The Rotunda Hospital
Annual Report 2024

THE ROTUNDA HOSPITAL DUBLIN

Caring for Generations
Since 1745

The Rotunda Hospital
Annual Report 2024

VISION STATEMENT

Our vision statement reflects the overall ambition of the Hospital. It serves as the baseline from which our strategy is developed.

'The Maternity Hospital of Choice – Outstanding Care Delivered by Exceptional People'

MISSION STATEMENT

Our Mission Statement reflects our ambition in the provision of safe and responsive care to patients as well as our commitment to staff.

As the leading Voluntary provider of maternity, neonatal, gynaecology and reproductive care in Ireland, our mission is to excel in the delivery of safe, innovative and responsive services for women and their families. The Board continues to support and endorse the Voluntary Healthcare Forum in its engagement with the Department of Health and HSE through a formal Dialogue Forum in progressing actions from the Independent Review Report.

In our role as the major tertiary referral hospital and the designated regional lead, we will continue to develop sub-specialist care and shape national policy. This will be underpinned by a strong commitment to the values of voluntarism, staff excellence, and efficient use of resources, promotion of research and education and enhanced alliances with our strategic partners.

Strategic Plan 2022-26

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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

Prof. Sean Daly
Master of the
Rotunda Hospital

Introduction by the Master

Twenty twenty-four was a year of trying to keep the major capital projects moving forward and at the same time managing with an increasingly busy service across pregnancy-related care, Gynaecology and Neonatal Paediatrics. On a national or regional level the RCSI Hospital Group was replaced by a new structure of health areas which incorporated primary and secondary care. Within each new each health region there are Integrated Health Areas or IHA's and each had its own manager. I do believe that the Rotunda has been particularly fortunate with the configuration of these health areas and we now find ourselves more closely aligned with our historic and major clinical partner, the Mater Misericordiae University Hospital. I think that we have also been fortunate in that our IHA manager is Ms. Mellany McLoone and the CEO of our new health region is Ms. Sara Long. The Rotunda has managed to quickly develop relationships with both these people and I am confident that they have been and will continue to be, very supportive of women's health.

We again experienced an increase in the demand for our pregnancy-related care delivering 8,324 women. We have also experienced a significant increase in our gynaecology workload with the number of referrals now over 1,000/month and a subsequent knock-on effect in terms of an increase in our day case and inpatient gynaecology activity. Our neonatal service continues to offer excellent care in physical surroundings which are a constant challenge, especially in terms of preventing infection.

In 2023 we had truly remarkable figures for the number of perinatal deaths and the number of babies who required therapeutic hypothermia. While this year's figures have also been excellent we have noticed an increase in the number of stillbirths and early neonatal deaths. There has also been an increase in the number of babies treated with

therapeutic hypothermia and I think that this is inevitable when you have an intervention that has been shown to reduce cerebral palsy rates by 50%. The consequence of such a successful intervention is that inevitably it is applied to a broader group of newborns. What is reassuring is that the adjusted perinatal mortality rate for normally formed infants born weighing more than 2,500 grams is 0.9/1000. This figure is in many ways the most important metric for comparing care between care providers and should, I believe, be used for comparing hospital care with other services such as homebirths or a free birth service.

CRITICAL CARE WING

During 2024 we were able to continue to move this project forward. I would like to formally thank Mr Jim Hussey, who chairs the Project Team, and Professor Fergal Malone, who chairs the Project Board. Both Jim and Fergal have ensured the momentum behind the Critical Care Wing has been maintained and with the acknowledged support of the HSE and our very capable design team, we were able to lodge a planning application in December 2024. The Critical Care Wing will provide accommodation over four levels as well as a basement layer. There will be 19 single postnatal beds, a 46 room Neonatal Intensive Care and Special Care Baby Unit, a new Labour Ward with 16 rooms, a new Theatre as well as a new Radiology Department and CSSD. It will more than double the size of the Rotunda Hospital and is the biggest capital development to have ever occurred on the Rotunda campus since 1757, when the original hospital was built.

HAMPSON HOUSE

As part of the plan for the Critical Care Wing we were obliged to move our Outpatient Service to a new state-of-the-art facility behind Clerys on North Earl Street. This building, which was purchased by the HSE, was being fitted out during 2024 and will officially open in January 2025. It was named Hampson House after Sara Hampson, the first lady superintendent in the Rotunda Hospital. The name was chosen by staff following a survey and poll and I do believe is an important acknowledgement of the huge role that our Midwifery and Nursing staff play in caring for families presenting to the Rotunda Hospital. The first two floors of Hampson House will be dedicated to pregnancy-related outpatient care, the third floor will be Paediatric outpatient care, on the fourth floor we will run our Colposcopy service and the fifth floor will be for Perinatal Mental Health and Social Work. There will also be an educational space on the fifth floor. It is planned to open Hampson House for patients in January 2025. Professor Jennifer Donnelly has led the Hampson House development with help from Suzanna Byrne, Jacinta Core and the Engineering and Estates team of Emmet Travers, Joanna Griffin and Gary Anderson. There has been a huge amount of commissioning work required and I would like to thank and acknowledge the IT department, in particular Derek Byrne, as well as Elizabeth Iredale, Jenny Power and Michelle McTernan from the Midwifery and Nursing side. The Colposcopy service enthusiastically embraced the move as did the Perinatal Mental Health and Social Work teams.

Hampson House will allow us to re-organize and restructure our antenatal service. Going forward, it is planned to have specific named consultants offering antenatal care to women in the assisted care pathway. Approximately 35-40% of women attending the hospital will be cared for by midwifery teams. It is planned to have nine obstetric teams each caring for approximately 400 women each year and the teams will be led by a specific consultant ensuring that each woman knows who her consultant is and who is directly responsible for her care. The current Team system will continue as this has important implications for women when they have antenatal complications requiring admission to the Rotunda. Each week there is a designated consultant for each of the four teams and consultant rounds on women each day ensure continuity of care and decision-making.

THE NORTH DUBLIN WOMEN'S HEALTH INITIATIVE

The plan to centalise referrals for benign gynaecology across North Dublin was advanced in 2024 with the appointment of Tara Bell as project manager. Tara has engaged with both Connolly and Beaumont Hospitals and the plan is that in 2025 all referrals will be initially to the Rotunda Hospital. They will then be triaged and appropriate referrals will then be scheduled for the three sites. The hope is that waiting times will be reduced and that a given woman will see the right doctor the first time.

RSV PATHFINDER

The HSE instituted an RSV immunization programme in order to reduce the morbidity and mortality of RSV infection amongst babies and young children. This was a pathfinder programme whereby all mothers were offered immunization following the birth of their baby. It resulted in a huge amount of additional work in terms of informing women antenatally and then following the birth of their baby, offering and administering the immunoglobulin Nirsevimab prior to the babies being discharged. The immunoglobulin gives protection against RSV infection for 150 days and the programme lasted for 6-months from the 1st September 2024. We will await the results of the programme but certainly by year end it did appear to be having a beneficial effect in terms of reducing the need for HDU or ICU admission within our paediatric hospitals.

CAMPUS EXTENSION

The new buildings, which the Board of Governors purchased, on Cavendish Row became available to our hospital staff during 2024. In particular, no. 5 Cavendish Row has been utilized for both meeting rooms and is now the location for various staff departments. No. 1 and 2 Cavendish Row has required additional work in order to ensure fire safety and other works to improve access to several parts of the building. It is hoped to free-up valuable clinical space within the hospital by moving departments into this modernized facility. Great credit goes to the Engineering and Estates team.

ROYAL COLLEGE OF SURGEONS IN IRELAND

In 2024 a new teaching agreement was signed between the Rotunda Hospital and the Royal College of Surgeons in Ireland. This agreement, which acknowledges the unique partnership of these two highly respected institutions, ensures that our symbiotic relationship will only get stronger over the coming years.

THE BOARD OF GOVERNORS

I would like to acknowledge the role of the Board of Governors, and in particular the Chairman Professor Tom Matthews, during 2024. The Executive Management Team had highlighted a possible significant deficit in funding and with the support of the Board, the Finance and Audit Committee in particular, we were able to construct a coherent argument around activity levels which resulted in additional funding being made available to the hospital. The newly formed Estates and Campus Development Sub-Committee of the Board was created in response to the multiple issues relating to the campus and has supported the Executive Management Team extremely well during this important year. In 2024 Mr Bob Willis, an ex-governor, died and he will be sorely missed by his family and friends. He had contributed to the Rotunda and its Board over many years in a variety of roles across different Board committees.

STAFF

In 2024 there were a number of very significant retirements, with 14 staff retiring who had worked in the Rotunda Hospital more than 20 years, in particular Geraldine O'Sullivan retired after 42 years of wonderful contribution to the hospital. It is a wonderful tradition within the Rotunda to celebrate the contribution that people make to the Rotunda Hospital, the Rotunda family and most importantly to the care that we provide. These occasions are marked with staff gatherings in the front hall, accompanied by the finest food, and always we try and involve the families of the people who worked here to thank and acknowledge the great service given by very special people.

This year Ms. Susanne Hennessy sadly died in the Mater Hospital having become very ill while working on the Labour Ward. Susanne was a wonderful colleague whose kindness and care exemplified all the things that are good in the Rotunda Hospital, may she rest-in-peace.

Ms. Johanne Connolly, the Head of HR, left the Rotunda for a new post within the HSE. Johanne had led the HR department for three years. We wish her well in her new role.

Mr Jim Hussey, Ms. Fiona Hanrahan and Professor Jennifer Donnelly have been a wonderful Executive Management Team and have worked tirelessly during this year to keep the hospital, moving forward on so many different fronts. I could not function without the wonderful support of my two secretaries Margaret and Caroline who support me every day, sincere thanks to you both.

This year has been one of the busiest in the hospital's history. The service that the Rotunda provides in terms of quality and the number of women and families it sees would not be possible without the wonderful staff who work here. We get ten times more compliments than we do complaints and this is a testament to the care we provide. I firmly believe that every member of the Rotunda is part of the team and would like to thank each and every member of staff in the Rotunda for all that they have done during 2024.

Prof. Sean Daly
Master of the Rotunda Hospital

Introduction by the Chairperson

The mission/vision of the Rotunda hospital continues as set out by Bartholomew Mosse, when founding the hospital in 1745, to provide outstanding care to mothers and babies while developing/improving the necessary infrastructure and ensuring staff recruitment and development. The hospital aims to provide high quality care in a kind and compassionate manner.

The hospital's legal status was defined in 1756 by a Royal charter issued by King George 2nd 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 Roberts 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, 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, Chair Margaret Philbin, Vice Chair Prof. Fergal Malone: Finance and Audit: Chair Stuart Switzer, Vice Chair Jennifer Cullinane: Governance: Chair David Abrahamson, Vice Chair Barry Holmes: Estates and Campus: Chair Greg Power.

Performance and remuneration is a working group of the Board, Chaired by Denis Reardon:

2024 saw an 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. Ireland has 19 units delivering mothers, and caring for their babies, and in 18 of the 19 units the number of deliveries has fallen by 25% with the sole exception being the Rotunda, truly remarkable. Board meetings have remained a blend of in person and virtual, ensuring a high attendance at the six meetings held annually.

Governor's, anxious to improve onsite facilities for patients/staff, have encouraged the EMT in their discussions with the D of H&C 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 campus and the HSE's acquisition of the Earl building, renamed Hampson House after the first lady Superintendant/Matron of the hospital, for the use of the Rotunda, part of the Clery's department store redevelopment, will allow this to happen. Hampson housed opened as the Rotunda's outpatient department on Jan 6th 2025 providing a superb modern facility for both staff and patients. As part of the plan to enable the decanting of any remaining non critical clinical services off the Parnell Square campus the Board acquired no's 1-2 and no 5 Cavendish row on 23 Dec. 2023 for administrative use.

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 St, adjacent to the hospital, to facilitate this endeavour.

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

I wish to thank the Rotunda Hospital Foundation, and Dr Mary Holohan as Chair, for their fund raising 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.

2024 saw the passing of Bob Willis a stalwart Rotunda supporter, past chairman of the Board and long serving Board member who will be greatly missed. The mother of previous Board chairperson Maria Wilson Browne, Ita Wilson, also sadly died in 2024.

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. The fact that everybody visiting the Rotunda comments on how excellent the food is speaks volumes. Attracting and retaining world class staff in the face of a Dublin accommodation crisis, a new public only consultant's contract as part of the slainte care package, and with the proposed metro-link route going directly under the hospital represent only some of the challenge's 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. Providing care with kindness matters. Much done, more to do!.

Prof. Tom Matthews
Chairman

Mr Jim Hussey
Secretary /
General Manager

Prof. Jennifer Donnelly, Consultant Obstetrician Gynaecologist

Clinical Director's Office

CLINICAL DIRECTOR

Prof. Jennifer Donnelly, Consultant Obstetrician Gynaecologist

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 in 2024. 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 Claudia Condon was the lead NCHD in 2024.

INFRASTRUCTURE

The Clinical Director worked closely with the Design Team from OCMA Architects and HSE Estates, NWIHP and many others the plans for campus development continued including planning for the temporary radiology in order to facilitate the Critical Care Wing.

CONTINUING PROFESSIONAL DEVELOPMENT

Attendance at Continuing Medical Education events is a professional registration requirement and the Clinical Directors 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 on how 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 directors Office, which is performed in conjunction with specialty training leads. Preparations were made for RCPI training accreditation planned for 2025.

SUCCESSES & ACHIEVEMENTS 2024

Hampson House planning

Clinical and non-clinical teams worked closely together to plan the move to Hampson House. All aspects of the move were considered. New pathways and protocols were developed to take into account ways of working across the expanded campus including transfer of patients. There was huge engagement and teamwork from many people across all departments who are due move all 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.

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 2024. This continues to provide a valuable additional forum to the Hospital Medical Board for communication between hospital management and senior medical staff.

CHALLENGES 2024

As in prior years, the main clinical challenge in 2024 relates to the ability to manage an extremely busy obstetric service, which is demand-led. The Rotunda remains under-resourced to optimally care for its clinical demand despite very welcome increase in service provision due to NWIHP championed initiatives and engagement with the new HSE structures in the transition to IHAs.

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 and as result is exploring ways of increasing accommodation options on site.

PLANS

Hampson House Move Jan 2025

The move to Hampson House is planned for Early January 2025. It will be a great achievement to move the services to the new building while maintaining clinical activity. There is an air of excitement as the building takes shape and staff can see how beautiful and modern the new facility is. This will be an exciting milestone for everyone.

RCPI training site accreditation

Preparations were made for RCPI training accreditation for obstetrics and gynaecology, neonatology and pathology for 2025. This involves significant gathering of evidence of training offering and supports for the NCHDs across a number of domains including innovation and well being.

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 would like to acknowledge the support received from other members of the EMT Prof. Sean Daly, Ms Fiona Hanrahan and Mr Jim Hussey.

The role as Clinical Director is busy but very enjoyable and rewarding job, working closely with so many people across specialties and departments who work hard to ensure that high standards of quality care are maintained day and night, no matter what the circumstances.

Prof. Jennifer Donnelly
Clinical Director

Clinical Services

Maternity

Ms Fiona Hanrahan
Director of Midwifery / Nursing

Midwifery and Nursing Department

Director of Midwifery and Nursing
Ms Fiona Hanrahan

Assistant Directors of Midwifery and Nursing
Ms Patricia Williamson
Ms Catherine Halloran (retired December 2024)
Ms Janice Macfarlane
Ms Geraldine Gannon
Ms Annmarie Sliney
Ms Suzanna Byrne
Ms Ciara Roche
Ms Deirdre Ward (temporary from August 2024)
Ms Mary Deering (Practice Development Co-ordinator)
Ms Anu Binu (Infection Prevention and Control)
Ms Mary Whelan (Clinical Audit)
Ms Ann O'Byrne (Designated Midwifery Officer)

Notable Retirements 2024
Ms Eleanor McKenna
Ms Pam Dowd
Ms Hazel Cooke
Ms Margaret Harrington
Ms Doreen Cass
Ms Irene Twomey
Ms Alva Fitzgibbon
Ms Anne Gallagher
Ms Catherine Halloran

Twenty twenty-four was a year of planning and preparation as we looked to move many of our outpatient services off site to a new building called the Earl Building on O'Connell St. The HSE purchased this building for the Rotunda as a key enabler for the planned Critical Care Wing development, which will replace the old adult outpatient building on the west side of Parnell Square. Maternity outpatients is the largest and most complex of the departments planned to move to the new building. Throughout 2024, we had extensive planning meetings to ensure all antenatal care could be provided safely, in a location, away from the main hospital. This planning involved a large MDT from both a clinical and operational perspectives. Great credit has to be given to staff who committed the time and effort required to have us in a state of readiness for the move of services that is planned for January 2025. Along with maternity outpatients, other departments relocating are Paediatric Outpatients, Colposcopy, Perinatal Mental Health and Medical Social Work.

Throughout 2024, there were frequent meetings with the architects and design teams to ensure that the facilities in the new building will meet the exacting standards of 21st century healthcare. These projects are only successful when all stakeholders work together, recognising each other's skill sets. It is vitally important that clinical staff have a

real voice at the table to ensure that they can provide patient care appropriately in the correct environment. Clinical staff of all grades and specialities contributed hugely to this project and the resulting facility will be all the better for it.

As part of the preparation and readiness, there were discussions about the name of the building. The building was called the Earl building; due to being built on North Earl Street. The Executive Management Team decided to hold a competition to re-name the building to recognise the values and mission of the Rotunda Hospital. A large majority selected the name Hampson House. Ms Sara Hampson was the first Lady Superintendent of the Rotunda Hospital. Ms Hampson was selected to guide midwifery and nursing at the Rotunda in 1891. Although the Hospital was already 146 years old in 1891, Ms Hampson was the first fully qualified nurse to hold this position having trained in the Florence Nightingale School in London. As a successor of Ms Hampson, I am very proud that this important building is named after such a progressive nurse/ midwife.

There were fundamental changes to the structures of healthcare and the HSE that came to pass throughout 2024. In line with Sláintecare, the RSCI Hospital Group stood down and the Rotunda became part of the new Regional Health Area (RHA) of Dublin North and North East. We welcomed Ms Sara Long, the new Regional Executive Officer (REO) for the region, to the Rotunda in September and look forward to working closely with her and her team, from our position as leading provider of women's health; both maternity and Gynae in the region.

The Rotunda participated in the HSE pathfinder programme to provide immunisation to newborns against Respiratory Syncytial Virus (RSV) for the 2024/25 winter season. Work on this programme commenced in June 2024 with an ambition to commence immunisation for infants born between September 2024 and March 2025. This was an extremely challenging programme to organise in such a short timeframe. Staff recognised that the provision of RSV immunisation was going to be life saving for infants and committed time and resources to ensure we were ready for September commencement. Midwives played a pivotal role in ensuring women received correct information and were enabled to give informed consent for their newborns to receive RSV immunisation. At the end of 2024, 81% of newborns leaving the Rotunda were protected via immunisation against RSV.

In July, we lost our dear friend and colleague, Susanne Hennessy (Murphy), who died unexpectedly. Susanne was a long-time member of staff at the Rotunda with over 20 years' service. Susanne worked as a Maternity Care Assistant (MCA) based on Delivery Suite. Susanne cared, not only for our patients, but also for her colleagues. I had the pleasure of working alongside Susanne when I was a Delivery Suite CMM2. Many a busy night, where a break was not possible due to activity, I would find a cup of hot tea and some toast waiting for me at the ward desk. These little acts of kindness exemplified who Susanne was. She went about her work diligently and thoroughly with great pride in caring for women and their newborns in the hours after birth. May Susanne's gentle soul rest in eternal peace. We will keep Susanne's memory in our hearts, especially on those busy Delivery Suite nights.

Listed at the top of this report are the names of senior midwives and nurses who retired this year. These incredible women leave us, having provided decades of committed care to the women, and their infants, who trust us with their healthcare. We thank them for their service and hope that each of them enjoy a long, healthy and happy retirement.

I want to thank the staff across all services who work so diligently and dedicatedly every day and night to ensure that the care at the Rotunda is safe, high quality and delivered with kindness and respect.

The Lactation Department

The team of Lactation Clinical Midwife Specialists (CMS) continue to support individuals and families in the promotion of breastfeeding as the optimal infant feeding choice. 2024 saw a breastfeeding initiation rate of 69% at the Rotunda, with only 3.5% 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. The Lactation team supported women with a broad range of services across the hospital including:

- Facilitating over 400 individual consultations per month with early breastfeeding challenges across all departments.
- Antenatally, the breastfeeding wrap-around service supported those women who were deemed to be at high risk for breastfeeding challenges.
- The Rotunda Outreach Lactation Service (ROLS) has continued to support women delivering in the external hospitals, such as the Mater Hospital, Beaumont Hospital and Connolly Hospital, 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 CMS in NICU offered support to women both antenatally and postnatally. This service included a weekly postnatal breastfeeding support clinic, working with dyads for an extended period.
- Paediatric Outpatient (POPD) reviews for breastfeeding dyads having feeding issues after discharge home.
- On discharge home, mothers were offered contact details for the lactation department for additional phone support and, often, mothers self- referred back in for review and advice with support provided in the lactation room by appointment.
- The A/N Breastfeeding Workshops continued to be facilitated online with over 20 women booked in weekly throughout the year.

National Baby Friendly Initiative (BFI)

The Lactation team continued to lead out on BFI self- assessment process in the Rotunda which examines standards of care provided throughout the service. The audit results identified some improvement in practices but also some shortcomings. In collaboration with managers from clinical areas, action plans were developed to try to address gaps identified, and a report was formulated to send to NWHIP. This self-assessment process will continue over three years with audits repeated yearly to benchmark improvement in standards.

The Infant Feeding Specialist Support Forum continued, nationally, to support infant feeding specialists in their roles of continuing to implement National Standards in their respective maternity units. The lactation team had a representative at a workshop and scheduled meetings held on a regular basis during the year.

OTHER ACHIEVEMENTS IN 2024

- As part of Dublin North Community Care (DNCC) committee CMS Lisa Carroll and CMS Marina Cullen took an active part in facilitating a series of breastfeeding education podcasts for GPs
- DNCC produced Breastfeeding Repository for HCPs and Breastfeeding Repository for Parents which provides an app that can be downloaded onto phones providing access to a large source of information and resources to support breastfeeding. CMS Marina Cullen and CMS Lisa Carroll presented an information session at national feeding specialist workshop about podcasts with GPs and repositories and they also presented a poster at Association of Lactation Consultants(ALCI) Annual Conference
- CMS Marina Cullen in conjunction with HSE, recorded a video for Safe Skin to Skin care, which was rolled out nationally for HCPs and parents.
- This year saw the launch of the new National Infant Feeding Education Programme with the lactation team attending Train the Trainer programme to prepare for facilitation of this programme. The programme is a shared education project between maternity units and community care with Midwives and PHNs attending together. Teaching is facilitated by hospital based lactation consultants and PHN/IBCLCs. The Rotunda Hospital has been paired up with Dublin North East Community Care. The first course was rolled out in Connolly Hospital, Blanchardstown in November.
- CMS Sinead Donaghy successfully completed the Professional Postgraduate Certificate in Breastfeeding and Lactation in UCD.
- CMS Geraldine Gordon presented information about her project “Birth Interventions and Impact on Early Breastfeeding” at ALCI Spring Study Day. Her poster also earned a prize at the Rotunda Charter Day poster presentation.
- CMS’s Marina Cullen and Lisa Carroll facilitated an informative breastfeeding education session during a GP/PHN information evening hosted by the Rotunda.
- The Lactation team continued to facilitate regular breastfeeding education sessions arranged through the Centre of Midwifery Education and also locally in the Rotunda.
- National Breastfeeding Week presented an opportunity to host a coffee morning in the Front Hall for staff and clients and proved to be a good opportunity to network about importance of breastfeeding in a relaxed atmosphere.

PRACTICE DEVELOPMENT UNIT

The Practice Development Unit experienced an extremely busy year in 2024. We said goodbye to our Higher Diploma Coordinator, Margaret Harrington, who retired from the Practice Development Team having contributed 18 years to the role but also an additional 16 years in various roles across the Hospital. We wish Margaret a long, happy and healthy retirement. We also said au revoir to three long standing Clinical Placement Coordinators: Louise May (Jan); Michelle McTernan (April) and Jean Rooney (Aug). We wish them well in their new roles. We welcomed Chloe Barror (Jan); Hayley Dowdall (April) and Shauna Fitzgerald (September) who seem to be enjoying their new roles.

In May, we applied to NMBI to enable facilitation of the Midwifery Adaptation Programme at the Rotunda Hospital. We were successful and enabled two Candidates to complete the programme in December. The support of Michelle Goodburn DS CMM1 in conjunction with the amazing Clinical Skills Facilitator team of Kerry Birkin and Vigi Shanmugam enabled the creation of both a Theory and Practical Skills

week in collaboration with the Centre of Midwifery Education to make it a very successful programme.

A large number of midwives and nurses undertook further education in the form of courses in the CME, HSE, Beaumont Hospital and the Rotunda Hospital for in-house education study days to add to their portfolio of professional development. Below are the names of the formal postgraduate courses undertaken.

POSTGRADUATE EDUCATION PROGRAMS 2024

Masters Science Leadership and Innovation in Healthcare
Masters Science in Quality and Safety in Healthcare management
Masters Science in Advanced Leadership
Masters Science in Health and Social Inclusion
Masters Science in Bereavement and Loss
Masters Science Nursing
Masters Science in Positive Health Coaching
Masters Science in Ultrasound
Postgraduate Diploma in Neonatal Intensive care Nursing
Professional Diploma in Clinical Leadership
Professional Diploma in Early Pregnancy Ultrasound
Professional Certificate in High Dependency
Professional Certificate in Breastfeeding and Lactation
Professional Certificate in Nurse/Midwife Prescribing of Medicinal products
Certificate in Perinatal Mental Health

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.

The Clinical Skills Facilitators (CSF) supported and facilitated the Orientation of 67 staff members; new staff (22) and rotated staff (45) to achieve competencies in their new roles within the hospital; Delivery Suite (22), General Prenatal (14), Gynae (8); Lille Suite (11), PSNT A (4), PSNT B (10). The Transition to Practice programme particularly enhanced the experience of the newly registered Midwives.

The CSF Team also updated orientation books in collaboration with the CMM2/3`s. An update of the ISBAR card, enabled the biannual IMEWS/INEWS report. The team participated in and supported Midwives with RSV immunization programme, and created the QR code document for all online education. Additionally education sessions were provided on fluid balance to maintain accuracy and supported documentation. In addition, facilitated education on the condition of Imperforate anus (following Clinical Risk review) was provided. CSF team also enabled medication safety education. These sessions were hugely beneficial to staff to enhance clinical practice and to assist in maintaining a safe environment for women attending our service.

Classroom and ward based education training was provided by the CSFs in collaboration with the Centre of Midwifery Nurse Education and the Multidisciplinary Team on site. Programmes facilitated included:

Clinical Skills Facilitators Education

- Epidural study day
- Suture workshops and ward level support and supervision
- Peaches training,
- NRP- instructor 4 per year
- RHOET – Ongoing
- Skills and Drills -Transition to practice - (Midwives) and CME - (induction day)
- Skill and Drills – NCHD Induction- (Twice)
- Emergency bleep training - Gynae ambulatory clinic staff
- Facilitate Adaptation Theory week with CME
- Plan and Facilitate Adaptation Clinical Skills week.
- Emergency (PPH/PET) Skills and drills on ward - ongoing basis as part of Orientation
- ISBAR/Sepsis Training – (Support Sepsis Box Initiative from Pharmacy) as part of Orientation
- Ongoing Drills with care of patients on Arterial line admitted to HDU
- PICC / Central line study day organised in CME - Gynae, DCU, D/S, Postnatal and Antenatal wards
- Pump Training-Baxter/Braun/Breast Pumps - Ongoing
- POC Equipment Training-HB/HQ/Lactate - Ongoing
- Bleep Training-Regular/Crash Bleep - Ongoing
- MN-CMS Training - DS/ GPN / Postnatal wards and Gynae staff externally recruited
- Education sessions at ward level on various topics including PPID, Medication Management, Fluid Balance, Escalation and Management of IV Lines as part of orientation.
- IV Cannulation Workshop - Ongoing
- Ward level information session on feeding cleft lip/palate babies/baby communication with Speech and Language specialist in NICU.

Our CPC Team and Student Allocations Officer, Sinead Landy in collaboration with our academic partners Trinity College have supported our Students exceedingly well over the last year with their clinical placements, reflection sessions and the many challenges encountered.

UNDERGRADUATE STUDENT NUMBERS FOR ACADEMIC YEAR 2023 – 2024	NO' OF STUDENTS 2023-2024
Junior Freshman (Year1)	20
Senior Freshman (Year 2)	19
Junior Sophister (Year 3)	15
Senior Sophister (Year 4)	19
TOTAL	**73**

HIGHER DIPLOMA MIDWIFERY	STUDENT NUMBERS 2023 - 2024	NUMBERS WHO HAVE TAKEN UP IN EMPLOYMENT
Higher Diploma 2022/2023	19 (1 yet to complete)	16
Higher Diploma 2024/2025	18	Due to complete in 2025

STUDENT GROUP	NO' OF STUDENTS 2023-2024
Erasmus from Malta	2
CGIDP (Combined/General Paeds Programme)	16
Student PHNs	6
DCU Students	200
TOTAL	**224**

COMMUNITY MIDWIFERY SERVICES

The Rotunda Community Midwifery Team (CMT) have continued to offer midwifery-led care; choice and continuity to normal risk pregnant women in North Dublin city and county, extending to some areas in Meath (Ashbourne and Ratoath).

The team is comprised of Clinical Midwife Managers (CMMs), Clinical Midwife Specialists (CMS), Registered Midwives, Lactation Consultants, and Advanced Midwife Practitioner (AMP), and Registered Prescribers.

Throughout 2024 we continued to develop our services to meet the needs of women who attend for midwifery led care. We are currently offering nine antenatal clinics in the outlying community and two community based booking clinics in addition to one clinic in the Rotunda's Outpatient department, which facilitates women living in the inner city area of North Dublin.

CMT ANTENATAL CLINICS

Balbriggan Booking Clinic	Monday	9am-1pm
Balbriggan Antenatal Clinic	Monday	2pm-5pm
Blanchardstown - Roselawn Clinic	Monday	5pm-8pm
Darndale - Bell Clinic	Tuesday	10am-12pm
Coolock Clinic	Tuesday	5pm-8pm
Finglas Clinic	Wednesday	2pm-5pm
Swords Clinic	Wednesday	5pm-8pm
Ballymun Clinic	Thursday	2pm-5pm
Corduff Clinic	Thursday	2pm-5pm
Corduff Booking Clinic	Thursday	8:30am -1pm
Cabra Clinic	Friday	9am-12pm
Rotunda Clinic	Friday	3:30pm-6:30pm

In 2024, 1498 women 18% of all women met the inclusion criteria and opted for community midwifery care.

The community midwifery team provided 6697 antenatal appointments in our outlying clinics and 56 antenatal home visits. 13 women were booked at home for community midwifery care. Additionally. 249 women booked in our Balbriggan Booking Clinic.

All women who attend CMT antenatal clinics are offered early transfer home (ETH) between 6-48 hours post birth. A total of 2103 women availed of this service. 4344 home visits were provided by the community midwifery team with on average of two home postnatal visits per dyad.

Birth Reflection Service

This is a dedicated midwifery-led debriefing and listening service for all women who have given birth at the Rotunda Hospital. The service aims to support and empower

women while they reflect on their pregnancy and birth experiences; in particular in circumstances where their experience was not what they had initially expected. The clinic offer one-to-one appointments in person, or virtually, to help support women to reflect and gain closure following birth. A total of 196 women availed of the service in 2024 covering antenatal, intrapartum and postnatal experiences.

CMT Clinical Midwife Specialist (CMS) in Lactation

The CMT CMS in Lactation works between the hospital and community optimising breastfeeding rates amongst CMT women. One to one antenatal consultations are allocated for women identified as high risk for breastfeeding challenges. These women are seen in our antenatal breastfeeding clinic held once a month. 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 6 weeks postnatally by phone and/or home visits.

CMT are often required to visit women who have delivered in or required transfer postnatally to local general level 4 hospitals, often in ICU or HDU to help 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 provides ongoing education for staff.

CMT have a breast pump loan system that can be provided for woman 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.

The CMT have been providing antenatal booking visits to women within their homes for many years. In 2022, this service expanded with the creation of a community booking visit clinic in Balbriggan primary care centre in line with the Sláintecare model. In 2025 we will be commencing a second antenatal booking clinic at our facility in Corduff. This service allows women to attend for their full booking visit appointment in one location close to their home, to include their initial ultrasound confirmation of pregnancy performed by a CMT midwife qualified in early pregnancy ultrasonography. During the booking visit women are risk assessed and offered the most appropriate care pathway depending on their individual needs. Numerous women who avail of this booking service are suitable for midwifery led care and are provided appointments in our outlying clinics close to their homes.

In 2025, the AMP in Community Midwifery/Support care pathway will continue to work with the midwifery team and midwifery management to explore ways that enhance midwifery care.

NBAC (Next Birth After Caesarean)

The NBAC service provides a midwife-led care pathway for women who have had one previous caesarean birth. A total of 137 community NBAC support visits were facilitated at 16-22 weeks gestation. During the support visit women are given the opportunity to discuss their previous delivery by caesarean section. We offer both in-person and virtual appointments. Reasons for the caesarean birth 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). Woman attending the NBAC clinic attend the AMP and community-based midwifery clinics. If the women fall outside the criteria of the AMP, they are reviewed by the Obstetric team at 36 weeks if they want an elective caesarean and at 39 weeks if they want a VBAC

Hypnobirthing

Patient education continues to be an important factor for the community midwifery team in empowering and informing women during their pregnancy. We offer hypnobirthing classes throughout the year. We provide a 4 week course, one in person class and 3 online classes. 76 couples attended our hypnobirthing classes in 2024.

STUDENT EDUCATION

Twenty twenty-four was another busy year where we provided clinical placements to BScM and Hdip midwifery students from Trinity College Dublin, student public health nurses and midwifery students on Erasmus from Malta. We will continue to support our students during their education and are committed to providing them with the best learning opportunities possible while on placement with us.

In 2025, 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.

Our aim as a progressive midwifery team is to continue to explore opportunities to expand our service in line with the needs of the population for whom we care.

Advanced Midwife Practitioner (AMP) Supported Care 2024 saw the first full year of services provided by the Advanced Midwife Practitioner (AMP) Community midwifery consolidated and streamlined. The AMP supported existing midwifery led services in addition to delivering antenatal care in four clinics- two community clinics and two onsite clinics with capacity of forty appointments per week. There were 202 women, seen by the AMP for scheduled appointments in their pregnancy in line with an established clinical caseload, tailoring individualized women centered care (figure 1). The majority of these appointments were provided to women who had a previous cesarean section (63%).

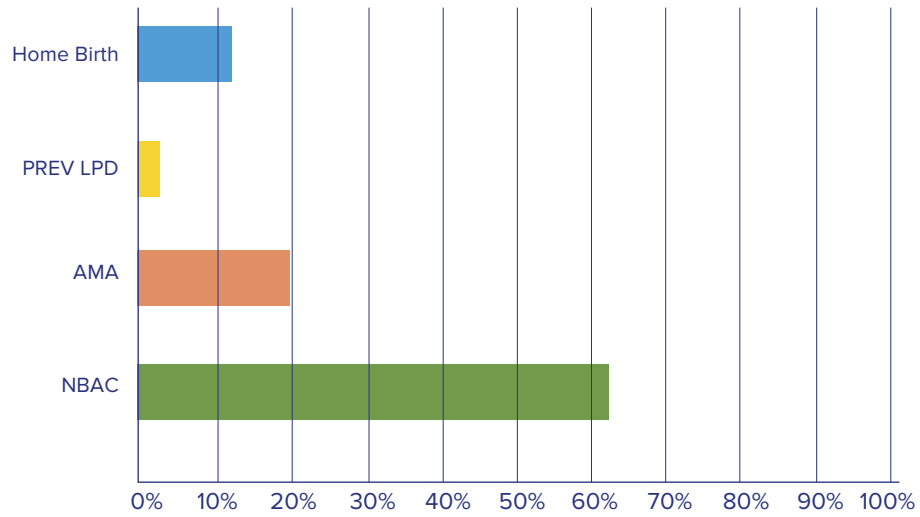


FIGURE 1: AMP CASELOAD (N= 202)

Women, who meet the criteria for midwifery led care, and have had one previous lower segment caesarean section, are offered care along the Next birth after Caesarean (NBAC) midwifery led pathway. This care incorporates a dedicated support visit with a midwife between 16-22 weeks, where the previous birth is reviewed, and the options

for the next birth are explored. All women are encouraged to participate at the next birth after caesarean antenatal class, and receive antenatal care via midwifery clinics and their own GP. With the growing caesarean section rate the existing midwifery-led NBAC service incorporating an obstetric visit at 36 week, is now diversified to a sole midwifery-led service. At 36 weeks of women who meet the AMP inclusion criteria, are reviewed by the AMP to finalise their decision regarding mode of birth. In 2024, 125 women availed of this service, with 113 women birthing within the calendar year. As depicted in the pie graph (figure 2), 57% of women opted for a trial of labour after caesarean section, 35% were keen for a repeat elective caesarean section with 8% of women opted for an elective caesarean section, but were happy to labour, if spontaneous labour occurred prior to their caesarean section date. The modes of birth for women who opted for a vaginal birth and subsequently laboured are outlined in figure 3, with 66 % experiencing a vaginal birth. The NBAC service is supported by Obstetric Consultant Professor Coulter-Smith.

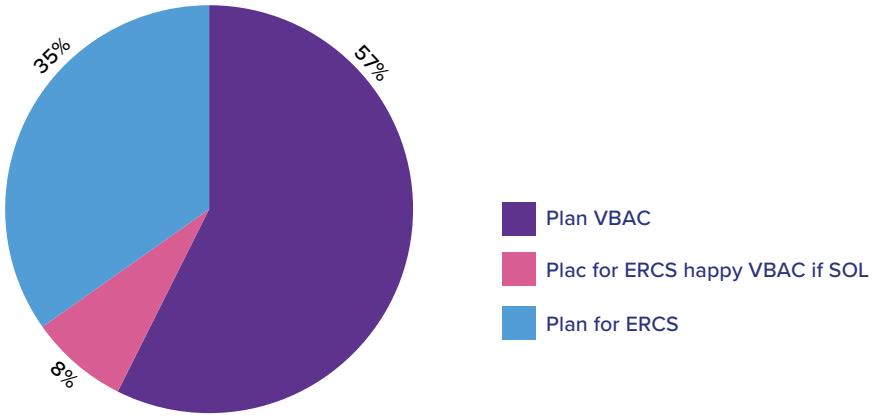


FIGURE 2: PLANNED MODE OF BIRTH FOR WOMEN ON MIDWIFE LED NBAC PATHWAY AT 36/40

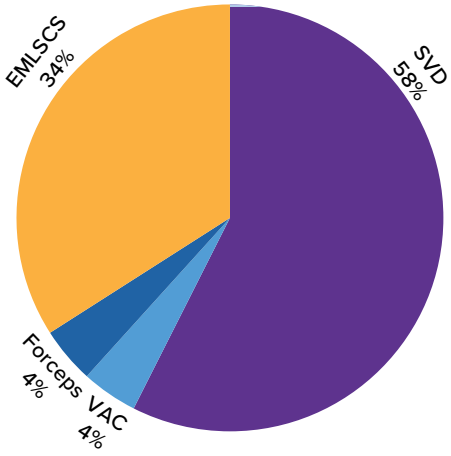


FIGURE 3: MODE OF BIRTH FOR WOMEN OPTING FOR A VBAC AND LABOURED (N= 47)

In 2024, the AMP service received 484 refferals. These referrals diverted women who would have previously attended obstertic clinic for review, facilitating continuity of midwifery care. The largest referral group comprised of women who were post dates i.e. had gone over their E.D.D., correlating with 2023 data for demands on the service. These women comprised of 178 primparous mothers and 74 multiparous individuals. Anaemia was the second largest cohort of women referred to the AMP service. Women with a HB less than 105, despite oral iron supplementation could be referred into the AMP for review and management. The average HB at time of refferal was 96.7. Of the 71 women referred for anaemia, in additional to oral supplementation and diet advice, 18% required vitamin B12 replacement, and 23% required parental iron infusions. The average HB for this chort of women at time of birth was 113.1g/dl, optimising maternal well being.

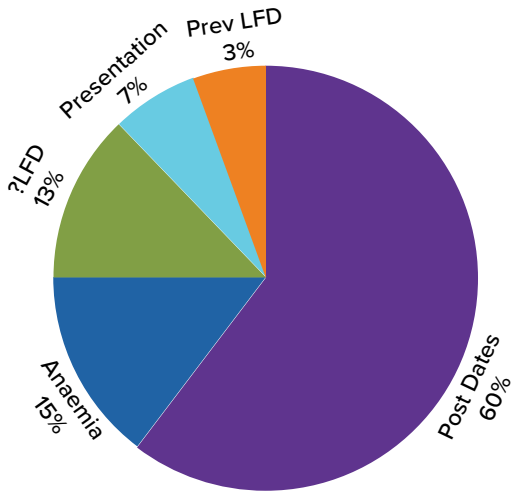


FIGURE 4: 2024 : REASONS FOR REFERRAL INTO AMP COMMUNITY MIDWIFERY CLINIC'S (N= 484)

Of the 484 women referred to the AMP clincs, 5 % were for routine antenatal appointments. Reasons for these routine appointments included, maternal history of anxiety requiring continuity of carer and linked with PNMH (25%), community midwifery clinic capacity (19%), maternal request for membrane sweep at 39 weeks (19%), limited GP access for women HSE homebirth service (13%), inapprpriate referrals (26%) alongside late bookers (13%). Multi-disciplinary relationships facilitated individualised holistic care for women while ensuring safety for women and staff, maintaing scope of practice. When feesible the AMP referred women back into midwifery led clinics. Professor Coulter Smith continued to provide clinical support to the AMP Community Midwifery service, through formal reviews of clinical care, along with accepting direct referrals from the AMP. This initial inter-disciplinary relationship has streamlined referrals into obstetric care, as appropriate and further developed integrated care pathways to standardise referrals from AMP clinics into obstetric led clinics, when required. In 2024 the AMP referred 124 women into obstetric led clinics for once off reviews or to continue their care along the obstetric led pathway. With the establishment of the AMP service the rate of innapropriate referrals will reduce with staff education and awareness and the potential of the AMP service will be maximised. This will produce a positive experience for women with continuity of carer, delivery of appropriate service and logistical and operational benefits for service delivery.

As evident in figure 5, the leading clinical reason for referral to obstetric led care was intrauterine growth concerns. Growth scans performed by the AMP indicated either static growth or small for gestational age, requiring further obstetric input and management. Additional growth scans by the AMP identified babies who were large for gestational age. The AMP referred these mothers, where appropriate, for gestational diabetic tests which accounted for 6% of referrals to the Diabetic services.

The growing demand for this service is evident with the fact that 15% of referrals out of the AMP clinics are due to clinic capacity. The opening of Hampson House in 2025 will allow for further expansion and diversion of the AMP service. Student placement expanded in 2025, facilitating further education, awareness and drive for further AMP professionals for the future of Midwifery.

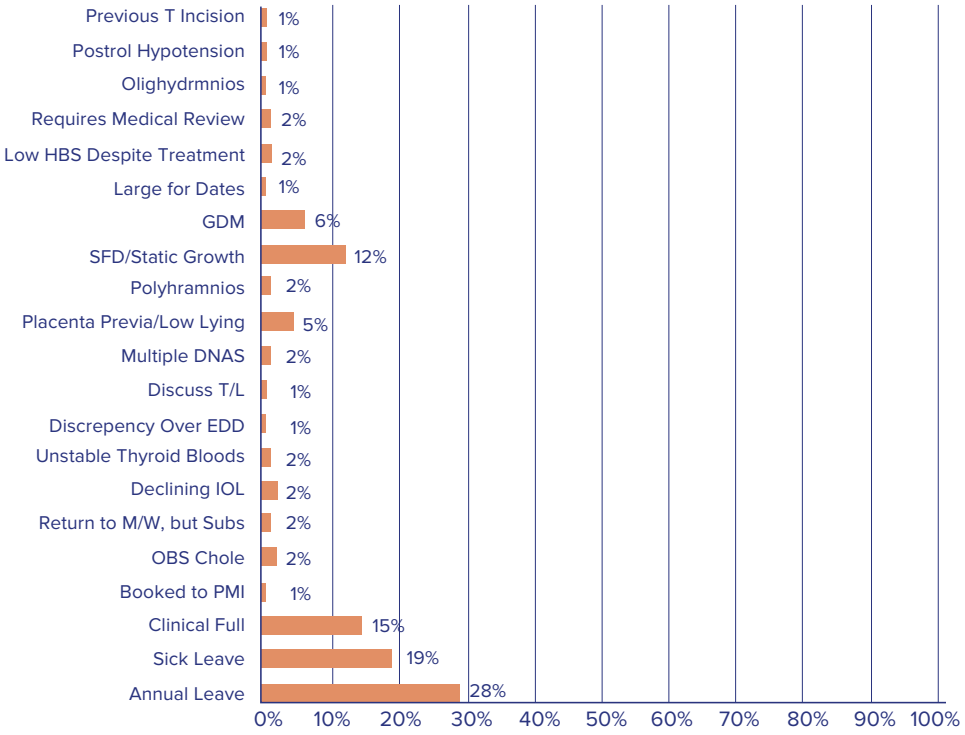
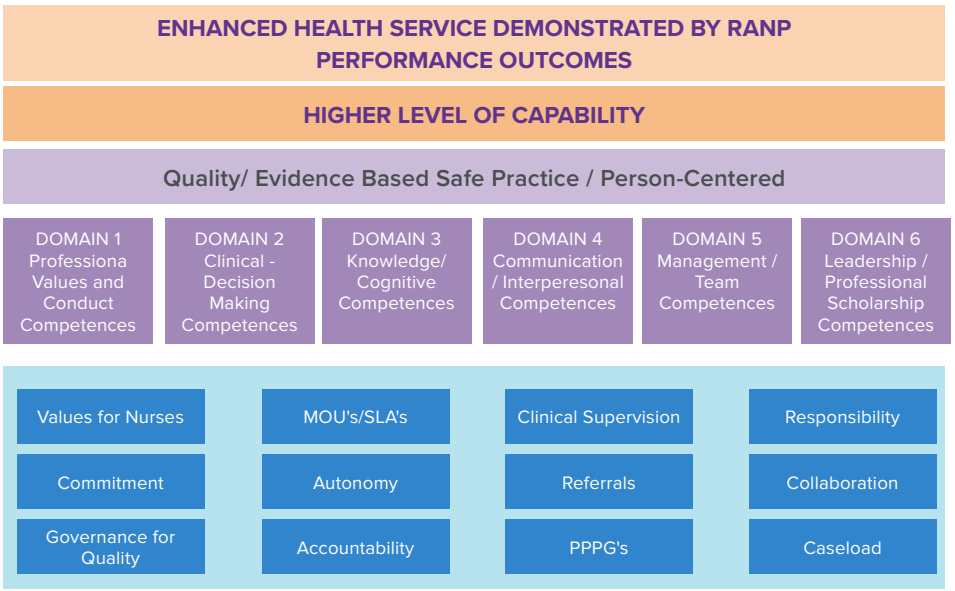


FIGURE 5: REFERRAL TO OBSTETRIC CARE (N= 124)

ADVANCED NURSE PRACTITIONER GYNAECOLOGY ANNUAL REPORT 2024



NMBI ADVANCED NURSING PRACTICE MODEL (2021)

Current triage criteria for ANP management:

- Pre-menopausal abnormal uterine bleeding
- Dysmenorrhea/Pelvic Pain
- PMS
- Oligo menorrhoea/Secondary amenorrhea
- Sexual / reproductive health including contraception
- Pelvic organ prolapse suitable for conservative management (pre and post-menopausal)

Current Weekly Clinical Activity

- ANP Gynaecology Clinic - 10 NEW slots, 10 FOLLOW UP slots
- Virtual Gynaecology Clinic – 5 NEW slots,10 FOLLOW UP slots
- Prolapse/Pessary Clinic – 8 FOLLOW UP slots
- Unscheduled Care (ED referrals/self-referrals/walk ins) – unlimited (approx. 3-5/ week)

CLINICAL ACTIVITY (22ND NOV 23 – 22ND NOV 24)

ANP Gynaecology Clinic

- NEW attendances 263
- NEW DNA 79
- Total number of NEW appointments offered: 342
- RETURN attendances 275

Virtual Gynaecology Clinic

- Attendances 397

Prolapse/Pessary Clinic

- NEW appointments 12
- RETURN appointments 241

*Unscheduled care not reportable due to clinic code for walk in's shared between CNS/ANP

Wait Times for New Appointments

- 6-11 weeks (decrease from 2023 by 6 weeks)

Prolapse/Pessary Clinic

- 100% followed up at 6 months as per SOP

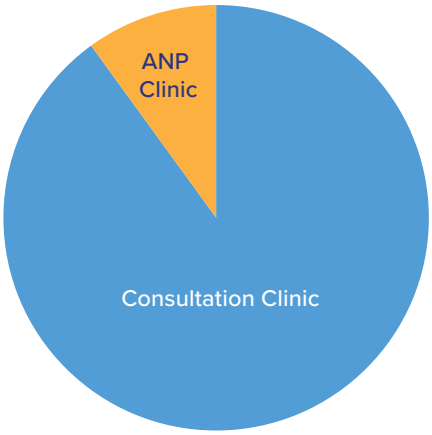


FIGURE 1: TRIAGE OF GENERAL GYNAE REFERRALS 2024

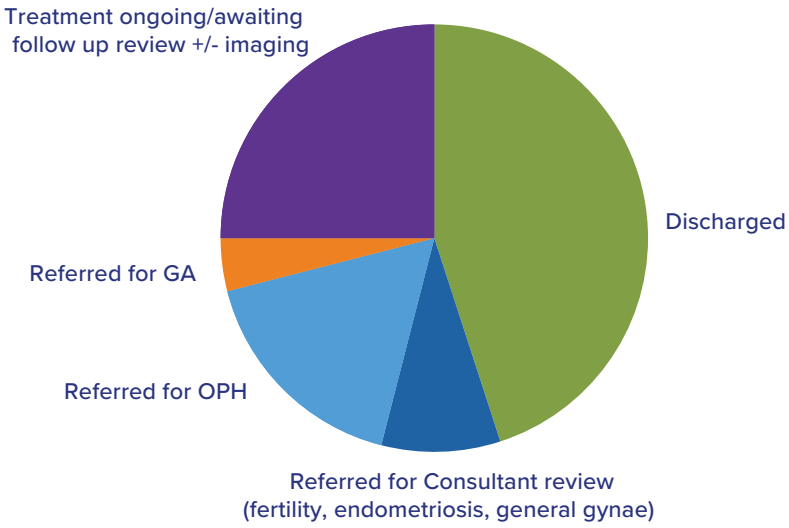


FIGURE 2: ANP GYNAECOLOGY CLINICAL OUTCOMES 2024

PATIENT FEEDBACK 2024

Answered: 40 **Skipped: 0**

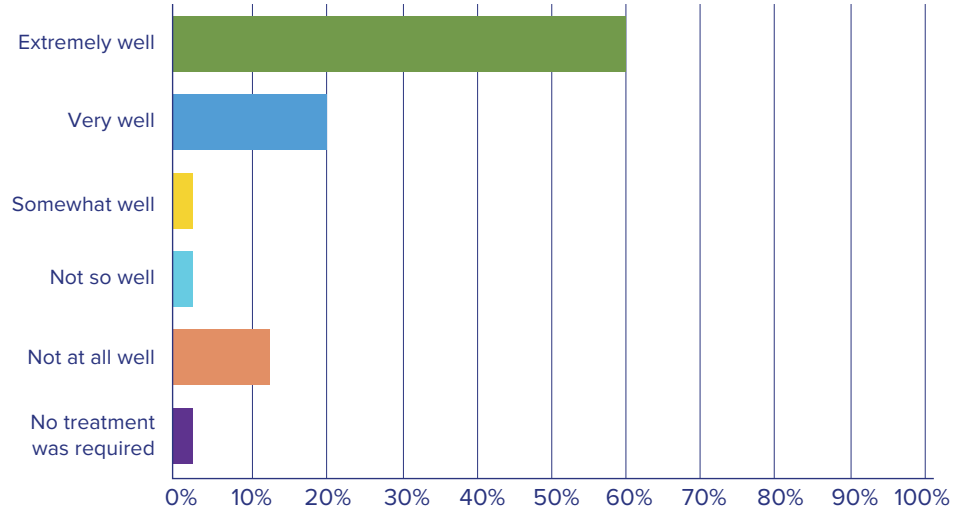


FIGURE 3: HOW WELL DID YOUR PROVIDER EXPLAIN YOUR TREATMENT OPTIONS?

Answered: 40 **Skipped: 0**

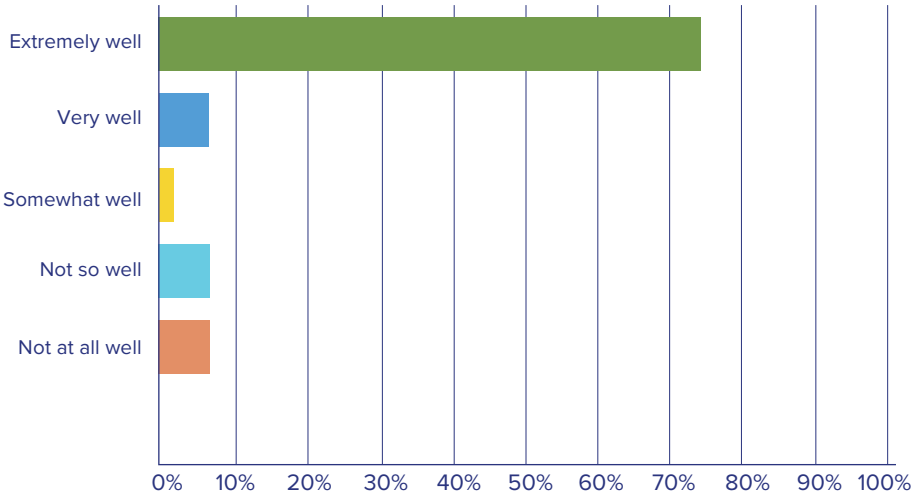


FIGURE 4: HOW WELL DID YOUR PROVIDER LISTEN TO YOUR NEEDS?

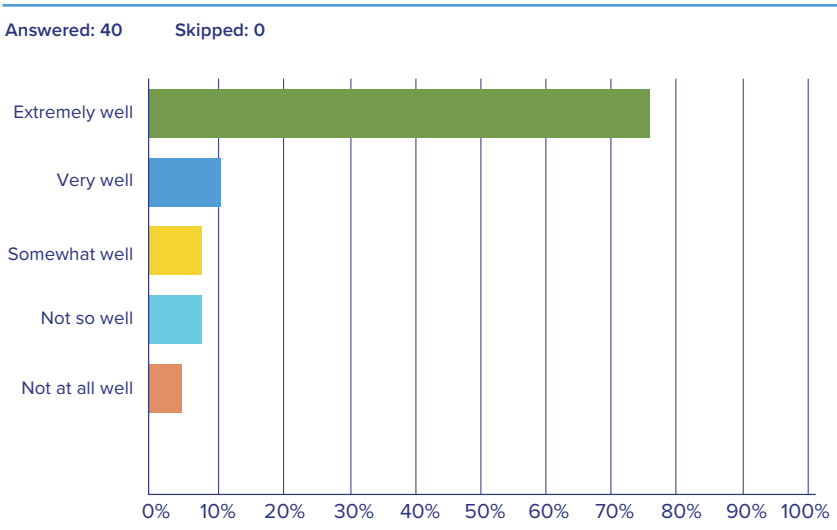


FIGURE 5: HOW WELL DID YOUR PROVIDER ANSWER YOUR QUESTIONS?

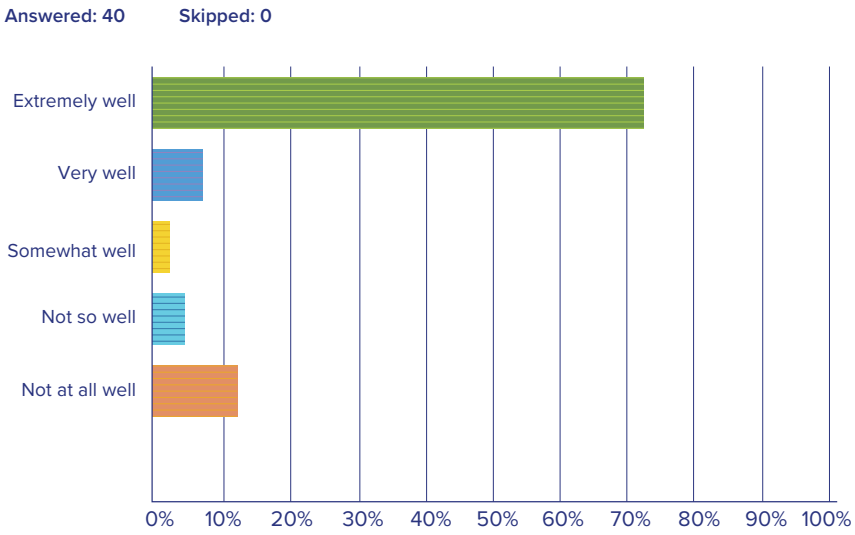


FIGURE 6: OVERALL, HOW WOULD YOU RATE THE CARE YOU RECEIVED FROM YOUR PROVIDER?

Non Patient Facing Activity

- Submission of research proposal
- Developing National TOP nurse/midwife group (secondary care providers)
- Developing and delivering SRH presentation as party of IWD INMO event
- Collaboration with NWIHP on developing training for nurses and midwives in SRH
- Official reviewer for HSE training documentation
- Contributor to RCN Gynae ANP Guideline 2024
- Audit in contraception counselling in Options clinic and commitment to quality improvement and re audit
- Developing and delivering SRH training as part of TOP national CME study day
- Triage of all Pregnancy Options referrals including direct communication with referring GPs
- Reviewing MNCMS template for Pregnancy Options consultations
- MDT training in prolapse management / vaginal pessaries and supervision of nurse led pessary clinic

- Review of all cervical screen results returned to GOPD and referral to colposcopy etc. as appropriate
- Collaboration with MDT in the updating of care pathways for patients attending ED post TOP

Continuing Practice Development

- Attendance at FSRH, ESC and BSACP annual conferences
- Member of National Gynaecology ANP group
- Monthly TOP peer meetings
- Supporting colleagues who are new to gynecology ANP / TOP roles including site visits
- Commitment to present at GP training day in January 25
- Gynaecology OPD representative at Cervical Check forum meetings

2025 PLANNING

- Complete research project
- Progress contraception training with NWIHP
- Increase NEW appointments by adding extra clinic

DEPARTMENT OF OCCUPATIONAL MEDICINE

TABLE 1: DR DOMINICK NATIN, OCCUPATIONAL CONSULTANT ACTIVITIES 2023	
Consultations	202
Meetings	5

TABLE 2: OCCUPATIONAL HEALTH NURSING ACTIVITIES 2023		
Flu vaccines given	561	56% by 31.12.24
Extra Flu vaccine clinics across site	26	
Staff visits on weekly clinics	224	Bloods/ Vaccines
Student nurse visits vaccines/bloods	98	Extra clinics for this group
Health promotion clinics	180	Blood pressure clinics
Training /Conference	3 days	Case Management
Immunisation reports	43	For staff leaving/ 2nd jobs
Pre -employment paper medicals	410	*Including students and placement staff
First Aid call outs	7	
Splashes	2	No high risk
Needle stick injuries	41	No high risk
Meetings	22	
Education talks given	14	
Corirty training sessions	12	For new IT system
NCHS NER clearance	90	New IT system

Other Occupational Health activities 2024

- **Increase in clinic numbers** 20% for Nursing clinic and Dr Natin clinic by 10%
- **Flu vaccine decreased uptake**. Currently 56 % of staff are vaccinated which is in comparison with 60% last year. This is following national trend of Vaccine fatigue. Covid vaccination done by HSE onsite
- **First Aiders**: Co-ordinating training of First Aiders for 2025 given new Rotunda buildings - ongoing
- **NCHD review:** All NCHDS now processed via NER portal. Worked closely with HR throughout 2024 to achieve same
- **New OH Portal:** OH records moved from COHORT to Cority with help of IT. Huge project which is now completed
- **Paper Light:** All Paper medical records recorded and moved off site. All notes now captured on new Occupational Health site Cority
- **Health promotion: Education** talk requested in NICU on staff wellness
- **Staffing in OH**. CNM2 Ruth Mc Loughlin increased hours to 31hrs per week

OCCUPATIONAL HEALTH PLAN 2025

- Continue with Health promotion initiatives and offer more staff screening
- Review night workers medicals with Dr Natin
- Support new builds on Rotunda campus as issues arise
- Organise First Aiders training to ensure numbers are sustained across site
- Organise Flu vaccinator Hampson house

Emergency Assessment Unit

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 Unit (EAU) continues to serve as a critical access point for emergency maternity and gynaecological care at the Rotunda Hospital. Operating 24 hours a day, 7 days a week, the EAS provides antenatal, intrapartum, postpartum, gynaecological, and neonatal services in a responsive and patient-focused environment. It remains the first point of contact for many patients seeking urgent care.

In 2024, the EAU experienced another demanding year, with staff demonstrating exceptional commitment in delivering high standards of emergency care. The service is staffed continuously by a multidisciplinary team comprising two Registered Advanced Midwife Practitioners (RAMPs), Clinical Midwife Managers, staff midwives, Maternity Care Assistants, and obstetric and neonatal Senior House Officers. This team is further supported by on-call senior registrars to ensure safe and efficient care delivery at all times.

Patients can access the EAU by self-presenting or through referrals from general practitioners, Public Health Nurses, or internal hospital services. Upon arrival, patients are triaged by midwives using a customised version of the Manchester Triage System, which helps determine clinical urgency and prioritise care appropriately. An initial assessment is conducted by either a RAMP or the on-call doctor, followed by diagnosis and the formulation of a management plan.

The service is underpinned by clearly defined referral pathways and an ongoing programme of staff training and development. These elements ensure that care continues to be delivered in a timely, safe, and compassionate manner, consistent with The Rotunda's commitment to excellence in women's health.

CLINICAL ACTIVITY

TABLE 1: CLINICAL ACTIVITY 2021 – 2023					
Activity	2021	2022	2023	2024	Variance
Obstetrics	24,059	23,584	24,413	25,704	
Gynaecology	1,308	1,589	1,811	1,811	
Paediatrics	359	359	348	427	
Total	**25,726**	**25,532**	**26,572**	**28,113**	

SUCCESSES AND ACHIEVEMENTS 2024

Throughout 2024, the Emergency Assessment Unit achieved several important milestones that strengthened its capacity, improved patient care, and enhanced team development — reflecting the Rotunda Hospital's ongoing commitment to innovation, service excellence, and patient-centred care. A new candidate is currently undertaking training to become a Registered Advanced Midwife Practitioner (RAMP). This additional role is expected to further strengthen the team's capacity to manage growing clinical workloads and maintain timely, high-quality care.

A new initiative introduced this year includes dedicated midwifery cover for emergency phone consultations, available four days a week. This service, which provides timely advice and support to patients and healthcare professionals, is currently under audit with the aim of securing funding to expand the service.

A key success in 2024 was the establishment of an early pregnancy ultrasound clinic within the Early Pregnancy Assessment Unit (EPAU), specifically for women with pregnancies of unknown viability. This service, led by two Advanced Midwife Practitioners (AMPs) in the Emergency Assessment Unit (EAU), has significantly improved continuity of care by ensuring patients are reviewed and followed up by the same clinicians throughout their care pathway. The clinic has been well received and represents a strong example of midwife-led innovation in early pregnancy care. A planned audit will evaluate patient satisfaction and clinical outcomes, with the aim of expanding the service to include a second weekly clinic — further enhancing capacity and access for this patient group.

In addition, dedicated consultant-led sessions have been established within the Emergency Assessment Service. These sessions not only support senior clinical decision-making in complex cases but also contribute significantly to the ongoing education and training of non-consultant hospital doctors (NCHDs), ensuring a strong culture of learning and clinical excellence within the department.

CHALLENGES 2024

As clinical activity continues to increase, the Emergency Assessment Unit faces several ongoing and emerging challenges. A key concern remains the limited physical infrastructure, with only five clinical assessment cubicles available to manage a consistently high and growing volume of patients. This constraint impacts patient flow and limits the capacity for timely assessments, particularly during peak periods.

Midwifery staffing also remains a significant challenge, with ongoing difficulties in both the recruitment and retention of experienced midwives. Sustaining a skilled and stable workforce is essential to maintaining service quality, especially in such a high-acuity environment.

Additionally, the number of gynaecological cases presenting for emergency assessment has continued to rise year on year. This increase reflects broader trends in the hospital's gynaecological service expansion — including both outpatient and inpatient activity — and places additional pressure on the Emergency Assessment Service to meet diverse and complex care needs.

PLANS FOR 2025

The Emergency Assessment Service has set out several key priorities for 2025 to further enhance service delivery, staff development, and patient care:

- Enhance Clinical Audit and Collaborative Learning: The department aims to increase the number of clinical audits and promote multidisciplinary learning opportunities.
- Expansion of the EPAU AMP-Led Service: Building on the success of the current clinic, plans are in place to expand the Advanced Midwife Practitioner-led Early Pregnancy Assessment Unit (EPAU) service. This will improve access, continuity, and capacity for early pregnancy care.
- Refurbishment of Departmental Facilities: A programme of refurbishment is planned to upgrade key areas within the Emergency Assessment Service, including the staff base, treatment rooms, and clinical spaces. These improvements will enhance the working environment for staff and the overall experience for patients.


PSNT A
ZEBRA

Early Pregnancy Assessment Unit

Head of Service
Prof. Sharon Cooley, Consultant Obstetrician Gynaecologist
Michelle McTiernan, CMM3
Elizabeth Iredale, CMM2
Judith Mulligan, Early Pregnancy Unit Administrator

Early Pregnancy Fellows
Dr Rebecca Boughton
Dr Hifsa Sial

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 self-referral service.

Through our Reassurance clinic we provide an ultrasound service for women who have had prior molar pregnancies, an ectopic pregnancy 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 2022 – 2024			
Activity	2022	2023	2024
Total number of patients seen	4071	4612	4597
Repeat EPAU scans	929	680	1041
Beta hCG testing	709	658	549
Referred for Booking visit	1748	1256	1008
Pregnancy of uncertain viability	598	542	618
Miscarriage	972	1548	1360
Surgical management of miscarriage	93 (10%)	187(12%)	227(16%)
Expectant or medical management of miscarriage	879 (90%)	1367 (88%)	1133 (84%)
Features suggestive of molar pregnancy on ultrasound in EPAU	11	15	15
Pregnancy of unknown location	331	375	267
Ectopic pregnancy	71	119	131
Methotrexate use and followup	83	47	56
Patients admitted from the EPAU	107	53	53
Reassurance scans	480	410	439
Reassurance scans	480	410	439

SUCCESSES AND ACHIEVEMENTS 2024

Enhancing Patient Care

In 2024 Dr Rebecca Boughton and Dr Hifsa Sial were our Early Pregnancy Fellows and provided continuity of care for the women attending the unit.

The number of patients attending our early pregnancy in 2024 was similar to the preceding year. One in four patients again required more than one visit to the unit for either a rescan or serial blood tests before the pregnancy outcome could be determined. The rate of surgical management of pregnancy increased in 2024 from 12% to 18%, which is in part contributed to the additional demands patients have in trying to manage a pregnancy loss with work and life constraints.

The number of cases of pregnancy of unknown location decreased, which is reassuring as the diagnosis puts particular strain on patients while they await a definitive diagnosis and hospital services.

In 2024 we had 131 ectopic pregnancies in the hospital, however only 72 of them originated in the Early Pregnancy Unit with the remaining fifty nine cases being diagnosed following emergency review in the hospital or transfer from a general hospital. This highlights the need for training and expertise in early pregnancy care in our Emergency Department, a service that is expertly led by our Specialist Midwives in the department

Service Developments

- 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
- Planning for our relocation to a new service in Dominick Street got underway
- Ongoing collaboration with Ann Charlton and Social work to develop links for those requiring care and support after acute management of pregnancy loss
- Instigation of an afternoon clinic led by our Specialist Midwives in the Emergency Room, where cases requiring a rescan are seen by the same staff in a new Tuesday afternoon clinic.

CHALLENGES 2024

- The 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 with in the unit and service activity remains challenging but will be addressed with the proposed move to Dominick Street

PLANS FOR 2025

The service plans for 2025 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 that our service will extend its operating hours to include afternoons and offer more options for attendance for our patient cohort
- Agreement that the incoming Early Pregnancy Fellow will also have their own scan lists after training is complete
- Agreement with our Pharmacy team on care pathways around methotrexate charting and administration to avoid where possible its use out of hours
- 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 standardize care and outcomes

Recurrent Pregnancy Loss Service/ACORN Clinic

Head of Service
Prof. Karen Flood, Consultant Obstetrician Gynaecologist

Temporary Head of Service
Dr Eimer O' Malley, Consultant Obstetrician Gynaecologist (January- May)

Staff
Ms Nicola Quigley, Midwife
Dr Elizabeth Tunney
Dr Oladayo Oduola
Dr Parijot Kumar
Dr Rania Okby Cronin

SERVICE OVERVIEW

The recurrent pregnancy loss service was developed to provide thorough, standardized 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 recognized 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 βhCG 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.

CLINICAL ACTIVITY

TABLE 1: CLINICAL ACTIVITY 2017 – 2023

Activity	2018	2019	2020	2021	2022	2023	2024
Total number of visits	845	715	867 (107*)	689 (77*)	823 (32*)	918 (175*)	1,230 (305*)
New visits	151	156	120	117	136	210 (126*)	236 (169*)
Return visits	694	559	747	562	577	708 (49*)	994 (136*)
Livebirth rate %	80	78	76	70	73	77	68
GTD pregnancies followed	24	39	21	19	17	22	21

*telemedicine visits

SUCCESSES AND ACHIEVEMENTS 2024

Challenges 2024

There is an ongoing challenge to accommodate increasing number of referrals and to see patients in a timely fashion. Patients are currently being triaged according to age, parity and number of previous miscarriages. The telemedicine approach is working well for most cases however optimizing the timing of patients attending for tests ordered and subsequent attendance in person for results review and individualized care plan is a work in progress.

PLANS FOR 2025

Dr Elizabeth Tunney will be completing her MD exploring the definition of recurrent miscarriage with a focus on the unexplained cohort. As part of her MD she will be devising and implementing a triage protocol which will help to focus resources and management.

In liaison with MWHIP and the pregnancy loss service in Cork University Maternity Hospital a national patient information leaflet is being developed specifically for recurrent miscarriage focusing on evidence based investigations, treatments and what to expect for couples attending a dedicated service.

Nicola Quigley (ACORN midwife) is currently enrolled on a development program of organizational and supervising skills through Beaumont Hospital Educational Department. Her project is focusing on optimizing patient and GP correspondence in the ACORN clinic for which she will awarded a certificate next year.

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
Prof. Karen Flood
Prof. Sean Daly
Prof. Fionnuala Breathnach
Prof. Michael Geary
Dr Sharon Cooley
Dr Maria Kennelly

Maternal Fetal Medicine Subspecialty Fellows
Dr Catherine Finnegan
Dr Suzanne Smyth

Fetal Sonographers
Ms Mabel Bogerabatyo
Ms Fiona Cody
Ms Suzanne Gillen
Ms Aisling Graham
Ms Linda Hughes
Ms Liz Cooney
Ms Eileen Kenny
Ms Deirdre Nolan
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)
Ms Laura Ryan (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

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 ten consultants in maternal-fetal medicine, who together with a dedicated team of fetal medicine midwives, a genetic counsellor, social worker, chaplain, and an RCOG-approved subspecialty fellow, support the fetal screening service provided by sonographers, in addition to external referrals, and provides MFM support for the wider obstetric Hospital Group.

All women booked for prenatal care at the Rotunda Hospital receive at a minimum, an early pregnancy dating- 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 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 OLOH Drogheda, such that expertise in fetal medicine is now available 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 Maternal Fetal Medicine (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 the Rotunda-Columbia fellow graduates from the last 10 years have been appointed to substantive consultant MFM posts in the country.

CLINICAL ACTIVITY

The categories of fetal ultrasound examinations performed are presented in Table 1. 2023 saw a 10% increase in clinical activity across all activities listed compared with 2020.

TABLE 1: CLINICAL ACTIVITY 2020 – 2024

Clinical Activity	2020	2021	2022	2023	2024
Booking ultrasound examinations	6,776	6,261	6,718	7363	7412
Fetal anatomic survey (20-22 weeks)	8,524	8,452	8,166	8690	8471
Fetal growth assessment	14,822	15,860	15,995	16,787	17,655
Fetal echocardiography	260	304	263	296	274
Total ultrasound examinations	**30,382**	**30,877**	**31,142**	**33,136**	**33,812**

PRENATAL SCREENING AND DIAGNOSIS

Prenatal Screening (NIPS)

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 (CVS) or amniocentesis.

In 2024, a total of 2039 NIPS were performed. NIPS has now replaced former means of prenatal screening (e.g. combined first trimester screening) at the Rotunda Hospital (Figure 1)

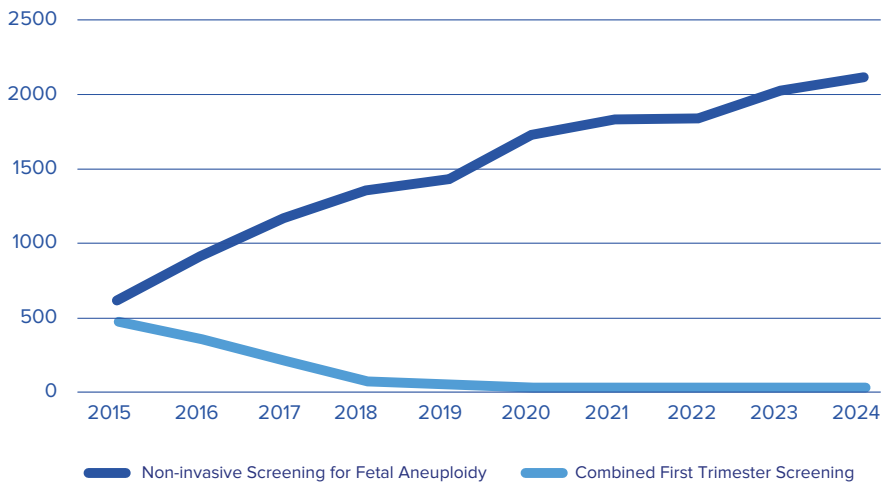


FIGURE 1: NON-INVASIVE PRENATAL SCREENING (NIPS) FOR FETAL ANEUPLOIDY 2024

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. NIPS remains an opt-in service and is not currently publicly funded.

In 2024 the vast majority of NIPS testing was carried out in the first trimester, with 94% of all samples ultimately returning a low-risk result, and with 4% of women requiring at least one re-draw to obtain a result. 2% of NIPS results were identified as abnormal, as summarised in Table 2.

In line with the 2024 reporting for abnormal or uninformative NIPS, the following groups are presented separately: 1) Uninformative 'No Result' NIPS, 2) Atypical NIPS, 3) High-risk or 'No result SCA, and 4) Other NIPS.

TABLE 2: NON-INVASIVE PRENATAL SCREENING RESULTS (N = 2039)

NIPS Result	Number	Invasive testing undertaken	Confirmed with Invasive Test
Low-risk (of total NIPS)	1913 (94%)	1 (false negative)	Confirmed T21
High-risk for Trisomy 21*	16# (0.7%)	9	8/9 (89%, one false positive T21)
High-risk for Trisomy 18**	5 (0.2%)	4/5	3/4 (75%, one false negative T18)
High-risk for Trisomy 13	0	--	--
High-risk for Triploidy	0	--	--
Atypical findings***	13 (0.6%)	7/13 (54%)	See Table
High-risk XXY/XYY	4 (0.2%)	2/4	See Table
High-risk (in-cluding no re-sult) Monosomy X****	6 (0.3%)	2/6	See Table
High-risk 22q11.2 deletion****	1 (0.1%)	0	See Table
Any no result with NIPS samples**** No result with NIPS first sample	82 (4%) 66##	N/A	See Figure X, Y

*Among 16 patients with a high-risk NIPS result for trisomy 21, three were managed expectantly of which two had subsequent abnormal scan findings and there were 10 pregnancy terminations.

**Among five patients with a high-risk NIPS result for trisomy 18, one patient opted for pregnancy termination under Section 12 of the Health Act and one patient had a normal result following confirmatory invasive testing.

***outcomes for atypical NIPS/ high-risk or No-result for Monosomy X/ high-risk for 22q 11.2 deletion syndrome/No result NIPS are presented separately

# of 66 initial uninformative/ No Result NIPS, four samples were not processed due to sampling errors, therefore the outcome for 62 cases where an initial sample was processed and returned a 'No Result' are presented further below.

1. Uninformative NIPS results: 'No result'

There was a total of 86 uninformative NIPS results returned (indicated as 'No result' for all aneuploidy tested), of which 66 were with initial NIPS. This represented 4% of the total number of NIPS performed in 2024. The median weight (kg) and gestation at initial NIPS draw returning a 'No Result' were 85.5- and 10+3-weeks' gestation, respectively. Four cases were not processed; in three cases, there were issues with form labelling and a further one case haemolysed; all four returned subsequent low risk results on

first re-draw. Therefore, these four cases were not included in this 'No result' analysis. The resulting 82 'No results' (undertaken in a total of 64 patients) were characterised as follows (Table 3). Outcomes for a 'partial' result, denoted by low risk for major trisomies, but 'No Result' for sex chromosomes alone, namely Monosomy X, are discussed separately.

TABLE 3: OUTCOMES FOR ANY NIPS WITH A 'NO RESULT'	
Details of any NIPS 'no result'*	N= 82
No results due to insufficient DNA	67 (81%)
No result due to laboratory processing (either due to inadequate DNA, insufficient yield or sample impurity)	10 (12%)
No result due to limitations of the test algorithm	3 (4%)
No result; uninformative/ suspect non matching maternal/fetal DNA patterns, egg donation, surrogacy or previous bone marrow transplantation	2 (2%)

A total of 66 patients did not have a result obtained after initial blood draw. Four cases were attributed to initial processing errors as mentioned above, therefore outcomes are analysed for the remaining 62 cases. Two patients miscarried prior to repeat testing and a further two patients declined a redraw NIPS (both had an ultimate normal outcome). Of the 58 patients having a 'No result' redraw, almost two thirds of those (n=38, 67%) received a low-risk result on first redraw with 18 patients (31%) given a second 'No result'(Figure 2). There was one case of an atypical finding on Chromosome 21 identified on first redraw, subsequently confirmed as Trisomy 21 with amniocentesis.

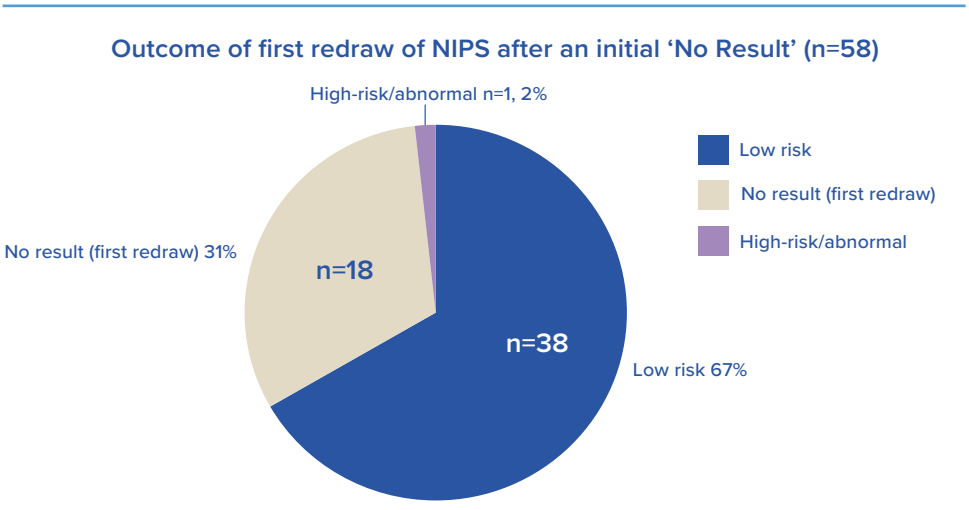


FIGURE 2: OUTCOME OF FIRST REDRAW NON-INVASIVE PRENATAL SCREENING (NIPS), IN WHICH THE INITIAL BLOOD SAMPLE DID NOT RETURN AN INFORMATIVE RESULT (N = 58)

Of the 18 patients with a second NIPS result indicating 'No result', nine patients declined a third test, of which three patients opted for direct invasive prenatal testing, all of which returned normal results, with the remaining six patients having a normal outcome confirmed after birth. The outcome of the nine patients who went on to have a 3rd NIPS undertaken (second redraw) are presented below in Figure 3. In one case a third NIPS result indicated a high risk for triploidy, vanishing twin or unrecognised multiple pregnancy, with an ultimate normal outcome confirmed (prenatal testing was declined in this case).

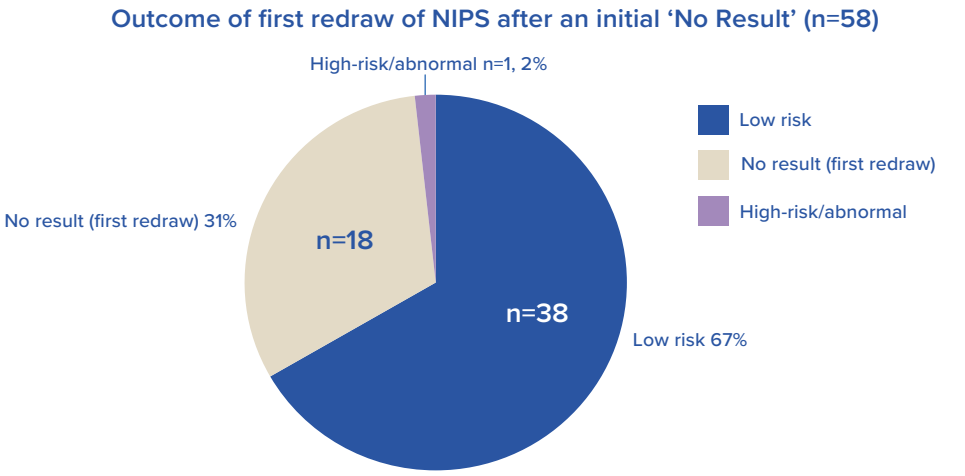


FIGURE 3: OUTCOME OF FIRST REDRAW NON-INVASIVE PRENATAL SCREENING (NIPS), IN WHICH THE FIRST REDRAW BLOOD SAMPLE DID NOT RETURN AN INFORMATIVE RESULT AND A SECOND REDRAW WAS UNDERTAKEN (N = 9)

Of three patients with a third NIPS test indicating 'No result', two patients declined invasive testing, with ultimate normal outcomes confirmed after delivery. In one case of DC twins, anomalies consistent with Trisomy 18 were subsequently identified and later confirmed, with amniocentesis, in one twin, with a normal outcome for the co-twin.

Invasive testing for any NIPS 'no result'

Although a total of 4% of patients receiving an uninformative NIPS result, only five patients underwent invasive testing.

- 1 patient atypical Chr 21 on first redraw, amniocentesis confirmed T21
- 1 case of DC twins with x3 'No results', had subsequent structural defects consistent with features T18- confirmed amniocentesis
- Three patients proceeded with invasive testing (2 amnio, 1 CVS) after x 2 'No results', all with normal outcomes.

Based on 2024 NIPS data when a 'No result' NIPS is returned on initial or subsequent sampling; a normal neonatal outcome can be expected in 95% of cases (i.e. only two cases of aneuploidy ultimately confirmed and a further two miscarriages).

Considering the finding of an association with a higher maternal weight and lower gestation at blood draw with a 'No result' NIPS, a policy of recommending a later gestation in which to undertake initial NIPS in women with a high BMI was introduced in the department in 2024, the findings of which will be reviewed in the 2025 annual report.

Atypical NIPS result

A total of 13 NIPS results returned an atypical result, the vast majority of which included atypical Sex Chromosomes of either maternal or fetal/placental origin (categorised in Table 3). In almost all cases, these were resulted with the initial NIPS, whereby a repeat NIPS was not endorsed; genetic counselling +/- invasive prenatal testing being recommended. In one case an atypical result involved Chromosome 21 after an initial 'No result' NIPS; Trisomy 21 was subsequently confirmed on invasive testing. Half (3/6) of cases undergoing invasive prenatal diagnosis had positive amniocentesis findings, including one non-clinically significant CNV, XXX and Trisomy 21. A total of 67% (4/6) of women who underwent maternal testing for atypical NIPS suspected to be of maternal origin were confirmed to have positive findings (mosaic monosomy X or CNV involving X chromosome).

TABLE 3: OUTCOME FOLLOWING ATYPICAL NIPS				
NIPS Result	Total N=	Prenatal testing N=	Parental testing N=	Outcome
Atypical (any)	13	6	6	3/6 had positive amniocentesis findings, 4/6 had positive parental testing (3 mothers, one father)
Atypical Sex Ch (X)	9	3	4	2/3 normal amnio, all 3/4 tested had maternal CNV confirmed
Suspected maternal origin	5	-	3	All 3 women tested were confirmed to have CNV involving X, one case had normal NN karyotype
Suspected fetal/ placental origin	3	2	-	1 confirmed fetal XXX, 1 normal amnio, 1 normal NN outcome
Could not be clarified further	1	1	1	Normal testing
Atypical Sex Ch (Y)	2	1	2	1 case confirmed CNL in a male fetus similar to fa-ther, 1 case false positive
Suspected maternal origin	1	-	1	Normal maternal testing
Suspected fetal/ placental origin	1	1	1	CNL (Ch Y, confirmed in father), normal outcome
Atypical (involving Ch 21)*	1	1	-	Trisomy 21 confirmed
Atypical (involving Ch13)	1	1	-	Normal

*Atypical result involving Chromosome 21 obtained on 1st redraw after an initial 'No result'

High-risk NIPS results for SCA

A total of 10 cases returned a high-risk (and/or No result specifically for Monosomy X) NIPS (categorised below Table 4). In four cases invasive prenatal testing was undertaken, in which all four cases had positive amniocentesis findings (including two cases of mosaic Turner's syndrome and one each of Kleinfelter's syndrome and XXX, with a further high-risk Jacob's Syndrome confirmed neonatally).

TABLE 4: OUTCOME FOLLOWING HIGH-RISK/ NO RESULT FOR SCA			
NIPS Result High risk (inc no result) any SCA	Total N=10	Prenatal testing N=4	Outcome All 4/4 cases had positive amniocentesis findings
High risk Monosomy x	2	2	Mosaic Monosomy X confirmed on amniocentesis in both cases
No result Monosomy X	4	-*	3/4 low risk on redraw (*one case was high risk on redraw, included above)
XXY	2	1	1 case-mosaic Klinefelter's Syndrome on amniocentesis, 1 case Klinefelter's syndrome confirmed NN
XYY	1	0	Confirmed Jacob's syndrome NN
XXX	1	1	Confirmed XXX on amniocentesis

4. Other NIPS

One patient had a high-risk result for 22Q11.2 deletion syndrome, which could not be further clarified due to ultimate miscarriage, and a further two patients had a high-risk result for either vanishing twin/unrecognised twin pregnancy or triploidy, in which one case had a subsequent partial molar pregnancy confirmed (Table 5).

TABLE 5: OUTCOME FOLLOWING HIGH-RISK NIPS (OTHER)

NIPS Result	Total N=	Prenatal testing N=	Outcome
High risk (other)	3	-	1/3 normal outcome
High-risk 22Q11.2 deletion Syndrome	1	-	Miscarriage
High-risk of either Triploidy, vanishing twin, unrecogised twin pregnancy	2	-	1 case- partial molar pregnancy 1 case normal outcome

It is worth noting that a total of 27 genetic counselling consultations were required for 15 patients in the setting of abnormal NIPS results, representing an increasing demand on the genetic counselling services and the increasing complexity of contemporaneous NIPS reporting.

Prenatal Diagnosis

A total of 252 invasive diagnostic procedures were performed in 2024, which represents a slight decrease from 2023, where 261 procedures were performed (Figure 3). However, the 252 figure includes CVS or amniocentesis alone and does not include a further 24 invasive procedures performed including 12 feticides, 10 fetoscopic laser ablation for TTTS, an IUT for maternal red cell antibodies and one amnioreduction. Of note, as part of the successful expansion of the fetal medicine service within the hospital group, a total of seven amniocenteses (included in the figure above) were performed locally in the fetal medicine unit in OLOH, Drogheda.

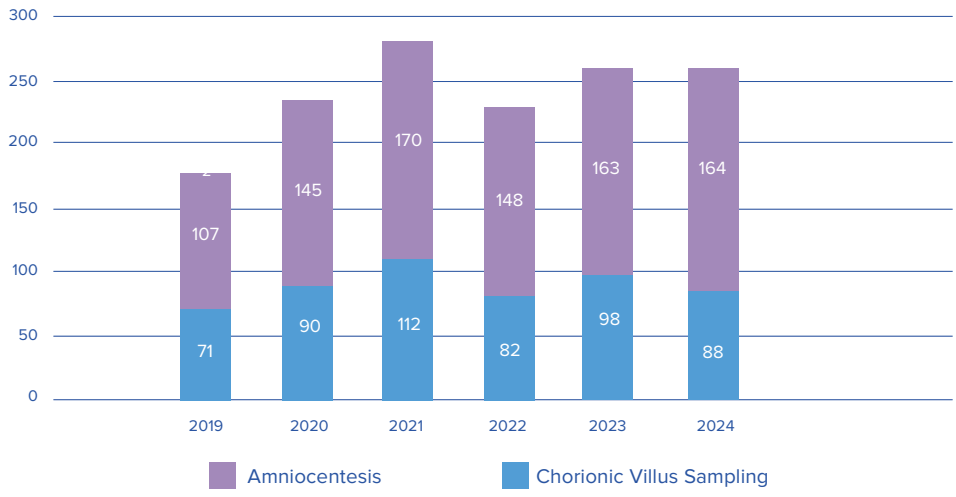


FIGURE 3: INVASIVE PRENATAL DIAGNOSTIC PROCEDURES 2019-2024 (N=1156).

CVS

Of the 88 CVS procedures performed, 45 (51%) returned an abnormal result (Figure 4). In seven cases, a miscarriage or IUD occurred, associated with either lethal trisomies or trisomies complicated by hydrops. Two patients opted for continuation of pregnancy in the setting of an abnormal result; one with Trisomy 21 and a further case of CHARGE Syndrome.

The vast majority of pregnancies with an abnormal CVS result (36/45, 80%) opted for pregnancy termination. After MDT discussion for considered cases, a total of 12 fulfilled criteria under Section 11 of the Health Act 2018, and in a further five cases, pregnancy termination was opted for under Section 12 of the Health Act 2018, with the remaining 19 patients opting for pregnancy termination outside of Ireland (the vast majority of which were due to Trisomy 21). Therefore, 17 women (47%) had pregnancy termination managed in The Rotunda in accordance with current legislation in the context of an abnormal CVS result. It is worth noting that three of the cases discussed at MDT for consideration of pregnancy termination under Section 11 of the Health Act 2018 were not deemed to fulfil criteria for pregnancy termination, based on the available ultrasound evidence for the condition at that given gestation.

It is worth noting that a total of 14 cases included referrals from CHI Crumlin Genetics department for risk recurrence in an at-risk current pregnancy, requiring pre-test genetic counselling and invasive prenatal testing.

Amniocentesis

Of 164 amniocenteses performed in 2024, 38 (23%) returned an abnormal result (Figure 4), with a little over a half of these (n=20/38, 52%) being diagnosed with Trisomy 21.

Trisomy 21

Of the 20 cases diagnosed with Trisomy 21 by amniocentesis, three were identified on from a high-risk NIPS result, with the remaining 17 cases identified on the basis of structural anomalies identified after the first trimester. A total of 9/20 (45%) opted for expectant management, of which 5/9 (55%) had additional features including two with cardiac anomalies, one case of severe IUGR requiring very preterm delivery (of note this was a case of false negative NIPS), one case of severe pleural effusions with a subsequent early neonatal death, and a further case of duodenal atresia. In 11 cases, termination of pregnancy was opted for, with most women (90%) accessing services outside of Ireland in the setting of this diagnosis after 12 weeks' gestation. Of two cases of Trisomy 21 with additional severe ultrasound features discussed at MDT for consideration of pregnancy termination under Section 11 of the Health Act 2018, one case was deemed to comply with legislation at the time.

For the total Trisomy 21 group diagnosed in the department in 2024 (n=45), 16 were identified as high-risk NIPS, 11 had a septated cystic hygroma, 17 had associated structural anomalies and there were two miscarriages. A total of 11 patients opted for expectant management, with two ultimate neonatal deaths. The vast majority of those opting for termination of pregnancy for Trisomy 21 did so outside of this jurisdiction.

There were two referrals from CHI Crumlin Genetics department for amniocentesis to determine risk recurrence in an at-risk pregnancy.

Prenatal Diagnosis of genetic abnormality

Of the 245 diagnostic procedures performed, there were a total of 83 abnormal results, representing approximately one third of the total number of invasive prenatal tests undertaken (Figure 4). Of the abnormal results, the majority (64%) included typical

trisomies 21,18 and 13. In 20% of cases, a result other than aneuploidy was returned, the results of which are further elaborated on in the subspeciality section relating to the Genetics Service.

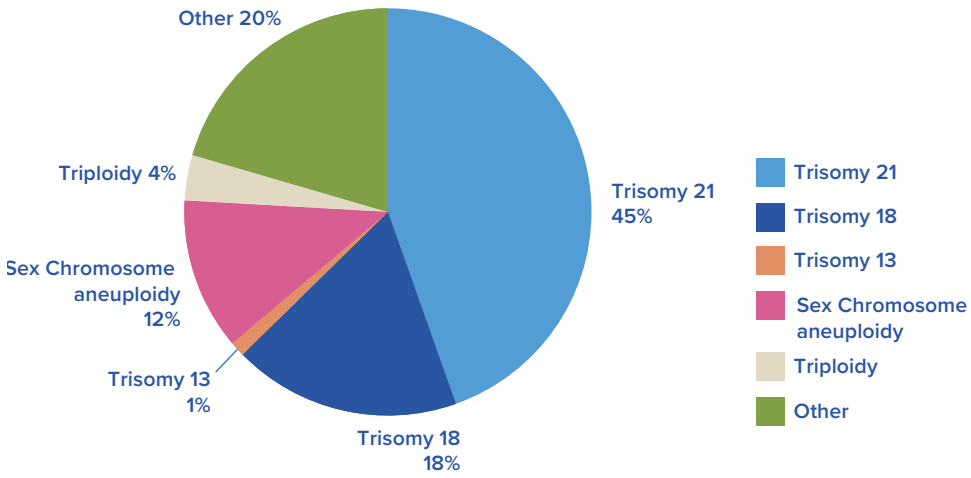


FIGURE 4: FETAL GENETIC ABNORMALITIES DIAGNOSED PRENATALLY (N = 83)

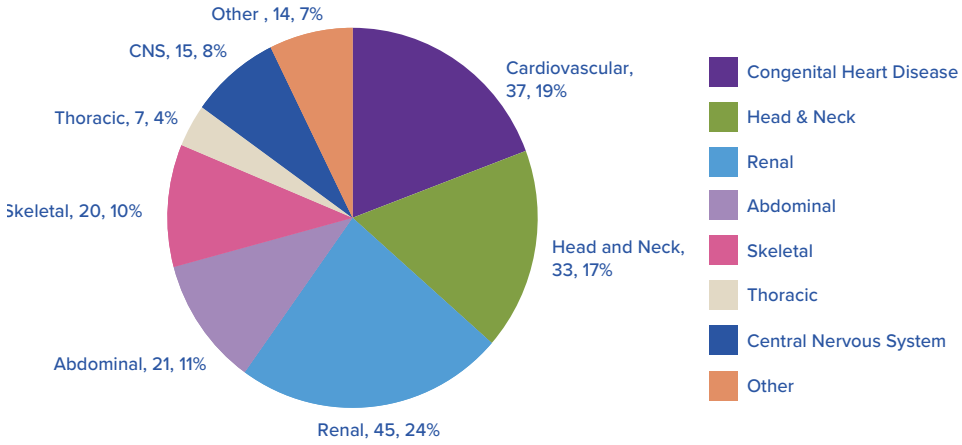


FIGURE 5: MAJOR FETAL STRUCTURAL ABNORMALITIES DIAGNOSED PRENATALLY (N = 192)

The majority of patients at the Rotunda Hospital who receive a prenatal diagnosis of a significant fetal abnormality opt to continue with their pregnancy. These patients receive their prenatal- and follow-up postnatal care in a streamlined manner coordinated through the Fetal Medicine Service, in collaboration with relevant Neonatal and Paediatric specialties. The weekly Fetal Medicine MDT is an essential component in patient care, with clear perinatal plans agreed upon prior to delivery. For those opting for palliative perinatal care, the contribution of Dr Fiona McElligott, Consultant in Paediatric Palliative Care Medicine together with Ann Charlton, Chaplain, the wider bereavement team at The Rotunda Hospital and fetal medicine midwives, in supporting families through a very challenging period in their lives, is highly valued by staff and patients.

In 2024 of 276 cases of fetal anomaly (including genetic (n=83), structural (n=192), and a further case of triplets), a total of 70 patients (70/276, 25%) opted for termination of pregnancy. This included 38 cases (55%) managed under Sections 11 (28/38, 74%) and 12 (10/38, 26%) of the Health Act 2018. A further 32 patients (45%) availed of pregnancy termination outside of Irish jurisdiction. There was a total of 12 feticide procedures performed in 2024.

FETAL INTERVENTION

Intrauterine transfusions

One patient underwent a total of four intrauterine transfusions (one in 2024 and three in 2025) for a combination of Rhesus isoimmunization and Anti-JKA antibodies with resultant severe fetal anaemia. The infant was delivered at 36+3 weeks by elective caesarean section, following optimization of timing of the final IUT, weighed 2.86kg and had a cord Hb of 8 g/dl, requiring an exchange transfusion at 1 hour of life, and with a normal neonatal outcome to date.

In-utero MMC repairs

Three patients successfully underwent in utero myelomeningocoele (MMC) repair with our international fetal therapy partners in Leuven, Belgium. There were two cases of lumbar myeloschisis (L4/L5) and one myelomeningocoele (L4). Cases were deemed eligible for fetal therapy following MDT review by both the Rotunda and Leuven fetal medicine teams, with the procedure approach determined by a combination of factors including characteristics of the spinal lesion, patient preferences regarding future prospects of vaginal deliveries and availability of expertise in the fetoscopic approach at the time. Two patients underwent open repair of the defect via laparotomy-assisted-hysterotomy (26 and 25+3 weeks') and one patient had a laparotomy-assisted-fetoscopic repair undertaken (26+3 weeks'). All patients returned for review at The Rotunda Hospital within 7-10 days of the procedure, were noted to have tolerated the procedure well and continued to have weekly maternal and fetal surveillance, in addition to neonatal review with Fionnuala Caulfield, Consultant Paediatrician with a special interest in Neurodisability. All three patients delivered in the Rotunda Hospital prior to the planned delivery date, including two very preterm deliveries; one at 31+5 weeks' (requiring emergency caesarean section due to preterm labour (in the context of a prior hysterotomy repair)) and a 29+5 weeks SVD (fetoscopic repair rendered this case suitable for vaginal delivery). The final patient had an emergency caesarean section at 36 weeks' due to SROM with previous CS. Uterine thinning > 50% at the site of the prior hysterotomy was noted in one of the caesarean deliveries.

FETO for CDH

Two patients underwent FETO for severe left-sided congenital diaphragmatic hernia (CDH) in Leuven, Belgium with survival to date confirmed in both cases. The procedures were performed at 27-and-28 weeks. Both patients returned to Ireland after successful MRI balloon. One patient was delivered by elective repeat cesarean section at 37+4 weeks'; the infant weighed 3kg and was transferred on the day of delivery to Crumlin CHI PICU. The second patient had an earlier than planned balloon retrieval at 32+6 weeks due to the development of PET; following successful repatriation was delivered by elective repeat caesarean section at 34 weeks due to PET/IUGR with AEDF in the UAD. The infant weighed 1.75kg and was transferred on the day of delivery to Crumlin CHI PICU. In both cases, the deflated balloon was identifiable in the GIT on neonatal imaging. Both infants underwent successful repair of the hernia defect after an initial

period of stabilization with CDH protocol within Crumlin PICU. One infant subsequently developed trachea-bronchomalacia, a known complication of FETO.

Ex-utero intrapartum treatment (EXIT)

There was one successful EXIT procedure in 2024 at 35+5 weeks for a large cystic mouth mass identified in the late third trimester, with normal amniotic fluid volume noted. This anomaly was prompted identified by a sonographer in OLOH obtaining a typical profile view in a third trimester growth scan; the anatomy imaging of this case subsequently confirmed as reassuring. Following successful establishment of the airway during EXIT, the infant was stabilised and transferred to Crumlin CHI and ultimately required a tracheostomy. The final diagnosis was that of a large duplication cyst which was completely excised. All potential EXIT procedures are successfully managed in a multidisciplinary manner, involving a dedicated team of Rotunda fetal therapists, and Consultant 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 closer to the planned delivery date. EXIT deliveries are supported by the Rotunda theatre staff, midwifery, NICU and neonatal transport teams and require a carefully coordinated delivery plan, agreed by a well-established, collaborative inter-hospital team, which serves as an excellent example of a successful MDT approach to a complex fetal condition, involving obstetric, neonatal, and paediatric services between the Rotunda Hospital and Childrens' Health Ireland, Crumlin.

Fetoscopic laser ablation for TTTS

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 2024, a total of 13 cases of severe TTTS (one with a repeat laser) were managed by the Dublin Fetal Therapy Group by means of fetoscopic laser ablation of placental vessels. Amongst these 12 pregnancies, overall survival of 16/24 (67%). In the Rotunda Hospital alone, a total of ten lasers were performed in nine pregnancies; one case required a repeat procedure for recurrent TTTS/TAPS. 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, requiring a repeat procedure with subsequent PPROM and previable delivery. Therefore, for the Rotunda Hospital in 2024, at least one survivor occurred in 8/9 (89%) of cases, with overall survival in 12/18 (67%) of cases.

By the end of 2024, the group have treated 352 fetuses with laser surgery for severe TTTS, with at least one survivor occurring in 81% of pregnancies (144/176). 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.

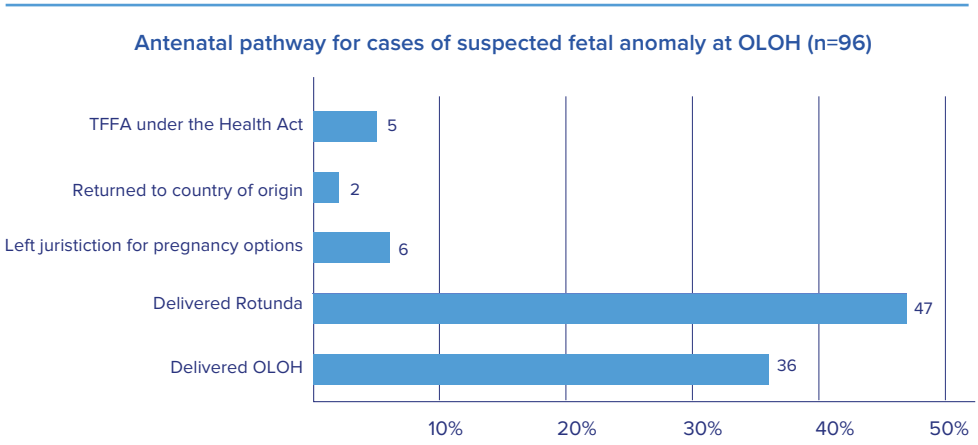


FIGURE 6 . CASES OF SUSPECTED FETAL ANOMALY MANAGED THROUGH OLOH FETAL MEDICINE SERVICE.

FETAL MEDICINE SERVICE (RCSI HOSPITAL GROUP)

In 2024 a total of 274 patients were reviewed through the fetal medicine service in OLOH, Drogheda. These included a total of 96 cases of suspected fetal anomaly (Figure 6), 45 NIPS, 17 high risk multiple pregnancies, and one set of triplets, with the remaining 115 patients being referred for a variety of indications including requirement for fetal echocardiogram, suspected IUGR, congenital infection or fetal anaemia, placental accreta spectrum or cervical length review.

Of the 96 cases referred to the fetal medicine department in OLOH with a suspected fetal anomaly, a total of 60 were further selected to attend the Rotunda Hospital fetal medicine service for review, the majority of which (78%, 47/60) were deemed to ultimately require delivery at the Rotunda Hospital (these are included in the Rotunda anomaly figures). The remaining 49 patients had their care managed locally in OLOH, Drogheda; this included five cases managed under Section 11 of the Health Act 2018. Select cases were discussed at the Rotunda Fetal Medicine MDT; enabling joint decision making regarding the appropriate selection of patients for either regional or tertiary level neonatal care depending on the severity of the underlying fetal diagnosis, in addition to neonatal care requirements and capacity.

An additional 38 patients were referred from Cavan General Hospital to The Rotunda Hospital for fetal medicine review, of which only 12 required delivery in The Rotunda Hospital. A total of six patients proceeded with pregnancy termination; two outside of the jurisdiction and four under Section 11 of the Health Act 2018.

The Fetal Medicine services at OLOH Drogheda and Cavan General Hospital have witnessed significant enhancements in recent years owing to both locally-delivered Consultant Fetal Medicine care, in addition to the vital support of Paula McEnteggart, dedicated fetal medicine midwife CMM, who took up post in 2024. The Fetal Medicine Service in the RCSI Hospital Group has resulted in significant patient and provider satisfaction both locally and at regional level and serves as an example of a well-coordinated fetal medicine and neonatal network within the RCSI Hospital Group.

FETAL CARDIAC SERVICE

The Fetal Cardiac Service at the Rotunda is a national referral service provided jointly by Professor Fionnuala Breathnach, Consultant Obstetrician and subspecialist in Maternal Fetal Medicine and by Professor Orla Franklin, Consultant Paediatric Cardiologist at Crumlin, 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 2024, the Fetal Medicine Service performed 224 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 34 cases of fetal major congenital heart disease were managed through this service in 2024 (Table 6). 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 one meaningful metric for evaluating the success of this service. A total of 14 of 15 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 7.

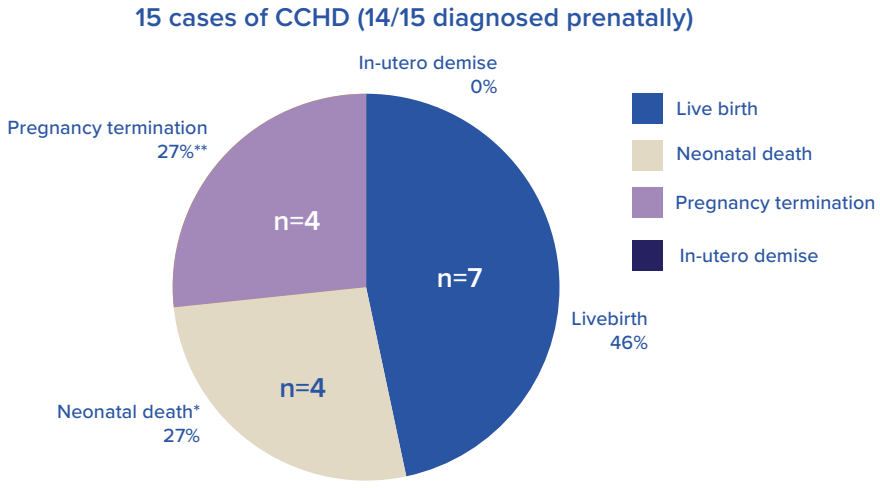


FIGURE 7: CRITICAL CONGENITAL HEART DISEASE AND PREGNANCY OUTCOME, 2024

*NND=Neonatal death within 28 days of delivery

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

TABLE 6: PRENATAL DETECTION OF CONGENITAL HEART DISEASE, 2017-2024								
	2017	2018	2019	2020	2021	2022	2023	2024
Hypoplastic left heart disease	9	3	5*	5	8	5	5	9
Hypoplastic right heart disease	7	4	2	3	3	2	5	1
Complete AVSD	5	3	4	2	6	4	8	3
Isolated VSD*	15	18	4	11	6	3	3	1
Tetralogy of Fallot / DORV	7	5	9	8	2	6	5	5
Transposition of great arteries	5	6	6	6	3	3	4	2
Aortic coarctation / interrupted arch / double arch	6	2	6	5	2	0	2	3
Truncus arteriosus	0	1	0	0	0	0	1	0
Isolated right-sided aortic arch**	0	2	2	4	9	5	4	5*
Ebstein's anomaly***	1	0	1	0	0	0	1	1
Systemic vein anomalies	1	0	0	1	1	0	3	0
Arrhythmia	2	5	2	3	2	1	1	0
Cardiac tumours	0	1	0	1	1	0	1	1
Miscellaneous****	0	2	3	2	8	4	3	3
TAPVD (isolated)	0	0	1	0	0	0	0	0
Total	**58**	**52**	**45**	**50**	**51**	**33**	**46**	**34**

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

** there was one case of right sided aortic arch anomaly which included a postnatal diagnosis of a double aortic arch/vascular ring

*** there was one case of Ebstein's anomaly diagnosed postnatally, whereby prenatal imaging suggested outlet VSD and was noted for the absence of associated typical tricuspid regurgitation of Ebstein's anomaly.

**** Miscellaneous includes one case of complex structural disease (Double inlet right ventricle with aortic arch hypoplasia), one case of functional severe tricuspid regurgitation secondary to Vein of Galen aneurysm, one case of situs inversus with a subsequent diagnosis of primary ciliary dyskinesia).

one case of prenatally diagnosed AVSD was further complicated by the postnatal development of coarctation of the aorta.

MONOCHORIONIC MULTIPLE PREGNANCY SERVICE

All patients with a monochorionic pregnancy are now provided with their complete antenatal care delivered through the dedicated Consultant-delivered monochorionic twin service in the Rotunda Fetal Assessment Unit. This enables a comprehensive maternal and fetal assessment at each visit and provides fetal medicine care for pregnancy complications in high-risk monochorionic twin pregnancies. In 2024, a total of 52 sets of multiple pregnancies had their care managed though this service, comprising 49 pregnancies with a twin pregnancy and three sets of triplets. A total of 32 MCDA twin pairs were reviewed with a further one MCMA twin pair. Of the triplet pregnancies, there was one each of TCTA, MCTA and DCTA triplets. A further 16 sets of complicated dichorionic twins (including 11 with discordant fetal anomaly, with a further five sets of selective IUGR) were reviewed through this service. Of note, the majority of DCDA twins with IUGR are managed through the multiple birth antenatal clinic.

A total of eight sets (25%) of MCDA twins were diagnosed with selective fetal growth restriction (SIUGR). For SIUGR, the mean gestation at delivery was 33 weeks, with a caesarean section rate of 75%, and with all 16 twins surviving. Of note, there was one combined delivery (due to compound presentation in Twin 2) in a case of 30+2 week-MCDA twins with PPROM and preterm labour.

There were three cases of twin oligo-polyhydramnios sequence (TOPS), which upon serial fetal surveillance, spontaneously resolved. A second opinion was sought for a case of suspected TTTS for possible fetal intervention, however on review, this was felt to be TAPS/SIUGR and therefore did not require fetal intervention at that time; follow up continued in the referring unit. There was one case of TAPS post laser for TTTS; the condition being confirmed in the neonatal period based on typical discordant haematological indices, and treated accordingly. There was a further case of Stage 1 TTTS referred from another institution for consideration of fetal therapy; upon discussion with the fetal therapy MDT, the decision at the time of review was made to afford serial surveillance, based on established RCT findings on the management of Stage 1 TTTS. Unfortunately, in the interim there was a donor demise; follow up continued in the referring unit.

There were three cases of discordant fetal anomaly in MCDA twins; one each of hypoplastic left heart disease (with a planned palliative pathway), bladder outlet obstruction with in-utero demise, and one case of selective reduction of an anomalous twin with heterotaxy syndrome. There were healthy co-twin survivors in all three cases.

PERINATAL GENETICS SERVICE

In 2024, individuals or couples attended 122 genetic counselling appointments, representing a significant increase of nearly 30% when compared with 2023.
Most patients for genetic counselling attended the Fetal Medicine Department (99 appointments); results of testing, Table 7. These comprised of either patients for whom prenatal diagnosis or invasive testing identified a condition was, or was likely to be, genetic; or those referred to Fetal Medicine with a known chromosomal or monogenic risk who required a genetic counselling appointment and organization of prenatal testing in Fetal Medicine. These patients were usually seen over the course of two or more appointments depending on the complexity of the diagnosis.

An additional 23 appointments for individuals or couples seen in outpatients genetic counselling clinic were referred by Neonatalogy, Gynaecology, or Fetal Medicine. These patients were, for the most part, preconceptual or very early in pregnancy. In addition to this, the genetic counsellor also acted as a significant resource for fetal medicine and

paediatric staff requiring genetic advice for patients. A further 16 patients were directly referred from Crumlin CHI Genetic service for evaluation of recurrence risk in an index pregnancy by means of genetic counselling followed by invasive prenatal testing (Table 8, 14 CVS, 2 amniocentesis procedures).

The genetic counsellor coordinated the following tests for genetic counselling patients requiring genetic testing

TABLE 7: GENETIC TESTING REQUESTS BY THE PERINATAL GENETICS SERVICE	
Type of Genetic Test	N=39
Karyotyping or microarray (blood)	15
Single gene – known family variant	12
Single gene – variant panel	8
Single gene – full gene sequencing	1
Single gene - other	3

While all single gene variant panel orders were for cystic fibrosis, all other testing was for a wide variety of genetic conditions representing unique family conditions.

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, most 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. 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.

TABLE 8: PRENATAL TESTING WAS ORGANIZED BY THE GENETIC COUNSELLOR FOR WOMEN KNOWN TO BE AT HIGH RISK OF RECURRENCE OF A GENETIC CONDITION	
Reason for invasive prenatal Genetic test	N=16
Single gene test	13
Chromosomal (aneuploidy or CNV)	2
Fetal sexing (NIPD)	1

During 2024, the genetic counsellor organized family-based exome testing for 14 families identified at Fetal Medicine MDT as having a high risk of monogenic genetic disease based on antenatal scan findings. Exome analysis found a monogenic cause in 7 (50%) of these families, giving couples additional clinical information and providing them with an accurate recurrence risk for subsequent pregnancies.

Additionally, relating to positive yield from NIPS, an additional 27 genetic counselling consultations were required for a total of 15 patients with positive NIPS results, representing an increasing demand on the genetic counselling services and increasing complexity of contemporaneous NIPS reporting.

As evidenced by increasing numbers of exome sequencing (ES), genetic counselling has a more crucial role in encountered 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. In terms of highlights in 2024 for the prenatal genetics service in The Rotunda Hospital, the Rotunda Hospital specific consent form developed in 2023 by Debbie Lambert, in line with international best practice, was fully operational in 2024. To facilitate ongoing education of staff, a genetics stand was held at the Rotunda Hospital Bereavement Roadshow in February 2024 to familiarize staff with genetic counselling services.

With respect to the National Genomics strategy, the Rotunda Hospital continues in its leadership role in the development of the perinatal genomics service. 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.

WEEKLY MULTIDISCIPLINARY TEAM CONFERENCES

A weekly Multidisciplinary Team (MDT) meeting represents an integral component of the role 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 and trainees, with the aim to discuss and plan the perinatal management of individual, complex cases in addition to providing education and ensuring up-to-date evidence-based practice. During 2024, a total of 279 fetal 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 by means of a dedicated Fetal Medicine MDT template. As part of the Fetal Medicine MDT's commitment to education and training, in addition to clinical case discussions, at least one case (fetal and/or neonatal) is typically selected weekly for a comprehensive educational overview/review of the literature and relevant ultrasound imaging.

SUCCESSES AND ACHIEVEMENTS 2024

- Continued successful enhancement of the fetal medicine services at Cavan General Hospital and Our Lady of Lourdes Hospital, Drogheda underpinned by the support of Paula McEntaggart, dedicated fetal medicine midwife.
- Successful implementation and increasing uptake of NIPS screening in Our Lady of Lourdes Hospital, Drogheda, enabling locally-delivered screening services.
- Continued enhancement of international clinical partnership for advanced fetal therapies not currently available in Ireland (FETO and in-utero spina bifida repair).
- Rotunda Hospital specific genetic consent form developed by Debbie Lambert, in line with international best practice, was fully operational in 2024.

PLANS FOR 2025

- Continued upgrading of all ultrasound equipment and software.
- Continued education sonographers and NCHDs.
- Expansion of prenatal diagnostic testing to include CVS in Our Lady of Lourdes Hospital, Drogheda.
- Establishment of fetal surgical service in conjunction with Ms Nicola Brindley, Consultant paediatric surgeon, CHI Temple Street and Dr Margaret Moran, Consultant Neonatologist, Rotunda Hospital.
- Development of fetal therapy
- Improved patient communication through development of PIL, to include enhancing available information online.
- Update fetal medicine department guidelines.

Bereavement Support and Chaplaincy Services

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 Clare Naughton, Medical Social Worker
Ms Ciara O'Connor, Administrative Assistant
Ms Aisling Rooney, 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 two specialist bereavement midwives, chaplain, a dedicated medical social worker, and part time administrative support. The team provide sensitive, individualised, and compassionate care to all families.

The Bereavement Specialist Midwife co-ordinates the Bereavement Service Team and is an advocate 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 midwife is also responsible for coordinating and arranging appropriate follow-up appointments for all bereaved patients and is 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. The service offers face-to-face appointments for all in the dedicated Bereavement Clinic, however the option of Telemedicine appointments continues. The service is as adaptable as possible to ensure individualised, sensitive, and compassionate care is offered to each family.

Formal onsite bereavement education sessions recommenced this year, and the online suite of bereavement education sessions, in collaboration with the Centre for Midwifery Education remained available and short, targeted informal education sessions continued in clinical areas.

CHAPLAINCY

There is a lay Roman Catholic hospital chaplain available in the hospital from Monday to Friday. The chaplain is available to people of all faiths and to those who have no specific faith background and can discuss with patients their spiritual, religious and pastoral needs.

Members of the Dominican Community provide sacramental support on request.

Ministers or chaplains of other faiths are also available on request.

The chaplaincy service includes:

- Meeting with and supporting families once a life-threatening problem has been confirmed.
- Providing and saying blessings or prayers when requested.
- Providing support to families whose pregnancy ends very early.
- Arranging the sacrament of Baptism in special circumstances.
- Providing support to bereaved families and exploring various rituals to acknowledge and honour the precious short life of their baby.
- Leading funeral services from the hospital mortuary chapel.
- Providing blessing and/or naming certificates and certificates of life as appropriate.

SUCCESSES AND ACHIEVEMENTS 2024

In February the Bereavement Team hosted the first in house all day Bereavement education day. This was held in the front hall and was supported by EMT and our catering department, which greatly enhanced the day for all attendees. Over 500 staff from all departments throughout the hospital attended on the day and there was a huge volume of written and verbal positive feedback from all staff who offered it.

The Annual Service of Remembrance for 2024 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.

ACTIVITY

The number of patients requiring Bereavement Support is highlighted in Table 1. Although there was a reduction in activity in 2022, 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	
2020	242
2021	268
2022	240
2023	247
2024	248

PLANS 2025

- Upgrade the Little Chapel beside the mortuary interior, and exterior surrounds
- Identify and co-locate the bereavement team to an appropriate area within the main hospital to include a dedicated room to hold clinics and meet bereaved patients and families
- Source alternative options to coffins for our tiny babies
- Continue providing ongoing bereavement education, and plan another all day education session

Maternal Medicine Service

Head of Service

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

Staff

Dr Etaoin Kent, Rotunda Hospital, OLOLH Drogheda,
Consultant Obstetrician/ Maternal Fetal Medicine
Dr Nicola Maher, Rotunda Hospital, Consultant Obstetrician and Gynaecologist
Dr Maria Kennelly, Rotunda Hospital and Cavan Hospital,
Consultant Obstetrician and Gynaecologist
Dr Claire McCarthy, Locum Consultant Obstetrician and Gynaecologist
Dr Suzanne Smyth, RCPI 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
Prof. Katie Murphy, Consultant Cardiologist MMUH
Ms Rhona Savage, ANP Adult Congenital Heart. MMUH
Prof. Tony Geoghegan, Consultant Radiologist MMUH
Ms Sarah Campbell
Ms Cathy O'Neill, Staff Midwives.
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 2024, members of the maternal medicine service liaised with clinicians in non-maternity hospitals including the Mater Misericordiae University Hospital (MMUH), Beaumont Hospital and Connolly Hospital to provide guidance and inpatient care for pregnant and postpartum women with a range of medical conditions.

CLINICAL ACTIVITY

Maternal Medicine Clinic (COMMC)

There were 940 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	
CARDIAC	3
Marfan's syndrome	2
Obstetric Cholestasis. Previous Heart Transplant	
CARDIOTHORACIC	3
Lung Lobectomy Hx	1
Adenoca of Distal Trachea + Carina	1
Thymoma	1
Current Oncology	2
Breast Cancer this Pregnancy	1
Sarcoma	1
CURRENT/PREVIOUS VTE	3
PE Early in Pregnancy	1
Postnatal PE Hx	1
PE During this pregnancy	1
DERMATOLOGY	3
Psoriasis	3
Endocrinology	3
Bilateral Adrenal Hyperplasia.	1
Graves' Disease	2
ENT	1
Neck Mass	1
GENERAL SURGERY	1
Em. LSCS MMUH. Fetal Death (? Pancreatitis)	1
GENETICS	1
22Q deletion syndrome	1
GI	75
Coeliac Disease	1
Colitis	1
Crohn's Disease	20
Diverticulitis/Bowel Perforation	1
Dubin Johnson syndrome	1
Fowler syndrome. Gilbert syndrome.	1
Haemochromatosis	1
Haemolytic Urea syndrome	1
Ischaemic Colitis	1
Splenectomy R. Adrenalectomy	1
Ulcerative Colitis	46
HAEMATOLOGY	24
Postnatal Adm to SVUH ? Final Diagnosis	1
DVT	1

Achalasia of Oesophagus. Lupus.	1
Anti-thrombin deficiency with recurrent PE	1
APLS	5
Bleeding Disorder of Unknown Cause	1
Erythropoieyic protoporphyria	1
Factor XI Deficiency	1
G6PD + Alpha-Thalaesemia (minor)	1
Hereditary spherocytosis with splenectomy	1
Myeloproliferative disease: Essential Thrombocythosis + Polycythemia. JAK 2.	1
Oestrogen Associated Cerebral Vein + Sinus Thrombosis	1
Possible carrier of Factor IX	1
PP1 pk Antibodies	1
Pre-conceptual + Pregnancy.Type I Antithrombin Deficiency	1
Thrombocytopenia	2
Thromboembolic Disease	1
Thrombus	1
Thrombotic APLS. CREST syndrome	1
ID	2
Maternal CMV	1
Recurrent Shingles	1
METABOLIC DISORDERS	3
CPT2 Deficiency	1
PKU	1
Rickets	1
NEUROLOGY	53
? TIA Hx	1
Aneurysm Hx	1
Anti mog Pos. Optic Neuritis.	1
Arachnoid Cyst Hx.	2
Arnold Chiari Malformation	1
Benign Essential Tremor	1
Benign Idiopathic Intracranial Hypertension	1
benign intracranial hypertension	1
Cerebellar haemangioblastoma. Posterior Craniotomy	1
Cerebovascular Accidents x3 Hx	1
Cerebral AVM	1
Cerebral Palsy. Anorexia Nervosa.	1
Chiari I Malformation	3
CVA	3
Cystic Enlargement of Sacral Spine	1
Developmental Venous Anomaly	1
Epilepsy	2
Friedreich's Ataxia	1
Ideopathic intracranial hypertension	5
Migraine	2
MS	9

Myasthenia Gravis.	2
Myotonic Congenita	1
Neurofibromatosis	2
Non Epileptic Attack Disorder	1
Obstructive Hydrocephalus	1
Optic Neuritis	1
Spinal Cord Cyst.	1
TIA Hx. Epilepsy.	1
Traumatic Brain Injury 2019	1
Ischaemic Stroke	1
POOR OBSTETRIC HISTORY	**6**
MSW involvement	1
Fetal Death	1
2nd Trimester Miscarriage Hx	1
Poor Obstetric History	1
NND IUD Hx	1
ERPC	1
ONCOLOGY	**4**
Castleman's Disease/syndrome. Lymphadenectomy.	1
Hodgkins Lymphoma	1
Stage IV Colorectal Adenocarcinoma in this Pregnancy	1
Previous Thoracic Lymphoma	1
OPHTHALMOLOGY	**1**
Ushers syndrome	1
ORTHOPAEDICS	**4**
Pre-Conceptual. Chronic Mechanical Back Pain.	1
Carpal Tunnell	1
Spondylitis	1
Transient Migratory Osteopenia	1
PRE-CONCEPTUAL	**5**
PREVIOUS ONCOLOGY	**11**
Astrocytoma	1
Bone tumour Hx	1
Breast cancer 2012	1
Breast Cancer Hx 2016	1
Breast Cancer Stage III Dx: 2019	1
Childhood Leukaemia / Classical Hodgkin's Lymphoma	1
Hodgkins Lymphoma (Aged 17)	1
Open L. Salpingo-oophorectomy. Mucinous.	1
Adenocarcinoma of small bowel tissue.	1
Ovarian Malignancy (Hx) Oophorectomy	1
Renal Cell Ca 2018	1
PSYCHIATRY	**1**
Psychosis	1
RENAL	**6**
Auto-Immune Hepatitis. Hypothyroidism	1
Duplex Kidney	1

Infarct Secondary to Pyelonephritis	1
L. Nephrectomy	1
Renal Agenesis	1
Renal Transplant Hx	1
RESPIRATORY	**21**
Alpha Anti tripsin 1 deficiency ZM	1
Asthma	5
COVID Postnatal Hx requiring admission	1
Cystic Fibrosis	1
Emphysema	1
exacerbated rhinitis	1
Hx Long COVID. Obstructive Lung Disease	1
Primary Ciliary Dyskinesia.	1
Pulmonary Hypertension	1
Recurrent Pneumothoraces	1
Samter's Triad	1
Sarcoidosis	4
suspected PE Admitted to HDU	1
RHEUMATOLOGY	**58**
PIH in 1st Pregnancy. Psoriatric Arthritis.	
Adult onset Still's disease	1
Ankylosing Spondylitis	2
Arthritis. Gravida 8	1
Bechet's Disease	5
Buergers Disease	1
Connective tissue disorder. Raynaud's.	1
Ehlers Danlos syndrome	3
Jeuvenile Arthritis	1
Osteoarthritis	1
Pre-Clinical RA	1
Pre-Conceptual. Lupus	1
Psoratic Arthritis	8
Palindromic Rheumatism	1
Psoriasis	1
Pulmonary Sarcoidosis	1
Raynaud's disease.	4
Rheumatoid Arthritis	9
Scleroderma	1
Seropositive RA	1
Sjrogrens Disease	1
SLE	7
Thrombocytopenia. Poor Obstetric History	
Undifferentiated Connective Tissue Disorder	
Yao syndrome	
SLE + Rheumatoid Arthritis. Fetal Macrosomia in Prev. Pregnancy	
Rheumatoid Arthritis	

UROLOGY	2
Bladder Mass / Oncology	1
Nephrostomy in MMUH	1

Maternal Medicine MDT

The MMMDT is held every six to eight weeks at MMUH and provides a platform for multidisciplinary input into the management of women with complex backgrounds. A total of 85 women were discussed at the MMMDT in 2024.

Cardiac Obstetric Clinic

This specialist clinic involves a collaboration between obstetricians with expertise in maternal medicine together with cardiologists with expertise in congenital heart disease. There were 569 patient encounters at this clinic in 2024.

TABLE 2: CARDIAC DIAGNOSES MANAGED DURING PREGNANCY - 2024

Classification of Cardiac Disease	Number
Arrythmia	66
Congenital heart disease	28
Valvular disease	14
Cardiomyopathy	5
Aortic disease	8
Coronary artery disease	1
Myo/Endocarditis	0
Family history	5
Non-cardiac cases	24
TOTAL	**151**

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 152 patients were discussed at this MDT held at MMUH in 2024.

SUCCESSES AND ACHIEVEMENTS 2024

- Introduction of teleconferencing for cardiac MDT
- Streamlining of referrals

PLANS FOR 2025

- Move to new outpatient setting in Hampson House
- Develop role of maternal medicine midwife to provide more holistic care

Teenage Pregnancy Service

Head of Service

Dr Nikita Deegan, Consultant Obstetrician Gynaecologist

Staff

Ms Deborah Browne, Clinical Midwife Specialist

Ms Gemma Madden, Medical Social Worker

SERVICE OVERVIEW

For the 20th consecutive year, the Teen Pregnancy Service at The Rotunda provided holistic pregnancy care for patients aged 18 and under. The service also provides care for patients up to 19 on their second/subsequent pregnancy and for some vulnerable young adults over the age of 19 (such as those with additional medical or social needs) who may benefit from the continuity of care of a dedicated obstetrician, midwife, and other supports which are available within our service. During 2024 all patients booked were 19 and under, which is likely due to the introduction of the CMM 2 role in inclusion health.

CLINICAL ACTIVITY

Table 1 below reports the number of new patients that booked to our service over the past 5 years.

TABLE 1: CLINICAL ACTIVITY

Year	No. of Patients
2020	136
2021	119
2022	145
2023	129
2024	105

Forty-seven percent of patients attending our service are non-Irish. Language translation services are an essential tool for our service, with the most common language required being Romanian. In 2024, 35% of the patients were Roma or Romanian (33% and 2% respectively). These patients are often extremely vulnerable and can face huge barriers to accessing basic healthcare.

Of the 105 patients who booked to our service (see table 1), two were under 16 at the time of booking (both were aged 15). This creates additional complexities when providing care as 16 is the legal age for consent in Ireland for medical treatment/ procedures.

Our CMS Deborah Browne offers 1:1 face to face antenatal classes on an individualised basis when required (e.g. based on age, additional needs, language barriers). Rotunda zoom antenatal classes are offered to everyone who speaks English, and these patients are directed to the Rotunda website/Rotunda YouTube channel also.

An essential part of the Teenage Pregnancy service is the dedicated support from the Medical Social Work (MSW) 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. In 2024, 86% of patients attending our service were provided with MSW support during and after their pregnancy. This is an increase of 8% compared to 2023. 19% of the patients referred to MSW required referral onwards to TUSLA (similar figures to 2023). The majority of referrals to TUSLA were in relation to underage sex that required mandatory reporting under Children's First guidelines, but there were also referrals for domestic violence, maternal drug use and for support regarding maternal mental health.

PREGNANCY OUTCOMES 2024

105 patients booked to our service for antenatal care in 2024.

Of those who booked, 72% were nulliparous and 28% were multiparous. Of note, over half (62%) of the multiparous patients were aged under 18 at booking. 83% of our multiparous patients were para 1, 17% were para 2 at the time of booking (figures similar to 2023). One of the multiparous patients (3%) reported having had previous caesarean section at the time of booking. This is compared to 17% of multiparous patients who booked in 2023 who had previous Caesarean delivery. Of note, since 2022 all patients attending our service who have caesarean section delivery are offered Intrauterine contraceptive device insertion at the time of caesarean section, or Implanon on the postnatal ward.

During their pregnancy, five patients who booked with our service transferred their care/delivered elsewhere. Four of the five relocated/moved outside of Ireland. One patient was booked with and planned to deliver within The Rotunda; however, when an ambulance was called for labour this took her to her nearest maternity hospital (The Coombe Hospital). The patient was made aware antenatally that that this would be the case if an ambulance was required.

100 of 105 patients remained within our service and delivered at The Rotunda.

In addition to the patients who attended the service antenatally, one additional patient (aged 16) presented to The Rotunda for the first time in labour, without having previously booked for care. This patient was from the Roma community. This patient was seen on the postnatal ward and was offered family planning counselling and referred to the teen postnatal clinic. She declined both. She is not included in the below statistics.

Five additional Teen patients who met the criteria for attending our service were not referred. Of note, they were all 19 years of age at booking, showing that further education is needed regarding the criteria for attending the Teen service. It is reassuring however to see that every patient who booked under the age of 18 was referred to our service in 2024.

Of the 100 patients who remained within our service and delivered at The Rotunda.

73 (73%) were primiparous, 27 (27%) were multiparous.

99 patients had singleton pregnancies and 1 patient had MCDA twins (101 babies).

90 (90%) of our patients had term deliveries.

10 patients were recorded as pre-term deliveries, 8 delivering at moderate-late pre term between 32-36+6 weeks gestation (2 at 32 weeks, 1 at 33 weeks, the remaining 4 at

36 weeks), the two very pre-term delivering at 28-31+6 weeks gestation (30 weeks, 31 weeks).

The mean birth weight of term babies was 3.39kg.

9 of 101 babies were <2.5kg at birth (11 babies were born pre term). 2 of 90 term babies were low birth weight at term (2.2%). All of these were identified to be SGA antenatally.

1 baby was >4.5kg at term (1 of 90). This was not detected antenatally in clinic. The patient presented with SOL at 41 weeks, and underwent CS delivery for FTA in labour, the baby was 4.65kg at 41 weeks gestation. Blood loss at CS was 300mls.

48 of 100 patients (48%) had Induction of labour (IOL), 47 (47%) had spontaneous onset of labour (SOL), and 5 (5%) had pre-labour Caesarean sections.

The indications for IOL were: Post dates (9), prolonged rupture of membranes (8), fetal growth restriction (8), pre-eclampsia/pregnancy induced hypertension (5), reduced fetal movements (5), large for gestational age (4), LGA with GDM (2), Obstetric cholestasis (2) oligohydramnios (1), polyhydramnios (1), antepartum haemorrhage (1), pyrexia (1) and pains not in labour (1).

The mode of delivery/breakdown following spontaneous onset labour (SOL) versus labour induction (IOL) was:

Of those who had SOL 79% had SVD, 10.5% had OVD, 10.5% had CS delivery.

Of those who underwent IOL 67% had SVD, 15% had OVD, 18% had CS delivery.

TABLE 2: PREGNANCY OUTCOMES 2024

Pregnancy Outcomes	Number*	%
Spontaneous vaginal delivery	69	69%
Operative vaginal delivery	12	12%
Caesarean delivery (elective)	5	5%
Caesarean delivery (emergency)	14	14%
Total Delivered in Rotunda	**100**	**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 2024 was 19% which is an increase on 2023 (from 15.5%). The SVD rate remained similar to 2023 (69% in 2024, 67% in 2023). However, the OVD rate decreased from 17% in 2023 to 12% in 2024.

In 2024 all teen patients who had a caesarean delivery were nulliparous (19 patients, 19%).

Indication for pre-labour Caesarean section (5 patients, 5%) was: pathological CTG not in labour (2), Fetal cardiac anomaly- deemed by fetal medicine not suitable to labour (1), breech presentation in labour at 30 weeks (1) and placental abruption (1).

The breakdown of emergency caesarean deliveries (14 patients, 14%): 5 were SOL, with the indication for caesarean delivery being pathological CTG in labour in 4 of 5 cases, and unsuccessful trial of OVD in 1 patient. Of the 9 that were IOL, 5 were

for pathological CTG in labour/after induction, 2 were for labour dystocia, 2 were unsuccessful trial of OVD.

We had 1 patient who booked with the Teen service with one previous caesarean section. She had a successful VBAC (SVD) at term.

Our post-partum haemorrhage rate was 30% in 2024, this is a significant increase on 16% in 2023. 57% of PPH's were induction of labour, 23% were pre-labour CS deliveries. The remainder were SOL. The main causes documented is Tone and Trauma.

Our rate of obstetric anal sphincter injury was 0% in 2024 (0.87% in 2023).

Admission to the neonatal intensive care unit occurred in 19% of deliveries (which is an increase from 9.5% in 2023).

Our Teenage Pregnancy Service continued to provide 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 significant efforts of clinical and non-clinical staff and improvements made in 2022 to ensure all patients attending our service are offered a pos tnatal visit (and sent a text reminder). This highlights the importance of family planning counselling occurring in the antenatal period, and administration of immediate post-partum contraception before leaving hospital where desired.

SUCCESSES AND ACHIEVEMENTS 2024

- Provision of free contraception by the Rotunda continued 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 who do not qualify under the scheme (under 17 years old or have no PPSN number).
- Focussed efforts were made to ensure all patients attending the service were offered the opportunity for antenatal counselling for family planning/ contraception, aided by the introduction of an MNCMS document on contraceptive counselling and a documented post-partum contraception plan.
- Continued offering of post-partum Implanon insertion on the postnatal ward and within the dedicated teenage postnatal clinic has been a huge success.
- Intrauterine contraceptive device insertion (typically Mirena coil) at the time of Caesarean section is also discussed antenatally and this is consented for in advance in the event of caesarean delivery (in the event of either elective or emergency caesarean delivery this can then be inserted). In April 2024 the position of medical social worker assigned to the Teen clinic was regraded from Basic grade to Senior Social Worker. This was due to the acknowledgment of the diverse range of complex medical and social needs experienced across the clinic and ensuring that an adequate level of support is provided to this vulnerable cohort of patents.

CHALLENGES 2024

- 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 pregnancy journey. Consultations with patients in our clinic are very variable but are typically 30 minutes or longer, despite the reduced number of patients attending in 2024, the complexity of this patient cohort is increasing year on year.
- Antenatal education is currently only available in English at the Rotunda hospital. 47% of patients attending our service are non-Irish, and English is not their first language. 1:1 antenatal education sessions are required and hugely beneficial for vulnerable patients with additional needs. However 1:1 education is extremely time consuming and this precious resource should be concentrated on those who have additional needs. Antenatal education classes should be available in languages other than English, specifically Romanian given the volume of patients attending The Rotunda from the Roma community.
- All information leaflets used frequently in the antenatal/intrapartum/postnatal setting should also be available in languages other than English.
- Attendance rates at our dedicated teenage postnatal clinic has continued to be challenging, we need to ensure 100% of patients are counselled antenatally regarding family planning options.
- Accessing training in Implanon/LARC insertion for the CMS Ms Debbie Browne has continued to be challenging. This is an issue nationally.

Obstetric Diabetes Service

Service Leads

Dr Maria Kenneally, Pre-pregnancy diabetes
Prof Fionnuala Breathnach, Gestational Diabetes
Dr Maria Byrne, Consultant Endocrinologist

Staff

Dr Mairead Crowley, Diabetes Specialist Registrar
Fleming Aileen, AMP
Duffy Elaine, CMM2
Caroline Kiernan, Staff Midwife
Indira Kuizon, Staff Nurse
Linto Antony, Staff Nurse
Hilary Devine, Clinical Specialist Dietitian
Laura Kelly, Dietitian Manager
Deirbhile Sherry, Senior 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. The contribution that each subtype of diabetes (type I, type II, 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.

This year marked the 10th year since separation of the Obstetric Diabetes service into a dedicated Gestational Diabetes service and a separate multidisciplinary clinic for women who require insulin (type I, Type 2 and insulin-requiring GDM patients). Concentrating the multidisciplinary in-person weekly service predominantly on the pregestational DM population 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 and indeed continue to steadily increase, 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. The majority of GDM women manage their (generally) minor aberrations in glucose metabolism through lifestyle interventions alone. A new protocol for the care of women with Gestational Diabetes was implemented during 2023, and was rolled out to all GDM-diagnosed public and private patients in January 2024. This report therefore reflects the first complete year of post-implementation data. 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 summarized in the following key points:

The Obstetric Diabetes service was involved in the care of 1,106 of the 8,324 women delivered during 2024, or **13.2%** 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 797/1106 **(72%)** of the Diabetes population.

**MODY = maturity-onset diabetes of the young*

***N.B. Activity data refer to number of patients delivered between Jan 1st 2024 and Dec 31st 2024 who were engaged in the Diabetes pathway, a proportion of whom will have entered the programme in 2023.*

TABLE 1: DIABETES CATEGORIES AND 10-YEAR CLINICAL ACTIVITY

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024**
Type 1	23	32	37	26	29	32	31	29	30	29
Type II	33	22	24	25	55	24	34	29	25	36
MODY*							5	3	5	2
GDM-diet	609	753	756	674	856	1040	1193	875	607	567 (54.6% of GDM)
GDM-metformin						52	27	103	247	230 (22.1% of GDM)
GDM-insulin	166	222	218	289	325	223	188	229	325	242 (23.3% of GDM)
Total	831	1029	1035	1014	1260	1371	1488	1268	1179	1106

Obstetric Diabetes Service

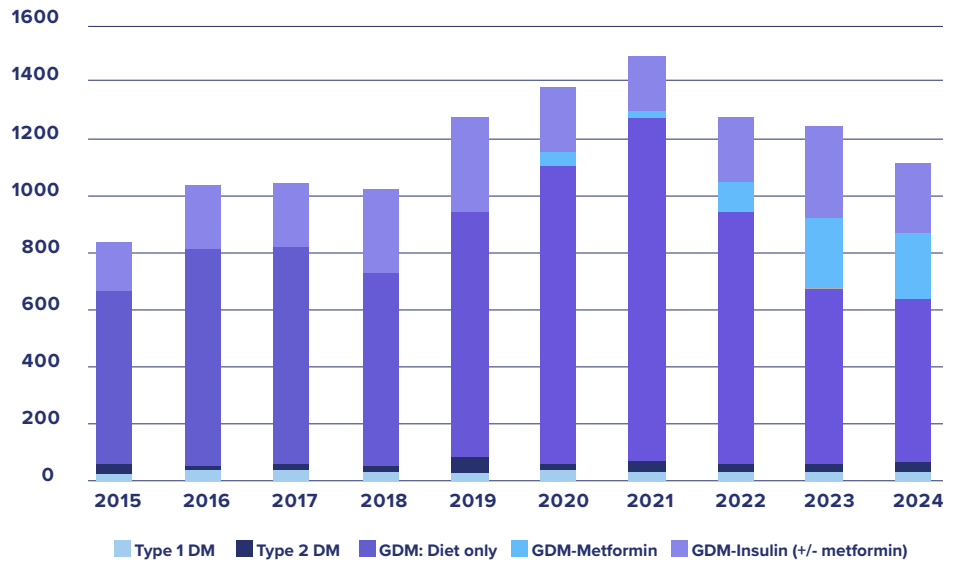


FIGURE 1: 10-YEAR TEMPORAL CHANGE IN DM PROFILE

2024: Type 1 (2.5%); Type 2 (2.5%), GDM diet-only (52%), GDM-metformin (21%), GDM-insulin (22%)

TABLE 2: PREGESTATIONAL DIABETES: MATERNAL CHARACTERISTICS

	TYPE 1	TYPE II and MODY
N	n=29	n=38
Mean Age 33.6 years (SD 5.5)	32.8 years (SD 5.5)	34.3 years (SD 5.5)
DM Complications: (Expressed in ongoing viable pregnancies)		
• Retinopathy	19/26 (73%)	10/34 (29%)
Metformin treatment		14/30 (47%)
Glucose sensor	25/26 (96%)	5/34 (15%)
Insulin pump	13/26* (50%)	5/34 (15%)
Mean HbA1c at booking/IFCC (mmols/l)	50.2	45.2
Mean HbA1c at delivery/IFCC (mmols/L)	44.0	36.2

**X pumps sensor-augmented*

TABLE 3: PREGESTATIONAL DIABETES: PERINATAL OUTCOME		
	TYPE 1	TYPE II and MODY
N	29	38
Fetal Loss (<24 weeks)	3/29 (10%)	4/38 (10%)
Preterm delivery 24+0 – 36+6 weeks*	7/26 (27%)	6/34 (18%)
Liveborn*	24/25 (96%)	32/32 (100%)
Stillbirth*	1/25 (4%)#	0/32
Neonatal death	0	0
Delivered Elsewhere*	1/26 (4%)	2/34 (6%)
Caesarean Delivery*	19/25 (76%)	21/32 (66%)
Postpartum haemorrhage >1L	4/25 (16%)	1/32 (3%)
Mean Gestational age at delivery	37.4 weeks (29 -39 wks)	38.6 weeks (34 – 40+4 wks)
Mean birthweight (g)	**3315g (1905 – 4600g)	**3088g (2270 -4310g)
Macrosomia ≥95th centile for gestation***	9/25 (36%)	5/32 (16%)
Shoulder dystocia	0	1/32 (3%)
NICU Admission	16/25 (64%)	8/32 (25%)

**Expressed per ongoing pregnancies (>1st trimester) delivered at the Rotunda*
#One term stillbirth occurred in a pregnancy complicated by lethal fetal lower urinary tract obstruction, identified in the mid-trimester and managed expectantly in accordance with patient wishes.
****Birthweight centiles calculated using FMF Birthweight Centile calculator*

PGDM NICU Admission

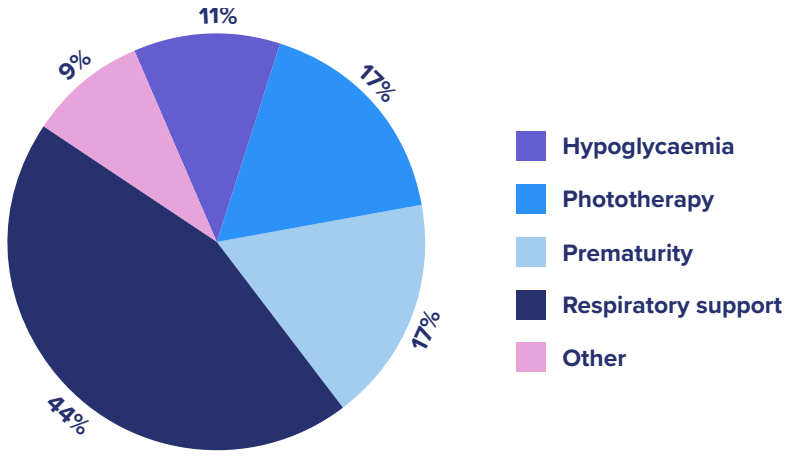


FIGURE 2: INDICATION FOR NICU ADMISSION AMONG PRE-GESTATIONAL DIABETES DELIVERIES (N=24)

Figure 2 footnote: PGDM = Pregestational diabetes mellitus
'Other': One baby with duodenal atresia, 3 babies admitted with clinical evidence of sepsis, 3 babies admitted for monitoring

TABLE 3: GESTATIONAL DIABETES (GDM):*			
	Diet only	Metformin	Insulin +/- Metformin
N	567/1039 (55%)	230/1039 (22%)	242/1039 (23%)
Stillbirth***	4/567 (0.7%)	1/230 (0.4%)	1/242 (0.4%)
Shoulder Dystocia	1/567 (1.8%)	1/230 (0.4%)	1/242 (0.4%)

**Table 3 footnote: Delivery outcomes are presented for the 1039 women with GDM who delivered between Jan 1stand Dec 31st 2024.*
***Delivery outcomes presented for pregnancies continuing >24 weeks' gestation*
****Stillbirths in GDM population: There were 4 stillbirths in the GDM population, 3 of which were significant for multiple fetal abnormalities (including one case of trisomy 18). One case of hydrops fetalis occurred in the insulin-treated group. A total of 2 cases of stillbirth of normally-formed infants occurred in the GDM population: One case in a diet-controlled pregnancy and one case in a woman who required metformin. For both stillbirths of normally-formed infants, postmortem examination returned a diagnosis of fetal vascular malperfusion.*

Mean birthweight in the Gestational Diabetes cohort was 3309g (+/- 507g)

Mode of Delivery for Gestational Diabetes cohort

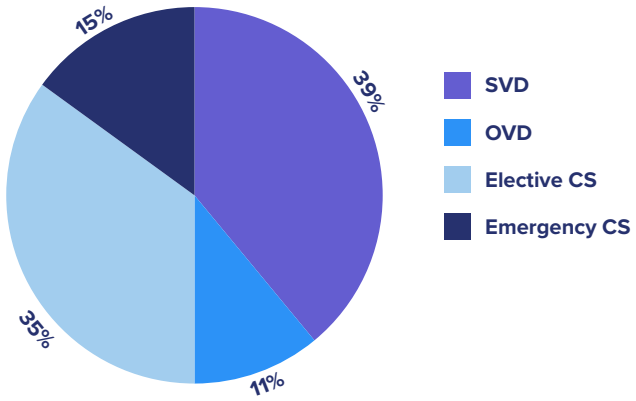


FIGURE 3: GESTATIONAL DIABETES AND MODE OF DELIVERY

SUCCESSES AND ACHIEVEMENTS

Enhancing Patient Care

- Enhanced glycaemic control has been observed in the Type I diabetes women using sensor-augmented pumps.
- No case of major congenital abnormality was missed in the PGDM group in 2024.
- Among 7 cases of perinatal death in the PGDM and GDM cohorts combined, two were of normally-formed infants, for an adjusted perinatal mortality rate of 1.8 per 1000 in the population for whom care is provided by the Obstetric Diabetes service.
- The introduction of a dietitian-led educational session for women commencing insulin resulted in a 20% reduction in the need for follow-up dietitian consultations in the diabetes group in 2024.

Innovation

The evidence-based protocolised programme for Gestational Diabetes care, developed over the last 3 years through the RCSI research department, was implemented universally for GDM patients across both public and private clinics in Q1 of 2024.The programme allows for the delivery of obstetric care to GDM patients through non-specialized 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 and 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
- Transfer of patients to specialist Obstetric Diabetes clinic in event that pre-defined criteria for insulin therapy are met.

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 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 is enrolled in a diploma programme for Diabetes Care at UCD
- Ms Aileen Fleming attained an Advanced Midwife Practitioner qualification

CHALLENGES 2024

- Consistent with international experience, we have observed a sustained increase in our Gestational Diabetes population, predominantly since 2014. This expanded GDM population now constitutes 1 in 7 of our pregnant patient cohort. The greatest challenge that the Obstetric Diabetes service faced in 2024 was meeting the needs of this population within current resources.
- Increasingly, women with type I diabetes are being managed with sensor-augmented pumps. Thirteen women with type I 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 2025

- An additional obstetric consultant, specialising in Maternal Fetal Medicine, will be appointed to contribute to the Obstetric Diabetes service.
- 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.
- Ongoing audit of Key Performance Indicators for these services will continue
- The work of this group has served to inform the drafting of new National Guidelines for care of Pregestational Diabetes and of Gestational Diabetes. These guidelines will be published in 2025.
- Postnatal screening for type 2 diabetes will transition from hospital-based to GP-provided care, and women with a diagnosis of GDM will be enrolled in a postpartum Diabetes Prevention programme through General Practice.

Infectious Diseases Service (DOVE)

Team

Prof. Maeve Eogan, Consultant Obstetrician and 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 Cara Gallagher, Drug and Alcohol Liaison Midwife
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

In 2024, 191 women booked for antenatal care, an increase of 10% from 2023 when 173 women attended.

Of those attending the service, 112 were serology positive (Fig 1):

- 32 women were positive for Hepatitis B surface antigen, similar to 2023.
- 30 women were positive for Hepatitis C antibody, an increase of 20% compared with 2023.
- 19 were positive for HIV infection, similar to 2023.
- 32 women had positive Syphilis serology, an increase of 33% compared to 2023.
- 2 women were co-infected with more than one blood borne infection.

In addition, 139 women availed of the service provided by the Drug Liaison Midwife in 2024.

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=80), Gonorrhoea (n=4), Mycoplasma Genitalium (n=13) and Trichomonas Vaginalis (n=12).

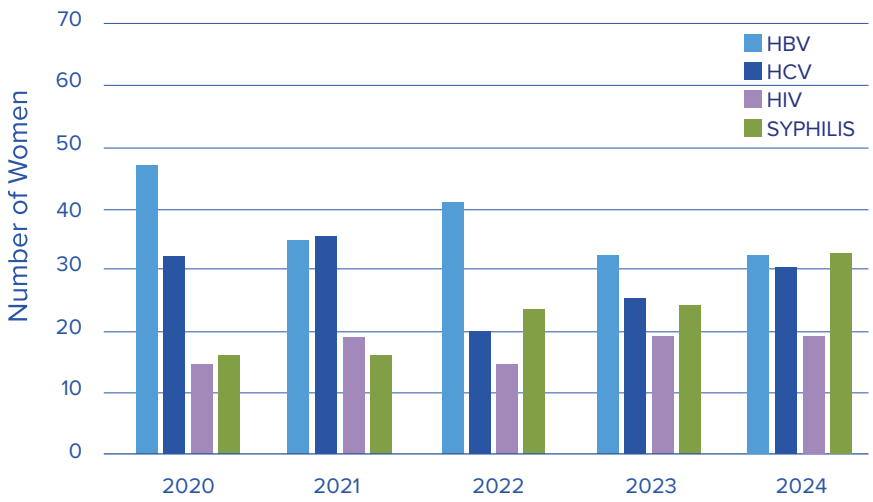


FIGURE 1: INFECTIOUS DISEASE SERVICE BOOKING BY YEAR

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.

TABLE 1: DELIVERIES TO HBV POSITIVE MOTHERS 2024	
Total Mothers Delivered <500g (incl. misc/TOP)	**0**
Total Mothers Delivered >500g	**29**
Live Infants (incl. 1 set twins)	30
Miscarriage	0
Stillbirths	0
Infants <37 weeks gestation	1
Infants ≥37 weeks gestation	29
Infants delivered by C. Section	14
Maternal Data (n=32 – 3 delivered elsewhere**)	
Median Age	35
Newly Diagnosed this pregnancy	5

** Delivered elsewhere/Returned to home country

TABLE 2 : DELIVERIES TO HCV POSITIVE MOTHERS 2024	
Total Mothers Delivered <500g (incl. misc/TOP)	**0**
Total Mothers Delivered >500g	**26**
Live Infants	26
Miscarriage	0
Stillbirths	0
Infants <37 weeks gestation	4
Infants ≥37 weeks gestation	22
Infants delivered by C. Section	15
Maternal Data (n=29 – 3 delivered elsewhere)**	
Median Age	34
Newly Diagnosed this pregnancy	1

** Delivered elsewhere/Returned to home country

TABLE 3 : DELIVERIES TO HIV POSITIVE MOTHERS 2024	
Total Mothers Delivered <500g (incl. misc/TOP)	**1**
Total Mothers Delivered >500g	**10**
Live Infants	11
Miscarriage	0
Stillbirths	0
Infants <37 weeks gestation	2
Infants ≥37 weeks gestation	9
Infants delivered by C. Section	7
Maternal Data (n=13 – 2 delivered elsewhere)**	
Median Age	34
Newly Diagnosed this pregnancy	0

** Delivered elsewhere/Returned to home country

TABLE 4 : DELIVERIES TO SYPHILIS POSITIVE MOTHERS 2024	
Total Mothers Delivered <500g (incl. misc/TOP)	**1**
Total Mothers Delivered >500g	**24**
Live Infants	24
Miscarriage	0
Stillbirths	1
Infants <37 weeks gestation	0
Infants ≥37 weeks gestation	24
Infants delivered by C. Section	12
Maternal Data (n=26 – 2 delivered elsewhere)**	
Median Age	30.5
Newly Diagnosed this pregnancy	11

** Delivered elsewhere/Returned to home country

DRUG LIAISON MIDWIFE (DLM) SERVICE

During 2024, 139 women were referred to the DLM service, including 22 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 2023, although a small reduction in the proportion on OST, in keeping with the changing patterns of addiction seen nationally. 69 women linked with the DLM delivered their babies in the Rotunda Hospital in 2024, with a further 5 women delivering elsewhere.

TABLE 4: DELIVERIES TO MOTHERS UNDER DLM SERVICE 2024	
Total Mothers Delivered >500g	**69**
Mothers on prescribed methadone programmes	**20**
Mothers on prescribed buprenorphine	2
HCV positive mothers	13
HIV positive mothers	1
Live Infants	69
Stillbirths	0
Infants <37 weeks gestation	13
Infants ≥37 weeks gestation	56
Infants delivered by C. Section	30
NICU admissions for NAS	12

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 2024, 60 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:

- 35 Discharge Safety Planning Meetings
- 33 Child Protection Case Conferences
- 6 babies placed in foster care under an Interim Care Order
- 6 babies placed in a foster care placement under a voluntary care order
- 1 baby was 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.
- 1 mother was admitted to a mother and baby unit/ parent assessment unit arranged by TUSLA
- 3 mothers returned to Prison with their babies

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 2024 a total of 139 infants and children attended the paediatric infectious disease clinic for monitoring and outcome.

Targeted screening for congenital CMV commenced at The Rotunda in April 2024 as part of a national 2-year pilot for early diagnosis of congenital CMV. Congenital CMV is the most frequent cause of non-genetic hearing loss in infants. Infants with congenital CMV who meet treatment criteria should commence antiviral ideally by age 4 weeks. The aim of the screening programme is to facilitate timely treatment initiation and maximise infant outcome, in particular hearing outcome.

The programme is linked with the national newborn hearing screening programme. Any infant with 'no clear response' unilaterally or bilaterally at the point of the newborn hearing screen is referred to the paediatric infectious disease service for a urine CMV to confirm or out rule congenital CMV.

In the 12 months April 2024 – April 2025, 48 infants were screened for congenital CMV at the Rotunda and there were no confirmed positive cases.

The screening programme is within the National Women and Infants Health Programme and National Clinical Programme for Paediatrics and Neonatology. Dr Ferguson was on the committee for the guideline development and is the Rotunda co-ordinator, data collator and national liaison. 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, this data will be presented separately, on a 5 year rolling basis rather to include in this report of key service activity.

SUCCESSES AND ACHIEVEMENTS 2024

Education and 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 2024 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. Dr Ferguson is on a rota with her Dublin based paediatric ID and microbiology consultants for delivery of teaching sessions to paediatric infectious disease and microbiology NCHDs.

Enhancing Patient Care

The collaboration with Safetynet to provide onsite vaccination in the DOVE clinic paused in 2024, although the clinic continues to focus 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.

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.

We were delighted to work closely with Carol Guinan, inclusion health midwife in 2024 and were proud to be in receipt of some funding from NWIHP to purchase self care packs for maternity patients, something which was only available on an ad-hoc basis to date. We look forward to delivering these in a more strategic way to expectant and postpartum women in 2025.

CHALLENGES 2024

Data from 2024 and previous years identifies an increasing prevalence of positive syphilis serology, 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 both to ensure appropriate maternal treatment and to mitigate the risk of mother to child transmission.

It is also interesting to note an increase in proportion of women presenting with positive HCV serology – this may be a result of the introduction of routine antenatal screening for HCV, rather than representing an absolute increase in prevalence.

As previously, access to inpatient stabilisation services for pregnant women with opiate and benzodiazepine addiction, remains insufficient. 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.

PLANS FOR 2025

The DOVE team look forward to the outpatient relocation to Hampson House, which will enable us to further develop service provision. We really hope to explore further opportunities to enhance vaccination uptake, including being in a position to offer onsite vaccination.

We had explored the possibility of point of care testing for alcohol and drugs of abuse in 2024, but this was paused for financial reasons. We hope to reopen discussions in this regard in 2025.

In conjunction with the Medicines in Pregnancy service, we aim to develop some accessible patient resources on cannabis in pregnancy and breastfeeding. This topic is frequently discussed and it is imperative that we have quality information available for staff and patients alike.

We aim to streamline collection of relevant clinical metrics from the DOVE service in 2025, it is important that data collection is relevant to inform service provision and development. Many thanks to Cara Gallagher, Mairead Lawless, Richard Drew and Valerie Jackson for their significant contributions in this regard.

We look forward to contributing to other ongoing inclusion health initiatives, it is vital that all care is responsive to peoples' needs and leaves nobody behind.

Epilepsy Service

Lead Consultant
Dr Nicola Maher

Staff
Sinead Murphy, Advanced Nurse Practitioner
Dr Yasmine Abushara, Registrar
Dr Albulena Dervari, Registrar

Tailored care for women with epilepsy has long been in place at the Rotunda hospital. The clinic initially set up by Dr Mary Holohan is now well embedded in the maternal medicine service. The service provides both pre pregnancy and antenatal care to women with epilepsy or a history of epilepsy. The aim is to ensure patients are well informed to enable shared care decision making before and during pregnancy that facilitates optimal care for mother and baby.

The epilepsy clinic is led by Dr Nicola Maher and Sinead Murphy ANP. Given the nature of demographics within obstetric services, patients who attend a wide geographical distribution of neurology services attend the clinic. Their epilepsy care is primarily led by the Rotunda service during their pregnancy, closely liaising with their local teaMs In this way the burden of hospital appointments is reduced for patients, serum therapeutic drug levels can be performed and acted on in a timely fashion, while maintaining the link to escalate care if needed.

Epilepsy is one of the most common chronic neurological disorders affecting 0.5% of women of child bearing age. The legacy of harmful effects of older medications means many women with epilepsy are often understandably anxious about the effects of their treatment on their babies. Providing balanced information to all women who attend the service is a key focus enabling shared decision making. The epilepsy service links closely with the Irish Medicines in Pregnancy Service at the Rotunda to enable the team at clinic provide the most up to date medicines information to patients. While many pregnancy outcomes are unaffected by epilepsy, the risks of untreated epilepsy or suboptimal treatment of epilepsy in pregnancy and during the postpartum period has been well documented by MBRRACE reports and other maternal morbidity studies. It is recommended that conversations about pregnancy or potential pregnancy should happen early and frequently in women's lives and consistent messaging about pregnancy for women with epilepsy should be provided. The Rotunda Epilepsy clinic is well placed to provide tailored pre pregnancy counselling and advice due to its multidisciplinary nature.

Epilepsy is considered to be resolved for women who have remained seizure free for ten years and not treated with medication at least the last five years. While the majority of patients attending are taking single antiepilepsy medications, there are smaller numbers of women who required dual agent antiseizure medication or rarely triple agents to manage their condition. Women also attend who in some cases are no longer taking medication but do not yet meet the threshold diagnosis of remission of epilepsy. Shared decision making and developing a supportive relationship while ensuring patients are well informed is key to the clinic ethos and encourages engagement with the service.

CLINICAL ACTIVITY

A total of 145 women attended the epilepsy clinic in 2024 –102 of these patients attending were considered to have a current diagnosis of epilepsy and received regular care from the epilepsy nurse specialist, the majority of which involved in person consultations. Telemedicine was also a helpful tool for some patients. A further 39 patients were seen who either had childhood epilepsy, resolved epilepsy or in some cases had a non-epilepsy diagnosis. The majority of these patients received single consultations to confirm their diagnosis and where appropriate were reminded of the low risk of seizure recurrence in pregnancy and measures to reduce this risk.

CHALLENGES 2024

The clinical activity continued to grow in 2024 and demands on the nurse led service increased. All patients are offered a minimum of one visit per trimester. In a small minority of cases a complex epilepsy diagnosis was evident and referral onward to a neurology clinic was warranted.

While 6 patients were offered appointments for pre pregnancy counselling during 2023 only 2 attended. However it appears that appointments offered in an obstetric clinic following referral from their neurology team is not being accepted by many patients. The reasons for this are uncertain.

Challenges continue to exist where women are treated with the newer antiseizure medication. In most cases where newer agents are used it is because of suboptimal results with previous treatments or side effects necessitating a change in medication. Communication of medication safety information where data albeit limited is reassuring, can be challenging. As these newer agents usage continue to grow it is imperative that this data is collected to help inform patients and their clinicians. Nationally reinstatement of the epilepsy in pregnancy register is of paramount importance to provide national data and support decision making.

SUCCESSES AND ACHIEVEMENTS 2024

Expansion of therapeutic drug monitoring to include all antiseizure medications was enabled in 2024. This is an essential safety tool in pregnancy, where increased clearance and drug dilution can be responsible for seizure occurrence.

PLANS FOR 2025

It is hoped that in 2025 a consultant neurologist will be appointed to the epilepsy service in the Rotunda and will work jointly across the Mater and Rotunda sites, provided primarily care to women with epilepsy and also general neurology consultations where required for other neurological conditions. It is hoped that this post will facilitate reinstatement of the national epilepsy in pregnancy register which is of paramount importance to provide national data and support decision making.

Perinatal Mental Health Service

Head of Service

Dr Richard Duffy, Consultant Psychiatrist.

Staff

Dr Ana Clarke, Consultant Psychiatrist.
Ms Ursula Nagle, Advanced Midwife Practitioner in Perinatal Mental Health (PMH).
Dr Jillian Doyle, Senior Clinical Psychologist.
Ms Stefanie Fobo, Senior Mental Health Social Worker.
Ms Róisín Walsh, Senior Occupational Therapist.
Ms Jeanne Masterson, Clinical Midwife Specialist in PMH.
Ms Rachel Dopamu, Clinical Midwife Specialist in PMH.
Ms Leanne O'Neill, Clinical Nurse Specialist in PMH.
MsJulia Daly, Clinical Nurse Specialist in PMH.
Ms Shinead Brown, Clinical Nurse Specialist in PMH.
Dr Ailbhe Doherty, Higher Specialist Trainee in Psychiatry
Dr Andrew Gribben, Higher Specialist Trainee in Psychiatry
Ms Eithne Kinsella, Administrator.
Ms Hannah Rogers, Administrator

SERVICE OVERVIEW

The Specialist Perinatal Mental Health Service (SPMHS) provides mental healthcare for people attending the Rotunda Hospital 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 2024, we have continued to see a high demand for our service. We received 2313 internal referral and received 5105 phone calls. Our external referrals, from GPs and Community Mental Health Teams, was our largest area of growth with 640 referrals, representing a 43% increase from 2023. In 2024, there were 7513 appointments offered to individuals attending our service, this is a slight reduction on the 7871 seen in 2023. There were 1632 attendances at groups, an increase of 17% from 2023. We continue to run six different groups: Baby Massage, Emotional well-being, Me as Mom, Me to Mom, Birth empowerment and a post-natal depression group.

SUCCESSFUL ACHIEVEMENTS 2024

There have been a number of innovations during 2024. Dr Jillian Doyle, partnered with the centre of Global Health in Trinity College Dublin (TCD), and was successful in securing funding from the Women's Health Fund and the Rotunda Foundation to evaluate the Rotunda's alignment with trauma informed care principles and to design training for staff in the Rotunda. This project will run throughout 2025 and 2026.

The psychological birth trauma clinic is now well-established as a collaborative multidisciplinary clinic facilitated by SPMHS. It represents the gold standard of trauma

care nationally, delivering multiple trauma specific treatment modalities. During 2024, 69 women were offered appointments by the service.

Ms Masterson and Ms O'Neill have continued their excellent work engaging members of the travelling community. They held multiple community perinatal mental health groups for Traveller women (in Coolock and Finglas) in collaboration with Exchange House Ireland, the National Traveller Service.

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. We have partnered with the school of nursing and midwifery in TCD to develop a micro credential in psychological birth trauma and this proposal has been accepted. To support this work Dr Duffy is undertaking Masters in Medical Education.

Ms Masterson completed her prescribing course and is undertaking training in eye movement desensitisation and reprocessing (EMDR) to support the work of the trauma clinic. Multiple members of the team have undertaken training in compassion focused therapy. Our social worker Ms Fobo has completed training in Circle of Security, this parenting intervention helps parents build strong, secure relationships with their infants. This will hopefully allow us to expand the infant mental health work we do.

Research

Dr Ralph Towmey complete his research into paternal mental health, we hope to publish his findings in 2025 and the results have already fed into the revision of the model of care for perinatal mental health. Dr Ailbhe Doherty also completed her research into EMDR and this will be published in early 2025. This demonstrated the high level of acceptability and effectiveness of the intervention. Dr Anisha Bhawagan has under taken a qualitative piece of research to describe the experiences of women who have had traumatic births which we hope to complete this in early 2025.

We are very excited about our future cooperation with TCD attempting to apply trauma informed care principles in the context of the Rotunda. We hope that this will allow the Rotunda to take the lead nationally in defining and demonstrating what a trauma informed care looks like in a maternity hospital setting.

Challenges

The key challenges to address in 2025 will be ensuring a smooth transition to Hampson House. While we will have many fond memories of the Sheridan Suite, the purpose build department in Hampson House will greatly improve the quality of service which can be delivered to women and their families.

The increase in external referrals reflects an increase in the complexity and acuity of the individuals attending our service. In 2025 we will need to refine how we accept and process referrals to ensure that we can manage the caseload that comes through our service. In contrast to other hospitals we have continued to deliver a service up to one year post-natal, despite being the most under resourced hub site. We hope to continue this level of service but will need to carefully consider who we see and what we provide to ensure that we are addressing the areas of greatest need that cannot be met outside of our service.

PLANS FOR 2025

In 2025 our service will continue to provide input, at a national level, into both the revision of the model of care for perinatal mental health services and the national data collection project with the centre for perinatal epidemiology in University College Cork. We hope that our work on the model of care will ensure that perinatal mental health services are provided based on number of births and the level of social deviation.

Ms Daly will qualify as a psychosexual and relationship therapist in 2025 and will greatly enhance the service we can provide. This could potentially meet a significant need within the broader hospital.

We are excited to develop out broader trauma focused work with the trauma informed care project and the development of the micro credential in psychological birth trauma.

Labour and Delivery

Head of Service
Dr Etaoin Kent, Consultant Obstetrician and Gynaecologist

Clinical Midwife Manager
Ms Fiona Walsh

SERVICE OVERVIEW

2024 saw continued very high activity on the Labour and Delivery Suite in the Rotunda. A total of 8457 babies >500g were delivered over the year which was relatively unchanged from the 2023 figures which saw 8442 babies delivered. This continued high level of activity presented ongoing challenges to the staff on the unit. To provide safe and professional care for this number of women in an 11-bedded Delivery Suite is consistently challenging. Despite the space and staffing constraints the clinical outcomes for mothers and babies are excellent. This is thanks to the very high standards of clinical practice and care provided by the midwifery and obstetric staff in the Rotunda.

There is a constant focus on Education and Training within the Labour and Delivery Unit for both Midwives and Clinicians. The Rotunda has a very well developed training programme for management of emergencies such as shoulder dystocia, PPH, eclampsia ('RHOET; Rotunda Hospital Obstetric Emergency Training). All midwives, Obstetricians and Anaesthetists are afforded the opportunity to attend this training programme which is run monthly. Funding from both NWIHP and the Rotunda Foundation over the past few years has been very helpful to purchase simulation equipment to enhance this training. In addition to this, we run a weekly Labour and Delivery meeting to review individual cases with a focus on CTG interpretation and management of labour. These measures are vital in ensuring continued high standards of care on Labour and Delivery.

PPH prevention continues to be a major focus of attention as we acknowledge our relatively high rates of PPH. A taskforce established in 2022 implemented a risk assessment tool to stratify women's PPH risk. Going forward, work is ongoing to evaluate the use of carbetocin in select groups at higher risk of PPH and also evaluating the routine use of syntometrine rather than syntocinon. It is anticipated that changes to our PPH prophylactic regimens will come into effect in 2025.

TABLE 1: LABOUR AND DELIVERY OUTCOMES IN 2024	
Number of Deliveries	8,457
Spontaneous Vaginal Delivery	43%
Operative Vaginal Delivery	16%
Caesarean Section	41%
Induction of Labour	39%

CAESAREAN SECTION

Our Caesarean section rate has remained relatively stable over the past few years; the overall rate for 2024 was 41%, a slight increase from the previous year but not statistically significant. The Robson groups enable us to evaluate what the main drivers of our Caesarean section rate are and we review this on a monthly basis in the hospital. There were no major changes in CSrates within the groups when com[paring 2024 with previous years. The CS rate in Group 1 was slightly lower than 2023 and in Group 2b slightly higher but when evaluating trends over the past 5 years there was no significant change.

What is most interesting is to evaluate the relative contribution of each group to the overall CS rate. When the number of CS in each group are expressed as a percentage if the overall number of CS in the hospital we can see that the rates are as follows:

- Group 1: 4.6%
- Group 2: 33.1%
- Group 3: 0.6%
- Group 4: 6.9%
- Group 5: 35.1%
- Group 6: 5.1%
- Group 7: 3.6%
- Group 8: 2.8%
- Group 9: 0.7%
- Group 10: 7.6%

When looking at the figures in this way it is very clear that by far the largest contributors to our overall CS rate are groups 2 (nulliparous, single, cephalic, labour induced or CS before labour) and group 5 (single, cephalic, 1 or more prior CS). It is unlikely that the size of these groups with change significantly in the future so it is imperative that we ensure the rates of CS within these groups don't increase. With regard to women with a prior CS, we aim to encourage and support women to opt for a trial of labour if they are suitable for this but we also acknowledge that patients have the right to choose a planned CS in this context and as women are having smaller families and with a high emphasis on a controlled safe delivery this bus the option that a very large number of women in this cohort choose.

Caesarean Delivery at full dilatation

In 2024 there were 81 women who required delivery at full dilatation. Of these 13 (16%) were multiparous, 2 of these pregnancies were the result IVF. Of the 13 multiparous women, 6 had a prior LSCS delivery. In all cases there was senior involvement in the decision process and the delivery was conducted by a senior person either directly or assisting with the delivery.

The fetal position was direct OP in 6 cases, OT in 4 cases and OA in 3 cases. When the station allowed consideration for an assisted vaginal delivery (5 women), this was attempted in 4 out of the 5 cases. One woman refused an assisted delivery. The indication for the delivery was fetal distress in 6 cases. There was no scalp sample performed at full dilatation in any of the cases. If the reason for performing a fetal scalp pH is to get reassurance about the fetal status, it may be reasonable to consider it in cases where the woman wishes to deliver vaginally.

Induction of Labour

As with our CS rates we audit of rates of IOL on a monthly basis, looking at indications for IOL and outcomes. When looking at the figures for 2024 the overall rate of induction of labour, while high, has not significantly increased from previous years with 39% of women having labour induced. It is very reassuring to see that the overall rate of CS within this cohort has also remained stable at 24%.

Indications for IOL are outlined in table 6 and compared to the figures for 2023. The only significant change within this is an increase from 11% to 18% in 'Post Dates' as the indication for IOL. This reflects a change in policy within the hospital, and in keeping with the National Guideline from NWHIP, to offer indication from 41 weeks to women who go past their due date. Previously we offered induction at 40 + 10-12 days in these circumstances. With research now showing increased rates of still birth and other adverse outlines when pregnancies progress beyond 41 weeks our policy has changed. However we don't mandate that women deliver by 41 weeks and are happy to support women who wish to await spontaneous labour beyond 41 weeks as long as we out a plan for increased fetal monitoring in place.

We conducted an audit in 2024 to ensure our indications for induction were compliant with local and national guidelines. We found very high rates of compliance with only a very small number of inductions that were not clinically indicated. We continue to offer outpatient induction of labour to low risk women and will aim to increase the number of women availing of this option as it provides high patient satisfaction and also improves workflows within the prenatal ward and labour and delivery suite.

PLANS FOR 2025

- 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.
- PPH: Ongoing work by the PPH prevention group looking at risk factors and bringing in changes to the uetrotonics used for routine PPH prophylaxis.

Group 1
Nulliparous, single cephalic pregnancy, at ≥37 weeks' gestation, in spontaneous labour.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTALS
Total women delivered in Group 1 (n)	**91**	**79**	**105**	**81**	**91**	**73**	**95**	**117**	**108**	**100**	**101**	**99**	**1140**
Total CS in Group 1 (n)	**9**	**8**	**16**	**12**	**14**	**14**	**16**	**10**	**15**	**13**	**18**	**13**	**158**
Relative size of Group 1 (%)	12.5%	13.1%	15.2%	12.1%	13.2%	11.2%	12.6%	15.8%	15.8%	13.3%	14.2%	15.0%	**13.7%**
Group 1 CS rate (%)	9.9%	10.1%	15.2%	14.8%	15.4%	19.2%	16.8%	8.5%	13.9%	13.0%	17.8%	13.1%	**13.9%**
Absolute contribution of Group 1 to Hospital CS rate (%)	1.2%	1.3%	2.3%	1.8%	2.0%	2.2%	2.1%	1.3%	2.2%	1.7%	2.5%	2.0%	**1.9%**
Relative contribution of Group 1 to Hospital CS rate (%)	3.0%	3.2%	5.5%	4.4%	4.8%	5.3%	4.9%	3.4%	5.5%	4.2%	6.5%	4.9%	**4.6%**

Group 2
Nulliparous, single cephalic pregnancy, ≥37 weeks' gestation, either had labour induced or delivered by CS before labour.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTALS
Total women delivered in Group 2 (n)	**183**	**171**	**177**	**195**	**189**	**186**	**213**	**194**	**182**	**215**	**189**	**189**	**2283**
Total CS in Group 2 (n)	**83**	**82**	**95**	**98**	**95**	**98**	**102**	**99**	**88**	**105**	**98**	**88**	**1131**
Relative size of Group 2 (%)	25.2%	28.3%	25.7%	29.2%	27.4%	28.6%	28.4%	26.2%	26.6%	28.6%	26.7%	28.7%	**27.4%**
Group 2 CS rate (%)	45.4%	48.0%	53.7%	50.3%	50.3%	52.7%	47.9%	51.0%	48.4%	48.8%	51.9%	46.6%	**49.5%**
Absolute contribution of Group 2 to Hospital CS rate (%)	11.4%	13.6%	13.8%	14.7%	13.8%	15.1%	13.6%	13.4%	12.8%	14.0%	13.8%	13.4%	**13.6%**
Relative contribution of Group 2 to Hospital CS rate (%)	27.7%	32.8%	32.6%	35.9%	32.4%	37.1%	31.5%	33.9%	32.5%	33.5%	35.1%	32.8%	**33.1%**

Group 3
Multiparous, no previous uterine scar, single cephalic, ≥37 weeks' gestation, in spontaneous labour.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTALS
Total women delivered in Group 3 (n)	**118**	**92**	**101**	**108**	**97**	**94**	**111**	**106**	**96**	**115**	**126**	**92**	**1256**
Total CS in Group 3 (n)	**1**	**2**	**0**	**1**	**1**	**1**	**4**	**3**	**0**	**4**	**1**	**1**	**19**
Relative size of Group 3 (%)	16.2%	15.2%	14.7%	16.2%	14.1%	14.5%	14.8%	14.3%	14.0%	15.3%	17.8%	14.0%	**15.1%**
Group 3 CS rate (%)	0.8%	2.2%	0.0%	0.9%	1.0%	1.1%	3.6%	2.8%	0.0%	3.5%	0.8%	1.1%	**1.5%**
Absolute contribution of Group 3 to Hospital CS rate (%)	0.1%	0.3%	0.0%	0.1%	0.1%	0.2%	0.5%	0.4%	0.0%	0.5%	0.1%	0.2%	**0.2%**
Relative contribution of Group 3 to Hospital CS rate (%)	0.3%	0.8%	0.0%	0.4%	0.3%	0.4%	1.2%	1.0%	0.0%	1.3%	0.4%	0.4%	**0.6%**

Group 4
Multiparous, no previous uterine scar, single cephalic, ≥37 weeks, either had labour induced or delivered by CS before labour

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
Total women delivered in Group 4 (n)	**112**	**85**	**111**	**113**	**117**	**126**	**127**	**124**	**118**	**121**	**107**	**97**	**1358**
Total CS in Group 4 (n)	**22**	**18**	**16**	**16**	**20**	**21**	**26**	**23**	**15**	**25**	**14**	**19**	**235**
Relative size of Group 4 (%)	15.4%	14.1%	16.1%	16.9%	17.0%	19.4%	16.9%	16.7%	17.2%	16.1%	15.1%	14.7%	**16.3%**
Group 4 CS rate (%)	19.6%	21.2%	14.4%	14.2%	17.1%	16.7%	20.5%	18.5%	12.7%	20.7%	13.1%	19.6%	**17.3%**
Absolute contribution of Group 4 to Hospital CS rate (%)	3.0%	3.0%	2.3%	2.4%	2.9%	3.2%	3.5%	3.1%	2.2%	3.3%	2.0%	2.9%	**2.8%**
Relative contribution of Group 4 to Hospital CS rate (%)	7.3%	7.2%	5.5%	5.9%	6.8%	8.0%	8.0%	7.9%	5.5%	8.0%	5.0%	7.1%	**6.9%**

Group 5
All multiparous women with at least one previous uterine scar, single cephalic pregnancy, ≥37 weeks' gestation.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
Total women delivered in Group 5 (n)	**126**	**112**	**117**	**91**	**116**	**92**	**121**	**117**	**115**	**117**	**117**	**102**	**1343**
Total CS in Group 5 (n)	**114**	**100**	**102**	**81**	**107**	**77**	**110**	**104**	**106**	**105**	**101**	**93**	**1200**
Relative size of Group 5 (%)	17.3%	18.5%	17.0%	13.6%	16.8%	14.2%	16.1%	15.8%	16.8%	15.6%	16.5%	15.5%	**16.1%**
Group 5 CS rate (%)	90.5%	89.3%	87.2%	89.0%	92.2%	83.7%	90.9%	88.9%	92.2%	89.7%	86.3%	91.2%	**89.4%**
Absolute contribution of Group 5 to Hospital CS rate (%)	15.7%	16.6%	14.8%	12.1%	15.5%	11.8%	14.6%	14.0%	15.5%	14.0%	14.2%	14.1%	**14.4%**
Relative contribution of Group 5 to Hospital CS rate (%)	38.0%	40.0%	35.1%	29.7%	36.5%	29.2%	34.0%	35.6%	39.1%	33.5%	36.2%	34.7%	**35.1%**

Group 6
All multiparous women with a single breech pregnancy.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
Total women delivered in Group 6 (n)	**22**	**12**	**16**	**12**	**14**	**15**	**18**	**17**	**17**	**16**	**12**	**17**	**188**
Total CS in Group 6 (n)	**20**	**12**	**16**	**11**	**11**	**14**	**18**	**15**	**17**	**15**	**12**	**15**	**176**
Relative size of Group 6 (%)	3.0%	2.0%	2.3%	1.8%	2.0%	2.3%	2.4%	2.3%	19.0%	2.1%	1.7%	2.6%	**2.3%**
Group 6 CS rate (%)	90.9%	100.0%	100.0%	91.7%	78.6%	93.3%	100.0%	88.2%	100.0%	93.8%	100.0%	88.2%	**93.6%**
Absolute contribution of Group 6 to Hospital CS rate (%)	2.8%	2.0%	2.3%	1.6%	1.6%	2.2%	2.4%	2.0%	2.5%	2.0%	1.7%	2.3%	**2.1%**
Relative contribution of Group 6 to Hospital CS rate (%)	6.7%	4.8%	5.5%	4.0%	3.8%	5.3%	5.6%	5.1%	6.3%	4.8%	4.3%	5.6%	**5.1%**

Group 7
All multiparous women with a single breech pregnancy, including women with previous uterine scars.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
Total women delivered in Group 7 (n)	**13**	**12**	**11**	**14**	**12**	**9**	**14**	**12**	**9**	**7**	**8**	**11**	**132**
Total CS in Group 7 (n)	**13**	**11**	**11**	**13**	**11**	**8**	**11**	**11**	**7**	**7**	**8**	**11**	**122**
Relative size of Group 7 (%)	1.8%	2.0%	1.6%	2.1%	1.7%	1.4%	1.9%	1.6%	1.3%	0.9%	1.1%	1.7%	**1.6%**
Group 7 CS rate (%)	100.0%	91.7%	100.0%	92.9%	91.7%	88.9%	78.6%	91.7%	77.8%	100.0%	100.0%	100.0%	**92.4%**
Absolute contribution of Group 7 to Hospital CS rate (%)	1.8%	1.8%	1.6%	1.9%	1.6%	1.2%	1.5%	1.5%	1.0%	0.9%	1.1%	1.7%	**1.5%**
Relative contribution of Group 7 to Hospital CS rate (%)	4.3%	4.4%	3.8%	4.8%	3.8%	3.0%	3.4%	3.8%	2.6%	2.2%	2.9%	4.1%	**3.6%**

Group 8
All women with multiple pregnancies, including women with previous uterine scars.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTALS
Total women delivered in Group 8 (n)	**15**	**10**	**11**	**9**	**16**	**10**	**15**	**13**	**7**	**11**	**13**	**8**	**138**
Total CS in Group 8 (n)	**11**	**7**	**9**	**7**	**8**	**6**	**11**	**8**	**5**	**10**	**9**	**3**	**94**
Relative size of Group 8 (%)	2.1%	1.7%	1.6%	1.3%	2.3%	1.5%	2.0%	1.8%	1.0%	1.5%	1.8%	1.2%	**1.7%**
Group 8 CS rate (%)	73.3%	70.0%	81.8%	77.8%	50.0%	60.0%	73.3%	61.5%	71.4%	90.9%	69.2%	37.5%	**68.1%**
Absolute contribution of Group 8 to Hospital CS rate (%)	1.5%	1.2%	1.3%	1.0%	1.2%	0.9%	1.5%	1.1%	0.7%	1.3%	1.3%	0.5%	**1.1%**
Relative contribution of Group 8 to Hospital CS rate (%)	3.7%	2.8%	3.1%	2.6%	2.7%	2.3%	3.4%	2.7%	1.8%	3.2%	3.2%	1.1%	**2.8%**

Group 9
All women with a single pregnancy with a transverse or oblique lie, including women with previous uterine scars.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
9.1 Total women delivered in Group 9 (n)	**4**	**0**	**1**	**4**	**1**	**0**	**3**	**5**	**0**	**1**	**2**	**2**	**23**
9.2 Total CS in Group 9 (n)	**4**	**0**	**1**	**4**	**1**	**0**	**3**	**5**	**0**	**1**	**2**	**2**	**23**
Relative size of Group 9 (%)	0.6%	0.0%	0.1%	0.6%	0.1%	0.0%	0.4%	0.7%	0.0%	0.1%	0.3%	0.3%	**0.3%**
Group 9 CS rate (%)	100.0%	#DIV/0!	100.0%	100.0%	100.0%	#DIV/0!	100.0%	100.0%	#DIV/0!	100.0%	100.0%	100.0%	**100.0%**
Absolute contribution of Group 9 to Hospital CS rate (%)	0.6%	0.0%	0.1%	0.6%	0.1%	0.0%	0.4%	0.7%	0.0%	0.1%	0.3%	0.3%	**0.3%**
Relative contribution of Group 9 to Hospital CS rate (%)	1.3%	0.0%	0.3%	1.5%	0.3%	0.0%	0.9%	1.7%	0.0%	0.3%	0.7%	0.7%	**0.7%**

Group 10
All women with a single cephalic pregnancy, <37 weeks' gestation, including women with previous uterine scars.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTALS
10.1 Total women delivered in Group 10 (n)	**43**	**31**	**39**	**41**	**36**	**45**	**34**	**36**	**33**	**49**	**34**	**42**	**463**
10.2 Total CS in Group 10 (n)	**23**	**10**	**25**	**30**	**25**	**25**	**23**	**14**	**18**	**28**	**16**	**23**	**260**
Relative size of Group 10 (%)	5.9%	5.1%	5.7%	6.1%	5.2%	6.9%	4.5%	4.9%	4.8%	6.5%	4.8%	6.4%	**5.6%**
Group 10 CS rate (%)	53.5%	32.3%	64.1%	73.2%	69.4%	55.6%	67.6%	38.9%	54.5%	57.1%	47.1%	54.8%	**56.2%**
Absolute contribution of Group 10 to Hospital CS rate (%)	3.2%	1.7%	3.6%	4.5%	3.6%	3.8%	3.1%	1.9%	2.6%	3.7%	2.3%	3.5%	**3.1%**
Relative contribution of Group 10 to Hospital CS rate (%)	7.7%	4.0%	8.6%	11.0%	8.5%	9.5%	7.1%	4.8%	6.6%	8.9%	5.7%	8.6%	**7.6%**

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 Ryan Howle
Dr Craig Delavari
Dr Rana Sadiq (locum)

SERVICE OVERVIEW

The Department of Anaesthesiology provided care for over 3400 caesarean deliveries in 2024. Neuraxial blocks for labouring women totalled 3851. Anaesthesia for 2162 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 2024, increasing numbers on an already record year in 2023. In addition, nearly 3000 patients were seen for outpatient consultations, either in person or via telemedicine, in specialist anaesthesiology clinics during 2024.

CLINICAL ACTIVITY

An integrated pain management service is provided for labouring mothers on a twenty-four 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.

Remifentanil 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 47 patients received remifentanil pain relief in labour in 2024, more than double the figure for

2023. Remifentanil 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, twenty-four 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 3851 patients received neuraxial blockade for labour analgesia in 2024, the majority of which were epidurals.. 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 2024		
Nulliparous	2184	(80% of labouring nulliparae)
Multiparous	1667	(20% of labouring multiparae)
Total	**3851**	

Post Dural Puncture Headache (PDPH)

In 2024, a total of 38 women were reviewed for headaches following a neuraxial procedure, 18 of whom had an epidural, 18 of whom had received a spinal and 2 of who had a combined spinal epidural. A total of 17 women had at least one epidural blood patch procedure as part of their treatment for PDPH and the remaining patients were managed conservatively. All of these women were offered an appointment at the Postnatal Post Anaesthesia Clinic. The Postnatal Post Anaesthesia Clinic offered appointments to 55 women in total and reviewed patients who had post dural puncture headaches, who had complex anaesthesia requirements and who were referred via the Birth Reflections Service.

Anaesthesia for Caesarean Delivery

There were 3419 caesarean deliveries in 2024. 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 202 overall had a general anaesthetic as the primary option or following failure of an epidural or spinal anaesthetic from 3419 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 2024				
	Elective	%	Emergency	%
Spinal	1712	93.724%	746	47%
General	56	3%	146	9.2%
Epidural	8	0.443%	637	40%
Spinal/Epidural - CSE	41	2.24%	31	1.9%
General/Spinal/Epidural*	11	0.6%	31	1.90.9%
Uncategorised	0		0	
Total	**1828**		**1591**	

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

Outpatient obstetric clinics

Over 1300 obstetric patients were reviewed in anaesthesiology clinics during 2024. 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 98 patients in 2024. Dr Ryan Howle joined this service in 2024

Hampson House Relocation

The new outpatient clinic relocation to Hampson House, along with an increase in consultant staffing, allowed the department to increase its outpatient activity. It now runs clinics 4 days a week, this allows us to operate a clinic alongside maternal medicine and specialist cardiac obstetric clinics.

Gynaecology

More than 2160 gynaecology procedures were carried out in the operating theatres during 2024. . Day case procedures form the majority of these cases.

The Pre-assessment service has dealt with a significant increase in volume of referrals without additional staff. We are grateful of the dedication and effort of our nursing colleagues: Sinead Corbett and Esther McWilliams in this regard. We continue to monitor the workload requirement of our expanding services.

SUCCESSES AND ACHIEVEMENTS 2024

Consultant Staffing

Dr Craig Delavari took up his position as permanent consultant in April 2024.
Dr Ryan Howle took up his position as permanent consultant in July 2024.
Dr Rana Sadiq was a locum consultant on staff in 2024.

Dr R Ni Mhuircheartaigh formally relinquished her consultant role at the Rotunda in 2024. She had been on sabbatical for 2 years to focus on clinical record development in the Mater Hospital where she also holds a Consultant post. During her service for over a decade at the Rotunda she was a key staff member in developing our electronic records. She was a key figure in providing anaesthesia services to patients requiring advanced level care at the Mater including our services for patients with placenta accreta disorders. We wish her well in her ongoing career at the Mater.

New Service Developments

Two additional clinics were set up in 2024 to increase the number to 4 per week. This allows for the continued expansion of gynaecological cases being done in theatre.

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.

Several members of the department are official examiners for the CAI Membership and Fellowship exaMs

PLANS FOR 2025

The move to Hampson house and the expansion of outpatient departments is an excellent opportunity to further enhance the pre assessment services the department provides.

Maternity Critical Care/ High Dependency Unit (HDU)

SERVICE OVERVIEW

The High Dependency Unit (HDU) at the Rotunda Hospital provides specialised care for women experiencing critical illness, situated within the gynaecology ward. Functioning at Level 2 critical care capacity, the unit offers advanced medical and nursing interventions short of respiratory support. This typically includes the use of invasive cardiovascular monitoring and the administration of vasoactive medications when required.

The HDU operates as part of a cohesive multidisciplinary team, with close collaboration between anaesthesiology, obstetrics, gynaecology, and nursing teams, alongside regular engagement with external clinical experts. When patients require escalation to Level 3 care, such as mechanical ventilation or renal replacement therapy, support from the Mater Misericordiae University Hospital's Department of Critical Care ensures timely transfer to an appropriate ICU setting.

Over the past six years, the unit has experienced a marked rise in annual admissions. This reflects both an increase in surgical workload and the growing clinical complexity of cases across obstetrics and gynaecology (see figure 1, table 1). In 2024, the Rotunda Hospital High Dependency Unit (HDU) admitted a total of 368 patients, representing the highest number of annual admissions to date and continuing the year-on-year upward trend observed over the past seven years. Of these, 343 admissions were from the obstetric service and 25 were gynaecological.

TABLE 1: ADMISSION TRENDS

Year	Obstetric Admissions	Gynaecology Admissions	Total
2018	199	1	200
2019	258	11	269
2020	249	4	253
2021	272	13	285
2022	288	15	303
2023	325	28	353
2024	343	25	368

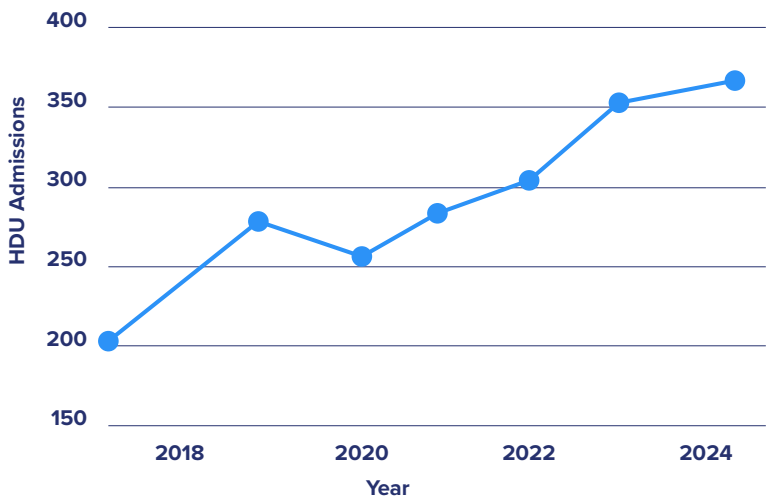


FIGURE 1. HDU ADMISSIONS

PATIENT DEMOGRAPHICS AND CLINICAL CHARACTERISTICS

The average patient age was 34.0 years (range: 15–83) and presented to the HDU with a wide range of clinical indications for admission. The mean length of stay in the HDU was 1.5 days (range: 1–8 days), consistent with previous years and reflective of effective management and discharge protocols.

- Arterial line placement: 134 patients (36%)
- Central venous catheterisation: 14 patients (4%)
- Supplemental oxygen therapy: 114 patients (31%)
- Post-caesarean hysterectomy: 3 cases (1%)
- Transfer for diagnostic testing only: 6 cases (2%)
- Transfer to level 3 ICU or for specialist care: 19 cases (7%)
- Readmissions to HDU: 7 cases (2%)

INDICATIONS FOR ADMISSION

Obstetric Admissions (n=343)

- Obstetric haemorrhage: 152 (44%)
- Hypertensive disorder/Pre-eclampsia (PET): 73 (21%)
- Sepsis: 23 (7%)
- Cardiac conditions: 25 (7%)
- Respiratory co-morbidity: 14 (4%)
- Electrolyte replacement: 14 (4%)
- Neurological conditions 12 (3%)
- Pain management 8 (2%)
- Anaphylaxis/allergic reaction: 4 (1%)
- Diabetic ketoacidosis (DKA): 3 (1%)
- Miscellaneous: 15 (4%)

Gynaecological Admissions (n=25)

- Haemorrhage: 7 (28%)
- Cardiac: 4 (16%)
- Pain management: 4 (16%)
- Sepsis: 2 (8%)

- Anaphylaxis: 1 (4%)
- Respiratory: 1 (4%)
- Endocrine: 1 (4%)
- Miscellaneous: 5 (20%)

A review of admission diagnoses to the HDU over the past several years reveals consistent trends alongside emerging patterns reflective of evolving clinical demands. Obstetric haemorrhage remained the most common reason for admission in 2024, accounting for 152 cases (44% of all admissions). Although the numbers of admissions for haemorrhage are lower than 2023 (152 vs 170), it continues to represent a leading cause of maternal morbidity and need for high-dependency support.

Notably, admissions for pre-eclampsia and related hypertensive disorders have remained high, with 73 cases recorded in 2024, underscoring the ongoing need for vigilant antenatal surveillance and timely escalation of care. Cardiac-related admissions, both obstetric and gynaecological, have shown a modest but steady increase, suggesting growing recognition and referral of peripartum cardiac conditions. Sepsis remains a significant cause of critical illness, although annual numbers have fluctuated, and may represent increased vigilance. Anaphylaxis, respiratory complications, and metabolic disturbances such as DKA and electrolyte imbalances continue to appear in smaller but clinically important numbers. Collectively, these trends highlight the HDU's essential role in managing a broad spectrum of acute conditions, with a particular emphasis on haemodynamic instability and multisystem disease in the perinatal period.

In 2024, there were 25 inter-hospital transfers from the Rotunda HDU. These included ten cardiac-related cases (including transfers for specialist cardiology review, diagnostic testing, coronary care and ICU admissions), four for infections needing organ support such as abdominal, pneumonia, and urosepsis requiring ICU care, and three for specialist surgical interventions (colorectal, upper gastrointestinal, and interventional radiology). Six patients were transferred solely for advanced diagnostic imaging (CT scans). Twelve in total were admitted to the Mater Misericordiae University Hospital ICU, with some overlap across categories.

SERVICE DELIVERY AND OUTLOOK

In 2024, the High Dependency Unit (HDU) continued to play a vital role in safeguarding the health of critically unwell obstetric and gynaecological patients. It delivered comprehensive multidisciplinary care, supported by obstetricians, anaesthesiologists, intensivists, and specialist nursing staff. The unit maintained strong collaborative pathways with the Mater Misericordiae and Beaumont Hospitals to ensure timely transfer of patients requiring advanced intensive care or specialist surgical support.

The increasing complexity and volume of admissions in 2024 further underscore the strategic importance of the HDU. Continuous audit, workforce development, and infrastructure enhancement remain key priorities to meet the growing service demands.

Despite the high standards of clinical care, the current HDU infrastructure remains suboptimal. The unit lacks ensuite facilities and adequate infection control measures, including modern air-handling systems- deficiencies repeatedly highlighted in external inspections. Moreover, the reliance on external facilities for advanced diagnostics such as CT and MRI necessitates frequent inter-hospital transfers, which delay diagnosis and increase the burden on both staff and patients.

Plans are underway for the development of a dedicated Critical Care Wing on the western side of Parnell Square. This new facility will be instrumental in addressing current spatial and operational limitations. While it is recognised that this development will span several years, its eventual completion will significantly enhance the capacity to deliver appropriate HDU-level care on site.

In parallel, workforce training has also been prioritised. In 2024, a maternity critical care course for nurses, developed in collaboration with the Centre for Midwifery Education at the Coombe Hospital was piloted successfully. Building on this foundation, an expanded hybrid teaching model tailored to maternity critical care will be launched in May 2025, supporting ongoing staff development and clinical excellence.

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 birth. The aim of this review is assess recovery and to review and discuss labour outcomes and events. The clinic also integrates with physiotherapy follow-up and coordinates referral to other disciplines as required, such as colorectal surgery, urogynaecology and pain clinic services.

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. 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 and also provides care for pregnant and non-pregnant women who have experienced FGM.

CLINICAL ACTIVITY PERINEAL CLINIC

Three hundred and thirty five new patients attended the perineal clinic in 2024, a similar number to the previous year. The reasons for attendance are enumerated in Table 1. The number of women attending for assessment of FGM both within and remote from pregnancy has significantly increased over the years. This is likely due to changing demographics and heightened awareness of the prevalence of FGM.

TABLE 1: INDICATION FOR ATTENDANCE

	2019	2020	2021	2022	2023	2024
Antenatal assessment (previous OASI)	81	79	101	61	75	70
Antenatal assessment (other issues)	34	24	39	33	47	23
Postnatal assessment after third-degree tear	105	104	80	69	99	92
Postnatal assessment after fourth-degree tear	1	8	7	4	6	4
Postnatal assessment after button-hole tear	-	-	-	3	1	
Postnatal assessment of perineal infection / pain / dyspareunia	60	64	53	48	47	62
Assessment of perineal pain / dyspareunia remote from pregnancy	-	-	-	-	6	8
Postnatal assessment of faecal incontinence	6	2	3	6	4	4
Female genital mutilation (FGM) assessment	9	17	12	29	27	20
FGM assessment in pregnancy	-	-	-	-	16	48
Other	13	7	7	17	4	4
Total	**334**	**314**	**303**	**270**	**332**	**335**

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 Samah Hassan, Maternal Medicine Fellow
Ms Kathy Conway, Clinical Reporting Service
Ms Catherine Daly, Administrative Assistant
Ms Rose O'Donovan, Haemovigilance

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 345 obstetric admissions to the Rotunda High Dependency Unit (HDU) in 2024, with 83 major morbidity events fulfilling the NPEC severe maternal morbidity criteria. The incidence of SMM in the Rotunda has shown a stable trend compared to previous years as detailed in Table 1 and aligns with the European benchmarks where annual incidence ranges from 0.6% to 1.5%. As per previous years, 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 5 years.

TABLE 1

	2020	2021	2022	2023	2024
Number of mothers delivered	8,152	8,972	8151	8283	8323
Number of major morbidity events	67	74	70	116	83
Incidence of major morbidity	0.8%	0.8%	0.9%	1.4%	0.9%

There were 21 inter-hospital transfers between the Rotunda and MMUH ICU/CCU during 2024. 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

	2020	2021	2022	2023	2024
Massive haemorrhage	26 (0.3%)	44 (0.5%)	30 (0.4%)	41 (0.5%)	36 (0.4)
Uterine rupture	1 (0.01%)	0 (0%)	1 (0.01%)	3 (0.03%)	1 (0.01%)
Peripartum hysterectomy	6(0.07%)	8 (0.1%)	12 (0.2%)	7 (0.1%)	3 (0.04)
Interventional radiology	0 (0%)	1 (0.01%)	4 (0.1%)	2 (0.02%)	1 (0.01%)

There were 149 obstetric admissions to the HDU in the Rotunda for obstetric haemorrhage, with 36 of these fulfilling NPEC criteria for Major Obstetric Haemorrhage (MOH) i.e. EBL of ≥ 2,500mls or massive transfusion. As described in Table 2, the MOH rate has decreased by 12% in comparison to 2023, with the mean blood loss in these 34 cases amounting to 2917mls. 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 61.8% of MOH cases, with 41.2% of these being pre-labour caesarean deliveries. Spontaneous vaginal delivery and operative vaginal delivery accounted for 20.6% and 17.6% of MOH cases respectively. Of those that were delivered by operative vaginal delivery, all were associated with either forceps alone or with sequential instrumentation. One case of MOH consisted of a massive transfusion/ resuscitation in the context of a posterior hepatic rupture that was conservatively managed having been diagnosed in the postpartum period. Labour was induced because of PET/HELLP. The second case of massive transfusion occurred in a maternal abruption precipitated by cocaine use, resulting in a term IUFD.

There were 3 peripartum hysterectomies performed in 2024. All of these hysterectomies were performed in the setting of known cases of Placenta Accreta Spectrum disorder (PAS), diagnosed antenatally and confirmed histologically in the post-operative period. Two of these cases were performed in the elective setting and the third was done as an emergency due to recurrent APH. All of these PAS cases were able to be facilitated in the Rotunda Hospital with surgical support and expertise from our gynae-oncology colleagues in the Mater. 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.

There was one case of uterine rupture recorded in 2024. This occurred in a patient with one previous scar who presented with pains, not in labour, Meconium grade 2 and an abnormal CTG. A complete uterine rupture was noted at time of entry into abdominal cavity. The patient's uterus was preserved and there were no adverse maternal or foetal outcome and mother, and baby were discharged home well. There was one case identified whereby interventional radiology was required in the antenatal period and this involved a patient who was diagnosed with an extensive iliofemoral DVT diagnosed in the late third trimester, necessitating placement of an IVC filter prior to delivery.

TABLE 3. END ORGAN DISEASE					
	2020	2021	2022	2023	2024
Renal Dysfunction/ Liver Dysfunction	3 (0.04%)	1 (0.01%)	4 (0.1%)	60 (0.7%)	5 (0.06%)
Pulmonary oedema acute respiratory dysfunction	2 (0.02%)	12 (0.1%)	3 (0.04%)	0 (0%)	6 (0.06%) 2 (0.02%)
Pulmonary embolism	3 (0.04%)	2 (0.02%)	2 (0.02%)	0 (0%)	3 (0.04%)
Cardiac arrest	2 (0.02%)	1 (0.01%)	1 (0.01%)	0 (0%)	0 (0%)
Sepsis Septic Shock	5 (0.06%)	1 (0.01%)	5 (0.1%)	10 (0.1%) 3 (0.03%)	12 (0.14%) 4 (0.05%)
Other	0 (0%)	1 (0.01%)	0 (0%)	0 (0%)	3 (0.04%)

Twenty Twenty Four saw an increase in respiratory morbidity compared to previous years. There were six cases of acute pulmonary oedema, all of which occurred in the peripartum period. Four of this occurred in the context of severe antenatal PET. Two cases of cardiogenic pulmonary oedema were identified. The first occurred in a patient with pre-existing cardiac disease, specifically established dilated cardiomyopathy, who experienced an acute decompensation during pregnancy. The second case was due to a newly diagnosed peripartum cardiomyopathy presenting as pulmonary oedema in the postnatal period.

There were two cases of acute respiratory dysfunction contributing to significant morbidity in this cohort. The first involved an influenza associated respiratory sepsis in the late third trimester that resulted in an emergency delivery and resultant intubation and ventilation. The second occurred in the peripartum period in a patient with established pneumonia, complicated by bronchospasm. Both mothers made full recoveries and were discharged in good health with favourable fetal outcomes also.

There were three cases of Pulmonary Embolism diagnosed in 2024. The first case occurred in a multiparous patient at 11 weeks on a background of DVT. She went on to have an uncomplicated IOL and SVD and was discharged well with haematology follow-up. The second occurred late in the 3rd trimester in a primiparous patient who had a background of TIA prior to pregnancy. She was on aspirin in the pregnancy. She went on to have an uncomplicated labour and delivery and had haematology follow-up. The third case occurred in a primiparous patient early in the 3rd trimester at 30 weeks' gestation. She went on to have an uncomplicated planned IOL and vaginal delivery with no adverse outcomes.

There were five cases of abnormal liver function that fulfilled NPEC criteria in 2024 (AST or ALT ^{3} 200). Four cases were related to hypertensive disorders of pregnancy and the fifth was due to dual pathology secondary to obstetric cholestasis and hepatitis. There were no cases of acute renal dysfunction identified in 2024 that fulfilled NPEC criteria (Creatinine ^{3}400).

There were 12 cases of Obstetric Sepsis identified in 2024 with 4 of these meeting NPEC criteria (septicaemic shock) for severe maternal morbidity. Three of the four were in the antenatal period. There were two cases of urosepsis caused by enterococcus and E.coli and the third antenatal case comprised of a respiratory sepsis due to influenza A. All required admission to the Mater ICU. There were no maternal or fetal adverse outcomes once their sepsis was treated. The postnatal case of septic shock occurred in the presence of mastitis. 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.

TABLE 4: CENTRAL NERVOUS SYSTEM EVENTS					
	2020	2021	2022	2023	2024
Eclampsia	1 (0.01%)	2 (0.02%)	3 (0.04%)	0 (0%)	3 (0.04%)
Status epilepticus	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Cerebrovascular accident	0 (0%)	0 (0%)	1 (0.01%)	0 (0%)	1 (0.01%)
Coma	1 (0.01%)	1 (0.01%)	1 (0.01%)	0 (0%)	2 (0.02%)

There were three cases of Eclampsia recorded in 2024. The first occurred in a nulliparous patient at 27 weeks in the context of IVF, a triplet pregnancy and severe PET. She was diagnosed with a right parieto-occipital haemorrhage with subarachnoid extension. She has made a full recovery. The second case occurred in another nulliparous patient in the postpartum period on a background of an induction of labour for PIH. Subsequent neuroimaging was normal, and she made a full recovery. The third case occurred in an un-booked antenatal patient who was BIBA to the Rotunda hospital. She suffered a seizure mid-flight at 26 weeks with a background of early onset pre-eclampsia having been diagnosed in country of origin. She was delivered in the Rotunda hospital and had subsequent care in ICU in the mater hospital in an induced coma. She thankfully made a full recovery and Subsequent imaging confirmed resolution BIBA is of the initially identified cerebral changes due to posterior reversible encephalopathy syndrome.

TABLE 5: OVERALL MATERNAL MORBIDITY AND MORTALITY SUMMARY					
	2020	2021	2022	2023	2024
ICU/CCU transfer	18 (0.2%)	10	11 (0.11%)	14 (0.2%)	17 (0.2%)
Direct maternal death	0 (0%)	0 (0%)	1* (0.01%)	0 (0%)	0 (0%)

Table 5 provides an overview of the inter-hospital ICU transfer workload for 2024 along with the maternal mortality rate, noting that, fortunately there were no maternal mortality cases for the year 2024.

SUCCESS AND ACHIEVEMENTS FOR 2024

The Rotunda Hospital, from a maternal health point of view is essentially co-located with the Mater Hospital. The Mater with whom we have many posts across multiple disciplines continues to offer very substantial support to us. The Rotunda continues to provide the highest level of care to complex medical and surgical complications that arise in pregnancy. This is supported by robust cross-site multi-disciplinary coordination, enabled through clearly defined operational pathways and senior clinical leadership. These structures facilitate the effective and safe management of complex and severe maternal morbidity 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.

Satellite maternal medicine and MFM clinics in Cavan and Drogheda strengthen regional access to specialist care while supporting workforce development through teaching and training.

CHALLENGES

The implementation of standardized telehealth communication messages through the Silo app between senior teams at the Rotunda Hospital and Mater A+E has transformed communication and clinical pathways for pregnant patients requiring specialized imaging and non-obstetric expertise in tertiary referral hospitals. However, the use of this app has highlighted a substantial need for timely access to advanced imaging and interventional radiology locally in the Rotunda which would negate the need to be transferred out with all the logistics and staffing pressures that this poses on the hospital. Future development at the Rotunda needs to prioritize investment in dedicated radiological imaging and support to further enhance patient safety and reduce maternal-infant separation.

Given the geographical location, the Rotunda continues to care for the most vulnerable women of north inner city and county Dublin. The 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 2025

Obtaining dedicated midwifery support at the MMUH continues to be top prioritization for our service to allow delivery of comprehensive, holistic care to pregnant women with complex medical conditions.

OASI rates were stable in the Rotunda in 2024, 1.5% of unassisted births are complicated by obstetric anal sphincter in injury, with higher rates noted at forceps birth (8%) and combined ventouse/forceps deliveries (6%). While OASI is a recognized 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 2024 (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 (2023) or in another clinical site.

TABLE 2: MODE OF DELIVERY

	3rd Degree Tear	4th Degree Tear
Spontaneous vaginal	56	1
Vacuum	18	1
Vacuum and forceps	8	2
Forceps	25	2
Born outside hospital	0	0
Total	**107**	**6**

Fifty eight people who attended the clinic required additional treatment or onwards specialist referral, such as to a colorectal surgeon, urogynaecologist 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 numbers of women requiring clinic based treatment for granulation tissue or referral to another service being higher in 2024 than in the previous year. That being said, the requirement for inpatient care (eg perineal revision) was lower in 2024. 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	2024
Treatment of granulation tissue (outpatient)	15	28	27	24	22	32
Referral to colorectal, urogynae or pain service	7	6	7	3	7	15
Perineal revision / injection (day case)	9	10	4	9	7	1
Removal of persistent suture material (outpatient)	10	7	2	4	9	6
Reversal of Female Genital Mutilation	3	2	2	1	6	4
Total	**44**	**53**	**42**	**41**	**51**	**58**

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 (eg regarding recurrence risk after previous OASI). Contemporary data on recurrence risks were presented at the RCOG World Congress in Oman in 2024.

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 2024 the SPMHS team saw 121 people in the perinatal trauma clinic, an increase of 20% from the previous years. 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.

In 2024, Donal McGuinness, a final year medical student on a summer elective from RCSI developed an information leaflet for pregnant women with FGM. The HSE Social Inclusion office facilitated translation services and we are delighted to have this available in paper and electronic form in English, Somali and Arabic languages.

CHALLENGES 2024

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 2025

We look forward to the development of improved outpatient accommodation at Hampson House, which will enable provision of a co-located physiotherapy clinic in conjunction with the perineal clinic.

We will continue to review referrals to the clinic, there may be need 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 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 Department

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 and PACS Manager
Mr Paddy Nolan, Clinical Specialist in Radiography
Ms Megan Kelly, Senior Radiographer
Ms Mary Jane Prince Uban , Senior Radiographer
Ms Tracey Moriarty, Clinical Specialist in Ultrasound
Ms Lisa Cooke, Basic Grade Radiographer

SERVICE OVERVIEW

The radiology team grew in number and in skills in 2024; In April, 2024 Tracey Moriarty joined the radiology department as ultrasound clinical specialist, bringing additional expertise in Ultrasound scanning and management. Megan Kelly completed the MSc in sonography in UCD (First Class Hons) and Mary Jane Prince Uban began the MSc in UCD in September. Lisa Cooke joined the radiology department as basic grade radiographer in Sept '24, increasing the radiographer complement to 7 WTE. These staff developments have significantly enhanced the skill set in the department at a time when infrastructural developments demand flexibility. The overall demand for imaging has continued to increase, with a notable increase in demand for gynaecology ultrasound year on year. Imaging studies that cannot be facilitated on site continue to be outsourced and this presents an increasing challenge, especially in the case of MRI and Interventional procedures, where demand is increasing nationally.

PAEDIATRIC RADIOLOGY

TABLE 1: PAEDIATRIC RADIOLOGY ACTIVITY 2023

PEDIATRICS	2020	2021	2022	2023	2024
Total Images All Modalities	5242	6046	5220	5772	5575
Ultrasound	1339	2136	1642	1467	1324
Hip Ultrasound	1512	1884	1757	1615	1535
Plain Film Xray	2449	2750	2285	2815	2710
Fluoroscopic Studies	49	25	19	17	17

The pediatric studies include 52% ultrasound examinations, both inpatient and outpatient ultrasounds of Rotunda neonates. The outpatient studies are all accounted for by referrals from Rotunda neonatology service.

Just over half of these outpatient ultrasounds (1,535) are hip ultrasound scans, which form part of the national selective screening service for developmental dysplasia of the hip (DDH).

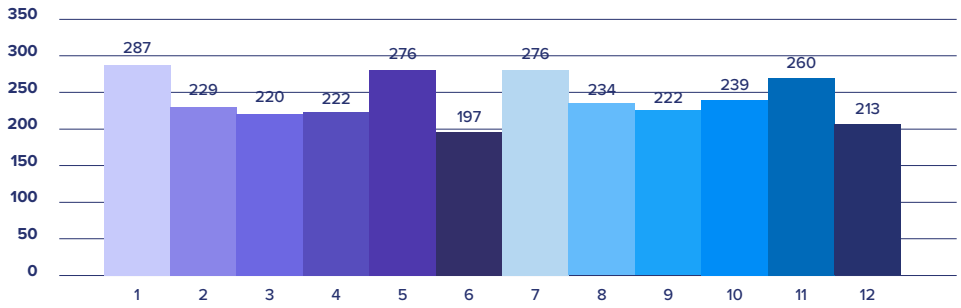


FIGURE 1: TOTAL PAEDIATRIC US STUDIES

The Rotunda, as the busiest maternity hospital in Ireland, also scans the largest number of hips for dysplasia. Outsourcing of the Hip US scans to Medica which commenced in November 2023 (reflecting an acute staff shortage) continued to March 2024, resulting in less Hip US scans in the 2024 data than usual. The majority of inpatient ultrasounds are portable studies in NICU including a large volume of cranial US.

In addition, 2,710 plain films and 17 Upper GI contrast studies were performed.

The videofluoroscopy feeding study service for Rotunda neonates continued in 2024. We have noted a persistent significant reduction in the number of videoflouroscopy studies requested/performed in 2024. This reflects bedside assessment of referrals by the Speech and Language Team resulting in changes in patient management other than videofluoroscopy. Having videoflouroscopic 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/ transfer.

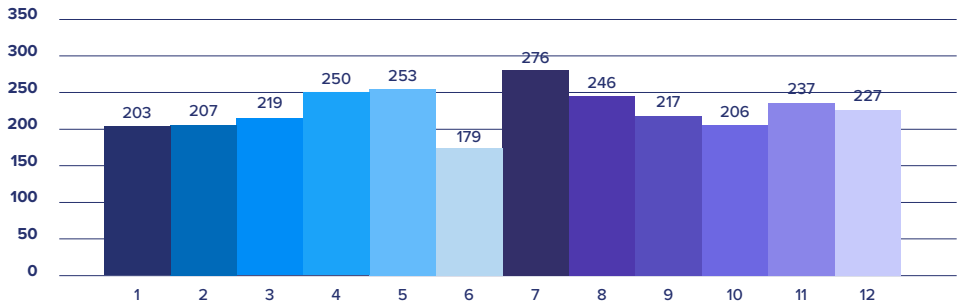


FIGURE 2: TOTAL PAEDIATRIC XR

The CT and MRI needs of Rotunda pediatric 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 continues as our main provider of pediatric MRI scans; in 2024 there were 86 neonatal MRI studies and 76 fetal studies in the National

Maternity hospital. During that time 16 Rotunda patients had MRI in CHI @ Temple Street. 2 pediatric CT scans were provided by CHI @ Temple Street in 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. The Paediatric Hip Ultrasound service is due to relocate to Hampson House in January 2025.

Publications and Teaching

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

https://2024.ccneuro.org/pdf/380_Paper_authored_CCN_2024.pdf
Deep Neural Networks Model the Development of Visual Recognition in Infants

Cliona O'Doherty[1,2], Áine T. Dineen[1,2], Anna Truzzi[1,2], Graham King[1,2], Keelin Harrison[1,2], Lorijn Zaadnoordijk[1,2], Enna-Louise D'Arcy[1,2], Jessica White[1,2], Tamrin Holloway[1,2], Chiara Caldinelli[1,2], Anna Kravchenko[1,2], Joern Diedrichsen[8,9], Eleanor J. Molloy[10,11], Angela T. Byrne[12,13], Ailbhe Tarrant[12,13], Adrienne Foran[11,14], Rhodri Cusack[1,2]

Conlon A, Fragkouli E, Tarrant A, Boyle MA. Cerebrocostomandibular syndrome: a diagnostic challenge. BMJ Case Rep. 2024 May 22;17(5):e258108. doi: 10.1136/bcr-2023-258108. PMID: 38782423.

ADULT RADIOLOGY

TABLE 2 : ADULT RADIOLOGY ACTIVITY 2023

Adults	2020	2021	2022	2023	2024
Total Images All Modalities	1668	2151	2291	2535	2683
Ultrasound	1359	1741	1787	2089	2254
Plain Film Xray	114	99	138	116	134
Fluoroscopic Studies	197	312	367	332	287

The adult radiology service has been provided by 1WTE (2 x 0.5) since 2019. An additional shared post between the Mater Hospital and the Rotunda was advertised towards the end of 2024, with a 6 hr sessional commitment to the Rotunda, which would bring the total WTE to 1.2. This post is due to be interviewed for in the first quarter of 2025. The recommendation from the National Radiology Programme in 2018 (April) was that there should be 1.5 WTE Adult Radiologists per Dublin maternity hospital.

The weekly radiology service in the Rotunda comprises:

- 7 outpatient ultrasound lists
- 3 outpatient HSG lists, which includes referrals from other hospitals within the RCSI hospital group
- Inpatient ultrasound and plain film
- Gynaecology MDT (every second / third week)
- Management of cross site benign gynaecology MRI referrals as well as second opinions on gynaecology MRI and complex developmental anomaly imaging.

The service is supplemented by additional HSGs and interventional procedures (tubal recanalization, fibroid, ovarian vein and varicocoele embolisation) primarily in Connolly Hospital.

Additional imaging and image guided intervention not available on site is outsourced mainly to Connolly (CHB) and the Mater Hospital (MMUH).

Ultrasound

The service is consultant led and while demand continues to increase, all studies are now accommodated in house within appropriate waiting liar guidelines. The commencement in post of a clinical specialist (adult and paediatric ultrasound) in early 2024 has increased efficiency and led to more consistent sonographer rostering.

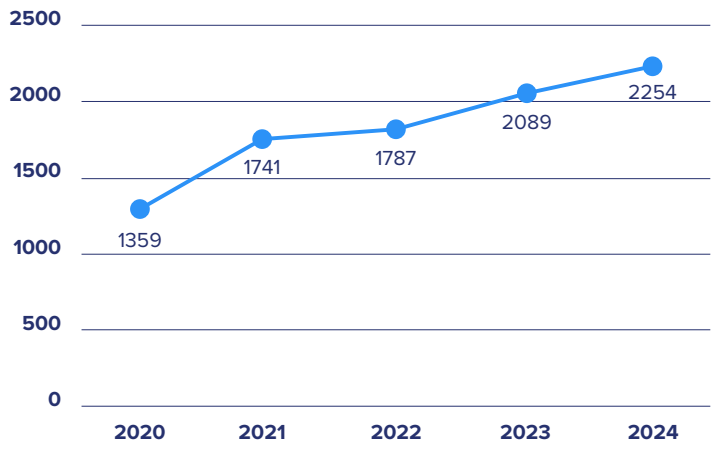


FIGURE 3: ULTRASOUND ADULTS

Sonographers from the Radiology Department rotate through the adult ultrasound service on a weekly/fortnightly basis (two general and one trainee sonographer). They are also assigned to general radiography, paediatric US and radiography and partake in the radiographer on call rota. The adult service provision is also supplemented by senior sonographers from the fetal assessment unit (FAU). With the introduction of specialist clinics such as PMB, endometriosis, adolescent anomaly scanning and the development of the Rotunda as a gynaecology hub for the region, it is envisaged that a dedicated adult ultrasound clinical specialist will be required as well as additional adult sonographers. Our dedicated ultrasound MCA resigned in September and has not been replaced. This has led to some enforced reduction in the size of our standard scanning lists.

Fluoroscopy Studies

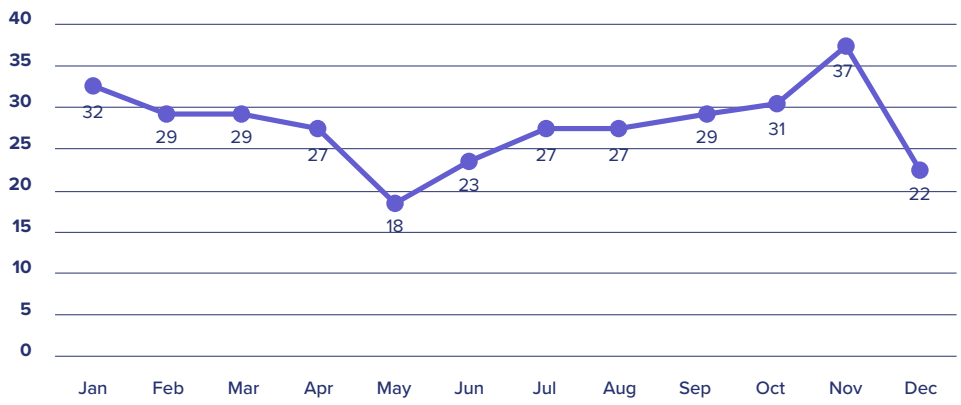


FIGURE 4 : TOTAL HSG PERFORMED

Hysterosalpingograms (HSGs) comprise the majority of studies performed under X ray guidance and primarily as part of fertility work up. While many of these studies are performed in the Rotunda, Connolly Hospital accounts for significant overflow and also for more specialised interventional procedures such as selective tubal recanalization, fibroid (10), ovarian vein (7), and varicocele embolization (38). These more specialised studies are performed as inpatient procedures and are therefore reliant on bed availability. Overall HSG numbers were slightly down on last year because of the knock on effect of staff shortages in Ultrasound on certain days. Validation of HSG referrals was undertaken to get an accurate picture of the active waiting list and the written booking policy for HSGs was updated by Mr Patrick Nolan, Clinical Specialist Radiographer and reviewed in Q4 2024 by Dr Hickey with an effective release date of Q1 2025 on Q pulse. Dr Pennycooke undertakes weekly consultations in regard to patient suitability for fibroid embolisation. The waiting list continues to increase however as acute admissions through the emergency department are prioritised for beds.

MRI

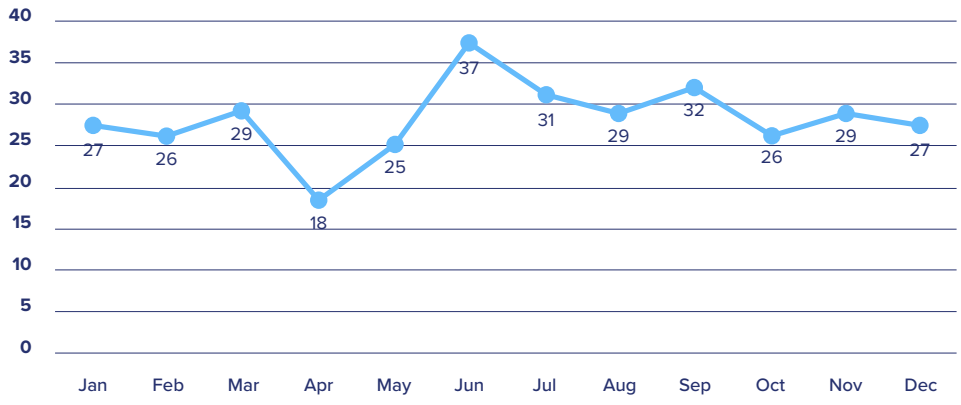


FIGURE 5: TOTAL MRI REFERRALS 2024

Demand for benign gynaecology MRI continues to increase and whereas previously many of these scans could be catered for in Connolly Hospital, the available booking slots have diminished due to increased demand from Connolly patients. The waiting list has therefore increased further. This can have knock on effects on surgical waiting

times for certain gynaecological conditions and fibroid embolization. Other options such as outsoucing to private providers continue to be explored.

CT

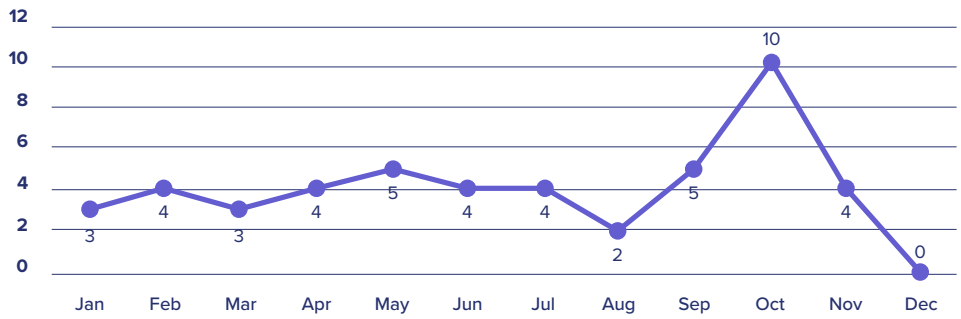


FIGURE 6: TOTAL NUMBER OF CT REFERRALS 2024

Oncology CTs are performed in MMUH where the patients have definitive treatment. Emergent CTs, mainly to exclude collections or pulmonary emboli are also mainly performed in MMUH because of its proximity. Some elective CTs are performed in Connolly Hospital.

PRESENTATIONS AND TEACHING

Educational exibit

Hynes A, Alam I, Pennycooke K. The Impact of Contrast Media Choice for Hysterosalpingography on Post-Procedural Pregnancy Rates. Educational poster presented at: CIRSE 2024 Annual Congress; September 7–11, 2024; Lisbon, Portugal.

Dr Pennycooke is actively involved in undergraduate and postgraduate radiology education. He delivers regular teaching sessions in Interventional Radiology to radiology trainees and contributes to the broader training of NCHDs through structured lectures on core radiological topics. In addition, he serves as the Academic Head of the Radiology Society at the Royal College of Surgeons in Ireland (RCSI), where he oversees academic engagement and coordinates educational activities for medical students with an interest in radiology.

AUDIT

Two ongoing projects are currently underway within the Radiology team, both focused on optimizing HSG outcomes. The first is a clinical audit evaluating the impact of contrast media choice on post-procedural pregnancy and live birth rates. This study compares historical data using water-based contrast agents with current outcomes following the transition to oil-based contrast, in line with emerging evidence on fertility benefit. The second project, conducted in collaboration with the Medical Physics department, is assessing radiation dose optimisation during HSG procedures. Preliminary data suggest that our protocol results in significantly lower patient radiation exposure compared to published standards.

STRATEGIC INITIATIVES FOR 2025

The plan for relocation of the main radiology department to a modular build to facilitate the Critical Care Wing development continues to evolve and is due for completion in 2025.

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 - Our GP study evenings aim to build stronger relationships with our colleagues in General Practice, Community and other Allied Health Professionals. We host a mix of online and in-person study evenings to ensure they are accessible. In 2024, we hosted:

- An in- person study evening on 11th of April.
- An online study evening on 10th October.

TOPICS COVERED IN APRIL AND OCTOBER

Making best use of the Emergency Unit at the Rotunda Hospital; Common Neonatal presentations to GP in the first six weeks and referral; Urinary Incontinence and Pelvic Organ prolapse in women a Multidisciplinary Team Approach for Treatment and Management. Perinatal Mental Health Update and Birth Trauma and Care Pathway.

Practice Nurses Public Health Nurses Study Evening

On 16th May 2024 we also welcomed our Practice Nurses and Public Health Nurses in person for our annual “Hot Topics in Midwifery and Women’s Health Study Evening” The topics covered were, Community Team Service. Supporting Breastfeeding in the Community. Fertility hub service. Complex Menopause Service-Essentials of Menopause Care.

Rotunda GP-Connect Ezine

By the end of 2024 we had completed our twenty second edition of Rotunda GP Connect Ezine, 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 Gynacology 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 Maternity Open Week

We held our annual virtual maternity open week from 6th-12th October 2024. The open week was hosted on our website and social media platforms, and included an online information webinar. 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 event was interactive, as it was guided by our ‘virtual attendees’ who had the opportunity to submit questions to our multidisciplinary team on our website and social media platforMs

The open week included an online webinar

Your Questions Answered: Maternity Services at The Rotunda - with Professor Sean Daly, Master/CEO and Consultant in Fetal Medicine, and Ms Fiona Hanrahan, Director of Midwifery and Nursing. Our current patients submitted questions they would like answered on evening using an online google form.

The Open Week also gave us the opportunity to inform patients regarding the relocation of our Antenatal Care Outpatients Department to Hampson House. Both events were well received and feedback was positive.

GP Liaison Committee/ Forum

In 2024 we set up a GP- Liaison committee/forum that met in September, February and June. This forum facilitated a platform for discussion between Rotunda hospital and GPs the aim is to improve communication and coordination between primary care (GPs) and Rotunda services. This leads to better patient care, reduced waiting times, and streamlined referrals. The meetings facilitated open communication between GPs and Rotunda staff, ensuring both parties are informed about patient care and treatment plan, by working together we can optimize patient pathways, ensuring patients receive the most appropriate care at the right time.

LOOKING FORWARD

In 2025, we will continue to keep GPs updated on new services, particularly gynaecology, with the development of the North Dublin women's health initiative which will centralise all benign gynaecology referrals for North Dublin/RCSI HG catchment area, centred on GP referrals for specific symptoMs

We will also continue initiatives to optimise communication and build strong relationships for the hospital throughout 2025, including:

- Three meetings of the GP Liaison Committee / Forum
- Two online GP Study Evenings and one in-person GP Study Morning on Female Urogynaecology Pessary Management in Primary care and Pessary Workshop
- An in-person Study Evening and Practice Nurses and Public Health Nurses on various topics of interest, including updates on service provision
- An in-person Maternity Open Event for prospective parents and those currently availing of our maternity services.
- A virtual educational event, hosted on our social media platforms, on Endometriosis Awareness
- An offsite educational event with Menopause MDT at Rotunda, communicating menopause information to the Irish Traveller and Roma Communities, funded by monies raised from the Rotunda Charity Lunch in 2023
- Host our fourth Charity Lunch, along with our charity partner the Rotunda Foundation, in The Pillar Room at The Rotunda with a focus on providing support for the redevelopment of the Rotunda's Sexual Assault Treatment Unit (SATU)

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

Gynaecology Service

Service Lead
Dr Fadi Salameh

Consultants
Dr Rawia Ahmed
Dr Kushal Chummun
Prof. Sharon Cooley
Prof. Sam Coulter-Smith
Dr Niamh Daly
Dr Aine Dempsey
Dr Nikita Deegan
Prof. Michael Geary
Dr Eve Gaughan
Dr Conor Harrity
Dr Fiona Keogh
Dr Nicola Maher
Dr Edgar Mocanu
Dr Eimear O'Malley
Dr Vicky O'Dwyer
Dr Sorca O'Brien
Prof. Hassan Rajab
Dr Rishi Roopnarisingh

This year has been one of consolidation and expansion for our department. Building on the progress of recent years, our dedicated team of healthcare professionals has continued to deliver exceptional care to women across north Dublin and beyond. Our focus throughout 2024 has been on improving access, reducing waiting times, and expanding our specialist services in line with the growing needs of our patient population.

We are proud to report continued success in enhancing patient experience through innovative service delivery, expanded outpatient provision, and strengthened multidisciplinary collaboration. Telemedicine, ambulatory care, and subspecialist clinics have played a key role in meeting rising demand while maintaining high-quality outcomes.

Of note, 2024 saw another increase in new gynaecology referrals, with 12,015 patients referred compared to 9,747 in 2023. To meet this demand, we delivered 8385 new appointments, 8329 return appointments, and 1566 telemedicine visits — representing a further increase in activity from 2023.

This achievement would not have been possible without the dedication of all staff involved — administration, household, GP liaison, midwives, nurses, and doctors — whose contribution to service expansion is greatly appreciated.

The Rotunda Hospital being an accredited center for the AAGL (American Association of Gynecologic Laparoscopists) fellowship is highly significant. It demonstrates that the hospital meets international standards of excellence in minimally invasive gynecologic

surgery. This accreditation enhances its reputation as a leading institution for advanced surgical training, and ensures that patients receive high-quality, cutting-edge care. It also places the Rotunda among a select group of hospitals globally recognized for their commitment to innovation, education, and surgical excellence in women's health. The year 2024 witnessed the graduation of the first fellow trainee of this program, Dr Fatma AlSayegh.

GENERAL GYNAECOLOGY CLINICS

Our general gynaecology outpatient services continued to run successfully in 2024, provided by our consultant team:

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
Dr Eve Gaughan

Specialist interest areas such as pelvic floor surgery, complex endometriosis, management of fibroids, and minimal access surgery remain central to our service.

SPECIALIST GYNAECOLOGY CLINICS

Ambulatory Gynaecology

Dr Edgar Mocanu
Dr Eve Gaughan
Dr Nicola Maher
Dr Kushal Chummun
Dr Vicky O'Dwyer
Dr Conor Harrity
Dr Fiona Reidy
Dr Sorca O'Brien
Dr Aine Dempsey
Dr Rawia Ahmed
Dr Fadi Salameh
Dr Fiona Keogh

The Ambulatory Gynaecology Unit continued to expand in 2024, with the introduction of a second procedure room to meet the increasing demand. This consultant-led service, supported by specialist nurses, healthcare assistants, and administration staff, now provides even greater access for diagnostic and operative procedures.

In 2024, the unit performed 1705 diagnostic hysteroscopies, 344 polypectomies, 38 myomectomies, and 71 cystoscopies, along with numerous other procedures such as Mirena coil replacements and removals.

UROGYNAECOLOGY

Clinical Lead

Dr Fadi Salameh

Staff

Dr Fiona Keogh, Consultant obstetrician/Gynaecologist
Dr Maeve White, Specialist Registrar
Dr Mei Yee Ng, Specialist Registrar
Ms Caroline Hendricken CNM2
Ms Siji Philip CNM2
Karen Adams, Administration

The urogynaecology service continued to expand, with increased patient numbers and a higher volume of both outpatient and inpatient procedures. The multidisciplinary model — incorporating specialist nurses, physiotherapists, and the ANP-led pessary clinic — continues to enhance quality of care.

We introduced a new ambulatory outpatient para-urethal bulking procedure clinic for stress urinary incontinence. This clinics runs once a week alongside our flexible cystoscopy clinic, with 2-4 patients booked.

COMPLEX MENOPAUSE CLINIC

Clinical Lead

Dr Caoimhe Hartley, GP and Clinical Lead, Complex Menopause Clinic

Staff

Mercy Ninan, C.N.S.
Ruth Murphy, Physicians Associate
Dr Khitam Abdullah, GP Fellow, RCSI
Dr Fanta O'Brien, GP and Menopause Specialist
Sinead Mooney, Administration

Clinical Activity

Menopause is the term given to the final menstrual period. This reflects a loss of estrogen production from the ovaries which can be impactful on the physical and emotional wellbeing or long-term health of some women.

Many women do not have distressing symptoms at this time but approximately 70-80% of women will report symptoms affecting their quality of life. Some women may suffer debilitating symptoms, affecting their ability to work or enjoy life.

For some women this loss of reproductive ability may be deeply felt, and for all women the menopause is a personal experience, not just a medical condition. However, the diminishing release of oestrogen from the ovary as women advance into their 40s is often the cause of symptoms which can be distressing and may need medical attention.

According to official figures from the Department of Health, almost one in three (31%) of women aged 35 years and over are currently going through perimenopause or

menopause. The statistics come from a survey carried out by the Department in October 2022

Women who have a complex medication background (for example, women who have had a history of breast cancer) may require more specialist advice and support to manage their symptoms and support their long-term health.

The Complex Menopause Service here in The Rotunda Hospital was established in October 2022 and provides evidence-based, expert support and advice for women who have menopausal symptoms and a complex medical history.

In the last 12 months, the Menopause Service continues to be extremely busy with a large volume of referrals from both Gynaecologists and GPs.

The clinic has now expanded to a full day clinic on Tuesdays and Thursdays and an additional “tele-med” clinic on a Monday.

4 extra clinics were arranged in Nov/ Dec to see new patients and reduce our waiting list.

KEY PERFORMANCE INDICATORS

- Total number of referrals received in 2024 : 915
- Total number of new patients seen in 2024: 727
- (37 new patients visits in additional clinics Nov /Dec)
- Total number of review patients seen in 2024: 943
- The number of referrals continues to increase and the majority of our referrals come from General Practice.
- We had a more than 700 new patient visits and almost 1000 review patient visits in 2024.

ACHIEVEMENTS IN 2024

We were delighted in October to host a special teaching session for Rotunda staff. Presentations on the topics of Menopause physiology, Hormone Replacement Therapy, Lifestyle Health and Sleep management were given by Dr Hartley, Ruth Murphy and Mercy Ninan to a packed lecture theatre. We also held a staff-information service in October where Rotunda staff were invited to come to the clinic and to have a one-on-one opportunity to ask any questions they may have about perimenopause and menopause.

The Menopause Service provided information leaflets on a range of different, relevant topics which were promoted at the front-desk of the Hospital, in October.

Mercy Ninan delivered a well received educational talk to General Practice nursing staff for GP nurses practicing in the Rotunda Hospital catchment area. Dr Hartley also delivered an educational session for our local GP community. Dr Hartley was delighted to serve as a trainer for several Gynaecology registrars as they worked towards their accreditation with the British Menopause Society.

PAEDIATRIC AND ADOLESCENT GYNAECOLOGY (PAG) SERVICE

This service provides two PAG clinics run by Consultant Paediatric and Adolescent Gynaecologist, Dr Nikita Deegan, Clinical Midwife Specialist, Ms Debbie Browne, and Senior Clinical Psychologist, Dr Susan Carroll. One clinic is for patients aged under 18 with general gynaecological concerns. Virtual appointments are also offered for patients with mobility issues or additional needs that may make attending in-person appointments challenging.

The second PAG clinic is Ireland's first and only dedicated specialist multidisciplinary service for patients of any age with complex congenital gynaecologic conditions. Medical care, psychological support and educational events are provided for patients and families affected by premature ovarian insufficiency (POI), structural or developmental variations 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 third PAG clinic was established in December 2023 to tackle the long waiting list for adolescents with menstrual dysfunction. In 2024, this service was delivered by Locum Consultant Gynaecologists Dr Eimer O'Malley and Dr Sorca O'Brien.

In 2024, there were 111 new and 250 follow-up appointments in the general PAG clinics, and 97 new and 211 follow-up appointments in the complex PAG clinic. In 2024, the service held its 4th annual MRKH Support Day, which included presentations about MRKH from the PAG Team, talks from patients about their personal experiences, and opportunities to share experiences in breakout groups. The team intends to expand these support events to people with other complex gynaecological conditions in 2025.

FERTILITY, AND OTHER SPECIALIST SERVICES

Our fertility clinic remains an integral components of the service, providing expert and compassionate care tailored to individual patient needs.

THEATRE AND PROCEDURAL ACTIVITY

There was a further increase in inpatient and outpatient gynaecological procedures in 2024. Key areas of growth included:

- Laparoscopic procedures overall
- Outpatient hysteroscopic interventions
- Outpatient urogynaecological procedures
- Urogynaecological reconstructive surgeries

TABLE 1: LAPAROSCOPIC PROCEDURES					
	2020	2021	2022	2023	2024
Laparoscopic diathermy to lesion of pelvic cavity (endometriosis)+/- excsion				191	227
Diagnostic lap and dye test				127	126
Laparoscopic adhesiolysis +/- proceed				86	142
Ovarian cystectomy	87	71	74	72	117
Diagnostic	74	70	60	60	65
Hysterectomy +/- salpingectomy +/- oophrectomy	22	40	31	43	92
Laparoscopic Salpingectomy/ oophorectomy (bilateral or unilateral)	41	36	36	42	179
Myomectomy	6	2	6	10	8
Sterilisation	9	8	5	9	5
Total	**239**	**227**	**212**	**640**	**961**

OPEN PROCEDURES	2020	2021	2022	2023	2024
TAH +/- BSO	23	35	43	40	73
Myomectomy	18	20	24	29	35
Conversion from laparoscopy	7	4	4	5	8
Cystectomy/oophorectomy/washings	2	0	4	3	3
Ovarian Cystectomy	6	6	4	3	4
STAH	1	1	2	4	4
Total	**57**	**66**	**81**	**84**	**127**

MINOR PROCEDURE	2020	2021	2022	2023	2024
D+C with insertion of IUCD	230	270	377	467	570
Hysteroscopic Polypectomy	87	113	124	153	252
D+C	310	278	99	880	959
D+C with endometrial ablation	86	67	90	110	125
Hysteroscopic Myomectomy	56	28	48	70	100
Resection of uterine septum	2	3	7	10	11
Total	**771**	**759**	**745**	**1690**	**2017**

UROGYNAECOLOGICAL PROCEDURE	2020	2021	2022	2023	2024
Injection of paraurethral bulking agent				13	34
Anterior and posterior colpoperineorrhaphy	63	66	99	131	172
Vaginal hysterectomy	51	37	51	61	76
Labial reduction/repair	5	0	2	13	9
Sacrospinous fixation	9	8	11	17	13
Intravesical botox injections				40	43
Diagnostic cystoscopy				50	67
Total	**128**	**111**	**163**	**325**	**414**

MISCELLANEOUS	2020	2021	2022	2023	2024
Vaginal reconstruction				4	6
Resection of vaginal septum	7	5	10	10	17
EUA +/- smear	5	0	35	41	60
Vulva biopsy/excision of vulva lesions	29	17	24	39	41
Hymenectomy	14	14	21	11	11
Bartholin's cyst or vaginal cyst	74	10	13	23	28
Total	**129**	**46**	**103**	**128**	**163**

OUTPATIENT PROCEDURES	2023	2024
Insertion of IUD	270	473
Replacement of IUD	65	104
Treatment of Bartholin's abscess/cyst	58	56
Diagnostic hysteroscopy	1218	1705
Hysteroscopic endometrial polypectomy	300	344
Hysteroscopic endometrial myomectomy	48	38
Diagnostic cystoscopy	23	30
Intravesical botox injections		10
Injection of paraurethral bulking agent		31
Others	229	321
Total	**2211**	**3112**

SUCCESSES AND ACHIEVEMENTS IN 2024

- Launch of a new ambulatory urogynaecology clinic to treat stress incontinence, addressing the long waiting lists.
- Launch of the multidisciplinary endometriosis service, providing comprehensive care for complex cases.
- Expansion of the ambulatory gynaecology unit with a second procedure room.
- Growth of the complex menopause clinic, with improved access and reduced waiting lists.
- Progress made towards planning for a new off-site gynaecology building to meet future demand.
- Increased training opportunities for nurses in outpatient hysteroscopy, enhancing workforce skills and service delivery.

PLANS FOR 2025

Looking ahead, we aim to:

- Launch of the Dublin North Women's Health initiative including the Rotunda, Beaumount and Connolly hospital aiming at further improving the care provided
- Continue development of the new gynaecology building project on Dominick Street.
- Further expand minimally invasive and day-case surgery options.
- Strengthen integration of fertility and complex reproductive health services.
- Build capacity in ambulatory care through additional consultant and nursing-led sessions.
- Advance research collaborations in general and complex gynaecology

Pregnancy Options Service

The Pregnancy Options Service was developed to provide a multidisciplinary care programme for patients seeking an elective termination of pregnancy, or dealing with complications after early medical abortions performed in the community. The multidisciplinary model used incorporates 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 their general practitioner prior to 9 weeks' gestation, but from 9 to 12 weeks' gestation, patients seeking this service under Section 12 are referred to attend maternity hospitals for management.

In 2024, there were 256 new referrals to the pregnancy options service and 90 follow up referrals for assessment following a prior termination. There were 196 admissions for termination of pregnancy between nine and 12 weeks' gestation in the Rotunda over the year, a reduction compared to 264 inpatient terminations performed in 2023, but higher than previous years, with 145 in 2022, 102 in 2021, 123 in 2020, and 178 in 2019. The majority of women had a medical termination of pregnancy, while 37 women opted for surgical termination, which is an increase of 16 compared to 21 surgical terminations in 2023 and 18 in 2022.

The follow up referrals typically presented with either continued abnormal bleeding, or a persistently positive urinary pregnancy test (UPT), after an earlier medical abortion commenced before nine weeks' gestation in the community. For these cases, an assessment is performed to excluded an unsuccessful termination, retained products of conception, or an ectopic pregnancy. Traditionally these patients were usually treated with either a repeat course of misoprostol or surgical evacuation of retained products under general anaesthetic. Manual vacuum aspiration (MVA) under local anaesthesia was introduced in 2023 to improve the management of RPOC and transition this from an OT to ambulatory setting, with 64 procedures performed that year. This service has significantly expanded over 2024 with 164 MVAs performed over the 12 month period.

Colposcopy Service

Head of service

Dr Vicky O'Dwyer, Consultant Obstetrician Gynaecologist

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 Reem Magzoub, Consultant Obstetrician Gynaecologist
Dr Hassan Rajab, Consultant Obstetrician Gynaecologist
Ms Minimol George, CNM 3
Ms Hannah Bolger, Nurse
Ms Olaide Oniyere, Nurse
Ms Colette McCormack, Nurse
Ms Rose Thorne, Nurse Colposcopist
Ms Virginie Bolger, Nurse Colposcopist
Ms Barbara Markey, Nurse Colposcopist
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 Danica Farrell, Clerical Officer
Ms Valeria Gasper, Clerical Officer
Ms Jessica Kidd, 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 2024, the Rotunda expanded its colposcopy staffing. The Colposcopy team consistently go above and beyond to continue to provide the best patient care possible, which is sincerely appreciated. We saw a reduction in waiting times and improvement in key performance indicators in 2024.

CLINICAL ACTIVITY

In 2024 we exceeded the Memorandum of Understanding with the National CervicalCheck Programme where the agreed number of new referrals was 1,700.

Monthly multidisciplinary meetings take place attended by our colposcopists, histopatholgist and cytology teams. These meetings are co-ordinated by Ms Virginie Bolger, nurse colposcopist.

KEY PERFORMANCE INDICATORS

In 2024 our waiting times reduced, particularly for women referred with HPV and low grade cytological abnormalities. There were 2,473 appointments attended for new referrals. The majority of these (41%) had HPV detected and ASCUS cytology.

In 2024, the DNA rate was low at 6.2%.

We reduced our waiting times by increasing staffing levels and reducing clinic cancellations and rescheduling of appointments. This was particularly helpful in the first half of 2024.

SUCCESSES & ACHIEVEMENTS 2024 CLINICAL SERVICE DEVELOPMENTS

All KPIs were achieved in 2024.

A dedicated conservative management of CIN 2 clinic was created to standardise the management of these women and provide continuity of care. An audit of this clinic has shown a high regression rate for CIN 2 in young women.

We introduced the vulvoscopy module on MediScan for patients attending with vulval diseases including lichen sclerosis, vulval intraepithial neoplasia (VIN) and suspected vulval cancer. This enabled enhanced the documentation of symptoms and examination findings and separated these visits form the CervicalCheck screening programme. This means that HPV testing and follow up was scheduled as per the recommendation of the National Screening Programme.

The colposcopy service continues to work closely with our gynaecology colleagues in the Mater Hospital who receive referrals for women diagnosed with cervical and vulval cancer through the Rotunda colposcopy clinic. There were 24 women referred to the gynaecology oncology service in the Mater Hospital in 2024. There were also a small number of women who were referred for laser treatment for vaginal intraepithelial neoplasia (VAIN).

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 2025 when the colposcopy service moves to a new outpatient Rotunda facility, Hampson, off O'Connell Street.

We had six gynaecology registrars/ specialist registrars training as colposcopists in 2024.

Audits currently in progress include:

1. A review of women who underwent hysterectomy for benign cervical pathology over the 5 years from 2018-2023.
2. Outcomes for women age 60-64 years of age referred with persistent HPV and low grade cytology.
3. Outcomes for women referred to colposcopy during pregnancy.

CHALLENGES 2024

PLANS FOR 2025

- In 2025 the Rotunda colposcopy service will move to a new development, Hampson House, which will provide state-of-the-art physical infrastructure for colposcopy.
- Continue to train nurse colposcopists and gynaecology registrars through the BSCCP training programme.
- Engagement in workforce planning initiatives for future-proofing and expansion of nurse-led services.

TABLE 1: FIVE YEAR COMPARATIVE					
	2020	2021	2022	2023	2024
New attendances	1589	2444	2672	2897	2473
Return visits	4004	2790	2920	2692	2738
Total	**5593**	**5235**	**5592**	**5589**	**5211**

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
2020	24%	78%	85%
2021	16%	62%	40%
2022	18%	80%	22%
2023	16%	84%	18%
2024	15%	96%	99%

Sexual Assault Treatment Unit

Head of Service

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 Oonagh 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 Feely, Medical Social Worker
Ms Laura Doherty, Healthcare Assistant
Ms Moira Carberry and **Ms Denise Rogers**, Administration

On-Call Forensic Clinical Examiners

Ms Aideen Walsh
Ms Sue Roe
Dr Daniel Kane
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 6 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

5-year Comparison of Attendees to the Rotunda SATU

TABLE 1: 5-YEAR COMPARISON OF ATTENDEES TO THE ROTUNDA SATU					
	2020	2021	2022	2023	2024
No.	277	309	427	451	393

During 2024 a total of 393 survivors of sexual assault attended the Rotunda SATU. While this was a slight decrease in attendees, the numbers nationally remain unchanged. The change in the number of people cared for attending the Rotunda may reflect improved cover provision in other units nationally. The SATU at the Rotunda continues to be by far the busiest unit nationally and once again responded to the care of 39% of the total number of patients seen nationally. The need for our service is clear from the results of the CSO survey on sexual violence published in 2023. The patients seen in the SATU network are only a fraction of those who experience sexual violence. We continue to raise awareness of our service and hope that more of those in need of SATU service reach out to us and attend a SATU.

SATU Rotunda provides 24 hour/365 care. Patients can avail of forensic examination with or without Garda involvement or attend for health checks. In 2024, 57% of our patients attended for a Garda Forensic case. There was a slight increase (12% versus 9% in 2023) in the number attending for “option 3” care which facilitates evidence collection and storage to allow patients time to consider reporting, 49% of patients reported within 24 hours and 83% reported within 72 hours. Timely presentation is key to potential valuable forensic evidence collection and highlighting awareness of our service is key so that victims present early to the Gardai or to the SATU directly. Patients aged 14 and above can attend the Rotunda SATU and are those aged 14 and 15 are now offered follow up in the Laurels clinic where they can access psychosocial supports. Those aged between 18 and 35 made up once again 60% of our attendees. There was a slight reduction in the numbers of adolescents attending with 14-15 year olds making up 4% of attendees and 16-18 year olds making up 6% (6% and 10% in 2023)

SATU care involves a multidisciplinary team who aim to provide forensic care, health care and psychological support to all victims who attend the service. We rely on the support of medical and nursing staff from within and outside the Rotunda hospital to provide this care 24/7/365 and we are very grateful to all those who contribute their expert care to our service with compassion and kindness.

SUCCESSES & ACHIEVEMENTS 2024

Education & Training 2024

Dr Dan Kane continued his work on his PhD with RCSI under the supervision of Dr Maeve Eogan and Dr Karen Flood. During 2024 he continued to publish further valuable research on sexual assault in the context of Irish SATU attendances. Much of his work has allowed forensic examiners to reference quality relevant research at times of report writing and evidence provision in court.

As always the SATU team of forensic examiners continued to support Debunking the Myths the RCSI initiative for second level students and information about SATU is one of the core talks provided during this event. Outreach talks were provided to Gardaí from north central Dublin and to Tallaght Emergency department by Deirdra Richardson.

The annual interagency SATU study day took place in Autumn 2024 in the Department of Justice. Several interesting updates were provided. CUAN the new domestic, gender and sexual based violence agency was introduced by Dr Stephanie O'Keefe, and the new CEO of DRCC Rachel Morrough spoke about the new collaborations with SATU in relation to onsite psychological support staff provision at the time of follow up care. Dr Marie Keenan presented her interesting research on the processing of sexual violence cases.

Psychological support for staff working in SATU continues to be a key priority. Vicarious trauma is a recognised concern and the psychological support that Nicola O Sullivan and Anne Golden continue to provide to staff is welcomed. Clinical supervision has now become embedded into the national SATU network supporting our staff who provide this valuable work and recognising the psychological burden it can bring.

Innovation

Two of our forensic nurse examiners Deirdra Richardson and Christine Pucillo completed extensive training in the use of forensic photography with the support of Catherine Marsh who completed a HSE SPARK innovation fellowship. This new skill has provided the opportunity to really provide trauma informed care for patients attending for forensic evidence collection and reduced the burden of a need for further photography by An Garda Siochana.

This initiative was successful at winning the Nursing and Midwifery Project of the year at the Irish Healthcare awards in Dec 2024. Huge congratulations to both Christine and Deirdra who drove this initiative with the support of Catherine. The awards night was a great opportunity to celebrate their hard work.

A new initiative in SATU with DRCC staff started during 2024. To further optimise opportunities for patients to avail of psychological support, DRCC staff began attending the unit during follow up clinic times and have been available to support all patients attending. The feedback has been excellent and patients welcome the opportunity to meet and avail of their excellent service.

Welcomes and Farewells

During 2024 we welcomed our new clinical nurse manager to the Rotunda Oonagh Farrell. Oonagh provided assisting nurse on call cover for some time to the unit in advance of her appointment and settled into her new role quickly.

In addition for the first time, a dedicated social worker has been appointed to a SATU. Laura Feely has immediately provided excellent support to the staff and patients in SATU. Her broad expertise has really added to the holistic care provided in the unit. She provides psychological and social supports to patients and has been a huge asset to the service since arriving.

We bid a very fond farewell to Moira Carberry our longstanding administrative manager a fountain of knowledge, with great empathy and wit who retired in September. She is sorely missed but we wish her a long happy and healthy retirement.

CHALLENGES 2024

Challenges continue with provision of a 24 hour/365 day service.

We could not provide this service without the support provided to the core staff by our team of assisting nurses and forensic examiners on call. We rely heavily on this blended team and are very grateful to all who provide their care to patients.

PLANS 2025

Forensic nurse examiner Kate O'Halloran returns to our service in January as a candidate ANP. We look forward to her return and the development of her new role.

It is hoped that the skills acquired by Christine Pucillo and Deirdra Richardson in relation to forensic photography may be acquired by more of our team both locally and nationally.

It is expected that with campus developments planned SATU may be relocated locally and we hope to expand our clinical space to enable a second forensic pod ensuring we can facilitate timely forensic examination even more and reach a key performance indicator consistently. In addition we would hope to have some quiet rooms for psychological support care and psychosocial care and optimise a trauma informed approach to care.

Sexual crime continues to be underreported and there is a need to continue to promote awareness of our service. Rotunda SATU continue to promote awareness of SATU at festivals and events provide education to school goers and college students. A growing number of victims of sexual assault have chosen to forfeit their anonymity and speak out following court judgements and are often complementary of their experience of care in SATU. We acknowledge their bravery, are very grateful to them and hope that this too will encourage victims to attend our service for care.

Neonatolgy

Department of Neonatology

Heads of Department

Prof. Michael Boyle, Consultant Neonatologist

Staff*

Dr Maria Carmen Bravo Laguna, Locum Consultant Neonatologist (Jan – Jun 24)
Prof. David Corcoran, Consultant Neonatologist
Prof. Afif El Khuffash, Consultant Neonatologist
Prof. Adrienne Foran, Consultant Neonatologist
Prof. Breda Hayes, Consultant Neonatologist
Prof. Naomi McCallion, Consultant Neonatologist
Dr Margaret Moran, Consultant Neonatologist
Dr Aisling Smith, Locum Consultant Neonatologist (Sept. 24)
Dr Sean Tamgumus, Locum Consultant Neonatologist (Jun – Sept 24)
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
Prof. Orla Franklin, Visiting Consultant Paediatric Cardiologist
Dr Fiona McElligott, Consultant Paediatric Palliative Medicine
Dr Sarah Chamney, Visiting Consultant Paediatric Ophthalmologist
Dr Fionnuala Caulfield, Consultant Paediatrician in Child Development & Neurodisability

*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, both those delivered at the Rotunda Hospital and to those referred in from other units for complex care. The Neonatal Intensive Care Unit (NICU) was the busiest of the tertiary referral centres in Ireland in 2024. 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 4 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 7 designated intensive care cots, 12 high dependency care cots and 20 cots designated as special care. Over 1,300 infants were admitted to the NICU in the Rotunda in 2024 requiring specialist care and 98 infants designated as very low birth weight (VLBW) infants.

There was a significant increase in intensive care bed days from the previous year to 2,562. However, the high dependency bed days decreased from the high of 5,607 in 2023, yet still higher than the 4 years before that. There was another double digit increase in special care days from 2023 to 2024. With such significant activity increases it is not surprising that 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 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 2024 demonstrated a 10% increase from 2023 and was the busiest year in the NICU over the last 10 years. The increase was as a result in the number of intensive care days and special care days that the unit delivered in 2024. There was a minor reduction in high dependency days. The number of VLBW infants remained above 100 infants, with 102 cared for in the NICU in 2024. The sustained efforts of the multidisciplinary infection and control strategies have help mitigate against repeated outbreaks, however, given the level of activity and the well documented infrastructural challenges there were unfortunately 3 outbreaks in 2024. Whilst disappointing it drives home the absolute necessity for the Critical Care Wing.

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 3 staff commencing the RCSI postgraduate Diploma in Neonatal Nursing. The collaboration with CHI Temple Street continued in 2024 to support CHI preparedness for the opening of the NICU in the new children's hospital. The third successive CHI candidate was seconded to the NICU for the Neonatal Nursing Diploma as part of these preparations. An additional 2 external students attended for their specialist modules. Despite the challenges felt internationally in recruiting nursing staff the Rotunda continued to make progress in recruitment and achieved 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. Ms Freian Marzan and Ms Paula Penrose qualified as RANPs in 2024, joining Mr Mark Hollywood and Ms Elaine Butler.

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 in 2024 a continued reduction in our rates were noticed getting closer to network average and demonstrating the impact of Initiatives in place because of the multidisciplinary taskforce targeting this condition.

Between 2023 and 2024, there were several positive developments in neonatal outcomes at the Rotunda Hospital. The overall survival to discharge rate improved slightly, rising from 85% in 2023 to 88% in 2024, and mortality decreased from 15% to 11.9%, both encouraging trends. Rates of chronic lung disease (CLD) rose to 40.7% in 2024 (from 30.2% in 2023), particularly in infants <33 weeks (from 34.2% to 45.7%) this is a change from previous years trends and will need to be looked at carefully. Use of corticosteroids for CLD, however, dropped notably (from 22.7% to 10.9%). There were also notable reductions in pneumothorax (from 11.8% to 5%) which is much closer to network average. This had been a significant concern for us and reassuring to see this change. Severe IVH and cystic PVL remained stable or improved.

However, a rise in fungal infections (1.9% to 3.2%) warrant continued vigilance. Whilst the case number is low infrastructural challenges impact on the unit ability to complete eliminate infection risks. The percentage of infants surviving without major morbidities dipped slightly (58.4% to 51.5%). Overall, while survival is improving and invasive interventions are decreasing, the rise in chronic lung disease and fungal infections points to areas needing further clinical focus.

HYPOXIC ISCHAEMIC ENCEPHALOPATHY

In 2024, 22 babies were treated with therapeutic hypothermia 15 Inborn. Four inborn babies met criteria for severe (grade 3) encephalopathy and unfortunately two of these babies died in the early neonatal period. One baby has evolving cerebral palsy and is linked with disability services, however the remaining baby had typical development when last assessed at 13 months. That child had normal neuroimaging in the initial neonatal period. The remaining 18 babies (11 inborn; 4 outborn) were classified as moderately encephalopathic (Grade 2). All babies were identified as being encephalopathic within the therapeutic window for hypothermia .

History and/or investigations were atypical for intrapartum HIE in five cases (4 inborn; 1 outborn). In one with a diagnosis of postnatal HIE due to tracheal compression , a tracheal ring was identified. Another child was critically unstable with raised inflammatory markers. Therapeutic hypothermia was commenced in this baby due to early clinical and electrographic seizures but baby required early rewarming due to severe pulmonary hypertension which ultimately required ECMO treatment. Decision to commence therapeutic hypothermia was made in another child due to a change in

clinical examination following difficult intubation attempts. Two cases (1 inborn/1 outborn) had imaging that was atypical for intrapartum HIE. Investigations for other causes of encephalopathy have been negative to date.

Short-term outcome data is available on 10/11 inborn babies with moderate encephalopathy. This is again showing very positive outcomes in children following moderate encephalopathy treated with therapeutic hypothermia. 7/10 (70%) are showing typical development with a further 3/10 (30%) only showing mild delay and/or signs of unclear significance. All children will continue to be followed in neonatal and physiotherapy clinics for assessment of developmental progression. They will also be invited back for formal 2-year developmental assessment with our psychologist. No case where there was a concern for HIE and thus suitable for therapeutic hypothermia was missed in 2024.

PAEDIATRIC OUTPATIENTS DEPARTMENT (POPD)

The Rotunda Paediatric Outpatients Department is one of the busiest neonatal outpatient clinics in the country and in 2024 saw 8,879 attendances (new, return and telemedicine clinics) with an overall did not attend (DNA) rate of 9.4%. This is a 6% reduction in activity in POPD as compared to 2023 levels – more in line with prior to 2023 and the DNA rate was essentially the same as 2023 demonstrating a sustained return to pre pandemic norms. 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 the new Hampson House outpatient facility 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 139 in-person attendances at the clinic in 2024. In 2024 the pilot scheme a targeted screening pilot programme for congenital CMV as a cause for non genetic hearing loss in infants commenced. Dr Ferguson oversees this programme and was involved in a national level in its inception.

NEONATAL DEVELOPMENTAL SCREENING PROGRAMME

The Neonatal Developmental Screening Program formally assesses the development of babies with a birthweight < 1,500g, and those with a history of Hypoxic Ischaemic Encephalopathy (HIE). Assessment is via the Bayley Scales of Infant and Toddler Development, third edition (BSIT-3) ideally at 2 years corrected gestational age (preterm population) and 2 years chronological age (term population). Using BSIT-3, scaled scores ≥ 8 are within or above the typical/normal range. Scaled scores of 5-7 (composite score

equivalent 75-85) are considered borderline and scaled scores ≤ 4 (composite score equivalent 55-70) are within the Extremely Low Range, equivalent to mild, moderate or severe developmental delay. The domains assessed are cognitive skills, expressive and receptive language skills and gross and fine motor skills. Parental impressions regarding Social-Emotional development and Adaptive Behaviour Skills development are gathered through BSIT-3 parent questionnaires and reported in addition to outcomes for cognitive, language and motor domains. The importance of maintaining a high standard of neurodevelopmental follow-up remains a priority for 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 in 2023 all NAS babies and any baby over whom consultants have developmental concerns on POPD follow up.

During 2024, 85 new appointments were offered, as well as 18 DNA appointments. 24 children repeatedly DNA'd and were discharged. Developmental outcomes are available on all 89 children assessed. Close consideration of clinical presentation during assessment forms an integral part of the assessment process. Clinical impressions are fed back to parents and included in the assessment reports. In 2024 41 of the 89 children seen presented with clinical features of autism spectrum condition (ASC). 80 of 89 assessments were of very low birth weight (VLBW) babies, and 7 were babies who received Therapeutic Hypothermia Treatment (HIE babies). 2 children were late prematurity consultant referrals. 74 of the 80 LBW children had outcomes in the typical (average/"normal") range across all areas assessed. 40 of these children had features of ASC. 5 of the 80 presented with isolated language delay; 1 child presented with motor delay.

There were 5 of the 7 HIE toddlers who had outcomes in the typical (average/"normal") range across all areas assessed. One child had features of ASC with no cognitive delay, with a strong family history of ASC. 1 child out of the HIE toddlers presented with global developmental delay (GDD).

The 2 consultant referrals included 1 child who presented with GDD, and the other child presented with features of ASC.

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 commenced in the Autumn of 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. On resumption of the service Dr Caulfield undertook a validation review of the wait list and prioritised the highest concern patients. Clinics resumed in October 2024 and every child on the wait list had been offered an appointment by December 2024. It is fully expected that the waiting list will be absorbed by March of 2025.

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. Ms Ellen Regan Magner, who was covering Anna-Claire Glynn's maternity leave, moved to a permanent role in CHI midway through 2024. Towards the end of the year Naomi Hastings also moved on from the team to a new role in CHI. Her position was replaced by Ms Niamh Kelly-Whyte who is due to start in 2025. There were 174 in person attendances in 2024, this is a 25% reduction from the year before as a result of needing to prioritise inpatient services with the personnel changes. There was an additional 151 telemedicine clinics representing another significant year on year increase in activity again from 2023 and in an effort to continue to deliver the standard of care the team prides itself given the requirement to reduce face to face clinic appointments.

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 (Mayka) Bravo Laguna. Mayka finished her post with us in the summer and was replaced by Dr Aisling Smith, who has extensive NPE expertise and an international reputation, thus preserving the echo service. 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.

SPEECH AND LANGUAGE THERAPY SERVICE

The Rotunda Speech and Language Therapy service is run by Ms Amanda Scott who has been in post since 2022. In 2024, the Neonatal Speech and Language Therapy (SLT) service at the Rotunda Hospital delivered extensive clinical activity, supporting early oral feeding, communication, and developmental care. SLT provided universal support to families at the cot side, ran 45 'Meet the Neonatal SLT' group sessions, and delivered training to 100 staff across neonatal and postnatal units. From May to December 2024, 164 inpatient infants were referred for individual SLT feeding assessments, and the same number were seen post-discharge. The After NICU drop-in service supported 64 families, while 277 outpatient sessions were conducted, including face-to-face and telemedicine appointments. SLT also contributed to multidisciplinary initiatives including developmental care rounds, FiCare teachings, and hosted Babbling Babies sessions in partnership with Dublin City Libraries. The service presented nationally at the HSCP Neonatal Care Study Day and the Spark Summit,

and ran a successful Baby Communication Week campaign. Strategic contributions included updated feeding guidelines with CHI colleagues, ongoing collaboration with CDNT teams, and production of a parent education video. Despite challenges with space and resources, the service demonstrated strong delivery and innovation, laying the groundwork for continued development in 2025. The Irish Neonatal SLT Group recommendations to the Model of Care for Neonatal Services in Ireland suggest that the Level 3 Neonatal Unit should be supported by 2 WTE SLTs which would allow for better integration of the SLT service within the neonatal unit in supporting oral feeding and allow for more direct input into neuroprotective care as well as supporting a busy outpatient service. A key goal for Ms Scott.

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, which has been very successful. 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 2024, the overall service transported 545 infants on a national basis, with 35.1% (191) being transported by the Rotunda NNTP Team. The overall activity for the programme was down 10.5% from 2023.

Rotunda NICU accepted 16 out-born postnatal transfers via the NNTP (18.8% of the number of requests for tertiary neonatal management (85) and 22.9% of those referred to a Dublin maternity hospital. The majority of these infants were from within the RCSI hospital group hospitals of Cavan and Drogheda. 81 infants were transferred from the Rotunda to other centres (84% were to Dublin paediatric hospitals). In addition, the NNTP transported 5 infants booked in the Rotunda following delivery in the Mater due to maternal reasons in 2024. 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 for the purchase of various pieces of equipment and the support of research within the unit. The Rotunda Foundation has been a stalwart support of the NICU for many years and continued in this manner throughout 2024. The Angel-Eye video system was purchased through funds from the Foundation and allows 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 and continues to great effect. 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 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, in addition to supporting various research projects in the NICU.

RESEARCH

The Rotunda has a longstanding reputation of supporting and fostering good quality research and 2024 continued this theme with a number of enrolled higher degree candidates. Dr Aine Fox, who was supervised by Prof. Breda Hayes, successfully defended her thesis and was awarded a PhD in 2024. Dr Mahmoud Farhan and Dr Sean Tamgumus were enrolled as MD candidates, both due to submit in 2025 and Dr Sheiniz Giva enrolled as an MD candidate. In addition, Dr Rachel Mullaly and Dr Dermot Wildes were enrolled as PhD candidates due to submit in 2025 and 2026 respectively. Dr Daniel O'Reilly, the first ICAT fellow in the department, is enrolled as a PhD candidate and due to submit in 2025. There are many other research and audit projects being conducted by our clinical NCHDs of all grades leading to several peer reviewed publications. Dr Fox's PhD was the 12th higher degree awarded from the Rotunda Department of Neonatology in the last 5 years highlighting the impressive output from the Department of Neonatology and our strong partnership with our academic institute, RCSI.

CHANGES AND CHALLENGES 2024

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 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 new outpatient building on Middle Earl Street, Hampson House, was finished in 2024 with the move to this new POPD due in January 2025. This will allow state of the art outpatient care delivery in a 21st century environment. 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. After 2 years with the team, Dr Mayka Bravo has returned to Madrid to head up the unit in La Paz University Hospital. She will be sorely missed. Dr Sean Tamgumus covered her Rotunda sessions for a number of months before Dr Aisling Smith commenced in the locum post, split between Rotunda and CHI. In September we were delighted to welcome Dr Fionnuala Caulfield to her permanent role with us in the Child Development and Neurodisability Department.

Many of the consultants within the department have minor sessional commitments with the neonatal department in CHI, these are being restructured in advance of the opening of the new children's hospital in St James' in line with what has taken place with both the Coombe and National Maternity Hospitals. These discussions are ongoing with expected resolution in 2025. The winter of 2024 saw the introduction of the national RSV immunisation programme, whereby every infant born from the beginning of September was offered an RSV immunisation. This was on the back of successful programmes in other European countries with significant reduction in hospitalisation and intensive care admissions. The Rotunda team from Pharmacy, Midwifery and Neonatology planned an instrumental role in the national pathfinder project and we should be rightly proud of this involvement as the programme was extremely successful.

Targeted screening for congenital CMV as a cause of non-genetic hearing loss also started in 2024 as part of a national 2 year pilot. Congenital CMV is the most frequent cause of non-genetic hearing loss in infants. The aim of the screening programme is to facilitate early identification of a treatable cause to maximise infant outcomes, particularly hearing outcome. Dr Wendy Ferguson was one of the national drivers of this project.

PLANS FOR 2025

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. This remains a key priority for the NICU and the hospital. Final design and planning permission approval will be significant milestones in 2025.

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. Discussions surrounding extremes of prematurity and lowering the gestation at which intensive care is offered, in some instances, to 22 week infants will have an impact on workload in the NICU and a workforce review will be needed. Plans to explore split consultant posts with Our Lady of Lourdes hospital in Drogheda will be further explored to secure its status as a level 2 unit, improve network functioning and foster closer relations between our NICUs.

NEONATAL DEATHS 2024					
Birth Weight (grams)	Gestation	Delivery	Apgar scores (1,5,10 minutes)	Age at Death	Principal Cause of Death
NO CONGENITAL ANOMALIES					
515	22+2	SVD	1,1	58 mins	Extreme prematurity
515	24+6	CD	5,7	6 days	Extreme prematurity, NEC, renal failure, refractory hypotension
670	23+6	SVD	6,7	2 days	Extreme prematurity, pulmonary haemorrhage, severe IVH
680	23+6	SVD	6,8	6 days	Extreme prematurity, NEC, severe IVH
695	24+0	SVD	1,4,7	2 days	Extreme prematurity, pulmonary haemorrhage, severe IVH
2340	37+5	CD	0,1,1	3 hours	Placental abruption, IUGR, severe acute HIE
3500	38+6	CD	0,1,4	4 days	Placental abruption, severe acute HIE
4060	40+0	CD	0,0,0	35 hours	Unascertained as per post mortem, Coroners case

SVD: spontaneous vaginal delivery; IVD: induced vaginal delivery; CD: caesarean delivery; NEC: necrotising enterocolitis; HIE: Hypoxic ischaemic encephalopathy; IVH: Intraventricular haemorrhage

NEONATAL DEATHS 2024					
Birth Weight (grams)	Gestation	Delivery	Apgar scores (1,5,10 minutes)	Age at Death	Principal Cause of Death
CONGENITAL ANOMALIES					
1640	37+2	CD	7,9	3 days	Trisomy 18, large outlet VSD, IUGR, seizures
1670	34+3	SVD	5,3,3	48 mins	Trisomy 13
1800	36+5	CD	1,6,6	2 hours	Trisomy 18
2060	35+1	SVD	2,1	50 mins	Congenital diaphragmatic hernia, Ch 22q12-13 imbalance
2070	29+2	CD	3,4,7	24 hours	Hydrops, bronchopulmonary sequestration, ?CCAM
2595	36+6	CD	8,9	7 days	Atrial isomerism, , double outlet right ventricle, ? congenital diaphragmatic hernia
2750	36+0	SVD	8,2,3	15 hours	Capillary alveolar dysplasia
3450	38+4	CD	5,7	4 days	Shone's complex
3495	40+3	IVD		6 days	Neck teratoma
3750	31+4	CD	1,1,1	1 hours	Severe hydrops, cystic fibrosis, bowel obstruction

SVD: spontaneous vaginal delivery; IVD: Instrumental vaginal delivery; CD: caesarean delivery; VSD: Ventricular septal defect; IUGR: intrauterine growth restriction; CCAM: congenital cystic adenomatoid malformation.

TABLE 1.1: ADMISSIONS AND DISCHARGES TO THE NEONATAL UNIT					
	2020	2021	2022	2023	2024
Admissions *	1,181	1,255	1,169	1,171	1,308
Discharged	1,199	1,253	1,203	1,191	1,306
Infants > 1500grams	1,103	1,130	1,100	1,073	1,211
Infants Treated on the Ward	442	483	471	599	701

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

TABLE 1.2 : CATEGORIES OF NEONATAL CARE*					
	2020	2021	2022	2023	2024
Total Number of Intensive Care Days	2,039	1,993	2,004	2,105	2,562
Total Number of High Dependency Days	3,528	4,050	4,261	5,607	4,392
Total Number of Special Care Days	5,398	6,453	6,384	8,437	9,516

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

Table 1.3: Discharges from the Neonatal Unit by Birth Weight					
	2020	2021	2022	2023	2024
<500gms	1	0	2	0	1
501 - 1000grms	36	47	43	52	40
1001 - 1500grms	59	76	58	66	57
1501 - 2000grms	117	109	140	122	131
2001 - 2500grms	200	161	189	156	208
Over 2501grms	786	860	771	795	869
Total Discharged	**1,199**	**1,253**	**1,203**	**1,191**	**1,306**

TABLE 1.4: ADMISSIONS TO THE NEONATAL UNIT BY INDICATION					
	2020	2021	2022	2023	2024
Respiratory Symptomatology	453	497	510	521	590
Prematurity < 37 Weeks	471	420	523	491	528
Jaundice	546	540	575	670	725
Low Birth Weight < 2.500Kg	230	240	281	229	324
Hypoglycaemia	194	209	220	160	188
Congenital Abnormalities	208	239	238	202	195
Sepsis	23	11	17	18	10
HIE	27	23	16	11	22
Neonatal Abstinence Syndrome (NAS)	24	26	18	13	19
Dehydration	8	14	6	6	1
Seizures	15	12	4	5	16
Social	12	13	14	20	25
Gastro-Intestinal Symptoms	2	0	0	0	6

* 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					
	2020	2021	2022	2023	2024
Respiratory Distress Syndrome (RDS)	50	51	58	55	47
Transient Tachypnoea of the New-born (TTN)	176	191	149	161	227
Congenital Pneumonia	4	13	8	3	8
Meconium Aspiration Syndrome (MAS)	9	7	7	9	6
Pulmonary Hypoplasia	1	0	0	0	0
Stridor	14	14	17	12	9
Congenital Diaphragmatic Hernia (CDH)	3	3	5	4	5
Trachea-Oesophageal Fistula	0	0	0	0	0
Congenital Cystic Adenomatoid Malformation (CCAM)	0	0	0	0	0
Air Leak	0	0	0	0	0
Laryngomalacia	3	6	0	0	0

TABLE 1.6: CONGENITAL HEART DISEASE INFANTS ADMITTED TO THE NEONATAL UNIT					
	2020	2021	2022	2023	2024
Patent Ductus Arteriosus (PDA)	52	74	69	86	77
Dysrhythmia	60	51	63	40	42
Ventricular Septal Defect (VSD)	30	23	20	16	26
Persistent Pulmonary Hypertension of The New-born (PPHN)	30	24	31	23	21
Atrial Septal Defect (ASD)	11	9	10	1	15
Atrioventricular Septal Defect (AVSD)	5	6	4	1	8
Transposition of The Great Arteries (TGA)	5	4	1	1	2
Tetralogy of Fallot	3	2	5	4	0
Hypo plastic Left Heart Syndrome (HLHS)	1	3	4	1	2

TABLE1.7: GASTROINTESTINAL ABNORMALITIES IN INFANTS ADMITTED TO THE NEONATAL UNIT					
	2020	2021	2022	2023	2024
Inguinal Hernia	8	5	6	7	4
Isolated Cleft Palate	3	4	1	6	6
Imperforate Anus	3	2	2	5	2
Tracheo Oesophageal Fistula	1	0	0	1	0
Cleft Lip	3	2	4	3	2
Spontaneous Perforation	4	3	3	2	1
Bowel Atresia	5	5	4	3	9
Pyloric Stenosis	0	0	1	1	1
Gastrochisis	3	3	0	3	3
Omphalocele	2	5	1	2	1

TABLE 1.8: CENTRAL NERVOUS SYSTEM ABNORMALITIES IN INFANTS ADMITTED TO THE NEONATAL UNIT					
	2020	2021	2022	2023	2024
Meningitis	5	6	10	5	3
Microcephaly	6	2	0	1	1
Hydrocephalus	1	0	1	0	0
Erb's Palsy	5	3	3	2	0
Schizencephaly	2	2	0	0	0

TABLE 1.9: METABOLIC / ENDOCRINE / HAEMATOLOGICAL ABNORMALITIES IN INFANTS ADMITTED TO THE NEONATAL UNIT					
	2020	2021	2022	2023	2024
Hypoglycaemia	194	209	220	160	188
Anaemia of Prematurity	63	64	54	57	53
Thrombocytopenia	36	43	32	32	20
Polycythaemia	44	20	18	9	7
Hyperglycaemia	32	22	14	19	23
Haemolytic Disease of New-born	34	30	14	38	38
Anaemia (Not associated with Prematurity)	6	10	12	11	8
Disseminated Intravascular Coagulopathy	4	13	3	6	5
Syndrome of Inappropriate Antidiuretic Hormone Secretion (SIADH)	15	12	21	7	9
Hypothyroidism	5	0	0	0	1
Galactosemia	2	1	0	0	0

TABLE 1.10: CHROMOSOMAL ABNORMALITIES IN INFANTS ADMITTED T O THE NEONATAL UNIT					
	2020	2021	2022	2023	2024
Trisomy 21 (Down Syndrome)	14	14	21	9	20
Trisomy 18 (Edwards Syndrome)	0	0	0	0	1
Trisomy 13 (Patau Syndrome)	0	0	0	0	0

TABLE 1.11: JAUNDICE IN TERM INFANTS >37 WEEKS ADMITTED TO NEONATAL UNIT					
	2020	2021	2022	2023	2024
NON-HAEMOLYTIC	271	243	231	365	370
Haemolytic Jaundice					
ABO Incompatibility	31	18	8	29	29
Rhesus Incompatibility	1	4	2	8	4

TABLE 2.1 BABIES ADMITTED TO NICU WITH BIRTH WEIGHT <1,500G AND/OR <29+6 WEEKS' GESTATION										
	2020		2021		2022		2023		2024	
	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	2	2	0	0	0	0	0	0
Infants 401-500G	1	1	2	2	2	2	1	0	2	0
Infants 501-1,500g	93	88	104	94	114	106	109	100	100	93
Infants >1,500g But <29+6 weeks gestation	2	2	1	1	0	0	6	5	2	0
Total	**96**	**91**	**109**	**99**	**116**	**108**	**116**	**105**	**104**	**93**

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).

	2024 Inborn			2024 Outborn			2024 Total (Inborn and Outborn)			2019-2023 (Aggregate Inborn and Outborn)		
Gestational Age at birth	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	1	0	0
22+0-22+6	1	0	0	0	0	0	1	0	0	7	0	0
23+0-23+6	5	1	20	0	0	0	5	1	20	27	7	26
24+0-24+6	6	2	33	0	0	0	6	2	33	41	25	61
25+0-25+6	6	6	100	0	0	0	6	6	100	52	37	71
26+0-26+6	11	10	91	1	1	100	12	11	92	42	33	79
27+0-27+6	11	10	91	2	2	100	13	12	92	48	42	88
28+0-28+6	5	5	100	2	2	100	7	7	100	51	48	94
29+0-29+6	12	11	92	1	1	100	13	12	92	84	82	98
30+0-30+6	10	10	100	1	1	100	11	11	100	55	54	98
31+0-31+6	5	5	100	0	0	0	5	5	100	40	36	90
32+0-32+6	11	11	100	0	0	0	11	11	100	37	32	87
>33+0 weeks	11	11	100	0	0	0	11	11	100	40	38	95
Total	**94**	**82**	**87**	**7**	**7**	**100**	**101**	**89**	**88**	**525**	**434**	**83**

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).

	2024 Inborn			2024 Outborn			2024 Total (Inborn and Outborn)			2019-2023 (Aggregate Inborn and Outborn)		
Gestational Age at birth	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	1	0	0
22+0-22+6	1	0	0	0	0	0	1	0	0	7	0	0
23+0-23+6	5	1	20	0	0	0	5	1	20	25	6	24
24+0-24+6	6	2	33	0	0	0	6	2	33	40	25	63
25+0-25+6	6	6	100	0	0	0	6	6	100	49	35	71
26+0-26+6	10	9	90	1	1	100	11	10	91	39	31	79
27+0-27+6	11	10	91	2	2	100	13	12	92	46	40	87
28+0-28+6	5	5	100	2	2	100	7	7	100	48	47	98
29+0-29+6	10	10	100	1	1	100	11	11	100	80	79	99
30+0-30+6	9	9	100	1	1	100	10	10	100	52	52	100
31+0-31+6	5	5	100	0	0	0	5	5	100	35	34	97
32+0-32+6	10	10	100	0	0	0	10	10	100	33	31	94
>33+0 weeks	9	9	100	0	0	0	9	9	100	36	36	100
Total	**87**	**76**	**87**	**7**	**7**	**100**	**94**	**83**	**88**	**491**	**416**	**85**

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).

	2024 Inborn			2024 Outborn			2024 Total (Inborn and Outborn)			2019-2023 (Aggregate Inborn and Outborn)		
Birth Weight	N	Survival to Discharge	%	N	Survival to Discharge	%	N	Survival to Discharge	%	N	Survival to Discharge	%
<501g	2	1	50	0	0	0	2	1	50	11	2	18
501-600g	6	3	50	0	0	0	6	3	50	35	16	46
601-700g	8	3	38	0	0	0	8	3	38	53	30	57
701-800g	7	6	86	0	0	0	7	6	86	45	37	82
801-900g	6	5	83	0	0	0	6	5	83	46	32	86
901-1000g	11	11	100	3	3	100	14	14	100	29	25	86
1001g-1100g	7	7	100	1	1	100	8	8	100	44	41	93
1101-1200g	8	8	100	0	0	0	8	8	100	63	57	91
1201-1300g	9	9	100	2	2	100	11	11	100	45	44	98
1301-1400g	15	15	100	0	0	0	15	15	100	59	57	97
>1400g	16	15	94	1	0	0	17	15	88	95	93	98
Total	**95**	**83**	**87**	**7**	**6**	**86**	**102**	**89**	**87**	**525**	**434**	**83**

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).

	2024 Inborn			2024 Outborn			2024 Total (Inborn and Outborn)			2019-2023 (Aggregate Inborn and Outborn)		
Birth Weight	N	Survival to Discharge	%	N	Survival to Discharge	%	N	Survival to Discharge	%	N	Survival to Discharge	%
<501g	2	1	50	0	0	0	2	1	50	10	2	20
501-600g	6	3	50	0	0	0	6	3	50	33	16	48
601-700g	7	2	29	0	0	0	7	2	29	49	26	53
701-800g	7	6	86	0	0	0	7	6	86	45	37	82
801-900g	5	4	80	0	0	0	5	4	80	41	30	73
901-1000g	11	11	100	3	3	100	14	14	100	28	25	89
1001g-1100g	7	7	100	0	0	0	7	7	100	41	40	98
1101-1200g	8	8	100	0	0	0	8	8	100	56	54	96
1201-1300g	9	9	100	2	2	100	11	11	100	43	43	100
1301-1400g	13	13	100	0	0	0	13	13	100	53	52	98
>1400g	14	14	100	1	0	0	15	14	93	92	90	98
Total	**89**	**78**	**88**	**6**	**5**	**83**	**95**	**83**	**87**	**491**	**415**	**85**

TABLE 2.4: MORBIDITY DATA (INCLUDING BABIES WITH CONGENITAL ANOMALIES)								
	Rotunda 2024			VON Network 2024		Rotunda 2019 – 2023 Aggregate		
	No. Cases	No. Infants	%	No. Infants	%	No. Cases	No. Infants	%
Inborn	95	102	93.1	58673	87.7	481	525	91.6
Male	52	102	51.0	58498	50.7	278	525	53.0
Antenatal Steroids – all infants	91	102	89.2	58284	83.1	453	520	87.1
Multiple Gestation	31	102	30.4	58659	23.8	158	525	30.1
Antenatal magnesium sulphate	71	102	69.6	57964	65.6	364	520	70.0
Caesarean Delivery	78	102	76.5	58538	74.1	380	525	72.4
Any major birth defect	7	102	6.9	58635	7.4	34	525	6.5
Small for gestational age	22	101	21.8	56633	21.7	105	522	20.1
Surfactant – administered in delivery room	24	102	23.5	58572	17.4	170	525	32.4
Surfactant – any time	54	102	52.9	56096	56.6	325	525	61.9
Any ventilation	51	101	50.5	56174	53.4	305	498	61.2
Conventional ventilation	47	101	46.5	56173	49.2	304	498	61.0
High frequency ventilation	5	100	5.0	55251	5.1	80	497	16.1
Nasal CPAP	80	99	80.8	56106	79.1	415	497	83.5
Inhaled nitric oxide	1	101	1.0	56159	7.7	72	497	14.5
Respiratory Distress Syndrome	82	101	81.2	56157	76.5	455	498	91.4
Pneumothorax	5	101	5.0	56197	4.0	47	497	9.5
Chronic Lung Disease	33	81	40.7	48006	28.1	133	380	35.0
CLD in infants < 33 weeks	32	70	45.7	43568	30.0	131	380	38.2
Corticosteroids for CLD	11	101	10.9	56096	14.0	91	492	18.5
Late Bacterial Infection	7	96	7.3	53610	7.3	50	478	10.5
Coagulase negative Staphylococcus Infection	0	94	0.0	53606	4.3	9	478	1.9
Fungal Infection	3	95	3.2	53706	0.9	4	478	0.8
Any Late infection	10	95	10.5	53599	11.1	55	478	11.5
NEC	6	101	5.9	56186	5.2	40	497	8.0
Ibuprofen for PDA	14	100	14.0	55802	4.7	65	495	13.1
ROP	21	72	29.2	41371	30.6	99	385	25.7
Severe ROP	3	72	4.2	41371	6.1	11	385	2.9
Anti-VEGF for ROP	0	101	0.0	55867	3.0	21	496	4.2
Severe IVH	8	95	8.4	49968	8.0	42	472	8.9
Cystic PVL	2	98	2.0	51973	2.6	13	477	2.7
Mortality	12	101	11.9	57484	16.0	91	525	17.3
Mortality excluding early deaths	11	100	11.0	54295	11.1	60	494	12.1
Survival	89	101	88.1	57484	84.0	434	525	82.7
Survival without specified morbidities	52	101	51.5	57266	54.2	263	525	50.1

TABLE 2.5: SHRUNKEN STANDARDISED MORTALITY RATIOS AND MORBIDITY RATES								
	Rotunda 2024				Rotunda 2022 -2024			
Measure	N	SMR*	Lower 95%	Upper 95%	N	SMR*	Lower 95%	Upper 95%
Mortality	97	1.0	0.6	1.6	303	1.2	0.9	1.6
Mortality excluding early deaths	97	1.1	0.6	1.7	291	1.2	0.8	1.6
Death or Morbidity	97	1.1	0.9	1.4	303	1.1	1.0	1.3
Chronic Lung Disease	79	1.6	1.1	2.1	229	1.5	1.2	1.8
Chronic Lung Disease <33 weeks	68	1.6	1.1	2.2	200	1.5	1.2	1.8
Necrotising Enterocolitis	98	1.2	0.5	2.0	295	1.4	0.9	2.0
Any Late Infection	93	1.0	0.5	1.6	281	1.1	0.7	1.4
Late Bacterial Infection	94	1.0	0.5	1.8	282	1.3	0.9	1.8
Coagulase negative Staphlococcus infection	92	0.2	0.0	0.7	280	0.3	0.1	0.7
Fungal Infection	93	2.8	0.7	6.5	281	2.2	0.8	4.2
Pneumothorax	98	1.1	0.5	1.8	295	1.8	1.3	2.5
Severe intraventricular haemorrhage	93	1.1	0.7	1.5	278	1.1	0.8	1.5
Cystic PVL	96	0.9	0.2	2.2	284	1.5	0.8	2.4
Any retinopathy of prematurity	71	1.1	0.7	1.5	216	1.0	0.8	1.3
Severe ROP	71	1.0	0.4	1.9	216	0.9	0.5	1.5

TABLE 4.1 HYPOXIC-ISCHAEMIC ENCEPHALOPATHY (HIE) SUMMARY 2020-2024

	2020		2021		2022		2023		2024	
	Inborn	Outborn	Inborn	Outborn	Inborn	Outborn	Inborn	Outborn	Inborn	Outborn
Total	**18**	**5**	**19**	**3**	**10**	**4**	**8**	**4**	**15**	**7**
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)	14	4	17	3	8	3	7	4	11*	7*
Severe (Grade 3)	4	1	2	0	2**	1	1	0	4	0
Therapeutic Hypothermia	16**§	5	**18	3	9	4	8	4	15	7
	** Commenced at 13 hours in 1 case § 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.		**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				*Five moderate cases (4 inborn; 1 outborn) were atypical Two cases (1 inborn/1 outborn) had atypical Imaging for intrapartum HIE One case had postnatal HIE due to a tracheal ring Primary cause of encephalopathy in another child was felt to be infectious/inflammatory	

TABLE 4.2: CLINICAL DETAILS OF NEWBORN INFANTS WITH SIGNS OF MODERATE TO SEVERE HIE 2024

Inborn/ Outborn	HIE Grade	Gestation	Mode of delivery	Arterial Cord Gas		Venous Cord Gas		1 Minute Apgar	5 Minute Apgar	Therapeutic Hypothermia	Seizures	Brain MRI	Neurodevelopmental Progress at Last Review	
				pH	Base Excess	pH	Base Excess						Outcome	Age (Months)
Inborn	3	40	EMCS	6.8	-16.3	-	-	0	0	Yes	Yes	Not Performed	Died at 32hrs	
Inborn	3	38+6	EMCS	Below reportable range	Above reportable range	Below reportable range	Above reportable range	0	1	Yes	Yes	Diffusely abnormal T1 and T2 signal in the supratentorial brain involving the frontal parietal and occipital lobes. Diffuse abnormal signal in bilateral basal ganglia and thalami as well as cerebral peduncles of the midbrain. Diffuse bilateral diffuson restriction in perhiperal white matter of cerebral hemispheres s	Died Day 4	
Inborn	3	40	IOL Vaginal Delivery	6.9	-15.3	7.32	-	1	3	Yes	No	Normal	Typical development	13
Inborn	3	34+5	emergency caesarean section	Below reportable range	Above reportable range	Below reportable range	Above reportable range	0	5	Yes	Yes	Diffuse ischemic injury	Evolving Cerebral Palsy	6
Inborn	2	39+4	IOL Instrumental	7.155	-7.7	7.23	-7.4	8	9	Yes	No	Normal	Typical development	9
Inborn	2	40+2	Instrumental	7.19	-2.6	7.23	-3	8	9	Yes	No	Tiny focus of intracranial heamorrhage left centrum semiovale	Typical development	14
Inborn	2	41+1	IOL Instrumental	6.95	-15.5	7.033	-13.1	5	8	Yes	No	Tiny focus in ant limb of right internal capsule	Typical development	10

TABLE 4.2: CLINICAL DETAILS OF NEWBORN INFANTS WITH SIGNS OF MODERATE TO SEVERE HIE 2024 (CONTINUED)

Inborn/ Outborn	HIE Grade	Gestation	Mode of delivery	Arterial Cord Gas		Venous Cord Gas		1 Minute Apgar	5 Minute Apgar	Therapeutic Hypothermia	Seizures	Brain MRI	Neurodevelopmental Progress at Last Review	
				pH	Base Excess	pH	Base Excess						Outcome	Age (Months)
Inborn	2	35+6	EMCS	7.1	-5.5	7.29	-3.6	1	3	Yes	Yes	Normal	Typical development	10
Inborn	2	39+2	Instrumental	7.1	-10.3	7.27	-11.9	3	4	Yes	Yes	Normal	Typical development	7
Inborn	2 *	38	EMCS	7.26	-1.1	7.338	-1.2	6	0	Yes	Yes	Normal	Follow up CHI	
Inborn	2 §	40+4	Instrumental	7.18	-5.2	7.35	-4.7	1	5	Yes	No	§MRI Day 5: Diffuse white matter changes on T1/T2 sequences MRI 1 Month: improved with more focal changes in right temporal/parietal lobe	Linked with CDNT Showing improvement with intervention Some motor challenges but not yet meeting criteria for CP	6 months
Inborn	2 ¥	40+3	EMCS	6.82	-20.8	6.9	-19.9	2	3	¥Yes	Yes	White matter changes temporal , anterior frontal and posterior parietal lobes	Normal movement patterns Mild gross motor delay	6
Inborn	2	39+1	Iol Instrumental	7.012	-13.9	7.22	-12.1	2	3	Yes	No	Subpial haemorrhage otherwise normal	Slight upper limb preference otherwise reassuring progress	3
Inborn	2	39+3	Iol Instrumental	6.95	-17	6.97	-14.7	2	5	Yes	No	Subdural haematomas otherwise normal	Typical development	4

TABLE 4.2: CLINICAL DETAILS OF NEWBORN INFANTS WITH SIGNS OF MODERATE TO SEVERE HIE 2024 (CONTINUED)

Inborn/ Outborn	HIE Grade	Gestation	Mode of delivery	Arterial Cord Gas		Venous Cord Gas		1 Minute Apgar	5 Minute Apgar	Therapeutic Hypothermia	Seizures	Brain MRI	Neurodevelopmental Progress at Last Review	
				pH	Base Excess	pH	Base Excess						Outcome	Age (Months)
Inborn	2	36+3	SVD	7.16	-11.6	7.32	-8.0	4	6	Yes	Yes	Day 8: white matter diffusely T2 hyperintense with diffuse restriction of hippocampi and cortical spinal tracts 3 months: Normal	Typical development	3
Outborn	2	40+1	Elective Section	Not obtained	Not obtained	Not obtained	Not obtained	9	4	Yes	No	Normal	Follow up locally	
Outborn	2	37+5	EMCS	6.86	-18.4	7.26	-8.0	1	1	Yes	No	Acute central ischaemic injury involving optic radiations , anterior genu and splenium corpus callosum, bilateral PLICs and periventricular white matter	Follow up locally	
Outborn	2	39+1	Instrumental	7.295	-6.2	7.287	-6.4	7	8	Yes	No	Small amount of hypertense signal in left posterior parietal white matter without corresponding signal abnormalities on other sequences	Follow up locally	
Outborn	2	41+3	SVD	6.95	-	6.93	-12.9	5	6	Yes	Yes	Two punctate foci of restricted diffusion in the deep white matter of the right frontal lobe.	Follow up locally	
Outborn	2	40+4	Instrumental	6.992	-10.9	7.115	-9.6	4	8	Yes	Yes	Normal apart from subgaleal haemorrhage	Follow up locally	

TABLE 4.2: CLINICAL DETAILS OF NEWBORN INFANTS WITH SIGNS OF MODERATE TO SEVERE HIE 2024 (CONTINUED)

Inborn/ Outborn	HIE Grade	Gestation	Mode of delivery	Arterial Cord Gas		Venous Cord Gas		1 Minute Apgar	5 Minute Apgar	Therapeutic Hypothermia	Seizures	Brain MRI	Neurodevelopmental Progress at Last Review	
				pH	Base Excess	pH	Base Excess						Outcome	Age (Months)
Outborn	2 §	36+3								Yes	Yes	§Φ Bilateral white matter signal abnormality associated with multiple periventricular foci of calcifications	Follow up locally	
Outborn	2	40+4	EMCS	7.07	-8.32	7.32	-2.4	1	3	Yes	No	Normal	Follow up locally	

EMCS emergency caesarean section

SVD Spontaneous Vaginal Delivery

* Postnatal HIE due to tracheal compression from a tracheal ring

§ Imaging atypical for intrapartum HIE, baseline metabolic and infectious investigations negative Φ Genetic investigations negative to date

¥ Presumed sepsis with raised inflammatory markers but negative cultures. Therapeutic hypothermia commenced in view of clinical and electrographic seizures. Therapeutic hypothermia discontinued after xx hours in view of severe pulmonary hypertension requiring ECMO.

Allied Clinical Services

Laboratory Medicine Service

Head of Division

Dr Emma Doyle, Clinical Director of Laboratory
Mr John O Loughlin, Laboratory Manager
Ms Susan Luke, Laboratory Quality Manager
Ms Geraldine Fay, Laboratory Administration Team Leader
Mr Declan Sherry, Senior Phlebotomist

SERVICE OVERVIEW

As in 2023, 2024 the department of laboratory medicine continued to grow in terms of number of samples analysed in the blood sciences and increase in our repertoire of tests carried out in-house. Capacity both in terms of physical space and in terms of human resources limited the introduction of any new services or changes in the department.

In 2024, we introduced new tests and repatriated some existing tests such as ammonia, androstenedione and DHEAS testing in Biochemistry. Microbiology saw the introduction of Semen Analysis Machine Intelligence (SAMi) for Andrology Infertility testing. Histology saw the procurement and the commencing of a digital pathology project.

The single biggest challenges faced by the department in 2024 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. The department saw significant increases in workload especially in blood transfusion, haematology and biochemistry. Microbiology remained relatively similar to 2023. Histology saw a slight reduction in workload but this was primarily due to a reduction in placenta examinations.

The laboratory infrastructure remains a significant issue and the laboratory needs additional space to deal with the ever-increasing workload. The opening of Hampson House has made a significant improvement for staff and patients attending the phlebotomy department.

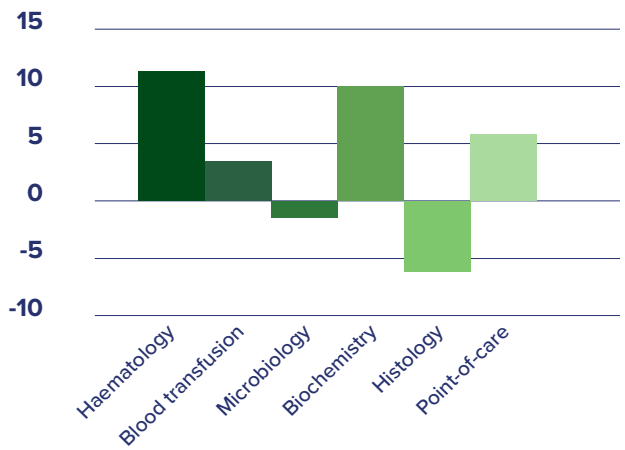


FIGURE 1: WORKLOAD SUMMARY (PERCENTAGE CHANGE)

There was an increase in workload in several departments.. Vitamin D requests increased by 32%, AMH by 46%, ROMA by 42%, and FT3 by 50%, in line with the rising workload in infertility and gynecological services. A 60% surge in Urinary PCR (UPCR) requests was noted. IL-6 and Procalcitonin requests rose by 42% and 7%, respectively, reflecting greater utilisation of these septic markers. We saw a significant increase in all haematology tests such as full blood counts and coagulation testing.

SUCCESSES AND ACHIEVEMENTS 2024

The department successfully retained our ISO15189 and ISO22870 accreditation with INAB and extended our scope to include some new tests.

CHALLENGES 2024

Increased workload and high staff turnover were the most challenging aspects of 2024. 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.

Recruitment of Medical Scientists remains an issue for the department.

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

PLANS FOR 2025

The major projects planned for 2024 include

- Implementing and validating the new Roche Vantage Digital Pathology solution in histology.
- Look at several ICT projects such as upgrading our LIMS to version 6.1 and introduce digital pathology software.
- Introduce managed learning software for training initially in haemovigilance and point-of-care.
- Investigate stock management software.
- Commence a laboratory ICT server stabilisation project.
- Plan for decanting some laboratory services to the new Dominic Street site. This will help alleviate some of our space and capacity issues.
- 2025 will see the laboratory being assessed under a new iso15189 standard by INAB. This is a significant change and will demand a significant amount of laboratory resources to be successful.

RISKS

The main risks to the laboratory and laboratory related services in 2025 include:

- Space and capacity issues.
- Increased workload.
- Aging infrastructure.
- Difficult recruitment and the HSE pay and numbers strategy.
- Wrong blood in tubes remains a risk to our patients. We have some projects planned for 2025 to try to reduce incidence rates.
- Patient identification when using point-of-care devices. There is a high level of non-compliance with inputting the correct patient ID when using POC devices.

- We have some key roles in the department where there is only one person i.e. Point-of-care coordinator. Any planned or unplanned leave will put the service under pressure to maintain services.
- Retirements – The laboratory will lose several key personnel in 2025 to retirement. This will result in a significant loss of experience and leadership.

Biochemistry / 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 offers a comprehensive range of routine and specialised tests in Biochemistry, serving both the hospital and external organisations.

Clinical Activity

TABLE 1			
Biochemistry and Endocrinology	2024	2023	% Difference
	478287	433711	10%

A substantial growth in test demand was observed, reflecting the expanding scope of clinical services:

- Vitamin D requests increased by 32%, AMH by 46%, ROMA by 42%, and FT3 by 50%, in line with the rising workload in infertility and gynaecological services.
- A 60% surge in Urinary PCR (UPCR) requests was noted, driven by our role as the specialized referral centre for UPCR testing, with numerous external hospitals forwarding samples.
- IL-6 and Procalcitonin requests rose by 42% and 7%, respectively, reflecting greater utilisation of these septic markers.

SUCCESSES AND ACHIEVEMENTS 2024

- In 2024, the Biochemistry laboratory marked several key achievements:
- Introduced Ammonia testing, aligning with MetBio guidelines for the investigation of hyperammonaemia.
- Addition of GGT to the paediatric liver function panel, supporting more comprehensive liver assessments.
- Implemented Androstenedione and DHEAS testing to better support the growing demand from our infertility services.
- Maintained ISO 15189 accreditation, and was awarded an extension to scope for additional tests. The successful retention of our flexible scope of accreditation enabled the laboratory to continue delivering an uninterrupted, accredited service while implementing quality improvement initiatives.

- Continued enhancements to the MN-CMS electronic healthcare record system, including the addition of new tests and improved functionality to support clinical staff.

Enhancing Patient Care

- Repatriation of tests in house with improved turnaround times for patients.

Education and Training

- Continued professional development through completion of postgraduate qualifications at MSc level.
- Active involvement in multiple ongoing MD and MSc research projects with clinical staff.
- Delivery of specialist postgraduate lectures to students enrolled in the Trinity MSc in Clinical Chemistry.
- Staff participated in various courses and training days throughout the year as part of continuous professional development

Innovation

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

CHALLENGES 2024

- **Workload:** A 69% increase in workload over the past 10 years, without any corresponding increase in staffing.
- **Staffing:** The nationwide shortage of Medical Scientists continues to make recruitment extremely difficult.
- **On-Call Service:** The department provides a multidisciplinary on-call service, staffed by two medical scientists daily. Training new staff and maintaining competence through regular updates remains a significant challenge, particularly given current staffing constraints.
- **Laboratory Information System:** Considerable staff time is required to maintain an outdated Laboratory Information System.
- **Infrastructure:** Ongoing issues with laboratory infrastructure and limited space continue to impact operations.
- **Suppliers:** Persistent challenges with two of the department's main suppliers, Arkray and Roche, including delays in engineer availability and delivery disruptions.

PLANS FOR 2025

- Introduced an electronic stock control system to improve inventory management and efficiency.
- Upgrade software on the HbA1c analyser to enhance performance and reliability.
- Upgrade the APEX Laboratory Information System to version 6.1.
- Install a backup server to support system resilience and data security.
- Implemented the new ISO 15189:2022 standard, ensuring compliance with updated accreditation requirements.
- Ongoing training and retraining of scientists to support the provision of the multidisciplinary on-call service.
- Continued focus on cost-saving measures and income generation initiatives within the department

Point of Care

Head of Division

Dr Mohamed Elsammak, Consultant Chemical Pathologist

Staff

Ms Lorna Pentony, POC Coordinator / Senior Medical Scientist
Ms Georgia Daly, 0.5 wte Laboratory Aide

SERVICE OVERVIEW

The Point-of-care service offers a comprehensive range of routine and specialised point-of-care tests in the Rotunda Hospital.

CLINICAL ACTIVITY

TABLE 1		
Test	Volume	% +/-
Blood Gas	20,326	**20,342**
Hb meter	4517	**+ 38%**
Glucometer	37,210	**-4.1%**
ROTEM	251	**+35%**

SUCCESSES AND ACHIEVEMENTS 2024

- Kept service running with little or no disruption to end users despite huge challenges presented by Radiometer BGA consumables and no staffing.
- Met end user training and re certification demands
- Based on success of Rotem here in Rotunda, Lorna was invited to speak on ROTEM implementation in the UK
- Met CPD requirements
- Identified a discordance with FibTem A5 value and Clauss Fibrinogen following an audit comparing both parameters on paired samples. REF AUD 1904. Towards the end of 2025, a field safety notice was issued by Werfen advising of an altered relationship between FibTem A5 and Clauss Fibrinogen following an alteration to their assay via the addition of a second anti platelet component. The FSN was issued following a publication of a paper by the ObsCymru group identifying similar findings to LP and a change to their bleeding algorithm as a result

CHALLENGES 2024

- Insufficient resources
- Radiometer defective consumables/components
- Difficult to take time off as no cover in place
- Would like to expand the service but not possible with current resourcing
- Communication-correct information does not disseminate-constant re iteration of the same instructions with particular regard to training and to the Moodle platform, despite much information being circulated and available to end users.

PLANS FOR 2025

- Participate in MEDLIS project to establish an ADT feed to devices and allow interfacing of POC results to LIS and chart.
- Complete Bilirubin project on PSNT wards.
- Enroll in quarterly IEQAS Hb meter scheme instead of monthly UK neqas Scheme-monthly not necessary and taking up too much time
- Set up of Autocertify of glucose meter users if certain criteria met-eliminate the need for proficiency via Moodle.

Clinical Microbiology

Head of Division

Dr. Meaghan Cotter, Consultant Microbiologist (0.8WTE)
Prof. Richard Drew, Consultant Microbiologist (0.5 WTE)
Dr. Deirdre Broderick, Consultant Microbiologist (0.3 WTE)
Mr. David Le Blanc, Chief Scientist

Staff

Ms Nicola Boran, Specialist Grade Medical Scientist
Ms Ailbhe Comyn, Senior Medical Scientist
Ms Jenny Tormey, Senior Medical Scientist (left Jan 24)
Mr Knowledge Denhere, Senior Medical Scientist (Start May 24)
Ms Lorraine White, Senior Medical Scientist (left Mar 24)
Mr Sean Goodwin, Senior Medical Scientist (start June 24)
Ms Gemma Tyrrell, Medical Scientist
Ms Laura-Jane MacGowan, Medical Scientist
Ms Maeve Fogarty, Medical Scientist
Ms Blessing Adama, Medical Scientist
Ms Ita Cahill, Half Time Medical Scientist
Ms Caroline Doherty, Half Time Medical Scientist
Mr Stephen Byrne, Medical Scientist (left Feb 24)
Mr Shane McHugh, Medical Scientist (start May 24 and left Nov 24)
Ms Janet Lamwaka, Laboratory Aide

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

Location	2024	2023	% difference
Serology	49928	48674	↑ 2.51%
Andrology	10117	10739	↓ 6.15%
PCR	19302	17718	↑ 8.21%
Microbiology	71339	75378	↓ 5.66%
Referral	11368	11437	↓ 0.61%
Total	**162054**	**163946**	**↓ 1.17%**

SUCCESSES AND ACHIEVEMENTS 2024

In 2024, the Division had several notable achievements:

- Continuation and Maintenance of ISO 15189 Accreditation for Microbiology, Serology, Molecular Testing and Andrology
- Introduction of Semen Analysis Machine Intelligence (SAMi) for Andrology Infertility testing
- On-going training of new staff to support the split on-call roster covering all driplines 24/7.

- Implementation of EUCAST 2024 breakpoints for AST testing
- Verification of new Microbiology reagents and E-Tests
- Provisional reporting of Negative adult Blood Cultures from 36 hours to 24 hours, to free up bed space

EDUCATION AND 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

CHALLENGES 2024

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 2025

The Division's plans for 2025 include:

- Upgrade and replacement of older items of equipment, including the Abbott Architect, BacTALert and Microbiology Incubators
- Introduce a second SAMi system for the analysis of Semen for infertility
- Introduce alternative HSV PCR testing on Simplexa platform (Luminex no longer producing kits)
- Investigate the possibility of expanding the Andrology test repertoire
- Look at lab redesign together with other departments in the event of a potential move to Dominic Street

Clinical Innovation Unit (CIU)

The Clinical Innovation Unit, led by Prof. Richard Drew (Consultant Microbiologist), is an informal collaborative 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 2024, the research output of five peer-reviewed papers centred around three key themes, in partnership with Children's Health Ireland and the Irish Meningitis and Sepsis Reference Laboratory. The CIU also led on the introduction of a novel image storage system (ISLA) which allows for improved monitoring of wound infections over time, and faster distribution of information to patients.

The two main research themes for 2024 were:

- Improving diagnosis of neonatal infections
  - A machine learning (AI) study to predict community acquired bloodstream infections in infants
  - Use of procalcitonin for late onset infection
  - Evaluating the use of a rapid CSF PCR instrument for diagnosing meningitis
  - Commencement of a Masters project on use of interlukin-6 for sepsis in pregnant women and neonates
- Systematic review of treatment of Mycoplasma genitalium infections in pregnancy

For 2025 onwards, the hope is to further expand the development of biomarkers for sepsis and look to develop more AI related tools. The ISLA system will be further rolled out across the hospital, looking to work with other teams around ways to implement a faster patient centred process for information sharing.

Division of Blood Transfusion and Haematology

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 Ellen O'Connor, Senior Medical Scientist
Ms Deirdre O'Neill, Senior Medical Scientist
Ms Rose O'Donovan, Haemovigilance Officer
Ms Catriona Ryan, Medical Scientist
Ms Edel Cussen, Medical Scientist
Ms Lilliana Rasidovic, Part-time Medical Scientist
Ms Doireann Bradley Barrett, Medical Scientist (July 2024)
Ms Niamh Mc Hugh, Medical Scientist (Aug 2024)
Mr Pardon Mutongi, Medical Scientist
Ms Biljana Bates, Laboratory Aide

BLOOD TRANSFUSION ACTIVITY 2024

TABLE 1

Activity	2023	2024	% Diff
Group and screens	20098	20596	+2.5
Baby groups Direct anti-globulin tests	4281	4537	**+5.9**
FMH estimation by flow cytometry	731	807	**+10.4**
(cffDNA Fetal RhD)	1285	1249	**- 2.8**
Anti-D /Anti-c quantitation	37	57	**+54.1**

HAEMATOLOGY LABORATORY ACTIVITY 2024

TABLE 2

Haematology Activity	2023	2024	% Diff
Coagulation screens	3257	3841	**+10.0**
Full Blood Count	48924	52835	**+8.0**
LUPUS screens	305	375	**+23.0**
Hb'opathy Screens	5807	6407	**+10.3**
Laboratory blood films	2976	4489	**+50.8**

SUCCESS ACHIEVEMENTS 2024

The ever-increasing workload and lack of any additional resources limited the haematology and blood transfusion laboratories achievements. Despite this we expanded departmental participation in the Maternal Medicine Multidisciplinary team Meeting.

PLANS FOR 2025

The current laboratory space is compact. Further resources are required for both the haematology and blood transfusion laboratories. This will facilitate the introduction new equipment or allow the expansion of the test repertoire. A project looking to look at green laboratory practices has been proposed again for 2025 by the Laboratory manager.

As the supplier of the current haemoglobinopathy analyser will no longer support the method /analyser from end 2026, it will effectively be defunct in 2027.

The technology currently in use for processing cord blood will no longer be available worldwide. In order to continue providing a neonatal haemoglobinopathy screening program the laboratory will investigate alternate pathways.

Haemovigilance

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 AND ACHIEVEMENTS IN 2024

- Collaborated with medical staff in a number of clinical areas to contribute to various audits/journal articles
- Formed a Training platform focus group to help select a new Learning management system to assist with the provision of clinical training within the hospital
- Established a PPID (Positive patient identification) focus group to focus on safe patient identification within a multi-disciplinary group and developed a patient centered PPID poster for display within the hospital
- Organised the 'Platelets: Lifesaving cells' lunchtime talk for all staff
- Organised and created the safe sample labelling video and launched it within the hospital as a clinical staff resource
- Maintained INAB accreditation in 2024

CHALLENGES IN 2024

- Clinical staff compliance with Haemovigilance training
- Wrong blood in tube errors

CLINICAL TRANSFUSION ACTIVITY

TABLE 1

Clin number of patients transfused)	2024	2023	% Diff
Post-natal patients	250	205	+22
Neonates	92	95	- 3
Early pregnancy patients	36	39	- 8
Gynecology patients	44	27	+ 63

KEY PERFORMANCE INDICATORS

TABLE 2	
Key performance index (KPI's)	**2024**
Obstetric Transfusion Rate vs national data	33.99 V. 29.61 per 1000
Monitoring the number of post-natal women transfused	250 (+22%)
Monitoring the number of Neonates transfused	92 (+3%)
Reports to The National Haemovigilance Office	15 (+150%)
Haemovigilance training (% of clinical midwifery staff)	60% (+20%)

PLANS FOR 2025

- Establishing a Haemovigilance profile on the Rotunda website
- Improving access to Haemovigilance information for both patients and staff
- Implementation of the chosen Learning Management system
- Improved access and interactivity of Haemovigilance training for clinical staff

Division of Histopathology

Head of Division
Dr Emma Doyle

Staff
Dr Eibhlís O'Donovan, Consultant Histopathologist
Dr Emma Doyle, Consultant Histopathologist
Dr Noel McEntagart, Consultant Histopathologist
Dr Keith Pilson, Consultant Histopathologist
Dr Danielle Costigan, Consultant Histopathologist
Dr Susannah Sexton, Histopathology NCHD
Dr Laoise Coady, Histopathology NCHD
Mr Kieran Healy, Chief Medical Scientist
Ms Lorna Thomas, Senior Medical Scientist
Mr Michael Smith, Senior Medical Scientist
Ms Tokiko Kumasaka, Medical Scientist (retired)
Ms Sarah Morris, Medical Scientist
Ms Shauna Devine, Trainee Medical Scientist
Ms Deirdre McCrae, Medical Scientist
Ms Alyson Bale, Medical Scientist
Ms Georgia Daly, Laboratory Aide
Ms Aisling Kenny, Laboratory Aide (resigned)
Ms Rowan Knight, 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. The lab has outgrown its physical environment and needs to expand to cope with increased workload.

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.

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 significant reduction in scientific staff continued to the end of 2024, affecting the service.

CLINICAL ACTIVITY

TABLE 2			
	2023	2024	% diff.
Surgical Cases	7203	7391	**2.61**
Surgical Specimens	9008	9267	**2.88**
Surgical Blocks	16482	17262	**4.73**
Placental Cases	1555	1062	**-32**
Placental Blocks	6040	4360	**-28.19**
Full Autopsy Cases	63	54	**-14**
Limited Autopsy Cases	12	11	**-8.3**
Cytology Cases	43	49	**13.95**
Total Cases	**8876**	**8566**	**-3.48**
Total Blocks	**23841**	**22601**	**-5.33**

QUALITY OBJECTIVES 2025

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

SUCCESSES AND ACHIEVEMENTS IN 2024

- Accreditation to ISO1589 was maintained
- Digital pathology equipment was procured
- Two replacement Medical Scientists were recruited and commenced employment at the end of the year.

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 2025

- Maintain ISO15189 accreditation, transitioning to the new standard.
- Continue to work with hospital projects team to more efficiently use space
- Continue to work towards implementing Digital Pathology

Laboratory Information and Communications Technology

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 analyers 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.

SUCCESSES AND ACHIEVEMENTS 2024

In 2024, the Division had several notable achievements:

- Completion of an ISO 15189:2022 section 7.6 audit, inspecting laboratory device backup and restore activity.
- Upgrade of Roche POCT B123 Glucose meter middleware to Roche Infinity POC.
- Continued troubleshooting and resolution of Lab ICT issues.

EDUCATION AND TRAINING

Production of Lab ICT training videos using Camtasia.

CHALLENGES 2024

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 development of new software interfaces and the stabilization of the LIMS. A considerable challenge is to both prioritize projects and manage expectations due to the backlog and considerable growth in this sector.

PLANS FOR 2025

- Completion of HL7 interface with NSS/NCRI National Cancer screening service to transmit electronic results.
- Completion of interfacing of Histopathology Vantage middleware to improve traceability, and provide the platform to support Digital Pathology.
- HSE Hardware Stabilization project for Apex LIMS.

Laboratory Quality Management

Head of Service

Ms Susan Luke, Quality Manager
Ms Emily Forde, Deputy Quality Officer

Team

Ms Grace Hanniffy, QA Consultant
Mr John O'Loughlin, Health and Safety Officer
Mr Michael Maher, ICT Coordinator
Mr John O`Loughlin, TandD coordinator

SERVICE OVERVIEW

The Department of Laboratory Medicine provides a wide range of tests and this is managed in consultation with Rotunda Hospital clinical users. In addition, the laboratory acts as a referral site for specialist testing to other hospitals and GP clinics in Ireland. This includes FMH estimation, Andrology and specialised testing in Biochemistry.

The quality management system supports the disciplines to maintain accreditation through document control, management of audit, complaints and non-conformances, management of review of users and patients of the laboratory services and management of eManagement of user reviews and patient feedback within the laboratory service as well as management or equipment and suppliers. The laboratory has a legal requirement to maintain accreditation in Blood transfusion, and some areas of Virology, Haemovigilance and Histology

Regulatory Requirements

- ISO15189 2012 Medical Laboratory –Requirements for quality and competence
- ISO15189 2022-Medical Laboratory- Requirements for quality and competence
- ISO22870 for Point of Care Testing.
- PS 11 Flexible Scope of Accreditation for ISO 17025 and ISO 15189 testing laboratories

Blood transfusion and Haemovigilance also must comply with the requirements

- Article 14 (Traceability) EU Directive 2022/98/EC
- Article 15 (notification of SAEs and SARs) of EU Directive 2002/98/EC.

Activity

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. The laboratory underwent a three day re assessment in April 2024 and this assessment was successful. The laboratory maintain the current scope of accreditation.

All areas of the laboratory were reviewed; this included technical review of ordering and performing laboratory tests, reporting of results and validating the quality of the testing process (includes test selection to ensure the most appropriate tests are available), equipment and supplier records, staff training records and the advisory service.

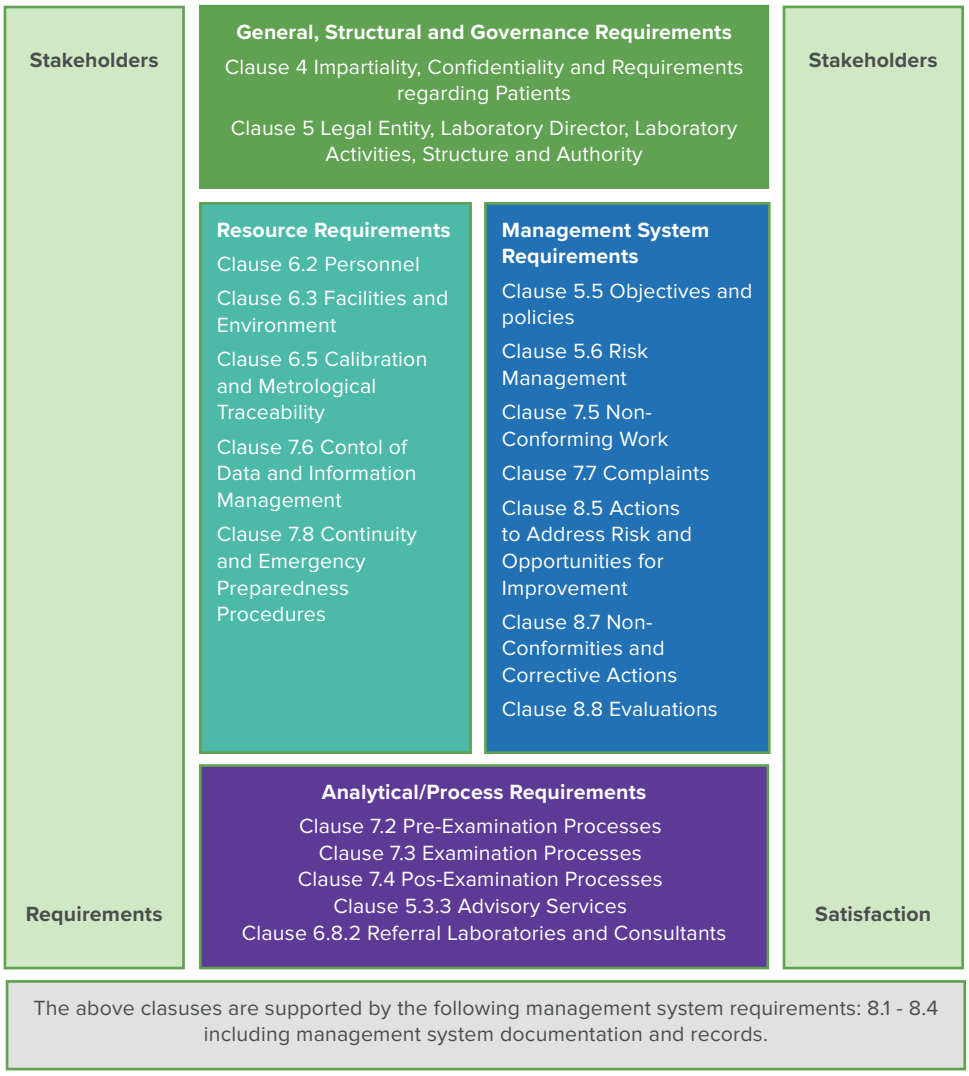
The laboratory management system was also audited which comprised of an appraisal of the annual management review records, KPI monitoring, vertical and horizontal laboratory audits observational audits in the clinical areas and audits related to quality indicators. Non-conformance records and complaint records were reviewed also. INAB recognised the broad base of knowledge and participation by all staff in the laboratory**.** ***Of note they also commented on the refreshments served by the catering department and the cleanliness of the laboratory considering the age of the building, a tribute to catering and household staff.***

The laboratory submits a report to the HPRA annually; this is a legal requirement and contains a summary blood transfusion workload, blood usage and plans for 2024 with regard to BT (Blood transfusion) and Haemovigilance services. Emily Forde SMS (Senior Medical Scientist) in BT and deputy QA and Rose O'Donovan (Haemovigilance officer) prepared this report. The report was accepted by the HPRA with no amendments.

The Quality Management System is based on the understanding that each individual is responsible for their awareness and contribution to complying with the standards requirements and that each Head of Department has a responsibility to ensure that resources are sufficient to maintain a safe laboratory service.

In 2024 the laboratory began the transition to ISO 15189 2022.

The following table presents the new ISO 15189 2022 standard: Medical laboratories-Requirements for quality and competence



SUCCESSES AND ACHIEVEMENTS 2024

- Maintaining accreditation and an active robust quality management system.
- Supporting continual improvements across the laboratory, which included implementation of new analysers and test methods, increasing/improving utilisation of available space for our key function, which is to test patient samples and provide quality results.
- Supported Histology in managing the archival of histology blocks and slides off site to improve the working environment in the Histology Laboratory.
- Introduction of new equipment/ repatriation of tests into the laboratory and for POCT (Point of care testing) using flexible scope process.
- Complete audits and identify opportunities for improvement to ensure transition to ISO15189 2022 in 2025.Assessment by INAB occurred in April 2025 and the laboratory must transition before 23rd August 2025. Transition to the new standard was recommended by the INAB team.
- Successful and verified upgrade of Q-Pulse to version 7.2
- Organised and completed a successful patient survey in phlebotomy services in preparation for service planning in Hampson House.

CHALLENGES IN 2024

- Adhere to audit schedule and include horizontal audits to the new standard ISO 15189 2022
- Adhere to document control KPIs, KPIs, document acknowledgement and review schedule.
- Achieve close out of non-conformances in recommended timeframe
- Support departments in maintaining the accreditation with no impact on laboratory testing service
- Provide education and training on changes with regard to ISO 15189 2022 to all staff

PLANS FOR 2025

- Maintain accreditation Implementation of requirements of ISO 15189:2022 Medical Laboratory –Requirements for quality and competence throughout the laboratory.
- Continue to increase the number of auditors across the laboratory.
- Provide training in use of Q-Pulse in particular document control, management of suppliers and assets and non- conformances
- Explore areas where the laboratory can review the service with both clinical users and patients input


OBSTETRICS
GYNAECOLC
OBSTETRICS

Clinical Nutrition and Dietetics

Head of service

Ms Laura Kelly, Dietitian Manager

Staff

Ms Anna-Claire Glynn (AG), Clinical Specialist Dietitian (Neonatology)
Ms Naomi Hastings (NH), A/Clinical Specialist Dietitian (Neonatology)
Ms Ellen Regan Magner (ER), Neonatal Dietitian (Maternity cover)
Ms Hilary Devine (HD), Clinical Specialist Dietitian (Diabetes in pregnancy)
Ms Ciara McNulty (CM), Senior Dietitian (Obstetrics)
Ms Deirbhile Sherry (DS), Senior Dietitian (Obstetrics and Diabetes)
Ms Karolina Kozierska, Administrator

SERVICE OVERVIEW

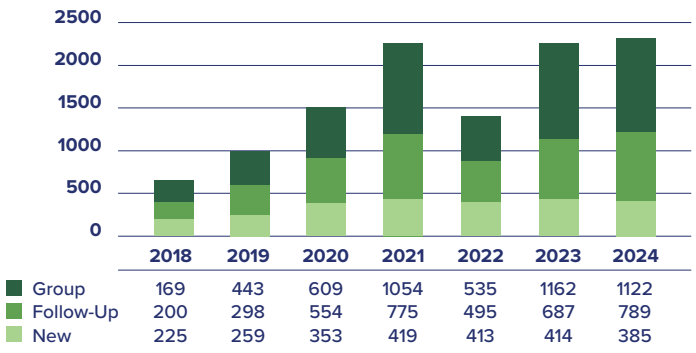
The service provides support to women, infants and their families attending both inpatient and outpatient services at the Rotunda from booking visit to 6 weeks postpartum. With current resources and high levels of clinical activity, services are prioritised across disciplines to ensure patients at highest nutritional risk receive the highest quality, evidence-based care.

CLINICAL ACTIVITY

During 2024, we continued to see high demands for dietetic services, with 8,812 patient contacts across maternity and neonatology services.

General obstetrics and gynaecology

Dietetic activity for general maternity services (excl. diabetes) in 2024 is outlined below. The majority of clinical activity relates to maternity outpatients at high nutritional risk, including: Pregnancy post bariatric surgery, hyperemesis, eating disorders, gastrointestinal, low BMI/ weight loss and adolescent pregnancies. The “Nutrition in Pregnancy” group education classes (hosted virtually on Zoom since 2021) remain popular, with 1122 women attending in 2024.



	2018	2019	2020	2021	2022	2023	2024
Group	169	443	609	1054	535	1162	1122
Follow-Up	200	298	554	775	495	687	789
New	225	259	353	419	413	414	385

FIGURE 1: GENERAL MATERNITY SERVICES - DIETETIC CONTACTS (2018-2024)

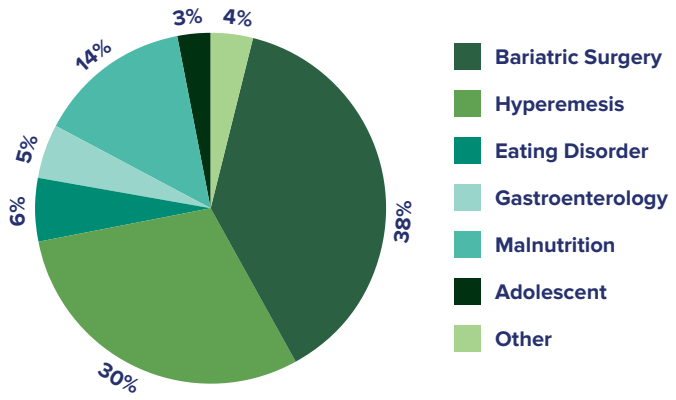


FIGURE 2: ACTIVITY BY REFERRAL REASON (2024)

While total referrals have remained relatively stable, the case-mix continues to become more complex, with patients requiring more intensive follow-up and longer appointment times. This is not reflected in overall activity data.

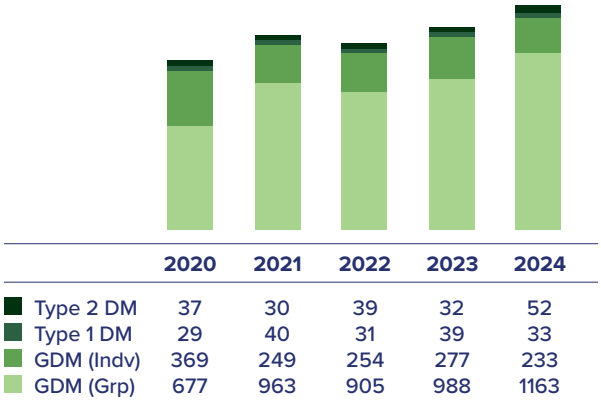
The dramatic increase in referrals for women with a history of bariatric surgery observed in recent years (11-fold since 2018) is starting to stabilise; however, activity still increased by 13% (total n=94) in 2024, compared with 2023 levels (n=83). This complex cohort require multiple appointments with the dietitian throughout their pregnancy. Activity accounted for 38% of all non-diabetes maternity contacts in 2024. Historically, support for women with Hyperemesis Gravidarum (HG) was limited to women with severe symptoms. As an efficiency measure and quality improvement initiative to increase supports to women with mild and moderate HG, a virtual dietitian-led class was introduced as first-line intervention in Q4 2024. This will be continued in 2025 and formally evaluated. Referrals for adolescent pregnancies increased 2024 (n=15 vs n=5 in 2023). We will explore ways to further enhance supports for this population in 2025. 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

Activity for diabetes in pregnancy services remains high. 2024 saw a significant (62%) increase in the number of women with Type 2 Diabetes presenting to the service. These women often have additional educational needs, including use of interpreters, and low levels of prior dietetic education, demanding greater time input from the dietitian. Globally the numbers of women with Type 2 diabetes of child-bearing age is increasing and we expect to see that this cohort continue to grow in Ireland. While referrals for Type 1 Diabetes has remained relatively stable, this patient cohort are increasingly complex due to the wide-spread use of evolving diabetes technologies (insulin pumps, continuous glucose monitors).

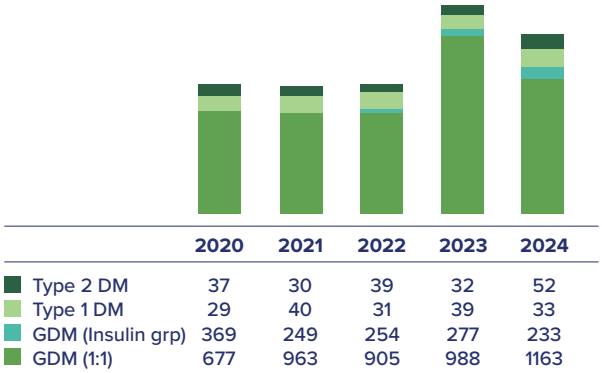
Gestational Diabetes (GDM) activity dominates the service, with new referrals increasing 10% in 2024. Remote app-assisted monitoring with the OneTouch glucometer was introduced in Q1 2024. More intensive monitoring and support was provided by diabetes midwives and nurses, including troubleshooting with minor diet-related issues (supported by training from dietitians). The dietitian-led class for insulin education is now embedded in standard care. These efficiencies resulted in a 20% reduction in diabetes

follow-up consultations in 2024 (following unsustainable increases in 2023). Overall activity, however, continues to increase.



	2020	2021	2022	2023	2024
Type 2 DM	37	30	39	32	52
Type 1 DM	29	40	31	39	33
GDM (Indv)	369	249	254	277	233
GDM (Grp)	677	963	905	988	1163

FIGURE 3: DIABETES SERVICES - NEW CONTACTS (2020-2024)

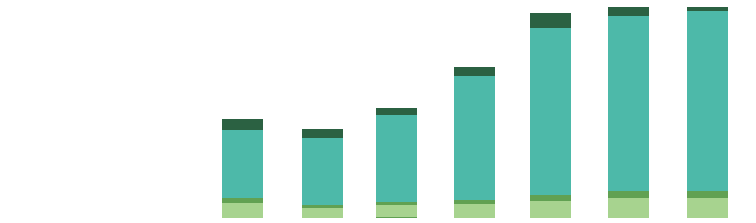


	2020	2021	2022	2023	2024
Type 2 DM	37	30	39	32	52
Type 1 DM	29	40	31	39	33
GDM (Insulin grp)	369	249	254	277	233
GDM (1:1)	677	963	905	988	1163

FIGURE 4: DIABETES SERVICES - NEW CONTACTS (2020-2024)

Neonatology / Paediatric services

The neonatal dietetic service is predominantly based in the NICU. With current resources, services are prioritised to infants at highest nutritional risk (<32 weeks' gestation or birthweight <1.5kg). While total patient contacts for neonatal services in 2024 (outlined below) was similar to 2023 levels, extended periods of reduced staffing due to vacant posts (0.5WTE in total across the year) means relative activity actually increased by 35% in 2024. Neonatology is becoming increasing complex, dietetic services are functioning above capacity and not in-line with best practice. The draft HSE model of care for neonatology will recommend 3.0 WTE Dietitians at the Rotunda Hospital to deliver best practice care. Based on current staffing allocations, this would require 1 additional dietitian for neonatology.



	2018	2019	2020	2021	2022	2023	2024
Inpatients New	160	122	94	136	222	205	169
Inpatients Follow-up	976	963	1260	1776	2403	2513	2574
OPD New	55	51	43	53	77	90	88
OPD Follow-up	204	115	156	179	221	266	272

FIGURE 5: NATIONAL DIABETIC SERVICE ACTIVITY (2018-2024)

SUCCESSES AND ACHIEVEMENTS 2023

Enhancing Patient Care

- Service improvements:
  - New virtual class for patients with Hyperemesis Gravidarum (DS)
  - Supported the diabetes team to introduce the One Touch app-enabled blood glucose meter (HD)
  - New class for patients commencing on insulin now incorporated into standard care (DS)
- Hospital guidelines:
  - Publication of Hospital Policy for Management of Patients in Pregnancy Post-Bariatric Surgery (CM)
  - An MDT project to update the hospital's anaemia policy commenced (LK)
  - NICU Metabolic bone disease of prematurity guideline developed (NH)
  - NICU Vitamin and mineral guideline updated (NH)
  - Proprems guideline (NH)
  - NICU Parenteral Nutrition Guideline updated (NH)
- Patient resources:
  - Updated patient resources for pregnancy post bariatric surgery
  - Nutritional information on the Rotunda hospital website was reviewed and updated
  - Participated in update of the National Diabetes prevention booklet
  - Produced translated resources for diabetes in pregnancy
  - Revision of "diabetes in pregnancy on insulin" booklet with diabetes
  - Recorded a video for the Rotunda website - Nutrition Post NICU Discharge and Weaning
  - Updated 'Feeding your premature baby after discharge from the neonatal unit booklet'
  - Updated resources for infants with suspected Cow's Milk Protein Allergy
- Audit and research:
  - Pregnancy following bariatric surgery – supported RCSI medical student with data collection and abstract writing. Submitted to INDI Research Symposium (accepted) (HD, CM).
  - Undertaking a retrospective audit of glycaemic, maternal and fetal outcomes for the perinatal period for women with type 1 diabetes using advanced hybrid closed loop insulin pump technology (HD)
  - Undertaking an audit of GDM screening date for women post-bariatric surgery to assess maternal and fetal outcomes and better define the ideal screening

protocol for this patient cohort (HD)
  - NICU OFC audit completed monthly as part of QI to improve OFC measurement compliance (NH)
  - NICU Metabolic bone disease of prematurity (MBDP) audit won 1st prize in Rotunda audit day (NH)
- National project involvement:
  - Member of the writing group for the HSE Hyperemesis Gravidarum Clinical Guideline (CM)
  - Working group member (HD) on the Model of care for diabetes in Ireland (launched in Feb 2024)
  - Update of National Clinical Guideline for the Management of Pre-gestational and Gestational Diabetes Mellitus from Pre-conception to the Postnatal period (HD Writing group member)
  - Develop National competency framework for dietitians working in the area of diabetes (HD)
  - Advisory role for HSE for development of a free diabetes prevention programme specific to women post-GDM in pregnancy (HD)
- Staffing:
  - Approval granted to make 1.0 temporary staff grade dietitian post permanent senior grade.
  - Successful business case to expand dietetic supports for diabetes services (SPC contract for 1 year)

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:
  - Provided regular teaching to NCHDs, consultants and nursing staff in NICU – MBDP, PN, EN and POPD nutrition + CMPA
  - Hyperemesis Gravidarum, Bariatric surgery (CS)
  - Facilitation of undergraduate placement for 2 UCD student dietitians.
  - Provided an education session on dietetic management of women with Type 1 Diabetes using advanced hybrid closed loop insulin pump technology to dietetic colleagues (HD)
  - Developing of an education webinar for HSE community dietitians to begin providing pre-pregnancy care to women with Type 2 diabetes nationally (HD)
  - Organised in-house Ypsomed Insulin Pump training dietetic and diabetes midwifery staff (HD)
  - Delivered education sessions on management of GDM for midwives (DS)
  - Education completed to catering staff on special dietary menus, with particular focus on CHO portion sizes for diabetes menus (DS)
- Maternity courses/training attended:
  - BDA Dietitians working with Eating Disorders (CM) 2 day course
  - BCT Level 2 (CM)
  - Gastrointestinal disorder study day (GIG INDI) (CM)
  - Diabetes Developments in Pregnancy National Networking Forum UK March 2024 (HD)
  - Diabetes Ireland Conference 22 May (HD)
  - LDC Practical Diabetes Technology and HCL Course 13, 14 June (HD)

  - Ypsomed Pregnancy Roadshow 27 Sept (HD, LK, DS)
  - Diabetes UK diabetes in Pregnancy online conference 12 November (HD, LK)
  - Involvement in the national “Maternity Dietitians Ireland” professional groups for peer support
- Neonatal courses/training attended:
  - ESPGHAN neonatal nutrition course (ER)
  - Parenteral Nutrition study day sept (NH)
  - Involvement in the national “Neonatal Dietitians Ireland” professional groups for peer support. Regular involvement with UK Community of Practice group

CHALLENGES IN 2024

- 0.5WTE vacancy in neonatal services due to staff vacancies.
- Diabetes services operated above capacity. Unable to provide care in-line with international best practice.
- Gynaecology services on-hold since 2021.

PLANS FOR 2025

- Enhance services to support women with diabetes in pregnancy (new SPC post)
- Complete update of anaemia in pregnancy guidelines (MDT project)
- Develop new hospital guideline on Hyperemesis Gravidarum (MDT project)
- Continue to contribute to research in the area of pregnancy following bariatric surgery and diabetes
- Develop new patient webinar for “Nutrition in Pregnancy following Bariatric Surgery”
- Enhance support and nutritional resources for marginalised groups and vulnerable patients in pregnancy
- Continue regular teaching sessions to support MDT colleagues
- Seek patient feedback to inform future improvements for dietetic services.
- Develop business case for increased dietetic resources for neonatology

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, Senior 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 Eileen Gleeson, Senior 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 minimise 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. The Department responded to 2,826 patient referrals in 2024.

CLINICAL ACTIVITY

Child Protection

In 2024, 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 2024 were:

TABLE 1: REASONS FOR TUSLA INVOLVEMENT

	2018	2019	2020	2021	2022	2023	2024
Drug use	57	46	60	64	63	60	76
Underage Pregnancy	34	14	15	22	16	14	7
Domestic Violence	48	38	30	37	34	53	56
Mental Health	7	8	1	9	8	6	8
Previous Children in Care	9	6	6	9	8	8	7
Child Welfare	24	23	29	25	37	30	40
Alcohol Misuse	1	8	3	3	3	3	3
Child Neglect	3	6	2	4	1	0	0
Adoption	0	2	1	0	4	0	2
Learning Disability	1	1	3	2	0	7	0
Retrospective Disclosure	0	1	2	3	3	2	2
Physical Abuse					2	0	0
Sexual Abuse					3	1	0
Patient under 18 in care						5	1
Total	**187**	**153**	**152**	**178**	**181**	**192**	**202**

The majority of child protection cases are complex and involve a medical social worker working in partnership, over a number of months, with parents, multidisciplinary colleagues in the Rotunda, Tusla and other relevant agencies 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 comprises a medical social work and midwifery post. Out of 2,826 referrals to the Medical Social Work department in 2024, 767 women were at risk of or experiencing homelessness. This comprises approximately 27% of the total referrals to the medical social work department in this year. In 2024, over 238 pregnant women were referred to the medical social work department by virtue of their status as International Protection applicants requiring additional support. This is a significant increase on previous years and required the support of the wider medical social work team. This figure does not include those women attending DOVE, FAU, bereavement and the adolescent clinic, for example. There has been a considerable increase in patients presenting to the hospital pregnant and at risk of or experiencing homelessness in 2024. The Medical Social Work team will continue to strive to support these patients in the context of a challenging national homeless crisis. In 2025, we aim to enhance and expand our data collection methods to enable a broader view of the diverse support needs and health inequalities facing our patient population to ensure equitable access to services and reduce health disparities where possible.

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 mums 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 recognise 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 perinatal mental health social worker continues to provide the Newborn Behaviour Observation intervention to parents who attend the Specialist Perinatal Mental Health Service.

Following the completion of training in the Circle of Security parenting intervention, the perinatal mental health social worker now offers this 8 week programme to women and their partners on a one to one basis. The programme is designed to help build strong, secure relationships with their infants.

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 MSW service supports young women by signposting them to community services, such as the teen parent support programme.

Of 105 booked deliveries on the teen clinic in 2024, 90 of these patients were referred to medical social work (86%). This is an increase of 8% compared to the number of referrals to medical social work in 2023.

The medical social worker was also referred an additional 8 patients outside of the above due to the following:

- 3 unbooked patients who delivered and received teen clinic postnatal support
- 1 diagnosed miscarriage through the emergency department prior to booking
- 2 Gynae patients who were not pregnant, but there were child protection concerns due to underage sexual activity
- 1 patient aged over 19 was offered the support of the teen clinic under special circumstances
- 1 teenage patient underwent termination of pregnancy prior to booking.

This increases the overall number of patients referred to medical social work to 98.

Of the 98 referrals received, 92 patients were met with face to face (94%).

19 required referrals to Tusla Child and Family Agency (19%).

Referrals were made for the following reasons:

- 7 referrals due to underage sexual activity that required mandatory reporting under Children's First legislation.
- 6 referrals due to domestic violence
- 4 referrals due to maternal drug use
- 2 referrals due to concerns regarding maternal mental health.

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 2024, the medical social work service was offered to 247 parents who experienced a pregnancy loss.

Fetal Medicine Service

The medical social workers attached to the Fetal Medicine Service work 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 socials worker also provide bereavement support where required.

In 2024, there was a total of 203 referrals to social work from Fetal Medicine. 81 of those were from outside Dublin area. A second medical social worker provides a social work service to these patients, where referrals can originate from the satellite clinics across the RCSI Hospital Group in Our Lady of Lourdes, Drogheda and Cavan General Hospital.

The most common reason for a referral to medical social work was a prenatal diagnosis of Trisomy 21 (Down syndrome), Trisomy 18 (Edwards syndrome) and Trisomy 13 (Patau syndrome) as well as fetal cardiac malformations. 90 patients required bereavement support.

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 389 families whose babies were admitted to the Neonatal Unit in 2024.

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 if they are undecided about their decision. In 2024, the social worker received 48 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 organisations. In situations where patients cannot access termination services in Ireland, information and support is given about accessing theses services in the UK.

SATU (Sexual Assault Treatment Unit)

In September 2024, the medical social work service was formally introduced in the Dublin Sexual Assault Treatment Unit (SATU). This development marks a significant step in expanding support for patients who attend the clinic.

The medical social work service offers specialised psycho-social,emotional, and practical support to all patients attending the Dublin SATU. The service ensures that patients have access to crisis intervention, risk-assessment, safety-planning, advocacy, referrals to relevant agencies, including domestic violence and mental health services, and additional community supports. The medical social worker also plays a key role in liaising with external agencies, facilitating ongoing care beyond the initial forensic examination.

In practice, the medical social worker provides comprehensive support to patients throughout their SATU journey. She completes all follow-up calls to patients after their initial presentation, offering a welfare check-in and an opportunity to introduce the service. This ensures that patients are aware of the help available to them and allows for early intervention if needed. Additionally, at follow-up clinic appointments, the medical social worker is on-site to provide one-to-one support, addressing any ongoing emotional, social, or practical concerns that may arise in the aftermath of their experience. One-to-one follow up appointments can also be arranged upon patient request or need.

Prior to the establishment of the medical social work role in Dublin SATU, core nursing/midwifery staff extended their support as much as their scope allowed, primarily by directing patients to known external services. While this ensured that patients received a level of support, it did not replace the need for a dedicated, professional social work service. The introduction of the medical social work role brings a specialised, structured, and trauma-informed approach that compliments the multidisciplinary, holistic care provided at SATU.

Looking ahead, there is a recognised need to expand the medical social work service to other SATU clinics across Ireland. Integrating dedicated medical social work roles into SATUs would enhance the care for patients nationwide, providing equitable access to holistic support services. The ongoing development of the service will continue to be informed by patient needs, emerging best practices, and the evolving landscape of trauma-informed care in Ireland.

Substance Misuse

In 2024, 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. 60 women attending the DOVE clinic, and who delivered in 2024, 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 or secondary to another concern.

In 2024, Tusla held 33 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 2024, there were 6 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.

The medical social worker worked closely with her colleagues in the Neonatal Unit. In 2024, 12 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 3: NUMBER OF DELIVERIES TO SUBSTANCE MISUSING WOMEN

Year	2012	2017	2018	2019	2020	2021	2022	2023	2024
Deliveries to Substance using women	81	62	61	56	56	60	63	64	69
Child Protection Referrals to and from Tusla	64	53	57	46	51	48	48	50	60
Parent(s) signing baby into voluntary care	6	5	5	3	1	4	1	6	6
Babies taken into care under a Court Order	4	1	1	1	10	5	6	3	6

SUCCESSES AND ACHIEVEMENTS IN 2024

In 2024, the first medical social worker in Ireland was recruited to provide a medical social work service in the Sexual Assault Treatment Unit (SATU) forty years after the service was established. The post will enhance the holistic, responsive and patient focused care, which patients already receive, recognising that patients do not experience sexual assault in a vacuum and are often struggling with other complex social issues and concerns.

In 2024, the medical social workers working closely with bereaved parents developed an information leaflet for parents whose baby has sadly died, in response to feedback from parents contained in the National Maternity Bereavement Experience Survey. The leaflet was launched at the Rotunda's Bereavement Day in February 2024.

In 2024, the medical social worker attached to the Teenage Clinic developed 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 apply under the Children First Act.

From 14th October to 18th October 2024, the medical social work team ran a Children First Awareness Campaign in hospital, which included an information stand staffed by the team on 15th October. Daily hospital broadcasts for the week emphasised key principles and messages.

In November 2024, the Rotunda participated in the International 16 Days of Activism against Gender-based Violence. On 27th November, the medical social work team were available at an information stand in the Rotunda's main reception to answer patient's and staff questions and to distribute promotional materials provided by Women's Aid.

At the start of 2024, the medical social work team actively promoted bespoke Domestic Violence pilot training to staff within the hospital. The training programme was developed by Woman's Aid in collaboration with the Coombe, the National Maternity Hospital, Cork University Maternity Hospital and the Rotunda Hospital as part of the pilot Maternity Project. The project came to an end in 2024. One of the many successful outcomes associated with the pilot, was the continuation of the Outreach Support Service initiative. This means that the Rotunda has now a dedicated Woman's Aid Outreach Worker (OW) who responds to domestic violence referrals from the medical social work team. A second OW was appointed to manage referrals from the Coombe and the National Maternity Hospital.

In 2024, the medical social work team found they were working with patients, who had said they were married at booking but were referring to a traditional ceremony rather than a legal marriage. Often these patients had limited English and an unclear understanding of the question. They were unaware of the consequences of giving what they believe to be the correct answer until they went to register their baby's birth. As they were unable to produce a marriage certificate, there was a significant delay in issuing the baby's Birth certificate, until the situation was rectified. This can delay the baby receiving a PPS number, child benefit, a medical card, a passport etc. and can sometimes require medical social work intervention in terms of obtaining an affidavit. In 2024, the MSW attached to Inclusion Health developed a document in different languages clarifying this question for patients, which is now used by administrative staff when booking patients into the hospital.

EDUCATION AND TRAINING

The medical social workers contributed and attended a number of training events in 2024. The perinatal mental health social worker completed training in the Circle of Security® Parenting™ programme (COS). The programme is based on decades of research about how secure parent-child relationships can be supported and strengthened. Secure children are happier, less angry, kinder, and able to get on better with family and friends. The programme is designed to help parents build strong, secure relationships with their children. The programme is delivered in a minimum of 8 sessions of 90min each, spread out over a minimum of eight weeks.

The medical social worker attached to Inclusion Health contributed to a HSE promotional video, in collaboration with Pavee Point, to raise awareness of the Health Inclusion service.

On 6th November 2024, two of the medical social workers working closely with bereaved parents attended the Hospice Friendly Hospital Maternity and Perinatal Loss Network Meeting. Another medical social worker undertook a one day's training with the Teenage Pregnancy Support Programme run by Treoir.

CHALLENGES IN 2024

In 2024, the head medical social worker participated in the planning process for the relocation of out-patient services to Hampson House. The move to Hampson House introduces the challenge of delivering the medical social work service between two separate buildings. To ensure continuity of care, a medical social worker works with the

same patient throughout their maternity journey. As a result of this, the medical social work team need to travel between the two sites depending on whether the patient they are working with is attending an outpatient appointment or admitted to the main hospital. The head medical social worker has worked closely with the relocation team to ensure that the department has space in both locations to function efficiently.

In 2024, the medical social work team continued to face significant challenges around the level of homelessness faced by patients attending the hospital. As discussed, of the 2,826 referrals to the medical social work department in 2024, 767 women were at risk of or experiencing homelessness. This comprises approximately 27% of the total referrals to the department. Historically, it has been challenging to identify patients affected by homelessness, as it is not necessarily the primary reason a patient is referred to medical social work. This challenge was overcome this year by the inclusion health medical social worker analysing all the referrals to the department in 2024 and extracting the numbers of patients where homelessness was an issue.

PLANS FOR 2025

Midwifery BSc students have expressed a wish for more training in working with bereaved parents. The plan in 2025 is to have midwifery students shadow one of the medical social workers specialising in bereavement or fetal medicine on a Monday for the duration of the academic year.

The medical social worker attached to SATU plans to develop information material for staff on her newly established role. This material can be shared with other SATU sites as the role becomes established nationally. She also plans to develop a patient information leatlet outlining how she can assist patients attending SATU. Often patients associate social work exclusively with child protection. The leaflet will clarifiy how her role has been established to help patients manage the complex and challenging psychosocial impacts connected to sexual assault and rape. In 2025, the SATU medical social worker will provide training on her role to the national SATU administration teams and within the RCSI group.

Pharmacy Service

Head of Department

Prof. Brian Cleary, Pharmacy Executive Manager
Ms Elena Fernandez, Chief II Pharmacist

Staff

Ms Fiona Gaffney, Senior NICU Clinical Pharmacist (P/T)
Ms Grace O'Connor, Senior NICU Clinical Pharmacist
Ms Lisa Clooney, Senior Antimicrobial Pharmacist (P/T)
Ms Aileen Cullen, Senior Antimicrobial Pharmacist
Ms Claudia Looi, Senior Pharmacist
Ms Avril Keane, Senior Pharmacist
Ms Michael Farrelly, Pharmacist
Ms Elaine Webb, Senior Pharmaceutical Technician (P/T)
Ms Emer Coll, Senior Pharmaceutical Technician (P/T)
Ms Rachel McNamara, Senior Pharmaceutical Technician (P/T)
Ms Helen O'Hare, Senior Pharmaceutical Technician (P/T)
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 plays a crucial role in ensuring the safe and effective use of medicines for Rotunda patients. In addition to ward-based clinical services, the Department provides specialist medicines supply services, facilitating cost-effective procurement and distribution of medicinal and nutritional products. The Pharmacy team collaborates closely with multidisciplinary colleagues to optimize medication management, leveraging advancements in health information technology to enhance patient safety and mitigate systemic risks.

The Department delivers comprehensive pharmacy services across all clinical areas within the Hospital, catering to both adult and neonatal pharmacy needs. Clinical pharmacy services follow a team-based model in NICU and a location-based model in all other clinical areas.

Continuous audit and quality improvement projects are integral to the Department's work, alongside collaborative research and medicines information initiatives. Key focus areas include Medication Safety, Optimal Medication Use in Pregnancy/Lactation, Maternal and Newborn Randomized Controlled Trials (RCTs), Vaccination in Pregnancy, Clinical Informatics, and Venous Thromboembolism (VTE) Prevention.

Each year, approximately 250,000 medication orders are processed for both inpatients and outpatients, with over 400,000 inpatient medication administrations. Team and ward-based pharmacists review drug charts and patient records daily, Monday to Friday, supporting medical, midwifery, and nursing colleagues in ensuring the safe and effective use of medicines. Medication reviews were recorded for approximately 8000 patients in 2024, with over 70,000 individual inpatient medication orders assessed.

Unfortunately, due to significant staffing constraints in 2024, a considerable portion of clinical pharmacy services went unrecorded.

Additionally, an out-of-hours goodwill on-call service is available to assist with clinical or supply-related queries.

SUCCESSES AND ACHIEVEMENTS 2024

There were a number of achievements in 2024, across several areas, including:

- Collaborated on the national pathfinder project for Nirsevimab, a long-acting monoclonal antibody designed to provide passive immunity against Respiratory Syncytial Virus (RSV) in newborns and infants.
  - Worked alongside key stakeholders to integrate Nirsevimab into national protocols.
  - Provided training and guidance for medical, nursing, and pharmacy staff on Nirsevimab's administration, efficacy, and safety profile.
  - Secured a temporarily funded Informatics Pharmacist post to enable accurate and timely reporting on Nirsevimab uptake to identify determinants of uptake to help shape public health policy and future iterations of the programme.
- Collaborated on establishing pharmacy services for Hampson House, initiating a twice weekly top up service.
- Expanded analgesia options for women undergoing hysteroscopy, manual vacuum aspiration, or challenging coil fittings by offering more effective pain management, ultimately minimizing the number of women requiring referral for theatre-based procedures.
- Created a Pre-Operative Pharmacy Medication Referral for complex patients with polypharmacy needs prior to undergoing elective gynaecological surgery.
- Continued development of the clinical pharmacy services by expanding the pharmacist role in ordering non-prescription medications for inpatients. This initiative aimed to optimize appropriate medication use and improve timely access.
  - Continued development of the Irish Medicines in Pregnancy Service
  - Completed the CONCEPTION e-Learning project, including securing EACCME accreditation for the course and piloting of the course with undergraduate pharmacy students.
  - Secured additional funding in collaboration with the National VTE Prevention programme to provide further pharmacist support with a particular emphasis on venous thromboembolism risk reduction.
- Developed shared decision making materials to support parents in making decisions about Nirsevimab administration.
- Ongoing support and optimisation of the VTE risk assessment tool, Thrombocalc, including success in the Department of Public Expenditure and Reform's Public Service Innovation Fund scheme- this €100,000 funding supported the development of a version of Thrombocalc that is integrated with our test version of MN-CMS.
- Development and updating of the Rotunda Antimicrobial Guide App, with continued development of antimicrobial consumption surveillance.
- Collaborated on National Antimicrobial Point Prevalence Survey with the European Centre for Disease Prevention and Control.
- Contributed 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.
- Won the Hospital Pharmacy Team of the Year award at the Pharmacy Excellence Awards 2024.

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.
- Collaborative work with IMPS and Midwifery colleagues to complete a point prevalence survey of immunisation uptake at delivery and publish studies on patterns of antiseizure medication use in pregnancy.

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 2024

The Department faced several challenges this year which included:

- Sustained significant challenges with continuity of supply of medicines and medication shortages of critical medicines for all patient groups.
- 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 2024.
- Recruitment and retention of pharmacy staff in a challenging recruitment environment.

PLANS FOR 2025

The Department's plans for 2025 include:

- Go live with the new National Hospital Medicines Management System (HMMS).
- Go live with Guided Pick functionality to ensure that barcode scanning functionality is extended to non-robot stock, facilitating accurate picking of products and automated expiry date management.
- Continued development of Rotunda innovations on thrombosis risk assessment (implementing a SMART/FHIR version of Thrombocalc in our live system) and neonatal acute kidney injury/fluid balance.
- Explore the expansion of the Pharmaceutical Technician's role (medication history taking).
- 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.
- Complete the updated national guidelines on hyperemesis gravidarum.
- Develop analytics capacity to address clinical projects related to Nirsevimab, neonatal acute kidney injury, and post partum haemorrhage.
- Establish pilot feasibility study to test for potentially preventable hearing loss with gentamicin use in neonates.
- Expand recruitment pool by providing training placements for pharmacy interns


Hospital
Department

Physiotherapy Service

Head of Service

Ms. Cinny Cusack, Physiotherapist Manager

Staff

Ms Brona Fagan, Clinical Specialist NICU and paediatrics
Ms Anna Hamill, Clinical Specialist NICU 0.5 WTE and paediatrics
Ms Patricia Weldon, Clinical specialist NICU and paediatrics
Ms Eithne Dee, Clinical Specialist NICU and paediatrics
Ms Niamh Kenny, Clinical Specialist Ambulatory Gynaecology and community
Ms Grainne Sheil, Clinical Specialist 0.5 WTE Obstetrics
Ms Paula Donovan, Clinical Specialist Ambulatory Gynaecology
Ms Nora McCreadie, Clinical Specialist Endometriosis
Ms Sadhbh Reynolds, Senior Physiotherapist
Ms Helen Feeney, Senior Physiotherapist
Ms Emma Houlihan, Physiotherapist

Cover for maternity leave

Ms Jenny Foley, Physiotherapist
Ms Rosin Brennan, Physiotherapist
Ms Aine Treanor, Physiotherapist
Ms Niamh Wall, 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.

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. Private classes in person classes are held on a Saturday.

The inpatient service focuses on postnatal mothers who are at risk of pelvic floor dysfunction. All patients are reviewed following major gynaecological surgery.

Postnatal Classes

This class supports new mothers with essential postpartum health education, focusing on good bladder and bowel health, pelvic floor recovery, and managing incontinence or prolapse symptoms. It also covers assessing diastasis of the rectus abdominus muscle (DRAM) and provides guidance on safely returning to exercise, including running at three months postpartum. Classes are available on Zoom or in person at Roselawn Community Health Centre, with additional video resources on postnatal exercises accessible via the Rotunda website.

The outpatient service provides assessment and treatment of patients referred from the Obstetrics and Gynaecology clinics.

Obstetrics. Pelvic girdle pain (PGP) affects approximately 25 % of pregnant and post-partum patients attending the Rotunda. These referrals are triaged and patients are either booked to attend a zoom/in person class or given individual appointments. Key components of the European guidelines inform our treatment approach. These 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 on self-management strategies. External supports such as tubigrip and SRC pregnancy shorts promote mobility.

Postpartum women can self-refer for individualised treatment for up to six weeks for musculoskeletal issues and for pelvic floor dysfunction up to six months following birth. 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.

Gynaecology. The National Women and Infants Health Programme (NWIHP) have funded 2.5 WTE clinical specialist Physiotherapist posts in the Urogynaecological and Endometriosis services. This enables both the Consultant and the Physiotherapist to review patients in the same clinic. The Endometriosis service is rapidly expanding and this year 210 patients were referred into the service.

The hospital gynaecology waiting list is triaged to identify patients suitable for a first line conservative course of physiotherapy. This approach facilitates physiotherapy treatment to be completed before the patients are discharged back to the GP or booked back into the Urogynaecology clinic for further management. Pessary fitting and teaching self-management of removable silicone pessaries is now an adjunct to prolapse management.

Manaement of pelvic floor pelvic floor pain and dyspareunia is an area, which has seen a significant increase in activity with 566 referrals this year. The treatment focus is a trauma informed approach and may include pain education, manual therapy, and holistic advice such as abdominal breathing for release, relaxation, exercises, electrotherapy and dilator therapy.

Neonatal and Paediatric Physiotherapy

The neonatal and paediatric physiotherapy service offers specialized care for babies under one year. Neonatal physiotherapists assess infants in NICU who are at risk of movement, neurological, and developmental impairments and provide early intervention. The NICU physiotherapy team supports babies with prematurity, neonatal encephalopathy, neonatal abstinence syndrome, genetic syndromes, brachial plexus injuries, orthopaedic and musculoskeletal issues, neurodisabilities (e.g., cerebral palsy), and complications from extended hospital stays. As a key part of the family-integrated care team, physiotherapists educate and assist parents in providing neurodevelopmental care for their babies through handling, positioning, massage, and physiotherapeutic techniques. They also contribute to MDT education, audits, quality improvement, service development, and integrated care pathways. Physiotherapists support discharge planning, ensuring a smooth transition from NICU to home.

The outpatient service follows up babies post-discharge for additional screening, therapy, and onward referral if needed. It also covers musculoskeletal referrals from the wards and paediatric outpatient clinics, seeing conditions such as talipes, plagiocephaly, torticollis, brachial plexus injuries, genetic disorders, and neurodevelopmental delays. The 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 clinical activity in the outpatient table reflects the categories of referrals into the service. For all Gynaecological and Endometriosis referrals, the patients opt into their appointments by acknowledging their intention to attend by email/phone as a means of reducing the DNA's.

CLINICAL ACTIVITY

TABLE 1: ADULT NEW OUTPATIENTS					
	2020	2021	2022	2023	2024
Pelvic Girdle Pain	1,845	2,247	2,242	2,325	2,260
Urinary Incontinence (Gynaecology)	198	289	342	318	320
Urinary Incontinence (Pregnancy / postpartum)	161	202	260	247	230
Obstetric Anal Sphincter Injury	124	84	59	117	113
Previous perineal tear	46	92	56	81	93
Prolapse	141	261	264	263	323
Carpal Tunnel Syndrome	108	156	122	150	177
Dyspareunia/Pelvic Floor Pain	197	234	294	386	566
Faecal Incontinence	14	16	48	36	29
Endometriosis				153	210
Post-partum self-referrals		104	91	185	248
Corduff/Roselawn community			40	134	102
Direct Gynae triage to physio			85	57	14
Total	**2,834**	**3,685**	**3,847**	**4,452**	**4,685**

TABLE 2: ADULT NEW INPATIENTS					
	2020	2021	2022	2023	2024
Prenatal Pelvic Girdle Pain / Carpal Tunnel Syndrome/Respiratory	83	56	118	105	83
Postnatal encounters	7,488	8,069	7,921	7,860	8,143
Gynaecology	105	80	144	240	354

TABLE 3: NEONATAL NEW INPATIENTS					
	2020	2021	2022	2023	2024
Obstetric brachial plexus injury or upper limb fracture	21	25	22	18	14
Talipes	53	30	38	36	39
Head and neck (head lag/hypotonia/facial palsy)	13	5	6	22	18
Trisomy 21	13	25	20	8	22
NICU referrals	182	219	194	210	210
Total	**282**	**304**	**280**	**294**	**303**

TABLE 4: PAEDIATRIC NEW OUTPATIENTS					
	2020	2021	2022	2023	2024
Plagiocephaly and torticollis	59	68	78	73	65
Talipes	17	14	29	21	7
Neurodevelopmental, (including NICU outpatient referrals 2023)	26	191	172	185	192
Other Musculoskeletal problems	1	2	10	5	3
Total	**103**	**275**	**289**	**284**	**267**

SUCCESSES AND ACHIEVEMENTS 2024

- Provision of five undergraduate specialist lectures in ante and postnatal physiotherapy and incontinence management.
- Placements for RCSI School of Physiotherapy students.
- The community physiotherapist and inclusion midwife are working to support women living in International Protection Accommodation Services (IPAS) and homeless accommodation. They provide antenatal and postnatal education in their community setting. The initiative was showcased through a poster presentation at the RCSI Quality and Patient Safety Conference in April 2024, at the physiotherapist Research and Audit Day in May 2024 and Charter Day.
- After auditing attendance rates at the PGP class, a new two-way texting system was introduced which allows women referred with PGP to opt into the class. This change gives them more flexibility in scheduling appointments and aims to further reduce the rate of missed sessions (DNA rate).
- A re-audit of the physiotherapy management of OASIS was presented at the Bi annual Audit and Research meeting.
- Collaborative working between physiotherapy and the delivery suite staff has enabled a standardised approach taken to pushing in labour. This initiative aims to align antenatal education with practical techniques used on the ward, ensuring consistency in guidance and support for expectant mothers.
- In preparation for the return of in person antenatal and postnatal classes, a senior member of staff attended the NWHIP funded course on facilitating adult learning.
- The introduction of a baby massage class to support the transition between NICU and the community.
- The establishment of a high-risk pathway for a paediatric babies who are at risk of cerebral palsy into an outpatient physiotherapy follow up clinic.
- The organisation of the Kangaroo care day to celebrate the promotion of skin to skin for the neonates
- The streamlining of admin processes and a revision of clinic codes to reflect clinical services has significantly improved the departmental efficiency.
- Physiotherapists have participated in the Women's aid training to recognise and support women suffering domestic abuse.
- Public Health Nurse training on the role of physiotherapy in the postnatal period.

Continuous Professional Development (CPD)

Physiotherapy staff actively engage in regular CPD in the form of weekly in-service training, case presentation and ongoing staff supervision. Staff continuously update their CPD requirements by attending postgraduate short/long courses and conferences and self-directed learning. The focus this year has been on upskilling new staff in the management of incontinence and pelvic floor disorders.

Paediatric courses

- Prechtl General Movements Training
- Irish Neonatal Therapy/HSCP in neonatal care study day

Adult courses

- Endometriosis study day
- Physiotherapy management of pelvic organ prolapse
- Functional Pelvic floor training for athletes
- The management of advanced pelvic floor disorders
- The management of bowel incontinence
- The management of pelvic pain course
- The Bump room antenatal education course
- Continence Foundation Ireland study day
- Management of bladder pain
- Research update for prenatal and postnatal women

Professional Working Groups

- Neonatal Physiotherapy National Network
- Cinny Cusack is the Irish Society of Charted physiotherapist (ISCP) representative on the National Women and Infants Health Programme (NWIHP)
  - Member of antenatal steering group
  - Lead member of the physiotherapist ambulatory gynaecology steering group
  - Member of the NWIHP postnatal hubs working group
- Chartered Physiotherapists in Women's Health and Continence (CPWHC) members
- RCSI Physiotherapy Managers working group
- CPM Chartered Physiotherapists in Management

CHALLENGES 2024

- The main challenge is balancing our ongoing busy clinical activity with limited physical space and insufficient administration support for the activity of the physiotherapy department and parent education.
- Due to maternity leave and other absences among clinical specialists and senior staff, their roles have been temporarily filled with staff grades. This has required both internal and external training to upskill these staff so they can eventually manage complex cases in endometriosis, gynaecology, and obstetrics. As a result, there has been an increase in patients waiting for specialist services.

PLANS FOR 2025

Planning the departmental move to the Dominick Street new facility.

- To update of the PGP education and exercise videos for the Rotunda Website to reflect an update in evidenced based care.
- A new Endometriosis education, management, and exercise class will be introduced for women referred to physiotherapy from Dr. Daly's clinic. This class will take place over two consecutive weeks each month, providing support and guidance for managing symptoms and improving overall well-being.
- The Clinical Specialist Physiotherapist in Obstetrics will join the Perineal Clinic team in Hampson House. This transition aims to provide streamlined patient access, allowing both Consultant and physiotherapist appointments to take place in the same clinic, with a combination of joint and individual consultations.
- An inpatient service will be introduced to provide TENS (Transcutaneous Electrical Nerve Stimulation) units for pain management to mothers experiencing Pelvic Girdle Pain on the prenatal ward. This initiative aims to offer effective pain relief and improve comfort during pregnancy.
- Bite size' social media clips being filmed for the Rotunda Hospital's social media channels signposting patients to our resources on the website.
- Women on the physiotherapy gynaecology waiting list will receive a letter containing a QR code or link to patient information. This will provide educational resources and guidance, particularly on how to complete the bladder chart before their first appointment, ensuring they are well-prepared for their consultation.
- Ongoing participation in the Early Detection and Intervention for CP in Ireland Study. The standardisation of high risk assessments at 3 and 9 months as part of routine care.
- Participate in High risk infant follow up clinic as part of the MDT in Hampson Hou for diagnoses of cerebral palsy

Complex Menopause Service

Clinical Lead

Dr Caoimhe Hartley, GP and Clinical Lead, Complex Menopause Clinic

Staff

Mercy Ninan, C.N.S.
Ruth Murphy, Physicians Associate
Dr Khitam Abdullah, GP Fellow, RCSI
Dr Fanta O'Brien, GP and Menopause Specialist
Sinead Mooney, Administration

Cover for maternity leave

Ms Jenny Foley, Physiotherapist
Ms Rosin Brennan, Physiotherapist
Ms Aine Treanor, Physiotherapist
Ms Niamh Wall, Physiotherapist

SERVICE OVERVIEW

Menopause is the term given to the final menstrual period. This reflects a loss of estrogen production from the ovaries which can be impactful on the physical and emotional wellbeing or long-term health of some women.

Many women do not have distressing symptoms at this time but approximately 70-80% of women will report symptoms affecting their quality of life. Some women may suffer debilitating symptoms, affecting their ability to work or enjoy life.

For some women this loss of reproductive ability may be deeply felt, and for all women the menopause is a personal experience, not just a medical condition. However, the diminishing release of oestrogen from the ovary as women advance into their 40s is often the cause of symptoms which can be distressing and may need medical attention.

According to official figures from the Department of Health, almost one in three (31%) of women aged 35 years and over are currently going through perimenopause or menopause. The statistics come from a survey carried out by the Department in October 2022

Women who have a complex medication background (for example, women who have had a history of breast cancer) may require more specialist advice and support to manage their symptoms and support their long-term health.

The Complex Menopause Service here in The Rotunda Hospital was established in October 2022 and provides evidence-based, expert support and advice for women who have menopausal symptoms and a complex medical history.

In the last 12 months, the Menopause Service continues to be extremely busy with a large volume of referrals from both Gynaecologists and GPs.

The clinic has now expanded to a full day clinic on Tuesdays and Thursdays and an additional "tele-med" clinic on a Monday.

Four extra clinics were arranged in Nov/ Dec to see new patients and reduce our waiting list.

CLINICAL ACTIVITY

Key Performance Indicators

TABLE 1: NUMBER OF REFERRALS RECEIVED IN 2024	
Total number of referrals received in 2024:	**915**
Total number of new patients seen in 2024: (37 new patients visits in additional clinics Nov /Dec)	**727**
Total number of review patients seen in 2024:	**943**

The number of referrals co ntinues to increase and the majority of our referrals come from General Practice.

ACHIEVEMENTS IN 2024

We were delighted in October to host a special teaching session for Rotunda staff. Presentations on the topics of Menopause physiology, Hormone Replacement Therapy, Lifestyle Health and Sleep management were given by Dr Hartley, Ruth Murphy and Mercy Ninan to a packed lecture theatre. We also held a staff-information service in October where Rotunda staff were invited to come to the clinic and to have a one-on-one opportunity to ask any questions they may have about perimenopause and menopause.

The Menopause Service provided information leaflets on a range of different, relevant topics which were promoted at the front-desk of the Hospital, in October.

Mercy Ninan delivered a well received educational talk to General Practice nursing staff for GP nurses practicing in the Rotunda Hospital catchment area. Dr. Hartley also delivered an educational session for our local GP community. Dr Hartley was delighted to serve as a trainer for several Gynaecology registrars as they worked towards their accreditation with the British Menopause Society.

RESEARCH

We undertook an audit to look at the patient referrals to our service. This showed that the majority of our patients do meet our complex medical criteria and we took a closer look at our referral pathway, for GPs, on this basis.

GOALS FOR 2025

We have a new audit started which aims to look specifically at patients with a history of breast cancer and the types of medication we are prescribing, their effect and tolerability.

We have developed feedback forms for patients which will be distributed to all patients attending the clinic, at their first visit. We are hoping that this will help us to continue to improve the service we are providing and address the specific needs of our patients.

We would like to develop an outreach educational programme to increase the level of education, information and support available to women from marginalized communities, including refugees and the travelling community. This initiative aims to provide accessible and culturally sensitive information and support to those who may face additional barriers to healthcare.

We plan to schedule a 1 hour teaching session every 3 months, for clinic staff to discuss challenging clinical cases and review any new guidelines or research that is relevant.

We are delighted to see the expansion and development of the clinic. The numbers of patients we are seeing has increased year on year since the establishment of the clinic and hopefully this will continue to grow in 2025.

Quality and Safety Services

Quality and Patient Safety Department

Head of Department

Ms Sheila Breen, Head of Quality & Patient Safety

Staff

Ms Jessica Owolawi, Information Governance Manager
Ms Jane O'Brien, Information Officer (maternity leave from Sept 2nd)
Ms Stephanie Meagher, Information Officer (from Sept 2nd)
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

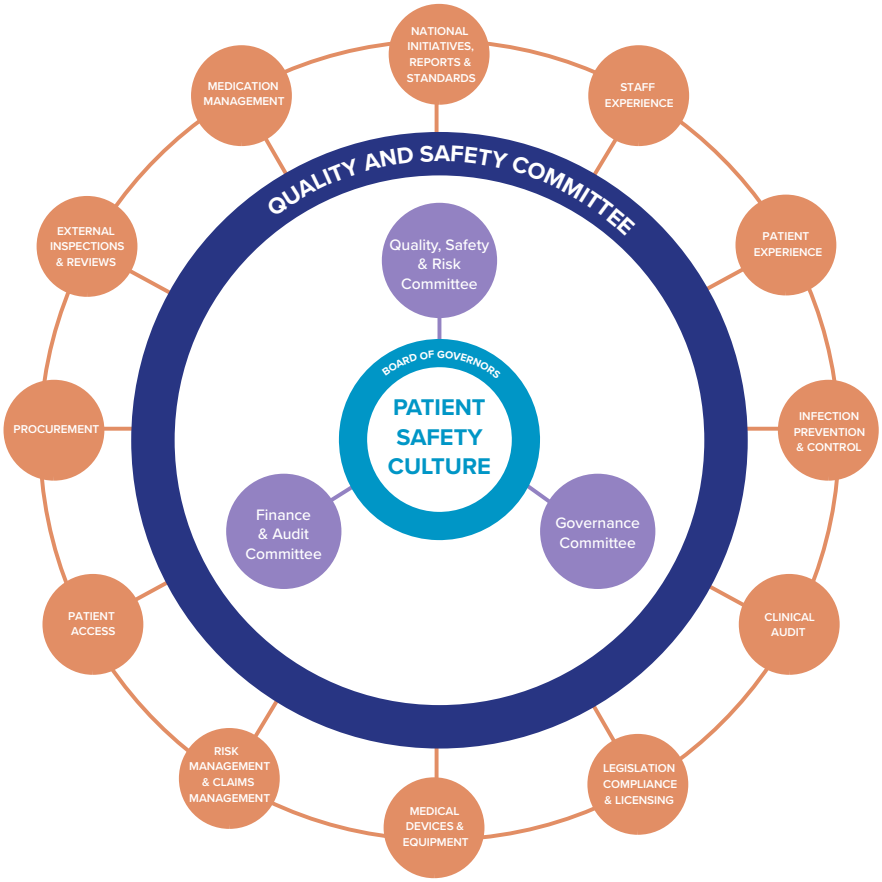


FIGURE 1: ORGANISATIONAL STRUCTURE QUALITY, SAFETY AND RISK MANAGEMENT

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. A new template was implemented during the year with a view to streamlining reports and to ensure that the key messages were clearly outlined. The Committee, which is Chaired by the Master met on ten occasions during 2024.

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 weekly report on complaints management is submitted for the Executive Management Teams meetings. 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/HSE Dublin and North East Acute Hospitals.

Complaints Management

TABLE 1: COMPLAINTS MANAGEMENT

	2023	2024
Complaints received	106	144
Complaints closed	108	149
% closed within 30 days	**98%**	**98%**

The number of complaints received in 2024 was significantly (36%) higher than the number received in 2023. This was in line with the national trend of an increase in the number of complaints received. Despite the increase in the number of complaints received, 98% were closed within the 30 working day timeframe, thanks to the prioritisation given to reviewing and responding to concerns raised by the Clinical and Management staff.

Fifteen complaints were resolved informally within 48 hours of receipt. Two complaints were escalated to the RCSI Hospital Group for review; one was declined (outside the 30 day timeframe). The other complaint was reviewed and the original decisions were upheld. Five complaints were referred to the Ombudsman's Office.

The components of each complaint are categorised under eight 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, safe & effective care and access.

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 1,215 patients/families was recorded during the year (18% increase from 2023). Twenty four negative comments or suggestions for improvement were also received.

SUCCESSES AND ACHIEVEMENTS IN 2024

Quality Improvement Plans 2024 (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, 363 quality initiatives were identified during the year. Thirty five projects were showcased in poster format on Charter Board Day on November 8th.

By year end, 279 (77%) initiatives were completed, 56 (15%) were ongoing/work in progress, including some relating to the relocation of services to Hampson House in January 2025. There were 28 (8%) projects that had to be deferred/not progressed. Reasons for deferring included prioritizing planned relocation to Hampson House, lack of funding, current activity levels and staff deficits in key departments.

Audits and Inspections

The annual INAB inspection took place on April 22nd, 29th and 30th. 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.

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 are required to complete the HSeLanD Module 2 programme - Open disclosure: applying principles to practice and to attend a face to face workshop.

The Patient Safety Bill commenced on September 26th, 2024. This legislation introduced mandatory open disclosure for certain patient safety incidents, requiring health service providers to disclose such incidents to patients and relevant individuals. It also outlines procedures for notifying regulatory bodies like the Health Information

and Quality Authority. The Rotunda is committed to being open and honest in all their interactions with women and families who avail of our services.

Uptake of open disclosure training is reported at monthly Quality and Safety Committee meetings and to the RCSI Hospital Group/HSE Dublin and North East Acute Hospitals quarterly. By the year end, 86% of staff had completed the mandatory training, which is renewable every three years.

RCSI Hospital Group Conference on April 12th 2024 - 'Why Compassionate Healthcare Matters'

- **Aine Fox – oral presentation accepted**
  Implementing a Neuroprotective Care Bundle to protect our smallest babies from brain injury: Quality Improvement Initiative.
- **Chantal Murdoch – poster presentation accepted**
  Next Birth After Caesarean (NBAC) Midwifery-Led Service, empowering women through a shared decision-making model of care.
- **Niamh Kenny, Carol Guinan, Cinny Cusack – poster presentation accepted**
  Introducing a 'pop up' Rotunda physiotherapy clinic for women from International Protection Accommodation Services (IPAS).

RCSI Hospital Group clinical audit day was held on June 14th.

Eight audit abstracts were submitted from the Rotunda and 4 were selected for poster presentation and one for oral presentation. Joan Devin (Irish Medicine in Pregnancy Service) won the prize for best teamwork and communication project - intrapartum stress dose steroid use.

Virtual Maternity Open Week

New and prospective parents were invited to participate in our annual virtual Maternity Open Week from October 6th - 12th. Questions were submitted in advance of the event. Our multidisciplinary team experts recorded answers to the questions, which were posted on social media channels during the week.

Plans for 2025

Facilitate the Rotunda's participation in the 2025 National Maternity Experience Survey by collating and submitting the dataset of mothers delivered in February and March 2025. Further service enhancements and improvements to address opportunities for improvement will be identified following release of the survey results.

Monitor progress with implementation of the Quality Improvement Initiatives identified.

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 plays a crucial role in ensuring the hospital stays ahead in information management excellence while maintaining compliance with legal regulations and industry standards. By collaborating and driving proactive initiatives, the department enables the hospital to maximise the value of its information assets while protecting the confidentiality, integrity, and availability of sensitive data.

TABLE 2: FREEDOM OF INFORMATION (FOI) AND SUBJECT ACCESS REQUESTS			
	2022	2023	2024
Personal FOI requests	292	364	497
Non-personal FOI requests	23	28	24
Subject Access Requests	1355	883	1286
Total requests received	**1670**	**1275**	**1807**

In 2024, the predominant categories of requesters were patients and legal representatives acting on behalf of patients. Notably, most of all requests falling within these categories were effectively addressed within the stipulated one-month timeframe for routine cases. In line with legal requirements, Freedom of Information (FOI) requests must be processed within 20 working days. In 2024, nearly 99% of FOI requests were completed within this timeframe.

The Data Protection Act 2018 grants individuals the right to access their personal records, free of charge, if the hospital holds any information about them. This legislation also requires the hospital to explain the purpose of retaining personal data and allows individuals to request a copy of their information, whether in electronic or paper format. These requests are commonly referred to as Routine Access Requests.

In 2024, the majority of requesters were patients or their legal representatives. Remarkably, 99% of these requests were handled within the required one-month period for routine cases.

Data Protection

The Information Governance Department remains committed to fostering a culture of compliance and continuous learning, employing strategies to boost training participation rates and ensure that staff members remain abreast of evolving data protection requirements and best practices.

The Information Governance Department plays a vital role in managing data protection training and ensuring that compliance is maintained on an annual basis. Data protection training is mandatory for all staff members and is an integral part of the corporate induction programme. This ensures that new employees are equipped with essential knowledge and skills relating to data protection regulations and best practices right from the start.

To address the varied needs of different departments, specialised training sessions are offered, tailored to the specific requirements of each team. This approach ensures that staff not only gain a solid understanding of general data protection principles but also develop the expertise needed to handle sector-specific challenges and compliance standards.

Staff are encouraged to utilise the HSeLanD platform, which provides flexible online access to comprehensive data protection modules. This allows employees to complete training at their own pace, accommodating different schedules and work commitments.

The Information Governance Department is dedicated to fostering a culture of compliance and ongoing education, implementing strategies to increase training participation and keep staff up to date with the latest data protection requirements and best practices.

TABLE 3: DATA PROTECTION TRAINING COMPLIANCE RATE			
	2022	2023	2024
Data Protection Training Compliance rate	67%	68%	74%

Data Protection Breaches and Non-Conformances

A personal data breach occurs when there is a security incident leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure, or access to personal data. To ensure compliance and protect individuals' rights, the Hospital's Data Protection Officer (DPO) carefully evaluates every reported breach. The DPO assesses the potential risk to individuals' rights and freedoms, and if the risk is deemed significant, the breach is immediately reported to the Office of the Data Protection Commissioner, in accordance with legal requirements. As per legal obligations, the Hospital must report breaches that meet the threshold within 72 hours of being notified. In 2024, there were 12 reported data breaches to the Data Protection Commission, along with 95 instances of non-compliance identified.

The Hospital recognises the importance of proactive breach management and continuous improvement. Therefore, it incorporates lessons learned from breaches and non-compliance incidents into its mandatory data protection training programme. By embedding these lessons into the training, staff are equipped with the knowledge and skills to effectively identify, address, and mitigate the risks related to data breaches and non-compliance. This proactive strategy highlights the Hospital's ongoing commitment to upholding the highest standards of data protection, ensuring the confidentiality, integrity, and availability of personal data under its care.

PLANS FOR 2025

- Create, review and update relevant policies and procedures with a focus on data protection elements, ensuring alignment with current regulatory requirements and best practices.
- Provide support and guidance to staff on data protection safeguards for new projects and initiatives by offering advice on conducting Data Protection Impact Assessments and establishing appropriate agreements.
- Assess Third-Party Contracts ensuring that contracts with third-party vendors include strong data protection clauses, particularly when it comes to sharing patient data.
- Conduct a comprehensive assessment of data security and protection training needs across the Hospital, tailoring training programmes to address both generic and department-specific requirements. By identifying areas for improvement, the Hospital can ensure that staff members receive adequate training and resources to effectively mitigate risks and adhere to data protection regulations.
- 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, while also increasing staff awareness of data protection best practices. These tools will enable proactive monitoring of data handling practices, identifying potential vulnerabilities and areas for improvement to strengthen overall data protection measures.

Infection Prevention and Control Service

Head of Department

Prof. Richard Drew, Consultant Microbiologist

Staff

Dr Meaghan Cotter, Consultant Microbiologist
Dr Deirdre Broderick, Consultant Microbiologist
Ms Anu Binu, ADOM Infection Control
Ms Alva Fitzgibbon, Infection Control Midwife
Ms Shonagh Strachan, Infection Control Midwife
Ms Lisa Clooney Antimicrobial pharmacist

SERVICE OVERVIEW

The Infection Prevention and Control (IPC) Team aims to minimize the risk of our patients acquiring Healthcare Associated Infections (HCAI). The IPC team works with the multidisciplinary team (MDT) to ensure that the highest possible standard of care is given to patients, consistent with national and international standards.

The IPC team provides specialist knowledge and consultancy and expertise in IPC to hospital management and healthcare staff and patients. The IPC team consults in individual cases and scenarios and also develops and implements IPC policies, procedures and guidelines.

The IPC team provides training and education to staff and coordinates audit, education and surveillance and reports to the IPC and Quality and Safety Committees. The team also communicates directly with patients and their GPs about HCAIs and resistant organisms.

SERVICE ACTIVITY

The IPC team

- Role models best practice in evidence based care relating to Infection Prevention and Control and acts as a resource to staff for all IPC related queries
- Performs daily ward rounds and assessment and advice for clinical staff regarding the management of patients with infections or isolation requirements
- Works with the antimicrobial pharmacist to ensure appropriate antimicrobial stewardship
- Maintains effective communication between clinical staff and hospital management to ensure coordinated and effective patient care
- Provides education and information to patients and families on specific infection risks and treatments.
- Advocate for patients' specific needs in relation to IPC issues and safety
- Provides effective education and training to staff based on national and international guidelines in conjunction with the Practice Development Unit
- Provides IPC training at incoming staff induction, NCHD changeover, to adaptation staff and at IPC refresher courses.
- Provides needs-based training in specific departments or on specific issues when these are identified via clinical audit or are identified by staff.

- Works with the laboratory surveillance scientist to implement and maintain efficient Infection Control surveillance for prompt identification of issues arising and containment of infectious agents and resistant organisms.
- Continuous monitoring of IPC standards throughout the hospital based on IPC policies through clinical audit and surveillance
- Co-ordinates outbreak management and contact tracing, in conjunction with the MDT, with particular emphasis on source identification and root cause analysis of HCAIs as well as outbreak control.
- Works with Occupational Health Department in promoting awareness and administration of seasonal flu vaccines
- Carries out audits on adherence to hand hygiene training and coordinates and reports on ward level audits of hand hygiene compliance, and peripheral and central venous catheter insertion bundles.

QUALITY AND SAFETY SERVICES SUCCESSES & ACHIEVEMENTS 2024

- Expansion of the use of Isla healthcare technology to send information leaflets re Multidrug Resistant Organisms (MDROs) to patients and letters to their GPs. Expanded the use of the system to other areas and projects in the hospital including the RSV vaccination programme.
- Winter Planning and appropriate mask wearing training was done in the clinical areas
- IPC committee heard report from the SSI prevention steering group coordinated by Clinical Risk department and terms for new Care Bundle for SSI prevention agreed. This was introduced in September 2024.
- A postnatal wound care leaflet was developed by postnatal CMM3 and made available to distribute through Isla
- The requirement for a full time CMM2 in IPC was identified and the position was filled in December.
- Flu vaccination clinic ran in-house and covid vaccination clinic was run by HSE
- IPC engaged with antimicrobial pharmacist in point prevalence antimicrobial survey
- In conjunction with MN-CMS, IPC introduced new method of documentation of MDRO status and patient communication of same
- IPC participated in building meetings and planning to ensure IPC compliance to National Health Building Notes (HBN) Standards in Hampson House
- Measles Preparedness Plan was created and circulated to all clinical staff and to the EMT. Staff training was done in the clinical areas.
- RSV vaccination programme was successful and no cases were noted in Temple Street
- MRSA care plan was made available on MN-CMS and is auditable

CHALLENGES 2024

- MRSA colonisation increasing in the community; IPC increased education for clinical staff on the issue of MDROs.
- Increased incidence of exposure of pregnant patients to chicken pox (varicella) and Parvovirus B19 in the community was noted. Increased training was undertaken for staff.
- Infection control remains a challenge due to our infrastructure


Rotundahospital
Happy World Hand Hygiene Day
100,000 likes


Hand Hygiene Campaign


GERMITEC
Infection Prevention & Control


23 - 24 April

Clinical Audit Service

Head of Service

Prof. Sharon Cooley, Consultant Obstetrician Gynaecologist

Staff

Ms Mary Whelan, Clinical Audit Facilitator and Assistant Director of Midwifery
Dr Valerie Jackson, Clinical Audit & Surveillance Scientist
Mr Colin Kirkham, Research Officer
Dr Hifsa Sial, 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.

SUCCESSES & ACHIEVEMENTS 2024

Enhancing Patient Care

Register of Clinical Audit

In total, 82 clinical audits were registered in 2024 (60 first time audits and 22 re-audits), one audit more than in 2023. Seventy four audits were completed in 2024 (Table 1).

TABLE 1: NUMBER OF COMPLETED CLINICAL AUDITS 2020-2024

Audit Type	2020	2021	2022	2023	2024
First audits	26	24	34	48	49
Re-audits	15	16	25	23	25
Total	**41**	**40**	**59**	**71**	**74**

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. Two, two day Clinical Audit Workshop for Midwives and Nurses was delivered in the Centre of Midwifery Education, Coombe Women and Infants University Hospital in February & October 2024 (Day 1) and May 2024 & January 2025 (Day 2).

The Biannual Clinical Audit and Research Meetings were held in January and June 2024. In addition the Quarterly Interim Audit Results Meetings were held in each quarter of 2024. 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 2024

1st Place

- Ms Naomi Hastings - Retrospective audit of the management of metabolic bone disease of prematurity in infants admitted to a neonatal unit

2nd Place

- Ms Patience Mwesigye - Haemolysed and clotted neonatal blood samples

Joint 3rd Place

- Ms Geena Joseph/Mark Hollywood ANP - An examination of documentation practices on reporting of clinical risk occurrences re medication related incidents
  Dr Ahmad Almaiman - Supplementation of breastfeeding with formula in infants with mild- moderate jaundice

Research Project winner

- Dr Aine Fox - Implementing a Neuroprotective Care Bundle to protect our smallest babies from brain injury: Quality Improvement Initiative

June 2024

1st Place

- Dr Tara Banon - A Re-audit of timing of administration of post-partum thromboprophylaxis in relation to spinal for CS, following intervention and An audit of assessment of recovery of motor block post neuraxial anaesthesia

2nd Place

- Dr Sarwat Azeem Habib - A retrospective audit of fully dilated Caesarean Section in Robson1 group

Joint 3rd Place

- Shauna Carrigan Med Std - An Audit of Sound Levels in the Neonatal Intensive Care Unit as Part of The Neuroprotective Care Bundle

Research Project winner

- Dr Dan Kane - Genital and anal injury after sexual assault: Prevalence rates and associated risk factors Injury in men after sexual assault: An analysis of 147 cases

Presentations at the Quarterly Audit Results meetings are listed below:

26 March 2024

- Ms Siobhan Enright - Documentation of Surgical Safety
- Dr James Walshe - An Audit of compliance with GBS screening guideline for women having induction of labour at or after 37 weeks gestation.
- Dr James Walshe - An audit of compliance with recommendation for antenatal screening for GBS carriage in women with penicillin allergy
- Dr Ibrahim Hegazy - The outcome of cold coagulation for the treatment of cervical intraepithelial neoplasia CIN2 under 45 years old

28 May 2024

- Dr E. Elshabrawy - Audit of compliance with post-op administration of LMWH and documentation of motor recovery after spinal anaesthesia for elective CS
- Ms Claudia Looi - Medication Reconciliation: Admission & Discharge

24 September 2024

- Dr Barbara Guerrini – Antibiotic prophylaxis compliance post-operative vaginal delivery: a retrospective clinical audit
- Ms Hannah Bolger ANP -Contraception counselling and provision within the Pregnancy Options service

26 November 2024

- No presenters available

External Audit Presentations (poster and oral)

1. Assessment of Prolonged Pain in the NICU. E. Butler, S. Tamgumus, M. Boyle. Irish Neonatal Society *14th Irish Neonatal Research Symposium 2024 Hyatt Centric Hotel, Dublin, 22 March 2024*
2. How are we doing in Colposcopy? Concordance between colposcopic impression and subsequent histological diagnosis. C. McKeown, M. Cheung, C.M. McCarthy. *BSCCP Annual Scientific Meeting, EICC, Edinburgh, 22-24 April 2024*
3. The outcome of cold coagulation for the treatment of cervical intraepithelial neoplasia CIN2 under 45 years old. I. Hegazy, Y. Abushara, J. O'Neill, V. O'Dwyer. *BSCCP Annual Scientific Meeting, EICC, Edinburgh, 22-24 April 2024*
4. Intrapartum stress dose steroid use, J. Devin. RCSI Clinical Audit Meeting, *OLOLH, Drogheda 14 June 2024*. *Winner of Best Teamwork Award*
5. An Audit of compliance with GBS screening guideline for women having induction of labour at or after 37 weeks gestation. J. Walshe, M. Eogan. *RCSI Clinical Audit Meeting, OLOLH, Drogheda, 14 June 2024.*
6. An audit of compliance with recommendation for antenatal screening for GBS carriage in women with penicillin allergy. J. Walshe, M. Eogan. *RCSI Clinical Audit Meeting, OLOLH, Drogheda, 14 June 2024.*
7. Back and Pelvic Pain Class: Attendance Rates and Patient Feedback. R. Brennan, C. Cusack. *RCSI Clinical Audit Meeting, OLOLH, Drogheda, 14 June 2024.*
8. Contraception Counselling Within a Secondary Care Abortion Service in the Republic Of Ireland. H. Bolger, J. Coffey, V. O'Dwyer. *BSACP Annual Conference, Conway Hall, London 11 October 2024.*

9. Assessment of Delayed Cord Clamping Provision for Preterm Infants. A. Bubrak, S. Hassan, A Taha, L. Zakharchenko, M. Hollywood. *Charter Day, The Rotunda Hospital, 8 Nov 2024.*
10. Gestational Diabetes Care Pathway: Compliance Review. C Kiernan, A. Fleming, F. Breathnach. *Charter Day, The Rotunda Hospital, 8 Nov 2024.*
11. Assessing prolonged pain in the NICU. E. Butler, S. Tamgamus, M. Boyle. *Charter Day, The Rotunda Hospital, 8 Nov 2024.*
12. Contraception Counselling Within a Secondary Care Abortion Service in the Republic Of Ireland. H. Bolger, J. Coffey, V. O'Dwyer. *Charter Day, The Rotunda Hospital, 8 Nov 2024. Charter Day Prize Winner*
13. Image Quality Review for Low Birthweight Preterm Babies. MJ. Prince-Uban. *Charter Day, The Rotunda Hospital, 8 Nov 2024.*
14. Supplementation of breastfeeding with formula in infants with mild-moderate jaundice. A. Almaiman, N. McCallion. *Irish Paediatric Association Annual Conference 2024, Radisson Hotel, Little Island, Co. Cork. 28-29 November 2024.*
15. Knowing When To Stop: Are We Using Terbutaline Enough For Tachysystole. M. Cheung, M. Omar, M. Geary, J. Donnelly. *Institute of Obstetricians & Gynaecologists and Junior Obstetrics & Gynaecology Society Annual Meeting 2024, RCPI, Dublin, 29 November 2024.*
16. Recurrent miscarriage referral audit O. Oduola, P. Kumar, K. Flood. *Institute of Obstetricians & Gynaecologists and Junior Obstetrics & Gynaecology Society Annual Meeting 2024, RCPI, Dublin, 29 November 2024.*
17. Reviewing Antenatal Care for Women with Epilepsy. A. Bou Kalfouni, Y.Abushara, R.Langhe, N.Maher. *Institute of Obstetricians & Gynaecologists and Junior Obstetrics & Gynaecology Society Annual Meeting 2024, RCPI, Dublin, 29 November 2024.*
18. A Retrospective Audit of Risk Factors and Management of Fully Dilated Caesarean Section in Robson Group 1. S. Azeem Habib, S. Cooley, S. Daly. *Institute of Obstetricians & Gynaecologists and Junior Obstetrics & Gynaecology Society Annual Meeting 2024, RCPI, Dublin, 29 November 2024.*
19. Antibiotic Prophylaxis Compliance Post-Operative Vaginal Delivery: A Retrospective Clinical Audit B. Guerrini, E. Kent, S. Coulter-Smith. *Institute of Obstetricians & Gynaecologists and Junior Obstetrics & Gynaecology Society Annual Meeting 2024, RCPI, Dublin, 29 November 2024.*
20. Audit of Advanced Maternal Age Inductions at the Rotunda Hospital. P. Kumar, M. Eogan. *Institute of Obstetricians & Gynaecologists and Junior Obstetrics & Gynaecology Society Annual Meeting 2024, RCPI, Dublin, 29 November 2024.*
21. Audit on Balloon IOL in the Rotunda Hospital. L. Potgieter, N. Fee. *Institute of Obstetricians & Gynaecologists and Junior Obstetrics & Gynaecology Society Annual Meeting 2024, RCPI, Dublin, 29 November 2024.*
22. A Clinical Audit on Pain Management during Outpatient Hysteroscopy (OPH), Rotunda Hospital, Dublin. A. Subramanian, S. Tariq, C. McNeela, F. Salameh. *Institute of Obstetricians & Gynaecologists and Junior Obstetrics & Gynaecology Society Annual Meeting 2024, RCPI, Dublin, 29 November 2024.*
23. Audit of Flexible Cystoscopy Service for Rotunda Hospital Patients. P, Kumar, S. Philips, F. Salameh. . *Institute of Obstetricians & Gynaecologists and Junior Obstetrics & Gynaecology Society Annual Meeting 2024, RCPI, Dublin, 29 November 2024.*

CHALLENGES 2025

Reduced staff resources persisted in 2024, limiting activity and development of the Clinical Audit Service. Returning the team to full staffing levels will be a challenge and indeed priority for 2025.

PLANS FOR 2025

- 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" and The Patient Safety Act 2024.

COMPLETED AUDITS 2023

TABLE 2: COMPLETED AUDITS 2023

Speciality	Title of Audit
Administration	Speech Privacy
Anaesthetics	Epidural Top-up For Emergency Caesarean Section: Updated Practice in the Rotunda Hospital
Anaesthetics	Anaemia prior to caesarean delivery
Anaesthetics	An audit of the use of platelets during major obstetric haemorrhage at the Rotunda Hospital
Anaesthetics	A re-audit of timing of administration of post-partum thromboprophylaxis in relation to spinal for CS, following intervention.
Anaesthetics	Audit of assessment of recovery of motor block post neuraxial anaesthesia
Anaesthetics	Postnatal Analgesia a re-audit
Anaesthetics	Re audit Rate of Epidural re-siting for labour analgesia
Anaesthetics	Analgesia for Total Laparoscopic Hysterectomy
Anaesthetics	Re-Dosing of Antibiotics in Major Obstetric Haemorrhage
Anaesthetics	An audit of High Dependency Unit admission documentation in the Rotunda hospital
Anaesthetics	Audit of assessment of recovery of motor block and timing of LMWH post neuraxial anaesthesia in Emergency LSCS
Anaesthetics	Incidence of IONV (intraoperative nausea and vomiting) and postoperative nausea and vomiting in patients undergoing elective CS under regional anaesthesia
Anaesthetics	Analgesic management of late intrauterine fetal death (IUFD)
Clinical Nutrition	Bone Mineral Density in Neonates
Clinical Risk	Documentation of Surgical Safety List

Gynaecology	The Outcomes post Cold Coagulation for Cin 2 at The Rotunda Hospital for women under 45 years of age
Gynaecology	GP Mirena clinic
Gynaecology	Audit on Pain management during outpatient Hysteroscopy, Rotunda Hospital, Dublin.
Gynaecology	Audit of Flexible Cystoscopy Service for Rotunda Hospital Patients
Gynaecology	Complications of Laparoscopy at The Rotunda Hospital
Gynaecology	An audit on colposcopic impression and subsequent histological diagnosis.
Gynaecology	Bridging the Gap: An Audit on Female Sexual Dysfunction Assessment in Pelvic Organ Prolapse Treatment at Rotunda Hospital
Neonatology - Medical	Clinical audit on neonatal admissions in Lillie Suite for phototherapy
Neonatology - Medical	Supplementation of breastfeeding with formula in infants with mild- moderate jaundice
Neonatology - Medical	A re-audit of timing of MRI following HIE in neonates
Neonatology - Medical	Variability of practice in NEC evaluation and management
Neonatology - Medical	Management of Pneumothorax in Infants <32w Gestation
Neonatology - Medical	Re-Audit of optimizing completeness of recording newborns discharge diagnosis/problems in MN-CMS
Neonatology - Medical	Assessment of Delayed Cord Clamping Provision for Preterm Infants.
Neonatology - Medical	Quality Improvement audit to help implement ISBAR tool on MN-CMS ward round at Rotunda hospital
Neonatology - Medical	Post UVC insertion lateral Xray practices
Neonatology - Nursing	An examination of documentation practices on reporting of clinical risk occurrences re medication related incidents
Neonatology - Nursing	Assessing prolonged pain in the NICU
Neonatology - Nursing	PVC insertion care bundle
Neonatology - Nursing	Re-Audit of Blood transfusion administration documentation in NICU
Nursing/Midwifery	Completion Handover & Identifying Risk Factors in iView
Nursing/Midwifery	Assessment of Delayed Cord Clamping Provision for Infants born after 33 weeks 6 days gestation. DCC
Nursing/Midwifery	Compliance with use of the PPH Prevention Bundle – A Re-Audit
Nursing/Midwifery	Re-audit Scrub Technique
Nursing/Midwifery	Re-audit catheterisation
Nursing/Midwifery	Risk factors for post-partum urinary retention after vaginal delivery
Nursing/Midwifery	To ensure compliance with Gestational Diabetes Care Pathway

Nursing/Midwifery	Re-audit of Intrapartum CTG Fetal Surveillance Audit
Nursing/Midwifery	Audit of Perinatal Trauma Service
Nursing/Midwifery	Documentation of the newborn admission to Postnatal Ward
Nursing/Midwifery	Compliance with post-natal GTT screening
Nursing/Midwifery	Menopause clinic triage and DNA
Nursing/Midwifery	Contraception counselling and administration within the Pregnancy Options service
Nursing/Midwifery	Audit of INEWS on MNCMS IView – National Early Warning system Gynaecology inpatients
Nursing/Midwifery	Reduced Fetal Movements in Pregnancy: an audit of emergency room presentations
Nursing/Midwifery	Conservative Management to women with CIN II cervical biopsy
Obstetrics	An Audit of compliance with GBS screening guideline for women having induction of labour at or after 37 weeks gestation.
Obstetrics	An audit of compliance with recommendation for antenatal screening for GBS carriage in women with penicillin allergy
Obstetrics	Audit of Recurrent Miscarriage Clinic- New Patients
Obstetrics	Antibiotic prophylaxis post-operative vaginal delivery
Obstetrics	Compliance to FBC monitoring at 28-32 weeks in subs clinic
Obstetrics	Iron Deficiency Anaemia in the Pregnant Teenage Population
Obstetrics	Audit of contraceptive counselling and administration within the Teenage Pregnancy service
Obstetrics	A retrospective audit of fully dilated Caesarean Section in Robson1 group
Obstetrics	Birth Preferences and Delivery outcomes after Previous Obstetric Anal Sphincter Injury
Obstetrics	An Evaluation of the Pre-Operative Care of Maternity Patients on insulin therapy
Obstetrics	Antenatal care for women with Epilepsy - Re-audit
Obstetrics	Success of mechanical IOL in The Rotunda Hospital
Pharmacy	To measure compliance with medication documentation and reconciliation on admission
Pharmacy	Reconciliation of medication at discharge
Pharmacy	NICU Electrolyte Standard Concentration Infusion ePrescribing Project
Pharmacy	To measure the quality of Meropenem prescribing in a maternity setting
Physiotherapy	Back and Pelvic Pain Class: Attendance Rates and Patient Feedback

Physiotherapy	Review of Documentation of physiotherapy Management of 3rd and 4th degree tears
Radiology	Image Quality For Preterm And Low Birth Weight Babies
Radiology	Compliance with Comforter and Carer Consent Form in Radiology
Radiology	Referral for Hip Ultrasound with the word ‘click’
SATU	Documentation of medication administration to patients who attend the Sexual Assault Treatment Unit (SATU).

Clinical Risk and Patient Safety Service

Head of Service

Ms Siobhan Enright, Head of Clinical Risk, Medico-Legal and Quality Systems

Staff

Ms Aisling Brennan, Clinical Risk Coordinator
Ms Louise May, Clinical Risk Coordinator
Ms Brid Leahy, Clinical Risk Administrator
Ms Jane O'Brien, Clinical Risk Administrator
Ms Stephanie Meagher, 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 2024, 13 clinical risk assessments were performed and reviewed, 2 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

Figures 1A provides a breakdown of the number of incidents reported to SCA through NIMS and the severity category. There was an increase in the overall number of incident reported compared to 2023 (N=2672) figures.

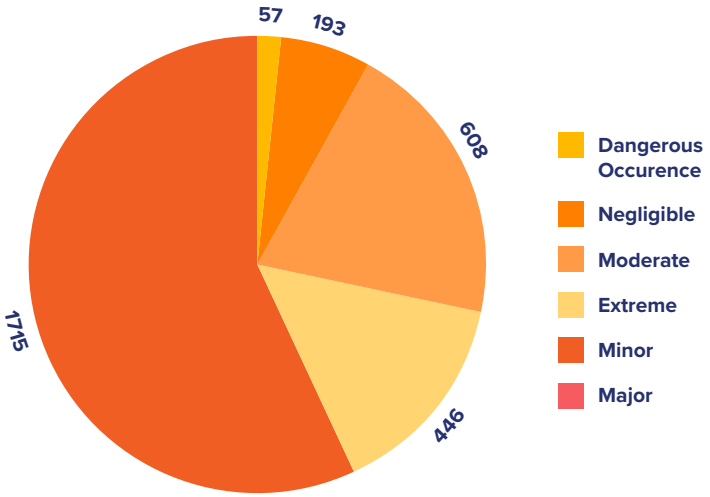


FIGURE 1A: TOTAL NUMBER OF INCIDENTS PER CATEGORY REPORTED TO SCA FOR 2024 (N=3019)

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, staffing levels, activity 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 dangerous occurrence 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 2024 consisted of Professor Fionnuala Breathnach and Professor Sam Coulter-Smith (Consultant Obstetrician Gynaecologists), Professor 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 2024, there were 227 cases reviewed at these ACE meetings. Clinical cases that were reviewed include stillbirth, neonatal encephalopathy, postpartum haemorrhage, shoulder dystocia, readmissions with wound infection 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 2021 to 2024, with the increase in the number being attributed to the inclusion of medication incidents leading 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 2021-2024

Review Type	2021	2022	2023	2024
Comprehensive Systems Analysis	1	5	0	4
Concise Systems Analysis	2	2	1	1
Concise Desktop Review (see details below)	165	189	172	227
Preliminary Assessment Review by Clinical Risk Coordinator +/- Consultant Review/Head of Department. Further review not indicated	2,460	2,162	2,437	2,656

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.

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 2024.

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 Savitha Dsouza, Clinical Data Validation Officer

SERVICE OVERVIEW

The Clinical Reporting 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 (VON).
- Export HIPE data to Hospital Pricing Office (HPO).

SUCCESSES & ACHIEVEMENTS 2024

After 40 years' service Ms Marian Barron retired. Her contribution to data collected for the VON and Clinical report was greatly appreciated.

There were 14,716 day cases and 14,051 inpatients coded during 2024. This is an increase of 3% for In-Patient cases and 5% in Day cases versus 2023

CHALLENGES 2024

The biggest challenge for the department in 2024 was to complete the clinical coding in a timely manner with the increase in workload and new inexperienced coder joining the team.

PLANS FOR 2025

- 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 to facilitate more In-depth surveillance and data gathering. Utilising the Robson Ten Groups framework, to investigate other clinical question.
- Compiling a quarterly report for Cerebral Palsy Foundation Project.
- Ensure all information is correct for completing the National Maternity Survey.

Academia

Research Ethics

Head of Committee

Prof. Sharon Cooley, Co-Chair
Prof. David Corcoran, Co-Chair

Committee Members*

Prof. Sean Daly, Master
Dr Ronan Daly
Dr Thomas Drew
Prof. Michael Geary
Ms Fiona Hanrahan
Mr Kieran Healy
Mr Colin Kirkham (Research Officer)
Dr Zara Molphy
Dr Rachel Mulally
Dr Daniel O'Reilly
Ms Jessica Owolawi (Data Protection Officer)
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 2024 there were 36 REC applications considered, 27 of which were approved to commence. The Research Ethics Committee met eleven times and meetings were scheduled to ensure that there is continuing timely and effective focus on research within the Hospital. Professor Sharon Cooley, Consultant Obstetrician Gynaecologist and Professor David Corcoran, Consultant Paediatrician Co-Chairs of the REC, chaired alternate meetings.

There were 34 RAG applications considered by the Research Advisory Group of which 34 applications were approved. The RAG process focusses on review and approval of clinical audit proposals, and provides a pathway of visibility and approval by the overarching REC.

Dr. Richard Duffy advised that he was no longer be available to attend the REC meetings in person in November 2024 due to other commitments. The Chairman thanked Dr. Duffy for his significant contribution to the committee and asked him to nominate a potential replacement for future meetings. Professor Cooley suggested that a Perinatal Psychiatrist Representative be nominated and it was suggested that Dr. Ana Maria Clarke Consultant Psychiatrist be invited to attend future meetings, however due to clinic schedule commitments this did not happen.

The Chairman invitation was extended to Dr. Niamh Daly, Consultant Obstetrician Gynaecologist, unfortunately due to gynae clinic schedule commitments this this did not happen.

Professor Corcoran invited two new members to join the Committee in the New Year and suggested that Ms. Debbie Lambert, Genetics Counsellor and Dr. Aisling Smith, Consultant Neonatologist, Paediatric Representative join the Committee.

CHALLENGES 2024

In 2024, 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 when necessary.

PLANS FOR 2025

The REC has been rotating non-consultant hospital doctors from neonatology and obstetrics at 6 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 2025.

Royal College of Surgeons in Ireland Department of Obstetrics and Gynaecology

Head of Department

Prof. Fergal Malone, Professor and 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 Sharon Cooley, 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 Nikita Deegan, Honorary Senior Lecturer
Dr Conor Harrity, Honorary Senior Lecturer
Dr Etaoin Kent, 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 Salemeh, Honorary Senior Lecturer
Dr Claire Thompson, Honorary Senior Lecturer
Dr Catherine Finnegan, Maternal Fetal Medicine Subspecialty Fellow
Dr Suzanne Symth, Maternal Fetal Medicine Subspecialty Fellow
Dr Ronan Daly, Registrar/Tutor
Dr Dan Kane, Specialist Registrar/Tutor
Dr Elizabeth Tunney, Registrar/Tutor
Dr Alex Dakin, Specialist Registrar/Tutor
Dr Rebecca Boughton, Registrar/Tutor
Dr Eimear Wall, Registrar/Tutor
Dr Zara Molphy, Head of Research Programmes
Ms Denisa Asandei, Clinical Operations Manager
Ms Elisa Belmonte, Communications Manager
Ms Sirisha Bellamkonda, Clinical Research Coordinator
Ms Hollie Byrne, Research Assistant
Ms Aoife Daly, Research Assistant
Mr Patrick Dicker, Epidemiologist/Statistician
Dr Fiona Cody, Research Sonographer

Ms Sophie Conheady, Research Phlebotomist
Ms Ann Fleming, Midwife Sonographer
Ms Claire O'Rourke, Midwife Sonographer
Ms Niamh Thompson, Research Phlebotomist
Ms Michelle Creaven, Administration
Ms Suzanne Kehoe, Administration
Ms Suzanne King, Administration

SERVICE OVERVIEW

Patient Services

The RCSI Fetal Medicine Centre continues to provide select advanced fetal medicine services for patients of the Rotunda Hospital, as well as those referred from throughout Ireland. During the current year, a total of 3,887 fetal ultrasound examinations were performed at the Centre. First trimester screening using NIPT-based screening at 9-10 weeks' gestation is increasingly popular, with nuchal translucency being provided only as a stand-alone separate test at 11-13 weeks' gestation in select patients to screen for additional fetal malformations. In 2024, a total of 1,963 NIPT-based screening tests were performed at the centre, and a further 2,450 at our partner/affiliate centre.

Teaching

185 medical students participated in the RCSI Obstetrics and Gynaecology core six-week clinical teaching rotations, which has expanded from five to six rotations annually. 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 and 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. The Department has continued to work with the THEPII Committee to re-develop our curriculum and assessment strategies to align with the core tenets and pillars of the new THEPII curriculum. We are also preparing content for the 2nd edition of the RCSI Obstetrics and Gynaecology Student Textbook in preparation for the 2025/2026 student cohort.

Research

The research team provides essential day-to-day research and clinical trial support to RCSI Department of Obstetrics and Gynaecology Principal Investigators, PhD and MD candidates. Additionally, the department hosts on average ten undergraduate RCSI students taking part in Research Summer School and Student Selected Projects. 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 2024, the RCSI team continued to grow, innovate and multiple pursue competitive funding opportunities from national funding agencies including The Health Research Board and Research Ireland.

Interventional Clinical Research 2024

- **PIPELLE** – A single site RCT to investigate whether endometrial sampling is of benefit in patients with postmenopausal bleeding and an atrophic-appearing uterine cavity. Recruitment for this trial was completed in early 2024 with trial results presented by Dr Elizabeth Tunney at the prestigious American Association of Gynecologic Laparoscopists Global Conference in New Orleans, Louisiana.
- **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 first patient recruited was in May 2024.
- **SafeBoosC-III** - Safeguarding the Brain of Our Smallest Infants Phase III aims to determine whether the combination of cerebral NIRS monitoring and interventions based on an evidence-based treatment guideline during the first 72 hours of life compared to standard clinical practice, result in a reduction in the composite outcome of mortality or brain injury on cranial ultrasound at 36 weeks corrected gestational age of pre-term infants delivered less than 28 weeks' gestation.

Observational Clinical Research 2024

- **BORN Study** – Birth Outcomes of Normal Risk Nulliparous Women in Pregnancy: A Prospective Observational Study. Project aims to address the paucity of data on the normal risk nulliparous patient and identify the current unknown factors impacting the need for intervention in pregnancy and delivery. This prospective observational study aims to address these uncertainties by prospectively analysing 1,000 normal-risk nulliparous women. Key outcomes include the proportion of patients who remain normal risk by the time of delivery at term, the timing and frequency of spontaneous onset of labour, the timing and indication of induction of labour and the maternal and neonatal outcomes for both.
- **PROSPER** – Multicentre PROSpective Placental Assessment in Early-Onset Fetal Growth Restriction study will recruit and intensively monitor a prospective cohort of EO-FGR cases diagnosed at <28 weeks at the four largest maternity hospitals in Ireland, focusing on uteroplacental insufficiency cases. Assessments include weekly ultrasound surveillance (advanced multi-vessel Doppler and functional fetal cardiac assessment), fetal MRI of the brain and placenta, detailed placental histology, and neonatal follow-up including cranial imaging, and neurodevelopmental assessment at 2 years. This will create a unique dataset of fetal brain, cardiovascular and placental measurements for a defined cohort of prospectively collected cases of severe EO-FGR, to inform counselling and management in what is likely the most vulnerable and high-risk cohort of fetuses and neonates.
- **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.

Research Communications

In 2024, 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 has 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 13,491 views while video content associated with the Your Ultrasound Journey Event on social media channels was watched over 29,000 times. Our website debunkingthemyths.ie had 3.5K active users and a reach of 97.9K on Facebook and 52.7K on Instagram.

Funding Success

The RCSI team had a very successful year in 2024 with awards received from a number of funding bodies for the following projects:

- Project: Perinatal and infant outcomes of singleton pregnancies complicated by early-onset fetal growth restriction in Ireland, PI: Prof Fergal Malone and postgrad: Dr Alex Dakin, Funding Body: Irish Research Council, Award Value: €93,000
- Project: BIAS: Inequalities in Women's Health, PI: Prof Fergal Malone, Funding Body: Research Ireland Discover Science Week, Award Value: €10,000
- Project: Maternal Fetal Medicine Study Day, PI: Prof Fergal Malone, Funding Body: Health Research Board Conference and Event Scheme 2024, Award Value: €5,000
- Project: Your Ultrasound Journey and What to Expect, PI: Prof Karen Flood, Funding Body: Health Research Board Conference and Event Scheme, Award Value: €5,000

Awards and Achievements

- Dr Ronan Daly was awarded RCSI Excellence in Clinical Teaching Award – Rotunda Hospital by Prof Cathal Kelly, Vice Chancellor of RCSI University of Medicine and Health Sciences, June 2024.
- Dr Alex Dakin was awarded an Employment Based PhD scholarship by the Irish Research Council for her research “Perinatal and infant outcomes of singleton pregnancies complicated by early-onset fetal growth restriction in Ireland: a multicentre, bidirectional, observational study – The PERIMETER Study”. Dr Dakin commenced her PhD studies in July 2024.
- Dr Elizabeth Tunney awarded Best Oral Presentation for her project “Hysteroscopy methods for postmenopausal bleeding” at the Menopause Society of Ireland Conference in September 2024.
- Dr Daniel Kane awarded Best oral presentation in stream: ‘Women's rights in a changing world’ for my presentation on ‘Sexual assault: a study of 5,942 female survivors over a 7-year period’. Royal College of Obstetricians and Gynaecologists World Congress, Oman, October 2024.
- Debunking The Myths: The Science Behind Our Sexual Health was shortlisted for Patient Education Project of the Year – Non-Pharmaceutical at the Irish Healthcare Awards, November 2024.
- Fiona Cody was conferred with Doctor of Philosophy (PhD) degree by the Vice Chancellor of RCSI, Professor Cathal Kelly and RCSI President, Professor Deborah McNamara in November 2024.
- Dr Daniel Kane awarded Research Output Impact Award from the School of Postgraduate Studies, Royal College of Surgeons in Ireland, November 2024.

- Fiona Cody, PhD was awarded Best Poster at Rotunda Hospital Charter Day 2024 with her poster titled "Termination of Pregnancy for Major Congenital Heart Disease: The Impact of Constitutional Change in Ireland".
- Dr Daniel Kane was awarded Best Oral Presentation for his research on 'Sexual assault: a study of 5,942 female survivors over a 7-year period' and Best Poster for his research project: 'Sexual violence associated with international travel: A review of 443 cases' at Junior Obstetricians and Gynaecologist Society Annual Conference, November 2024.

RESEARCH EVENTS

A number of high-profile international conferences were targeted to highlight research led by RCSI Principal Investigators including Society for Maternal Fetal Medicine (SMFM) Annual Pregnancy Conference, British Maternal Fetal Medicine Society (BMFMS), Irish Network of Healthcare Educators (INHED) 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). Highlights from 2024 include:

Debunking The Myths - The Science Behind Our Sexual Health

The RCSI Department of Obstetrics and Gynaecology secured €287,000 to run a second edition of "Debunking the Myths: The Science Behind Our Sexual Health". The nationwide education programme returned in 2024 with more exciting workshops, online campaigns and new resources for teachers. In today's climate of misinformation, *"Debunking the Myths: The Science Behind Our Sexual Health"* continues its mission to empower Ireland's teenagers with evidence-based sexual health education thanks to funding support from Research Ireland Discover Programme. In 2024, one virtual workshop and 8 in-person workshops, were delivered reaching more than 3,500 students, all of which were led by qualified healthcare professionals. A pilot parents' workshop was delivered to a small audience of 20 parents in an online format. We also launched two targeted social media campaigns to counteract the misinformation that spreads unchecked on Instagram and TikTok. These included our contraception campaign where Dr. Vicky O'Dwyer, Consultant Obstetrician and Gynaecologist, discussed the different aspects associated with contraception, and our World Sexual Health campaign where we delved into Positive Relationships – with yourself and with others, focusing on mutual respect, communication and sexual wellbeing.

SMFM, February 2024

RCSI Department of Obstetrics and Gynaecology had a record number of presentations accepted for the annual SMFM Pregnancy meeting held in New Harbour, Maryland in February 2024. Dr Sarah Nicholson delivered two oral presentations on the HOME-IND randomised control trial including primary outcome results and women's opinions on outpatient induction of labor. Dr Catherine Finnegan also delivered an oral presentation on the findings of the multi-center, double-blinded, placebo controlled IRELAnD trial. Research topics presented by our clinical tutors, maternal fetal medicine fellows and researchers during poster sessions included operative vaginal delivery rates over two decades, etiology of early on-set fetal growth restriction, decline in infectious diseases in pregnancy, rising caesarean delivery rates, diagnosis of cystic hygroma; among others.

RCSI Research Day, March 2024

The team delivered a number of oral and poster presentations at RCSI Research Day 2024 including:

- Outpatient Cervical Ripening: Results from the HOME INDUCTION RCT, Dr Sarah Nicholson, oral presentation
- Labour roulette: Probability of achieving spontaneous onset of labour in low-risk nulliparous pregnancies, Dr Sarah Nicholson, poster presentation.
- Termination of Pregnancy for Major Congenital Heart Disease: The Impact of Constitutional Change in Ireland, Fiona Cody PhD, poster presentation.
- Protocol for a realist review of case-based learning in undergraduate medical education, Dr Ronan Daly, poster presentation.
- Debunking the Myths – The Science Behind Our Sexual Health: Sexually Transmitted Infections Summer Campaign, Elisa Belmonte, poster presentation.

Research Communications - A Novel Approach, March 2024

Researchers, scientists, and healthcare professionals are increasingly recognising the value of involving the public in the research process, but they often lack guidance on how to effectively collaborate with non-experts. This can lead to missed opportunities for meaningful engagement, where the insights and contributions of the public can significantly enhance the relevance and quality of research. To address this, we hosted a virtual event, funded by HRB where we explored how researchers and the public can actively collaborate to improve the quality and relevance of research. Hosted by Dr Claire O'Connell, speakers included Prof Fionnuala Breathnach, Dr. Michelle Flood, Ms Elisa Belmonte, and Dr. Kate Gajewska, followed by a 30-minute panel session led by Dr Claire O'Connell. We dived into clinical trials and knowledge exchange programmes funded by the Health Research Board that have stemmed from the collaboration between the public and researchers, and discussed what meaningful patient and public involvement (PPI) is, what it involves, providing suggestions about how to involve contributors in all parts of the research cycle and knowledge translation. By discussing the essentials of meaningful PPI and offering practical suggestions for involving contributors throughout the research cycle, we aimed to demonstrate how collaborative approaches can transform research communication and knowledge translation.

International Menstrual Hygiene Day – Period Product Collection, May 2024

For International Menstrual Hygiene Day on May 28th, Debunking the Myths teamed up with the Rotunda Hospital to make a real difference. The team set up donation boxes for period products to support Merchants Quay Ireland, an organization that helps people experiencing homelessness and addiction. The collection ran all week, giving people a simple way to contribute. In total, 46 packets of menstrual pads, and 17 boxes of tampons were donated by staff, patients and visitors. The donations were brought to Merchant Quays Ireland. This campaign wasn't just about collecting products—it was also about raising awareness. Period poverty is a big issue in Ireland, with nearly one in four women and even more young people struggling to afford basic menstrual supplies. Events like this shine a light on these challenges, while also making it easy for the community to take action and help. By donating and spreading the word, participants helped work toward a bigger goal: a #PeriodFriendlyWorld where everyone has access to the essentials they need. It's a small step, but campaigns like this can have a big impact.

Postgraduate Immersion Programme (PIP), September 2024

The PIP initiative aimed to offer Junior Doctors in their Intern/Senior House Officer years who have a demonstrated interest in obstetrics and gynaecology the unique opportunity to immerse themselves in this healthcare field and gain invaluable insight into the day-to-day life of an OBGYN. We welcomed 16 interns/Senior House Officers for a free event led by Dr Elizabeth Tunney, which took place in the Rotunda Hospital and RCSI York St campus.

The PIP implemented vibrant in-person sessions consisting of quick-fire plenary sessions, practical workshops and simulation training scenarios. The participants of the PIP program experienced a truly invigorating learning environment to encourage the next generation of BST trainees. Facilitated by esteemed professionals in their respective fields (Urogynaecology, Maternal Fetal Medicine, Benign Gynaecology Gynae-oncology), these sessions offered Junior Doctors a first-hand glimpse into the multi-faceted area's available to those who practice OandG and demonstrate the diverse nature of the various sub-specialties.

By aligning with national objectives to enhance training resources and support professional development, the programme contributed to addressing gaps in postgraduate OandG exposure and helped inspire well-informed, motivated future trainees who were better equipped to meet Ireland's evolving healthcare needs. All attendees received Continuous Professional Development credits from Royal College of Physicians in Ireland for their participation in the training programme.

Maternal Fetal Medicine Study Day, September 2024

RCSI Department of Obstetrics and Gynaecology received funding from the Health Research Board to host the Maternal Fetal Medicine Study Day 2024, a 1-day, expert-led workshop for Irish healthcare professionals focusing on the diagnosis and treatment of the most common and serious problems that can complicate a baby's development. This workshop was hosted in UCC Devere Hall on the 27th September 2024, one day after the prestigious International Fetal Medicine and Surgery Society (IFMSS) meeting ended in Castlemartyr. This allowed the organising committee to host a study day with talks delivered by world leading fetal medicine specialists from across the globe. All speakers agreed to provide their time free of charge to participate in this workshop. This intensive workshop catered for 200 attendees including junior doctors, obstetric and gynaecology consultants, midwives, radiographers, geneticists, pathologists, biochemists, perinatal medical scientists and members of the public including PPI representatives from bereavement groups. The day included mixed-media presentations, panel discussions and break out ultrasound scanning sessions discussing advances in clinical research and surgical techniques, clinical guidance, changes to Irish health legislation and suitable research funding opportunities.

Mini-Med, November 2024

Since 2015, RCSI Department of Obstetrics and Gynaecology has proudly hosted the Mini-Med programme. Led by Prof. Fionnuala Breathnach, this initiative offers 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. Mini-Med operations were supported by Denisa Asandei, Elisa Belmonte and the wider RCSI OBGYN team. This year, the team welcomed 16 TY students to the Rotunda Hospital over the course of a week during November.

Your Ultrasound Journey and What to Expect, November 2024

The focus of this virtual event delivered by Prof Karen Flood and Elisa Belmonte was to bring together a team of maternity care experts to provide informative and accessible guidance on all aspects of prenatal care from early pregnancy scans to more advanced prenatal diagnostic tests. Together, we discussed what types of scans are routinely offered, what other scans and tests are available, when and why they are offered, that to expect from the results, and the support available if an anomaly is found. Aligned with recent health strategies such as Healthy Ireland and the National Maternity Strategy, our event aimed to address the need for support and accessible information during pregnancy, ensuring research and evidence-based care are translated into improvements in women and children's health. 33 videos were published on Instagram and Facebook. A paid Meta campaign ran in tandem by boosting the organic videos to reach a wider audience. Recording with subtitles and ISL uploaded on YouTube.

BIAS – Inequalities in Women's Health and Research, November 2024

BIAS - Inequalities in Women's Health and Research is an "Irish Healthcare Awards - Equality Initiative of the Year" project, which returned in November 2024 with two in-person events, aimed at bridging the gap between women and healthcare experts, to challenge and confront the biases commonly associated with areas of women's health often overlooked. During Science Week 2024, we focused on breastfeeding and menopause, two crucial aspects of a woman's life where biases and stereotypes persist. By shedding light on these topics, the project seeks to empower individuals, while encouraging open and honest conversations.

The first live and in-person event involved an interactive recording of the Baby Tribe podcast, with hosts Dr Anne Doherty (obstetric anaesthesiologist with expertise in maternal care) and Prof Afif EL-Khuffash (neonatologist, paediatrician, and lactation consultant), dedicated to providing parents and caregivers with the latest information and expert advice on baby health and nutrition. We then hosted 'Menopause Matters', a panel discussion dedicated to menopause. Our expert panel featured Dr Caoimhe Hartley (GP, Rotunda Menopause Clinic), Dr Vicky O'Dwyer (Consultant Obstetrician and Gynaecologist, Rotunda Hospital) and Dr Jillian Doyle (Senior Clinical Psychologist, Rotunda Hospital). Moderated by Dr. Claire O'Connell, award-winning Science Communicator and Journalist, this open and engaging discussion addressed common challenges, debunked myths, and provided practical advice and resources to help attendees navigate through menopause with confidence.

Charter Day, November 2024

Poster presentations at Charter Day 2024 included:

- Male and female genito-anal injuries at the Dublin SATU - Dr Daniel Kane
- Debunking The Myths - Fostering Positive Relationships through Social Media – Caryn Leong, Hollie Byrne, Elisa Belmonte
- Non-Invasive Prenatal Testing (NIPT) – No Call Results Analysis Based on Maternal Characteristics and Pregnancy Outcomes – Fianait Bligh, Dr Ronan Daly
- A retrospective cohort study of maternal and neonatal outcomes in the Rotunda Hospital's bariatric surgery patient population – Jenna Mullen, Dr Rebecca Boughton
- A Pilot Study on Aspirin-Mediated Platelet Response in Pregnancy - Jessica Amick,

Dr. Sieglinde Mullers

- Termination of Pregnancy for Major Congenital Heart Disease: The Impact of Constitutional Change in Ireland – Fiona Cody, PhD
- Perinatal outcome in pregnancies complicated by a prenatal diagnosis of critical congenital heart disease (CCHD) – Fiona Cody, PhD
- Critical congenital heart disease: Contemporary prenatal screening performance in an Irish perinatology center – Fiona Cody, PhD

JOGS Annual Scientific Meeting, November 2024

The department delivered a number of oral and poster presentations at JOGS 2024 including:

- Is Endometrial Biopsy useful for Post-meonpausal Bleeding in Outpatient Hysteroscopy? A Randomised Control Trial, Dr Elizabeth Tunney, oral presentation
- Labour Roulette: Outcomes From Expectant Management in Low-Risk Nulliparous Women, Dr Sarah Nicholson, oral presentation
- Sexual assault: a study of 5,942 female survivors over a 7-year period, Dr Dan Kane, oral presentation
- A Retrospective Cohort Study of Maternal and Neonatal Outcomes in the Rotunda Hospital's Bariatric Patient Population, Dr Rebecca Boughton, oral presentation
- A Retrospective Cohort Study Reviewing Oral Glucose Tolerance Testing at the Rotunda Hospital: A 6 Year Experience. Dr Rebecca Boughton, poster presentation
- Sexual violence associated with international travel: A review of 443 cases, Dr Dan Kane, poster presentation
- Quality Improvement for AI-PREMie Recruitment at the Rotunda Hospital - Eilidh Craig (RCSI undergraduate student)
- A prospective pilot study to investigate physical activity levels during pregnancy in an Irish cohort- Lea Stuart (RCSI undergraduate student)

CHALLENGES 2024

The main challenge for the Department in 2024 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.

The main ongoing challenge in terms of research remains maintaining and growing sufficient diverse funding streams that enable the hospital to address important clinical research questions.

PLANS FOR 2025

- 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.

- 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 including RCSI Research Summer School and RCSI Student Selected Project.
- Work with industry collaborators Janssen to bring an exciting phase III Global, Multicenter, Randomized, Placebo-Controlled, Double-Blind Study of Nipocalimab in Pregnancies at Risk for Severe Hemolytic Disease of the Fetus and Newborn to the Rotunda and its patients.
- Continue to secure plenary oral presentations at Society for Maternal Fetal Medicine Annual Pregnancy Conference – the world's largest obstetrics conference.
- Host the International Fetoscopy Society Meeting in September 2025.
- Collaborate with the RCSI PPI Ignite Network to and continue to support public patient involvement and community outreach events.
- *The Debunking The Myths* national campaign will continue to host numerous in-person and online events and pursue support beyond Research Ireland.


Clinical Anatomy
HUMAN ANATOMY
ATLAS O
GRAY'S Anatomy

Library and Information Service

Head of Service
Anne M O Byrne, Head Librarian

Senior Library Assistant
Heather Boland

The Library and Information Service 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 (4 pc's) and Wi-Fi , " 24 Hour Reading Room facilities"," Book Return facilities" and integrated print and 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 and Information Services to users and training on evidence-based resources.

DEVELOPMENTS

As we commence 2024 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 and 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 and Midwifery Practice Development at the Rotunda we prepare for each student intake , their registration and induction, 2024 and also sees a return of RCSI Neonatology Students to our user numbers. This is on a rotational basis.

This is true also for 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 2024 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 continue to give 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 2024 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 remained in the domain of the Planning Dept. of Dublin City Council. We

are pleased to say that we have successfully achieved agreement and a date for the hanging and unveiling of the Commemorative Plaque.

This event took place at 60 St Great Georges Street on November 1st, 2024 at the site of the first Lying-in Hospital. The first Lying-Hospital was opened on this site on March 15th 1745.The modest three storey townhouse, was occupied by three wards and 28 beds, but over the course of just 12 and a half years, 3975 mothers delivered 4049 babies.

The plaque was placed as close as possible to the original site. The plaque was placed to the right of a gated laneway. This laneway would have been used to gain access to the building itself. The plaque (which reads as follows: The Original Rotunda Hospital. 1745-1757) was unveiled by the Lord Mayor James Geoghegan and attended by the Master of the Rotunda Prof Sean Daly, members of the Rotunda Historical Committee, and distinguished guests including a direct descendant of Dr Mosse, Anne Renshaw.

Guests were invited to a lunch in the Rotunda to mark the occasion.

Culture Night September 20th, 2024

The Rotunda returned to “on site” tours of its Historic Chapel in hosting Culture Night, September 20th, 2024.We also contributed recordings of previous presentations in our historic chapel which added to our overall viewing and visits. The event was fully subscribed on Eventbrite and feedback was positive. Our Master Prof Sean Daly, welcomed each group and Anne M O Byrne, Head Librarian undertook the talks.

CHALLENGES

Following a recruitment process in 2023 Heather Boland joined the LIS team as Senior Library Assistant. Since her appointment Heather has been undergoing training to support LIS activities including Microsoft Publisher Training, Browzine Training and OVID Database Training.

This contributes to staff training and delivery which supports our Research base.

SUCCESSES AND ACHIEVEMENTS FOR 2024

New ways of communicating and delivering training and information continued in 2024. We embraced “ZOOM and Team 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.

On site Induction programmes supported new intakes of BSC midwifery and H Dip Midwifery students and new Staff Induction programmes raised the profile of LIS, its staff and resources.

We kept in contact with our peers through our Annual Health Sciences Library’s Group Conference on March 7th. We met our professional groups in this way and shared experiences and sought feedback. 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 “Trimester” Newsletter continues to inform and advise users through its quarterly production which is available online to all staff.

In November 2024 the Library and Information Service collaborated with the NICU Dept, and Dublin City Council Librarians in the roll out of the “Baby Talk Reading Imitative” in the Neonatal Department. My thanks to Amanda Scott and Eimear Corcoran and her team in Dublin City Council for facilitating this initiative and to the parents in NICU for their input and support.

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 2025

Feeding into the Hospital’s current Strategic Plan, The Historical Committee, chaired by the Librarian, are planning to forge links with Dr Mosse’s Descendants in the UK.

Musical events planned for the 275 Anniversary will be re visited with a new and renewed energy.

We hope to contribute to the next Rotunda Strategic Plan in terms of LIS service planning and delivery.

CONCLUSION

Service developments in 2024 reflect our ability to change and our continuing commitment to user needs and to the equitable extension of services to all our users. My thanks to Heather Boland for her daily support of our users and services. We continue to look forward to working with you in the years to come.

Anne M O Byrne, Head Librarian

The Rotunda Foundation

OVERVIEW

The Rotunda Foundation raises funds to support the outstanding care delivered at the Rotunda Hospital. Its main objectives aim 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 and 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 2024. 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
Professor John Sheehan
Dr Geraldine Connolly
Jo Daly

STAFF

Sheila Costigan, General Manager
Chetan Chauhan, Finance and Administration

In this report, the Directors of the Rotunda Foundation present a summary of its purpose, governance, activities, achievements and finances for the financial year ending 31st December 2024.

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 support for 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' covered additional equipment requirements, minor works expenditure, projects and initiatives, resources and training and development opportunities. Funding for these items was not covered within the hospital's budget and had 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 list 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 Camera System', 'Beads of Courage,' 'Aidan and 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 Women's Mini Marathon, Irish Life Dublin Marathon, Virtual Digital Sporting Events, A Tribute Collection for a former member of Rotunda staff, Direct Mailings for Christmas and New Year Donor Giving Campaigns, publication of a book entitled 'Gibbet Hill' a lost works by Bram Stoker in aid of the Charlotte Stoker Fund 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 15-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 2024.

The Foundation welcomed opportunities to collaborate with corporates, other charities and professional organisations in order to meet its strategic objectives and fundraising goals.

SUCCESSES AND ACHIEVEMENTS

The Foundation 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 2024 has had a significant impact on Hospital services. Funding was awarded to the following areas: -

- Sponsorship of 2-day Training Course on Mental Health First Aid (€12,000)
- Sponsorship of World Mental Health Day at the Rotunda (€510)
- Sponsorship Workshop ONLINE: The Compassion Focused Approach to Perinatal Distress (€2,500)
- Sponsorship for Insurance Cover Psychosexual Training (€210)
- Donations for Anna Mooney's Children Education Fund (€45,970.52)
- Minor Works: Painting Refurbishment of Pillar Room (€4,350)
- Minor Works: Rear Intercom Oval Room (€500)
- Minor Works: Maintenance of CCTV Cameras Pillar Room (€485)
- Minor Works: Maintenance of Wi-Fi plus extenders (€923)
- Minor Works: Maintenance of Telephone Access Points Pillar Room (€250)
- Minor Works: External Pressure Washing Pillar Room
- Minor Works: Carpet Cleaning Pillar Room (€750)
- Minor Works: Medical Residence Refurbishment (€150,000)
- Wish List: Ardo Alyssa Double Breast Pump Set for Medical Social Welfare (€620)
- Minor Works: Energy Reduction Upgrade of Ceiling Lighting in Pillar Room (€9,500)
- Minor Works: Fire-proof Floor Matting in Pillar Room (€5,200)
- Minor Works: Solas Bereavement Suite Building Refurbishment (€6,250)
- Sponsorship: Off-site Therapy Group (€1,000)
- Wish List: NICU Ultrasound Machine (€120,000)
- Wish List: NICU 10 Incubator Covers (€5,166.74)
- Sponsorship of World Prematurity Day Promotions (€400)
- Sponsorship of 100 Hemp Bags for a promotion in the Hospital (€1,200)
- Equipment: Catering Department (€3,450)
- Equipment: Electric Fly Killer Installations Pillar Room (€2,340)
- Sponsorship: Venue Hire Christmas Panto Performance (€7,000)
- Venue Hire and AV/PA Technician Services at external Hospital events (€2,035)

DONOR GIVING AND FUNDRAISING CAMPAIGNS

There were a number of significant campaigns carried out during 2024 bringing in a total income for the year of €612,668 from various sources:

- Hospital Wish List Christmas and New Year Campaign
- Text To Donate €4
- Multiple on-Line Donation and Fundraising Platforms
- Community and General Public Fundraising
- Annual Rotunda Charity Golf Tournament
- Sales of 'Gibbet Hill' Book and Prints
- National and International Sporting Events
- Grant Makers
- Major and Corporate Donors
- Subscriptions and Earnings
- Hire of the Pillar Room

The Foundation continued to support the Hospital's Research Programme and provided seed funding for research projects approved by its Board:

- Infants Lab Grant (€2,791)
- Biomedical Engineering Research (€1,350)

Seed funding grants are small amounts of money invested by the Foundation in research projects and teams at the earliest stages of development. These funds allow researchers to advance their teaming efforts and/or to obtain preliminary data demonstrating the potential viability of the work. Often, seed funded projects lead to extramural research opportunities and further funding investment.

The Foundation has been a long-standing member of the Health Research Charities Ireland (HRCI) and in May 2024, was successful with an application made to the 2024 HRCI/HRB Joint Funding Scheme. A HRB award of €128,592.82 was granted for a project entitled 'Restful Nights, Happy Days'. In addition, the Charity's funding commitment to this scheme will be €99,143.23. (YR.1 Commencing Sept 2025 - €55,028.13, YR.2 Sept 2026 - €44,115.10).

PLANS FOR 2025

The Charity aims to expand upon the solid foundations it has built during the current term of its 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 implement a new 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 2025 following the completion of the Stardust Inquest. Transfer of the Fire Certificate for the complex is in progress. A new business development plan will be introduced to increase its revenue stream and development of a stand-alone website is underway.

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 for 2025 to ensure the security of the organisation and its future management.

The Foundation's next Research Funding Call is scheduled for January 2025 with submissions being reviewed in May 2025. The Foundation aims to continue to support the on-going 'wish list' needs of the Rotunda Hospital and will review its commitment to funding pledges of support made in 2024: -

- Research Project – Hydroxychlorine in Pregnancy with Antiphospholipid Antibodies
- (€54,000 Grant Awarded over 2 years commencing Summer of 2025)
- Research Project – Trinity/Rotunda Advanced Nurse Practitioner Research Post
- (Initial Funding Request was €72,423. Foundation Board will reconsider a revised budget for the project in May 2025 (to exclude Trinity's overhead charges)
- A Case Study Evaluation of the use of Webcams in the Neonatal Intensive Care Unit (NICU) (€15,726. Foundation will reconsider a revised budget in May 2025)
- Angel Eye Software Grant (€5,707)
- Retcam Nurse Training Grant (€13,500)
- 2022 Autumn Lunch Fund (€18,408.94)
- 2023 Autumn Lunch Fund (€28,829.74)
- Dedalus Business Intelligent System (€28,672.13)

Sheila Costigan
General Manager

Dr Mary Holohan
Foundation Board Chairperson

Corporate Services

Human Resources Department

Head of Department

Ms Tríona Quinlan, Head of Human Resources and People Development Manager

Staff

Ms Cathy Ryan, Employee Engagement, Wellbeing and Communication Manager
Ms Lauren Pike, Senior Human Resources Business Partner
Ms Ana Collazo, Senior Human Resources Business Partner
Ms Valeria Butera, Medical Manpower Manager
Ms Lesley Owens, Human Resources Business Partner
Ms Dervla Daly, Human Resources Business Partner (Career Break)
Ms Niamh Gilleece, Human Resources Business Partner (Carers Leave)
Ms Patricia Closca, Human Resources Business Partner
Mr Chris Kennan, Human Resource Administrator
Mr Mark Kerins, Graphic designer/communications support
Ms Oghenkaro Egbamuno, Social media specialist/communications support

SERVICE OVERVIEW

FIGURE 1: 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** – the employee experience to foster a positive environment and culture
- **Operational business requirements** – to work efficiently within HR processes and ensure compliance to 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 and People Development Manager
- 1.0 WTE Human Resources Manager
- 1.0 WTE Employee Engagement, Wellbeing and Communications Manager
- 1.0 WTE Graphic designer/communications support
- 1.0 WTE Social media specialist/communications support
- 6.0 WTE HR Business Partners
- 1.0 WTE HR administrative support

SUCCESSES AND ACHIEVEMENTS 2024

The Whole Time Equivalent (WTE) staff headcount in the hospital at the end of 2024 was 1049.42.

During 2024, a total of 287 separate recruitment competitions were actioned, TABLE 1

TABLE 1: RECRUITMENT COMPETITIONS

Area	Competitions
Management/Admin	60
Medical/Dental	148 (incl NCHD)
Nursing/Midwifrey	90
Paramedical	41
Patient care	9
Support Services	56

The average employee absence rate was 5.6% and Mandatory Training and Compliance rates were recorder as per TABLE 2 below;

TABLE 2: MANDATORY TRAINING COMPLIANCE

	December 2024
Children First Training	84
Dignity at Work	72
Fire Safety Awareness (Online)	71
GDPR / Data Protection	73
Manual and Patient Handling	66
Cyber Security	74
Standard Precautions / Hand Hygiene	92

Other key achievements in 2024 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
- Introduction of a new applicant tracking system to ensure compliance and efficiency during the recruitment cycle.

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
- Initiated development of both Mega HR and TMS to create further controls resulting in accurate data to payroll.

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 2025

New priorities and developments for 2025 include:

- The Rotunda Staff Survey
- People readiness committee for support of relocation of staff and services
- HR Knowledge Hub
- Charter Day
- Website Upgrade
- Department Structure to support succession planning

Ms Johanne Connolly resigned from the department at the end of 2024. Her input into the HR Department has been significant over her three years in the Rotunda and she will be missed.

Finance and Procurement Department

Head of Department

Mr Peter Foran, Head of Finance and Procurement

Staff

Mr Alan Holland, Finance Accounting and Systems Manager
Mr Edward Smith, Financial Operations Manager
Mr Eric Murphy, Purchasing and Supplies Manager
Ms Suzanne Murphy, Contracts and Tendering Manager
Ms Alison Delaney, Employee and Relations Manager

SERVICE OVERVIEW

The Finance section of the Department is responsible for financial oversight in the Rotunda Hospital. It is broken into 3 areas of Financial Accounting and Systems, Financial Operations and Employee Pay and Relations.

The Procurement section is responsible 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 and external suppliers and our funders. In 2024, successes were achieved in each of these categories.

SUCCESSES AND ACHIEVEMENTS 2024

The finance department achieved many of its goals for 2024 including:

- Small surplus having successfully obtained budget reconfiguration
- Successfully obtained budget reconfiguration on financial limit
- Maintained low bad debts realised
- Implemented all pay increases immediately
- Maintained service improvements from prior periods

Financial Position at the end of 2024

The Hospital achieved an effective breakeven in 2024 with a surplus of €0.2m which leaves the hospital with an accumulated surplus of €0.5m. This was achieved through prudent budgetary management, value for money initiatives and good cost control practices. We also worked collaboratively with the Dublin North East Regional Health Authority to address errors in the calculation of the financial limits (new budgeting system) and to source additional funding. Financial breakeven was achieved without impacting on quality and safety of patient services which is criticalin a demand-led service.

TABLE 1: FINAL BUDGETARY OUTTURN 2024	
Category	€'000
Surplus Carried Forward	(232)
Pay	100,401
Non-Pay	24,067
Income	(17,948)
Net Position for year	106,288
HSE Budget	(106,834)
Surplus/Deficit in Year	(314)
Cumulative Surplus/Deficit at Year End	(546)

The Hospital continued to work with the Dublin North East Regional Health Authority and the National Women and Infants Health Programme to source additional funding to augment current services and for service developments. In 2024, 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 2024, the payroll team came under new management with immediate improvements in service. The team continue to work with colleagues in Human Resources to improve services and controls.

The pension function continued to operate during 2024 acting as a service support to staff and ensuring compliance with regulatory requirements for pensions. The pensions management unit has greatly improved its service delivery to Section 38 hospitals which has been a welcome change.

In 2024, the TMS project continued to grow. All premium paid staff, other than the Consultant body, are now on TMS greatly aiding the accuracy of premium payments.

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 2024, the hospital met all of its obligations for reporting financially to the HSE and to the Dublin North East Regional Health Authority due to the hard work of this team. The 2023 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 2024, 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, 2024 saw a continuation of the big reduction in the bad debts recognised.

The Accounts Payable team showed great resilience during a time of reduced funding to work with suppliers to keep accounts in order and ensuring that the hospital's operations were not affected

Procurement and Supplies

In 2024, under the management of Eric Murphy, the Procurement function has grown and continues to be an effective support for the hospital in resourcing products and services required.

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 FOR 2025

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. The Operations and Sustainability team have continued their solid working relationship with HSE to secure minor capital funding for the hospital.

Medical Equipment Replacement Programme

In 2024, the Hospital received additional funding for MERP. The funding received has been satisfactory. The Rotunda Foundation have also been of great assistance in funding new medical equipment.

Finance and Procurement Risks in 2025

The finance 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 changes in funding methodology has been an issue in the past. The Rotunda as the maternity hospital with the greatest activity of all maternity units would support Activity Based Funding.

Controls – the finance department continues to monitor and improve controls. Three internal audits were undergone in 2024 in Finance and Procurement to ensure greater controls. There are 6 meetings of the Finance and Audit Committee annually who scrutinise and support the financial management of the hospital.

PLANS FOR 2025

- Maintain adequate funding for the hospital
- Ensure procurement compliance is as up to date as possible
- Maintain high levels of customer service quality internally and externally
- Introduce new initiatives to improve completeness of the health insurance submissions and payments
- Move TMS from project mode to operational as part of the payroll function
- To facilitate Patient Level Costing and explore feasibility of a Scan for Safety tracking system for the hospital
- Continue the oversight in both the Procurement Committees and Project Review Group to add value to the hospital.

Information Technology Department

Head of Department

Mr Cathal Keegan, IT Manager

Staff

Mr Gerard Payne
Mr Martin Ryan
Mr Derek Byrne
Ms Fiona Quill
Mr Anthony Shannon
Mr Eoin Garland

SERVICE OVERVIEW

The Information Technology Department (IT) supports the development and maintenance of the ICT function throughout the Hospital. To enable this, we provide Helpdesk support for over 1000 users and now manage an estate of over 1000 endpoints in addition to mobile and clinical devices. Whilst our main activity is the support of our users, we are divided into a number of functional areas: Infrastructure Management, Project Management, and Service Support.

We continuously review industry best practice to provide optimal service reliability and monitor technological advancements to see how best they can be leveraged to improve our service. Data security remains essential in a healthcare setting and we continue to work closely with external partners to strengthen our position from both an administrative and clinical device perspective. All staff employed in the Hospital are reminded of the vital role they play in ensuring the confidentiality, integrity and availability of our information systeMs

2024 IN REVIEW

2024 continued to be a year of high activity and strategic development for the IT Department, with several key infrastructure and service delivery projects initiated and completed. Preparatory work for the hospital's upcoming Critical Care Wing (CCW) capital development project represented one of our most significant commitments.

Outpatients Relocation to Earl Place

One of the major enablers of the CCW project is the relocation of the Outpatients Department to a new five-storey facility on Earl Place. Throughout 2024, the IT Department engaged in:

- Scoping of ICT requirements for the building.
- Procurement and coordination of all ICT equipment installations.
- Organisation and configuration of equipment requiring relocation from the existing campus.

This project required close coordination with clinical and administrative teams to ensure a seamless transfer of services to the new site and to maintain operational continuity.

Network Resilience Upgrades

To improve reliability and efficiency, we undertook a comprehensive upgrade of all edge network switches across the hospital. This work has enhanced both redundancy and performance, reducing single points of failure and delivering improved stability for critical hospital services.

Migration to Exchange Online (Office 365)

In July, the department commenced the migration of our on-premises email infrastructure to Exchange Online / Microsoft 365. This major change eliminated reliance on legacy local servers while delivering:

- Improved accessibility for users.
- Increased storage and scalability.
- Enhanced security and resilience.

This migration also positions the hospital for better integration with modern cloud services in the years ahead.

Network and Information Security Directive (NIS2) Preparation

As an operator of essential services under the original Network and Information Security Directive (NIS1), the Rotunda is now preparing for the expanded scope and obligations of NIS2. This updated directive places greater emphasis on governance, accountability, incident reporting, and supply chain security.

Throughout 2024, the IT Department focused on:

- Conducting a gap analysis of existing security and compliance measures.
- Reviewing requirements for cybersecurity monitoring, risk management, and reporting obligations.
- Engaging with external partners to align policies and procedures with NIS2 expectations.

This preparatory work ensures that the Rotunda will be positioned to meet the new regulatory standards and safeguard critical healthcare services.

Exploration of Artificial Intelligence (AI) and Automation

Twenty twenty-four also marked the beginning of the hospital's exploration into the potential use of Artificial Intelligence (AI) within healthcare and support services. The IT Department has commenced an investigation into how AI could be responsibly deployed at the Rotunda, with an emphasis on:

- Enhancing efficiency in administrative processes.
- Supporting clinical decision-making and patient care where appropriate.
- Assessing opportunities for predictive analytics in hospital operations.

As part of this work, the department engaged with the HSE team on Robotic Process Automation (RPA) initiatives currently being rolled out across the wider health service. These discussions provided valuable insights into how automation technologies can be applied to repetitive and resource-intensive administrative tasks, freeing up staff for higher-value activities. While still at an early stage, we are exploring how similar solutions could be adapted and leveraged locally within the Rotunda.

Central to all AI and automation exploration is a clear recognition that privacy, security, and governance must remain at the forefront. Any adoption of these technologies will be carefully assessed to ensure compliance with data protection laws, alignment with ethical standards, and the hospital's duty of care to patients.

PLANS FOR 2025

Looking ahead, the IT Department will focus on:

- Supporting the Critical Care Wing capital development project, ensuring ICT requirements are fully integrated into the design and commissioning phases.
- Continuing work to enhance cybersecurity maturity in line with NIS2 requirements, including monitoring, reporting, and governance improvements.
- Further cloud adoption initiatives, building on our migration to Exchange Online.
- Ongoing improvements to network resilience, redundancy, and performance.

Operations and Sustainability Department

Head of Department

Mr Ray Philpott, Head of Operations and Sustainability

Staff

Mr Michael Donovan, Operations and Sustainability Team Lead
Ms Claire Cassid, Senior Office Administrator
Ms Roisin Foran, 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 and Sustainability
- Facilities
- Support Services
- Telecommunications and Technology Services
- Non – Clinical Claims
- Health and Safety and Infrastructural Compliance

These seven key service streams are essential to the hospitals overall scope and standards of service provision in the short, medium and long term. The Operations and 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.

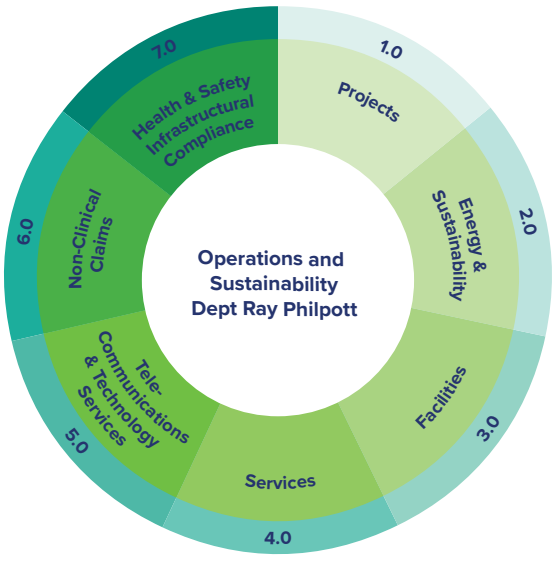


FIGURE 1: OPERATIONS AND SUSTAINABILIY DEPARTMENT: SERVICE OVERVIEW

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 almost 20 projects in 2024 through various project stages. These projects ranged from small refurbishments to larger capital projects.

SUCCESSES AND ACHIEVEMENTS IN 2024

Over the past year there have been many significant achievements in terms of project delivery throughout the organisation. Projects completed in 2024 include:

- Installation of new roof servicing the Lillie Suite and NICU
- Refurbishment of Lillie Suite bathrooms
- Completion of multiple phases of the Fire Detection and Emergency Lighting System (multi-year project)
- Replacement of Lift No.1
- Refurbishment of Lift No.2
- Installation of new hard wired bleep system
- Installation of new centralised water tank
- Refurbishment of Medical Residence
- Installation of new staff locker room and facilities
- Renovation of Household laundry room and facilities
- Renovation of the HR training room

CHALLENGES IN 2024

As the Rotunda campus continued to develop and expand in 2024 with Cavendish Row and Hampson House coming online, our department contributed project management assistance from multiple perspectives to facilitate the opening of services in these locations resulting in an additional workload.

Other 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 2025

There are many projects at various stages of their respective project cycles planned for 2025. These projects are primarily based on the Rotunda Hospital campus but as the Operations and Sustainability Dept takes operational control of Hampson House and Cavendish Row more projects in these buildings are expected. The department will also be contributing project assistance to upcoming developments such as Mosse House, Dominick St and the Critical Care Wing.

Projects scheduled for 2025 include:

- Installation of new BMS
- Progression of Window Replacement Project
- Installation of new AHUs servicing Theatres
- Refurbishment of Pre-Natal bathrooms
- Upgrade of electrical infrastructure in Theatres 1 and 2 including IPS/UPS
- Completion of the final phases of the Fire Detection and Emergency Lighting System
- Installation of air conditioning units in Lillie Suite Semi-Private rooms
- Installation of new dumbwaiter lift
- Completion of Phase 2 of LED lighting upgrade
- Refurbishment of Gynae Nurses Offices

ENERGY AND SUSTAINABILITY

SERVICE OVERVIEW

The progressive importance of Energy and 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 and 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 and 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 three hundred 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 and are confident of successfully meeting these challenges.

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.

Ongoing discussions with external partners including HSE, SEAI and Dublin City Council have been productive with significant progress made across a range of issues from strategic policy and practice to project funding and implementation.

SUCCESSES AND ACHIEVEMENTS

- Progressing 'Window Replacement Programme' with external partners and DCC
- Installation of BMS
- Implementation of the Rotunda energy conservation awareness campaign "Reduce Your Use'
- Reached 100% recycling and recovery from all hospital waste with all waste being recycled and repurposed with no going to landfill.

CHALLENGES IN 2024

Prior to 2024 the Operations and 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 2025 and beyond.

PLANS FOR 2025

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 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.

Also scheduled for 2025 is the 'Green Theatre' initiative to remove nitrous oxide (a highly damaging green-house gas) from our operating theatres. This will closely coordinated with our clinical colleagues to ensure safe transition of service.

We are currently working with our partners in the HSE relating to water efficiencies throughout the hospital by identifying leaks and implementing remedial actions.

A comprehensive utility metering programme will be 'rolled out' in 2025 which will allow the hospital to track utility consumption in real-time via cloud based monitoring platform.

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 and 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 AND ACHIEVEMENTS

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 three hundred years 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 IN 2024

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 2024, 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
- Replacement of several sub-distribution boards through the hospital
- Continuation of the painting programme
- Review of the medical gas system infrastructure
- Implementation of new grounds keeping programme

PLANS FOR 2025

The plans for 2025 again focus on upgrading key utility systems and infrastructure.

- Upgrade works to medical gas system infrastructure including the replacement of manifold
- Structural reviews to be conducted on several infrastructural areas including external fire escape and chimney stack
- Operational handover of Hampson House, Cavendish Row and Mosse House will require review with subsequent remedial work

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 and Safety manager who ensures operational and tactical processes are adhered to and advanced.

CATERING DEPARTMENT

HEAD OF DEPARTMENT

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.

Patient Service

In 2024, 106,245 patient meals were served.
There was an overall increase of 9.91% from previous year, 2023.

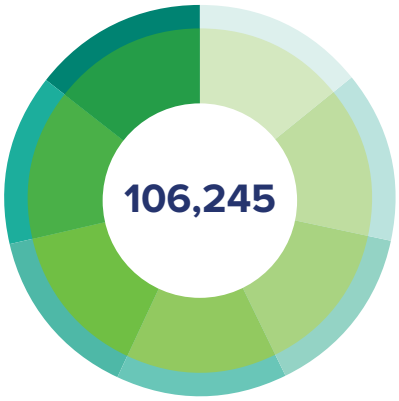


FIGURE 3: PATIENT MEALS SERVED TOTAL

Patient feedback

"Can I just say that the catering staff during my stay have been absolutely fantastic. Always with a smile and a cheery welcome, when I was stuck in bed after both surgeries they were very welcome.

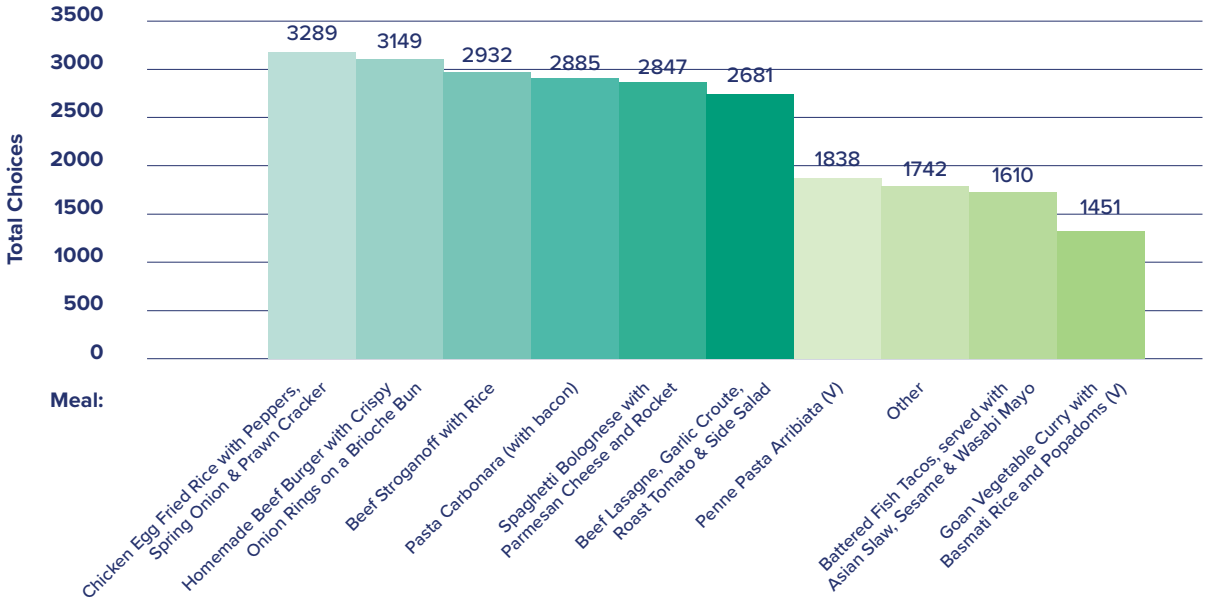
From the lovely lady who took my order each morning to my last cuppa and scone in the evening they were a pleasure.

The daily choices were fantastic - there was always something for me."

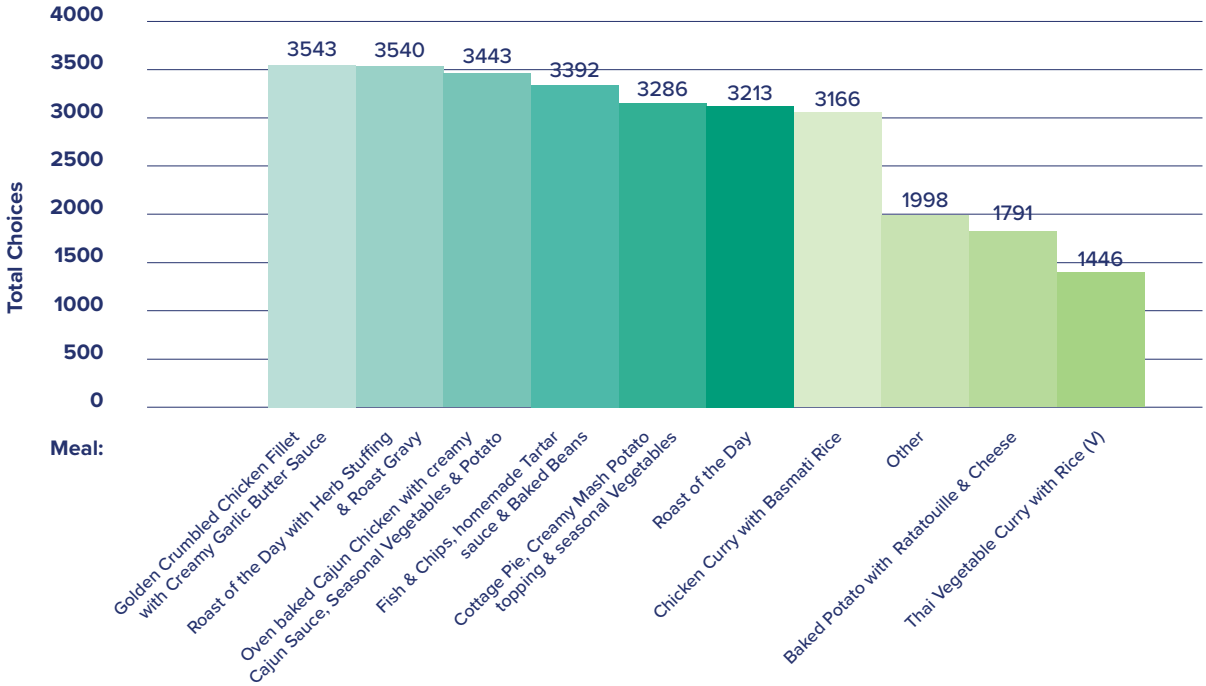
"I was so pleasantly surprised by the standard, quality, taste and variety of the vegetarian dishes! You clearly have people who are enthusiastic about their work and put real thought into the recipes you cook. I had veg curry, chilli and lasagne during my stay. I loved the different variety of fresh veg used in each meal and how you didn't shy away from spice and taste.

I don't need to tell you guys this but giving birth can be such a vulnerable time and to be comforted and nourished with good food makes all the difference"

Our patient's top 10 favorite lunch and evening meals in 2024 were:



TOP 10 PATIENT CHOICES - LUNCH



TOP 10 PATIENT CHOICES - EVENING MEAL

STAFF RESTAURANT SERVICE

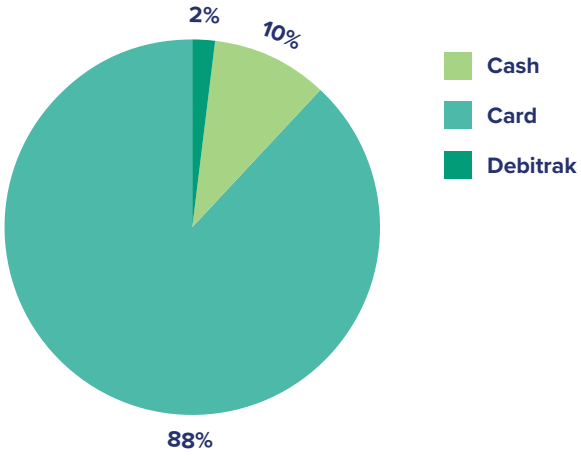


FIGURE 4: PERCENTAGE PER PAYMENT TYPE

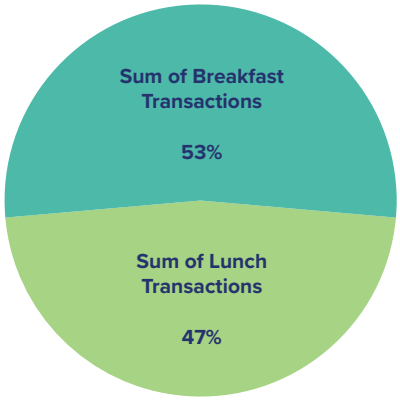


FIGURE 5: TRANSACTIONS PER SERVICE

There were 142,069 transactions through the staff restaurant in 2024.

53% breakfast and 47% lunch.

88% of transactions were made by card, 10% cash payments, and 2% Debitrak payments.

In 2024, we experienced an 8.26% increase in transactions and a 12.03% rise in income compared to 2023.

TABLE: TOTAL TRANSACTIONS		
	2023	2024
Jan		6.24%
Feb		12.18%
Mar		-9.17%
Apr		16.36%
May		8.86%
Jun		-2.23%
Jul		15.39%
Aug		10.35%
Sep		14.53%
Oct		12.04%
Nov		8.15%
Dec		8.59%
Grand Total		**8.26%**

TABLE: TOTAL INCOME		
	2023	2024
Jan		15.69%
Feb		28.99%
Mar		-1.17%
Apr		18.39%
May		11.42%
Jun		-1.39%
Jul		15.49%
Aug		14.52%
Sep		16.59%
Oct		14.62%
Nov		8.91%
Dec		5.26%
Grand Total		**12.03%**

The most significant growth in transactions occurred in April, with a 16.36% increase compared to April 2023.

Meanwhile, the highest income growth was recorded in February, showing a 28.99% increase compared to February 2023.

45,034 lunch meals were served in the staff restaurant.

December was the least busy month.

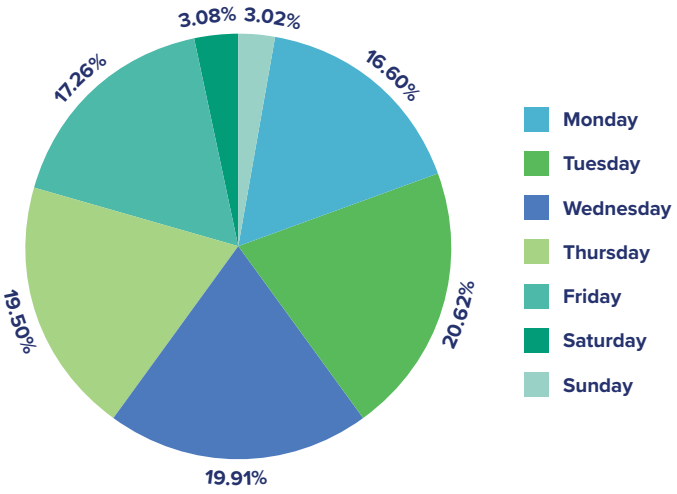


FIGURE6: TOTAL PERCENTAGE OF TRANSACTIONS PER DAY OF THE WEEK

HOSPITALITY

In 2024 we provided hospitality for 8,733 people.

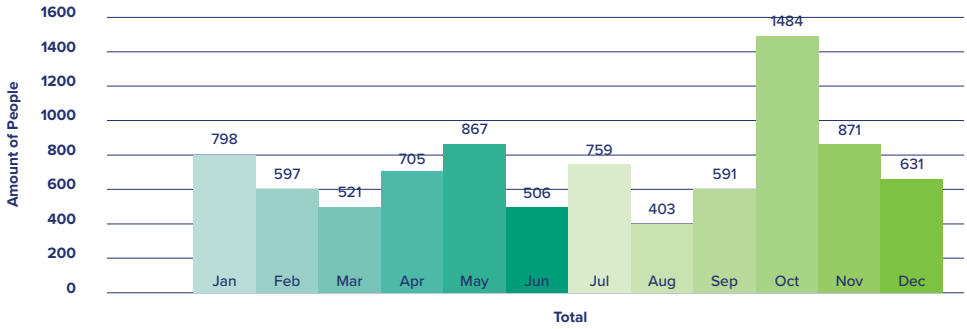


FIGURE 7: HOSPITALITY FOOTFALL PER MONTH

ACHIEVEMENTS IN 2024

Food Safety training remains a key operational priority. In 2024, 2 chefs trained on level 5 food safety and our executive chef trained on level 6 food safety.

Integrating sustainability into our operations is essential not only for environmental benefits but also for establishing a new benchmark in responsible healthcare practices. In 2024, the catering department implemented Positive Carbon, an AI-driven system designed to monitor food waste. This technology enables us to track waste patterns, identify trends, and set data-driven targets to support the HSE's goal of reducing food waste by 50% by 2030.

CONCLUSION

The Rotunda Catering Department had a successful and impactful year in 2024, marked by growth, innovation, and a continued commitment to delivering high-quality food services to patients, staff, and visitors. With a 9.91% increase in patient meals served and an 8.26% rise in staff restaurant transactions, our department has effectively responded to growing demand while maintaining excellence in service and nutrition.

Positive patient feedback highlights the dedication of our catering team, whose efforts ensure that meals not only meet dietary and nutritional needs but also provide comfort and support during times of recovery. Our focus on food safety and sustainability remained a priority, with staff upskilling in advanced food safety training and the successful implementation of Positive Carbon, an AI-driven food waste monitoring system. This initiative strengthens our commitment to the HSE's goal of reducing food waste by 50% by 2030.

Looking ahead, we will continue to enhance our services, explore innovative solutions, and prioritise sustainability to further improve the patient and staff experience. The achievements of 2024 set a strong foundation for future progress, ensuring that the catering department remains a leader in responsible and high-quality food service within healthcare.

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 replacement as part of the ongoing annual National Equipment Replacement Program (MERP). In MERP 2024 €920K funding were allocated for various critical equipment i.e. Obs/Gynae Ultrasound Machines, Laparoscopic Camera Stack, Infant Incubators and etc.

SUCCESSES AND ACHIEVEMENTS

- 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 2025-2027 was updated and submitted for funding allocation by HSE National Equipping in 2025.

CHALLENGES 2024

Twenty twenty-four proved again another challenging year on the resources required by the Clinical Engineering Department. However, despite these pressures, the department has met its obligations successfully.

PLANS FOR 2025

- 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

CENTRAL STERILE SERVICE DEPARTMENT (C.S.S.D.) OVERVIEW

Introduction

The Central Sterile Service Department (C.S.S.D.) serves as a critical hub within the hospital, ensuring the safety and efficacy of reusable medical devices through a comprehensive decontamination process. The department plays a vital role in infection control, equipment management, and adherence to safety protocols, directly impacting patient care and healthcare worker safety.

KEY FUNCTIONS

Decontamination of Medical Devices

The C.S.S.D. is responsible for the thorough cleaning, disinfection, and sterilization of both sterile and non-sterile reusable medical instruments.

Decontamination processes are designed to eliminate pathogens and prevent healthcare-associated infections.

Inspection and Quality Control

Rigorous inspection protocols are implemented to assess the integrity and functionality of medical devices prior to sterilization.

Staff regularly monitor sterilization processes and outcomes to ensure compliance with health and safety standards.

Infection Control Management

The department collaborates closely with infection control teams to identify and mitigate potential risks related to Medical device use.

Staff are trained in best practices for handling and processing devices to maintain a sterile environment.

Equipment Availability and Management

C.S.S.D. staff ensure that all necessary medical equipment is not only sterile but also readily available for surgical and medical procedures.

They play a key role in inventory management, tracking the usage and replenishment of medical devices.

Influence on Hospital Purchases

By maintaining a high standard for device sterilization and safety, the C.S.S.D. influences purchasing decisions for new equipment and supplies.

They provide valuable insight on the selection of products that meet regulatory standards and optimize patient safety.

Training and Education

Continuous training is provided for C.S.S.D. staff to keep them updated on the latest guidelines, technologies, and infection control practices.

The department also educates other healthcare staff on the importance of device handling and sterilization to promote a culture of safety.

Impact on Healthcare

The work of the C.S.S.D. is foundational to protecting patients and healthcare workers from the risks associated with non-sterile medical equipment. By ensuring a steady supply of properly sterilized devices, the department not only facilitates effective treatments but also enhances the overall quality of care provided within the hospital.

DEPARTMENTAL ACTIVITY REPORT

OVERVIEW

The department is responsible for the reprocessing of Reusable Invasive Medical Devices (RIMDs) for all Rotunda Clinics. In the fiscal year ending, the department achieved significant milestones in its reprocessing activities.

KEY STATISTICS

- Total RIMDs Reprocessed: - 62006
- Trays: - 30072
- Single RIMDs: - 31923

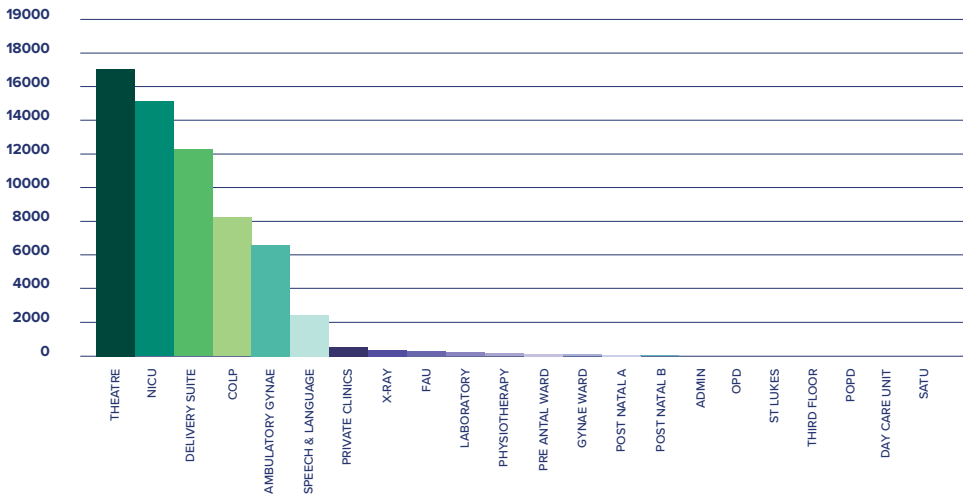


FIGURE 8: DECONTAMINATION ACTIVITIES FOR 2024

QUALITY ASSURANCE

Auditing

Validation reports are thoroughly audited on a quarterly basis by a hospital-appointed Decontamination Auditor (AP).

This process ensures that all equipment and procedures meet the required health and safety standards.

Equipment performance is periodically tested by a qualified external contractor (Sterval) to ensure compliance with safety and operational standards.

Non-Conformance

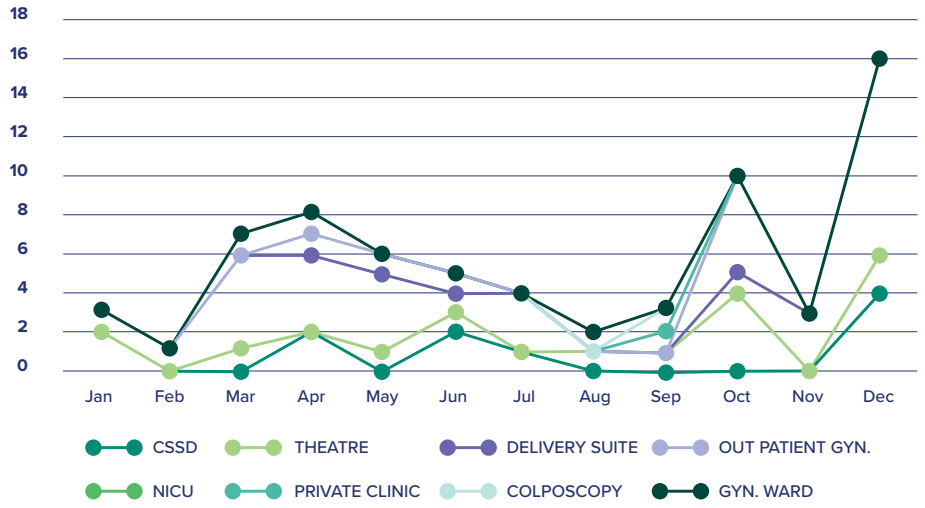


FIGURE 9: NON-CONFORMANCE RECORDED FOR 2024

Identified Non-Conformances:- 68

These non-conformances are consistent with the Health and Safety Executive (HSE) code of practise Decontamination.

Follow-up actions were implemented, and all identified issues have been resolved to ensure continued compliance and safety in our operations.

The department remains committed to maintaining high standards of safety and efficiency in the reprocessing of RIMDs. Continuous validation, testing, and auditing processes are crucial for our operational success, ensuring that we provide safe and reusable devices for medical use across the Clinical areas.

Ongoing monitoring will ensure that we maintain compliance with regulatory standards and address any potential issues proactively.

IMPROVEMENTS IDENTIFIED

1. New Detergent Validation

new detergent has been validated for use with the three Washer Disinfectors, leading to improved cleaning efficacy of our Reusable Invasive Medical Devices (RIMDs).

2. Quality Improvement Programme Participation

Staff members participated in a Quality Improvement Programme organized by the Health Service Executive (HSE), enhancing their knowledge and skills in quality assurance.

3. Staff Education

One member of staff continue his studies in Sterile Service Management at TUC Dublin, furthering his professional development in decontamination processes.

4. Regular Quality Improvement

The establishment of regular departmental quality improvement meetings has encouraged ongoing dialogue and collaboration on best practices.

Weekly Audits of Decontamination Process, a weekly audit of the decontamination processes has been initiated, allowing for the identification and rectification of any procedural discrepancies promptly.

CHALLENGES FOR 2024

Delayed Purchase of Rigid Scope Tester, we are currently facing unforeseen delays from our supplier which have hindered the purchase of a Rigid Scope Tester. This device is essential for ensuring the quality of reprocessed rigid endoscopes. We anticipate implementation in the New Year.

Space Constraints, the department is becoming increasingly cramped due to the rising volume of RIMDs needing to be reprocessed. We are hopeful that the proposed North Wing development will alleviate these space issues.

PLANS FOR 2025

Our objective for the coming year is to maintain a high standard of practice in the decontamination and sterilization of reusable invasive medical devices. We aim to sustain our commitment to quality by:

- Continuing collaboration with personnel across various specialty areas.
- Ensuring the decontamination processes meet the highest standards of safety and quality.
- Reinforcing our quality improvement initiatives by reviewing and refining our existing protocols.
- Preparing for the integration of the Rigid Scope Tester and optimizing space within the department once the North Wing is developed.

Ultimately, we are dedicated to providing a reliable service that adheres to the best practice standards in the healthcare industry.

CONCLUSION

The Central Sterile Service Department is indispensable to the hospital's operation, ensuring that high standards of hygiene and safety are upheld. By managing the lifecycle of medical devices, the C.S.S.D. supports the broader mission of delivering safe and effective healthcare to the community.

HOUSEHOLD DEPARTMENT

HEAD OF DEPARTMENT

Ms Catherine L'Estrange

The household services department plays a key role in ensuring the Rotunda Hospital achieves the highest possible hygiene standards required of a healthcare environment.

Due to additional service requirements the Household management team revaluated how service should be delivered to ensure we meet our targets set down by the national hygiene standards to ensure that we could continue to deliver service of the highest standard to our staff and patients.

ACTIVITY

Obviously the expansion of the hospital and the increase in clinic service has impacted our staff resources. It is challenging for our current cohort of staff to continue to meet these high standards but this is a challenge we continue to meet.

The household department have a robust auditing programme in place called MICAD.

The system is used daily with supervisory audits are undertaken, which ensure that a standard check is performed in all areas on a frequent basis, resulting in a higher consistent standard throughout the hospital.

The action required' reports are circulated to the appropriate household staff members and once completed they are signed, dated and returned to household supervisor.

TABLE:		
Areas		**Days**
AM/Delivery Suite +Neonatal	PM/POPD	Monday
AM/CSSD+ Pharmacy Nurses Home	PM/ Colposcopy +Mortuary	Tuesday
AM General Postnatal+ Gynae	PM /OPD	Wednesday
AM General Prenatal +Delivery Suite	PM/ Ultrasound+ Physio	Thursday
AM Emergency Room/Main Reception	PM/ Labs +EPU	Friday
AM/Lillie Suite 1+Lillie Suite 2	PM /New Gynae Clinic	Saturday
AM Theatre +Day Care	PM /Neonatal	Sunday

The average score for the above household supervisors weekly audits is 94%.

The Linen usage for 2024 were as follows:-

All linen audits are included in the household audits, Delivery trucks and skips are checked each day by the linen supervisor, and linen is counted and delivered to all clinical areas each morning.

Linen stock has been a big challenge for the household management there are linen shortages daily,

TABLE:	
Scrub Suits	154,993.00
Warm ups	1,485.00
Long Sheets	74,220.00
Draw Sheets	15,980.00
Pillow Cases	110,18968
Neonatal Sheets	70,167.00
Neonatal Blankets	30,720.00
Hand Towels	77,630.00
Bath Towels	1,964.00
Patient Gowns	8,435.00
Duvet Covers	5,500.00
Adult Blankets	27,418.00
Table Cloths	150.00

SUCCESSES AND ACHIEVEMENTS

The household department achieved 100% of the household staff mandatory training completed by the end of 2024.

All new staff received three full days training by the household management on the cleaning of 52 elements:

- infection control
- hand hygiene
- health and safety
- the cleaning and use of household equipment
- the cleaning of isolation rooms
- The use of PPE
- Water flushing program

All mandatory training is completed by all new staff within their first two days, they are trained how to login to see their pay slips/Q Pulse and HSE Land.

Staff are also trained all clinical areas throughout the hospital to ensure total and complete understanding of their role no matter where they are allocated.

All household staff receive refresher training every year on all of the above, each staff members training is documented singed off by the trainer and the household staff member, the records are placed in a file for HIQA if needed and stored in the household supervisors office ground floor.

PLANS FOR 2025

- Restructure the department and assign specific areas of responsibility to each supervisor.
- Household management will review managerial tasks and redesign training processes and protocols for the New Year.
- The Household Department , working through the Operations and Sustainability Department, will seek to go to tender for a range of services this year
- All policies and procedures are to be scheduled for review this year and updated accordingly
- Ensure the cleaning requirements for new services developments and the Hampson House are clearly identified and resourced
- Ensuring all staff complete refresher/repeat mandatory training as required.

PORTERING SERVICES

HEAD OF DEPARTMENT

Mr Paul Shields

SERVICE OVERVIEW

Over the past year the Portering service department has seen increase demand with the expansion of the campus to external sites and additional clinical services being added. The portering services has also provided logistical support from the perspective of waste management and advises in preparing new services.

DEPARTMENT ACTIVITY

The service has been maintained with all requisitions and services demands being met in a timely manner. The addition of weekend clinics and new gynae theatre services have meant how we deliver our service has had to change in order to meet these clinical demands.

SUCCESSES AND ACHIEVEMENTS

We continued to assist with services in Hampson House and Cavendish Row. We continue to accommodate all the demands in the main hospital with job requisitions being completed on a daily basis. We successfully carried out our annual waste awareness around the hospital and remained compliant with IPC standards in terms of curtain changes throughout the hospital and Hampson House.

CHALLENGES 2025

The challenges this year will be to maintain the service and demands placed on the department by the hospital. We aim to refine and improve processes were possible. We also remain a key component of the hospitals waste management program. We look forward to the challenges the new buildings will bring and we will endeavour to continue to improve services going forward.

TECHNICAL SERVICES DEPARTMENT

HEAD OF DEPARTMENT

N/A

SERVICE OVERVIEW

The Technical Services Department provides a wide range of technical, logistical and 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 and 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 some sub distribution boards and fire suppression units, which recently has been upgraded.

- Internal works that were completed in 2024 include:
- Refurbishment of the several offices
- Assisted in the installation of the hard wired bleep system
- Assisted in co-ordinating the hospitals electrical maintenance plan
- Assisted in co-ordination of water tank install
- Assisted in co-ordination of fire suppression system located in electrical boards
- Co-ordinated campus deep clean
- Co-ordinated the hospitals on going painting programme

CHALLENGES 2024

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 three hundred year old campus. The campus expansion involving the commissioning of Hampson house and Cavendish Row added further service

requirements to the department but these challenges were met while also attending to the facility needs of the main hospital.

PLANS FOR 2025

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 external sites.

There are also many other refurbishment projects scheduled for 2025 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.

SUCCESSES AND ACHIEVEMENTS

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 IN 2024

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. With Hampson House and Cavendish Row coming online in 2024 it brought significant technical and logistical challenges from a telecommunications perspective. These included the extension of the phone system to synchronise between the main hospital and the new builds.

PLANS FOR 2025

We are reviewing systems and assessing new technologies that will further improve telecommunications across the Rotunda campus. We also will be assisting in the planning of telecommunication extensions to new builds in 2025 such as Mosse House and Dominick Street.

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 AND 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 compliancy 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 and 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. In addition, an extensive training program is in place in fire safety and manual handling to ensure the safety of all staff. The Rotunda hospital 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 though 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 additions to the security team in 2024 with the expansion of the Rotunda campus to include Hampson House and the addition of buildings on Cavendish Row. We are currently focused on creating consistency and maximising the explicit and tacit knowledge of the security personnel assigned to the Rotunda. The CCTV system in the Rotunda was extensively expanded in 2024 to include Hampson House and Cavendish Row and we are in the process of incorporating all CCTV feed onto the one system. In the main hospital site regular review of the CCTV system continued in 2024, 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 2024, the health and safety committee met on five occasions.

Chemical And Fire Safety Management

Dangerous Goods Safety Advisor (DGSA) audits and training has been provided by an external consultant throughout 2024. 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 2024. Fire Safety Management continues to be a priority and fire safety training continued regularly over 2024 (at a minimum of 2 days each month). We received an unannounced visit by the health and safety authority in 2024 which concentrated on the management of formaldehyde in the laboratory and mortuary area. We completed all recommendations within the appropriate time frame and closed off.

SUCCESSES AND ACHIEVEMENTS 2024

- Installation and testing of the hardwired bleep system was completed in 2024 and it is fully up and running.
- Fire safety Program successfully ran with walk-in training provided to all staff at a minimum of twice a month.
- Expansion of the hospital services to sites at Hampson House to allow its opening in January 2025 and to No 5 Cavendish Row which was operational in 220024
- Evaluated and consolidated access control permissions to ensure security of site
- Successful security awareness day and Fire safety awareness day provided to all staff.
- Update of Fire Safety Manual and provision Fire Register to both Hampson House and the Rotunda Hospital site.
- Successful running of 3 fire warden training sessions with approximately 20 new fire wardens trained in 2024.
- Specialist training arranged for Technical services staff in asbestos awareness training and safe pass to ensure best practice is being adhered to, and all staff are safe in the workplace.

PLANS FOR 2025

- Implement Fire Warden Training sessions for all ADOMs (arranged in January 2025).
- 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. .
- 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.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Patient Services Department

Head of Department

Ms Niamh Moore, Patient Services Manager
Ms Jacinta Core, Deputy Patient Services Manager
Ms Yasmin Mc Evoy, Acting Deputy Patient Services Manager (until Sept 2024)
Ms Roisin Twamley, Deputy Patient Services Manager)from Sept 2024)

Team Leaders*

Ms Yvonne Burke, Colposcopy Unit
Ms Denise Gleeson, Maternity Outpatients
Ms Kathy Hayes, Roisin Twamley Paediatric Outpatients
Ms Yasmin Mc Evoy, Admissions/Reception
Ms Ger Fay, Laboratory Medicine
Ms Susan Penny, Healthcare Records and Ward Clerks
Mr Paul Nugent ,Gynaecology Out-Patient service
Ms Louise O'Hara ,Pregnancy Options and Central referral Call Centre.
Ms Moira Carberry S.A.T.U
Ms Rita O'Connor, S.A.T.U
Ms Catherine Daly, Anesthetics and Maternal Medicine MDT
Ms Lorraine Hanley, Radiology department
Mr Daragh Moore, iPMS system administrator
Mr Jaroslav Charvet, Project Lead
Mr David Shoebridge, Theatre and In-patient waiting list 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 admissions of all patients and management of their medical records and information. This includes twenty-four-hour support at the main hospital reception and switchboard, as well as all scheduled clinical appointments and medical typing. We currently deal with approximately 2500 external phone calls each week to our main Switchboard and 1500 external calls per week to our Appointments Call Centre. Patient Services also provide administrative support to all allied health professionals in the hospital.

SUCCESSES AND ACHIEVEMENTS 2024

Our priority for 2024 was working with a variety of colleagues to ensure the smooth transition of our Outpatient services to the new Hampson House location. The Patient Services department worked with various project work streams to ensure that an exemplary service is provided to our patients before, during and after this transition to the new location. We continue to work with our clinical colleagues to fully implement Consultant led public Obstetric care for our patients.

We worked with the NTPF validation team to ensure that all waiting lists for new Gynaecology referrals were validated twice in 2024. We also validated all of our internal waiting lists ensuring that only patients who required the service remained on the list.

We successfully implemented an In-patient waiting list for elective scheduled theatre cases in 2024 and will work with our IT and NTPF colleagues to ensure that this data can be extracted on a weekly and monthly basis.

There were a variety of additional clinical services added to the overall Gynaecology service provided by through the Ambulatory Gynaecology unit in 2024; the PMB service, Endometriosis, and the new national fertility hub are all now supported by the Patient Services Gynaecology team.

We worked with the HSE and Deloitte to implement the national HSE Patient App in 2024 and by November, all of our public obstetric and related appointments were available to our patients via this app.

We will continue to work with this team to make the public Gynaecology appointments available in 2025.

CHALLENGES 2024

Staffing levels continue to be a challenge for 2024. The number of public patient referrals to both Obstetrics (+6%) and Gynaecology (+23%) have increased in 2024 the department staffing levels have not increased on par with this rise of activity. 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.

PLANS 2025

We look forward to supporting the Regional Gynaecology Hub and central referrals project, which will be progressed in 2025. This exciting project will centralize all Gynaecology referrals to the Rotunda Hospital in the first instance. We also look forward to the development of a new outpatient Gynaecology unit in Dominick Street in 2025.

The admin support team for Gynaecology Outpatient services and the Central Referral call centre will move to a new location in 2025 outside of the hospital campus, Mosse House. We look forward to this move and a new work environment for the team.

As the demand for our services is increasing without additional admin support, we plan to work with HSE Robotic process automation team to streamline admin processes and integrate with new technology. We will continue to look for opportunities such as this to increase the amount of time that Patient Services staff have to speak with patients directly.

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 and morale and any future challenges.

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.

SUCCESSES AND ACHIEVEMENTS 2024

Optimising services provided by the Rotunda has been challenging due to extremely limited physical infrastructure. Due to the increasing and more complex clinical volume, the Rotunda's existing infrastructure poses a significant challenge and risk to delivering care that meets current standards. To allow for expansion of capacity and to mitigate the risks faced in providing critical care, the Rotunda and HSE collaborated to relocate outpatient services to Hampson House in 2024. This was a crucial enabling step to further capital development on the Parnell Square campus to address high-risk areas, such as the NICU. In 2024 a complete fit-out of Hampson House was undertaken over 5 floors. In January 2025 Maternity and Paediatric outpatients, Colposcopy, Perinatal mental health/social work and Dieticians will relocate to Hampson House.

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. Twenty Twenty Four saw the delivery of the Stage 2 process which included detailed design of the proposed building and the lodgement of a planning application to DCC.

Dominick Hall is a recently developed building approximately 300 meters from the Rotunda Hospital which has been purchased by the HSE. An initial 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. Planning permission for change of use was granted in 2024 and will proceed to detailed design in 2025.

Board quality walk rounds continued in 2024 with visits to the ambulatory gynaecology unit, SATU, Postnatal wards and the Emergency Department.

The expansion and further development of the fertility service continued in 2024 along with the commissioning of an IUI laboratory. It is envisioned that the lab will received accreditation and public IUI procedures will commence at the Rotunda in 2025.

PLANS FOR 2025

The opening of Hampson House in January 2025 will be a milestone in the optimisation of our campus. We will continue to work closely with our colleagues in HSE estates in the delivery of Dominick Hall and the Critical Care Wing.

Engineering and Estates Department

Head of Department

Mr Emmet Travers, Head of Engineering and Estates Management

SERVICE OVERVIEW

The Engineering and Estates department is dedicated to the effective and efficient delivery of infrastructure developments, enabling our staff to provide the highest level of care to our patients in modern, compliant, fit for purpose facilities. The priority of the department is the delivery of the major interim infrastructural capital developments plan, which is key to accomplishing our strategic development goals. In 2024, the Rotunda has benefitted from an unprecedented number of opportunities for developments, internal construction, property acquisition and the progression of major capital development projects.

SUCCESSES AND ACHIEVEMENTS 2023

Foremost, the Critical Care Wing (CCW) at the Rotunda Hospital which represents the largest and most complex development at the Rotunda since the foundation of the Hospital by Bartholomew Mosse in 1745 is managed through the department. The delivery of the Stage 1 process produced two preliminary design options, review and appraised by multidisciplinary teams, concluding with a recommendation by Project Team and further ratification by Project Board concluding the Stage 1 process. Stage 2A commenced which will detail the final clinical accommodation per department to inform the final architectural design. Thanks to our colleagues for their dedication to this process.

The Hampson House project accommodating our maternity outpatients department, paediatric outpatients department, colposcopy service, perinatal mental health, dietician and social work services progress through fit out and was delivered in December, on programme.

A feasibility study gave rise to a strategic opportunity to acquire Dominick Hall, a recently developed building approximately 300 meters from the Rotunda Hospital. A design was produced providing a Gynaecology Women's Hub for North Dublin, Physiotherapy services, EPAU and laboratory services. Planning permission was received for the change of use to facilitate this project.

Cavendish Row 1-2 and 5 were purchased by the Board providing opportunities to decant highly administrative functions from site, facilitating the expansion of our clinical tertiary service capacity. The Engineering and Estates team presented our rational to the board of Governors of the Rotunda for their approval to purchase the building which was approved.

Finally the department welcomed Gary Anderson who, with his wealth of knowledge and experience working in the Healthcare industry, has contributed significantly to the success of our projects.

PLANS FOR 2025

The Department continue to works closely with our colleagues in HSE Capital and Estates in the delivery of major capital developments and service improvements. Their continued support in optimising the Rotunda's infrastructure, which will greatly improve the care that we can provide to our patients and their families over the coming decades, is greatly appreciated.

Maternal and Newborn Clinical Management System

Head of Department
Niamh Hegarty

Staff
Paula Scully
Stephen Cully

SERVICE OVERVIEW

The Maternal and Newborn Clinical Management System (MN-CMS) Programme provides a single Electronic Health Record (EHR) for Women and Newborns in Maternity and Gynaecology services in Ireland. The Rotunda was one of the 4 pilot sites along with CUMH, UHK and NMH and it has transformed the delivery of Maternity and Newborn Care since its inception in 2017. The MNCMS Phase 2 is currently progressing to incorporate the Coombe Woman and Infants University Hospital and the University Maternity Hospital Limerick. Further phases will see the MNCMS eventually extend to the 19 Maternity Units nationally.

The Electronic Health Record for Mothers and Babies was endorsed in the National Maternity Strategy and supports better, safer clinical decision-making and facilitates the provision of a more connected health service delivering improved health outcomes. Clinicians identified the need to digitise the national maternity record to enhance access to patient information, improve clinical documentation, patient safety and data driven care. The move to Phase 2 will see almost 70% of the babies delivered in Ireland having a “digital footprint” and an Electronic Health Record.

The MNCMS allows for integrated care equipped with inbuilt patient alerts, Pharmacy, Fetalink (CTG application), Saanaesthesia (Surgery and Theatre) and OrdercomMs Our MNCMS department supports the running and maintenance of the electronic health record locally. Ongoing testing of enhancements and change requests ensures the system is reliable and stable for end users. Training and Enduser support ensures accurate documentation, correct workflow and maintenance of data integrity. Audit and Reporting has been supported through the availability of local reporting processes, channels and platforMs MNCMS also has a full audit trail capability to support security and detection of any data breaches.

MNCMS SUCCESSES IN 2024

The availability of an EHR within the Rotunda Hospital facilitated the successful implementation of an Ambulatory Department in Hampson House. Technological integration, standards and interoperability were key to a successful move to these new state of the art premises. MNCMS was integral to this move and crucial in ensuring the EHR will be equally optimised in this new location, transforming it into a modern Digital Healthcare Facility.

CHALLENGES AND PLANS FOR 2025

Oracle Cerner's CareAware IBUS is a workflow driven solution that connects devices to the patient record, making it the single source of truth. This solution is due an upgrade to continue to develop interoperability and enhance patient care. Our MNCMS Dept will be driving this upgrade through cycles of intensive testing and training.

The MNCMS encompasses the vision of Digital Healthcare and the underpinning principles are aligned with the *Digital for Care 2030 Strategy*. 2025 will see the addition of 2 more sites on the MNCMS, The Coombe Hospital and University of Limerick Maternity Hospital. This transformation to Digital Health will address the fundamental shift in how care is delivered from paper based and siloed to integrated, data driven and person centred. Phase 2 also brings with it an extensive roll out of new technology ensuring ease of access to Digital Care in line with the guiding principles of the HSE Digital Health Strategic Implementation Roadmap 2024-2030.

With the MNCMS, Information is quickly and easily available, chronology of events is comprehensive and care delivery is transparent. Reporting and Audit has been optimised because of the MNCMS, allowing for continuous quality improvement in operational competency. Informed Business Intelligence will drive local and management decisions. The MNCMS is committed to ongoing developments, integration and feature enhancements and coupled with a dynamic workforce driving change and development, the Rotunda Hospital, the worlds oldest working Maternity Hospital continues to secure itself as the Maternity Hospital of choice.

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 6 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

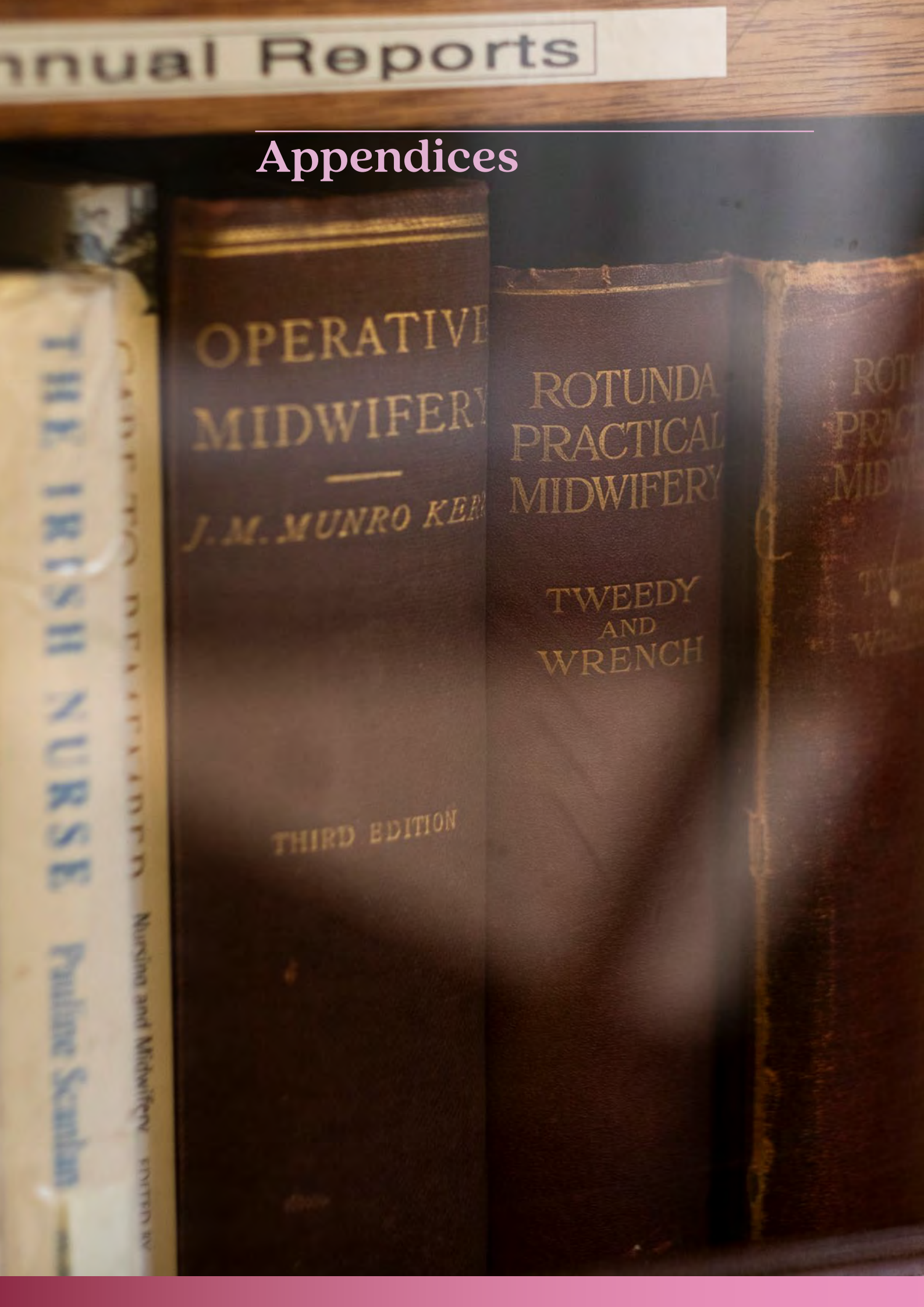
BOARD OF GOVERNORS 2024

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 Janet Horner
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
Ms Michele McGarry
Ms Dolores Sullivan
Ms Niamh Gallagher
Ms Kate Webb
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 Geraldine Doherty
Mr Brendan Memory
Cllr D'Arcy Lonergan

Appendices


nnual Reports
OPERATIVE
MIDWIFERY
J. M. MUNRO KERR
THIRD EDITION
ROTUNDA
PRACTICAL
MIDWIFERY
TWEEDY
AND
WRENCH
THE IRISH NURSE
Pauline Scanlan

Appendix 1

CLINICAL SUMMARY DATA

1. TOTAL MOTHERS DELIVERED	TOTALS
Mothers delivered babies weighing >500 grams	8324
Mothers delivered babies weighing <500 grams (including miscarriages)	1360
Hydatid form moles	11
Ectopic pregnancies	131
TOTAL PREGNANCIES	**9826**

2. MATERNAL DEATHS	TOTALS
Direct Maternal Deaths	0
Indirect Maternal Deaths	0
Late Maternal Deaths	0
TOTAL MATERNAL DEATHS	0

3. BIRTHS	TOTALS
Singletons	8191
Twins	257 (138 sets)
Triplets	9 (3 sets)
Quadruplets	0
TOTAL BABIES DELIVERED WEIGHING 500G OR MORE	**8457**

*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*	43%	3568
Forceps	4%	325
Vacuum	12%	1013
Caesarean section	41%	3418
Induction of labour	39%	3236

*Breech Deliveries included in spontaneous vaginal delivery

5. PERINATAL DEATHS	TOTALS
Antepartum deaths	37
Intrapartum deaths	0
Early neonatal deaths	19
Late neonatal deaths	5
Congenital anomalies	25

6. PERINATAL MORTALITY RATE (PER 1,000 BIRTHS)	TOTALS
Overall perinatal mortality rate	6.6
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	0.9

7. AGE OF WOMEN	NULLIPAROUS	MULTIPAROUS	TOTAL MOTHERS DELIVERED >500G	%
<20 yrs.	171	43	214	3%
20-24 yrs.	427	191	618	7%
25-29 yrs.	819	682	1501	18%
30-34 yrs.	1415	1391	2806	34%
35-39 yrs.	824	1634	2458	30%
40+ yrs.	251	476	727	9%
TOTAL	**3907**	**4417**	**8324**	**100%**

8. PARITY	TOTALS	%
Para 0	3909	47%
Para 1	2788	34%
Para 2-4	1531	18%
Para 5	96	1%
TOTAL	**8324**	**100%**

9. COUNTRY OF BIRTH/NATIONALITY (FROM MOTHERS DELIVERED > 500G)	TOTALS	%
Irish	4905	59%
EU	1003	12%
Non EU	2416	29%
TOTAL	**8324**	**100%**

10. BIRTH WEIGHT (G)	TOTALS	%
< 500	1	0.0%
500 - 999	52	0.6%
1,000 - 1,499	56	0.7%
1,500 - 1,999	119	1%
2,000 - 2,499	391	5%
2,500 - 2,999	1245	15%
3,000 - 3,499	2935	35%
3,500 - 3,999	2749	33%
4,000 - 4,499	812	10%
4,500 - 4,999	90	1%
>5,000	7	0.1%
TOTAL	**8457**	**100%**

11. GESTATIONAL AGE	NULLIPAROUS	MULTIPAROUS	TOTALS	%
<26 weeks	30	12	42	0.5%
27 - 29 weeks + 6 days	13	13	26	0.3%
30 - 33 weeks + 6 days	62	66	128	2%
34 - 36 weeks + 6 days	198	218	416	5%
37 - 41 weeks + 6 days	3597	4101	7698	92%
42 + weeks	8	6	14	0.2%
TOTAL	**3908**	**4416**	**8324**	**100%**

12. PERINEAL TRAUMA AFTER VAGINAL DELIVERIES	NULLIPAROUS	MULTIPAROUS	TOTALS	%
Episiotomy and extended episiotomy	1297	291	1588	32%
First degree laceration	168	493	661	13%
Second degree laceration	556	899	1455	30%
Third degree laceration	79	28	107	2%
Fourth degree laceration	4	2	6	0%
Other laceration or grazes	75	312	387	8%
Intact	95	602	697	14%
TOTALS	**2274**	**2627**	**4901**	**100%**

CS Deliveries not included in the above. Total Vaginal deliveries: 4,906
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	5	8	13
Cord accident	5	1	6
Extreme prematurity	1	1	1
Unexplained/Unknown	11	0	1
TOTAL	**9**	**10**	**21**

15. PERINATAL MORTALITY: CONGENITALLY MALFORMED INFANTS	NULLIPAROUS	MULTIPAROUS	TOTALS
Genetic	6	5	11
Respiratory	1	2	3
Cardiac	3	4	7
Renal	1	0	1
Diaphragmatic hernia	0	1	1
Other	0	2	2
TOTAL	**11**	**14**	**25**

16. PERINATAL MORTALITY: EARLY NEONATAL DEATHS IN NORMALLY FORMED INFANTS	NULLIPAROUS	MULTIPAROUS	TOTALS
Prematurity	4	1	5
Infection	0	1	1
Placental	1	2	3
Unknown		1	1
TOTAL	**5**	**5**	**10**

17. HYPOXIA ISCHAEMIC ENCEPHALOPATHY*	GRADE 2	GRADE 3
TOTALS	**18**	**5**

*inborn babies only

18. SEVERE MATERNITY MORBIDITY	TOTALS
Massive obstetric haemorrhage	152
Severe sepsis	22
Pulmonary oedema / acute respiratory dysfunction	14
Periparthum hysterectomy	3
Pulmonary embolus	3
Acute renal or liver dysfunction	0
Cardiac arrest	0
Eclampsia	3
Coma	0
Uterine rupture	1
Transfer to HDU/ICU	343

19. BODY MASS INDEX (KG/M²)	2023	2024
Underweight: <18.5	170 (2%)	303 (4%)
Healthy: 18.6 - 24.9	3787 (42%)	3304 (40%)
Overweight: 25 - 29.9	2827 (31%)	2614 (31%)
Obese class 1: 30 - 34.9	1295 (15%)	1180 (14%)
Obese class 2: 35 - 39.9	552 (6%)	541(6%)
Obese class 3: >40	252 (3%)	222 (3%)
Unrecorded	80 (1%)	160 (2%)
TOTAL	**8782**	**8324**

* 2023 Mothers Booked, 2024 Mothers Delivered > 500grms

Appendix 2

COMPARATIVE SUMMARY

COMPARATIVE TABLE FOR 10 YEARS										
Years	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Babies born	8,538	8,589	8,409	8,514	8,410	8,317	9,148	8,292	8,442	8,457
Perinatal deaths	71	54+5*	51+1*	45+1*	59+6*	50	51	57+1*	36+3*	56
Perinatal Mortality Rate	8.3	6.9	6.2	5.4	7.7	6.0	5.6	7.0	4.6	6.6
Corrected perinatal mortality rate	4.8	4.1	3.6	3	4.1	2.9	3.4	3.6	2.4	2.4
Total mothers delivered	10,078	10,024	9,915	9,760	10,200	9,915	10,715	9,757	9,965	9,826
Direct Maternal deaths	1	0	0	0	0	0	0	1	0	0
Caesarean delivery %	32%	35%	34%	34%	35%	37%	37%	39%	40%	41%
Forceps/Vacum %	17%	16%	16%	16%	16%	16%	16%	16%	16%	16%
Epidural %	47%	45%	48%	45%	48%	49%	45%	49%	49%	46%
Induction %	29%	29%	31%	31%	35%	36%	37%	40%	39%	39%

* Unbooked

Appendix 3

PERINATAL DEATHS

GESTATIONAL AGE AT DELIVERY (WEEKS)

STILL BIRTH	TOTALS	%
20 0/7 - 23 6/7	7	18.9%
24 0/7 - 27 6/7	6	16.2%
28 0/7 - 31 6/7	6	16.2%
32 0/7 - 36 6/7	11	29.7%
37 0/7 - 39 6/7	4	10.8%
>/= 40 0/7	3	8.1%
TOTAL	37	100.0%

EARLY NEONATAL DEATHS		
20 0/7 - 23 6/7	4	21.1%
24 0/7 - 27 6/7	2	10.5%
28 0/7 - 31 6/7	2	10.5%
32 0/7 - 36 6/7	5	26.3%
37 0/7 - 39 6/7	4	21.1%
>/= 40 0/7	2	10.5%
TOTAL	19	100.0%

WEIGHT AT DELIVERY (GRAMS)

STILL BIRTH		
500 - 999g	15	40.5%
1000 - 1499g	4	10.8%
1500 - 1999g	4	10.8%
2000 - 2499g	7	18.9%
2500 - 4999g	7	18.9%
>/= 5000g	0	0.0%
TOTAL	37	100.0%

EARLY NEONATAL DEATHS		
500 - 999g	6	31.6%
1000 - 1499g	0	0.0%
1500 - 1999g	3	15.8%
2000 - 2499g	3	15.8%
2500 - 4999g	7	36.8%
>/= 5000g	0	0.0%
TOTAL	19	100.0%

Appendix 4

OUTPATIENT ACTIVITY DATA

DESCRIPTION	NEW ATTENDENCES	RETURN ATTENDENCES	TOTAL	TELEMEDICINE
Antenatal Parent Class	2,080	266	2,346	5,543
Midwifery	3,298	12,524	15,822	1,454
Nurse Led	590	565	1,155	1,483
Public Obstetric	7,539	23,701	31,240	6,935
Gynaecology	8,127	8,096	16,223	2,889
Colposcopy & Smear Clinic	2,482	2,688	5,170	0
Paediatrics	5,201	3,426	8,627	252
Endocrinology	3,752	2,566	6,318	4,139
Gastroenterology	37	12	49	2
Haematology	285	528	813	395
Anaesthetics	947	24	971	1,786
Nephrology	107	377	484	0
Psychiatry	995	1,856	2,851	1,873
Dove Medical	161	154	315	17
Allied Health Clinics	5,041	6,040	11,081	2,328
Diagnostic Clinics ***	5,427	17,839	23,266	0
TOTAL	**46,069**	**80,662**	**126,731**	**29,096**

***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	(232)	(57)
PAY		
Salaries	92,135	80,503
Superannuation and gratuities	8,266	7,308
	100,401	87,811
NON-PAY		
Direct patient care	9,610	8,895
Support Services	9,479	8,987
Financial and administrative	4,978	4,646
	24,067	22,528
GROSS EXPENDITURE FOR THE YEAR (including prior year deficit)	124,236	110,282
Income	(17,948)	(17,302)
DEFICIT FOR THE YEAR (including prior year deficit)	106,288	92,980
Determination - HSE notified for the year	(106,834)	(93,212)
CUMULATIVE DEFICIT / (SURPLUS) CARRIED FORWARD TO FOLLOWING YEAR	(546)	(232)
Current Year Surplus	(314)	(176)

Appendix 6

CLINICAL AUDITS

TITLE OF AUDIT
ADMINISTRATION
Speech Privacy
ANAESTHETICS
• Epidural Top-up For Emergency Caesarean Section: Updated Practice in the Rotunda Hospital • Anaemia prior to caesarean delivery • An audit of the use of platelets during major obstetric haemorrhage at the Rotunda Hospital • A re-audit of timing of administration of post-partum thromboprophylaxis in relation to spinal for CS, following intervention. • Audit of assessment of recovery of motor block post neuraxial anaesthesia • Postnatal Analgesia a re-audit • Re audit Rate of Epidural re-siting for labour analgesia • Analgesia for Total Laparoscopic Hysterectomy • Re-Dosing of Antibiotics in Major Obstetric Haemorrhage • An audit of High Dependency Unit admission documentation in the Rotunda hospital • Audit of assessment of recovery of motor block and timing of LMWH post neuraxial anaesthesia in Emergency LSCS • Incidence of IONV (intraoperative nausea and vomiting) and postoperative nausea and vomiting in patients undergoing elective CS under regional anaesthesia • Analgesic management of late intrauterine fetal death (IUFD)
CLINICAL NUTRITION
• Bone Mineral Density in Neonates
CLINICAL RISK
• Documentation of Surgical Safety List
GYNAECOLOGY
• The Outcomes post Cold Coagulation for Cin 2 at The Rotunda Hospital for women under 45 years of age • GP Mirena clinic • Audit on Pain management during outpatient Hysteroscopy, Rotunda Hospital, Dublin. • Audit of Flexible Cystoscopy Service for Rotunda Hospital Patients • Complications of Laparoscopy at The Rotunda Hospital • An audit on colposcopic impression and subsequent histological diagnosis. • Bridging the Gap: An Audit on Female Sexual Dysfunction Assessment in Pelvic Organ Prolapse Treatment at Rotunda Hospital

NEONATOLOGY - MEDICAL

- Clinical audit on neonatal admissions in Lillie Suite for phototherapy
- Supplementation of breastfeeding with formula in infants with mild- moderate jaundice
- A re-audit of timing of MRI following HIE in neonates
- Variability of practice in NEC evaluation and management
- Management of Pneumothorax in Infants <32w Gestation
- Re-Audit of optimizing completeness of recording newborns discharge diagnosis/problems in MN-CMS
- Assessment of Delayed Cord Clamping Provision for Preterm Infants.
- Quality Improvement audit to help implement ISBAR tool on MN-CMS ward round at Rotunda hospital
- Post UVC insertion lateral Xray practices

NEONATOLOGY - NURSING

- An examination of documentation practices on reporting of clinical risk occurrences re medication related incidents
- Assessing prolonged pain in the NICU
- PVC insertion care bundle
- Re-Audit of Blood transfusion administration documentation in NICU

NURSING/MIDWIFERY

- Completion Handover & Identifying Risk Factors in iView
- Assessment of Delayed Cord Clamping Provision for Infants born after 33 weeks 6 days gestation. DCC
- Compliance with use of the PPH Prevention Bundle – A Re-Audit
- Re-audit Scrub Technique
- Re-audit catheterisation
- Risk factors for post-partum urinary retention after vaginal delivery
- To ensure compliance with Gestational Diabetes Care Pathway
- Re-audit of Intrapartum CTG Fetal Surveillance Audit
- Audit of Perinatal Trauma Service
- Documentation of the newborn admission to Postnatal Ward
- Compliance with post-natal GTT screening
- Menopause clinic triage and DNA
- Contraception counselling and administration within the Pregnancy Options service
- Audit of INEWS on MNCMS IView – National Early Warning system Gynaecology inpatients
- Reduced Fetal Movements in Pregnancy: an audit of emergency room presentations
- Conservative Management to women with CIN II cervical biopsy

OBSTETRICS

- An Audit of compliance with GBS screening guideline for women having induction of labour at or after 37 weeks gestation.
- An audit of compliance with recommendation for antenatal screening for GBS carriage in women with penicillin allergy
- Audit of Recurrent Miscarriage Clinic- New Patients
- Antibiotic prophylaxis post-operative vaginal delivery
- Compliance to FBC monitoring at 28-32 weeks in subs clinic
- Iron Deficiency Anaemia in the Pregnant Teenage Population
- Audit of contraceptive counselling and administration within the Teenage Pregnancy service
- A retrospective audit of fully dilated Caesarean Section in Robson1 group
- Birth Preferences and Delivery outcomes after Previous Obstetric Anal Sphincter Injury
- An Evaluation of the Pre-Operative Care of Maternity Patients on insulin therapy
- Antenatal care for women with Epilepsy - Re-audit
- Success of mechanical IOL in The Rotunda Hospital

PHARMACY

- To measure compliance with medication documentation and reconciliation on admission
- Reconciliation of medication at discharge
- NICU Electrolyte Standard Concentration Infusion ePrescribing Project
- To measure the quality of Meropenem prescribing in a maternity setting

PHYSIOTHERAPY

- Back and Pelvic Pain Class: Attendance Rates and Patient Feedback
- Review of Documentation of physiotherapy Management of 3rd and 4th degree tears

RADIOLOGY

- Image Quality For Preterm And Low Birth Weight Babies
- Compliance with Comforter and Carer Consent Form in Radiology
- Referral for Hip Ultrasound with the word ‘click’

SATU

- Documentation of medication administration to patients who attend the Sexual Assault Treatment Unit (SATU).

Appendix 7

STAFF RESEARCH PUBLICATIONS

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Appendix 8

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Reem Mohamed Khair
Robert Wynne

Romana Tasleem
Rory Bell
Salman Bin Ihsan
Seerat Nisa
Shahzeel Qureshi
Sheniya Grace
Shumaila Babar
Sonia Kaur Wohlrath

SENIOR HOUSE OFFICER IN PAEDIATRICS

Arwa Ahmed
Awais Alam Baloch
Aya Taha
Bubrak Amin
Clodagh Ryan
Diogenis Vrentzos
Fatima Ahmed
Gabriela Mineva
Ines Roze
Junaid Altaf
Karyn Copperthwaite
Lucy Macaulay
Madison Phipps
Molly McGuckin
Muaz Ahmad
Mustafa Ahmed
Mustafa Osman Ahmed
Sana Hassan Mohamed Hassan
Sanngeeta Nadarajan
Sarah Cavallari
Sidra Azmat

SENIOR HOUSE OFFICER IN ANAESTHESIOLOGY

Cathriona Murphy
Cian Hurley
Ciara Crotty
Jenny Kennedy
Keith Groeger
Tawassol Mohammed

REGISTRAR IN HAEMATHOLOGY

Dr Saima Navqi
Dr Conor Hughes

SENIOR REGISTRAR IN MENTAL HEALTH

Dr Ailbhe Doherty
Dr Andrew Gribben
Dr Caroline Giacobone (Registrar)

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 Deirdre Ward (Commenced 13/08/2024)
Ms Mary Whelan
Ms Patricia Williamson

ADVANCED NEONATAL NURSE PRACTITIONERS

Ms Elaine Butler

Ms Jean Coffey
Mr Mark Hollywood
Ms Maria Marzan
Ms Christine McDermott (Resigned post retirement wef 31/07/2024)
Ms Jennifer O'Neill
Ms Paula Penrose

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 Christine Corcoran
Ms Aileen Marie Fleming (Candidate AMP)
Ms Minimol George
Ms Jane Hickey
Ms Michelle McTernan (Promoted 01/04/2024)
Ms Fionuala Nugent
Ms Eleanor Power
Ms Amy Rochford (Candidate AMP)
Ms Fiona Walsh

CLINICAL MIDWIFE MANAGERS II

Mr Nicholas Aragon Ropero
Ms Nadia Arthurs
Ms Chloe Barror
Ms Kerry Birkin
Ms Virginie Bolger
Ms Shinead Brown
Ms Patricia Butler
Ms Lisa Carroll
Ms Sarah Cass
Ms Linda Chiles
Ms Laura Cooney
Ms Sinead Corbett
Ms Emer Croke

Ms Marina Cullen
Ms Eilidh Dobbins
Ms Sinead Donaghy
Ms Liz Doran (Resigned from Post Retirement Hours wef 13/05/2024)
Ms Hayley Dowdall
Ms Elaine Duffy
Ms Hannah Duffy
Ms Mary Dwyer
Ms Helen Enyinnaya
Ms Karen Finegan
Ms Shauna Fitzgerald
Ms Alva Fitzgibbon
Ms Mary Fogarty
Ms Carol Guinan
Ms Louise Hanrahan
Ms Margaret Harrington (Retired 30/04/2024)
Ms Susan Hogan (Resigned 27/09/2024)
Ms Elizabeth Iredale
Ms Monica Kavanagh
Ms Nollaig Kelliher
Ms Eileen Kenny
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 Paula Morrin
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 Shonagh Strachan
Ms Joanne Taylor
Ms Elizabeth Tobin
Ms Maria Walsh

CLINICAL NURSE MANAGERS III

Ms Siobhan Mulvany

CLINICAL NURSE MANAGERS II

Ms Hazel Cooke (Retired 17/03/2024)
Ms Teresa Figueroa
Ms Anu Garg
Ms Oonagh Farrell
Ms Caroline Hendricken
Ms Julie Heslin
Ms Rasamma Joseph
Ms Shelby Jose
Ms Christina Kilpatrick
Mr 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 (Resigned 11/11/2024)
Ms Siji Philip
Ms Jannice Reyes
Ms Ruby Sebastian
Ms Jeyanthi Sukumaran
Ms Princy Thomas
Ms Salikutty Thomas
Ms Derval Toomey

CLINICAL MIDWIFE SPECIALISTS

Ms Deborah Browne (Page)
Msl Elizabeth Cooney
Ms Heather Cruise
Ms Jane Dalrymple
Ms Naomi Finnegan
Ms Anne Gallagher (Retired 30/06/2024)
Ms Suzanne Gillen
Ms Geraldine Gordon
Ms Aisling Graham
Ms Gloria Guiteras
Ms Jeanne Masterson
Ms Deirdre Nolan
Ms Avril O'Connor
Ms Kate O'Halloran
Ms Mary O'Mahoney
Ms Gemma Owens
Ms Deirdre Richardson
Ms Irene Twomey (Retired 15/05/2024)

CLINICAL NURSE SPECIALISTS

Ms Julia Daly
Ms Catherine Marsh
Ms Leanne O'Neill
Ms Christine Pucillo

GP LIAISON/HOSPITAL RELATIONSHIP MANAGER

Ms Eleanor Power

PARAMEDICAL HEADS OF DEPARTMENT

Mr Brian Cleary (Chief Pharmacist)
Ms Cinny Cusack (Physiotherapy Manager)
Ms Sinead Devitt (Head Medical Social Worker)
Ms Laura Kelly (Head of Clinical Nutrition)
Mr John O'Loughlin (Laboratory Manager)
Ms Aine Hahessy (Radiology Services Manager)

ADMINISTRATIVE HEADS OF DEPARTMENT

Ms Sheila Breen (Quality and Patient Safety Manager)
Mr Peter Foran (Head of Finance and Procurement)
Ms Johanne Connolly (Human Resources Manager)
Ms Kathy Conway (Clinical Reporting)
Ms Siobhan Enright (Head of Clinical Risk, Medico-Legal and Quality Systems)
Mr Cathal Keegan (IT Manager)
Ms Niamh Moore (Patient Services Manager)
Ms Anne O'Byrne (Head Librarian)
Ms Jessica Owolawi (Information Governance Manager)

SUPPORT DEPARTMENT HEADS

Ms Deborah Cullen (Catering Manager)
Mr Henry Gelera (Clinical Engineering Manager)
Ms Joanna Griffin (Business Development Project Manager)
Ms Niamh Hegarty (Clinical Informatics Manager MNCMS)
Ms Catherine L'Estrange (Household Manager)
Ms Aiveen O Malley (Health and Safety Manager)
Mr John Oyedeji (Decontamination Quality Assurance Head of Department)
Mr Ray Philpott (Head of Operations and Sustainability)
Mr Paul Shields (Head Porter)
Mr Emmet Travers (Engineering & Estates Manager)

CHAPLAIN

Ms Ann Charlton

Appendix 9

ORGANISATIONAL STRUCTURE

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 MIDWIFERY & NURSING
- Maternity
- Gynaecologic
- Neonatal

MIDWIFERY & NURSING EDUCATION
- Undergraduate Training
- Postgraduate Training

MATERNITY CARE ASSISTANTS
- Education & Training
- Clinical Placement

PRACTICE DEVELOPMENT
- Ongoing Education & Training
- Clinical Practice Development

BEREAVEMENT SUPPORT
- Inpatient Support
- Outpatient Follow Up

HEALTH & SOCIAL CARE PROFESSIONALS
- Dietitians
- Physiotherapists
- Medical Social Workers
- Occupational Therapists
- Speech and Language Therapists
- Psychologists

GP LIAISON

QUALITY, SAFETY & RISK
- Clinical Risk
- Infection Prevention & Control
- Health & Safety
- Quality Improvement
- Clinical Audit
- MN-CMS
- Health Promotion
- Information Governance
- Patient Experience

CLINICAL DIRECTOR

OBSTETRIC & GYNAECOLOGIC CARE
- Outpatient Services
- Emergency Services
- Operating Theatres
- Inpatient Services

LABORATORY MEDICINE
- Haematology & Transfusion
- Biochemistry
- Microbiology
- Histopathology
- Virology/Serology

ANAESTHESIA
- Pre-Anaesthetic Assessment
- Anaesthetics/Recovery
- High Dependency Unit

NEONATAL SERVICES
- Inpatient Neonatal Care
- Outpatient Care
- Neonatal Transport

DIAGNOSTIC IMAGING
- Radiology
- Ultrasound
- Fetal Medicine

SEXUAL ASSAULT TREATMENT
- Forensic Examination & Follow-Up

COLPOSCOPY
- National Cervical Screening Service

ACADEMICS
- Undergraduate & Postgraduate Training
- Research Projects, Initiatives & Ethics
- Innovation Hub

PSYCHIATRY

PHYSICIAN ASSOCIATES

SECRETARY/GENERAL MANAGER

FINANCE
- Financial Control & Management
- External Audit
- Procurement
- Insurance
- Asset Register

OPERATIONS AND SUSTAINABILITY
- Household
- Portering
- Technical
- CSSD
- Clinical Engineering
- Catering

HUMAN RESOURCES
- Employee Selection & Recruitment
- Training & Development
- Occupational Health

INFORMATION TECHNOLOGY
- System Support & Administration
- Systems Development

PATIENT SERVICES
- Administration & Support
- Healthcare Records

LIBRARY & INFORMATION SERVICE
- Information Provision, Promotion & Dissemination

CLINICAL ACTIVITY REPORTING
- Clinical Management Information
- Internal & External Reports

HEAD OF ENGINEERING & ESTATES MANAGEMENT
- Capital Projects
- Technical Works

BUSINESS DEVELOPMENT & PROJECT MANAGEMENT
- Project Administration
- Relocating

HEALTH & SOCIAL CARE PROFESSIONALS
- Pharmacists
- Medical Scientists
- Radiographers


Trinity
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Dublin
The University of Dublin
THE
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HOSPITAL
DUBLIN
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STUDENT MIDWIFE

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