with our colleagues to ensure an exemplary service is provided to our patients when we eventually re-locate our Out-Patient departments in early 2025.

We worked with the NTPF validation team to ensure that all waiting lists for new gynaecology referrals were validated twice in 2023. We also validated all of our internal waiting lists ensuring that only patients who required the service remained on the list.

We continue to work with our internal IT & external NTPF colleagues to implement an In-Patient waiting list on iPMS for all public & private gynaecology patients who were referred to Theatre. We also implemented an electronic theatre scheduling process to capture all data electronically. This remains a work in progress but we hope to have our in-patient waiting list data extracted & published nationally in 2024.

We successfully completed the implementation of the new text messaging platform which is automated and allows a two-way communication with our patients in 2022. In 2023 we commenced the two-way communication tool on this platform to ensure that our patients confirm their intention to attend their out-patient appointments. This has helped greatly to reduce our DNA rate in the public gynaecology services.

The Pregnancy Options Service was taken under the umbrella of Patient Services in 2023 and is now part of our overall OPD services to patients.

CHALLENGES 2023

Staffing levels proved to be a major challenge throughout the year particularly as our face to face service increases across the campus. This has been particularly challenging for our Allied Health professional colleagues whose workloads continue to rise without additional administrative support assigned. As administrators we worked under the national work to rule by FORSA union to assist to improve on admin staffing levels across the HSE.

PLANS 2024

We are looking forward to working with the project team for the transfer of OPD services & support staff to the new location.

We look forward to supporting the Regional Gynaecology Hub which will be progressed in 2024/2025.

We continue progress both the T-Pro Connect project and a new mailing option solution to reduce reliance on post and to continue to progress towards a paperless work environment in advance of the relocation of OPD services.

We will work with the Human Resources department to review the organizational structure of the department to ensure succession planning and career pathways to improve staff retention & morale and any future challenges.



Operations and Sustainability Department

HEAD OF DEPARTMENT

Mr Ray Philpott, Head of Operations and Sustainability

STAFF

Mr Michael Donovan, Projects Administrative Officer

Ms Geraldine O'Sullivan, Senior Office Administrator

Ms Claire Cassidy, Office Administrator

SERVICE OVERVIEW

The Operations and Sustainability Department provides strategic management and leadership across a diverse range of key hospital functions. These functions are linked directly to clinical and non-clinical services throughout the organisation.

The remit of the department is implemented across seven key streams including

- Projects
- Energy & Sustainability
- Facilities
- Support Services
- Telecommunications & Technology Services
- Non – Clinical Claims
- Health and Safety & Infrastructural Compliance

These seven key service streams are essential to the hospital's overall scope and standards of service provision in the short, medium and long term. The Operations & Sustainability Department management of these streams and their respective devolved services provide operational, tactical and strategic management all of which provide consistent and reliable service aligning to the organisations strategic objectives and obligations. and Infrastructural Compliance

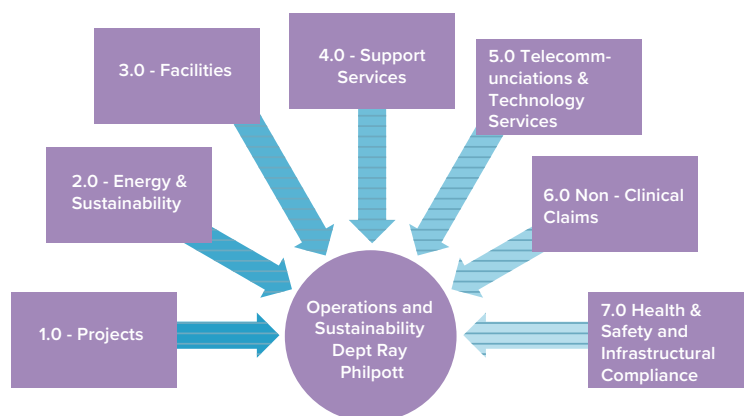


FIGURE 1: OPERATIONS AND SUSTAINABILITY DEPT.

PROJECTS

SERVICE OVERVIEW

Operations and Sustainability Department develops and assists both minor and major projects throughout the hospital. These projects range from capital works to systems implementation. Our department provides project management through all stages of the project life cycle from initiation and planning to execution and closure.

DEPARTMENTAL ACTIVITY

The department worked on over 30 projects in 2023. These projects ranged from small refurbishments to larger capital projects.

SUCCESSSES & ACHIEVEMENTS 2023

Over the past year there have been many significant achievements in terms of project delivery throughout the organisation. Projects completed in 2023 include:

- Renovation of the Pharmacy and installation of robotic pharmaceutical distribution system
- Refurbishment of Lillie Suite wards and rooms (Semi-Private and Private wings)
- Renovation of ground floor bathrooms
- Refurbishment of Assistant Director of Midwifery's Office
- Installation of localised water tanks in Catering Department
- Upgrade of the bike facilities
- Upgrades to LED Lighting in Nurses Home, Administration Building and parts of the main hospital
- Renovation of the Histopathology laboratory
- Repair of Gynae roof

CHALLENGES 2023

As the Rotunda campus continued to develop and expand in 2023 the primary challenges relating to project delivery focused on external variables such as material costs, contractor availability (due to boom in private construction market) and increasing internal demand on the department. However, all these challenges were met through the commitment and in cooperation of both internal stakeholders and external partners.

PLANS FOR 2024

There are many projects at various stages of their respective project cycles planned for 2024. These projects are primarily based on the Rotunda Hospital campus but some project assistance will be needed for the expansion to the Earl Building and Cavendish Row Buildings respectively.

Projects scheduled for 2024 include:

- Renovation of Lillie Suite bathrooms
- Installation of air conditioning units in Lillie Suite Semi-Private wards
- Installation of new main water tank
- Installation of new emergency hard wired bleep system
- Refurbishment of Medical Residence including bathrooms
- Installation of new centralised locker room facility
- Renovation of HR training room
- Renovation of Household laundry room
- Refurbishment of Pre-Natal bathroom

ENERGY AND SUSTAINABILITY

SERVICE OVERVIEW

The progressive importance of Energy & Sustainability is paramount to the hospital achieving its legislative energy efficiency targets and decarbonisation targets for both 2030 and 2050. Our department develops strategic initiatives to enable the organisation to achieve energy targets, emissions and environment objectives as outlined by the National regulations and guidelines with assistance from our external strategic partners such as the SEAI (Sustainability Energy Authority of Ireland) and HSE Sustainability Department.

The Operations & Sustainability Department is tasked with all aspects of energy efficiency, carbon emission reduction and responsible waste management within the hospital. The Head of the Operations & Sustainability is registered with the SEAI and HSE as the Rotunda Hospitals EPO (Energy Performance Officer). The hospital, like all public bodies, must achieve a 51% reduction in GHG (Green House Gas) while also improving energy efficiency by 33% by 2030.

These targets are substantial especially considering the additional challenges provided by a near 300 year old building. However, our department has developed a strategic plan, aligned to best practice as outlined in 'HSE Infrastructure Decarbonisation Roadmap', to work towards these targets.

DEPARTMENTAL ACTIVITY

Our department continues to progress the upgrading and modernisation of both the thermal infrastructure of the hospital and relevant equipment that contribute energy consumption reduction.

SUCCESSSES & ACHIEVEMENTS 2023

- Installation of Gem M2G technology which monitors and controls the cycling of boilers resulting in reduction of energy consumption.
- Upgrades to LED Lighting in Nurses Home, Administration Building and parts of the main hospital which improve energy efficiency.
- Creation of the multi-disciplinary Rotunda 'Green Team'.
- Implementation of the Rotunda energy conservation awareness campaign 'Reduce Your Use'.
- 96% recycling and recovery from all hospital waste meaning only 4% is not re-purposed and used as landfill.
- Installation of additional bicycle facilities to promote 'Green Travel'.

CHALLENGES 2023

Prior to 2023 the Operations & Sustainability Department worked towards increased energy efficiency and decarbonisation by prioritising projects relative to allocated resources such as the replacement of the legacy steam boiler system with more energy efficient technology.

However, the newly legislated targets set by the Government in 2023 required a re-evaluation of our strategy to accelerate all sustainability projects towards completion by 2030. These projects, a combination of fabric first construction and upgrading technology, require significant investment. As these are national objectives for all public bodies the issue of resourcing these projects is in itself a considerable challenge. However, the work done within the department has resulted in many projects receiving funding to be progressed in 2024.

PLANS FOR 2024

This year will see the realisation of months of discussion and negotiation with external partners to progress multiple projects. These include advancement of projects to secure the thermal envelope of the hospital such a window replacement and roof renovation.

Our department is also working with our external partners to progress the potential modernisation and installation of a new BMS (Building Management System). This is vital to enable the installation of new technologies that will facilitate increased control over energy consumption i.e. remote management over heating systems and 'out of hours' energy reductions.

FACILITIES AND UTILITIES

SERVICE OVERVIEW

The Facilities and Utilities stream under the Operations and Sustainability Department includes a wide range of technical, logistical and operational services. Under this remit the Operations & Sustainability Department ensures safe operational environments for service users by providing essential utility supplies, technical maintenance and structural works.

DEPARTMENTAL ACTIVITY

These utilities range from the continued optimum provision of gas, electricity and heating to water supply and safety. The facilities under the direct remit of the department include all buildings in the Rotunda Hospital. These buildings are maintained and improved through our department while grounds keeping of the campus is also tasked to the department. The department also provides indirect facilities support our ancillary buildings including the Ambassador and Gate Theatre.

SUCCESSES & ACHIEVEMENTS 2023

The most significant achievement in relation to facility maintenance and utility provision is ironically also the element that goes most un-noticed (which in itself speaks to the achievement). This achievement is continuing to provide optimum utility services in an almost 300 year old building without internal disruption. From a facilities perspective the execution of multiple projects within a live clinical environment without unscheduled disruption of clinical service is a difficult objective but thanks to project coordination and proactive assistance from our Rotunda colleagues this is an objective we consistently achieve.

CHALLENGES 2023

The challenge in relation to Facilities and Utilities is to both maintain and improve the service expected by our patients and staff while continuing to meet the evolving safety and system standards requirement. However, although challenging, this continues to be achieved through responsible operational management and strategic vision. In 2023, there were many improvements implemented that positively impact our hospital facilities. These include:

- Installation of upgrades fire detection and emergency lighting system
- Strategic maintenance programme of the electrical infrastructure in the hospital
- Installation of new boiler
- Continuation of the painting programme
- Implementation of new grounds keeping programme
- Installation of new lightening protection system

PLANS FOR 2024

The plans for 2024 again focus on upgrading key utility systems and infrastructure.

- Installation of a new water tank and distribution system to replace the existing water tanks.
- A review of the hospital heating systems.
- Lillie Suite/NICU roof replacement.
- Review of heating system.

There will also be a need to engage and support the Critical Care Wing team relating to connecting their respective facilities and utilities to the hospital infrastructure to ensure adequate supply and provision.

The department will also react to unplanned facilities and utility challenges as they arise either from operational or strategic needs.

SUPPORT SERVICES DEPARTMENT

The Support Services Department stream under the Operations and Sustainability Department provides a wide range of important service departments that are vital to facilitating both clinical and non-clinical services in the organisation. These departments contribute directly to both the required provision of service and patient experience within the hospital. These departments include the following:

- Catering Department
- Clinical Engineering Department
- Central Sterile Services Department (CSSD)
- Household Department
- Portering Services Department
- Technical Services Department

Our department provides strategic oversight to the Health & Safety manager who ensures operational and tactical processes are adhered to and advanced.

HEAD OF DEPARTMENT

Ms Deborah Cullen

SERVICE OVERVIEW

The Rotunda catering department is committed to providing fresh, wholesome, nutritious food to all its service users, with our core focus on providing an excellent patient experience.

In 2023, over 96,000 patient meals were served.

Food Safety and training are key operational priorities. Catering Department is committed to providing the highest standard of food hygiene, in accordance with IS:340:2007 standards.

This report highlights the key initiatives, improvements, and achievements made by the catering team throughout the year.

SUCSESSES & ACHIEVEMENTS 2023

Improvements to Patient Meal Service

One of the significant accomplishments of the catering department in 2023 was the introduction of a vegan menu and an afternoon dessert round for patients. This initiative not only provided more diverse and healthy food options but also led to reduced food

waste and an additional snack service for our patients, reflecting a commitment to enhancing the overall dining experience for patients.

Enhancements to Weekend Service for Staff

The catering department addressed the needs of staff members by improving the weekend service in the staff restaurant. This enhancement ensured that staff who use the staff restaurant had access to quality meals and services even on weekends, creating a more inclusive and supportive work environment.

Training on Advanced Food Safety

Catering team members received ongoing training on advanced food safety measures to uphold the highest standards of hygiene and quality in food preparation. This training not only ensures compliance with regulations but also guarantees the well-being of patients and staff who rely on our catering services.

Staff Appreciation Events

Several staff appreciation events were organised throughout the year, including St. Patrick's Day free lunch, Thanksgiving free lunch, staff Christmas free lunch, as well as celebrations for Valentine's Day, Pancake Tuesday, and Donut Day free treats, to name but a few. These events were aimed at recognising and valuing the hard work and dedication of the hospital staff.

Theme Days and Increased Footfall

The staff restaurant hosted theme days, including Chinese, Indian, Ramen, Burger, and National Fish and Chip Day, to offer a variety of culinary experiences to staff members. These themed events contributed to increasing footfall of customers in the staff restaurant in 2023.

Catering for the Department of Justice

The Rotunda catering team successfully provided catering services for the Department of Justice located in the Pillar room for the stardust enquiry, demonstrating the department's capabilities and expanding its reach.

Improvements to Staff Restaurant

The staff restaurant underwent improvements with the addition of new tables and chairs, enhancing the overall dining experience for staff members and creating a more comfortable and welcoming environment.

Comments from patients, received through cateringcomments@rotunda.ie

"Just wanted to leave a comment on my thoughts and opinions on the catering department while I stayed in the rotunda hospital. The food was great, the choices were abundant and the flavours were great. Staff were nice and friendly, always listening to what you tell them. They don't hesitate to change something if you request them to. The meals were well balanced. Thank you for the nice meals during my stay. Regards Serena "

"Hello Team, A big big big thanks to the whole catering team at Rotunda from service staff to the chefs and everyone. The quality of food was excellent and tasted great. I had to stay an extra few days in the hospital and the food kept me going. Regards,, Sandhya"

"Hi there, The food in Rotunda is absolutely unreal. Genuinely don't want to leave. Getting good food handed to you what more could you want especially after just having a baby! the beef stroganoff was absolutely gorgeous... all the cakes especially the cupcake with pink or blue foot is such a nice touch... all the food I ate was fab & and the snacks of crackers

and cheese are lovely.... too right up my street for an evening snack. I came in dreading the 'hospital food' but honestly was so surprised. So so nice. Thanks, Chloe"

Conclusion

The Rotunda Hospital Catering Department made significant strides in 2023 by introducing new initiatives, enhancing services, and prioritising the needs of both patients and staff members. The dedication and hard work of the catering team have contributed to creating a positive dining experience within the hospital. Looking ahead, the catering department remains committed to continuous improvement and excellence in catering services.

CLINICAL ENGINEERING DEPARTMENT

HEAD OF DEPARTMENT

Mr Henry Gelera

SERVICE OVERVIEW

Clinical Engineering Department manages the medical equipment in the hospital.

DEPARTMENTAL ACTIVITY

There has been a number of new medical equipment replacements as part of the ongoing annual National Equipment Replacement Program (NERP). In NERP 2023 funding was allocated for two Cooling Machines, two OBS/Gynae Ultrasounds, two Diathermy Machines, 10 Resuscitation Units, three Anaesthesia Machines and other medical and Laboratory equipment.

SUCCESSSES & ACHIEVEMENTS 2023

- HSE National Equipment Management System is fully operational however upgrades and refinement of the system is still on-going nationally.
- The National Equipment Replacement 3 Year Program (NERP) for 2024-2027 was updated and submitted for funding allocation by HSE National Equipping.
- Some servicing of equipment has been taken off the supply vendors and completed by the Clinical Engineering Department.

CHALLENGES 2023

2023 proved again another challenging year on the resources required by the Clinical Engineering Department. However, despite these pressures, the department met its obligations successfully.

PLANS FOR 2024

- To continue to provide efficient and reliable service within its current resources.
- To continuously seek more funding from HSE to upgrade or replace critical medical equipment.

DECONTAMINATION QUALITY ASSURANCE

HEAD OF DEPARTMENT

Mr John Oyedeji

SERVICE OVERVIEW

Central Sterile Service Department (CSSD) is the core department within the hospital in which re-usable medical devices, both sterile and non-sterile are decontaminated.

The staff who works for CSSD, works in the areas of controlling and monitoring medical devices, infection control and the administration of safety practices that benefit healthcare workers and public at large. They provide the cleaning and disinfections, inspection and sterilization of all re-usable medical devices. They influence hospital purchases and healthcare practices by having responsibility for ensuring that patient equipment is available and sterile for use at all times.

DEPARTMENTAL ACTIVITY

The department reprocess RIMDs for the entire Rotunda Clinics.

In the year ended 56546 reusable invasive medical devices were reprocessed, 26671 trays and 29875 single RIMDs in the department.

Below is the graphical representation of the activities from the entire clinical areas;

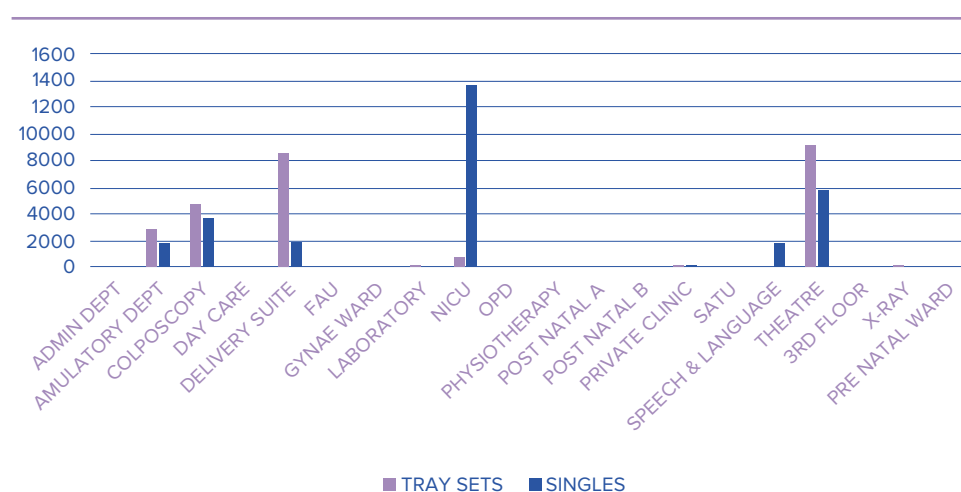


FIGURE 1: 2023 ACTIVITIES

All our Decontamination equipment were validated and periodically tested by a qualified person (outside contractor) and all the validation reports adequately audited quarterly by hospital appointed AP (Decontamination).

One hundred and seventeen non-conformances were recorded which are in-line with the HSE code of Practice. Follow-up action was taken and all the issues raised were resolved accordingly.

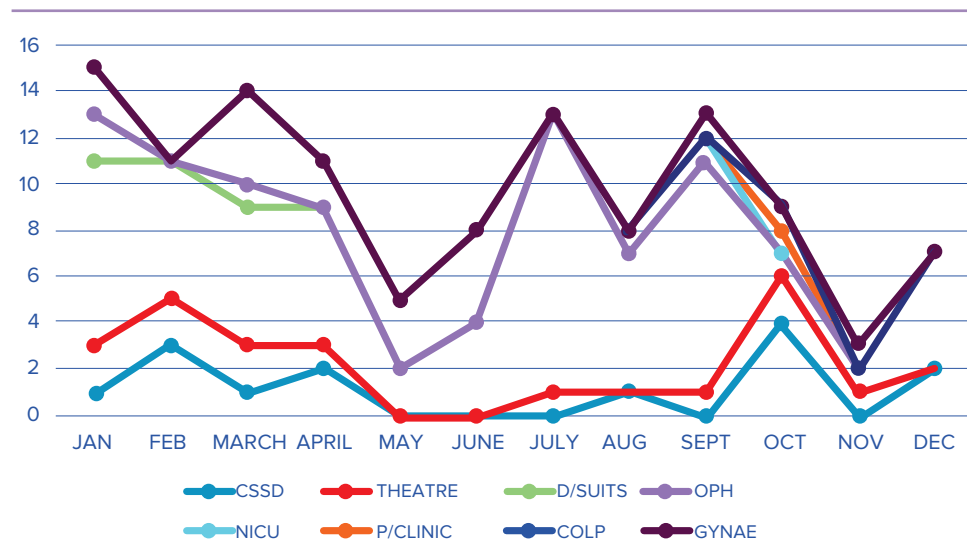


FIGURE 2: GRAPH SHOWING THE TREND OF NON-CONFORMANCE RECORDED IN 2023

Improvements identified are as follows:

- Introduction of Electronic Bowie & Dick tester
- Introduction of New Detergent for Washer disinfectant
- On-going marking of all single Surgical Instrument
- The staff participated in the Quality improvement programme organised by HSE
- Three of our staff started attending TUC Dublin to study Sterile Service Management
- Regular departmental quality improvement meeting

CHALLENGES 2023

We are unable to implement the purchase of a rigid scope tester, ensuring the quality of rigid endoscopes reprocessed are in acceptable standard due to an unforeseen delay from our supplier. It will be implemented in the 2024.

The confines of the department for the volume of RIMDs is challenging due to the increase in the service, we hope it will be a thing of the past in the proposed Critical Care Wing development.

PLANS FOR 2024

Our plan in the coming year is to continue providing a quality standard of practice in the decontamination and sterilization of re-usable invasive medical devices and continue to interact with all personnel from various specialty areas and have an ongoing commitment to providing a service that is consistent with the highest possible standard.

HOUSEHOLD DEPARTMENT

HEAD OF DEPARTMENT

Ms Catherine L'Estrange

The Household Services Department provides a multitude of services related to cleaning and hygiene maintenance across the hospital. Our department plays a key role in ensuring the Rotunda Hospital achieves the highest possible hygiene HIQA standards required of a healthcare environment.

DEPARTMENTAL ACTIVITY

The combination of both the introduction of new clinical services and increase of hospital square footage due to capital projects resulted in an increased demand on the Household Department.

The operational management of the service to achieve the required HIQA standards in an almost 300 hundred year old building continues to be a challenge. However, it is challenge that our department continues to achieve.

The Household Department utilises a robust auditing system to ensure we meet our objectives. This auditing system is called 'MICAD'. The system is used daily on a daily basis whereby supervisory audits are undertaken.

These audits provide a monitoring-control mechanism by ensuring standardised checks are performed in all areas on a scheduled basis. This process results in a higher consistent standard throughout the hospital and determines where improvements could be made.

Audit actions require (i) reports are distribute to the appropriate staff member (ii) reports are then assessed, sign and date (iii) reports are returned to their respective supervisor.

TABLE 1: HOUSEHOLD SUPERVISORS MICAD – WEEKLY AUDITS SCHEDULE 2023

Audit Area – Morning	Audit Area – Evening	Day
Delivery Suite & NICU	POPD	Monday
CSSD, Pharmacy, Nurses Home & Mortuary	Colposcopy	Tuesday
General Post-Natal & Gynae	OPD	Wednesday
General Pre-Natal & Delivery Suite	Ultrasound & Physio	Thursday
Emergency Room & Main Reception	Laboratories & Early Pregnancy Units	Friday
Lillie Suite (Private and Semi-Private)	Ambulatory Gynae Clinic	Saturday
Theatre & Day Care Unit	NICU	Sunday

The average score for the above household supervisors weekly audits is 94%.

The average score is based on the weekly scores for the above areas throughout 2023.

Linen Department

The aim of the Linen Department is to provide and manage linen stock throughout the entire hospital to ensure supply for all relevant service users. Linen stocks include:

- Scrubs
- Blankets
- Towels

The management of stock levels is directly co-ordinated by the linen supervisor. Linen stocks levels are monitored and managed through a comprehensive process of internal audits which assess the stock quantity and stock quality but also the cleanliness of both the delivery trucks and linen 'skips' to negate any contamination concerns.

Contract Cleaning

The Household Department also utilises and oversees the management of external contract cleaners. Our department continues to work with our external partners to integrate and improve the contract cleaning services into a holistic hygiene cleaning system.

SUCSESSES & ACHIEVEMENTS 2023

- The Household Department achieved 100% of the household staff mandatory training completed by the end of 2023.
- All new staff received 3 full days training by the household management on the cleaning of 52 elements including:
 - Infection control
 - Hand hygiene
 - Utilisation of household equipment
 - Process of effectively cleaning an isolation room
 - Water flushing protocols
 - Q-Pulse training
- All organisational mandatory training is completed in their first 2 days.
- Staff are also trained for 2 weeks in every clinical area throughout the hospital until we are satisfied with their progress and ability to work by themselves.
- All household staff receive refresher training every year on all of the above with (i) documentation of each staff members training (ii) review and sign off from respective trainer and staff member (iii) documents are filed for HIQA auditory purposes.
- Reassigning staff to different areas on a daily basis to ensure staff are familiar with all departments and can be redeployed as necessary.

CHALLENGES 2023

Much time and effort was invested in reconfiguring our service to meet the targets set down by the national hygiene standards. Resource issues including WTE proved a challenge especially with the expansion of services in the hospital but the reconfiguration of our processes resulted in a service the Household Department providing a safe and clean healthcare environment for our patients and staff.

We are proud of achieving these standards considering these challenges but it was only made possible by the contributions of every individual with the department.

PLANS FOR 2024

- To the develop the department in terms of both WTE and service application.
- Restructure the department to assign specific areas of responsibility to each supervisor.
- Household management to receive updated training new systems introduced by the organisation including:
 - SAP Concur
 - Accord
 - GS1Rotunda
 - TMS

- A tendering process is underway for contract cleaning and feminine hygiene units.
- Replacing all feminine hygiene units and air fresheners throughout the hospital.
- Introduction of new sanitary products.
- Complete review of all relevant Household policies on Q Pulse.
- Preparation of an expanded service across multiple sites including the Earl Building and Cavendish Row.

PORTERING SERVICES

HEAD OF DEPARTMENT

Mr Paul Shields

SERVICE OVERVIEW

Portering Services provides direct support for both clinical and non-clinical services throughout the hospital. The range of support services provided under the Portering Services remit include:

- clinical and non-clinical waste management
- transportation of equipment
- collection/delivery of clinical and non-clinical materials
- transportation of patients throughout the hospital
- grounds keeping of the campus

These general services are provided throughout the hospital on a 24-hour basis all year round. In addition to these general services, Portering Services also provide department specific services through many key departments to ensure those departments meet their service objectives including:

- Theatre
- NICU
- CSSD
- Laboratory
- Pharmacy

DEPARTMENTAL ACTIVITY

Portering Services provides support for the entire hospital therefore the increase in the hospital activity i.e. additional services/clinics is reflected in the increased activity and demand seen in Portering Services. In order to meet these demands the hospital has increased WTE resources in Portering Services over the past two years.

To this end, there was a year on year increase in the number of job requisitions on the Portering Service portal outlining service request outside the day to day service provision.

SUCSESSES & ACHIEVEMENTS 2023

In addition to achieving complete service delivery across the hospital, including all new relevant services introduced in 2023, Portering Services also maintained the high standards of the organisation in relation to the ethical waste management principles outlined by the Operations & Sustainability Department.

The recycling and recovery percentage of hospital waste continues to be above 90% each month with an annual average of 96%. A breakdown of the waste types listed below in Figure 3.

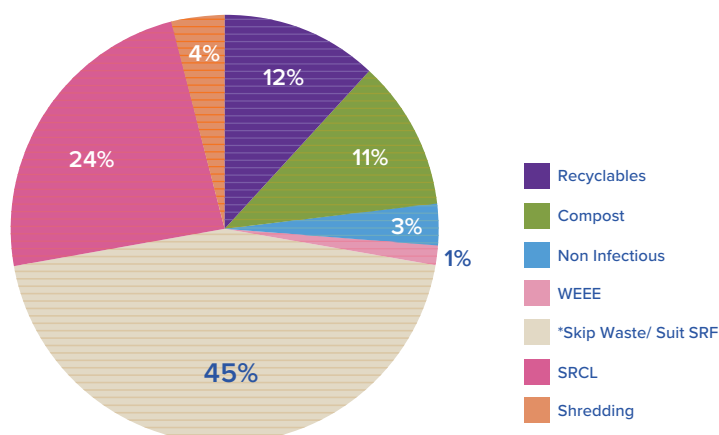


FIGURE 3: BREAKDOWN OF WASTE TYPES 2023

These standards are achieved and maintained through (i) liaising with our external partners to evolve waste efficiency process and opportunities (ii) through consistent interaction and education of hospital relating to their role in waste management. This education involves staff awareness days around the correct processes of disposing both clinical/non-clinical waste, recyclable waste and confidential waste.

CHALLENGES 2023

Increased service demands in 2023 resulted in a need to develop and reconfigure Portering Services to become more adaptable to the needs of our service users.

PLANS FOR 2024

We intend to continue and improve, where possible, the proficiency of our waste management. In order to achieve this objective we will increase the number of awareness days throughout the year.

The preparation of establishing an expanded service over multiple sites in the coming year beginning with the Earl Building site.

TECHNICAL SERVICES DEPARTMENT

HEAD OF DEPARTMENT

Mr Alex Sisk

SERVICE OVERVIEW

The Technical Services Department provides a wide range of technical, logistical & support services throughout the hospital campus. This includes planned preventative maintenance, reactive maintenance and day to day maintenance operations. The technical services team manages essential utility systems throughout the entire hospital.

The technical services team consists of a range of different disciplines including:

- Carpenters
- Plumbers
- Electricians
- General Operatives

The Technical Services Department also provides operational support for capital projects coordinated through the Operations & Sustainability Department. Support on these projects ranges from liaising with external contractors to implementing enabling works prior to project initiation.

Our department also undertakes minor projects within the hospital including office refurbishments and certain infrastructural repairs.

DEPARTMENTAL ACTIVITY

Over the past year the Technical services Department completed more than 5000 job requisitions focusing on daily operation maintenance. This is a year on year increase which can be attributed to the increase in both newly introduced services and areas throughout the hospital.

There is on-going progress and upgrading of facilities and systems in major areas throughout the hospital, such as the boiler house, which recently has upgraded some of its critical plant which aligns with the objective of turning hospital into a more efficient campus from a facilities perspective.

Internal refurbishments that were completed in 2023 include:

- Refurbishment of the Semi-Private Clinic reception area
- Refurbishment of the Ambulatory Gynae Clinic reception area
- Refurbishment Assistant Director of Midwifery's office
- Refurbishment of multiple offices throughout the Nurses Home building
- Renovation of Laboratory space into offices
- Refurbishment of several areas flooring throughout the hospital

CHALLENGES 2023

As with every year the main challenge to the Technical Services Department is to provide a safe, modernised and progressive environment within the parameters of a nearly 300 hundred year old campus. External challenges continue to impact our department albeit with less of an impact than 2022. Costs of materials remain high while supply chains have improved over the past six months.

PLANS FOR 2024

Expansion of the Technical Services Department will be key to providing an even more efficient service in the coming year especially when considering the transition to multiple sites. The potential implementation of an apprenticeship programme in the coming months would provide additional support for our core team while guiding and training the next generation of trade disciplines.

Reconfiguration of service in preparation of the moves to the Earl Building and other external sites.

There are also many other refurbishment projects scheduled for 2024 such flooring upgrades, continuation of the painting programme and medical gas system upgrades.

TELECOMMUNICATIONS AND TECHNOLOGY SERVICES

SERVICE OVERVIEW

The Telecommunications and Technology services under the Operations and Sustainability Department provides communication services for all clinical and non-clinical areas who depend on us to provide their communication and technology needs to ensure the efficient running of their own core departments.

DEPARTMENTAL ACTIVITY

Our department manages the end to end service for all telecommunications in the hospital.

These include:

- Hospital Telephones
- Hospital Mobile Phones
 - Bleep System
 - Hard Wired Bleep System
 - Internet 'Dongles'

These services ensure our staff and service users have access to immediate communication in order to carry out their respective duties.

SUCCESES & ACHIEVEMENTS 2023

In the past year we have installed a hard wired bleep system in key emergency areas. This system is a push button unit that immediately contacts all relevant coded pagers involved in a specific a clinical situation. This direct system reduces human involvement, from manually dialling pagers to automatically dialling pagers, therefore mitigating potential risks to appropriate response through either time delay or accidental misdialling. These efficiencies will lead to increased effectiveness and improved health care outcomes.

CHALLENGES 2023

The increase in overall hospital service had a consequential impact on the usage of all modes of telecommunications in the hospital. The continued strategy of our department is to analyse system needs and implement improvements where possible. In 2023, the hard wired bleep system was introduced in conjunction with existing bleep system to further improve our service. The installation of this system proved challenging due to a range of technical issues but again our department, with the assistance of our colleagues, completed the install in the key emergency areas.

PLANS FOR 2024

The installation of the hard wired bleep system has been a great success. The efficiency benefits of the system mean an extension of the system in to the next phase aimed at non-emergency areas of the main hospital.

The Rotunda Hospital expansion to Hampson House and Cavendish Row will also require significant inputs from a telecommunications perspective. Standardising a uniform system across multiple sites is a considerable challenge but a challenge we will meet.

NON-CLINICAL CLAIMS

SERVICE OVERVIEW

The non-clinical claims stream under the Operation and Sustainability Department identify and manage all non-clinical legal claims on behalf of the hospital. This includes all investigation preparation of cases with legal teams and preparing a reasonable defence on the hospital's behalf. The management, from investigations to resolution is managed through the Operations and Sustainability Department.

HEALTH & SAFETY AND INFRASTRUCTURAL COMPLIANCE

The Health and Safety and Infrastructural compliance stream under the Operations and Sustainability Department provides compliance and safety standards for patients and staff within the campus. It oversees compliance and ensures safety standards are met in line with regulatory standards and provides patients and staff a safe environment to operate in.

Our department provides strategic oversight to the Health & Safety manager who ensures operational and tactical processes are adhered to and advanced.

HEALTH AND SAFETY DEPARTMENT

HEAD OF DEPARTMENT

Ms Aiveen O'Malley

SERVICE OVERVIEW

The Health and Safety Department aims to provide quality advice and to implement strategies to improve occupational health and safety for all employees in the Rotunda Hospital. A major part of this service is to ensure the appropriate management of physical and environmental risks within the hospital to ensure the safety of staff, patients, visitors and contractors while on site in the hospital. The Rotunda has committed to enabling improvements to the working environment of the hospital to ensure the welfare of everyone on site is prioritised and protected at all times. The safety management system is constantly evolving to encompass all aspects of risk management and mitigation and the health and safety department is committed to providing a proactive role in the management of risks and the prevention of harm.

DEPARTMENTAL ACTIVITY

An important function of health and safety is in reviewing significant non-clinical incidents to ascertain what improvements to the environment can be initiated to better protect staff and any others while on site. Harm reduction interventions are initiated regardless of impact grade as we always try to improve the safety of the campus. Thankfully, the majority of non-clinical incidents are considered low grade incidents that require minimal actions to mitigate. In addition to investigating reported incidents, the health and safety manager reports any significant incidents to the Health and Safety Authority.

SECURITY

Security at the Rotunda is provided by an external contractor and is managed through health and safety. We have weekly meetings both with the external account manager and more frequently with the security supervisor on site to ensure that security is managed in a proactive rather than reactive way. There were a number of personnel changes during 2023 however this has settled down and we are currently focused on creating consistency and maximising the explicit and tacit knowledge of the security personnel assigned to the Rotunda. Regular review of the CCTV system continued in 2023, with improvements made through the addition of additional cameras and the replacement of older end of line cameras. Access control is also managed by health and safety and is regularly reviewed to ensure that all access is appropriate and cancelled when no-longer required.

HEALTH AND SAFETY COMMITTEE

The Health and Safety Committee consists of Department Managers and staff from a range of disciplines. The purpose and function of the committee is to bring representations from employees to the committee and to identify Health, Safety and Welfare issues for the attention of the Executive Management Team. The Health and Safety Committee actively engages in risk management activities to optimise the safe working environment of the hospital. In 2023, the Health and Safety Committee met on three occasions.

CHEMICAL AND FIRE SAFETY MANAGEMENT

Dangerous Goods Safety Advisor (DGSA) audits and training has been provided by an external consultant throughout 2023. The findings of these audits have been implemented and are managed through the hospital's risk management framework. There have been no significant chemical safety incidents during 2023. Fire Safety Management continues to be a priority and fire safety training continued regularly over 2023 (at a minimum of two days each month).

SUCCESSES & ACHIEVEMENTS 2023

- Following from the evaluation and testing programme for a new hard wired emergency paging system performed in 2022, the system was ordered and installation commenced in December 2023.
- The hospital health and safety statement complimenting (and including) the HSE Corporate Safety Statement was reviewed and issued to all staff in December 2023.
- Fire safety Program successfully ran with walk-in training provided to all staff at a minimum of twice a month.
- Hazard Identification and Risk Assessments carried out for 14 separate locations on site. These have been published with the safety statement.
- Evaluated and consolidated access control permissions to ensure security of site.
- Addition of a new inanimate object manual handling policy for non-clinical staff.

PLANS FOR 2024

- Update the Fire Safety Manual and update and implement a Fire Register with weekly and monthly checks to ensure a record is maintained of our compliance with legislative standards.
- Implement Fire Warden Training sessions for staff from all departments
- Maximise compliance amongst all staff groups with fire safety and manual/patient handling mandatory training programmes by facilitating onsite training, promoting e-learning training and circulation of training reports to managers for appropriate action.
- Facilitate specialist training for Technical Services staff including asbestos awareness testing and Safe Pass to ensure all best practice and statutory requirements are adhered to.
- Provide training on the use of evacuation chairs to ensure staff can assist with the timely evacuation of the building in the unlikely event that this is required.
- Update the internal emergency response plan at the Rotunda and undertake an exercise to test the plan to identify any additional learnings or actions required.
- Continue to engage with outside contractors in order to maintain high standards in safety compliance

Business Development and Project Management

HEAD OF SERVICE:

Dr Joanna Griffin, Business Development Project Manager

SERVICE OVERVIEW

The Business Development Project Manager has responsibility for service planning, capacity planning, integration and development of services to meet the strategic objectives of the hospital. A priority is to support project leads in the progression of the major interim infrastructural capital developments plan. Additionally, the Business Development Project Manager leads on board quality walk rounds and supports the implementation of annual quality initiative plans.

SUCCESES & ACHIEVEMENTS 2023

The Critical Care Wing (CCW) at the Rotunda Hospital represents the largest and most complex development at the Rotunda since the foundation of the hospital. It offers the opportunity to provide improved clinical services while addressing the clinical risks caused by current infrastructural and capacity constraints. 2023 saw the delivery of the Stage 1 process which produced two preliminary design options, reviewed and appraised by multidisciplinary teams, concluding with a recommendation by Project Team. The ratification by Project Board concluded the Stage 1 process.

The construction of the CCW on the Parnell Square campus requires the demolition of the current outpatients building on Parnell Square West. The HSE have funded the purchase and fit-out of Hampson House as a key enabler of the CCW project, decanting maternity and paediatric outpatient departments to Hampson House that will free up space onsite for capital development. It will accommodate a new Maternity Outpatients Department, Paediatric Outpatients Department, Colposcopy Service, Perinatal Mental Health and Social Work Services in a modern building. The detailed design phases were completed in 2023 allowing the project to proceed to stage 3; Tender Issue, evaluation and award for fit out.

Dominick Hall is a recently developed building approximately 300 meters from the Rotunda Hospital which has been purchased by the HSE. A scheme design was developed which aims to provide an expanded gynaecology service, Physiotherapy services, Early Pregnancy Services and additionally address the laboratory constraints experienced onsite.

Q3 2023 saw the introduction of publicly funded fertility services by the HSE. The Rotunda is one of six regional fertility hubs. It offers fertility advice, investigations and treatment for eligible couples experiencing fertility issues. The fertility hub experienced extremely high referral numbers since its launch. Work also commenced on the establishment of an IUI service at the hospital in 2023. A new IUI laboratory has been equipped with HPRA accreditation expected in 2024 where after the Rotunda can begin to offer IUI procedures to patients.

Board quality walk rounds continued in 2023 with visits to maternity and paediatric outpatients in January, the Prenatal Ward and Fetal Medicine Unit in March, and colposcopy in May.

PLANS FOR 2024

Continue to work closely with our colleagues in HSE Estates in the delivery of major capital developments and service improvement projects. We will aim to secure the investment required to mitigate the significant clinical risks associated with current spatial deficits and overcrowding.

Governance



Board of Governors

The Board of Governors is an independent group established by the Royal Charter of December 1756 and has overall responsibility for the governance of the Rotunda Hospital. The Board meets 10 times per year, and it ensures that each Governor has equal responsibility in their respective roles while contributing as a unit to a single voice for the hospital.

It is the Board's duty to set the tone for the hospital, both ethically and culturally, and to provide strategic direction for the Executive Management Team. The Board reviews, approves and monitors annual business plans, as well as reviewing financial performance against targets. It also monitors legal risk, ethical risk and environmental compliance. It is within the Board's remit to appoint the Master. The Board approves the appointment of other senior management and consultants and monitors the performance of the Executive Management Team to ensure that Board policy is implemented. The Board of Governors ensures that financial risks are audited and that an annual report is produced for the Rotunda Hospital.

The Board manages its functions through a number of committees:

- Quality, Safety and Risk Committee
- Governance Committee
- Finance and Audit Committee

BOARD OF GOVERNORS 2023

Lord Mayor of Dublin

His Grace Michael Jackson,

The Archbishop of Dublin

The Very Reverend William Wright Morton,

The Dean of St Patrick's

His Grace Eamon Martin, The Archbishop
of Armagh

Prof. Tom Matthews, Chairman

Dr Maria Wilson-Browne

Prof. Mike Geary

Prof. Sam Coulter Smith

Cllr Darcy Lonergan

Mr Cedric Christie

Prof. Fred Falkiner

Prof. Fergal Malone

Ms Jennifer Cullinane

Mr Denis Reardon

Dr David Abrahamson

Mr Ian Roberts

Mr Stuart Switzer

Dr James Gardiner

Ms Margaret Philbin

Mr David Browne

Mr Richard Nesbitt

Mr John Diviney

Ms Jennifer Cullinane

Mr Barry Holmes

Ms Lucinda Woods

EXTERNS

Ms Mary Connolly

Mr Bill Collins

Ms Kate Webb

Ms Michele McGarry

Ms Dolores Sullivan

Appendices



Appendix 1

ROTUNDA HOSPITAL CLINICAL SUMMARY DATA 2023

1. TOTAL MOTHERS DELIVERED	TOTALS
Mothers delivered babies weighing >500 grams	8,283
Mothers delivered babies weighing <500 grams (including miscarriages)	1,548
Hydatid form moles	15
Ectopic pregnancies	119
TOTAL PREGNANCIES	9,965

2. MATERNAL DEATHS	TOTALS
Direct Maternal Deaths	0
Indirect Maternal Deaths	0
Late Maternal Deaths	0
TOTAL MATERNAL DEATHS	0

3. BIRTHS	TOTALS
Singletons	8,118
Twins	309 (160 sets)
Triplets	15 (5 sets)
Quadruplets	0
TOTAL BABIES DELIVERED WEIGHING 500G OR MORE	8,442

*some multiple pregnancies resulted in the birth of one infant who weighed < 500 and did not survive. Totals adjusted accordingly

4. OBSTETRIC OUTCOME	%	TOTALS
Spontaneous vaginal delivery*	44%	3,630
Forceps	3%	269
Vacuum	13%	1,050
Caesarean section	40%	3,334
Induction of labour	39%	3,223

*Breech Deliveries included in spontaneous vaginal delivery

5. PERINATAL DEATHS	TOTALS
Antepartum deaths	25
Intrapartum deaths	0
Stillbirths	25
Early neonatal deaths	14
Late neonatal deaths	5
Congenital anomalies	19

6. PERINATAL MORTALITY RATE (PER 1,000 BIRTHS)	TOTALS
Overall perinatal mortality rate	4.6
Perinatal mortality rate corrected for lethal congenital anomalies	2.4
Perinatal mortality rate including late neonatal deaths	5.2
Perinatal mortality rate excluding unbooked cases	4.3
Corrected perinatal mortality rate excluding unbooked cases	2.0
Perinatal mortality rate in normally formed babies >2,500g	0.7

7. AGE OF WOMEN	NULLIPAROUS	MULTIPAROUS	TOTAL MOTHERS DELIVERED >500G	%
<20 yrs.	184	43	227	3%
20-24 yrs.	425	219	644	8%
25-29 yrs.	794	657	1,451	18%
30-34 yrs.	1,377	1,389	2,766	33%
35-39 yrs.	796	1,642	2,438	29%
40+ yrs.	266	491	757	9%
TOTAL	3,842	4,441	8,283	100%

8. PARITY	TOTALS	%
Para 0	3,840	46%
Para 1	2,795	34%
Para 2-4	1,558	19%
Para 5	90	1%
TOTAL	8,283	100%

9. COUNTRY OF BIRTH/NATIONALITY (FROM MOTHERS DELIVERED > 500G)	TOTALS	%
Irish	5,105	62%
EU	1,071	13%
Non EU	2,107	25%
Unknown	0	0%
TOTAL	8,283	100%

10. BIRTH WEIGHT (G)	TOTALS	%
< 500	0	
500 - 999	48	0.6%
1,000 - 1,499	65	0.8%
1,500 - 1,999	118	1%
2,000 - 2,499	358	4%
2,500 - 2,999	1,271	15%
3,000 - 3,499	2,976	35%
3,500 - 3,999	2,691	32%
4,000 - 4,499	809	10%
4,500 - 4,999	99	1%
>5,000	7	0.1%
TOTAL	8,442	100%

11. GESTATIONAL AGE	NULLIPAROUS	MULTIPAROUS	TOTALS	%
<26 weeks	21	17	38	0.5%
27 - 29 weeks + 6 days	18	12	30	0.4%
30 - 33 weeks + 6 days	65	50	115	1%
34 - 36 weeks + 6 days	213	222	435	5%
37 - 41 weeks + 6 days	3,516	4,138	7,654	92%
42 + weeks	7	4	11	0.1%
TOTAL	3,840	4,443	8,283	100%

12. PERINEAL TRAUMA AFTER VAGINAL DELIVERIES	NULLIPAROUS	MULTIPAROUS	TOTALS	%
Episiotomy and extended episiotomy	1,361	336	1,697	34%
First degree laceration	158	477	635	13%
Second degree laceration	504	875	1,379	27%
Third degree laceration	89	26	115	2%
Fourth degree laceration	6	0	6	0%
Other laceration or grazes	77	337	414	8%
Intact	102	667	769	15%
TOTALS	2,297	2,718	5,015	100%

CS Deliveries not included in the above. Total Vaginal deliveries: 4,949

Some 3rd & 4th degree tears are included in Extended Episiotomy

13. THIRD & FOURTH DEGREE TEARS	NULLIPAROUS	MULTIPAROUS	TOTALS
Occurring spontaneously	29	23	52
Associated with episiotomy	8	2	10
Associated with forceps	23	1	24
Associated with vacuum	24	0	24
Associated with vacuum and forceps	11	0	11
Associated with occipito-posterior position	0	0	0
TOTAL 3RD & 4TH DEGREE TEARS	95	26	121

14. PERINATAL MORTALITY: STILLBIRTHS IN NORMALLY FORMED INFANTS	NULLIPAROUS	MULTIPAROUS	TOTALS
Placental causes	4	2	6
Cord accident	3	3	6
Infection	1	1	2
Extreme prematurity	0	0	0
Unexplained/Unknown	1	1	2
TOTAL	9	7	16

15. PERINATAL MORTALITY: CONGENITALLY MALFORMED INFANTS	NULLIPAROUS	MULTIPAROUS	TOTALS
Genetic	9	6	15
CNS lesions	0	0	0
Cardiac	1	1	2
Renal	1	0	1
Diaphragmatic hernia	0	0	0
Other	1	0	1
TOTAL	12	7	19

16. PERINATAL MORTALITY: EARLY NEONATAL DEATHS IN NORMALLY FORMED INFANTS	NULLIPAROUS	MULTIPAROUS	TOTALS
Prematurity	2	0	2
Cord	0	0	0
Placental	1	0	1
Unknown	0	1	1
TOTAL	3	1	4

17. HYPOXIA ISCHAEMIC ENCEPHALOPATHY*	GRADE 2	GRADE 3
TOTALS	6	1

*inborn babies only

18. SEVERE MATERNITY MORBIDITY	TOTALS
Massive obstetric haemorrhage	41
Severe sepsis	15
Pulmonary oedema/acute respiratory dysfunction	0
Peripartum hysterectomy	7
Pulmonary embolus	0
Acute renal or liver dysfunction	
Cardiac arrest	0
Eclampsia	0
Coma	0
Uterine rupture	3
Transfer to HDU/ICU	294

19. BODY MASS INDEX (KG/M ²)	2022	2023
Underweight: <18.5	153 (2%)	170 (2%)
Healthy: 18.6 - 24.9	4,110 (47%)	3,787 (42%)
Overweight: 25 - 29.9	2,713 (31%)	2,827 (31%)
Obese class 1: 30 - 34.9	1,178 (13%)	1,295 (15%)
Obese class 2: 35 - 39.9	436 (5%)	552 (6%)
Obese class 3: >40	187 (2%)	252 (3%)
Unrecorded	5 (0.1%)	80 (1%)
TOTAL BOOKED	8,782	8,963

Appendix 2

COMPARATIVE TABLE FOR 10 YEARS

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Babies born	8,980	8,538	8,589	8,409	8,514	8,410	8,317	9,148	8,292	8,442
Perinatal deaths	68+2*	71	54+5*	51+1*	45+1*	59+6*	50	51	57+1*	36+3*
Perinatal Mortality Rate	7.7	8.3	6.9	6.2	5.4	7.7	6.0	5.6	7.0	4.6
Corrected perinatal mortality rate	4.5	4.8	4.1	3.6	3	4.1	2.9	3.4	3.6	2.4
Total mothers cared for	10,814	10,078	10,024	9,915	9,760	10,200	9,915	10,715	9,757	9,965
Direct Maternal deaths	2	1	0	0	0	0	0	0	1	0
Caesarean delivery %	31%	32%	35%	34%	34%	35%	37%	37%	39%	40%
Forceps/Vacuum %	17%	17%	16%	16%	16%	16%	16%	16%	16%	16%
Epidural %	47%	47%	45%	48%	45%	48%	49%	45%	49%	49%
Induction %	30%	29%	29%	31%	31%	35%	36%	37%	40%	39%

*Unbooked

Appendix 3

PERINATAL DEATHS

GESTATIONAL AGE AT DELIVERY (WEEKS)

STILL BIRTH	TOTALS	%
20 0/7 - 23 6/7	1	4.0%
24 0/7 - 27 6/7	9	36.0%
28 0/7 - 31 6/7	2	8.0%
32 0/7 - 36 6/7	7	28.0%
37 0/7 - 39 6/7	5	20.0%
>= 40 0/7	1	4.0%
TOTAL	25	100.0%

EARLY NEONATAL DEATHS	TOTALS	%
20 0/7 - 23 6/7	2	14.3%
24 0/7 - 27 6/7	1	7.1%
28 0/7 - 31 6/7	2	14.3%
32 0/7 - 36 6/7	4	28.6%
37 0/7 - 39 6/7	3	21.4%
>= 40 0/7	2	14.3%
TOTAL	14	100.0%

WEIGHT AT DELIVERY (GRAMS)

STILL BIRTH	TOTALS	%
500 - 999g	11	44.0%
1000 - 1499g	4	16.0%
1500 - 1999g	3	12.0%
2000 - 2499g	1	4.0%
2500 - 4999g	6	24.0%
>= 5000g	0	0.0%
TOTAL	25	100.0%

EARLY NEONATAL DEATHS	TOTALS	%
500 - 999g	3	21.4%
1000 - 1499g	4	28.6%
1500 - 1999g	0	0.0%
2000 - 2499g	3	21.4%
2500 - 4999g	4	28.6%
>= 5000g	0	0.0%
TOTAL	14	100.0%

Appendix 4

OUTPATIENT ACTIVITY DATA 2023

DESCRIPTION	NEW ATTENDANCES	RETURN ATTENDANCES	TOTAL	TELEMEDICINE
Antenatal Parent Class	2,663	239	2,902	5,773
Midwifery	2,724	14,593	17,317	838
Nurse Led	982	407	1,389	4,904
Public Obstetric	7,298	18,433	25,731	6,548
Gynaecology	5,539	6,751	12,290	2,911
Colposcopy & Smear Clinic	2,719	2,852	5,571	0
Paediatrics	5,437	4,025	9,462	105
Endocrinology	3,310	2,731	6,041	154
Gastroenterology	33	14	47	6
Haematology	305	454	759	337
Anaesthetics	911	17	928	1,767
Nephrology	134	343	477	0
Psychiatry	912	1,420	2,332	2,746
Dove Medical	177	187	364	13
Allied Health Clinics	4,797	6,549	11,346	1,523
Diagnostic Clinics ***	4,535	16,591	21,126	0
TOTAL	42,476	75,606	118,082	27,625

***Diagnostic Clinics include Ultrasound, EPU and FAU – Radiology clinics excluded

Appendix 5

FINANCIAL INFORMATION

THE ROTUNDA HOSPITAL, DUBLIN

NON CAPITAL INCOME AND EXPENDITURE ACCOUNT
FOR THE YEAR ENDED 31 DECEMBER 2023

CUMULATIVE NON-CAPITAL DEFICIT BROUGHT FORWARD FROM PREVIOUS YEAR	(56)	(245)
	2023	2022
	€'000	€'000
PAY		
Salaries	80,503	74,712
Superannuation and gratuities	7,308	7,797
	<u>87,811</u>	<u>82,510</u>
NON-PAY		
Direct patient care	8,895	7,908
Support Services	8,987	7,466
Financial and administrative	4,646	3,833
	<u>22,528</u>	<u>19,207</u>
GROSS EXPENDITURE FOR THE YEAR (including prior year deficit)	<u>110,283</u>	<u>101,472</u>
Income	(17,302)	(15,508)
DEFICIT FOR THE YEAR (including prior year deficit)	92,980	85,964
Determination – HSE notified for the year	(93,212)	(86,020)
CUMULATIVE DEFICIT/SURPLUS CARRIED FORWARD TO FOLLOWING YEAR	<u>(232)</u>	<u>(56)</u>
Current Year Deficit	<u>(176)</u>	<u>189</u>

Appendix 6

COMPLETED CLINICAL AUDITS 2023

TITLE OF AUDIT
ADMINISTRATION
Speech Privacy
ANAESTHETICS
An audit of the post-partum anaesthetic review service for patients identified as having potential anaesthetic complications
OAA PDPH Guidance 2018 Adherence in Rotunda Hospital
The use of Octaplas during major obstetric haemorrhage at the Rotunda Hospital from 2019 till 2021
Use of reversal agents for general anaesthesia
Re-audit of timing of administration of post-partum thromboprophylaxis in relation to spinal for CS, following intervention
To reaudit the use of rescue antiemetics in the ward after using prophylactic antiemetic in theatre for elective caesarean sections done under regional anaesthesia (PONV)
CLINICAL NUTRITION
Retrospective re-audit of occipital frontal circumferences (OFC) measurements
COMMUNITY MIDWIFERY
MNCMS Antenatal Visit Care Documentation
NEONATOLOGY – MEDICAL
Audit of optimizing completeness of recording newborns discharge diagnosis/problems in MN-CMS
Documentation of parental discussion of cranial ultrasound CRUSS findings in the neonatal unit
Fluids, electrolytes and nutritional management in extreme preterm neonates – Compliance to the current national and international guidelines
Frequency of blood draws for preterm neonates receiving PN
Haemolysed and clotted neonatal blood samples
How high are we delivering pressure by high-flow nasal cannula therapy in preterm infants?
Incidence of antenatal steroid administration in preterm deliveries: documentation in neonatal chart
Neurodevelopmental follow up for low risk neonates – the practice in a tertiary NICU.
The role of spinal ultrasound in detecting neural tube defects in newborns
To determine whether pregnant women with a history of genital herpes simplex virus (HSV) and their infants are managed according to best practice recommendations
40% Dextrose Gel for the management of Neonatal Hypoglycaemia
Antibiotic prescribing practices for early onset neonatal sepsis, in reference to GBS flowchart and guidelines
NEONATOLOGY – NURSING
Delayed cord clamping in preterm infants' 1 st & re-audit

NURSING/MIDWIFERY

Assessment of thrombocalc at time of postnatal re-admission

Audit of Pre-Op assessment clinic for gynaecology patients

Compliance with PPH Prevention Bundle and PPH rates pre- and post-implementation

Discharge information Audit (>37w <42w gestation NIEL and SROM attendances at ER)

Fresh Eyes – Audit of the use and frequency of use of Fresh Eyes as part of CTG interpretation during pilot period of QIP.

Gynaecology Sepsis Audit

Hand expressing during the first hour of life when infants are admitted to NICU

Infant feeding documentation

Nurse Led Pessary Clinic

Pain Management in HDU patients

RCSI Maternity Sepsis Audit 2022 Sepsis recognition, screening and treatment

Supplemental breast feeding

Thromboprophylaxis compliance

Fetal Rhesus D test (FREDA) clinic to determine the requirements for Anti-D prophylaxis

Fresh Eyes – Re-audit of the use and frequency of use of Fresh Eyes as part of CTG interpretation

Prospective Observational Audit for Obtaining Venous Blood Samples

Re-audit of Hyperemesis

OBSTETRICS

An audit to investigate the adherence of urogynaecology outpatient referrals to the Rotunda referral pathway

Audit of ECV service

Audit of Reassurance Scan Service provision in EPU

Blood Transfusion in Obstetric Patients

Correct assessment of VTE risk using thrombocalc in patients with post-partum haemorrhage during vaginal birth/Caesarean section

Diagnosis and timely management of cord prolapse

ER attendances in relation to admissions and discharges and staff resources

Failure rate of repeat medical management for RPOC following MTOP

Outcome Following Selective Laser Ablation for Twin to Twin Transfusion Syndrome

Review of TOP (termination of pregnancy) patients referred to the Early pregnancy unit (EPU)

Sepsis Fluid resuscitation

Teenage Pregnancy Contraception

The number of obese women (BMI? 30) who were referred for an oral glucose tolerance test (OGTT)

A re-audit of the postnatal readmissions in the Rotunda Hospital January 2019

Aspirin use in pre-eclampsia prevention

Audit on Manual Vacuum Aspiration service provision in the Rotunda. A re-audit

Booking Visit Dating Scan – A re-audit of dating pregnancies at the booking visit

Re-audit antenatal FBC monitoring

Re-audit of cord prolapse

Re-audit of the management of shoulder dystocia

Re-audit of the management of women with PET

Re-audit of WORD catheter use in Bartholin's Cysts

Surgical management of early pregnancy miscarriage

The use of Methotrexate (MTX) in the management of ectopic pregnancy: A re-audit

OCCUPATIONAL HEALTH

Employee health questionnaires

PHARMACY

An Evaluation of Antenatal Corticosteroid Prescribing in the Pre-Natal Ward and the Daycare Unit/Emergency Room

Assessing the completeness of Medication History Orders recorded in the Rotunda Hospital

Intrapartum stress dose steroid use

PHYSIOTHERAPY

Re-audit physiotherapy management of OASI

RADIOLOGY

Triple ID Audit and Justification in Advance

Re-audit requests for USS for breech deliveries

Appendix 7

ROTUNDA HOSPITAL STAFF PUBLICATIONS 2023

Alkharouf F, Joyce N, Ward D, Walsh F, Eogan M, Geary M. Trends in obstetric anal sphincter injury in spontaneous vaginal delivery versus operative vaginal delivery over a 10-year period: lessons learned. *International Journal of Gynaecology and Obstetrics*, 163:888-893, 2023.

Ata B, Vermeulen N, Mocanu E, Gianaroli L, Lundin G, Rautakallio-Hokkanen S, Tapanainen JS, Veiga A. SARS-CoV-2, fertility and assisted reproduction. *Human Reproduction Update*, 29:177-196, 2023.

Barry R, Houlihan E, Knowles SJ, Eogan M, Drew RJ. Antenatal pyelonephritis: a three-year retrospective cohort study of two Irish maternity centres. *European Journal of Clinical Microbiology & Infectious Diseases*, 42: 827-833, 2023.

Bartels HC, Walsh JM, O'Connor C, McParland P, Carroll S, Higgins S, Mulligan KM, Downey P, Brophy D, Colleran G, Thompson C, Walsh Tom, O'Brien DJ, Brennan DJ, McVey R, McAuliffe FM, Donnelly J, Corcoran SM. Placenta accreta spectrum ultrasound stage and fetal growth. *International Journal of Gynaecology and Obstetrics*, 160: 955-961, 2023.

Bassa BA, Ní Áinle F, O'Keefe F, Breslin T. Healthcare is a team sport, so train your teams. *Irish Medical Journal*, 116: 793, 2023.

Bistervels IM, Wiegers HMG, Ní Áinle F, Bleker SM, Chauleur C, Donnelly J, Jacobsen AF, Rodger MA, DeSancho MT, Verhamme P, Hansen AT, Shmakov RG, Ganzevoort W, Buchmüller A, Middeldorp S, Highlow Investigators. Onset of labor and use of analgesia in women using thromboprophylaxis with 2 doses of low-molecular-weight heparin: insights from the Highlow study. *Journal of Thrombosis and Haemostasis*, 21: 57-67, 2023.

Cody F, Kelliher Dunne N, Malone FD, Breathnach FM. Termination of pregnancy for major congenital heart disease: the impact of constitutional change in Ireland. *American Journal of Obstetrics and Gynaecology*, 228: S469, 2023.

Cody F, Unterscheider J, Daly S, Geary M, Kennelly M, McAuliffe F, Morrison J, O'Donoghue K, Hunter A, Dicker P, Tully E, Fhearaigh R, Malone F, Perinatal Ireland Research Consortium. Dynamic growth changes in fetal growth restriction using serial ultrasonographic biometry and umbilical artery doppler: the multicenter PORTO study. *International Journal of Gynaecology and Obstetrics*, 161: 198-203, 2023.

Corcoran A, O'Dwyer V, Cooley S, Ramphul M. Audit of Ireland's first manual vacuum aspiration service. *International Journal of Gynaecology and Obstetrics*, 163: 302-306, 2023.

Coveney J, O'Loughlin J, Ní Áinle F, Drew RJ, Boyle MA. The full blood count in screening asymptomatic infants for early-onset sepsis: A cross-sectional study. *Acta Paediatrica*, 112: 285-390, 2023.

Crowley C, Lang N, O'Leary B, Geary M. Trends in instrument preference for operative vaginal delivery in a tertiary-referral centre 2008 – 2021. *International Journal of Gynaecology and Obstetrics*, 162:752-758, 2023.

Damkier P, Cleary B, Hallas J, Schmidt JH, Ladebo L, Jensen PB, Lund LC. Sudden Sensorineural Hearing Loss Following Immunization with BNT162b2 or mRNA-1273: A

Danish Population-Based Cohort Study. *Otolaryngology Head and Neck Surgery*, 169: 1472-1480, 2023.

Deter RL, Lee W, Dicker P, Breathnach F, Molphy Z, Malone FD. Can growth in dichorionic twins be monitored with individualised growth assessment? *Ultrasound in Obstetrics and Gynecology*, 62: 829-835, 2023.

El-Khuffash A, McNamara PJ, Breatnach C, Bussmann N, Smith A, Feeney O, Tully E, Griffin J, de Boode WP, Cleary B, Franklin O, Dempsey E. The use of milrinone in neonates with persistent pulmonary hypertension of the newborn – a randomised controlled trial pilot study (MINT 1). *Journal of Perinatology*, 43:168-173, 2023.

Eogan M, Murphy C, Higgins M. Ongoing need for education in abortion care. *International Journal of Gynaecology and Obstetrics*, 160: 334-335, 2023.

Favre G, Gerbier E, Maisonneuve E, Pomar L, Winterfield U, Lepigeon K, Bloemenkamp KWM, de Bruin O, Eimir H, Nordeng H, Siiskonen SJ, Sturkenboom MCJM, Baud D, Panchaud A, COVI-PREG and CONSIGN group. COVID-19-related medicine utilization study in pregnancy: the COVI-PREG cohort. *British Journal of Clinical Pharmacology*, 8: 1560-1574, 2023.

Finnegan C, Smyth S, Smith O, Dicker P, Breathnach FM. Glycosylated haemoglobin as an indicator of diabetes control in pregnancy: A 10-year review of the relationship between HbA1c trends and delivery outcome in type I and type II diabetes. *European Journal of Obstetrics & Gynecology and Reproductive Biology*, 281: 36-40, 2023.

Fox Á, Doyle E, Geary M, Hayes B. Placental pathology and neonatal encephalopathy. *International Journal of Gynaecology and Obstetrics*, 160: 22-27, 2023.

Fox Á, Smith A, Murphy C, Bussmann N, McCallion N. How can we improve retention of doctors? *Irish Medical Journal*, 116: 741, 2023.

Fufezan ML, Mocanu EV. Obesity and fertility: a literature review of the association between parental obesity at the time of conception and embryo quality. *Global Reproductive Health*, 8:e0069, 2023.

Gallagher M, O'Leary C, McGreal-Ballone A, Duffy R. The portrayal of mental health in Irish mainstream news media. *International Journal of Psychiatry*, 69: 467-475, 2023.

Gautam D, Purandare N, Maxwell CV, Rosser ML, O'Brien P, Mocanu E, et al. The challenges of obesity for fertility: A FIGO literature review. *International Journal of Gynaecology and Obstetrics*, 160: Suppl 1: 50-55

Geary M, Goggins A. Selected papers from the XXIII FIGO World Congress. *International Journal of Gynaecology and Obstetrics*, 160:457-458, 2023.

Geoghegan S, Acosta F, Stephens LC, Gillan H, Valera S, Drew RJ, Eogan M, Ratner AJ, Steenhoff AP, Butler KM, Feemster KA. Maternity care provider acceptance of a future Group B Streptococcus vaccine – A qualitative study in three countries. *Vaccine*, 41: 2013-2021, 2023.

Geoghegan S, Faerber J, Stephens L, Gillan H, Drew RJ, Eogan M, Feemster KA, Butler KM. Preparing for Group B Streptococcus vaccine. Attitudes of pregnant women in two countries. *Human Vaccines & Immunotherapeutics*, 19: 2195331, 2023.

Gillespie CD, Yates A, Murphy MC, Hughes M, Ewins K, Ní Áinle F, Bolster F, Rowan M, Foley S, MacMahon PJ. Breast shielding combined with an optimised computed

tomography pulmonary angiography pregnancy protocol: a special use-case for shielding? *Journal of Thoracic Imaging*, 38: 36-43, 2023.

Giva S, Barry R, Drew RJ, Geoghegan S. Enterovirus Central Nervous System Infection in Infancy, the Value of Routine Testing. *Paediatric Infectious Diseases Journal*, 42:1031-1034, 2023.

Gonzales-Luna AJ, Skinner AM, Alonso CD, Bouza E, Cornely OA, de Meij TGJ, Drew RJ, Garey KW, Gerding DN, Johnson S, Kahn SA, Kato H, Kelly CP, Kelly CR, Kocielek LK, Kuijper EJ, Louie T, Riley TV, Sandora TJ, Vehreschild MJGT, Wilcox MH, Dubberke ER. EXPAND Cdiff group. Redefining *Clostridioides difficile* infection antibiotic response and clinical outcomes. *The Lancet, Infectious Diseases*, 23: e259-e265 .Epub 2023.

Gonzales-Luna AJ, Skinner AM, Alonso CD, Bouza E, Cornely OA, de Meij TGJ, Drew RJ, et al. Redefining *Clostridioides difficile* infection antibiotic response and clinical outcomes. *Lancet Infectious Diseases*, 23: e259-e265. Epub 2023.

Gorman L, Dickson AN, Monaghan M, Vaughan F, Murphy B, Dowling DP, McCaul C, Jones JF. Novel co-axial, disposable, low-cost 3D printed videolaryngoscopes for patients with COVID-19: a manikin study. *European Journal of Anaesthesiology and Intensive Care*, 2: e0015, 2023.

Grant O, Mulligan K, Donnelly J, Ní Áinle F, Ní Mhuircheartaigh R. Management of hemorrhage during cesarean delivery in a patient with Ehlers-Danlos syndrome: a case report. *A & A Practice*, 17: e01655, 2023.

Hiersch L, Berger H, Geary M, McDonald SD Murray-Davis B, Barrett J, Melamed N, for the DOH-NET (Diabetes, Obesity and Hypertension in Pregnancy Research Network). Maternal Age and Pregnancy Outcomes in Twin Compared to Singleton Gestations. *International Journal of Gynaecology and Obstetrics*, 162: 684-692, 2023.

Hod M, Divakar H, Kihara AB, Geary M. The femtech revolution – A new approach to pregnancy management: Digital transformation of maternity care – The hybrid e-health perinatal clinic addressing the unmet needs of low- and middle-income countries. *International Journal of Gynaecology and Obstetrics*, 163:4-10, 2023.

Hod M, Divakar H, Kihara AB, Geary M. Maternal Fetal Medicine meets Femtech while digitalizing pregnancy management: Present and Future. *Textbook of Diabetes and Pregnancy, Fourth Edition*, CRC Press, Boca Raton, 2023.

Houlihan E, Barry R, Knowles SJ, Eogan M, Drew RJ. To screen or not to screen for asymptomatic bacteriuria in pregnancy: A comparative three-year retrospective review between two maternity centres. *European Journal of Obstetrics, Gynaecology and Reproductive Biology*, 130-134, 2023.

Hussein K, Patel H, Drew T. Total spinal anaesthesia and respiratory arrest during patient transfer following unrecognised subdural catheter placement during labour. *International Journal of Obstetric Anesthesia*, 53: 103621, 2023.

Kane D, Eogan M. A review of 4159 cases of acute post-sexual assault medical care: Post-exposure prophylaxis, STI testing and factors associated with follow-up attendance. *Sexually Transmitted Infections*, Epub 2023.

Kane D, Eogan M. Female adolescent sexual assault; a national review of 1,014 consecutive cases. *Journal of Forensic Legal Medicine*, Epub 2023.

- Kane D, Eogan M.** Female perpetrated sexual assault: a review of attendances to the national of 1014 consecutive cases. *Journal of Forensic Legal Medicine*, Epub 2023.
- Kane D, Kennedy KM, Eogan M.** The prevalence of genital injuries in post-pubertal females presenting for forensic examination after reported sexual violence: a systematic review. *International Journal of Legal Medicine*, Epub 2023.
- Kane D, Kennedy KM, Flood K, Eogan M.** General practice trainees' understanding of post-sexual assault care: the impact of a specialist educational intervention. *Irish Journal of Medical Science*, Epub ahead of print, 2023.
- Kane D, Wall E, Malone E, Geary MP, Malone F, Kent E, McCarthy CM.** A retrospective cohort study of the characteristics of unsuccessful operative vaginal deliveries. *European Journal of Obstetrics and Gynecology & Reproductive Biology*, 285:159-163, 2023.
- Kelliher S, Gamba S, Weiss L, Shen Z, Marchetti M, Schieppati F, Scaife C, Madden S, Bennett K, Fortune A, Maung S, Fay M, Ní Áinle F, Maguire P, Falanga A, Kevane B, Krishnan A.** Platelet proteo-transcriptomic profiling validates mediators of thrombosis and proteostasis in patients with myeloproliferative neoplasms. *BioRxiv*, 10.23.563619, 2023.
- Kevane B, Ní Áinle F.** Prevention, diagnosis, and management of PE and DVT in pregnant women. *Hematology: The American Society of Hematology Education Program*, 1: 237-247, 2023.
- Lucas DN, Wong R, Kearsley R.** 'Cracking' the environmental problem of nitrous oxide in obstetrics. *Anaesthesia*, 78: 288-29, 2023.
- Mazzucato M, Dalla Pozza LV, Facchin P, Lambert D et al.** ORPHAcodes use for the coding of rare diseases: comparison of the accuracy and cross country comparability. *Orphanet Journal of Rare Diseases*, 18: 267, 2023.
- Mitchell JM, Fee N, Roopnarinesingh R, Mocanu E.** Investigating the relationship between body composition, lifestyle factors, and anti-Müllerian hormone serum levels in women undergoing infertility assessment. *Irish Journal of Medical Science*, 192: 1909-1915, 2023.
- Moore CM, O'Reilly D, McCallion N, Curley AE.** Changes in inflammatory proteins following platelet transfusion in a neonatal population. *Pediatric Research*, 94:1973-1977, 2023.
- Moran L, Sheehan JD, Roddy D, Duffy RM.** Suicidal ideation and depressive symptoms in an urban post-partum maternity setting: a retrospective cohort study. *Irish Journal of Psychological Medicine*, 40:566-570, 2023.
- Nicholson SM, Oprescu C, El Nimr S, Dicker P, Molphy Z, Hatt S, Curtin E, Doyle L, Flood K, Malone FD.** Labour roulette: probability of achieving spontaneous onset of labour in low risk nulliparous pregnancies. *American Journal of Obstetrics and Gynecology*, 228: S393-S394, 2023.
- Nicholson SM, Smith O, Hatt S, Molphy Z, Dicker P, Flood K, Malone F.** A randomised open-label trial to assess outpatient induction of labour (HOMEIND) and compare efficacy of Propess vs Dilapan-S® for induction of labour at 39 weeks' gestation in normal risk nulliparous women: study protocol for a randomised controlled trial. *Trials*, 24:135, 2023.
- O'Reilly D, Conway R, Murphy CA, Munblit D, Fitzpatrick P.** Trends in specialised low-allergy infant formulae dispensing in Ireland 2016-2021. *Clinical and Experimental Allergy*, 53: 367-371, 2023

O'Reilly D, Murphy CA, Moore CM, Ní Áinle F, Gormley IC, Curley A, McCallion N, Maguire P. Markers of platelet activation for identification of late onset sepsis in infants: PARENT study protocol. *Pediatric Research, Epub* 2023.

Pacey AA, Pennings G, Mocanu E, Rothmar J, Pinborg A, Adrian SW, Burke C, Skytte AB. An analysis of the outcome of 11,712 men applying to be sperm donors in Denmark and the USA. *Human Reproduction*, 38: 352-358, 2023.

Raaj S, Verghese V, Tharmaseelan M, Duffy R, Sinnadorai NK. Perinatal mental health in Malaysia: understanding the treatment gap and recommendations for the future. *British Journal of Psychology International*, 20: 9-12, 2023.

Rowan A, Geary M. 'Diabetes, Obesity, Hypertension, and Preterm Birth' in: **Hod M, Melamed N, DiRenzo GC, Divakar H, deLeiva A, Poon L, Yang H, Yogev Y**, eds, *Textbook of Diabetes and Pregnancy, Fourth Edition*, CRC Press, Boca Raton, 2023.

Ruby E, Murray-Davis B, Berger H, Melamed N, Li J, Darling EK, Barrett J, Ray JR, Geary M, McDonald SD. Exploring patients' perspectives of gestational diabetes mellitus screening and counselling in Ontario: A grounded theory study. *Health Expectations*, 26:827-835, 2023.

Saboo T, McNally Á, Hassan R, Herrity C, Chummun K. Innovation in operative hysterectomy: Use of Ellick bladder evacuator for tissue retrieval after hysteroscopic myomectomy using a resectoscope. *International Journal of Gynecology and Obstetrics*, 163: 1028-1029, 2023.

Saeed K, Ahman-Saeed N, Annett R, Barlow G, Barrett L, Boyd SE, Boran N, et al. A multicentre evaluation and expert recommendations of use of the newly developed BioFire Joint Infection polymerase chain reaction panel. *European Journal of Microbiology & Infectious Diseases*, 42: 169-176, 2023.

Schönichen C, Montague SJ, Brouns SLN, Burston JJ, Cosemans MEM, Jurk K, Kehrel BE, Koenen RR, Ní Áinle F, O'Donnell VB, Soehnlein O, Watson SP, Kuijpers MJE, Keemskerk JWM, Nagy M. Antagonistic roles of platelet integrin $\alpha\text{IIb}\beta\text{3}$ and chemokines in regulating neutrophil activation and fate on arterial thrombi under flow. *Arteriosclerosis, Thrombosis and Vascular Biology*, 43:1700-1712, 2023.

Shaw D, Abad R, Amin-Chowdhury Z, Drew R, et al. Trends in invasive bacterial diseases during the first 2 years of the COVID-19 pandemic: analyses of prospective surveillance data from 30 countries and territories in the IRIS Consortium. *The Lancet Digital Health*, 5: e582-e593, 2023.

Sheehan OM, Greene RA, McKernan J, Murphy B, Cahill C, Cleary B, Lawlor F, Robson M; MN-CMS National Project Team. Introduction of a Single Electronic Health Record for Maternity Units in Ireland: Outline of the Experiences of the Project Management Team. *JMIR Formative Research*, 7:e38938, 2023.

Smith A, Franklin O, McCallion N, Breathnach F, El-Khuffash A. Assessment of Myocardial Function in Infants of Mothers with Gestational Diabetes Mellitus Using Deformation Imaging over the First Year of Age. *Journal of Pediatrics*, 263: 113645, 2023.

Smith A, Franklin O, Mocanu E, McCallion N, El-Khuffash A. Assessment of myocardial function in infants conceived by assisted reproductive technologies using deformation imaging over the first year of age: A cohort study. *Echocardiography*, 40: 507-514, 2023.

Smyth S, Finnegan C, Molphy Z, Dicker P, Tully L, Breathnach FM. A prospective cohort study to refine gestational diabetes glycaemic surveillance targets. *American Journal of Obstetrics and Gynaecology*, 228: S746, 2023.

Smyth S, Daly R, Molphy Z, Dicker P, Boland F, Tully L, Breathnach FM. Single site pilot clinical investigation of a novel app-assisted self-management programme for gestational diabetes. *American Journal of Obstetrics and Gynaecology*, 228: S746-S747, 2023.

Smyth SJ, Dale C, Tully E, Breathnach FM. In Pursuit of Consensus – A National Review of Gestational Diabetes. *Irish Medical Journal*, 116: 11, 2023.

Stals MAM, Mounneh T, Ní Áinle F, Aujesky D, van Bommel T, Bertoletti L, Bistervels IM, Chauleur C, Couturaud F, van Dooren YPA, Elias A, Faber LM, Le Gall C, Hofstee HMA, van der Hulle T, Kruip MJHA, Maignan M, Mairuhu ATA, Middeldorp S, Le Moigne E, Nijkeuter M, van der Pol LM, Robert-Ebadi H, Roy PM, Sanchez O, Schmidt J, van Smeden M, Tromeur C, Wolde MT, Righini M, Le Gal G, Huisman MV, Klok FA. Noninvasive diagnostic work-up for suspected acute pulmonary embolism during pregnancy: a systematic review and meta-analysis of individual patient data. *Journal of Thrombosis and Haemostasis*, 21: 606-615, 2023.

Stanciu C, Daly-Devereux M, Tarrant A, Boyle MA. Isolated Hypoplastic left Rib Anomaly. *Irish Medical Journal*, 116:861, 2023.

Tamgumus S, McDermott C, Cleary B, McCallion N, Boyle M. Neonatal Abstinence Syndrome – A National Survey. *Irish Medical Journal*, 116:834, 2023.

Terry C, Kane D, Eogan M, McCallion N, Doyle E, Drew RJ. Retrospective analysis of leukemoid reactions in extremely preterm infants in a tertiary NICU from 2018-2021. *Journal of Maternal-Fetal and Neonatal Medicine*, 36: 2225115, 2023.

Tunney E, O’Leary B, Malone F, Geary M. Obstetric rectal buttonhole tears: a case series and literature review. *International Journal of Gynecology & Obstetrics*, 161: 455-461, 2023.

Ward AJ, Lambert DM, Butterly D, O’Byrne JJ, McGrath V, Lynch SA. Genetic services survey-experience of people with rare diseases and their families accessing genetic services in the Irish Republic. *Journal of Community Genetics*, 14: 583-592, 2023

Weiss L, MacLeod H, Comer SP, Cullivan S, Szklanna PB, Ní Áinle F, Kevane B, Maguire PB. An optimised protocol to isolate quiescent washed platelets from human whole blood and generate kellelet releasate under clinical conditions. *STAR Protocols (Cell Press)*, 4: 102150, 2023.

Wildes DM, Harvey S, Costigan CS, Sweeney C, Twomey É, Awan A, Gorman KM. Eculizumab in STEC-HUS: a paradigm shift in the management of pediatric patients with neurological involvement. *Pediatric Nephrology*, Epub 2023.

Wildes, DM, Devlin, C, Costigan, CS, Raftery T, Hensey C, Waldron M, Dolan N, Riordan M, Sweeney C, Stack M, Cotter M, Lynch B, Gorman KM, Awan A. Therapeutic plasma exchange in paediatric nephrology in Ireland. *Irish Journal of Medical Science*, Epub 2023.

Worrall AP, O’Leary BD, Salameh F. Obstetric anal sphincter injury (OASI) in the presence of an intact perineum. *BMJ Case Reports*, 16: e253922, 2023.

Appendix 8

MASTER

Prof. Sean Daly

CLINICAL DIRECTOR

Prof. Jennifer Donnelly

SECRETARY/GENERAL MANAGER

Mr Jim Hussey

DIRECTOR OF MIDWIFERY & NURSING

Ms Fiona Hanrahan

CONSULTANT OBSTETRICIAN GYNAECOLOGIST

Prof. Fionnuala Breathnach

Prof. Kushal Chummun

Prof. Sharon Cooley

Prof. Sam Coulter-Smith

Dr Niamh Daly

Prof. Sean Daly

Prof. Jennifer Donnelly

Prof. Maeve Eogan

Prof. Karen Flood

Dr Eve Gaughan

Prof. Michael Geary

Dr Conor Harrity

Dr Yahya Kamal

Dr Etaoin Kent

Prof. Fergal Malone

Dr Edgar Mocanu

Dr Sieglinde Mullers

Dr Rishi Roopnarinesingh

Prof. Hassan Rajab

Dr Claire Thompson

Dr Tom Walsh

Dr Nikita Deegan

Dr Naomi Burke

Dr Nicola Maher

Dr Vicky O Dwyer

Dr Maria Kennelly

Dr Fadi Salameh

Dr Fiona Reidy

Dr Meena Ramphul

Dr Reem Magzoub

Dr Rawia Ahmed

Dr Claire McCarthy

Dr Ann McHugh

Dr Eimear O'Malley

CONSULTANT NEONATOLOGIST

Prof. Michael Boyle

Prof. David Corcoran

Prof. Afif El-Khuffash

Prof. Adrienne Foran

Dr Hana Fucikova

Prof. Breda Hayes

Prof. Naomi McCallion

Dr Margaret Moran

Dr Maria Karmen Bravo Laguna

Dr Mahmoud Farhan

Dr Francisco Meza

Dr Lydumyla Zacherchenko

Dr Jan Franta

Dr Aisling Smith

Dr Katherine Cunningham

CONSULTANT PAEDIATRICIAN

Dr Nurul Aminudin

CONSULTANT PAEDIATRIC PALLIATIVE CARE PHYSICIAN

Dr Fiona McElligott

CONSULTANT PATHOLOGIST

Dr Emma Doyle

Dr Noel McEntagart

Dr Eibhlis O'Donovan

Dr Keith Pilson

Dr Mohamed El Sammak

CONSULTANT ANAESTHESIOLOGIST

Dr Anne Doherty

Dr Niamh Hayes

Dr John Loughrey

Prof. Conan McCaul

Dr Caitriona Murphy

Dr Róisín Ní Mhuircheartaigh

Dr Patrick Thornton

Dr Thomas Drew

Dr Rosemarie Kearsley

Dr Ryan Howle
 Dr Brian Murphy
 Dr Aisling Ni Eochagáin
 Dr Ankita Miglani

CONSULTANT CARDIOLOGIST
 Dr Niall Mahon

CONSULTANT HAEMATOLOGIST
 Prof. Fionnuala Ní Áinle
 Dr Barry MacDonagh

CONSULTANT MICROBIOLOGIST
 Dr Meaghan Cotter
 Dr Richard Drew

CONSULTANT IN INFECTIOUS
 DISEASES
 Dr Wendy Ferguson
 Dr Patrick Gavin
 Dr Jack Lambert

CONSULTANT PAEDIATRIC
 CARDIOLOGIST
 Prof. Orla Franklin

CONSULTANT ENDOCRINOLOGIST
 Dr Maria Byrne
 Dr Brendan Kinsley
 Dr Mensud Hatunic

CONSULTANT RADIOLOGIST
 Dr Neil Hickey
 Dr Kevin Pennycooke

CONSULTANT PAEDIATRIC
 RADIOLOGIST
 Dr Áilbhe Tarrant
 Dr Matylda Sheehan

CONSULTANT PSYCHIATRIST
 Dr Richard Duffy
 Prof. John Sheehan

OCCUPATIONAL HEALTH
 CONSULTANT
 Dr Dominick Natin

CONSULTANT GENERAL SURGEON
 Ms Ann Brannigan

CONSULTANT NEPHROLOGIST
 Dr Colm Magee
 Dr Conall O'Seaghdha

CONSULTANT
 GASTROENTEROLOGIST
 Dr Barry Kelleher
 Dr Padraic MacMathuna
 Dr Orla Craig

CONSULTANT ORTHOPAEDIC
 SURGEON
 Dr Paul Connolly

CONSULTANT OPHTHALMOLOGIST
 Dr Sarah Chamney
 Dr Teresa Murphy

OCCASIONAL CONSULTANT
 Mr Tom Creagh
 Dr Tony Geoghegan
 Dr Leo Lawlor
 Dr Hugh McCann
 Mr Kevin O'Malley
 Mr John Conneely

SPECIALIST REGISTRAR/REGISTRAR
 IN OBSTETRICS AND GYNAECOLOGY
 DrAdri Kotze
 Dr Ahmed Hasballah
 Dr Ailbhe Duffy
 Dr Amira Al Housni
 Dr Anam Munir
 Dr Ann Rowan
 Dr Annemarie Dromey
 Dr Carmel Sheridan
 Dr Catherine Windrim
 Dr Ciara McCormick
 Dr Ciaran McKeown
 Dr Darya Musa
 Dr David Rooney
 Dr Eimear Wall
 Dr Eimear O'Malley
 Dr Enya Fullston
 Dr Grace Madigan
 Dr Hifsa Sial
 Dr Ibrahim Hegazy
 Dr Icchya Gyawali
 Dr Irum Farooq
 Dr Jasmeet Kumari

Dr Joan Lennon
 Dr Karen Mulligan
 Dr Laurentina Schaler
 Dr Maeve White
 Dr Maria Cheung
 Dr Niamh Lang
 Dr Nora Mohammed Mustafa Alalem
 Dr Oladayo Odoula
 Dr Orla Keenan
 Dr Prerna Kamath
 Dr Rachel Elebert
 Dr Rasha Almola
 Dr Rasha Ibrahim
 Dr Ream Langhe
 Dr Rebecca Boughton
 Dr Roisin Gryson
 Dr Saboohi Tariq
 Dr Samah Hassan
 Dr Sarah Murphy
 Dr Shahad Al Tikriti
 Dr Sophie Boyd
 Dr Susan Clinton
 Dr Tarannum Ibrahim
 Dr Yasmine Abushara

SPECIALIST REGISTRAR/REGISTRAR IN OBSTETRICS AND GYNAECOLOGY

Dr Aine McNally
 Dr Brendan McDonnell
 Dr Catherine Finnegan
 Dr Corina Opreescu
 Dr Daniel Kane
 Dr David Mackin
 Dr Elizabeth Tunney
 Dr Patricia O'Dwyer
 Dr Ronan Daly
 Dr Sarah Nicholson
 Dr Suzanne Smyth

SPECIALIST REGISTRAR/REGISTRAR IN PAEDIATRICS

Dr Aine Fox
 Dr Aisling Smith
 Dr Alessandra Biagini
 Dr Alwyn Charles
 Dr Colin McGrath
 Dr Dearbhla Hillick
 Dr Ehtasham Yousaf
 Dr Elysha Brennan
 Dr Emily Farnan

Dr Jiri Halbrstat
 Dr Laura Ryan
 Dr Leah Halpenny
 Dr Rachel Mullaly
 Dr Robert Kirwin
 Dr Ruth Carey
 Dr Sharon Dempsey
 Dr Valerie Bell

REGISTRAR IN PAEDIATRICS (LOCUM)

Dr Aine Fox
 Dr Daniel O'Reilly
 Dr Graham King
 Dr Muller Theubo

SPECIALIST REGISTRAR IN HISTOPATHOLOGY

Dr Grainne Heuston
 Dr Orla Smith

SENIOR HOUSE OFFICER IN OBSTETRICS AND GYNAECOLOGY

Dr Aidan Shanahan
 Dr Aislinn Hanahoe
 Dr Alan King
 Dr Albulena Devari
 Dr Amy Worrall
 Dr Aoibheann McNeill
 Dr Arthi Subramanian
 Dr Ayodele Aina
 Dr Ciara Malone
 Dr Claire Whelan
 Dr Emma Maguire
 Dr Fatimah Alaya
 Dr Frank Prendergast
 Dr Halima Msheila
 Dr Hannah Kieley
 Dr Harry Mercer
 Dr James Walshe
 Dr Jayavani Penchala
 Dr Kate Sexton
 Dr Khawaja Yasser Jamal
 Dr Lorna Tate
 Dr Marcella O'Callaghan
 Dr Naomi Okigbo
 Dr Niall Compton
 Dr Parijot Kumar
 Dr Rana Jallad
 Dr Reanna Ramlogan
 Dr Reem Mohamed Khair

Dr Rory Bell
 Dr Shahzeel Qureshi Raza
 Dr Shumaila Babar
 Dr Stuart Kinane
 Dr Una Leonard
 Dr Zelda O'Brien

SENIOR HOUSE OFFICER IN PAEDIATRICS

Dr Ahmad Almainan
 Dr Aisling Naughton
 Dr Aisling Dunne
 Dr Alaa Abdalla
 Dr Alexandra Lee
 Dr Aoife Reilly
 Dr Areeg Ali
 Dr Dearbhile Henderson
 Dr Dermot Wildes
 Dr Domhnall McGlacken Byrne
 Dr Emily Tan
 Dr Esme Dunne
 Dr Evangelia Fragkouli
 Dr Ibadat Shah
 Dr Khaldoun Khreis
 Dr Laith Alfalahat
 Dr Lauren Murphy
 Dr Liam Deane
 Dr Lisa Corley
 Dr Marwa Al Obaidani
 Dr Maryam Mumtaz
 Dr Muhammad Umar Ayoub
 Dr Patience Mwesigye
 Dr Ruba Naseeba Malik
 Dr Saad Waheed
 Dr Sean Tamgumus
 Dr Tess Coyne

SPECIALIST REGISTRAR/REGISTRAR IN ANAESTHESIOLOGY

Dr Ahmed Abbas
 Dr Ain Hassan
 Dr Andrew O'Donoghue
 Dr Ciara Killalea
 Dr Ciara Crotty
 Dr Daniel Mulligan
 Dr Daniel Syed Hussain
 Dr Gillian Crowe
 Dr Gillian De Loughry
 Dr Gordian Barry
 Dr Hassan Tawfik

Dr Iarlaith Kennedy
 Dr James Duncan
 Dr Jhansi Raparathi
 Dr Kashif Mahmood
 Dr Mujtaba Sajid
 Dr Murray Philip Connolly
 Dr Osman Mohamed
 Dr Rana Sadiq
 Dr Renata Kallos
 Dr Rizwan Khan
 Dr Robert Lee
 Dr Senthil Kumar
 Dr Shaheer Riaz Mir
 Dr Stephane Blouin
 Dr Syed Husnain Moosvi
 Dr Yasir Alhaseen

SENIOR HOUSE OFFICER IN ANAESTHESIOLOGY

Dr Ben O'Connor
 Dr Michael McCrohan
 Dr Muhammad Anser Ghafoor
 Dr Jennifer Clarke

LOCUM REGISTRAR IN ANAESTHESIOLOGY

Dr John Shaker

REGISTRAR IN HAEMATOLOGY

Dr Conor Hughes

SENIOR REGISTRAR IN MENTAL HEALTH

Dr Ailbhe Doherty

PHYSICIAN ASSOCIATE

Ms Ruth Murphy
 Ms Pamela Moorhouse

MIDWIFERY AND NURSING – ASSISTANT DIRECTORS

Ms Anu Binu
 Ms Ann Bowden
 Ms Suzanna Byrne
 Ms Mary Deering
 Ms Geraldine Gannon
 Ms Catherine Halloran
 Ms Janice MacFarlane
 Ms Ann O'Byrne
 Ms Ciara Roche

Ms Annmarie Sliney
 Ms Mary Whelan
 Ms Patricia Williamson

ADVANCED NEONATAL NURSE PRACTITIONERS

Mr Mark Hollywood
 Ms Christine McDermott
 Ms Elaine Butler
 Ms Jennifer O'Neill
 Ms Jean Coffey

ADVANCED MIDWIFE PRACTITIONERS

Ms Debra England
 Ms Bernadette Gregg
 Ms Ursula Nagle
 Ms Chantal Terese Murdoch

PROJECT MANAGER FOR HDIP IN FORENSIC NURSING

Ms Sarah O'Connor

CLINICAL MIDWIFE MANAGERS III

Ms Fionuala Nugent
 Ms Fiona Walsh
 Ms Jane Hickey
 Ms Christine Corcoran
 Ms Minimol George
 Ms Aileen Marie Fleming (Candidate
 AMP)
 Ms Amy Rochford (Candidate AMP)

CLINICAL MIDWIFE MANAGERS II

Mr Nicholas Aragon Roper
 Ms Nadia Arthurs
 Ms Chloe Barror
 Ms Kerry Birkin
 Ms Virginie Bolger
 Ms Patricia Butler
 Ms Lisa Carroll
 Ms Sarah Cas
 Ms Linda Chiles
 Ms Laura Cooney
 Ms Sinead Corbett
 Ms Emer Croke
 Ms Marina Cullen
 Ms Eilidh Dobbins
 Ms Sinead Donaghy
 Ms Liz Doran
 Ms Elaine Duffy

Ms Hannah Duffy
 Ms Mary Dwyer
 Ms Helen Enyinnaya
 Ms Karen Finegan
 Ms Alva Fitzgibbon
 Ms Mary Fogarty
 Ms Carol Guinan
 Ms Louise Hanrahan
 Ms Margaret Harrington
 Ms Susan Hogan
 Ms Elizabeth Iredale
 Ms Monica Kavanagh

Ms Nollaig Kelliher
 Ms Denise Kildea
 Ms Rebecca Lanauze
 Ms Sinead Landy
 Ms Ruth Larkin
 Ms Mairead Lawless
 Ms Eimear Lawlor
 Ms Helen Lonergan
 Ms Deirdre Lyster
 Ms Emma MacBride
 Ms Barbara Markey
 Ms Louise May
 Ms Michelle McTernan
 Ms Esther McWilliams
 Ms Jacqueline Murrin
 Ms Sangeetha Nagarajan
 Ms Joan O'Beirnes
 Ms Annette O'Connor
 Ms Finola O'Neill
 Ms Ajita Rajendra Raman
 Ms Carol Rock
 Ms Aidene Rogers
 Ms Jean Rooney
 Ms Glenda Sanvenero
 Ms Paula Scully
 Ms Vijalakshmi Shanmugam
 Ms Joanne Taylor
 Ms Elizabeth Tobin
 Ms Maria Walsh
 Ms Deirdre Ward

CLINICAL NURSE MANAGERS III

Ms Paula Penrose (Candidate ANP)
 Ms Maria Frian Marzan
 Ms Siobhan Mulvany

CLINICAL NURSE MANAGERS II

Ms Hazel Cooke

Ms Teresa Figueroa
 Ms Anu Garg
 Ms Caroline Hendricken
 Ms Julie Heslin
 Ms Rasamma Joseph
 Ms Christina Kilpatrick
 Prabin Kumar Singh
 Ms Magdalini Lili
 Ms Giordana Marrone
 Ms Susan Mathew
 Ms Eimear McGowan
 Ms Ruth McLoughlin
 Ms Ninan Mercy
 Ms Tara Moore
 Ms Ailish O'Leary
 Ms Siji Philip
 Ms Jannice Reyes
 Ms Glenda Sanvenero
 Ms Jeyanthi Sukumaran
 Ms Princy Thomas
 Ms Derval Toomey

CLINICAL MIDWIFE SPECIALISTS

Ms Suzanne Gillen
 Ms Deborah Browne (Page)
 Ms Heather Cruise
 Ms Jane Dalrymple
 Ms Naomi Finnegan
 Ms Anne Gallagher
 Ms Geraldine Gordon
 Ms Aisling Graham
 Ms Gloria Guiteras
 Ms Jeanne Masterson
 Ms Elizabeth McGovern
 Ms Deirdre Nolan
 Ms Avril O'Connor
 Ms Kate O'Halloran
 Ms Mary O'Mahoney
 Ms Gemma Owens
 Ms Deirdre Richardson
 Ms Irene Twomey

CLINICAL NURSE SPECIALISTS

Ms Julia Daly
 Ms Christine Pucillo
 Ms Leanne O'Neill
 Ms Catherine Marsh

GP LIAISON/HOSPITAL RELATIONSHIP MANAGER

Ms Eleanor Power

PARAMEDICAL HEADS OF DEPARTMENT

Mr Brian Cleary (Chief Pharmacist)
 Ms Cinny Cusack (Senior
 Physiotherapist)
 Ms Sinead Devitt (Head Medical Social
 Worker)
 Ms Laura Kelly (Head of Clinical Nutrition)
 Mr John O'Loughlin (Laboratory
 Manager)

ADMINISTRATIVE HEADS OF DEPARTMENT

Ms Sheila Breen (Quality & Patient Safety
 Manager)
 Mr Peter Foran (Head of Finance &
 Procurement)
 Ms Johanne Connolly (Human Resources
 Manager)
 Ms Kathy Conway (Clinical Reporting)
 Ms Siobhan Enright (Clinical Risk
 Manager)
 Mr Cathal Keegan (IT Manager)
 Ms Niamh Moore (Patient Services
 Manager)
 Ms Anne O'Byrne (Head Librarian)

SUPPORT DEPARTMENT HEADS

Ms Aiveen O Malley (Health & Safety
 Manager)
 Mr Henry Gelera (Clinical Engineering
 Manager)
 Ms Catherine L'Estrange (Household
 Manager)
 Mr Ray Philpott (Support Services
 Manager)
 Mr Paul Shields (Head Porter)
 Mr Emmet Travers (Engineering & Estates
 Manager)
 Ms Joanna Griffin (Business
 Development Manager)
 Ms Niamh Hegarty (Clinical Informatics
 Manager MNCMS)

CHAPLAINS

Ms Ann Charlton
 Ms Rosemary Fair

Appendix 9

BOARD OF GOVERNORS			
Quality, Safety & Risk Committee	Governance Committee	Finance & Audit Committee	P & R Working Group
EXECUTIVE MANAGEMENT TEAM			
	MASTER		
DIRECTOR OF MIDWIFERY/NURSING	CLINICAL DIRECTOR	SECRETARY/GENERAL MANAGER	
<div>CLINICAL MIDWIFERY & NURSING<ul style="list-style-type: none">MaternityGynaecologicNeonatal</div> <div>MIDWIFERY & NURSING EDUCATION<ul style="list-style-type: none">Undergraduate TrainingPostgraduate Training</div> <div>MATERNITY CARE ASSISTANTS<ul style="list-style-type: none">Education & TrainingClinical Placement</div> <div>PRACTICE DEVELOPMENT<ul style="list-style-type: none">Ongoing Education & TrainingClinical Practice Development</div> <div>BEREAVEMENT SUPPORT<ul style="list-style-type: none">Inpatient SupportOutpatient Follow Up</div> <div>HEALTH & SOCIAL CARE PROFESSIONALS<ul style="list-style-type: none">DietitiansPhysiotherapistsMedical Social WorkersOccupational TherapistsSpeech and Language TherapistsPsychologists</div> <div>GP LIAISON</div>	<div>OBSTETRIC & GYNAECOLOGIC CARE<ul style="list-style-type: none">Outpatient ServicesEmergency ServicesOperating TheatresInpatient Services</div> <div>LABORATORY<ul style="list-style-type: none">Haematology & TransfusionBiochemistryMicrobiologyHistopathologyVirology/Serology</div> <div>ANAESTHESIOLOGY<ul style="list-style-type: none">Pre-Anaesthetic AssessmentAnaesthetics/RecoveryHigh Dependency Unit</div> <div>NEONATAL SERVICES<ul style="list-style-type: none">Inpatient Neonatal CareOutpatient CareNeonatal Transport</div> <div>DIAGNOSTIC IMAGING<ul style="list-style-type: none">RadiologyUltrasoundFetal Medicine</div> <div>SEXUAL ASSAULT TREATMENT<ul style="list-style-type: none">Forensic Examination & Follow-Up</div> <div>COLPOSCOPY<ul style="list-style-type: none">National Cervical Screening Service</div> <div>ACADEMICS<ul style="list-style-type: none">Undergraduate & Postgraduate TrainingResearch Projects, Initiatives & EthicsInnovation Hub</div> <div>PSYCHIATRY</div> <div>PHYSICIAN ASSOCIATES</div>	<div>FINANCE<ul style="list-style-type: none">Financial Control & ManagementExternal AuditProcurementInsuranceAsset Register</div> <div>OPERATIONS AND SUSTAINABILITY<ul style="list-style-type: none">HouseholdPorteringTechnicalCSSDClinical EngineeringCatering</div> <div>HUMAN RESOURCES<ul style="list-style-type: none">Employee Selection & RecruitmentTraining & DevelopmentOccupational Health</div> <div>INFORMATION TECHNOLOGY<ul style="list-style-type: none">System Support & AdministrationSystems Development</div> <div>PATIENT SERVICES<ul style="list-style-type: none">Administration & SupportHealthcare Records</div> <div>LIBRARY & INFORMATION SERVICE<ul style="list-style-type: none">Information Provision, Promotion & Dissemination</div> <div>CLINICAL ACTIVITY REPORTING<ul style="list-style-type: none">Clinical Management InformationInternal & External Reports</div> <div>HEAD OF ENGINEERING & ESTATES MANAGEMENT<ul style="list-style-type: none">Capital ProjectsTechnical Works</div> <div>BUSINESS DEVELOPMENT & PROJECT MANAGEMENT<ul style="list-style-type: none">Project AdministrationRelocating</div> <div>HEALTH & SOCIAL CARE PROFESSIONALS<ul style="list-style-type: none">PharmacistsMedical ScientistsRadiographers</div>	

