Saolta

Grúpa Ollscoile Cúram Sláinte
University Health Care Group

Women's & Children's Managed Clinical & Academic Network

Galway University Hospitals

Letterkenny University Hospital

Mayo University Hospital

Portiuncula University Hospital

Sligo University Hospital

Annual Clinical Report 2020

Galway University Hospitals
Ospidéil na h-Ollscoile Gaillimh
UNIVERSITY HOSPITAL GALWAY
MERLIN PARK UNIVERSITY HOSPITAL

Letterkenny University Hospital

Mayo University Hospital

Portiuncula University Hospital

Sligo University Hospital
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Foreword

This Annual Clinical Report provides a detailed outline of the clinical activity related to Women's and Children's services in the Saolta University Health Care Group of Hospitals during the year 2020. There are five hospitals providing these services which are as follows: Galway University Hospital (GUH), Letterkenny University Hospital (LUH), Mayo University Hospital (MUH) Castlebar, Sligo University Hospital (SUH) and Portiuncula University Hospital (PUH) Ballinasloe. These five hospitals provide a wide range of services in Midwifery, Obstetrics, Gynaecology, Neonatology and Paediatrics. SATU services are also provided allied to two our hospitals and there is a CASATs Unit in one of them. A wide geographical area is covered by the Saolta Group Women's and Childrens services which includes the West, the Midlands and the North West Regions of Ireland. Galway University Hospital, as a Level 4 hospital, serves as the tertiary referral centre for many of the sub-speciality services within Obstetrics and Gynaecology, Neonatology, Paediatrics, SATU and CASATs. The other four hospitals are Level 3 hospitals, and provide an extensive range of general services in addition to some speciality services. The clinical governance of these five hospital sites providing women's and children's services is the responsibility of the Women's & Children's Managed Clinical & Academic Network (MCAN) within the Saolta University Health Care Group. I have the privilege of being Clinical Director of the Women's and Children's MCAN since 2019.

The format of this annual clinical report differs somewhat of that of previous years. There are five major sections to the report as follows:

1. **Maternity and Obstetrics;**
2. **Gynaecology;**
3. **Neonatology;**
4. **Paediatrics;**
5. **SATU and CASATs.**

An attempt has been made to present the statistics from each individual hospital site, for each of these categories and their sub-categories, together. The statistics are presented such that the activity of each site, and of the Saolta UniversityHealth Care Group as a whole, can be easily ascertained from the data. This should make reading and analysis of the report easier. In addition, it provides useful material for use in terms of our integrated approach to activities on each site and within the group. There has also been a greater emphasis in this report on statistics, figures and data, with a somewhat reduction in the anecdotal text that was part of previous reports. I am grateful to the MCAN team members who worked hard to bring this new style to the report and will further acknowledge the wider input to this below. We plan to refine it further in future years.

During the year 2020 there were 8,303 infants delivered to 8,165 women within the Saolta University Health Care Group. In the first sub-section, of the Maternity and Obstetrics section, the overall statistics for each hospital site are presented. This table outlines at a glance the mode of delivery, the onset of labour, the instrumental delivery rate, the caesarean section rate and other parameters relevant to all deliveries. There was a slight decline in the number of deliveries in 2020 in comparison to 2019 (n=8,921). This is part of a national trend that has been observed throughout Ireland in recent years. In later sections of this report there is detail provided regarding the supported care pathway, the assisted care pathway and the specialised care pathway in line with the National Maternity Strategy. I am pleased to say that great effort has been made across all of the five sites to support and enhance the supported care pathway, and to provide where relevant low risk midwifery services to the women who need it.

Specialist Obstetric and Fetal Medicine Services are mainly provided at Galway University Hospital. There is a detailed section which outlines the Ultrasound Reports for all of the five hospital sites and the group overall. It is the case that all women who come in for antenatal care within the Saolta Healthcare Hospital Group are offered two routine ultrasound scans in pregnancy, namely the first trimester scan and the detailed fetal anatomy scan. Apart from that there were a large number of clinically indicated ultrasound scans performed. In addition, there is a significant amount of prenatal diagnostic testing ongoing. The fetal abnormalities diagnosed and managed during the year 2020 are presented in tabular form for each hospital site and the group. During 2020 the regular Fetal and Neonatal Multidisciplinary Team (MDT) meeting has served to co-ordinate and regulate the neonatal requirements for each hospital site, and for individual cases across the group. It has facilitated planning and transfer of care as dictated by the clinical circumstances. In addition this MDT meeting provides support and consensus as regards decision making for the Termination of Pregnancy Act 2018 for cases of Fetal abnormality. Many of the hospital sites within the group participate in this meeting.

The year 2020 was challenging for all areas of health care due to the COVID pandemic, and particularly so for services in the clinical areas of Maternity, Neonatology and Paediatrics. There was no significant reduction in provision of maternity services in the Saolta Health Care Hospital Group during 2020. In the initial stages of the pandemic there were inevitable restrictions on visiting from partners and family members, but as the weeks and months passed by these were lifted. There was a clear and compassionate approach to access on all sites. With the integrated approach there was a plan in place

Foreword Contd.

that all five hospital sites complied with national guidance on access to acute hospitals for nominated support partners at all times. We understand that family members may have preferred greater access at times during this pandemic, and we regret the inevitable restrictions that were in place for a short time.

The provision of clinical services in Gynaecology was challenging during 2020 and particularly with respect to routine benign gynaecology services. While great attempts were made to provide virtual clinics, there was an inevitable increase in the waiting list for benign gynaecology for most of our sites by year end. Additional measures are now being evaluated and used to address this. For time dependent gynaecological diagnosis, and for all matters relevant to Gynaecological Oncology, the services continued throughout 2020 in the usual mode. To facilitate this, access to theatre and ward services was made available in private hospitals in Galway city to maintain an efficient Gynaecological Oncology service.. There was a significant expansion in Ambulatory Gynaecology Services across the Saolta University Health Care Group during 2020. An Ambulatory Gynaecology Service was commenced at Galway University Hospital in January 2020 and a number of weekly sessions were provided throughout the year. Plans were put in place to initiate this service at Letterkenny University Hospital, which started in early 2021. Ambulatory Gynaecology Services have been in place in Mayo University Hospital for many years. This policy of providing, and expanding the use of Ambulatory Gynaecology is consistent with the policies of the National Women and Infants Health Programme (NWIHP) and has resulted in a safer and more efficient service for the women. We wish to acknowledge NWIHP for their work in this area. We have plans to expand this further across other sites.

A new Consultant Perinatal Pathologist was appointed to Galway University Hospital during 2020. We are very grateful to our consultant colleague who has initiated significant improvements to our service across the group. It is now our policy that all perinatal deaths within the Saolta Health Care Hospital Group will be offered the opportunity of analysis by specialist perinatal pathology. For many reasons this has been a difficult goal to achieve until 2020. Apart from the significant improvements in the clinical service, we are grateful for the education, training and professional collaboration that this new appointment has brought to the group.

The Neonatal Section of this report is designed in a way that it provides information about the Neonatal Unit on each hospital site separately, and provides the group figures collectively. The level of activity was significant during the year 2020. Galway University Hospital provides a Level 2 Neonatal Service, and the other four hospital sites provide a Level 3 Neonatal Service, consistent with the National Clinical Programme. The degree of transfers, both in utero and ex utero, increased significantly during that year. This was the first full year of the Neonatal Service at Galway University Hospital being provided by a separate team of Neonatology Consultants from the general paediatric rota. This was challenging to achieve and I am grateful to all who made it work.

We are continuing to work on development and expansion of Paediatric Services at all of the sites across the Saolta University Health Care Group. There is a need to develop specialty paediatrics services at GUH and significant results have been achieved so far. We are working closely with the National Clinical Paediatric Programme and Children's Health Ireland. The provision of regional paediatric surgical services is under consideration in line with the National Paediatric programme. There are infrastructural limitations on some sites which are currently being addressed in both the short and long term. The year 2020 was challenging for separate reasons of increasing waiting lists for Paediatric Services and changes in emergency paediatric pathways due to the COVID pandemic. These are both currently being addressed.

SATU and CASATs have continued to provide vital services during 2020. We are fortunate in having two SATU centres within the Saolta Group, and we are mindful of the challenging and sensitive services provided. This report summaries their activity during the year and gives a comprehensive picture of the breadth of their service delivery.

I would like to thank all of the staff in the women's and children's services in the Saolta University Health Care Group, frontline and otherwise, for their magnanimous efforts in providing quality healthcare throughout challenging times in the pandemic during 2020. I am grateful to the Saolta Executive Team for their support during this time. I wish to acknowledge the significant progress made by NWIHP during 2020 regarding the provision of services in maternity, gynaecology and neonatology at national level. In addition, their efforts in coordination of these services during the pandemic were particularly valuable. A large number of people provided contributions to, or gathered data for, this report, and they are duly listed at the end of each section – thank you very much. Finally, I would like to thank the W & C MCAN team members in all of the five hospital sites who contributed to the various sections of this report. There are too many names to mention!

Professor John J. Morrison

Director of the Women's & Children's Managed Clinical & Academic Network Saolta University Health Care Group

2020 at a Glance

Saolta
Grúpa Ollscoile Cúram Sláinte
University Health Care Group

Women's & Children's MCAN Group:

- Galway University Hospitals
- Letterkenny University Hospital
- Mayo University Hospital
- Portiuncula University Hospital
- Sligo University Hospital

Mothers
8,165

Babies
8,303

Ultrasound Scans
35,526

Neonatal Admissions
1,402

Paeds **ED** Attendances
31,855

Paeds **OPD** Attendances
44,284

Paeds **Day Services** Attendances
9,978

Gynaecological Operative Procedures
5416

satu Sexual Assault Treatment Units

SATU Attendances *(Galway/Donegal)*
167

CASATs Attendances
108

Chapter 1 – Governance, Quality and Patient Safety

1.1 MCAN Governance & Structures

The Women's & Children's Managed Clinical & Academic Network (W&C MCAN) is a group-wide management structure under which clinical services are organised across Saolta Hospitals. This provides a collaborative approach to care with hospitals and specialities working together improving quality and outcomes for patients. The W&C MCAN works closely with individual hospitals to develop and implement strategy, group-wide policies and clinical pathways to ensure improved services for patients. The W&C MCAN is committed to further integration in education, research, and training to improve the recruitment and retention of staff and support the development of highly skilled multidisciplinary teams. The W&C MCAN is supported by core services including HR, Finance, Quality and Patient Safety and Information Services

The Women's and Children's MCAN meets weekly to oversee service delivery, direct strategy, standardise clinical practice, manage risk and address quality, safety and other issues.

The Group MCAN team includes:

- **Director of Network**
  Prof. John Morrison
- **Director of Paediatrics and Neonatology**
  Dr. Mary Herzig
- **Group Director of Midwifery**
  Ms. Siobhan Canny
- **Director of Paediatric Nursing**
  Ms. Siobhán Horkan
- **General Manager**
  Ms. Elaine Dobell
- **Quality and Patient Safety Manager**
  Ms. Helen Cahill
- **Business Manager**
  Ms. Ailish Mohan
- **Data Analyst**
  Mr. Colin Coyle
- **Quality and Patient Safety Co-ordinator**
  Ms. Martina Porter
- **Administrator**
  Ms. Niamh Ni Ghlaisne

The MCAN Team are supported by:

- **PMO link person**
  Ms. Grainne Cawley
- **Finance Manager link**
  Mr. Denis Minton

The W&C MCAN have an agreed meeting schedule for core, group, site and several other scheduled meetings in the month to address specific areas of work. The key activity and outputs of the meetings include the discussion and review of operational issues, service priorities, clinical pathways, QPS incidents, complaints and compliments, education and training requirements, staffing, group KPIs and development of QIPs. The MCAN meet regularly with Saolta Executive Management Team to report, escalate and action matters at Group level. In addition, Group MCAN meetings are convened to address a particular issue e.g. Local Incident Management Teams (LIMTs) convened for a period of time to deal with a trend or a specific serious QPS issue.

W&C MCAN Monthly Meeting Structures

Meeting	Frequency
Saolta Executive Performance	Bi-monthly
Core Group	Week one
	Week three
Wider Hospital MCAN group	Week two
	Week four
Local Site Meetings	
GUH	Fortnightly
PUH	Fortnightly
SUH	Fortnightly
LUH	Monthly
MUH	Monthly
QPS meetings	
Pre-SIMT	Monthly
SIMT	Monthly
GPPGA	Monthly
Neonatal Steering Group	Monthly
MSSG	Monthly
Directors of Midwifery	Monthly

Chapter 1 – Governance, Quality and Patient Safety Contd.

1.2 Women's & Children's Services Priorities

Considerable work has been on-going through 2020 to determine the strategy for the Saolta Women's and Children's Services for the next few years. The key areas include:

W&C MCAN Maternity Priorities:

- Progressing implementation of the Model of Care
- Integration of Portiuncula and Galway University Hospital Maternity Services
- Maternal Fetal Medicine Service
- Caesarean Section Rates
- Perinatal Pathology
- Introduction of the Euroking IT System
- Perinatal Mental Health Service
- Homebirth Service

W&C MCAN Paediatric Priorities:

- Regional Paediatric Site Development
  a. Dietetic services
  b. Psychology services
  c. CNS Paediatric Respiratory
- Establish Children and Young Person Saolta Type 1 Diabetes Network
- Paediatric Emergency Care
- Support of Paediatric COVID pathways and screening
- Outpatient Waiting lists
- Development of paediatric virtual clinics
- Workforce gap analysis
- Identification of paediatric activity, demand and capacity on each site

W&C MCAN Gynaecology Priorities:

- Ambulatory gynaecology
- Outpatient waiting lists
- Inpatient waiting lists / theatre access
- Urogynaecology
- Termination of Pregnancy Service
- Colposcopy
- Commence a Fertility Service
- Gynaecological Oncology

W&C MCAN Neonatal Priorities;

- Progress Neonatal services within the Saolta University Health Care Group in line with the National Maternity Strategy and the National Model of Care for Neonatology
- Establish and embed the Neonatology MCAN Steering Group across the 5 sites.
- To oversee and develop group-wide services by adopting a collaborative approach to providing care with hospitals and specialities working together improving quality and outcomes for patients
- To work closely with individual hospitals to develop and implement strategy, group-wide policies and clinical pathways to ensure improved services for patients
- To progress integration in education, research, and training to improve the recruitment and retention of staff and support the development of highly skilled multidisciplinary teams

W&C MCAN SATU / CASATs Priorities

- Progression of the Barnahus Model of care for CASATS
- Workforce planning
- Specialist education and training

W&C MCAN Quality and Patient Safety Priorities

- Shared learning from adverse events / near misses
- Risk Management
- Open Disclosure Training
- Risk Register development
- HIQA National Standards for Safer Better Healthcare
- KPI identification and monitoring

W&C MCAN Academic Priorities

- Maintain accreditation by Higher Education Institutes on all sites for undergraduate and post graduate education
- Work with the Higher Education Institutes in designing and delivering post-graduate education programmes focussing initially on gynaecology and paediatric nursing modules
- Introduce appropriate processes to encourage, support, monitor and govern clinical research and audit

Chapter 1 – Governance, Quality and Patient Safety Contd.

1.3 Service Developments

Developments / Initiatives 2020

MUH

- Colposcopy / Ambulatory Gynaecology 3rd room works commenced
- MDT conference room and improvement to Paediatric ward infrastructure
- Expansion of Paediatric Decision Unit
- Development of virtual OPD clinics

PUH

- Maternity Staff engagements project commenced – report presented in 2021
- OPD hysteroscopy business case developed
- Further development of Short Stay Observation Unit
- Paediatric Nursing document project
- Paediatric medication improvement project
- Paediatric OPD improvement project

SUH

- Promotion of Supportive Care Maternity pathway
- Home from home room
- SpR training – First HST training Post
- Paediatric Virtual clinics – general paediatrics
- Paediatric Virtual clinics - diabetes
- Consultant Paediatrician sp. interest endocrinology appointed supporting the Nth West Insulin Pump Service to Sligo and Letterkenny University Hospitals
- Paediatric OPD nurse led education program –Eczema, Asthma, Constipation, Healthy Eating, Exercise, Screen time, Sleep hygiene
- Paediatric OPD reconfiguration to an offsite location for COVID. An interdisciplinary "one stop shop" for children and young people developed facilitating review by medical, CNS and HSCP's at one visit. Pre-Covid OPD numbers maintained.
- Joint virtual MDT's for children with complex Neurodisability established
- Establishment of joint Paediatrician/Specialist physiotherapist review for children with complex Physical disability
- Establishment of Paediatric Ward based Eating Disorder MDT's with CAMHS, General Paediatrics, Nursing and Dietetics
- Establishment of Paediatric Day Ward based MDT for children with complex medical needs-(eg tracheostomy, PEG/GJ tubes.)-CNS Liasion, Dietician, CNS Life Limiting, CNS Complex Care
- Expansion of scope of practice of CNS Cystic Fibrosis role to include a broader respiratory role.
- Establishment of Interventional Radiology service for change of GJ tubes in children
- Work commenced on a purpose built Diabetes centre on the Sligo University Hospital campus. This building will provide accommodation for all diabetes care from consultant, diabetes nurse specialist, diabetes dietitian and podiatry for children to adult care.
- The Care and Management of a Central Venous Access Device (CVAD)
- 4th Consultant Paediatrician trained as NRP instructor
- Paediatrics/Emergency Medicine Joint COVID resuscitation simulation training regularly
- Paediatric Ward RTO co-ordinated COVID resuscitation simulation training regularly
- NICU/Labour Ward/Maternity Ward COVID resuscitation/emergency simulation training
- Eating Disorder training for medical and nursing teams
- Quarterly NRP training delivered by Consultant and CMM2

Chapter 1 – Governance, Quality and Patient Safety Contd.

1.3 Service Developments *Contd.*

***Developments / Initiatives 2020** Contd.*

SUH *Contd.*

- Clinical specialist Paediatric PT delivered training to medical staff every NCHD rotation and to medical academy on monthly basis
- Senior Physiotherapist deliver AIRVO and inhaler technique training every NCHD rotation
- CNM2 completed APLS Training
- CNM 2 and two Paediatric Staff nurses completed APLS training
- Paediatric Staff nurse completed standalone Paediatric Diabetes Module
- Paediatric Staff nurse completed a Masters in Advanced Leadership now a leader on the simulation training
- CNS Diabetes was awarded a scholarship to undertaken a Masters in Digital Transformation
- Work commenced on a purpose built Diabetes centre on the Sligo University Hospital campus. This building will provide accommodation for all diabetes care from consultant, diabetes nurse specialist, diabetes dietitian and podiatry for children to adult care.

LUH

- Commissioned Labour Ward Operating Theatre
- Enhanced the Supportive Care Model of the Maternity Strategy - Expansion of Midwifery Led Clinics to include Carndonagh & two in Letterkenny
- Planning for development of Ambulatory Gynaecology Clinic
- What's up Mum – Information & Education Platform for pregnant women
- Virtual tour of pregnant woman journey in LUH developed and launched on Saolta Website
- Paediatric virtual clinics - diabetes
- Relocation of paediatric OPD services off site

GUH

- Home from Home project
- Perinatal Mental Health Services
- Group-wide Fetal Neonatal MDM commenced
- Ambulatory Gynaecology Service commenced
- Improvements in gynaecology Service pathways
- Full separation of the GUH neonatal service from the general paediatric service
- Neonatal Steering Group established
- cANP Paediatric Ambulatory Care (General Paediatrics) commenced

Chapter 1 – Governance, Quality and Patient Safety Contd.

1.4 Quality & Patient Safety, Risk, Quality Assurance & KPIs

1.4.1 Quality & Patient Safety

The Quality and Patient Safety team in the Women's & Children's MCAN is committed to supporting a culture of quality and safety across all sites in the Saolta University Health Care Group.

The HIQA *National Standards for Safer Better Maternity Services* (2016) Theme 5 *Leadership Governance and Management* states that service providers should have clear accountability arrangements to achieve the delivery of high quality, safe and reliable healthcare.

The reporting of incidents, near miss events and analysis of service user feedback is the cornerstone of an effective patient safety and healthcare risk management system. Each site within the W&C MCAN have their own local Quality & Safety Committee/meetings in place where the main objective is overviewing, reviewing and identifying trends and follow-up action plans if appropriate agreed. This may include e.g. a further review of the event (Preliminary Assessment Review (PAR)) for escalation to the Pre-Serious Incident Management Team (SIMT) for further consideration, further education for staff, review of policies and guidelines.

HSE Incident Management Framework (IMF) 2018 was revised and updated in **2020**. The updated policy has more explicit links to the Open Disclosure Policy. The definitions in the update policy are aligned with related legislative and policy changes. Supporting documentation may be accessed on:

https://www.hse.ie/eng/about/qavd/incident-management/

The *Your Service Your Say* (2017) framework provides guidance for service providers to effectively analyse, respond to and learn from feedback from service users. Supporting documentation may be accessed on:

https://www2.hse.ie/services/hse-complaints-and-feedback/your-service-your-say.html

Stratification of Clinical Risk in pregnancy guideline was developed in 2020 by the Childbirth Guidance Development Group (CGDG); this was commissioned by the Minster of Health arising from the National Maternity Strategy Report 2016-2026. This guideline standardises and identifies risk factors associate with normal, medium and high risk pregnancies.

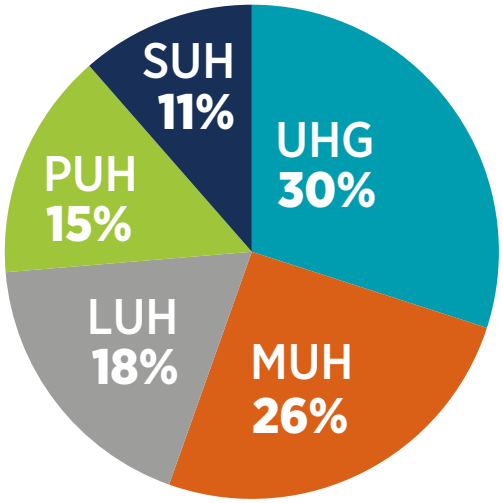
All incidents are initially reported on QPulse. The incidents are then logged on to the National Incident Management System (NIMS), and those incidents that meet the HSE criteria as an Serious Reportable Event are flagged and escalated nationally on this system. There is an indicative list which is not exhaustive of the type of incidents that should be escalated to SIMT.

There were a total of 12 SIMTs held in 2020. A number of PARs were considered at each meeting and a small number of reviews were commissioned by the Women's and Children's MCAN Clinical Director.

Risk Register

The Women's and Children's Services on each site contribute to the site Risk Register and during 2020, creation of site specific MCAN Risk Registers has been progressed. Group-level risks from these Site Risk Registers are being escalated to populate an MCAN wide Risk Register to capture and rate risk and identify mitigation actions.

Total number of incidents uploaded on NIMS in 2020 was 1,968.
Chart reflects % per site



Chapter 1 – Governance, Quality and Patient Safety Contd.

1.4 Quality & Patient Safety, Risk, Quality Assurance & KPIs Contd.

1.4.2 Quality Assurance

The Women's & Children's MCAN work under the governance of the Saolta University Health Care Group and work closely with NWIHP, Acute Hospitals, DoH, HIQA and other external bodies as necessary. Below the key activity on each site to assure quality is described.

MUH

- National Maternity Experience Survey 2020
- Launch of Telehealth during pandemic
- Staff Engagement Forum

LUH

- National Maternity Experience Survey 2020 Priority Actions identified & implementation commenced
- Service User Feedback through Consumer Services & introduced improvements
- Post Natal Reunion Feedback
- Development & Implementation: Database/Audit Tool for Post-Menopausal Bleeding (PMB) Clinic
- Weekly Review of Gynaecology Waiting List & Patient Pathways

PUH

- National Maternity Experience Survey 2020 Priority Actions: ANC classes virtually
- PPPG compliance reviews completed
- V Create patient focus initiative in SCBU
- Service User Feedback via your service your say and patient engagement feedback survey
- Staff engagement survey and project and follow on focus groups - 2 held to date with > 35 staff in attendance from all areas maternity services. Same co-facilitated by Dr Chris McBrearty PUH and Vera Kelly, National lead for staff engagement

SUH

- National Maternity Experience Survey 2020
- PPPG compliance reviews completed
- Service User Feedback through Consumer services and your service your say

GUH

- National Maternity Experience Survey 2020
- PPG compliance reviews completed
- Parent education via Zoom
- Service User Feedback

Chapter 1 – Governance, Quality and Patient Safety Contd.

1.4 Quality & Patient Safety, Risk, Quality Assurance & KPIs Contd.

1.4.3 Key Performance Indicators (KPIs)

Women's and Children's MCAN Key Performance Indicators (KPIs)
% of serious incidents being notified within 24 hours of occurrence to the State Claims Agency.
% of Serious Reportable Events which require review completed within 125 calendar days of incident occurrence.
% of complaints investigated within 30 working days of being acknowledged by the complaints officer.
% of women receiving one-to-one midwifery care throughout labour and delivery.
% of Shifts on Labour ward where a CMM2/CMM3 is in charge / coordinating the shift .
% of Women receiving antenatal care via a supported model of midwifery care.
% of Category 1 caesarean sections for fetal distress or maternal emergency in which the decision to delivery interval is within 30 minutes.
% of Caesarean sections per total mothers delivered.
% of patients referred for PMB who require histological investigation and have investigation within 56 calendar days of referral.
% of ADULT women waiting > 15 months for inpatient treatment.
% of ADULT women waiting > 12 months for an outpatient appointment.
All gynaecological oncology patients should have their surgery within 6 weeks of the clinician's decision to operate.
% of High Grade Colposcopy patients seen within 4 weeks of referral.
% of Low Grade Colposcopy patients seen within 8 weeks of referral.
% of children with Type 1 DM receive insulin via CSII.
% of children waiting > 15 months for inpatient treatment.
% of children waiting > 12 months for an outpatient appointment.
% of patients (< 16 years old) admitted to adult wards via ED.
% of babies arriving into NICU/SCBU with a temperature of <36.5 degrees celsius
% of infants with risk factor for DDH and negative clinical exam have USS between 4 weeks +0 and 6 weeks +6 (adjusted for prematurity)
% of maternity hospitals / units that have completed and published monthly Maternity Patient Safety Statements (2 months in arrears).
% of NCHD with EWTD <48 hour working week (NCHD).
% of NCHD with EWTD <24 hour shift (NCHDs).
% of Absenteeism.
% of patients (>14years) seen by a forensic clinical examiner within 3 hours of a request to a SATU for a forensic clinical examination.
Agency Costs (Med/Dental & Nursing, HSCP, Admin Agency Costs)
Overtime Costs.
Basic Pay Costs.
Value of Claims Awaiting Primary Consultant Action.

Chapter 1 – Governance, Quality and Patient Safety Contd.

1.5 Audit, Education & Training Report

1.5.1 Audit

The following audits and reviews were completed across the MCAN during 2020:

Audit	Site
PPH / blood transfusions	MUH, PUH, SUH, LUH
Neonatal Hypoglycaemia	MUH
Medication Safety	MUH
IOL	PUH
CTG	PUH
NRP	PUH
Sepsis	PUH
PMB timelines / Endometrial cancer timelines	All sites
Antenatal education structure following Covid 19 restrictions	SUH
Management of obstetric cholestasis	SUH
Re-audit of failed induction of labour – outcome	SUH
Re-audit of full blood counts and the management of haemoglobin in the Maternity services	SUH
Psychiatric illness during pregnancy	SUH
Pregnancy outcome of morbidly obese women (BMI >39.9)	SUH
ASC-H in Colposcopy	SUH
Management of Bronchiolitis admissions - November 2019 – February 2020	SUH
Diagnosis and treatment of tuberculosis in children	SUH
Investigations of sacral dimples in neonates	SUH
Management of Obstetric Anal Sphincter Injuries	LUH
Consent of hysteroscopy	LUH
Clinical History taking / Admission proforma	LUH
Follow-up scan PMB clinic completed transvaginally	LUH
Transcutaneous Bilirubin Measurement	LUH
Neonatal Resuscitation Note Taking	LUH
Management of Children 12 Months & Under with Head Injury	LUH
Investigation in Children 6 Months and Younger with UTI	LUH
Re-Audit Use of Growth Charts in Paediatrics	LUH
HbA1c Monitoring & Screening in Children/Young People with Type 1 Diabetes	LUH
Antibiotics in UTI in Infants	LUH
Midwifery Metrics	All sites - monthly
Intrapartum Fetal Monitoring	GUH
Management of UTI in Pregnancy	GUH
GBS	GUH
NEO-EWS	GUH
PPROM	GUH
Operative Delivery Record	GUH
BAC Discussion Adherence	GUH
Third and Fourth Degree Tear	GUH
Hypoglycaemia	GUH
IMEWS Escalation Audit	GUH
Midwifery Handover Audit	GUH

Chapter 1 – Governance, Quality and Patient Safety Contd.

1.5 Audit, Education & Training Report *Contd.*

1.5.2 Site Visits

Visits by external stakeholders and regulatory bodies to the MCAN sites during 2020 included:

- HIQA National Standards for Bereavement Care Group site visits to GUH, MUH, PUH and SUH
- HIQA Medication safety inspection to PUH

1.5.3 Education & Training

Mandatory Training delivered across all sites includes:

- PROMPT (Obstetric Management)
- Neonatal Resuscitation
- CTG / Fetal Monitoring
- Basic Life Support
- Breastfeeding
- Sepsis
- Preceptorship
- National Communications Training Programme
- Bereavement
- Children's First
- NEWS /PEWS / iMEWS
- Fire Safety
- Hand Hygiene

In addition, the following training has been provided at the hospital sites:

Site Specific Education and Training in 2020	
MUH	- Two Midwife Sonographers currently doing masters in ultrasound scanning - STABLE - Documentation work shops - Stress Management - Open Disclosure Training
PUH	- Many staff undergoing further education all funded by CNME for midwifery staff - Midwife completed Diploma in Law in Health care - Midwife completed Module High Dependency Midwifery - Midwife completed her Msc in Fetal Utrasound - Midwife complete Masters in Health Informatics
SUH	- Perineal suturing - Midwife completed a Post Graduate Studies in Patient Safety and Quality - Midwife completed Diploma in Quality Improvement and Leadership - Diploma in Quality and Leadership - Midwife undertaking Nurse Colposcopy Training - Midwife completed Post Graduate in Health Studies - Staff Nurse NICU completed Post Graduate Studies in Health Studies - Midwife completed Module in patient Safety - Midwife completed her Msc in Fetal Utrasound - Midwife complete Masters in Quality and Safety - Paediatric Diabetes Nurse Specialist awarded MSc in nursing for which she completed a systematic review "The effect of Cognitive Behavioural Therapy on the psychological wellbeing of adolescents with Type 1 Diabetes
LUH	- Directory of Midwifery completing Masters in Leadership in the Public Sector - Midwife Sonographer currently completing Masters in Ultrasound Scanning - Staff Nurse currently completing BSCCP Trainee Nurse Colposcopist Course - Staff Nurse currently completing Masters in Health & Social Care - Midwife currently completed Masters in Bereavement - CNM2 currently completing Post Graduate Certificate in Diagnostic & Therapeutic Hysteroscopy - CMM3 completing Degree in Practice Management - Midwife currently completed Masters in Perinatal Mental Health - CMM2 completing Masters in Cognitive Behavioural Therapy - WHO Values Appreciation and TOP - Weekly Journal club with NCHD's - Gynaecology Study Day - Sexual Health Training Course - Management of critically ill Women - Perineal Repair - Venepuncture & Cannulation - Certificate in Examination of the Newborn
GUH	- Perineal Repair - Shoulder Dystocia Update - Eclampsia Update - PPH Update - WHO Values Appreciation and TOP - Induction Study Day - Venepuncture & Cannulation - Maternity Study Day - Orientation for New Graduate Midwives - Weekly Journal club with NCHD's

Chapter 1 – Governance, Quality and Patient Safety Contd.

1.6 The National Maternity Experience Survey – The Saolta Group

The first national maternity patient experience survey in was published in May 2020. The aim of the survey was to learn from experiences of the women and to improve the safety and quality of the maternity care in Ireland.

We are very grateful to all the women and their families across the Saolta University Health Care Group for participating in this survey. We recognise that pregnancy and birth for many is a profound life event and a positive experience of the care she receives will be not only remembered well, but will strengthen and empower her as a woman and will have potentially significant implications for her health and wellbeing both at the time and subsequently.

This survey and the direct feedback from the women provides us with a measure of their maternity experience and gives us an important opportunity to review our services from the perspective of the women, providing valuable insights into their experience of maternity services in our hospital and in the community from our partners in care.

The survey has found over 80% of women reported a positive experience of maternity service in our hospital group from antenatal care, through labour and birth, to postnatal care. It also provided us with some insight in to areas where women were are less satisfied with our services. We recognise that there are a number of areas where we can improve and have prepared and have commenced implementation of a detailed quality improvement plan to address the areas identified by our women where improvement is required. We are committed to improving these services.

A summary of the survey results per site:

Site	GUH	PUH	MUH	SUH	LUH
Care while Pregnant	7.5/10	7.9/10	6.8/10	7.7/10	7.1/10
Care during Labour and Birth	8.8/10	8.6/10	8.2/10	8.9/10	8.3/10
Care in hospital after birth	7.0/10	8.0/10	7.1/10	7.8/10	7.2/10
Specialised Care	9.5/10	8.9/10	9.1/10	8.5/10	9.1/10
Feeding	7.7/10	7.9/10	7.7/10	7.7/10	7.9/10
Care at home after birth	8.4/10	8.6/10	8.3/10	8.2/10	8.3/10

Chapter 1 – Governance, Quality and Patient Safety Contd.

1.6 The National Maternity Experience Survey – The Saolta Group *Contd.*

The Galway University Hospital experience:

GUH Overall Experience

Number of respondents (n)118(49%)

Areas of good experience:

- *Specialised care/neonatal unit:* This area was rated highly by the women who answered this area of the section. The responses received good or very good.

Areas needing improvement:

- *Care in hospital after birth:* Information about physical recovery before leaving hospital and information about mental health before leaving hospital were areas that women highlighted as a need for improvement.

Galway University Hospital have analysed these responses and a quality improvement plan has been put in place, which starts looking at some of the issues identified by women using the service. These include more access to virtual education classes, communication training for all staff, appointment of Perinatal mental health midwife, extra supports to help staff for infant feeding support and the use of Vcreate in the NICU department so parent scan see their infant and have more involvement in their care plans.

The Portiuncula University Hospital experience:

PUH Overall Experience

Number of respondents (n)106 (44%)

Areas of good experience:

- *Care while pregnant:* Information about nutrition and alcohol and/or drug abuse while pregnant are areas that women responding to the survey highlighted as areas they received enough information on.

Areas needing improvement:

- While no question scored below the national average, Portiuncula university hospital have analysed these responses and a quality improvement plan has been put in place fro some sections that require improvement as per the fed back from the women who used the service. These include more access to virtual education classes, communication training appointment of Perinatal mental health midwife, extra education to help staff for infant feeding support and virtual breastfeeding classes for mothers both antenatally and postnatally and the use of Vcreate in the NICU department so parent scan see their infant and have more involvement in their care plans.

Chapter 1 – Governance, Quality and Patient Safety Contd.

1.6 The National Maternity Experience Survey – The Saolta Group *Contd.*

The Mayo University Hospital experience:

MUH Overall Experience

Number of respondents (n)157 (56%)

Areas of good experience:

- While no question scored above the national average in the feedback but there were many examples of good experiences and positive responses.

Areas needing improvement:

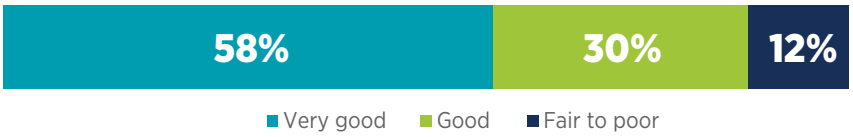
- *Care while pregnant:* Information about mental health changes, smoking alcohol and/or drug abuse while pregnant are areas that women highlighted as a need for improvement.

Mayo University Hospital have analysed all responses and a quality improvement plan has been put in place, which starts looking at some of the issues identified by women using the service. These include the appointment of Perinatal mental health midwife and introduction of the Whooley questions at booking visits, communication training for all staff, more debriefing for women with their lead clinician after birth/ event and development of an SOP to allow infants receiving IV medication in SCBU to remain with mothers on the postnatal ward.

The Sligo University Hospital experience:

SUH Overall Experience

Number of respondents (n) 126 (55%)



Areas of good experience:

- *Care while Pregnant:* Women who answered this question said they always had a healthcare professional they could talk to about concerns.
- *Care during labour and birth:* Women felt they had clear answers to any questions they were asked during labour and birth
- *Care in hospital after birth:* Women answering this question were very satisfied with the information they received about physical recovery before they left the hospital.

Areas needing improvement:

- While no question scored below the national average, Sligo University Hospital have analysed these responses and a quality improvement plan has been put in place for some sections that require improvement as reflected in the feed back from the women who used the service. These include the appointment of a Perinatal mental health midwife, communication training for all staff, extra supports and education to staff for infant feeding and the introduction of the Baby Bliss audit in the NICU department.

Chapter 1 – Governance, Quality and Patient Safety Contd.

1.6 The National Maternity Experience Survey – The Saolta Group *Contd.*

The Letterkenny University Hospital experience:

LUH Overall Experience

Numbers of respondents (n)122 (45%)

Areas of good experience:

- No question scored above the national average in the feedback but there were many examples of good experiences and positive responses.

Areas needing improvement:

- *Care while pregnant:* Involvement indecision making while pregnant was a key area women highlighted as an area for improvement

Letterkenny University Hospital have analysed these responses and a quality improvement plan has been put in place for some sections of the service as highlighted by the women using the service, these include: the appointment of a perinatal mental health midwife, promotion of maternity care options during pregnancy, communication training for all staff, debriefing for mothers with development of birth reflections clinic, and improved communication with the community through new maternity information system.

Chapter 1 – Governance, Quality and Patient Safety Contd.

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Chapter 2 – Maternity

2.1 Maternity – Obstetrics Statistics

In this section, the Obstetric statistics are presented relevant to each of the five Saolta University Health Care Group Hospitals and collectively in total for the group. The first table in this section gives a summary of the central data at a glance, for each of the five sites and for the group in total. There are some variations in the mode of delivery across the five hospital sites; this has been the subject of some consideration during 2020. After the initial summary table, the obstetric, medial and demographic factors pertaining to deliveries on each of the five sites are presented separately.

Saolta University Health Care Group Deliveries and Outcomes Summary 2020

Obstetric Deliveries and Outcomes (Mothers) 2020	GUH N % Total Mothers	LUH N % Total Mothers	MUH N % Total Mothers	PUH N % Total Mothers	SUH N % Total Mothers	Saolta University Health Care Group N % Total Mothers
Total Deliveries	**2614**	**1549**	**1414**	**1400**	**1326**	**8303**
Total Mothers	**2562**	**1530**	**1391**	**1380**	**1302**	**8165**
Spontaneous Onset	**1140** (44.5%)	**827** (54.1%)	**623** (44.8%)	**578** (41.9%)	**569** (43.7%)	**3737** (45.8%)
Induction of Labour	**869** (33.9%)	**471** (30.8%)	**377** (27.1%)	**447** (32.4%)	**436** (33.5%)	**2600** (31.8%)
Epidural Rate	**1105** (43.1%)	**282** (18.4%)	**448** (32.2%)	**542** (39.3%)	**522** (40.1%)	**2899** (35.5%)
Episiotomy	**454** (17.7%)	**262** (17.1%)	**252** (18.1%)	**202** (14.6%)	**180** (13.8%)	**1350** (16.5%)
Total Caesarean Section	**861** (33.6%)	**559** (36.5%)	**548** (39.4%)	**564** (40.9%)	**515** (39.6%)	**3047** (37.3%)
Elective Caesarean Section	**418** (16.3%)	**294** (19.2%)	**272** (19.6%)	**310** (22.5%)	**247** (18.9%)	**1541** (18.9%)
Emergency Caesarean Section	**443** (17.3%)	**265** (17.3%)	**276** (19.8%)	**254** (18.4%)	**268** (20.7%)	**1506** (18.4%)
Spontaneous Vaginal Delivery	**1308** (51.1%)	**827** (54.1%)	**623** (44.8%)	**670** (48.6%)	**620** (47.6%)	**4048** (49.6%)
Forceps Delivery	**74** (2.9%)	**15** (1.0%)	**92** (6.6%)	**15** (1.1%)	**52** (4.0%)	**248** (3.0%)
Ventouse Delivery	**309** (12.1%)	**129** (8.4%)	**128** (9.2%)	**125** (9.1%)	**99** (7.6%)	**790** (9.7%)
Breech Delivery	**10** (0.4%)	**0** (0.0%)	**0** (0.0%)	**6** (0.4%)	**2** (0.2%)	**18** (0.2%)

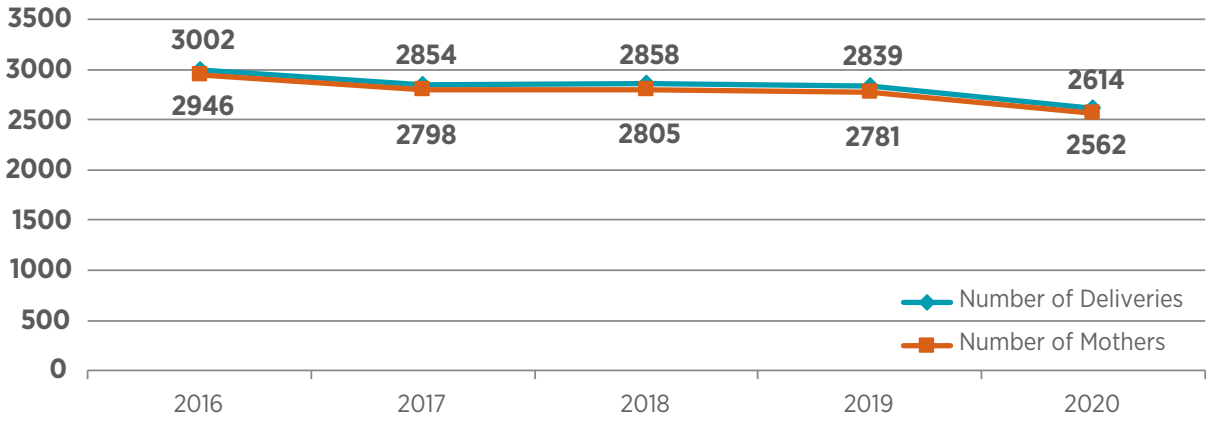
Chapter 2 – Maternity Contd.

2.1 Maternity – Obstetrics Statistics *Contd.*

GUH Statistical Summary Template 2020

Number of Mothers/Births, last 5 years	2016	2017	2018	2019	2020
Number of Deliveries	3002	2854	2858	2839	2614
Number of Mothers	2946	2798	2805	2781	2562

No. Mothers/Births over last 5 years



Obstetric Outcomes (Mothers)	Primip	%	Multip	%	Total	%
Spontaneous Onset	446	44.0%	694	44.8%	1140	44.5%
Induction of Labour	423	41.8%	446	28.8%	869	33.9%
Epidural Rate	433	42.7%	502	32.4%	935	43.1%
Episiotomy	355	35.0%	99	6.4%	454	17.7%
Caesarean Section	361	35.6%	500	32.3%	861	33.6%
Spontaneous Vaginal Delivery	359	35.4%	949	61.3%	1308	51.1%
Forceps Delivery	66	6.5%	8	0.5%	74	2.9%
Ventouse Delivery	224	22.1%	85	5.5%	309	12.1%
Breech Delivery	3	0.3%	7	0.5%	10	0.4%
Total (Number)	1013	100.0%	1549	100.0%	2562	100.0%

Multiple Pregnancies 2020	Primip (n)	%	Multip (n)	%	Total (n)	%
Twins	21	2.1%	32	2.1%	53	2.1%
Triplets	0	0.0%	0	0.0%	0	0.0%

Chapter 2 – Maternity Contd.

2.1 Maternity – Obstetrics Statistics *Contd.*

GUH Statistical Summary Template 2020 *Contd.*

Onset for Multiple Pregnancies 2020	Primip (21)	%	Multip (32)	%	Total (53)	%
Induced	6	28.6%	11	34.4%	17	32.1%
Spontaneous	4	19.0%	5	15.6%	9	17.0%
No Labour	11	52.4%	16	50.0%	27	50.9%
Elective C.S.	5	23.8%	6	18.8%	11	20.8%
Emergency C.S.	14	66.7%	12	37.5%	26	49.1%

Multiple Births, last 5 years	2016	2017	2018	2019	2020
Twins	55	52	47	54	53
Triplets	1	2	3	2	0
Total	56	54	50	58	53

Perinatal Deaths 2020	Primigravida	%	Multigravida	%	Total	%
Stillbirths	7	0.69%	9	0.58%	16	0.6%
Early Neonatal Deaths	5	0.49%	5	0.32%	10	0.4%

Perinatal Mortality Rate (%), last 5 years	2016	2017	2018	2019	2020
Overall PMR per 1000 births	6	4.6	3.5	3.9	9.9
Corrected PMR per 1000 births	3.7	3.5	2.1	0.7	4.2

Stillbirth & Neonatal Deaths, last 5 years	2016	2017	2018	2019	2020
Stillbirth Rate	0.40%	0.40%	0.28%	0.31%	0.61%
Neonatal Death Rate	0.20%	0.10%	0.07%	0.11%	0.38%
Total Rate	0.60%	0.50%	0.35%	0.39%	0.99%

Chapter 2 – Maternity Contd.

2.1 Maternity – Obstetrics Statistics *Contd.*

GUH Statistical Summary Template 2020 *Contd.*

Parity 2020	Number	%
0	1013	39.54%
1	882	34.43%
2	469	18.31%
3	125	4.88%
4	40	1.56%
5	18	0.70%
6	11	0.43%
7	0	0.00%
8	3	0.12%
9	0	0.00%
10	0	0.00%
11	1	0.04%
Total	2562	100.00%

Parity %, last 5 years	2016	2017	2018	2019	2020
0	39.30%	39.20%	40.90%	39.91%	39.54%
1,2,3	57.50%	57.90%	56.30%	57.50%	57.61%
4+	3.00%	3.00%	2.84%	2.60%	2.85%

Age, 2020	Primigravida	%	Multigravida	%	Total	%
15-19yrs	5	0.5%	0	0.0%	5	0.2%
20-24yrs	77	7.6%	37	2.4%	114	4.4%
25-29yrs	109	10.8%	130	8.4%	239	9.3%
30-34yrs	311	30.7%	353	22.8%	664	25.9%
35-39yrs	378	37.3%	708	45.7%	1086	42.4%
40-44yrs	114	11.3%	297	19.2%	411	16.0%
45>	19	1.9%	24	1.5%	43	1.7%
Total	1013	100.0%	1549	100.00%	2562	100.0%

Age At Delivery (%), last 5 years	2016	2017	2018	2019	2020
15-19yrs	0.7%	0.7%	0.4%	0.3%	0.2%
20-24yrs	6.1%	5.4%	4.9%	4.9%	4.4%
25-29yrs	14.1%	13.5%	10.2%	10.6%	9.3%
30-34yrs	34.5%	30.7%	27.7%	27.5%	25.9%
35-39yrs	34.1%	37.2%	39.5%	39.9%	42.4%
40-44yrs	9.7%	11.7%	16.4%	15.2%	16.0%
45>	0.7%	0.8%	1.0%	1.5%	1.7%

Chapter 2 – Maternity Contd.

2.1 Maternity – Obstetrics Statistics *Contd.*

GUH Statistical Summary Template 2020 *Contd.*

County of Origin, Last 5 years	2016	2017	2018	2019	2020
Galway County	56.5%	57.9%	56.1%	58.9%	58.8%
Galway City	37.3%	36.0%	37.1%	33.7%	34.0%
Mayo	2.1%	2.5%	2.5%	2.9%	2.8%
Roscommon	0.9%	1.0%	1.1%	1.1%	1.4%
Clare	2.5%	1.9%	2.5%	2.1%	2.0%
Others	0.7%	0.7%	0.7%	1.2%	1.0%

Non National Births, last 5 years	2016	2017	2018	2019	2020
Number	731	683	718	682	589
%	24.4%	24.4%	25.6%	24.5%	23.0%

Gestation @ Delivery, 2020	Primigravida	%	Multigravida	%	Total	%
<28 weeks	3	0.3%	6	0.4%	9	0.4%
28 - 31+6	7	0.7%	12	0.8%	19	0.7%
32 - 36+6	54	5.3%	76	4.9%	130	5.1%
37 - 39+6	376	37.1%	841	54.3%	1217	47.5%
40 - 41+6	569	56.2%	613	39.6%	1182	46.1%
42 weeks	4	0.4%	1	0.1%	5	0.2%
Total	1013	100.0%	1549	100.0%	2562	100.0%

Gestation @ Delivery, last 5 years	2016	2017	2018	2019	2020
<28 weeks	0.3%	0.3%	0.2%	0.3%	0.4%
28 - 31+6	1.1%	0.7%	0.7%	0.7%	0.7%
32 - 36+6	5.1%	5.8%	5.0%	5.2%	5.1%
37 - 39+6	45.9%	49.0%	47.6%	47.8%	47.5%
40 - 41+6	47.4%	44.0%	46.1%	45.6%	46.1%
42 weeks	0.3%	0.4%	0.4%	0.4%	0.2%

Chapter 2 – Maternity Contd.

2.1 Maternity – Obstetrics Statistics *Contd.*

GUH Statistical Summary Template 2020 *Contd.*

Birth Weights, 2020	Primigravida	%	Multigravida	%	Total	%
<1,000gms	4	0.39%	8	0.5%	12	0.5%
1000-1499gms	9	0.87%	6	0.4%	15	0.6%
1500-1999gms	13	1.26%	15	0.9%	28	1.1%
2000-2499gms	36	3.48%	49	3.1%	85	3.3%
2500-2999gms	112	10.84%	139	8.8%	251	9.6%
3000-3499gms	344	33.30%	456	28.8%	800	30.6%
3500-3999gms	350	33.88%	587	37.1%	937	35.8%
4000-4499gms	147	14.23%	279	17.6%	426	16.3%
4500-4999gms	16	1.55%	41	2.6%	57	2.2%
5000-5499gms	2	0.19%	1	0.1%	3	0.1%
Total	1033	100.0%	1581	100.0%	2614	100.0%

Birth Weights, last 5 years	2016	2017	2018	2019	2020
<500gms	0.0%	0.0%	0.0%	0.1%	0.0%
500-999gms	0.5%	0.4%	0.3%	0.3%	0.5%
1000-1999gms	2.1%	2.5%	1.3%	1.7%	1.7%
2000-2999gms	14.7%	14.3%	12.5%	14.1%	12.9%
3000-3999gms	68.7%	67.0%	69.0%	67.5%	66.4%
4000-4499gms	11.8%	13.6%	14.9%	14.0%	16.3%
4500-4999gms	2.2%	2.2%	1.9%	2.4%	2.2%
5000-5499gms	0.1%	0.1%	0.1%	0.1%	0.1%
>5500gms	0.0%	0.0%	0.0%	0.0%	0.0%
Total Number of Babies	3002	2854	2858	2839	2614

Introduction of Labour, last 5 years	Primigravida	%	Multigravida	%	Total	%
2016	443	38.3%	455	25.4%	898	30.5%
2017	460	42.0%	483	28.4%	943	33.7%
2018	464	40.5%	387	23.3%	851	30.3%
2019	432	39.0%	392	23.4%	824	29.6%
2020	423	41.8%	446	28.8%	869	33.9%

Chapter 2 – Maternity Contd.

2.1 Maternity – Obstetrics Statistics *Contd.*

GUH Statistical Summary Template 2020 *Contd.*

Perineal Trauma, 2020	Primigravida	%	Multigravida	%	Total	%
Intact	14	2.1%	221	21.3%	235	13.7%
Episiotomy	355	52.7%	99	9.5%	454	26.5%
2nd Degree Tear	176	26.2%	434	41.7%	610	35.6%
1st Degree Tear	61	9.1%	181	17.4%	242	14.1%
3rd Degree Tear	25	3.7%	14	1.3%	39	2.3%
Other Laceration	42	6.2%	91	8.8%	133	7.8%
Total	673	100.0%	1040	100.0%	1713	100.0%

Incidence of Episiotomy, last 5 years	Primigravida	%	Multigravida	%	Total	%
2016	440	58.4%	139	11.2%	579	28.8%
2017	449	64.1%	150	13.0%	599	32.3%
2018	427	59.7%	125	11.2%	552	30.1%
2019	356	49.9%	99	9.2%	455	25.5%
2020	355	52.7%	99	9.5%	454	26.5%

B.B.A, last 5 years	Primigravida	%	Multigravida	%	Total	%
2016	1	0.0%	11	0.4%	12	0.4%
2017	1	0.1%	7	0.4%	8	0.3%
2018	1	0.1%	4	0.2%	5	0.2%
2019	2	0.1%	9	0.3%	11	0.4%
2020	0	0.0%	9	0.4%	9	0.4%

3rd Stage Problems, 2020	Primigravida	%	Multigravida	%	Total	%
Primary PPH	62	80.5%	54	78.3%	116	79.5%
Manual Removal of Placenta	15	19.5%	12	17.4%	27	18.5%
Hysterectomy	0	0.0%	3	4.3%	3	2.1%
Total	77	100.0%	69	100.0%	146	100.0%

Chapter 2 – Maternity Contd.

2.1 Maternity – Obstetrics Statistics *Contd.*

GUH Statistical Summary Template 2020 *Contd.*

Shoulder Dystocia, 2020	Primigravida	%	Multigravida	%	Total	%
Shoulder Dystocia	8	0.8%	6	0.4%	14	0.5%

Fetal Blood Sampling (n - babies), 2020	Primigravida	%	Multigravida	%	Total	%
PH < 7.20	5	0.5%	6	0.4%	11	0.4%
PH 7.20 - 7.25	6	0.6%	1	0.1%	7	0.3%
PH > 7.25	103	10.2%	34	2.2%	137	5.3%

Cord Blood Sampling (n - babies), 2020	Primigravida	%	Multigravida	%	Total	%
PH < 7.20	60	5.9%	57	3.7%	114	4.4%
PH 7.20 - 7.25	87	8.6%	57	3.7%	144	5.6%
PH > 7.25	585	57.7%	531	34.3%	1116	43.6%

Caesarean Sections 2020	Primigravida	%	Multigravida	%	Total	%
Elective Caesarean Sections	94	9.2%	324	20.9%	418	16.3%
Emergency Caesarean Sections	267	26.4%	176	11.4%	443	17.3%
Total	361	35.6%	500	32.3%	861	33.6%

Chapter 2 – Maternity Contd.

2.1 Maternity – Obstetrics Statistics *Contd.*

GUH Statistical Summary Template 2020 *Contd.*

Robson Groups 2020	Total LSCS	Total Women	Rate
Group 1 - Nullip Single Ceph Term Spont Lab	62	419	14.8%
Group 2 - Nullip Single Ceph Term Induced	202	471	42.9%
Group 2(a) - Nullip Single Ceph Term Induced	135		
Group 2(b) - Nullip Single Ceph Term pre-labour CS	67		
Group 3 - Multip Single Ceph Term Spont Lab	15	562	2.7%
Group 4 - Multip Single Ceph Term Induced	55	414	13.3%
Group 4(a) - Multip Single Ceph Term Induced	26		
Group 4(b) - Multip Single Ceph Term Pre-Labour CS	29		
Group 5 - Previous CS Single Ceph Term	327	419	78.0%
Group 5 (1)- With one previous C.S. Single Ceph Term	181		
Group 5 (2)- With two or more Previous C.S. Single Ceph Term	146		
Group 6 - All Nullip Breeches	51	54	94.4%
Group 7 - All Multip Breeches	46	49	93.9%
Group 8 - All Multiple Pregnancies	37	53	69.8%
Group 9 - All Abnormal Lies	17	19	100.0%
Group 10 - All Preterm Single Ceph	49	102	48.0%
Total	861	2562	55.8%

Vaginal Birth after Caesarean Section, 2020	Number	%
Total No. of Mothers who had 1 previous Caesarean Section	353	13.8%
No of Mothers who opted for an elective caesarean section after 1 previous Caesarean Section	218	61.8%
No of Mothers who went into spontaneous/induced Labour after 1 previous Caesarean Section ***Outcome of this Category:*** • SVD/Spontaneous Breech - 72 • Ventouse - 24 • Forceps - 2 Total VBAC = 98 Emergency C.S. - 37	135	38.2%

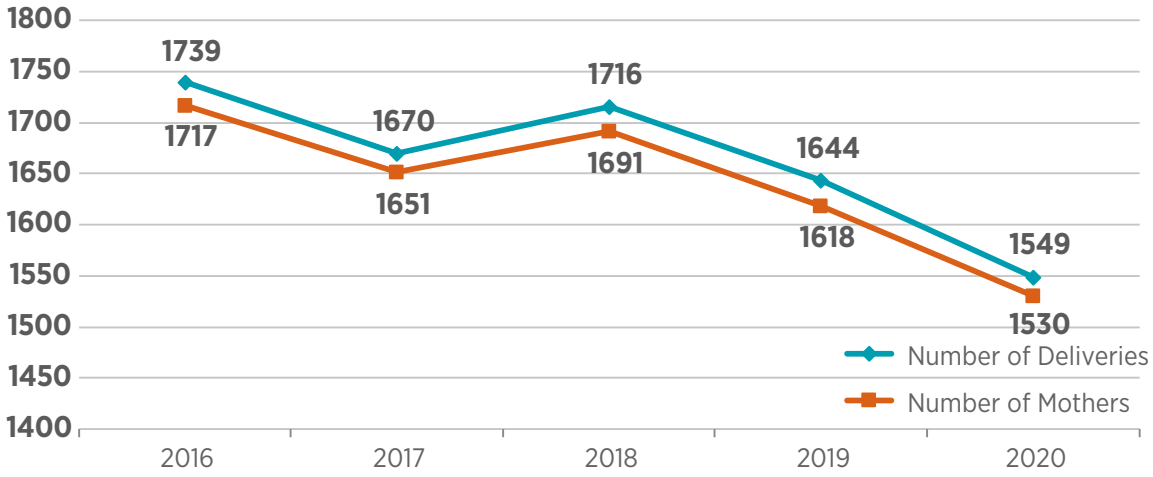
Chapter 2 – Maternity Contd.

2.1 Maternity – Obstetrics Statistics *Contd.*

LUH Statistical Summary Template 2020

Number of Mothers/Births, last 5 years	2016	2017	2018	2019	2020
Number of Deliveries	1739	1670	1716	1644	1549
Number of Mothers	1717	1651	1691	1618	1530

No. Mothers/Births over last 5 years



Obstetric Outcomes (Mothers)	Primip	%	Multip	%	Total	%
Spontaneous Onset	188	37.5%	639	62.1%	827	54.1%
Induction of Labour	201	40.1%	270	26.2%	471	30.8%
Epidural Rate					282	18.4%
Episiotomy	176		86		262	
Caesarean Section	205	40.9%	354	34.4%	559	36.5%
Spontaneous Vaginal Delivery	188	37.5%	639	62.1%	827	54.1%
Forceps Delivery	14		1		15	0.9%
Ventouse Delivery	94		35		129	8.4%
Breech Delivery						0.0%
Total (Number)	188	37.5%	639	62.1%	827	54.1%

Multiple Pregnancies 2020	Primip (n)	%	Multip (n)	%	Total (n)	%
Twins	8		11		19	1.22%
Triplets	0	N/A	0			N/A

Chapter 2 – Maternity Contd.

2.1 Maternity – Obstetrics Statistics *Contd.*

LUH Statistical Summary Template 2020 *Contd.*

Multiple Births, last 5 years	2016	2017	2018	2019	2020
Twins	22	19	25	26	19
Triplets	0	0	0	0	0
Total	22	19	25	26	19

Perinatal Deaths 2020	Primigravida	Multigravida	Total
Stillbirths	1	4	5
Early Neonatal Deaths	1	0	1

Perinatal Mortality Rate (%)	2016	2017	2018	2019	2020
Overall PMR per 1000 births	5.8	1.8	5.2	3.6	3.9
Corrected PMR per 1000 births	1.2	0.6	1.2	1.8	0.0

Stillbirth & Neonatal Deaths, last 5 years	2016	2017	2018	2019	2020
Stillbirth Rate	0.40%	0.40%	0.28%	0.31%	0.61%
Neonatal Death Rate	0.20%	0.10%	0.07%	0.11%	0.38%
Total Rate	0.60%	0.50%	0.35%	0.39%	0.99%

Age, 2020	Total	%
15-19yrs	15	0.9%
20-24yrs	118	7.8%
25-29yrs	275	17.9%
30-34yrs	541	35.4%
35-39yrs	455	29.8%
40-44yrs	115	7.5%
45>	11	0.7%
Total	1530	100%

Chapter 2 – Maternity Contd.

2.1 Maternity – Obstetrics Statistics *Contd.*

LUH Statistical Summary Template 2020

Age At Delivery (%), last 5 years	2016	2017	2018	2019	2020
15-19yrs	2.0%	2.3%	1.6%	1.6%	0.9%
20-24yrs	10.3%	9.0%	10.0%	10.0%	7.8%
25-29yrs	22.0%	23.1%	19.9%	21.5%	17.9%
30-34yrs	33.7%	34.9%	34.9%	35.5%	35.4%
35-39yrs	27.2%	25.9%	27.8%	25.6%	29.8%
40-44yrs	4.7%	4.4%	5.5%	5.6%	7.5%
45>	0.2%	0.4%	0.3%	0.2%	0.7%

Gestation @ Delivery, 2020	Total	%
<28 weeks	1	0.0%
28 - 31+6	11	0.7%
32 - 36+6	72	4.7%
37 - 39+6	1144	73.8%
40 - 41+6	313	20.3%
42 weeks	8	0.5%
Total	1549	100%

Gestation @ Delivery	2016	2017	2018	2019	2020
<28 weeks	9	3	4	0	0.0%
28 - 31+6	12	6	7	19	0.7%
32 - 36+6					4.7%
37 - 39+6					73.8%
40 - 41+6	1306	882	817	1533	20.2%
42 weeks	41	28	26	0	0.6%
Total	1717	1651	**1691**	1644	100%

Chapter 2 – Maternity Contd.

2.1 Maternity – Obstetrics Statistics *Contd.*

LUH Statistical Summary Template 2020 *Contd.*

Birth Weights, 2020	Total	%
<1,000gms	3	0.1%
1000-1499gms	5	0.3%
1500-1999gms	19	1.2%
2000-2499gms	51	3.2%
2500-2999gms	181	11.6%
3000-3499gms	474	30.6%
3500-3999gms	541	34.9%
4000-4499gms	271	17.4%
4500-4999gms	4	0.2%
5000-5499gms	0	0
Total	1549	100.0%

Introduction of Labour	Primigravida	%	Multigravida	%	Total	%
2016	200		252		452	26.3%
2017	195		173		368	22.4%
2018	196		265		461	27.3%
2019	197		252		449	27.8%
2020	201	40.1%	270	26.2%	471	30.8%

Perineal Trauma	Primigravida	%	Multigravida	%	Total	%
Intact	47	15.8%	239	35.4%	286	29.4%
Episiotomy	176	59.4%	86	12.7%	262	27.0%
2nd Degree Tear	56	18.9%	226	33.4%	282	29.0%
1st Degree Tear	7	2.3%	96	14.2%	103	10.6%
3rd Degree Tear	7	2.3%	10	1.5%	17	1.7%
Other Laceration	3	1.0%	18	2.6%	21	2.1%
Total	296	100%	675	100%	971	100%

Chapter 2 – Maternity Contd.

2.1 Maternity – Obstetrics Statistics *Contd.*

LUH Statistical Summary Template 2020

Incidence of Episiotomy	Primigravida	%	Multigravida	%	Total	%
2016					327	28.3%
2017					291	25.2%
2018					311	28.3%
2019					280	27.4%
2020	176	59.4%	86	12.7%	262	27.0%

B.B.A, last 5 years	Total
2016	7
2017	7
2018	8
2019	4
2020	5

3rd Stage Problems	Primigravida	Multigravida	Total	%
Primary PPH	135	280	415	27%
Manual Removal of Placenta			26	2.6%
Hysterectomy	0	0		0%

Shoulder Dystocia	Total	%
Shoulder Dystocia	9	0.3%

Caesarean Sections 2020	Primigravida	%	Multigravida	%	Total	%
Elective Caesarean Sections	54	26.3%	240	67.7%	294	52.5%
Emergency Caesarean Sections	151	73.7%	114	32.3%	265	47.5%
Total	205	100%	354	100%	559	100%

Chapter 2 – Maternity Contd.

2.1 Maternity – Obstetrics Statistics *Contd.*

LUH Statistical Summary Template 2020 *Contd.*

Robson Groups 2020	Total LSCS	Total Women	Rate
Group 1 - Nullip Single Ceph Term Spont Lab	29		5.2%
Group 2 - Nullip Single Ceph Term Induced	127		22.7%
Group 2(a) - Nullip Single Ceph Term Induced			
Group 2(b) - Nullip Single Ceph Term pre-labour CS			
Group 3 - Multip Single Ceph Term Spont Lab	20		3.5%
Group 4 - Multip Single Ceph Term Induced	61		10.9%
Group 4(a) - Multip Single Ceph Term Induced			
Group 4(b) - Multip Single Ceph Term Pre-Labour CS			
Group 5 - Previous CS Single Ceph Term	227		40.6%
Group 5 (1)- With one previous C.S. Single Ceph Term			
Group 5 (2)- With two or more Previous C.S. Single Ceph Term			
Group 6 - All Nullip Breeches	15		2.7%
Group 7 - All Multip Breeches	25		4.4%
Group 8 - All Multiple Pregnancies	16		2.8%
Group 9 - All Abnormal Lies	15		2.9%
Group 10 - All Preterm Single Ceph	24		4.3%
Total	559	559	100%

Vaginal Birth after Caesarean Section, 2020	Number	%
Total No. Of Mothers who had 1 previous Caesarean Section	235	15.3%
No of Mothers who opted for an elective caesarean section after 1 previous Caesarean Section	152	64.7%
No of Mothers who went into spontaneous/induced Labour after 1 previous Caesarean Section ***Outcome of this Category:*** • SVD/Spontaneous Breech - 40 • Ventouse -8 • Forceps - 0 Total VBAC = 48 Emergency C.S. - 35	83	35.3%

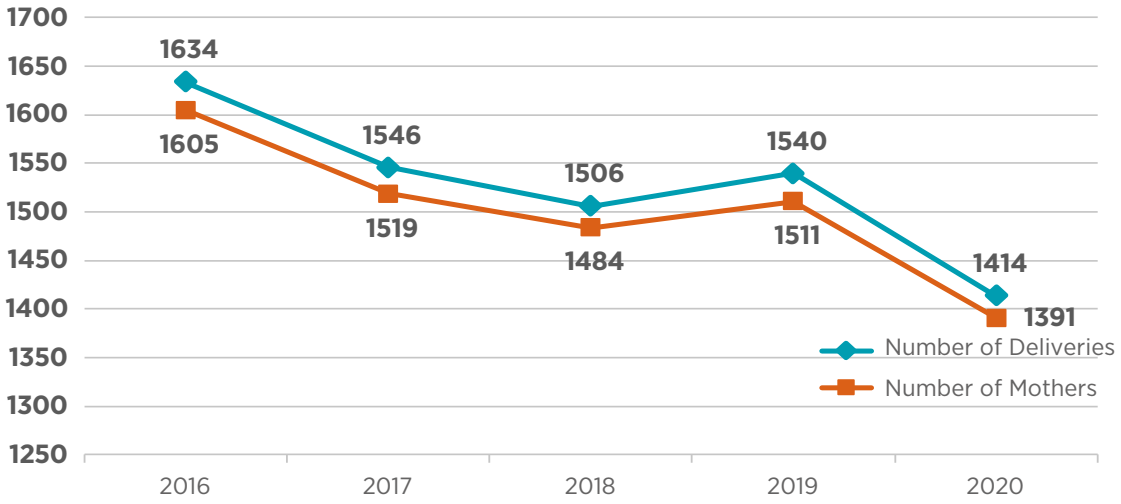
Chapter 2 – Maternity Contd.

2.1 Maternity – Obstetrics Statistics *Contd.*

MUH Statistical Summary Template 2020

Number of Mothers/Births, last 5 years	2016	2017	2018	2019	2020
Number of Deliveries	1634	1546	1506	1540	1414
Number of Mothers	1605	1519	1484	1511	1391

No. Mothers/Births over last 5 years



Obstetric Outcomes (Mothers)	Primip	%	Multip	%	Total	%
Spontaneous Onset	136	28.0%	487	53.8%	623	44.8%
Induction of Labour	182	37.4%	195	21.5%	377	27.1%
Epidural Rate	251	18.0%	197	14.1%	448	32.2%
Episiotomy	134	9.6%	118	8.4%	252	18.1%
Caesarean Section	194	39.9%	354	39.1%	548	39.4%
Spontaneous Vaginal Delivery	136	28.0%	487	53.8%	623	44.8%
Forceps Delivery	72	5.1%	20	1.4%	92	6.6%
Ventouse Delivery	84	6.0%	44	3.1%	128	9.2%
Breech Delivery	0	0%	0	0.0%	0%	0%
Total (Number)	486	100%	905	100%	1391	100%

Multiple Pregnancies 2020	Primip (n)	Multip (n)	Total (n)
Twins	3	20	23
Triplets	0	0	0

Chapter 2 – Maternity Contd.

2.1 Maternity – Obstetrics Statistics *Contd.*

MUH Statistical Summary Template 2020 *Contd.*

Onset for Multiple Pregnancies	Primip (n)	Multip (n)	Total (n)
Induced	2	3	5
Spontaneous	0	6	6
No Labour	1	0	1
Elective C.S.	0	10	10
Emergency C.S.	1	5	6

Multiple Births	2016	2017	2018	2019	2020
Twins	30	27	22	29	23
Triplets	0	0	0	0	0
Total	30	27	22	29	23

Perinatal Deaths 2020	Primigravida	%	Multigravida	%	Total	%
Stillbirths	1	0.20%	3	0.33%	4	0.29%
Early Neonatal Deaths	0	0%	0	0%	0	0%

Perinatal Mortality Rate (%)	2016	2017	2018	2019	2020
Overall PMR per 1000 births	5.51	3.2	6.0	5.2	2.87
Corrected PMR per 1000 births	3.1	1.3	2.0	0.7	0.71

Parity %	2016	2019
0		32%
1,2,3		68%
4+		0%

Age, 2020	Primigravida	Multigravida	Total	%
15-19yrs	14	2	16	1.15%
20-24yrs	49	39	88	6.32%
25-29yrs	94	137	231	16.6%
30-34yrs	176	306	482	34.65%
35-39yrs	128	324	452	32.49%
40-44yrs	23	94	117	8.41%
45>	2	3	5	0.35%
Total	486	905	1391	100%

Chapter 2 – Maternity Contd.

2.1 Maternity – Obstetrics Statistics *Contd.*

MUH Statistical Summary Template 2020 *Contd.*

Age At Delivery	2020
15-19yrs	1.2%
20-24yrs	5.8%
25-29yrs	15.6%
30-34yrs	34.5%
35-39yrs	33.8%
40-44yrs	8.6%
45>	0.4%

County of Origin	2020
Galway County	3.09%
Mayo	88.90%
Roscommon	6.18%
Sligo	1.72%
Others	0.14%

Non National Births	2020
Number	198
%	14.2%

Gestation @ Delivery, 2020	Primigravida	%	Multigravida	%	Total	%
<28 weeks	1	0.1%	5	0.4%	6	0.4%
28 - 31+6	1	0.1%	4	0.3%	5	0.3%
32 - 36+6	23	1.6%	40	2.8%	63	4.5%
37 - 39+6	180	12.7%	525	37.1%	705	50.6%
40 - 41+6	272	19.2%	327	26.3%	599	43.0%
42 weeks	9	0.6%	4	0.3%	13	0.9%
Total	486	34.2%	905	67.1%	1391	99.8%

Chapter 2 – Maternity Contd.

2.1 Maternity – Obstetrics Statistics *Contd.*

MUH Statistical Summary Template 2020 *Contd.*

Gestation @ Delivery	2020
<28 weeks	0.4%
28 - 31+6	0.3%
32 - 36+6	4.5%
37 - 39+6	50.6%
40 - 41+6	43.0%
42 weeks	0.9%
Total	99.8%

Birth Weights	Primigravida	Multigravida	Total	%
<1,000gms	2	6	8	0.6%
1000-1499gms	0	2	2	0.1%
1500-1999gms	4	10	14	0.9%
2000-2499gms	13	24	37	2,6%
2500-2999gms	64	81	145	10.2%
3000-3499gms	169	296	465	32.8%
3500-3999gms	170	368	538	38.0%
4000-4499gms	56	115	171	12.0%
4500-4999gms	12	21	33	2.3%
5000-5499gms	0	1	1	0.1%
Total	490	924	1414	100.0%

Birth Weights	2020
<500gms	0.1%
500-999gms	0.5%
1000-1999gms	1.1%
2000-2999gms	12.8%
3000-3999gms	70.9%
4000-4499gms	12.0%
4500-4999gms	2.3%
5000-5499gms	0.1%
>5500gms	0.0%
Total Number of Babies	1414

Chapter 2 – Maternity Contd.

2.1 Maternity – Obstetrics Statistics *Contd.*

MUH Statistical Summary Template 2020 *Contd.*

Introduction of Labour	Primigravida	%	Multigravida	%	Total	%
2016	179	33.0%	184	18.7%	363	22.6%
2017	196	39.3%	197	17.3%	393	31.3%
2018	201	39.8%	205	26.4%	406	27.4%
2019	176	36.4%	224	20.9%	400	26.5%
2020	182	37.4%	195	21.5%	377	27.1%

Perineal Trauma	Primigravida	%	Multigravida	%	Total	%
Intact						Not captured
Episiotomy	134	9.6%	118	8.4%	252	18.1%
2nd Degree Tear						Not captured
1st Degree Tear						Not captured
3rd Degree Tear	3	0.2%	3	0.2%	6	0.4%
Other Laceration						Not captured

Incidence of Episiotomy	Primigravida	%	Multigravida	%	Total	%
2019					211	23.0%
2020	134		118		252	18.1%

3rd Stage Problems	Primigravida	%	Multigravida	%	Total	%
Primary PPH	64	4.6%	49	3.5%	113	8.1%
Manual Removal of Placenta					14	1%
Hysterectomy	1	0.1%	2	0.1%	3	0.2%
Total	65	5.0%	51	3.6%	115	8.3%

Caesarean Sections 2020	Primigravida	%	Multip	%	Total	%
Elective Caesarean Sections	53	3.8%	219	15.7%	272	19.5%
Emergency Caesarean Sections	141	10.1%	135	9.7%	276	19.8%
Total	194	39.9%	354	39.1%	548	39.4%

Chapter 2 – Maternity Contd.

2.1 Maternity – Obstetrics Statistics *Contd.*

MUH Statistical Summary Template 2020 *Contd.*

Robson Groups 2020	Total LSCS	Total Women	Rate
Group 1 - Nullip Single Ceph Term Spont Lab	45	218	20.6%
Group 2 - Nullip Single Ceph Term Induced	115	219	52.5%
Group 2(a) - Nullip Single Ceph Term Induced			
Group 2(b) - Nullip Single Ceph Term pre-labour CS			
Group 3 - Multip Single Ceph Term Spont Lab	17	339	5.0%
Group 4 - Multip Single Ceph Term Induced	28	193	14.5%
Group 4(a) - Multip Single Ceph Term Induced			
Group 4(b) - Multip Single Ceph Term Pre-Labour CS			
Group 5 - Previous CS Single Ceph Term	263	304	86.5%
Group 5 (1)- With one previous C.S. Single Ceph Term			
Group 5 (2)- With two or more Previous C.S. Single Ceph Term			
Group 6 - All Nullip Breeches	29	30	96.7%
Group 7 - All Multip Breeches	13	16	81.3%
Group 8 - All Multiple Pregnancies	18	23	78.3%
Group 9 - All Abnormal Lies	6	6	100.0%
Group 10 - All Preterm Single Ceph	20	49	40.8%
Total	548	1391	39.4%

Vaginal Birth after Caesarean Section, 2020	N	%
Total No. Of Mothers who had 1 previous Caesarean Section	209	15.0%
No of Mothers who opted for an elective caesarean section after 1 previous Caesarean Section	142	67.9%
No of Mothers who went into spontaneous/induced Labour after 1 previous Caesarean Section ***Outcome of this Category:*** Total VBAC: 37 Emergency C.S.: 30	67	32.1%

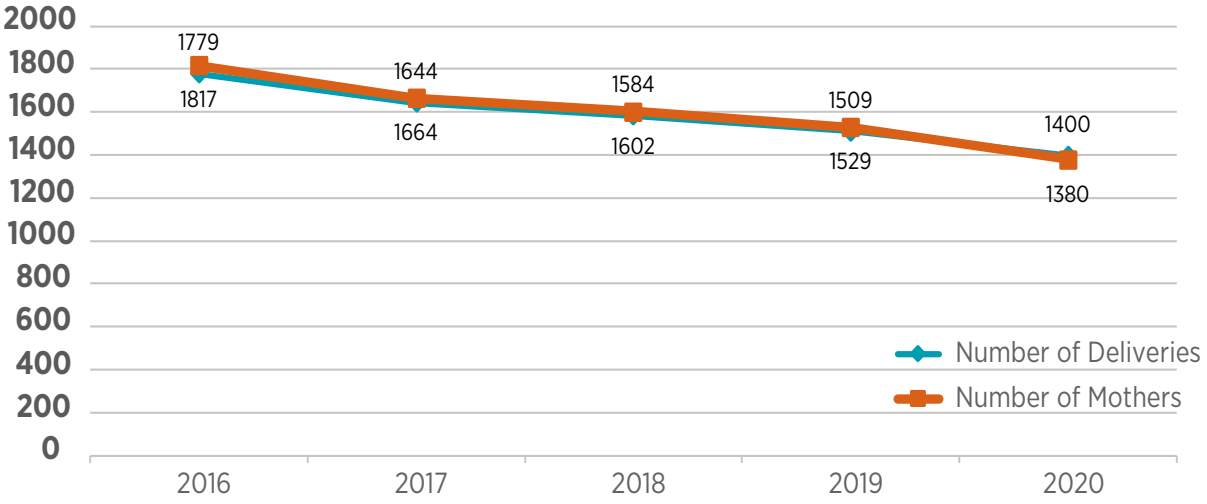
Chapter 2 – Maternity Contd.

2.1 Maternity – Obstetrics Statistics *Contd.*

PUH Statistical Summary Template 2020

Number of Mothers/Births, last 5 years	2016	2017	2018	2019	2020
Number of Deliveries	1779	1644	1584	1509	1400
Number of Mothers	1817	1664	1602	1529	1380

No. Mothers/Births over last 5 years



Obstetric Outcomes (Mothers)	Primip	%	Multip	%	Total	%
Spontaneous Onset	195	41.5%	383	42.1%	578	41.9%
Induction of Labour	198	42.1%	249	27.4%	447	32.4%
Epidural Rate	270	57.4%	272	29.9%	542	39.3%
Episiotomy	131	27.9%	71	7.8%	202	14.6%
Caesarean Section	226	48.1%	338	37.1%	564	40.9%
Spontaneous Vaginal Delivery	149	31.7%	521	57.3%	670	48.6%
Forceps Delivery	13	2.8%	2	0.2%	15	1.1%
Ventouse Delivery	80	17.0%	45	4.9%	125	9.1%
Breech Delivery	2	0.4%	4	0.4%	6	0.4%
Total (Number)	470	100.0%	910	100.0%	1380	100.0%

Multiple Pregnancies 2020	Primip (n)	%	Multip (n)	%	Total (n)	%
Twins	5	1.1%	15	1.6%	20	1.4%
Triplets	0	0%	0	0%	0	0%

Chapter 2 – Maternity Contd.

2.1 Maternity – Obstetrics Statistics *Contd.*

PUH Statistical Summary Template 2020 *Contd.*

Onset for Multiple Pregnancies 2020	Primip (21)	%	Multip (32)	%	Total (n)	%
Induced	0	0.0%	5	33.3%	5	25.0%
Spontaneous	0	0.0%	2	13.3%	2	10.0%
No Labour	5	100.0%	8	53.3%	13	65.0%
Elective C.S.	3	60.0%	5	33.3%	8	40.0%
Emergency C.S.	2	40.0%	4	26.6%	6	30.0%

Multiple Births	2016	2017	2018	2019	2020
Twins	38	20	18	20	20
Triplets	0	0	0	0	0
Total	38	20	18	20	20

Perinatal Deaths 2020	Primigravida	Multigravida	Total
Stillbirths	1	3	4
Early Neonatal Deaths	2	3	5

Perinatal Mortality Rate per 1000	2016	2017	2018	2019	2020
Overall PMR per 1000 births	7.2	6	6.2	5.2	6.4
Corrected PMR per 1000 births	1.1	3	1.8	1.3	2.8

Parity	Number	%
0	470	34.10%
1	466	33.80%
2	281	20.30%
3	118	8.60%
4	29	2.10%
5	11	0.80%
6	3	0.20%
7	2	0.10%
8	0	0.00%
9	0	0.00%
10	0	0.00%
11	0	0.00%
Total	1380	100.00%

Chapter 2 – Maternity Contd.

2.1 Maternity – Obstetrics Statistics *Contd.*

PUH Statistical Summary Template 2020 *Contd.*

Parity %	2016	2017	2018	2019	2020
0	31.4%	32.2%	34.4%	33.8%	34.10%
1,2,3	65.0%	63.7%	61.8%	62.6%	62.70%
4+	3.6%	4.1%	3.8%	3.6%	3.20%

Age	Primigravida	%	Multigravida	%	Total	%
15-19yrs	4	0.9%	0	0.0%	4	0.1%
20-24yrs	56	12.0%	24	2.6%	80	5.8%
25-29yrs	88	18.7%	102	11.2%	190	13.8%
30-34yrs	174	37.0%	266	29.2%	440	31.9%
35-39yrs	118	25.1%	348	38.2%	466	33.8%
40-44yrs	29	6.1%	159	17.6%	188	13.7%
45>	1	0.2%	11	1.2%	12	0.9%
Total	470	100.0%	910	100.00%	1380	100.0%

Age At Delivery	2016	2017	2018	2019	2020
15-19yrs	0.0%	0.0%	0.0%	0.0%	0.3%
20-24yrs	0.9%	1.4%	1.1%	0.6%	5.8%
25-29yrs	7.8%	8.3%	6.2%	5.6%	13.8%
30-34yrs	14.6%	15.9%	15.6%	15.2%	31.9%
35-39yrs	30.9%	35.3%	32.0%	31.5%	33.8%
40-44yrs	36.4%	32.8%	34.3%	35.2%	13.6%
45>	9.4%	6.4%	10.8%	11.9%	0.9%

County of Origin, Last 5 years	2016	2017	2018	2019	2020
Galway County	35.1%	35.8%	35.2%	33.9%	34.50%
Mayo	0	0.3%	0.5%	0.1%	0.10%
Roscommon	21.7%	20.5%	21.1%	25.1%	25.50%
Clare	0.6%	0.7%	0.5%	0.4%	0.10%
Others					39.80%

Chapter 2 – Maternity Contd.

2.1 Maternity – Obstetrics Statistics *Contd.*

PUH Statistical Summary Template 2020 *Contd.*

Gestation @ Delivery, 2020	Primigravida	%	Multigravida	%	Total	%
<28 weeks	3	0.6%	2	0.2%	5	3
28 - 31+6	0	0.0%	2	0.2%	2	0
32 - 36+6	20	4.3%	38	4.2%	58	20
37 - 39+6	221	47.0%	513	56.3%	734	221
40 - 41+6	226	48.1%	353	38.9%	579	226
42 weeks	0	0.0%	2	0.2%	2	0
Total	470	100.0%	910	100.0%	1380	470

Gestation @ Delivery	2017	2018	2019	2020
<28 weeks	0.1%	0.2%	0.2%	0.3%
28 - 31+6	0.2%	0.2%	0.2%	0.1%
32 - 36+6				4.2%
37 - 39+6				53.3%
40 - 41+6	22.2%	17.3%	17.0%	42.0%
42 weeks				0.1%
Total				100%

Birth Weights, 2020	Primigravida	%	Multigravida	%	Total	%
<1,000gms	3	0.60%	1	0.1%	4	0.2%
1000-1499gms	1	0.20%	3	0.3%	4	0.2%
1500-1999gms	2	0.40%	7	0.8%	9	0.7%
2000-2499gms	16	3.40%	19	2.1%	35	2.5%
2500-2999gms	65	13.80%	83	9.1%	148	10.7%
3000-3499gms	171	36.40%	313	34.4%	484	35.1%
3500-3999gms	147	31.30%	324	35.6%	471	34.1%
4000-4499gms	56	12.00%	138	15.2%	194	14.1%
4500-4999gms	9	1.90%	20	2.2%	29	2.1%
5000-5499gms	0	0.00%	2	0.2%	2	0.1%
Total	470	100.0%	910	100.0%	1380	100.0%

Chapter 2 – Maternity Contd.

2.1 Maternity – Obstetrics Statistics *Contd.*

PUH Statistical Summary Template 2020 *Contd.*

Birth Weights	2016	2017	2018	2019	2020
<500gms	0.1%	0.0%	0.1%	0.1%	0.1%
500-999gms	0.0%	0.1%	0.1%	0.2%	0.2%
1000-1999gms					1.0%
2000-2999gms					13.3%
3000-3999gms	66.6%	67.9%	66.7%	68.0%	68.6%
4000-4499gms	15.0%	14.5%	13.7%	11.8%	14.2%
4500-4999gms					2.3%
5000-5499gms	0.1%	0.3%	0.3%	0.0%	0.1%
>5500gms	0.1%	0.0%	0.0%	0.0%	0.0%

Introduction of Labour	Primigravida	%	Multigravida	%	Total	%
2016	183	32.8%	274	22.4%	457	25.7%
2017	202	38.5%	254	22.7%	456	27.7%
2018	183	33.6%	234	22.5%	417	26.3%
2019	183	35.9%	228	22.8%	411	27.2%
2020	198	42.1%	249	27.3%	447	32.4%

Perineal Trauma	Primigravida	%	Multigravida	%	Total	%
Intact	9	3.7%	100	17.5%	109	13.4%
Episiotomy	131	54.2%	71	12.4%	202	24.8%
2nd Degree Tear	71	29.3%	193	33.7%	264	32.4%
1st Degree Tear	10	4.1%	134	23.4%	144	17.7%
3rd Degree Tear	9	3.7%	3	0.5%	12	1.5%
Other Laceration	12	5.0%	72	12.5%	84	10.2%
Total	242	100.0%	573	100.0%	815	100.0%

Incidence of Episiotomy	Primigravida	%	Multigravida	%	Total	%
2016	195	58.7%	120	15.2%	315	28.0%
2017	215	41.0%	124	11.1%	339	20.6%
2018	215	39.4%	124	11.9%	339	21.4%
2019	190	37.3%	80	8.0%	270	17.9%
2020	131	27.9%	71	7.8%	202	14.6%

Chapter 2 – Maternity Contd.

2.1 Maternity – Obstetrics Statistics *Contd.*

PUH Statistical Summary Template 2020 *Contd.*

B.B.A	Primigravida	%	Multigravida	%	Total	%
2016	0	0.0%	3	0.2%	3	0.2%
2017	0	0.0%	5	0.4%	5	0.3%
2018	2	0.4%	7	0.7%	9	0.6%
2019	2	0.4%	3	0.3%	5	0.3%
2020	0	0.0%	6	0.6%	6	0.4%

3rd Stage Problems	Primigravida	%	Multigravida	%	Total	%
Primary PPH	20	4.2%	20	2.2%	40	2.9%
Manual Removal of Placenta	4	0.9%	16	10.1%	20	1.4%
Hysterectomy	0	0.0%	0	0.0%	0	0.0%
Total	24	5.1%	36	12.3%	60	4.3%

Shoulder Dystocia	Primigravida	%	Multip	%	Total	%
Shoulder Dystocia	2	0.40%	2	0.20%	4	0.07%

Fetal Blood Sampling (n - babies)	Primigravida	%	Multigravida	%	Total	%
PH < 7.20	5	1.1%	2	0.1%	7	0.5%
PH 7.20 - 7.25	4	0.8%	3	0.3%	7	0.5%
PH > 7.25	25	5.3%	19	2.1%	44	3.1%

Cord Blood Sampling (n - babies)	Primigravida	%	Multigravida	%	Total	%
PH < 7.20	69	14.5%	70	7.6%	139	9.9%
PH 7.20 - 7.25	37	7.8%	55	0.1%	92	0.1%
PH > 7.25	98	0.2%	130	0.1%	228	0.1%

Caesarean Sections 2020	Primigravida	%	Multip	%	Total	%
Elective Caesarean Sections	62	27.2%	248	73.8%	310	55.0%
Emergency Caesarean Sections	166	72.8%	88	26.2%	254	45.0%
Total	228	100.0%	336	100.0%	564	100.0%

Chapter 2 – Maternity Contd.

2.1 Maternity – Obstetrics Statistics *Contd.*

PUH Statistical Summary Template 2020 *Contd.*

Robson Groups 2020	Total LSCS	Total Women	Rate
Group 1 - Nullip Single Ceph Term Spont Lab	42	186	22.6%
Group 2 - Nullip Single Ceph Term Induced	142	232	61.2%
Group 2(a) - Nullip Single Ceph Term Induced	N/A	N/A	N/A
Group 2(b) - Nullip Single Ceph Term pre-labour CS	N/A	N/A	N/A
Group 3 - Multip Single Ceph Term Spont Lab	8	305	2.6%
Group 4 - Multip Single Ceph Term Induced	44	257	17.1%
Group 4(a) - Multip Single Ceph Term Induced	N/A	N/A	N/A
Group 4(b) - Multip Single Ceph Term Pre-Labour CS	N/A	N/A	N/A
Group 5 - Previous CS Single Ceph Term	224	259	86.5%
Group 5 (1)- With one previous C.S. Single Ceph Term	N/A	N/A	N/A
Group 5 (2)- With two or more Previous C.S. Single Ceph Term	N/A	N/A	N/A
Group 6 - All Nullip Breeches	28	29	96.6%
Group 7 - All Multip Breeches	31	33	93.9%
Group 8 - All Multiple Pregnancies	14	20	70.0%
Group 9 - All Abnormal Lies	14	14	100.0%
Group 10 - All Preterm Single Ceph	17	45	37.8%
Total	564	1380	40.9%

Vaginal Birth after Caesarean Section, 2020	Number	%
Total No. Of Mothers who had 1 previous Caesarean Section	217	
No of Mothers who opted for an elective caesarean section after 1 previous Caesarean Section	160	73.7%
No of Mothers who went into spontaneous/induced Labour after 1 previous Caesarean Section	55	25.34%

Outcome of this Category:

- SVD/Spontaneous Breech-26
- Ventouse-11
- Forceps-1
- Breech-1

Total VBAC= 39, 17.97%
Emergency C.S. - 16, 7.37%

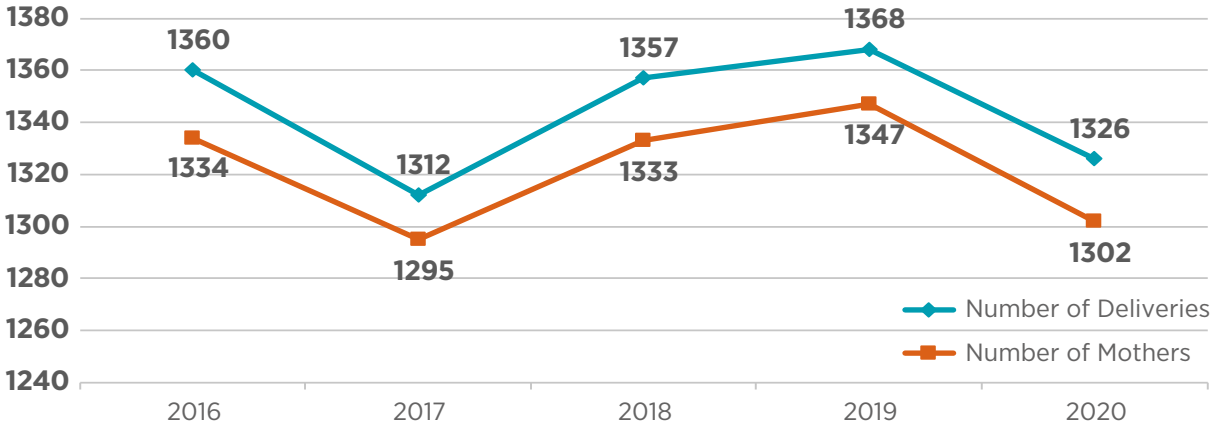
Chapter 2 – Maternity Contd.

2.1 Maternity – Obstetrics Statistics *Contd.*

SUH Statistical Summary Template 2020

Number of Mothers/Births, last 5 years	2016	2017	2018	2019	2020
Number of Deliveries	1360	1312	1357	1368	1326
Number of Mothers	1334	1295	1333	1347	1302

No. Mothers/Births over last 5 years



Obstetric Outcomes (Mothers)	Primip (n)	%	Multip (n)	%	Total	%
Spontaneous Onset	227	47.2%	342	41.6%	569	43.7%
Induction of Labour	212	44.2%	224	27.3%	436	33.5%
Epidural Rate	294	61.2%	228	27.7%	522	40.0%
Episiotomy	130	27.0%	50	6.1%	180	13.8%
Caesarean Section	196	40.8%	319	38.8%	515	39.6%
Spontaneous Vaginal Delivery	156	32.5%	464	56.4%	620	47.6%
Forceps Delivery	46	9.6%	6	0.7%	52	3.9%
Ventouse Delivery	71	14.8%	28	3.4%	99	7.4%
Breech Delivery	0	0.0%	2	0.2%	2	0.2%
Total (Number)	1332	100%	1663	100%	2995	100%

Multiple Pregnancies	Primip (n)	%	Multip (n)	%	Total (n)	%
Twins	7	0.5%	17	1.3%	24	1.8%
Triplets	0	0.0%	0	0.0%	0	0.0%

Chapter 2 – Maternity Contd.

2.1 Maternity – Obstetrics Statistics *Contd.*

SUH Statistical Summary Template 2020 *Contd.*

Onset for Multiple Pregnancies	Primip (n)	%	Multip (n)	%	Total (n)	%
Induced	4	57.1%	6	35.2%	10	41.6%
Spontaneous	2	28.5%	3	17.6%	5	20.8%
No Labour	1	14.2%	8	47.0%	9	37.5%
Elective C.S.	0	0.0%	5	29.4%	5	20.8%
Emergency C.S.	5	71.4%	5	29.4%	10	41.6%

Multiple Births	2016	2017	2018	2019	2020
Twins	27	17	24	21	24
Triplets	0	0	0	0	0
Total	27	17	24	21	24

Perinatal Deaths 2020	Primigravida	%	Multigravida	%	Total	%
Stillbirths	1	0.8	6	0.45	7	1.25
Early Neonatal Deaths	0	0	1	0.8	1	0.08

Perinatal Mortality Rate (%)	2016	2017	2018	2019	2020
Overall PMR per 1000 births	1	0.8	6	0.45	7
Corrected PMR per 1000 births	0	0	1	0.8	1

Stillbirth & Neonatal Deaths, last 5 years per 1000	2016	2017	2018	2019	2020
Stillbirth Rate	6.60%	3.80%	3.00%	3.00%	0.60%
Neonatal Death Rate	0.70%	0.80%	0.00%	0.00%	0.08%
Total Rate	7.30%	4.60%	3.00%	1.50%	0.68%

Chapter 2 – Maternity Contd.

2.1 Maternity – Obstetrics Statistics *Contd.*

SUH Statistical Summary Template 2020 *Contd.*

Parity	Number	%
0	480	36.8%
1	440	33.7%
2	233	17.9%
3	101	7.8%
4	29	2.2%
5	13	1.0%
6	2	0.2%
7	2	0.2%
8	2	0.2%
9	0	0.00%
10	0	0.00%
11	0	0.00%
Total	1302	100%

Parity (%)	2016	2017	2018	2019	2020
0	29.30%	36.00%	29.30%	35.50%	36.86%
1,2,3	59.10%	51.70%	48.20%	55.10%	59.40%
4+	11.60%	12.40%	22.50%	9.40%	3.68%

Age	Primigravida	%	Multigravida	%	Total	%
15-19yrs	5	1.0%	0	0.0%	5	0.4%
20-24yrs	53	11.0%	17	2.1%	70	5.4%
25-29yrs	74	15.4%	95	11.5%	169	12.9%
30-34yrs	149	31.0%	207	25.2%	356	27.3%
35-39yrs	161	33.5%	333	40.5%	494	37.9%
40-44yrs	36	7.5%	154	18.7%	190	14.5%
45>	2	0.4%	16	1.9%	18	1.3%
Total	480	100.0%	822	99.84%	1302	99.7%

Chapter 2 – Maternity Contd.

2.1 Maternity – Obstetrics Statistics *Contd.*

SUH Statistical Summary Template 2020 *Contd.*

Age At Delivery	2016	2017	2018	2019	2020
15-19yrs	2.1%	2.4%	1.7%	2.0%	0.4%
20-24yrs	9.0%	10.0%	7.7%	9.7%	5.4%
25-29yrs	18.5%	18.9%	19.1%	17.2%	12.9%
30-34yrs	35.3%	34.0%	36.6%	35.8%	27.3%
35-39yrs	29.0%	28.7%	29.0%	28.5%	37.9%
40-44yrs	6.0%	6.0%	6.0%	6.9%	14.5%
45>					1.3%

County of Origin	2016	2017	2018	2019	2020
Sligo	55.00%	54.30%	55.80%	53.00%	52.9%
Donegal	11.80%	10.90%	11.70%	12.17%	12.0%
Leitrim	20.50%	20.20%	20.40%	21.73%	20.6%
Mayo	1.90%	2.50%	1.30%	0.80%	1.7%
Roscommon	9.60%	11.10%	9.70%	9.56%	11.6%
Cavan	0.90%	0.50%	0.60%	1.30%	0.9%
Galway	0.00%	0.00%	0.00%	0.00%	0.0%
Longford	0.00%	0.20%	0.10%	0.00%	0.2%
Dublin	0.10%	0.00%	0.00%	0.00%	0.1%
Others	0.10%	0.20%	0.3	0.80%	0.0%
Total	99.90%	99.90%	99.9	99.40%	100%

Non National Births	2016	2017	2018	2019	2020
Number	109	97	103	136	265
%	8.0%	11.5%	7.7%	10.1%	20.3%

Gestation @ Delivery	2016	2017	2018	2019	2020
<28 weeks	0.2%	0.2%	0.2%	0.4%	0.5%
28 - 31+6	0.3%	0.2%	0.3%	0.2%	0.6%
32 - 36+6					3.6%
37 - 39+6					52.3%
40 - 41+6	45.4%	46.5%	41.7%	49.2%	42.1%
42 weeks	2.1%	1.5%	2.3%	1.2%	0.6%

Chapter 2 – Maternity Contd.

2.1 Maternity – Obstetrics Statistics *Contd.*

SUH Statistical Summary Template 2020 *Contd.*

Birth Weights, 2020	Primigravida	%	Multigravida	%	Total	%
<1,000gms	2	0.40%	3	0.4%	5	0.4%
1000-1499gms	0	0.00%	8	0.9%	8	0.6%
1500-1999gms	3	0.60%	4	0.4%	7	0.5%
2000-2499gms	9	1.80%	34	4.1%	43	3.2%
2500-2999gms	58	11.90%	88	10.4%	146	11.0%
3000-3499gms	179	36.70%	269	32.0%	448	33.7%
3500-3999gms	170	34.90%	310	36.9%	480	36.1%
4000-4499gms	53	10.80%	106	12.6%	159	11.9%
4500-4999gms	12	2.40%	16	1.9%	28	2.1%
5000-5499gms	1	0.20%	1	0.1%	2	0.1%
Total	487	99.7%	839	99.6%	1326	99.6%

Birth Weights	2016	2017	2018	2019	2020
<500gms					0.0%
500-999gms					0.2%
1000-1999gms					1.4%
2000-2999gms					14.3%
3000-3999gms	66.6%	66.2%	66.7%	66.2%	69.6%
4000-4499gms	14.2%	14.3%	13.3%	13.9%	11.8%
4500-4999gms					2.1%
5000-5499gms					0.2%
>5500gms					0.0%
Total Number of Babies	1360	1312	1357	1368	1326

Introduction of Labour	Primigravida	%	Multigravida	%	Total	%
2016	160	32.9%	255	30.1%	415	31.1%
2017	156	30.1%	262	31.6%	418	31.0%
2018	167	34.9%	183	21.4%	350	26.2%
2019	183	13.5%	234	17.4%	417	31.0%
2020	212	44.2%	224	27.3%	436	33.5%

Chapter 2 – Maternity Contd.

2.1 Maternity – Obstetrics Statistics *Contd.*

SUH Statistical Summary Template 2020 *Contd.*

Incidence of Episiotomy	Primigravida	%	Multigravida	%	Total	%
2016	150	51.0%	67	10.8%	217	23.7%
2017	128	44.3%	46	7.6%	174	19.4%
2018	151	54.1%	51	8.9%	201	23.9%
2019	158	30.5%	49	5.9%	207	15.4%
2020	130	26.7%	50	6.1%	80	13.8%

B.B.A	Primigravida	%	Multigravida	%	Total	%
2016	1	0.2%	8	0.9%	9	0.7%
2017	0	0.0%	10	1.2%	10	0.7%
2018	0	0.0%	2	0.2%	2	0.1%
2019	0	0.0%	2	0.2%	2	0.1%
2020	1	0.2%	2	0.2%	3	0.2%

3rd Stage Problems	Primigravida	%	Multigravida	%	Total	%
Primary PPH	45	9.4%	61	7.4%	106	8.1%
Manual Removal of Placenta	6	1.3%	7	0.9%	13	1.0%
Hysterectomy	0	0.0%	0	0.0%	0	0.0%
Total	51	10.6%	68	8.3%	119	14.4%

Shoulder Dystocia	Primigravida	%	Multigravida	%	Total	%
Shoulder Dystocia	2	0.40%	3	0.36%	5	0.38%

Fetal Blood Sampling (n - babies)	Primigravida	%	Multigravida	%	Total	%
PH < 7.20	6	1.3%	1	0.1%	7	0.5%
PH 7.20 - 7.25	0	0.0%	4	0.4%	4	0.3%
PH > 7.25	4	0.8%	6	0.7%	10	0.7%

Cord Blood Sampling (n - babies)	Primigravida	%	Multigravida	%	Total	%
PH < 7.20	110	22.9%	158	19.2%	268	20.2%
PH 7.20 - 7.25	81	16.8%	126	15.3%	207	15.6%
PH > 7.25	255	53.1%	459	55.8%	714	53.8%

Chapter 2 – Maternity Contd.

2.1 Maternity – Obstetrics Statistics *Contd.*

SUH Statistical Summary Template 2020 *Contd.*

Caesarean Sections 2020	Primigravida	%	Multip	%	Total	%
Elective Caesarean Sections	41	20.7%	206	64.9%	247	48.0%
Emergency Caesarean Sections	157	79.2%	111	35.0%	268	52.0%
Total	198	99.9%	317	99.9%	515	100.0%

Robson Groups 2020	Total LSCS	Total Women	Rate
Group 1 - Nullip Single Ceph Term Spont Lab	29	196	5.6%
Group 2 - Nullip Single Ceph Term Induced	140	250	27.2%
Group 2(a) - Nullip Single Ceph Term Induced			
Group 2(b) - Nullip Single Ceph Term pre-labour CS			
Group 3 - Multip Single Ceph Term Spont Lab	7	282	1.4%
Group 4 - Multip Single Ceph Term Induced	46	218	8.9%
Group 4(a) - Multip Single Ceph Term Induced			
Group 4(b) - Multip Single Ceph Term Pre-Labour CS			
Group 5 - Previous CS Single Ceph Term	212	254	41.2%
Group 5 (1)- With one previous C.S. Single Ceph Term			
Group 5 (2)- With two or more Previous C.S. Single Ceph Term			
Group 6 - All Nullip Breeches	22	22	4.3%
Group 7 - All Multip Breeches	20	20	3.9%
Group 8 - All Multiple Pregnancies	14	24	2.7%
Group 9 - All Abnormal Lies	11	11	2.1%
Group 10 - All Preterm Single Ceph	14	25	2.7%
Total	515	1302	100.0%

Vaginal Birth after Caesarean Section, 2020	Number	%
Total No. Of Mothers who had 1 previous Caesarean Section	174	13.3%
No of Mothers who opted for an elective caesarean section after 1 previous Caesarean Section	107	61.4%
No of Mothers who went into spontaneous/induced Labour after 1 previous Caesarean Section	75	43.1%

Outcome of this Category:

- SVD/Spontaneous Breech-33, 18.9%
- Ventouse-7, 4.0%
- Forceps-3, 1.7%

Total VBAC= 43, 24.7%
Emergency C.S.-24, 13.7%

Chapter 2 – Maternity Contd.

2.2 Ultrasound and Fetal Medicine Report 2020 Saolta Group Hospitals

In this section the statistics for ultrasound scans performed in each of the 5 hospitals within the Saolta University Healthcare Group are presented. In addition, the tertiary level Fetal Medicine service provided at Galway University Hospital is described. During 2020 there were 35,326 ultrasound scans performed during pregnancy throughout the Saolta Group hospitals. The individual figures for each hospital are presented in the first table and are categorised as early pregnancy scans, detailed fetal anatomy scans and other clinically indicated scans. This table also provides the information in total for the Saolta Group hospitals. Consistent with best practice international guidelines all women are routinely offered two ultrasound scans during pregnancy, a first trimester scan and a detailed Fetal anatomy scan. The Saolta Group hospitals are achieving a 100% rate for both of these scans. In this report the percentage of women delivered who had a documented Fetal anatomy scan in their respective Saolta Group hospital was 98.1% as the remaining women had this scan performed privately outside of the hospital system, or had transferred their care from elsewhere later in the pregnancy. Care was provided for 189 twin pregnancies in the Saolta Group hospitals during 2020. There were 237 fetal abnormalities diagnosed and managed during that year.

The Fetal- Neonatal Multidisciplinary Team meetings were held on a fortnightly basis during 2020, and this collaboration served to plan and coordinate care for all high risk pregnancies, and for those diagnosed with fetal abnormalities, or for whom preterm delivery was likely. Individual cases (sonographic images, genetic results and MRI images) are presented. This meeting also provides the multidisciplinary forum to discuss cases that are under consideration for termination of pregnancy under the fetal abnormality clause of the Termination of Pregnancy Act 2018. It is our recommendation that all such cases should be considered at this forum prior to a decision of approval or otherwise. This meeting is open to all of the 5 maternity hospitals within the Saolta Group and is run on both an online and in-person basis.

Saolta University Health Care Group Fetal Medicine Summary Table 2020

	Galway University Hospital	Letterkenny University Hospital	Mayo University Hospital	Portiuncula University Hospital	Sligo University Hospital	Total
Total number of scans preformed 2020	12836	5611	4103	6870	6106	35526
Number of EPU scans	2318	830	1000	1292	948	5558
Number of Early Pregnancy Scans (inc EPAU & booking scans)	6966	2522	2868	2632	2087	17075
Number of detailed anomaly scans	2510	1581	1165	1325	1264	7845
Percentage of patients who had an anomaly U/S	100	100	90.5	100	100	98.10%
Number of other clinically indicated scans	3305	2338	70	3012	2735	11460
Fetal abnormalities diagnosed	127	31	19	33	27	237
Number of twins	72	43	23	27	24	189
DCDA	51	35	21	22	17	146
MCDA	20	7	2	5	7	41
MCMA	1	0	0	0	0	1
Triplets	0	1	0	0	0	1
Number of Amniocentesis or CVS	48	5	4	0	5	62
Number of deliveries	2614	1530	1426	1380	1328	8278

Chapter 2 – Maternity Contd.

2.2 Ultrasound and Fetal Medicine Report 2020 Saolta Group Hospitals *Contd.*

Galway University Hospital (GUH) Fetal Medicine Unit

During 2020 of the visits to the Fetal Medicine Clinics at Galway University Hospital, the majority of these women were booked for delivery at GUH, and a significant proportion were booked at the other Saolta Group hospitals. There were n=106 referrals for many reasons to the Fetal Medicine Unit at GUH from outside hospitals, of which n=44 were diagnosed with fetal abnormality. The indications for the remaining referrals included red cell and platelet antibodies, fetal growth restriction and prenatal invasive testing. There were in total n=127 fetal abnormalities diagnosed and provided with prenatal care during 2020. Of these n= 24 were diagnosed with chromosomal abnormality. A detailed list of these abnormalities, on a systems basis, is outlined below. There were n=48 amniocentesis or CVS procedures performed during 2020. The Fetal Medicine Clinics are well supported by the multidisciplinary teams who attend on a regular basis. These include neonatology, specialty paediatrics, and the bereavement and psych-supportive counselling teams. Apart from pregnancies diagnosed with a fetal abnormality, care was provided to n=72 twin pregnancies, and to a large number of women referred for clinically indicated sonographic assessment for many reasons. There is a plan in place to further expand the collaborative and professional links between GUH as a tertiary referral site for fetal medicine and the other Saolta Group hospitals, in approval with the National Women's and Infants Health Programme (NWIHP).

Ultrasound and Fetal Abnormalities Diagnosed 2020 per Hospital Site and Total

Site	Total	Condition/Abnormality
		Cranial/CNS/ Neuro
GUH	**127**	**Total: 12** -Exencephaly (2), -Ventriculomegaly (4), -Semilobar holoprosencephaly (2), -CNS posterior fossa abnormality (1), -Hydrocephalus (1), -Microcephaly (2)
PUH	**33**	**Total: 3** -Bilateral Ventriculomegaly (1), -Anencephaly (1), -Posterior Fossa Malformation (1)
LUH	**31**	**Total: 4** -Ventriculomegaly (1), -Anencephaly (2), -Microcephaly (1)
MUH	**19**	**Total: 7** -Cystic Hygroma (6), -Ventriculomegaly (1)
SUH	**27**	**Total: 8** -Microcephaly (1), -Increased Nuchal Translucency (1), -Cystic Hygroma, Ventriculomegaly (1), -BilateralCPC's (1), -Anencephaly (1), -Hydranencephaly (1), -Semi-lobar Holoprosencephaly(1), -Spina Bifida (1)

Chapter 2 – Maternity Contd.

2.2 Ultrasound and Fetal Medicine Report 2020 Saolta Group Hospitals *Contd.*

Ultrasound and Fetal Abnormalities Diagnosed 2020 per Hospital Site and Total *Contd.*

Site	Condition/Abnormality
	Cardiac Abnormalities ***** detailed diagnosis not determined for all cardiac abnormalities (some abnormalities had ass VSD)**
GUH	**Total: 33** -Hypoplastic Right heart (1), -Hypoplastic Left Heart (1), TGA (4) (2 with associated VSD, 1 with intact septum and 1 with associated hypoplastic aorta), -DORV with borderline LV dimensions (1), -AVSD (4) (1 with persistent Left SVC), -VSD (16) (7 isolated; 1 with ass SGA; dx of T18) , -Enlarged right atrium (1), -Pericardial effusion (2), -Single left sided SVC (1), -Hypoplastic Aorta (2) (1 with ass VSD/ 1 with ass TGA), -Dysplastic stenotic mitral valve (1), -Interrupted aortic arch with subaortic VSD & aortic stenosis (1)
PUH	**Total: 10** -MCDA Twins (1), -Transposition of the Great Arteries / Hypoplastic Aorta (1), -Chromosome Analysis Not Determined / Cardiac Defect – 36 Weeks Severe Intrauterine (1), -Growth Retardation (1), -Hypoplastic Right Ventricle (1), -Hypoplastic Left Heart (1), -Structural Anomaly (1), -Ventricular Septal Defect (2), -Super Ventricular Tachycardia (1)
LUH	**Total: 5** CVS malformations: 5 -VSD (1) -Irregular heart beat (2), -Tetralogy of Fallot: (1), -DORV with transposition (1).
MUH	**Total: 4** -Cardiac (4)
SUH	**Total: 9** CVS malformations: -Right hypoplastic heart (1), -Echogenic foci (1), -Left Hypoplastic heart (1), -VSD (1), -AVSD (1), -Cardiomegaly (1), -Dextrocardia (1), -Double Outlet right ventricle (1), -Transposition of the great arteries.

Chapter 2 – Maternity Contd.

2.2 Ultrasound and Fetal Medicine Report 2020 Saolta Group Hospitals *Contd.*

***Ultrasound and Fetal Abnormalities Diagnosed 2020 per Hospital Site and Total** Contd.*

Site	Condition/Abnormality
	Abdominal Defects/ GI malformations:
GUH	**Total: 14** -Body Stalk Anomalies (2), -Gastroschisis (1), -Abdominal wall defects /Exomphalous (4), -Abdominal cysts (1), -Ascites (1), -Abdominal/pelvic Cysts (2), -Duodenal Artesia (2), -Cloacal Exstrophy (1)
PUH	**Total: 1** -Omphalocele (1)
LUH	**Total: 2** -Omphalocele (1), -Cystic Fibrosis (1)
MUH	**Total: 0**
SUH	**Total: 2** -Intra-abdominal cysts (1), -Double stomach bubble (1)

Site	Condition/Abnormality
	Structural Facial Abnormality
GUH	**Total: 4** -Cleft Lip (4) (3 isolated, 1 ass with TGA)
PUH	**Total: 1** -Cleft Lip / Facial Defect with Hydrocephaly (1)
LUH	**Total: 2** - Cleft lips (2)
MUH	**Total: 0**
SUH	**Total: 0**

Chapter 2 – Maternity Contd.

2.2 Ultrasound and Fetal Medicine Report 2020 Saolta Group Hospitals *Contd.*

***Ultrasound and Fetal Abnormalities Diagnosed 2020 per Hospital Site and Total** Contd.*

Site	Condition/Abnormality
	Renal Tract
GUH	**Total: 26** cases of fetal abnormalities had ass renal abnormalities, some had >1 renal abnormality) -Megacystis (2), -Multicystic dysplastic kidney/ Potters Sequence (1), -Polycystic Kidneys (3), -PUJ obstructions, marked hydronephrosis +/- ureterocoele (9), -Absent left/right kidney (4), -Pelvic Kidney (4), -Echogenic Kidneys (3)
PUH	**Total: 1** -Renal Anomaly Polycystic Kidney Disease (1)
LUH	**Total: 3** -Duplex kidney (1), -Dilated ureter (1), -Multicystic kidneys (1)
MUH	**Total**: 3 -Multicystic Kidney (2), -Hydronephrosis (1)
SUH	**Total: 5** -Absent kidney (1), -duplex kidney (1), -undetermined genitalia (1), -Renal pyelectasis, Multicystic kidney (1), -SUA (1)

Chapter 2 – Maternity Contd.

2.2 Ultrasound and Fetal Medicine Report 2020 Saolta Group Hospitals *Contd.*

***Ultrasound and Fetal Abnormalities Diagnosed 2020 per Hospital Site and Total** Contd.*

Site	Condition/Abnormality
	Skeletal
GUH	**Total: 19** -Osteogenesis Imperfecta (1), -Skeletal dysplasia (2), - Campomelic dysplasia (1), -Thanataraphoric (1), -Arthrogyphrosis (1), -Talipes (7), Bilateral in 6 cases, -Fetal limb reduction defects (1), -Scoliosis (1), -Short Long Bones (4)
PUH	**Total: 3** -Osteogenesis Imperfecta (2), -Scoliosis (1)
LUH	**Total: 2** -Lower limb deformity (1), -Bilateral Talipes (1)
MUH	**Total: 1** -Palate (1)
SUH	**Total: 2** Musculo-skeletal malformations: -Talipes (1), -Sacrococcygeal teratoma (1)

Site	Condition/Abnormality
	Thoracic
GUH	**Total: 4** -Diaphragmatic hernia (1), -Bronchopulmonary Sequestration (1), -Bilateral Pleural Effusion (1), -CCAM (1)
PUH	**Total: 1** -DCDA Twin 2 - Diaphragmatic Hernia (1)
LUH	**Total: 0**
MUH	**Total: 1** -Pleural effusion (1)
SUH	**Total**: 4 -Bronchial atresia (1), -Bilateral pleural effusion (1), -Extra lobar sequestration (1), -Hydrothorax (1)

Chapter 2 – Maternity Contd.

2.2 Ultrasound and Fetal Medicine Report 2020 Saolta Group Hospitals *Contd.*

***Ultrasound and Fetal Abnormalities Diagnosed 2020 per Hospital Site and Total** Contd.*

Site	Condition/Abnormality
	Misc
GUH	**Total: 2** -TTTS (2)
PUH	**Total: 2** -Body Stalk Anomaly (2)
LUH	**Total: 0**
MUH	**Total: 0**
SUH	**Total: 0**

Site	Condition/Abnormality			
	Chromosomal Abnormality			
	Total	Trisomy 21	Trisomy18	Trisomy 13
GUH	**Total: 20**	n= 9	n=6	n=5
PUH	**Total: 4**	n=3	n=1	
LUH	**Total: 3**	n=3		
MUH	**Total: 0**			
SUH	**Total: 1**			n=1

Chapter 2 – Maternity Contd.

2.2 Ultrasound and Fetal Medicine Report 2020 Saolta Group Hospitals *Contd.*

***Ultrasound and Fetal Abnormalities Diagnosed 2020 per Hospital Site and Total** Contd.*

Site	Condition/Abnormality
	Misc Chromosomal & Genetic Abnormalities
GUH	**Total: 6** -17q microduplication with associated Megacystis, anhydramnios (1), -X chromosome abnormality with deletion of some markers and trisomy for other regions on it (Variant turners Syndrome) associated cystic hygroma (1), -SOX9 mutation (Campomelic dysplasia) (1), -Likley Jouberts Syndrome x1 (increased NT & ventriculomegaly) (1), -Microdeletion of 22q13 (1), -Mutation in the FGFR3 gene (Thanataraphoric Dysplasia) (1)
PUH	**Total: 1** -X-Chromosome Anomaly (1)
LUH	**Total: 0**
MUH	**Total: 0**
SUH	**Total: 6** Chromosomal Abnormalities: -T21 (1) Other:, -Amniotic band (1), -Placentography (1), -Abnormal Umbilical Artery Dopplers (1), -SGA (1), -TTTS (1)

Site	Condition/Abnormality
	Placenta abnormalities
GUH	**Total: 3** -Placenta Accreta (3)
PUH	**Total:1** -Placenta Accreta (1)
LUH	**Total: 0**
MUH	**Total: 1** -Placental (1)
SUH	**Total: 1** Placental Abnormalities: -Placenta Accreta, Vasa Praevia (1)

Chapter 2 – Maternity Contd.

2.3 Early Pregnancy Assessment Unit

Introduction:

The Early Pregnancy Assessment Unit (EPAU) is a specialised clinic dedicated to providing care to women in early pregnancy. Early Pregnancy Units in all five of our Maternity units and operate over four to five sessions per week. EPAU are run by a multidisciplinary team, which includes a Consultants Lead, midwife, a midwife sonographer and clerical support. In addition, a bereavement midwife is available upon request as required. The service provides care, support and advice to women as required.

While in theory, the EPAU pathway is mirrored across our sites the level of reported activity for first visits in practice there is a wide variation year-to-year and unit to unit. IMIS in 2020 advised that the extreme variation, or over-dispersion, in the measurement of EPAU first visits might imply that the indicator may not be measuring the same type of activity at all maternity units. Some effort is needed across the group to ensure that activity in EPAU are standardised to ensure equity and appropriate service level.

Activity in EPAU across the group: First Visits to EPAU (IMIS data)

Definition: Number of first visits to the Early Pregnancy Assessment Unit (EPAU) occurring during the current month (do not count the combined number of first and return visits).

	2018 EPAU 1st visit	2019 EPAU 1st visits	2020 EPAU 1st visits
GUH	1375 **	2781 **	1461
LUH	649	1618	545
MUH	566	1511	561
PUH	1212 **	1509 **	818
SUH	1145	1347 **	948
Total	4947**	8766	4333

** indicates where the number of first visits are above confidence indicator. (CI) 95% from IMIS National rate. 2020 CI not confirmed yet by IMIS

Chapter 2 – Maternity Contd.

2.3 Early Pregnancy Assessment Unit *Contd.*

Saolta Activity/ Diagnosis	GUH	LUH	MUH	SUH	PUH	Saolta Total
Total Attendances	2343	797	1000	1405	2594	8139
New	*1461*	*545*	*561*	*943*	*818*	*4328*
Return	*882*	*252*	*439*	*462*	1776	*3811*
Viable Intrauterine Pregnancies	1063	381	311	888	Information not available	**
Complete Miscarriages	273	87	42	126	107	635
Incomplete Miscarriages	151	162	35	80	82	510
Missed Miscarriages	206	Information not available	82	202	156	646
Medical Management	*100*		*54*	*158*		**
Surgical Management	*64*		*35*	*22*		**
Conservative Management	*42*		*29*	*3*		**
Ectopic Pregnancies	23	8	18	9	7	65
Pregnancies of Unknown Location	248	66	86	59	Information not available	459
Molar Pregnancies	3	3	3	3	0	**
Pregnancies of Unknown Viability	226	96	117	140	107	686
BHCG Levels Recorded	801	Information not available	244	Information not available	268	In complete

** Figure incomplete as data is absent from one site.

Chapter 2 – Maternity Contd.

2.4 Saolta Combined Obstetric and Diabetic Service

Pre-gestational and gestational diabetes mellitus are common complications in pregnancy.

Women who develop diabetes during pregnancy (gestational diabetes) and women who have type 1 or type 2 diabetes prior to pregnancy (pre-gestational diabetes) face unique challenges with increased serious health consequences for the mother and the baby during pregnancy and after delivery. Managing the disease skilled by a multidisciplinary team can help prevent these complications.

Combined Antenatal and Diabetic service are in place in four Maternity units in the Saolta University Health Care Group, with the multi-disciplinary teams working in tandem to provide antenatal care.

In 2020 in the Saolta group, 915 or 11% of total births were complicated by pre-gestational and or gestational diabetes; while the majority of these (92%) were gestational diabetes a significant number of mother, 400 or 43.71% of the total diabetic group required management by insulin therapy. Of note, there was some disruption to screening services for gestational diabetes in 2020 in a number of centres, which will have affected the rate of detection.

The maternity services are under significant strain managing the increasing number of complex pregnancies this has an impact on patients' experience of antenatal care. Further investment and analysis of clinical outcomes in this expanding pathway is required to meet the service need.

Diabetic Pregnancies, Type and Treatment	GUH	LUH	MUH	PUH	SUH	Saolta University Health Care Group
Activity						
Total number of mothers delivered	2562	1530	1391	1380	1302	8165
Total number of pregnancies complicated by diabetes	245	234	132	139	165	915
% of women delivered with pregnancy complicated by diabetes	9.6%	15.2%	9.48%	10.7%	12.6%	11.2%
Classification						
Numbers of Type 1	13	14	4	0	12	(n=43) 4.7%
Numbers of Type 2	9	3	3	0	8	(n=23) 2.51%
MODY	0	0	1	0	0	(n=1) 0.3%
Numbers of Gestational Diabetes	223	217	124	137	145	(n=846) 92.5%
Mode of Management						
Diet and exercise	129	74	49	33	64	(n=349) 38.1%
Metformin	27	43	36	5	51	(n=162) 17.7%
Insulin	89	117	47	97	50	(n=400) 43.71%

Chapter 2 – Maternity Contd.

2.4 Saolta Combined Obstetric and Diabetic Service *Contd.*

GUH 2020 Combined Obstetric and Diabetes Service

Diabetes GUH 2020 245 women (9.6% of Delivered Women)		Treatment			Parity		Delivery		NICU
		Diet & Exercise Only	Metformin or Emerge	Insulin	Primip	Multips	Vaginal Delivery	LSCS	NICU Admission
Type 1	13	0	0	13	9	0	0	9	4
					0	4	0	2	2
							2	0	2
Type 2	9	0	5	4	3	0	1	2	2
					0	6	0	3	0
							3	0	0
Gestational	223	129	0	0	44	0	22	22	3
					0	85	53	0	1
							0	32	7
		0	22	0	10	0	5	5	2
					0	12	7	5	1
		0	0	72	15	0	8	7	3
					0	57	26	31	3
Grand Total	**245**	**129**	**27**	**89**	**81**	**164**	**127**	**118**	**31**
% of Women with Diabetes		52.7%	11.0%	36.3%	33.1%	66.9%	51.8%	48.2%	12.7%

BMI Breakdown Women with Diabetes GUH 2020							
BMI	**<19**	**19 to 24.9**	**25 to 29.9**	**30 to 34.9**	**>35**	**Not Recorded**	**Total**
Number of Women	0	49	70	59	40	27	**245**

Labour Onset Women with Diabetes GUH 2020				
Type	**Spontaneous**	**Induced**	**No Labour**	**Total**
Number of Women	80	80	85	**245**

Delivery Type Women with Diabetes GUH 2020					
Type	**SVD/Spont Breech**	**OVD**	**Elective CS**	**Emergency CS**	**Total**
Number of Women	113	16	60	56	**245**

Infant Feeding Method Mothers with Diabetes GUH 2020					
Type	**Breast alone at Discharge**	**Breast & Artificial at Discharge**	**Artificial at Discharge**	**NND**	**Total**
Number of Women	93	61	89	2	**245**

Chapter 2 – Maternity Contd.

2.4 Saolta Combined Obstetric and Diabetic Service Contd.

LUH 2020 Combined Obstetric and Diabetes Service

LUH Diabetes 2020 234 women (15.2 % of Delivered Women)		Treatment			Delivery		NICU
		Diet & Exercise Only	Metformin or Emerge	Insulin	Vaginal Delivery	LSCS	NICU Admission
Type 1	14	0	0	14	5	0	0
					0	9	3
Type 2	3	0	2	1	2	0	0
					0	1	0
Gestational	217	74	0	0	52	0	0
					0	22	1
		0	41	0	30	11	2
					56	0	0
		0	0	102	0	0	1
					0	46	0
Grand Total	**234**	**74**	**43**	**117**	**145**	**89**	**7**
% of Women with Diabetes	15.2%	31.6%	18.4%	50%	62%	38%	3%

Labour outcomes for Women with Diabetes in LUH 2020			
Type	**Vaginal**	**Elective and Emergency CS**	**Total**
Number of Mothers	145	89	234

Infant Feeding Method Mothers with Diabetes LUH 2020			
Type	**Breastfeeding**	**Artificial**	**Total**
Number of Mothers	138	96	234

Chapter 2 – Maternity Contd.

2.4 Saolta Combined Obstetric and Diabetic Service *Contd.*

MUH 2020 Combined Obstetric and Diabetes Service

MUH Diabetes 2020 132 women (9.48 % of Women Delivered)		Treatment			Parity		Delivery		NICU
		Diet & Exercise Only	Metformin or Emerge	Insulin	Primip	Multips	Vaginal Delivery	LSCS	NICU Admission
Type 1	4	0	0	4	2	0	0	2	2
					0	2	1	1	1
Type 2	3	0	0	3	3	0	2	1	0
MODY	1	0	0	1	1	0	0	1	0
Gestational	124	49	0	0	15	0	7	8	4
					0	34	15	19	11
		0	36	0	9	0	1	8	4
					0	27	14	13	8
		0	0	39	5	0	1	4	3
					0	34	9	25	8
Grand Total	**132**	**49**	**36**	**47**	**35**	**97**	**50**	**82**	**41**
% of Women with Diabetes		37.1%	27.3%	35.6%	26.5%	73.48%	37.87%	62.12%	31.1%

BMI Breakdown Women with Diabetes MUH 2020						
Type	**<19**	**19 to 24.9**	**25 to 29.9**	**30 to 34.9**	**>35**	**Total**
Number of Women	2	31	40	24	35	132

Labour Onset Women with Diabetes MUH 2020				
Type	**Spontaneous**	**Induced**	**No Labour**	**Total**
Number of Women	46	40	46	**132**

Delivery Type Women with Diabetes MUH 2020					
Type	**SVD/Spont Breech**	**OVD**	**Elective CS**	**Emergency CS**	**Total**
Number of Women	42	11	47	32	**132**

Infant Feeding Method Mothers with Diabetes MUH 2020				
Type	**Breastfeeding**	**Breast and Artificial**	**Artificial**	**Total**
Number of Women	56	26	5	**132**

Chapter 2 – Maternity Contd.

2.4 Saolta Combined Obstetric and Diabetic Service Contd.

PUH Combined Obstetric and Diabetes Service

PUH Diabetes 2020 139 women (10.7 %) of Women Delivered)		Treatment			Parity		Delivery		NICU
		Diet & Exercise Only	Metformin or Emerge	Insulin	Primip	Multips	Vaginal Delivery	LSCS	NICU Admission
Type 1	0	0	0	0	0	0	0	0	0
					0	0	0	0	0
Type 2	2	2	0	0	2	0	1	1	1
Gestational	137	33	0	0	11	0	7	4	0
					0	22	13	9	0
		0	5	0	2	0	1	1	0
					0	3	1	2	0
		0	0	97	25	0	1	18	0
					0	72	7	0	9
Grand Total	**139**	**33**	**5**	**97**	**40**	**97**	**64**	**73**	**10**
% of Women with Diabetes		24.08%	3.64%	70.8%	29.19%	73.48%	37.87%	53.28%	7.29 %

Labour Onset Women with Diabetes PUH 2020				
Type	**Spontaneous**	**Induced**	**No Labour**	**Total**
Number of Women	22	67	48	137

Delivery Type Women with Diabetes PUH 2020					
Type	**SVD/Spont Breech**	**OVD**	**Elective CS**	**Emergency CS**	**Total**
Number of Women	57	6	41	33	137

Infant Feeding Method Mothers with Diabetes PUH 2020					
Type	**Breastfeeding**	**Breast and Artificial**	**Artificial**	**Not recorded**	**Total**
Number of Women	67	26	5	39	137

Chapter 2 – Maternity Contd.

2.4 Saolta Combined Obstetric and Diabetic Service *Contd.*

SUH 2020 Obstetric and Diabetes Servicee

Diabetes 2020 165 women (12.6% of Delivered Women)		Treatment			Parity		Delivery		NICU
		Diet & Exercise Only	Metformin or Emerge	Insulin	Primip	Multips	Vaginal Delivery	LSCS	NICU Admission
Type 1	12	0	0	12	4	8	3	8	12
Type 2	**8**	**0**	**0**	**8**	**2**		**1**	**7**	**8**
Gestational	**145**	**64**	**51**	**30**	**55**	**90**	**68**	**77**	**30**
Grand Total	**165**	**64**	**51**	**50**	**61**	**104**	**72**	**93**	**50**
% of Women with Diabetes		38.7%	30.9%	30.3%	36.9%	63.0%	43.6%	56.3%	30.3%

Labour Onset Women with Diabetes PUH 2020				
Type	**Spontaneous**	**Induced**	**No Labour**	**Total**
Number of Women	58 (36%)	85 (52%)	22 (8%)	165 (100%)

Chapter 2 – Maternity Contd.

2.5 Anaesthetic Report in Maternity Services

On each site anaesthetic team members play a key role in the provision of maternity services, particularly in the management of pain, anaesthesia, sedation, management of the critically ill, and the management of high-risk pregnancies.

Here is some of the activity and outcome related to obstetric anaesthetic service across our group:

Rate of General Anaesthetics for Caesarean birth across the Saolta Group:

Site	Rate of GA	2018	2019	2020
GUH	per total mothers delivered	2.7%	1.9%	2.3%
	per total CS	7.7%	5.2%	6.9%
LUH	per total mothers delivered	2.5%	2.7 %	2.16%
	per total CS	6.8%	7.2%	5.9%
PUH	per total mothers delivered	1.8%	1.7%	1.81%
	per total CS	4.8%	4.3%	4.4%
MUH	per total mothers delivered	2.0 %	2.1%	2.3%
	per total CS	5.3%	5.5%	5.8%
SUH	per total mothers delivered	3.2%	4.6%	3%
	per total CS	8.5%	13.0 %	7.6%
National average (IMIS Data)	per total mothers delivered	1.9%	1.8%	1.6%
	per total CS	4.8%	5.2%	4.5%

Rate of Epidural in labour

Site	2018	2019	2020
GUH	45.7%	40.9%	43.13%
LUH	18.9%	18.4	18.43%
PUH	39.7%	38.6%	39.28%
MUH	29.1%	26.5%	32.14%
SUH	36%	39.4%	40.09%
National average	39.4%	40.6%	41.6%

Chapter 2 – Maternity Contd.

2.5 Anaesthetic Report in Maternity Services *Contd.*

GUH Anaesthetic Report 2020

Obstetric Gynaecology Theatre activity:

Activity in the Gynaecology was slightly reduced in 2020, as a direct result of how hospitals had to alter to meet the needs of COVID 19, a total of 1183 Gynaecological procedures were performed in comparison to 1450 in 2019.

Labour ward theatre activity:

In total procedures/ births 167 are documented as having taken place in Labour Ward theatre this was a significant reduction in the activity reported in 2019 when 344 procedures/births took place. This was as a result of COVID 19 precautions.

The breakdown of procedures are as follows:

- Emergency LSCS: ***78***
- Ventouse Deliveries: ***15***
- Forceps Deliveries: ***3***
- Forceps, Failed Ventouse: ***2***
- Elective LSCS: ***1***
- Spontaneous Breech: ***1***
- SVD: ***1***
- Repair of Third Degree Tears: ***39***
- Manual Removal of Placentas: ***27***

There were 2614 deliveries to 2562 mothers (1013 Primips, 1549 Multips) in GUH in 2020.

Epidurals

Epidurals 2020	Primip	%	Multip	%	Total	%
Epidural Rate	603	42.7%	502	32.4%	1105	43.1%
Labour Onset (Women Who Received Epidural)	**Primip**	**%**	**Multips**	**%**	**Total**	**%**
Induced	320	53.1%	245	48.8%	565	51.1%
No Labour	1	0.2%	0	0%	1	0.1%
Spontaneous	282	46.8%	257	51.2%	539	48.8%
Total	**603**	**100%**	**502**	**100%**	**1105**	**100%**

Deliveries (Post Epidural)	Primip	%	Multips	%	Total	%
SVD	196	32.5%	384	76.5%	580	52.5%
Breech Extraction	1	0.2%	2	0.4%	3	0.3%
Ventouse	184	30.5%	71	14.1%	255	23.1%
Forceps	38	6.3%	3	0.6%	41	3.7%
Elective C.S.	1	0.2%	0	0%	1	0.1%
Emergency C.S.	160	26.5%	38	7.6%	198	17.9%
Failed Ventouse/Forceps	23	3.8%	4	0.8%	27	2.4%
Total	**603**	**100%**	**502**	**100%**	**1105**	**100%**

Chapter 2 – Maternity Contd.

2.5 Anaesthetic Report in Maternity Services *Contd.*

GUH Anaesthetic Report 2020 *Contd.*

Caesarean Deliveries:

861 women (33.6%) delivered by caesarean delivery (see statistical summary).

59 caesarean deliveries were performed under general anaesthesia (6.8% of all caesarean deliveries) see Figure 1.

Fig 1. Mode of Anaesthesia for Elective Caesarean Delivery

Anaesthesia	Primip	%	Multips	%	Total	%
Spinal	87	92.5%	305	94.1%	392	93.8%
Epidural	1	1.1%	1	0.3%	2	0.5%
Combined Spinal	2	2.1%	11	3.4%	13	3.1%
General Anaesthetic	4	4.3%	7	2.2%	11	2.6%
Total	94	100.0%	324	100.0%	418	100.0%

Fig 2. Mode of Anaesthesia for Emergency Caesarean Delivery

Anaesthesia	Primip	%	Multips	%	Total	%
Spinal	97	36.3%	122	69.3%	219	49.4%
Epidural	95	35.6%	23	13.1%	118	26.6%
Combined Spinal	44	16.5%	13	7.4%	57	12.9%
General Anaesthetic	31	11.6%	18	10.2%	49	11.1%
Total	267	100.0%	176	100.0%	443	100.0%

Fig 3. Mode of Anaesthesia for Caesarean Delivery following Unsuccessful Attempt at Instrumental Delivery

Anaesthesia	Primip	%	Multips	%	Total	%
Spinal	5	27.8%	0	0.0%	5	23.9%
Epidural	9	50.0%	3	100.0%	12	57.1%
Combined Spinal	2	11.1%	0	0.0%	2	9.5%
General Anaesthetic	2	11.1%	0	0.0%	2	9.5%
Total	18	100.0%	3	100.0%	21	100.0%

Chapter 2 – Maternity Contd.

2.5 Anaesthetic Report in Maternity Services *Contd.*

GUH Anaesthetic Report 2020 *Contd.*

Post Dural Puncture Headaches

- There were 10 dural taps documented at epidural in 2020 (documented @ delivery on Euroking system or in Labour Ward Anaesthetic Diary), giving a dural puncture rate of 0.4% for all women delivered (n = 2562) and 0.9% dural puncture rate for women who had epidural (n = 1105).
- 10 (0.4%) for all women delivered (n = 2562) and 0.9% for women who had epidural (n = 1105) needed an epidural blood patch. 5 of these women had two blood patches, one patch occurring in May, following initial patch in January
- 11 (0.9%) women who had an epidural were documented as having complained of epidural headache (2 of these women had no documented history of Tap or Patch.

Figure 1. Overall trend in Epidural rates (numbers) since 2011.

Trends in Epidural Rates 2011 to 2020

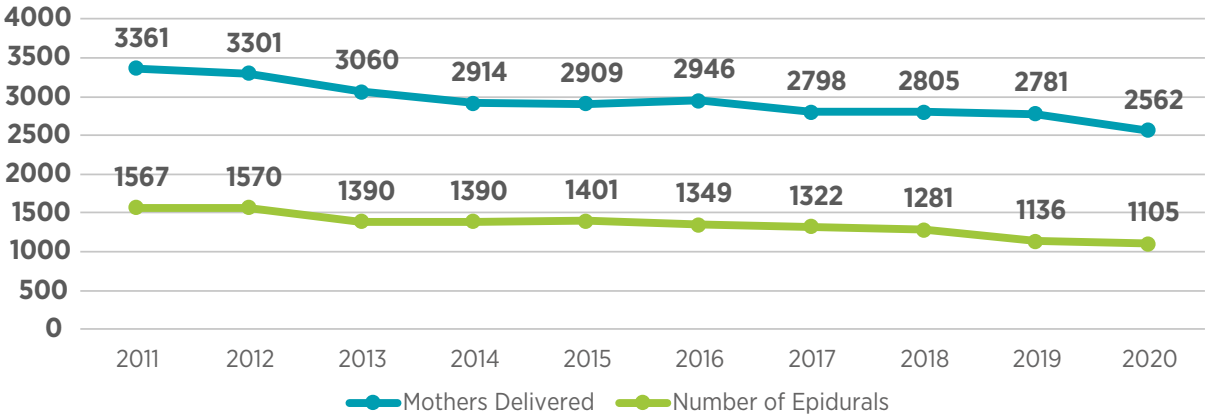
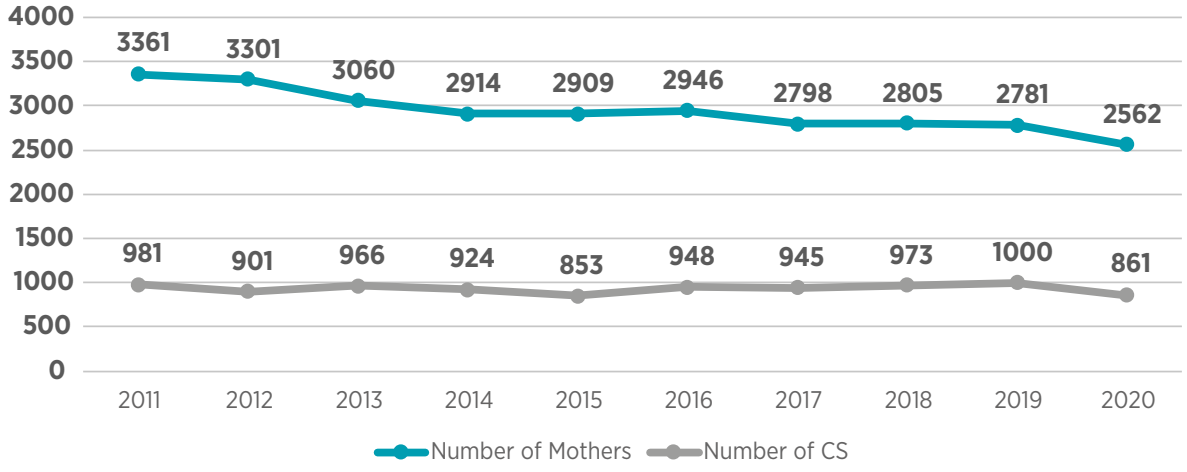


Figure 2. Number of Women who had a caesarean delivery

Number of CS v Mothers Delivered



Chapter 2 – Maternity Contd.

2.5 Anaesthetic Report in Maternity Services *Contd.*

GUH Anaesthetic Report 2020 *Contd.*

Intensive Care/High Dependency Unit (ICU/HDU) Admissions 2020

There were a total of 73 patients admitted to either the ICU / HDU / Post anaesthesia care unit from the Obstetrics and Gynaecology services in 2020. Of those admissions, 12 were obstetrical admissions.

Obstetric Patients admitted to ICU:

- 6 cases of major post-partum haemorrhage
- 2 cases of sepsis
- 1 case of anaphylaxis
- 1 case post hysterectomy for known Accreta
- 1 case of diabetic complications
- 1 case of severe hyperemesis resulting in acute kidney failure

Summary of patients needing Level 2 care on the labour ward in 2020

- 126 women required level 1 or 2 care on the labour ward in 2020 (4.9% of all women delivered). This was an increase from 103 women (3.7%) in 2019.

High risk Obstetric Anaesthesia Clinic

- 122 were reviewed in the High Risk Obstetric Anaesthesia Clinic in 2020.

Caesarean Hysterectomies

- There were three caesarean hysterectomies in 2020.

SUH Anaesthetic Report 2020

In 2020, there were 1209 obstetrical and gynaecology procedures performed. This included 515 caesarean sections, of which 247 were elective and 268 emergency.

38 general anaesthetics were administered for Caesarean Sections. Labour ward activity included 436 (33.5%) inductions of labour and 522 (40%) epidurals performed during 2020.

Caesarean Sections 2020	Primigravida	%	Multip	%	Total	%
Elective Caesarean	41	20.7%	206	64.9%	247	48.0%
Emergency Caesarean Sections	157	79.2%	111	35.0%	268	52.0%
Total	198	99.9%	317	99.9%	515	100.0%

	Caesarean Sections	Percentage
Total	515	100%
Elective	247	47.96%
Emergency	268	52.03%
Spinal	368	71.40%
Epidural top-up	104	20.10%
General Anaesthesia	38	7.37%

Chapter 2 – Maternity Contd.

2.5 Anaesthetic Report in Maternity Services *Contd.*

SUH Anaesthetic Report 2020 *Contd.*

Developments in 2020

Due to the COVID 19 pandemic there was extensive restructuring of theatre, recovery and ICU layout and usage. Additional space and capacity was created in response to the pandemic.

The anaesthetic department played a pivotal role in SUH operational response to COVID 19. Several multidisciplinary team drills and talks were carried out periodically, along with constant planning and preparing for the best care of COVID 19 patients. The hospitals priority was to maintain a safe, high quality service and to develop separate care pathway for women and babies who were potentially already exposed to this virus. This involved reconfiguring the gynecological ward, maternity ward, dedicated room in the labour ward for confirmed COVID 19 patients. The operating theatre was also reconfigured into a self-contained negative pressure unit with a fully equipped 5 bedded high dependency unit for high level of care for the confirmed COVID 19 patients. This initiative was very instrumental in in giving staff and patients an assurance that everything possible was being done to maintain a safe clinical environment for all.

The elective gynecological cases were cancelled, but we continued to deliver medical care for urgent cases. Virtual care pathways for antenatal and gynecological care were implemented and we continue to deliver and obtain all the necessary information for the best clinical management in moderate to high risk patients.

Post dural puncture headache policy was approved and implemented last year along with patient information leaflet about PDPH.

The anesthetic department also had input in planning the restricted visiting policy that was implemented at hospital level in conjunction with HSE recommendations.

We continue review and analyses all these changes and looking into the future of improving patient services, patient flows, infrastructural adaptions, hygiene services and visitor policies.

Pre-assessment Anesthesia Clinic

283 women were assessed in the high-risk Anesthetic Clinic in 2020.

Post-Dural Puncture Headaches

6 patients required blood patches for PDPH.

SUH Critical Care admissions for Maternity Services

There were 10 maternity admissions to Intensive Care (including High Dependency Care).

These were classified as:

- PPH: ***5***
- Pre-eclampsia:***2***
- Ovarian stimulation syndrome: ***1***
- SVT: ***1***
- Intrathecal morphine: ***1***

Admissions, once clinically well, were discharged to Maternity Ward.

Chapter 2 – Maternity Contd.

2.5 Anaesthetic Report in Maternity Services *Contd.*

MUH Anaesthetic Report 2020

Overview:

In 2020 the Department of Anaesthesia at Mayo University Hospital provided anaesthesia services for 548 patients undergoing Caesarean Section, 32 patients in theatre for instrumental delivery, 64 patients for ERPC, 32 for post-partum haemorrhage management in the operating room, 14 for manual removal of placenta, 1 for cervical cerclage, 13 for management of ectopic pregnancy, 25 for perineal repair and 447 labour epidurals.

Anaesthetic Team

Staff consist of 7 Consultants, 6 Registrars and 6 SHOs. 6 of these NCHDs rotate to MUH from the College of Anaesthesiologists SAT training scheme. MUH is recognised for Obstetric Anaesthesia training at SAT 1, 2 and 3 levels.

A Consultant Anaesthetist covers the Elective Obstetrics and Gynaecology Theatre during the day and is also on call for any Obstetric emergencies with an SHO on call who is not rostered for any elective theatre and provides the epidural service and emergency delivery suite anaesthesia cover.

There is a named Obstetric lead Consultant Anaesthetist who has a role in education, audit, training and policy implementation.

Services Provided:

The Department provides a 24/7 epidural for labour analgesia service, pre assessment of all patients for Elective Caesarean section and aims to provide a biweekly High Risk Antenatal Anaesthesia Clinic for all patients meeting OAA/AAGBI criteria for referral antenatally by the Obstetricians or Midwives once Consultant numbers increase. (This clinic has been operating since July 2021)

In 2020 there were 1391 deliveries at MUH. Of these 447 (32.1% of all mothers) had an epidural for labour which is a higher percentage than last year. 548 (39.4%) had a Caesarean section of whom 194 were primiparous and 353 were multiparous.

Operative Anaesthesia:

General anaesthesia was provided for 32 women (5.8% of all Caesarean sections) and either spinal or epidural anaesthesia was provided for the remainder (516 women) for Caesarean Section delivery. The reasons for GA section included: failure of regional anaesthesia, no time to give a regional anaesthetic, bleeding disorder, cord prolapse, patient request and antepartum haemorrhage.

Epidural analgesia was complicated by 4 recognised dural punctures (0.89%); all 4 patients required a blood patch for post dural puncture headache.

Remifentanil PCA guidelines were reviewed and updated in 2016 and the technique was used for two patients who were unsuitable for epidural analgesia in 2020.

Early skin to skin, "gentle caesarean section", and improved family centred practice in theatre is being practiced more by the obstetricians in suitable cases.

Critical care admissions

This included 11 Obstetric patients who required ICU care in the combined HDU/ICU ward. Reasons for admission included post partum haemorrhage, pre eclampsia, sepsis and cardiac monitoring.

90 patients were managed in the High Observation area of the Delivery suite for one to one midwifery care and observations.

Audit:

Post-natal follow up at 24 hours of all patients who receive anaesthesia care has allowed us to document complications and side effects, audit our practice and assess patient satisfaction since 2006.

Education:

The Department is actively involved in teaching on the PROMPT course locally, continuing education with the midwifery competency module for management of epidurals on delivery suite and Departmental education sessions on all aspects of Obstetric Anaesthesia care.

Aims for 2021:

The Saolta Epidural policy to be implemented superseding our current policy.

To formalise the High Risk Antenatal clinic with a dedicated Consultant session allocated

Aims to implement recommendations of National Maternity Strategy:

To increase our Consultant Anaesthetist staffing levels to allow for 24/7 exclusive Consultant cover for Delivery Suite and High Risk antenatal clinic. Two by two model.

To continue to campaign for a dedicated Obstetric Emergency Theatre for urgent operative delivery during daytime hours.

All senior staff to attend MOET course.

Chapter 2 – Maternity Contd.

2.5 Anaesthetic Report in Maternity Services *Contd.*

LUH Anaesthetic Report 2020

Labour Ward theatre activity:

The Maternity Theatre in Labour ward was opened in December 2020 in Letterkenny. It is open for elective CS Tuesday and Thursday mornings and for emergency CS from 08:30-16:30. Funding was approved for dedicated consultant anaesthetist and trainee to staff the labour ward and maternity theatre Monday to Friday daytime. The improvement for the pregnant mother having a caesarean section has improved significantly in all aspects including a reduced decision to delivery time (DDI).

Obstetric anaesthesia labour ward protocols have been written and disseminated.

New epidural PCEA pumps have been introduced and are working well.

Pre-assessment Clinic:

All pregnant women with a BMI greater than 40 are referred to the pre-assessment unit and are assessed by an anaesthetic nurse and an anaesthetist.

Post-Dural Puncture Headaches:

There were 6 patients with PDPH in 2020. Four of those were treated with sphenopalantine blocks and two required an epidural blood patch.

PUH Anesthetic Report 2020

Antenatal Anaesthesiology Assessment Clinic:

Women are referred by the midwives or obstetricians when they are seen in the antenatal clinic. Referrals include, but not limited to, the following:

1. Known systemic medical/ surgical conditions
2. Previous complication related to Genera or Regional Anaesthesia
3. Suspected or known difficult airway
4. Previous Post Dural Puncture Headache or other complication of neuroaxial intervention
5. Multiple allergies
6. Raised BMI > 40
7. History of difficult neuroaxial anaesthesia
8. Actual or potential contraindication to neuroaxial anaesthesia

The consultations are either conducted in person in the clinic, over the telephone or over video call software. A letter is sent to their GP and obstetrician with a summary of the consultation and a plan of suggested anaesthesia management for the possible scenarios. A copy of this is also filed in the notes and another copy kept in a folder located in the theatre office, which is filed with reference to their estimated date of delivery. There is also a sticker placed on the inside cover of the woman's chart to indicate that they have been seen in the clinic. Complex cases are discussed at a department level with additional input from the obstetricians and other specialties as appropriate before agreeing on a treatment plan.

We have a password protected file that is stored on a computer in the theatre office where we have all the cases seen in the clinic listed in order of their estimated date of delivery. Hence the clinical staff can access this and see a summary of our recommendations.

On a monthly basis, we discuss as a department some of the more unusual cases that can be expected to arrive to the hospital in the coming few weeks.

Chapter 2 – Maternity Contd.

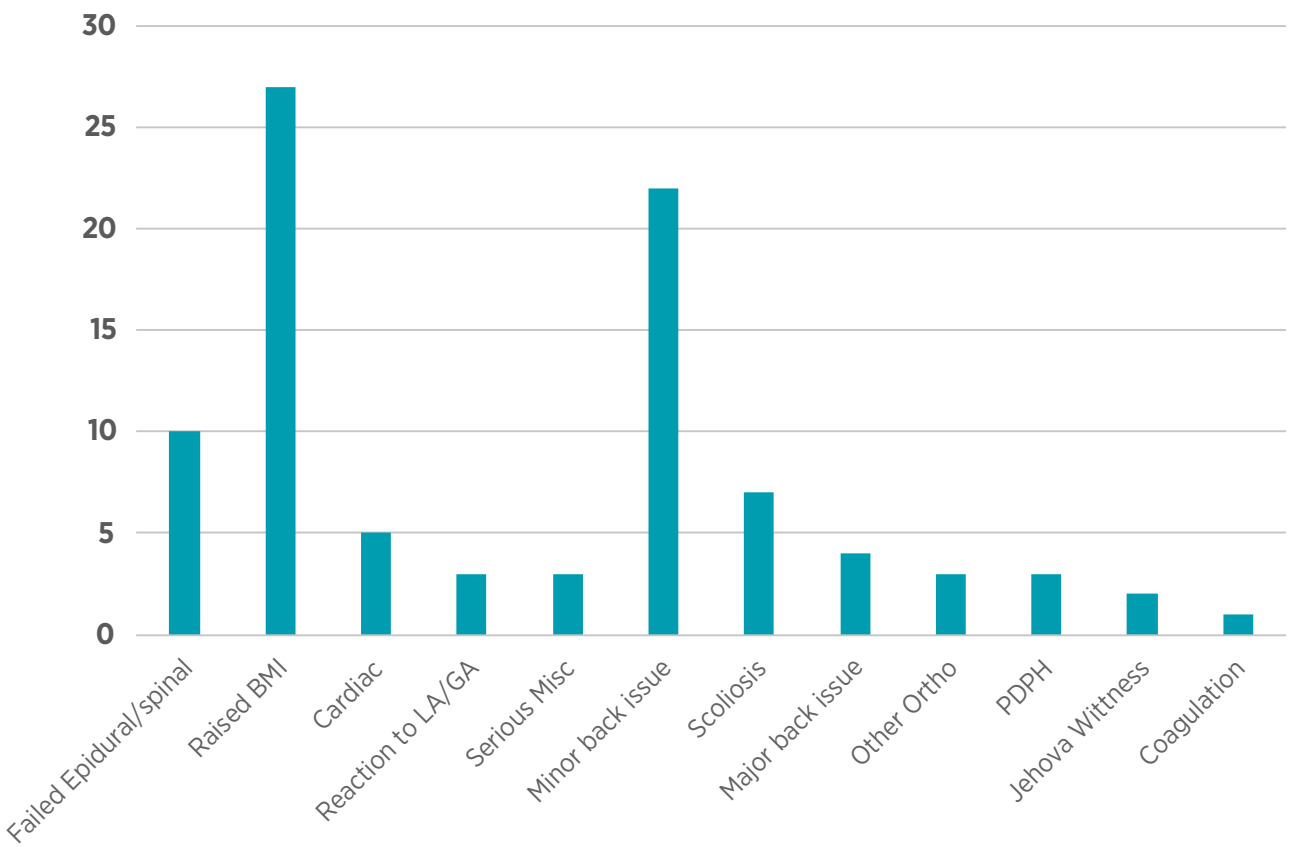
2.5 Anaesthetic Report in Maternity Services *Contd.*

PUH Anesthetic Report 2020 *Contd.*

We saw a total of 90 women in our clinic in 2020, details of which are below:

Issue	Number
Epidural/spinal problem (previous failed insertion, inadequate pain relief, high block, etc)	10
Raised BMI (> 40 referred, 3 were above 50)	27
Cardiac	5
Reaction to Local or General Anaesthesia	3
Miscellaneous (lobectomy, Arnold Chiari, medulla lesion)	3
Minor back issue (No issue with neuroaxial anticipated, back pain, discectomy, etc)	22
Scoliosis (Potentially difficult neuroaxial)	7
Major back issue (Possible contraindication to neuroaxial or very difficult; Surgery with metal work, spina bifida, ankylosing spondylitis)	4
Other Orthopaedic issue (Dislocated hips, RA)	3
Previous Post Dural Puncture Headache	3
Jehovah Witness	2
Coagulation (Factor V Leiden)	1

Patients seen in Antenatal Anaesthetic Clinic 2020



Chapter 2 – Maternity Contd.

2.5 Anaesthetic Report in Maternity Services *Contd.*

PUH Anesthetic Report 2020 *Contd.*

High Risk Obstetrics Anesthetic Care:

We record all high risk maternity cases currently present in the hospital as well as those that are unusual and may be beneficial for teaching purposes. We also record all those who suffered a complication in our risk register. A sticker is placed in the book, which is kept in our office in theatre, with a brief summary of the case. These are followed up on a daily basis by the team who are responsible for the labour ward that day.

ICU and HDU admissions:

We had 8 maternity cases admitted to our ICU/HDU in 2020.

The details of these are below

Number	Reason for admission:
1	Preeclampsia
2	Sepsis Post delivery
3	Ruptured Ectopic
4	Fast Afib +38/40 pregnant
5	HELLP syndrome /Severe electrolyte disturbance (K+ 1.8)
6	PET
7	Not Classified
8	Oesophageal tear secondary to hyperemesis

Chapter 2 – Maternity Contd.

2.6 Perinatal Pathology Service

Perinatal Pathology

Perinatal pathology services for the Saolta University Health Care Group were centralised to Galway University Hospital since July 2020 with provision of perinatal autopsy examination for the Saolta University Health Care Group and histopathology examination of placental specimens for Galway University Hospital and Portiuncula University Hospital. In addition, a Hospital group-wide consultation service is provided for placental pathology.

Placental Pathology

Over the past 12 months since July 2020, 455 placentas from deliveries from Galway University Hospital and 158 deliveries from Portiuncula University Hospital underwent histopathological investigation at the histopathology department at Galway University Hospital. The most common identified pathologies follow the national and international incidence of acute chorioamnionitis followed by spectrum of changes associated with maternal vascular malperfusion and fetal vascular malperfusion including umbilical cord related pathologies, as well as immune mediated conditions such as chronic villitis of unknown aetiology. Structural pathological findings including of two vessel umbilical cord, true placental bilobation and abnormal membrane insertion were often suspected clinically and confirmed on histopathological examination with overall incidence similar to national and international statistics. In the wake of the Sars-Covid 2 pandemic, 20 placentas were examined with a history of COVID – 19 infection in pregnancy to assess for the presence of the recently described pathological entity of COVID associated placentitis. COVID placentitis was identified in two placental specimens with two additional cases being highly suspicious for it.

Perinatal Autopsy services

- Perinatal autopsy services provide for investigation into the cause of death for unexplained second and third trimester intrauterine fetal losses and for cases of early neonatal death. Services cover investigations for both the Saolta University Health Care Group and the Coronial system.
- In addition to the investigation into unexplained fetal and infant losses, perinatal autopsy examination also offers the option of performing detailed examination in cases with confirmed antenatal diagnosis of fatal fetal anomalies, genetic mutations or aneuploidies, if further information is required.
- Since commencing the centralised post mortem services in July of 2020 for Saolta University Health Care Group, 43 Perinatal and early neonatal autopsies were carried out at Galway University Hospital. The cases comprised 15 investigations for the coronial system and 28 hospital consented autopsies. For all of the investigated perinatal cases to date, a cause of fetal or infant demise has been identified, with the majority having occurred due to critical placental or umbilical cord pathology, ascending infection, with less common findings of aneuploidies and fatal fetal anomalies. A significant number of cases carried dual placental pathologies with some cases having a critical component or aggravating factor of ascending intrauterine infection.
- 8 cases of Sudden Infant Death were investigated with anatomical cause of death identified in 7 instances, with one case carrying the diagnoses of Sudden Infant Death Syndrome (SIDS). Specialist neuropathology input in collaboration with Children's Health Ireland - Temple Street Hospital was received into all the neonatal deaths, and collaborative input by the State Pathologist office was received in one of the 43 cases.
- Following completed autopsy investigations, perinatal pathology input by consultant perinatal pathologist is also routinely available for discussion of autopsy findings with both clinicians and bereaved parents, should they wish to avail of the option.

Chapter 2 – Maternity Contd.

2.7 Maternity – Breastfeeding

Promotion and support for breastfeeding is a key component of care throughout the unit. Breastfeeding is incredibly important to the health of both mothers and babies this was especially true in 2020 as the COVID-19 pandemic the subsequent lockdown and social distancing led to changes to breastfeeding support available to women. Provision of face-to-face professional support was reduced, as women elected to discharge home earlier than before, and face-to-face peer support was cancelled in line with public health guidelines. The effect of this on individual women was very varied. In response in each of our units responded by adapting education and support services so they were accessible through virtual platforms as well as the traditional mediums.

This is the clinical outcomes related to breastfeeding in the Saolta Group for 2020:

	Saolta Breastfeeding Metric	2019	National averages 2019	2020	National averages 2020	National standard
GUH	Breastfeeding initiation	69.10%	63.80%	71.60%	62.80%	≥80%
	Breastfeeding exclusively on discharge	41.30%	37.30%	80.10%	36.70%	≥80%
	Breastfeeding non-exclusively on discharge	22.70%	26.10%	64.90%	21.80%	
	Skin to skin contact	93%	Not reported	91%	Not reported	≥80%
LUH	Breastfeeding initiation	52.80%	63.80%	51.70%	62.80%	≥80%
	Breastfeeding exclusively on discharge	34.10%	37.30%	35.90%	36.70%	≥80%
	Breastfeeding non-exclusively on discharge	10.80%	26.10%	11%	21.80%	
	Skin to skin contact	75%	Not reported	75%	Not reported	≥80%
SUH	Breastfeeding initiation	56.90%	63.80%	53.38%	62.80 %	≥80%
	Breastfeeding exclusively on discharge	33.60%	37.30%	28.65%	36.70%	≥80%
	Breastfeeding non-exclusively on discharge	16.70%	26.10%	20.26%	21.80%	
	Skin to skin contact	75 %	Not reported	76.4%	Not reported	≥80%
MUH	Breastfeeding initiation	65.80%	63.80%	63.98%	62.80%	≥80%
	Breastfeeding exclusively on discharge	34.80%	37.30%	46.36%	36.70%	≥80%
	Breastfeeding non-exclusively on discharge	26.40%	26.10%	17.32%	26.10%	
	Skin to skin Contact	95%	Not reported	92%	Not reported	≥80%
PUH	Breastfeeding initiation	62.50%	63.80%	58.74%	62.80%	≥80%
	Breastfeeding exclusively on discharge	37.20%	37.30%	33.88%	36.70%	≥80%
	Breastfeeding non-exclusively on discharge	15.10%	26.10%	14.97%	21.80 %	
	Skin to skin Contact	80%	Not reported	81%	Not reported	≥80%

Chapter 2 – Maternity Contd.

2.7 Maternity – Breastfeeding *Contd.*

GUH Breastfeeding

Education and Training

- Bi annual Breastfeeding training remains mandatory for Midwives and Nurses. This is provided once a month with our NMBI accredited breastfeeding refresher course. Two online breastfeeding modules are also available for all staff on Hseland.ie
- Seven staff midwives have completed their International Board of Lactation Consultants exam

Achievements for 2020

- Transition from in-house face-to-face education to online classes for antenatal and postnatal women
- Established a virtual clinic for postnatal mothers needing support
- Developed and introduced the use of breastfeeding prompt cards for student and staff midwives
- Provision of breastfeeding and lactation educational tools for each clinical area throughout maternity unit
- Co-facilitating antenatal breastfeeding webinars

LUH Breastfeeding

Education and Training

- All Midwives and SCBU staff have completed 18 hours of breastfeeding training and regularly attend updates

Achievement in 2020

Despite the challenges with social distancing in 2020 the breastfeeding volunteer programme continued. The volunteers provide additional support for breastfeeding mothers on postnatal ward. This has been in place since April 2017 and is currently available 2 mornings per week. Qualitative feedback captured from mothers, midwives and volunteers identifies the success of the project. This service was a valuable resource to Mothers during COVID -19. La Leche continued with telephone support in the community.

SUH Breastfeeding

Education and training

Eight staff members who have completed the lactation consultant course in the unit. All Midwifery staff complete the HSELand Breastfeeding education sessions.

Achievement in 2020

Traditionally Sligo University Hospital ran very successful well attended preparation for antennal breastfeeding classes. In response to the social distancing guidelines, this programme moved to a virtual platform.

In response to the findings in The National Maternity Care Experience Survey (2019) the department introduced a food pack containing nutritious snacks for overnight when the mothers are up feeding their babies. This has been a very welcome practice and will continue.

Sligo University Hospital was successful in obtaining SPARK funding for the production and printing packs for Colostrum Harvesting.

MUH Breastfeeding 2020

Education and Training

Bi-annual Breastfeeding training remains mandatory for Midwives and NICU nurses continues to Formal Staff training and education continues once a month with our NMBI accredited breastfeeding refresher course, supplemented by regular impromptu ward based training sessions.

Achievements in 2020

National Breastfeeding Awareness Week 2020 was celebrated with a difference Due to COVID restrictions we had a stand with literature but each mother who attended clinics / was an inpatient was given a Goody bag with information. We continue links with the Association of Lactation Consultants.

One-to-one breastfeeding support has been provided by phone.

PUH Breastfeeding 2020

Education and Training

- During 2020, 19 Breastfeeding classes took place 344 women attended and an additional 206 participated in a virtual drop in clinic
- Mandatory staff Breastfeeding Refresher Course turned to video technology .This Course is supported by HSELand, which provides two online breastfeeding modules 1. Supporting Breastfeeding, 2. Breastfeeding Challenges
- Training for Paediatric Doctors commenced virtually also which was very well received and the impact is notable on the ground level in ensuring a supportive culture for breastfeeding is delivered to women across all disciplines

Achievements in 2020

- Antenatal Breastfeeding Workshop and breastfeeding support group for women had to be moved to a virtual platform using telehealth platforms. A new referral pathway was set up to accommodate this. The classes are working very well and the feedback from the women is very positive, A total of 19 classes were facilitated during the timeframe from late June to December and were offered to all breastfeeding mothers to be
- A new referral pathway was introduced for the assessment of Tongue Tie in our breastfeeding babies who are experiencing difficulty-establishing breastfeeding. This is a fantastic resource for which we are very grateful to Ms Young (ENT Specialist GUH) who kindly accommodates our babies who need assessment
- National Breastfeeding Week was celebrated in October 2020. It is a great opportunity to highlight the importance of breastfeeding and to promote breastfeeding as the normal and healthy way to feed babies and young children. Events to celebrate the week included a quiz for staff to increase awareness of best practice in delivering breastfeeding care and a breastfeeding webinars
- An article was written and published in the local newspaper highlighting the services that were being offered to support breastfeeding mothers and babies during the Pandemic

Chapter 2 – Maternity Contd.

2.8 Perinatal Mental Health Midwifery Report

Service Overview for Saolta 2020

The Specialist Perinatal Mental Health Service (SPMHS) is a National Programme developed as part of the National Maternity Strategy for Ireland (2016-2026).This model align Perinatal mental health services to hospital groups in a hub and spoke format. In the Saolta University Health Care Group, GUH is the hub with Portiuncula, Mayo, Sligo and Letterkenny operating as the SAOLTA spoke sites

Central to progressing the initial phase of the SPMHS model in the Saolta Group was the appointment of the lead Consultant Psychiatrist who is based in GUH, and securing sub speciality clinical leads in the spoke site of Mayo, Sligo and Letterkenny and the recruitment of Clinical Midwifery Manager 2 in Perinatal Mental Health. A CMM2 in Perinatal Mental health commenced employment in each of the sites in 2020.

Recruitment for the second phase of introduction of this model is at an advance level with Specialist, Senior Mental Health Social worker, Senior Psychologist and Administrator due to join the service in 2021.

Challenges in 2020:

While this last year has been a challenging time to implement a new mental health service, in many ways it could not have come at a better time. We look forward to the services' continued development.

Perinatal mental health issues affect many women, and can have profound negative consequences for both the mother, infant and family, provision of this pathway is central to ensuring that women have access to the service and support they require in pregnancy and post-natal period.

GUH Specialist Perinatal Mental Health Care Team 2020

Clinical Activity:

The service commenced seeing patients in July 2020

MONTH	NEW REFERRALS (Core Biopsychosocial Assessments)		FOLLOW-UP APPOINTMENTS	Total
	FACE – FACE	TEL	FACE –FACE	Total
July to December 2020	106	0	329	435

Virtual assessments took place via Attend Anywhere with the option of telephone reviews being available for those with poor or absent internet connections.

The Mellow bumps antenatal programme for groups of 6 to 8 women was facilitated twice in 2020.

Education and training

The annual training day on Perinatal Mental Health was offered virtually in 2020 in conjunction with the Centre for Nursing and Midwifery Education (CNME)

Undergraduate Teaching on Perinatal Mental Health was delivered for Midwifery and Mental Health nursing students at NUIG by the SPMHS.

The SPMHS team presented at the weekly NUIG Deanery Post-Graduate Educational Programme for Psychiatry.

Staff from PMHS contribute to the GUH mandatory training events and induction days for maternity staff.

Monthly training for PMH midwives within the Saolta Healthcare group is facilitated by Dr Katherine McEvoy, the aim of this training is to support the ongoing development and implementation of the Model of Care for Specialist Perinatal Mental Health Services.

Research

The research of the SPMHS focussed on the impact of COVID-19 on anxiety during pregnancy in 2020, and was commenced by Siobhan O'Connor and Dr. Katherine McEvoy.

Chapter 2 – Maternity Contd.

2.8 Perinatal Mental Health Midwifery Report *Contd.*

LUH - Perinatal Mental Health Care Team 2020

Service Provision:

The perinatal mental health midwife was appointed in LUH on May 2020, their role involves raising awareness of mental health problems and organising early management and treatment for women attending our maternity unit.

On taking up the post, a specified induction period was completed. This included training and clinical placements with:

- The Specialist Perinatal Mental Health Team in the Rotunda Hospital.
- The Specialist Perinatal Mental Health Team in the SAOLTA Hub, Galway University Hospital.
- General Adult Psychiatry Donegal Mental Health Services. (Acute, Out Patient and Specialist Services).

The Perinatal Mental Health midwife currently provides mental health care for people attending LUH maternity unit, from their booking visit until six weeks after birth. The service also provides telephone support and advice. The perinatal mental health midwife works in collaboration with a multidisciplinary team including Obstetricians, GPs, Midwives, Liaison Psychiatry, Community mental health teams, Social workers, PHNs and voluntary organisations and has a strong emphasis on prevention and early intervention.

Education and Training

- Prior to taking up this new role the CNM2 undertook a level 9 module in Perinatal Mental Health in DKIT and plans to commence Cognitive Behavioural Therapy (CBT) training in January 2021.
- The SAOLTA Group of PMH Midwives receive fortnightly virtual teaching sessions from a Specialist Registrar in Psychiatry.
- As part of the National PMH Midwife Forum – the PMH midwife receives feedback and offers feedback to NOIG of model of care.
- The PMH delivered educational sessions to staff on the Role of the PMH MW LUH, within the model of care.

Challenges in 2020:

The main challenges encountered for the PMH MW included completing a specified induction period in the new role and setting up a new service during the COVID 19 pandemic. It was challenging ensuring that the new service ran smoothly, along with ensuring a progressive development of services. The PMH Midwife is also keen to maintain and enhance the ties with the Perinatal Mental Health Midwives working in the Saolta University Health Care Group and other hospitals.

Plans for 2021, the PMH midwife aims to:

- Continue to promote parity between physical and mental health care in maternity services.
- Raise awareness of perinatal mental health problems and ensure early management and treatment for women attending our maternity unit.
- Further, develop the Birth Reflections service with an identified self-referral pathway for pregnant and postnatal women.
- Build on the positive engagement that has been established and developed since this new service was introduced.
- Continue future advancement towards meeting the needs of women requiring the perinatal mental health service and their carers.
- Further, roll out of Psychoeducation sessions for women attending Maternity services and their carers.

Clinical Activity:

The service commenced seeing patients in May 2020

MONTH	NEW REFERRALS (Core Biopsychosocial Assessments)	FOLLOW-UP APPOINTMENTS		Total
	FACE – FACE	FACE – FACE	TEL	Total
May to December 2020	38	58	16	112

Chapter 2 – Maternity Contd.

2.8 Perinatal Mental Health Midwifery Report *Contd.*

Mayo Perinatal Mental Health Service 2020

The Perinatal Mental Health Midwife came into post in June 2020. The primary purpose of the Perinatal Mental Health Midwife role is to promote parity between physical and mental health care in maternity services.

After a comprehensive, multidisciplinary Induction programme, the initial focus of the PMHM was to progress the implementation of a quality improvement plan identified in the Maternity Experience Survey this included:

- Install Perinatal Mental Health Information Boards in the Antenatal Outpatient waiting areas and on the corridor of the Maternity Ward
- Participated in Antenatal Education classes to talk about mental health in pregnancy and beyond, self-care and how to access help and support if needed
- Joined the Mayo Infant Forum
- Collaborate with the planning and presenting at the "Minding Mothers, Minding Babies Webinar" to mark Work Maternal Mental Health Day on 5 May 2021
- Deliver education programmes for staff, which included teaching on one of the Obstetric Team education sessions, The Perinatal Mental Health Study Day co-ordinated by the CNME in Mayo, Galway and Roscommon and ad hoc lunchtime education sessions in each of the maternity clinical areas

The Perinatal mental health spoke service began seeing patients in February 2021.

SUH Perinatal Mental Health Service 2020

Sligo University Hospital were delighted to introduce a new Specialist Mental Health Midwife to our Maternity Department in September 2020 – Ms. Mairead Beirne.

Mairead is an experienced midwife who has worked across a range of services in Sligo, Drogheda and Dublin. She has a Masters in perinatal mental health and undertook further mental health training with the Liaison Mental Health team at Sligo University Hospital. We are very grateful to the Liaison team who have provided long standing support to our in-patient service as well as supporting Mairead's induction period. We are fortunate to have very positive working relationships with our mental health colleagues, and are particularly grateful to Dr Eimear McGuire for her input in providing extra mental health education sessions for all of the Saolta midwives. Clinical leadership and support to the project has been provided by Dr E. Gethins Consultant Psychiatrist (Liaison), with governance provided by Maternity services.

Mairead works at the interface between maternity care, mental health care and primary care, fostering relationships and establishing communication pathways. Her role includes:

- Accept and triage referrals from the antenatal clinic
- Full mental health assessments on all women who are 'Whooley' positive at booking
- Risk assessment
- Care planning and sign-posting as needed for the duration of the pregnancy
- Provision of mental health education to both pregnant women (antenatal classes) and to maternity staff
- Follow up to 6 weeks post-partum

Clinical Activity:

The service commenced seeing patients from October 2020 as a pilot provided virtually: To date the service has been well received.

Chapter 2 – Maternity Contd.

2.8 Perinatal Mental Health Midwifery Report *Contd.*

PUH Perinatal Mental Health Service 2020

Service Provision

The Perinatal Mental Health midwife Ms Claire McDermott commenced her role 15/09/20 in Portiuncula Hospital.

Providing education to women and maternity staff is a large part of the role, as is forging good working relationships between the maternity department and social workers, GP's, Community Mental Health Teams, Teen Parent Project staff, Liaison psychiatry and any other services involved in care of our women.

Three-month induction period on commencement of role including training and clinical placements with;

- Specialist Perinatal Mental Health Team in the hub unit (GUH)
- Liaison Psychiatry Team in PUH
- Self-Harm CNS in PUH
- CMHT consultant and CNS in Athlone
- Inpatient Psychiatric Unit, Roscommon

The mental health midwife currently provides care for women who are inpatients in PUH. The service will expand in the future to take on outpatients. A full biopsychosocial assessment is carried out with each woman referred to the mental health midwife; this provides invaluable information for formulating a plan of care and liaising with other services should referral be required. Thorough assessment empowers the woman and her partner, it provides clarity to them and offers opportunity to tailor self-care strategies to prevent or mitigate episodes of illness.

Clinical Activity

The perinatal mental health midwife had a period of induction on commencement of her role and started to see inpatients in the latter half of December 2020.

Education and Training

- Delivering educational sessions to staff around referral to and role of perinatal mental health midwife
- Delivering educational sessions to midwives around postnatal depression/anxiety
- Informal education of staff in Community Mental Health Teams, Inpatient unit, social work staff
- Education of women in recognising signs and symptoms of mental illness, services available and self-care advice

Chapter 2 – Maternity Contd.

2.9 Bereavement & Loss

Bereavement and Loss services Saolta:

Bereavement care is an integral part of a maternity services for many the birth of a baby is a happy event but despite the many advances in outcomes loss in pregnancy from early pregnancy loss effects one in four pregnancies, and 1 in every 240 babies will die just before birth or shortly after birth.

We know and understand that dealing with the loss of a baby or pregnancy can be a difficult and devastating time for parents and families and endeavour that we have services and supports in place in each of our units to aim to meet these needs

Throughout 2020 despite the challenges and more accurately in view of the challenges experienced by women and families bereavement and Loss service across the Group continued to operate to provide compassionate client centred care to our most vulnerable clients during the pandemic. Achieving this required us to adapt our practices and approach.

Key achievements in the bereavement and loss service in the Saolta group:

We developed and introduced care pathways for pregnancy loss, stillbirth and neonatal death across the group. The aim of the care pathways are to aid professionals in providing support to women and their families throughout the time of the loss of their baby. This should ensure that all bereaved parents are offered equal, high quality, individualised, safe and sensitive care in any experience of pregnancy or baby loss.

The Group developed and introduced an information booklet for parents in relation to post mortem examination of a baby for use across the Group

The Group appointed a Consultant Perinatal Pathologist who established a Perinatal Pathology service in the Saolta Group.

GUH Bereavement and Loss services

The Bereavement Team in Galway University Hospital consists of a multi-disciplinary team, which include a designated bereavement Midwife, Consultant Obstetrician, Medical Social worker, Perinatal Pathologist, Chaplaincy and the Multi-disciplinary team on the floor.

Key achievements:

In July 2020, The Perinatal Pathologist joined the team, which has had a very positive impact on service provision.

In August 2020, the National Bereavement Team visited Galway University Hospital to review the service provided and make recommendations where applicable. The site received positive feedback on the many improvements that had been progressed; a number of recommendations were made in relation to future service improvements.

The Mortuary within Galway University Hospital was refurbished and upgraded to include with the provision of appropriate Family space with.

A satellite follow up pregnancy loss clinic was opened in Knocknacarra Medical Centre so women can be met with by the bereavement Midwife and the Consultant in an environment away from the busy hospital environment.

Perinatal Loss 2020	
2nd Trimester (miscarriage/Termination Of Pregnancies)	63
Stillbirth	16
Neonatal Death	12
Total	91

Chapter 2 – Maternity Contd.

2.9 Bereavement & Loss *Contd.*

LUH Bereavement and loss services

- Appointment of Bereavement Midwife
- Training provided for Midwives in CNME "Perinatal Loss in Maternity Setting"

LUH Bereavement Service:

In July 2020 in the Saolta group saw the appointment of the first dedicated midwifes to bereavement services in LUH. The bereavement support midwife works as part of the multidisciplinary team in the provision of bereavement care. This involves supporting women and their families during and following perinatal loss, anticipatory bereavement support for parents where there is a diagnosis of fatal fetal abnormalities as well as supporting women in a subsequent pregnancy.

Parents are cared for in the butterfly room (bereavement suite) while in the maternity unit. A counselling room is available on early pregnancy patient accommodated in the gynaecology unit for both inpatient and outpatient support.

Parents can also avail of bereavement support by telephone or face-to-face appointments. Referral can be made by the nurse/midwife/clinician and women can self-refer. The use of attend anywhere has been introduced to facilitate face-to-face appointments due to COVID-19 restrictions.

The bereavement midwife also facilitates the provision of bereavement training and education for staff. LUH and the bereavement midwife have worked as part of the Saolta working group for the implementation of the national bereavement standards. The national care pathways for perinatal loss have been implemented and we have introduced concession parking passes, direct admission cards and end of life stickers for the notes. In 2020, the National bereavement team carried out an audit on the bereavement services in LUH. Recommendations will be implemented in 2021.

Activity:

Perinatal Loss 2020	
1st Trimester miscarriage	441
2nd Trimester miscarriage (miscarriage/Termination of Pregnancies)	10
Stillbirth	5
Neonatal Death	1
Total	457

In addition to supporting clinical areas when patients who are experiencing loss are the CMM2 offers outpatient, follow up as required.

Bereavement Support					
	AUG	**SEPT**	**OCT**	**NOV**	**DEC**
Telephone consultation	10	25	25	30	35
Face to face consultation	1	3	2	1	1
Total	11	28	27	31	36

Chapter 2 – Maternity Contd.

2.9 Bereavement & Loss *Contd.*

SUH Maternity Bereavement Service

This service provides anticipatory bereavement support, which involves practical and emotional support to parents in situations such as a baby being diagnosed with Life Limiting Conditions, Early Pregnancy Loss, Second Trimester Loss, Perinatal Death and termination.

The Bereavement Midwife offers support, which is maintained during times of loss and the weeks and months after. If necessary, a referral to Level 3 Bereavement Support will be arranged. Support for parents in subsequent pregnancies after a pregnancy loss will be provided either in person via face-to-face meetings or telephone support.

The Bereavement Midwife works closely with clinical staff, Bereavement Support Team, Social Workers, End of Life Co-ordinators, Obstetric Consultants and Chaplains as part of a multidisciplinary team. Medical investigations and clinic appointments are coordinated by the Bereavement Midwife in conjunction with the above multidisciplinary team members and independently.

This service has a strong commitment to the development of the service provision in response to the needs of the bereaved parents. This is aided by assisting in the development of a referral pathway for bereavement care. Support is offered to clinical staff both formally and informally to increase their confidence in caring for bereaved parents.

The bereavement Midwife is always an advocate for bereaved parents locally, at group level and nationally. By being part of the Hospital End of Life Committee Pregnancy Loss is kept in focus. Links have been made with local and national pregnancy loss support groups, which help to strengthen the quality of service that is provided to our women and their families during difficult times.

PUH Bereavement and Loss service

Bereavement Service:

In 2020 the bereavement and loss service in PUH provided support to couples and families following pregnancy loss at any stage in pregnancy, the death of a baby during pregnancy or after birth and on a subsequent pregnancy following a pregnancy loss.

Activity:

The number of couples who required the bereavement service in PUH in 2021	
1st Trimester miscarriage	346
2nd Trimester miscarriage (miscarriage/Termination of Pregnancies)	15
Stillbirth	4
Neonatal Death	7
Total	392

Chapter 2 – Maternity Contd.

2.9 Bereavement & Loss *Contd.*

PUH Bereavement and Loss service *Contd.*

Follow up care

Along with seeing all inpatients, the bereavement support midwife provides follow up support to couples when discharged.

Bereavement Support	
Telephone consultations first trimester	180
Telephone consultations second trimester	69
Telephone Consultations third trimester and Neonatal deaths	76
Consultations pregnancy loss clinic	36
Face to face consultations for bereavement support	13

Education and training:

Prior to the pandemic bereavement and loss education was held twice yearly with a 4 hour lecture series. Due to the restrictions on numbers gathering, this education was postponed in 2020.

- Ward based education continued and planning for online education started
- The bereavement support midwife provided online education for the midwifery students in NUIG
- The bereavement support Midwives in PUH and GUH along with the CNME started arranging an online study day to go out on HSELand
- The lead bereavement clinician and the bereavement midwife provided online case studies learning from cases highlighted in the pregnancy loss clinic
- The Perinatal pathologist provided an online masterclass

Key achievements:

Pregnancy Loss Clinic

The pregnancy loss clinic commenced, 12 August 2020. The aim of this clinic is to investigate the medical causes of pregnancy loss and to provide information and support to parents who experience pregnancy loss.

The couples are seen by the lead bereavement consultant and the bereavement support midwife, in a private consulting room.

The clinic runs fortnightly, typically five couples are seen and they are each given half an hour.

36 couples were seen in the pregnancy loss clinic in 2020.

Miscarriage Memento's

White knitted hearts were designed and sourced to give as a memento to couples post an early miscarriage. The bereavement group wanted a way to express to parents our sympathies and mark the loss of their baby.

Patient Information leaflets

Patient information leaflets were designed for Portiuncula hospital and distributed for staff to give to parents with local information and contact details on all leaflets.

The leaflets include:

- conservative, medical and surgical management of a miscarriage
- ectopic pregnancy
- pregnancy of unknown location
- Induction of labour when your baby dies
- birth registration
- burial arrangement leaflet
- bereavement support services
- recurrent miscarriage

Chapter 2 – Maternity Contd.

2.9 Bereavement & Loss *Contd.*

Mayo University Hospital Bereavement Service

The bereavement support midwife commenced in the post in July 2020 and works as part of the multidisciplinary team in the provision of bereavement care.

This role is adapting to requirements of Parents, it involves supporting families during and following perinatal loss, providing support for parents where there is a diagnosis of fatal fetal abnormalities as well as supporting women in a subsequent pregnancy.

The role acts as a liaison for information/Plans of care from tertiary centres for the Interdisciplinary team and the close follow up and subsequent meetings with families with Paediatric services has been invaluable in reassuring/ preparing families and staff with clear plan for, delivery and care of baby.

Parents are cared for in the Rose room (bereavement suite) while in the maternity unit. A multifunctional room is available on the Gynaecologyunit for both inpatient and outpatient support. Referral Pathways can be made by the nurse/midwife/GP/clinician/ women can also self-refer. Parents can also avail of bereavement support by telephone or face-to-face appointments.

MUH and the bereavement midwife have worked as part of the Saolta working group for the implementation of the national bereavement standards. The bereavement midwife also facilitates the provision of bereavement training and education for staff both onsite and in CNME.

The national care pathways for perinatal loss have been implemented, the National bereavement team carried out an audit on the bereavement services in MUH and we are continuing to implement recommendations in 2021.

The number of couples who required the bereavement service in MUH in 2021	
1st Trimester miscarriage	145
2nd Trimester miscarriage (miscarriage/Termination Of Pregnancies)	14
Stillbirth	4
Neonatal Death	0
Total	163

Chapter 2 – Maternity Contd.

2.10 Supported Care Pathway

In the Saolta group pathways of care are being developed for the pregnant women who is normal or low risk in pregnancy which is Midwife led within the multidisciplinary framework as recommended in the National Maternity Strategy (Creating a Better Future Together 2016-2026)

In each of our Maternity units, we have established midwife led antenatal clinics the newest of which opened in Mayo in May 2020. In addition to antenatal clinics, the service in LUH for the supported care extends to a continuity model of care for intrapartum and postnatal period.

The Saolta group has set a performance target of 30% of women to receive care through the supported pathway, currently 2 out of our 5 units are achieving this with the other 3 units predicated to achieve this by 2021.

GUH Supported Care Pathway, 2020

The Supported Care Pathway is intended for normal-risk mothers and babies, with midwives leading and delivering care within a multidisciplinary framework, it is based on the principal that "pregnancy and birth is recognised as a normal physiological process, and insofar as it is safe to do so, a woman's choice is facilitated" (National Maternity strategy 2016).

During 2020, this care pathway at GUH is provided by a team of dedicated and motivated midwives who carry out antenatal clinics at 6 locations across Galway city and county, Knocknacarra, Tuam, Athenry, Doughiska, Gort and Oughterard. The women have access to safe, high quality, consistent woman centred maternity care appropriate to their needs.

In 2020, 1,102 women availed of the antenatal midwives clinics; this represents 43% of all women who birthed at GUH. Although the amount of women attending has fallen slightly this reflects the falling birth rate experienced nationally and the increase in pregnancy complexities warranting obstetric care. COVID 19 caused an increase in workload; where some services were reduced, the community midwives incorporated changes in work practices to ensure vital antenatal clinics continued in a safe manner for the women.

Unfortunately, the Early Transfer Home (ETH) service covering Galway city and including Claregalway and Oranmore was suspended during 2020. This has been reintroduced in 2021.

Number of Women who attended Midwives Clinic

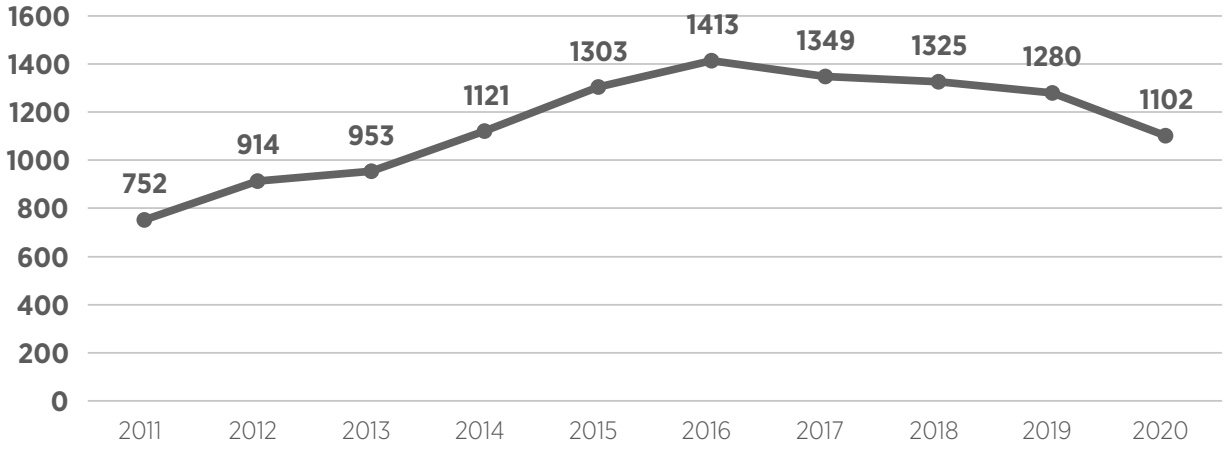


Table Percentage of women booked at GUH who attended MWC

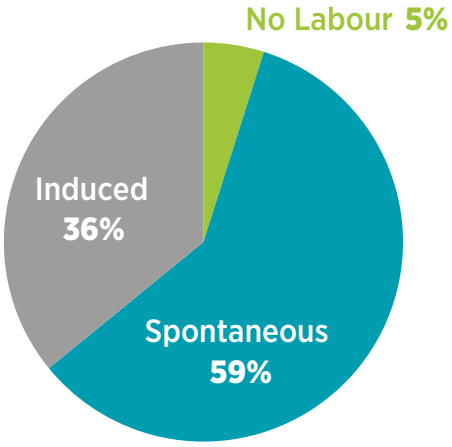
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Midwives Clinic	22.4%	27.7%	31.1%	38.1%	44.8%	48.0%	48.2%	47.2%	46.0%	43.0%

Chapter 2 – Maternity Contd.

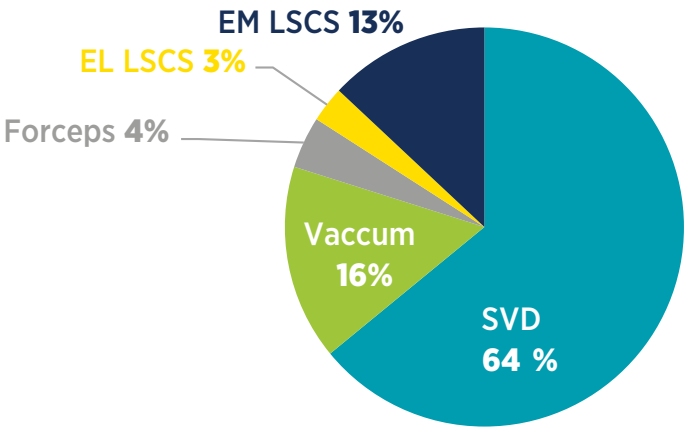
2.10 Supported Care Pathway *Contd.*

GUH Supported Care Pathway, 2020 *Contd.*

Onset of Labour



Mode of Delivery Outcome



Patient experience

The breastfeeding initiation rate for the supported care women was 73.9%.

A service user survey carried out in October 2020 on women who attended the midwives clinics (delivered their babies between April-June 2020)

- 95% of respondents rated their experience at the midwives clinic as very good/excellent
- 100% of respondents would recommend this service to a friend
- The women found the clinics "efficient and convenient", with the midwives being "knowledgeable, supportive and professional", while the women felt "reassured and listened to..."

Chapter 2 – Maternity Contd.

2.10 Supported Care Pathway *Contd.*

LUH Supported Model of Care 2020

The supported model of care in Letterkenny University Hospital offers midwifery led care to low risk pregnant women attending our maternity services. This service is available to low risk women as a continuum of care during the antenatal, intrapartum and postnatal period and helps to promote the ethos of continuity of care, in accordance with the National Maternity Strategy (2016).

The team provides antenatal clinics in 3 locations across Donegal: Dungloe, Letterkenny and Carndonagh. In March of this year we saw introduction of the Letterkenny Clinic, which due to increased demand has now become a double clinic, running one full day each week. The Carndonagh clinic commenced in June of this year and has also become very successful. Overall, the supported model of care service allows for women to be supported and cared for in their own local communities.

The service aims to give women choice and works to support and educate them in preparing for their birth. During the birthing process the service benefits women by offering continuity of care extended from the antenatal period, and proven to promote better outcomes. Improved outcomes have been attributed to the women having increased confidence in their caregiver combined with the supported model of care aspiring to normalise birth and achieve a positive birth experience, by providing safe high quality care. The team work alongside a team of multidisciplinary healthcare professionals, who facilitate assessments and escalation in care if required.

The postnatal service the team provides works in conjunction with the Public Health Nurse service in Donegal. We provided a minimum of one home visit which has become a great benefit to breastfeeding support and again reinforces the continuity of care the woman received throughout her pregnancy. However, this service was severely affected by the COVID 19 pandemic and it was moved to a postnatal phone service, with the Public Health Nurse Service performing home visits.

Staff development in the team continued in 2020 with 43% of the midwives competent in perineal suturing in 2019 growing to, 71% of staff trained and competent in 2020.

In 2020 the midwifery led service cared for 212 of women during antenatal period and this represents 13.5% of women booked at LUH. We had 52 midwifery led births this year which represented 4% of all births and an 11% Caesarean Section rate, which is well below the LUH annual rate of 30%. 71% of the women attending the supported model of care service successfully breastfeed, which is above LUH average of 40%.

In the last 6 months of 2020 we had a marked uptake in bookings for Midwifery–led. This was due to the introduction of an information leaflet at the dating scan being provided to eligible women. This allowed the woman to consider her options for pregnancy and offer her a choice on the model of care she received. At Booking any further concerns were addressed by Ante natal Clinic Midwives. Moving forward, now that the outreach clinics are successfully established, we hope to continue to grow and expand the midwifery led service to reach as many women as possible throughout the county.

	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total	
Total hospital bookings	133	125	133	139	123	139	138	122	150	117	114	142	1575	
MLC bookings	7	1	3	11	5	14	25	30	38	19	28	31	212	13.46%
% of women who started out in MLC														
MLC deliveries	1	1	1	0	0	6	6	3	6	7	7	14	52	24.5%
SVD	1	0	1	0	0	4	5	3	6	5	6	13	44	20.75%
Vacuum	0	0	0	0	0	1	1	0	0	0	0	0	2	
LSCS	0	1	0	0	0	1	0	0	0	2	1	1	6	
B/F	0	1	2	0	0	5	6	2	5	5	4	7	37	17.45%
Epidural	1	1	0	0	0	0	0	0	0	1	1	0	4	
Inductions	0	0	0	0	0	1	2	0	2	1	0	0	6	
Transferred out	0	1	0	0	0	2	1	0	2	2	2	2	13	

Chapter 2 – Maternity Contd.

2.10 Supported Care Pathway *Contd.*

SUH Supported Care Pathway 2020

Service Provision:

The Supported Care Pathway is promoted in Sligo University Hospital and delivered via the Midwife Led Clinic which is run by a small team of dedicated Midwives, and the Registered Advanced Midwife Clinic.

In 2020 all of the antenatal clinics for SUH were relocated to Kingsbridge Hospital. The COVID 19 pandemic also forced the closure of the Antenatal Outreach Clinics which were held in Carrick on Shannon, Ballyshannon, Ballymote and Manorhamilton. We plan to resume this service as Midwife Led over the coming months for women on the Supported Care Pathway.

Clinical Activity:

The average number of women receiving care on the Supported care Pathway for the last 5 months (when recording of this data commenced) of 2020 was 25%.

Achievements:

The benefits of the Supported Care is well documented. One of our priorities was to get this message out to the women in our areas in ways that were accessible to them. We introduced an information sheet on care pathways and provide this to all women at booking. A copy of this that is on the back of the woman's antenatal first booking visit appointment letter. We shared disseminated on the Supported care Pathway with all of the GP's in the SUH catchment area and have enlisted their help in promoting this service. We utilise the dating ultra sound scan appointment as a time for health promotion for the women and also a time to share information with women who have been identified as suitable for Supported Care. This work led as a Quality Improvement Initiative by Colette Kivlehan. This promotion has paid off and the demand for care on the Supported Care Pathway has grown.

A Community CMM2 post was advertised and interviewed for in 2020, the successful candidate will take up post in 2021.

Plans for a Low Risk Birth Room went to tender in 2020, this will be a great asset to the labour ward and for the Supported Care Pathway.

Labour Hopscotch was introduced to the staff and the women in SUH in 2020. This has been incorporated into antenatal education and labour ward practice very successfully.

PUH Supported Care (Midwifery Led) Clinics, 2020

Service provision

The supported care pathway was introduced to PUH in 2017 and is a permanent and integral part of antenatal maternity care at Portiuncula Hospital. We are currently providing 10 antenatal clinics on a weekly basis, mainly within the Outpatient department in Portiuncula but 3 are in the outreach site of Athlone and Loughrea. 4 of these clinics are run alongside an obstetric clinic where review and escalation can be facilitated.

Clinical Activity

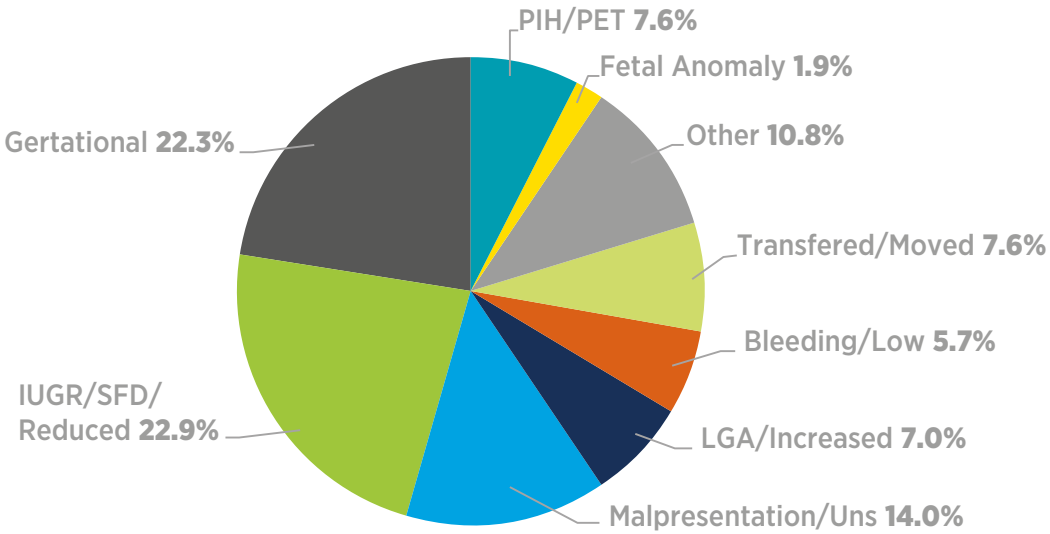
- 53% (n. 668) of mothers booked in the public Antenatal Clinics in Portiuncula Hospital allocated to the Supported Care Clinics. This is similar to the rates in 2019 where 648 (47.3%) mother received care under this pathway
- The breakdown in parity was 46% Primiparous - 54% Multiparous
- 72.1% of women had a spontaneous onset of labour with 85.6 % of women achieved a vaginal birth, 71.6 as SVD and 14% as an operative vaginal birth
- 24% (n=161) expectant mothers required transfer back to Assisted/Specialised care throughout the course of their antenatal care. The most frequent reason being gestational diabetes and IUGR
- 64% of mothers initiated breastfeeding who were attending the Supported Care clinics at the onset of labour

Chapter 2 – Maternity Contd.

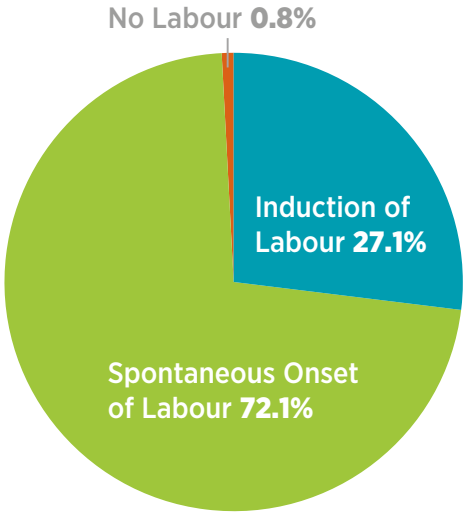
2.10 Supported Care Pathway *Contd.*

PUH Supported Care (Midwifery Led) Clinics, 2020 *Contd.*

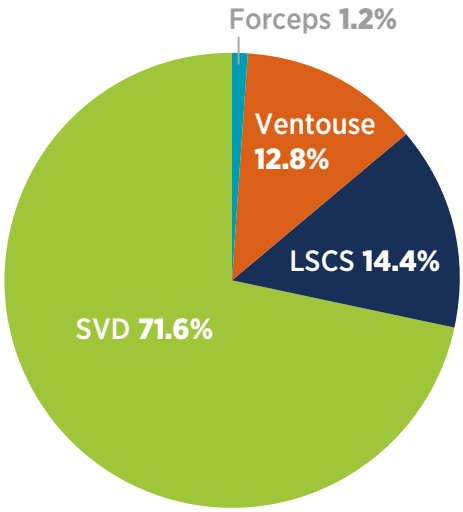
Reason for Transfer



Onset of Labour



Mode of Delivery Outcomes



MUH Supported Care (Midwifery Led) Clinics, 2020

- Service opened in May 2020
- The supported model of care was commenced in May 2020 and this is the first report of the service.
- The midwives clinic aims to provide women centred holistic care where dignity, privacy and individuality are respected. We delivery midwifery lead care to low risk women under this model placing the mother at the centre of her care.
- Currently we have 4 Midwifery lead clinics in operation, two are off site and the remaining, two clinic in MUH.
- The Numbers attending the Supported clinics started at 12% of women booked for antenatal and in July 2021 this has grown to 26% .
- We are now in the process of evaluating the service but further expansion of the service will require Space and staffing.
- Initial feedback of the service is positive but we need to carry out and evaluate women's satisfaction with the service.

Chapter 2 – Maternity Contd.

2.11 Advance Midwife Practitioner Report

The National Maternity Strategy Creating a Better Future Together published in 2016 the vision outlined in the strategy identified that Advanced Midwife Practitioner's (AMP) will play a very important part in the implementation of the Maternity strategy. They utilise advanced clinical midwifery knowledge and critical thinking skills to provide optimum care and improved clinical outcomes for women and their babies through higher levels of critical analysis, problem solving and senior clinical decision-making as a lead healthcare professional who is accountable and responsible for their own practice.

In the Saolta group there are currently 2 registered AMP, 1 in Sligo whose case load falls within the assisted model of care and 1 in GUH whose case load is in the supported model, in 2020 candidate AMP (cAMP) were appointed to Portiuncula, Mayo and Letterkenny for the supported model. The primary purpose of the cAMP supported care post is to: lead on the implementation of the maternity strategy through the on-going development of the Supported Care. These candidates are undertaking training and site preparation to progress to being registered with NMBI.

Here is a summary of activity and output of the RAMP in Maternity services:

SUH Registered Advanced Midwife Practitioner (RAMP) in the Assisted Model

The Registered Advanced Midwife Practitioner (RAMP) service has been in Sligo University Hospital since January 2017. The service continues to develop each year with care being provided from the second trimester to postnatal discharge. It provides a continuity of care pathway, underpinned by the midwifery philosophy of care giving, for an agreed caseload of assisted care women who would normally have obstetric led care.

In 2020, 306 (23%) women were cared for by the AMP from booking to postnatal discharge, with approximately 1630 scheduled antenatal reviews. The care giving for the service was more challenging in 2020 due to the clinics being held across town and women only staying 24 hours postnatally. This meant only being able to undertake one daily check in to the clinical areas and not being as actively involved in hands on postnatal care.

As midwifery led care is expanding within the Saolta group, it was decided to report the RAMP service outcomes using the primary and secondary outcomes as identified by the Cochrane Systematic Review into Midwife led continuity of care models versus other models of care for childbearing women (Sandall et al 2016). It is hoped that by reporting the outcomes for the service in this way, it would make those providing midwifery led care reflect on their practice and explore whether there is a need for a labour intervention especially for women on the supported care pathway. These figures will also serve as a starting point within the unit in anticipation for the supported care pathway being fully rolled out in the future.

Primary Outcomes RAMP Caseload and SUH 2020

	RAMP n (%)	SUH n (%)
Spontaneous Vaginal Birth	172 (55%)	621 (47%)
Instrumental Birth	48 (16%)	173 (13%)
Emergency CS	55 (18%)	277 (21%)
Elective CS	35 (11%)	253 (19%)
Regional analgesia	72 (28%)	522 (39%)
Intact perineum	30 (14%)	185 (23%)
Preterm birth (<37 weeks)	3 (1%)	71 (5%)

Chapter 2 – Maternity Contd.

2.11 Advance Midwife Practitioner Report *Contd.*

SUH Registered Advanced Midwife Practitioner (RAMP) in the Assisted Model *Contd.*

Table 4. Secondary Outcomes

	RAMP n (%)	SUH n (%)
Induction of labour	103 (28%)	443 (41%)
Induction of labour & CS	28 (27%)	185 (42%)
Amniotomy	85 (27%)	448 (42%)
Oxytocin Augmentation	53 (17%)	208 (18%)
Intermittent auscultation	4 (1%)	126 (7%)
No analgesia	28 (13%)	60 (5%)
Entonox only	75 (34%)	173 (13%)
Opiate analgesia only	56 (25%)	204 (15%)
First degree perineal tear	37 (18%)	103 (13%)
Second degree perineal tear	85 (39%)	267 (34%)
Episiotomy	59 (27%)	205 (26%)
Third degree perineal tear	6 (2%)	14 (2%)
Postpartum haemorrhage	14 (4%)	94 (7%)
Robson 5	38 (12%)	202 (15%)
VBAC attempted	18 (75%)	75
VBAC achieved	10 (55%)	43
Breastfeeding (BF) at birth	217 (71%)	695 (52%)
Exclusive BF at discharge	190 (62%)	373 (28%)
Birth weight <2.5kg	4 (1%)	43 (3%)
Apgar <7 at 5 minutes	5 (1%)	15 (1%)
Neonatal resuscitation	7 (2%)	187 (13%)
Admission to neonatal unit	15 (5%)	143 (11%)

Shared Care with Consultant:

The AMP provided shared care with the consultant obstetrician for 16 women. Two had polyhydramnios at 35 and 37 weeks, 4 had slightly abnormal liver function tests but no cholestasis, 3 had small for gestational age babies, 3 had elevated urea or uric acid but no protein urea or hypertension and the other 3 had rising blood pressures but normal bloods at term. Care was planned in collaboration with the consultant for these women.

Transfer to consultant:

11 ladies were transferred back to consultant care antenatal. 2 were small for gestational age. 2 had pre-eclampsia. 1 was unstable lie from 37 weeks that had elective CS at term. 4 had cholestasis, 2 had pre-eclampsia. Thirteen women were breech from the anomaly scan and despite fetal optimal positioning; they remained breech and had elective CS at term.

Onset of labour and induction of labour:

72% of women went into labour themselves with 28% requiring induction. 27% of inductions of labour resulted in a CS. Of these, 40% were PROM and never in established labour with 15% having a CS at full dilatation for OP, 12% non-reassuring CTG and 33% for little or no progress in the first stage of labour.

Chapter 2 – Maternity Contd.

2.11 Advance Midwife Practitioner Report *Contd.*

SUH Registered Advanced Midwife Practitioner (RAMP) in the Assisted Model *Contd.*

Drop in Feeding Clinic:

In response to informal enquiries and an identified need for feeding support in the first couple of weeks postnatally, the AMP self-referral feeding clinic continued up until Mar with it then becoming a telephone support service for the rest of the year. This saw a sharp decline in reviews with there being 4-8 a week to only 8 calls from April to December and no calls from the Public Health Nurses.

KPI 1:

Evaluating the women's experience of midwife led care (supported pathway) was captured as part of the National Maternity Patient Experience only. It was hoped that women attending for midwife led care (MLC) would be invited to participate in the online Surveyhero® study. A lack of clerical support to send out postal invites meant there was no formal evaluation of MLC in 2020.

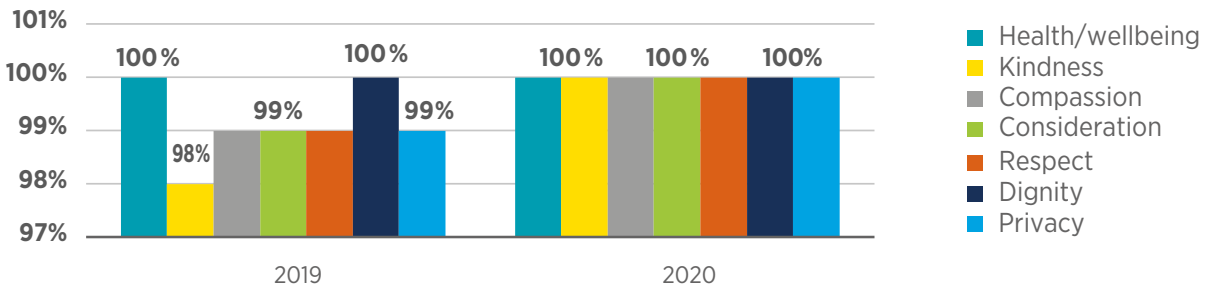
KPI 2 VBAC:

38 ladies with one previous CS attended for AMP care in 2020. 14 requested a repeat elective CS. 18 (75%) attempted a VBAC. 4 had a repeat elective CS for Bishop score of 0 at 41 weeks and 2 opted for an elective section at 40 weeks. 9 had an emergency CS. 4 for no progress, 2 for meconium and non-reassuring CTG, 2 for APH, 1 for failed instrumental. 9 (55%) had a vaginal birth.

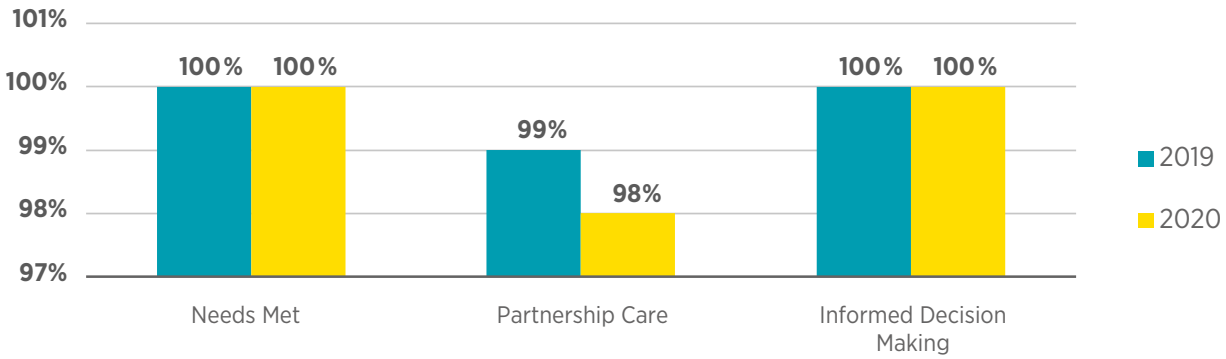
KPI 3:

Evaluating the women's experience of RAMP care was undertaken using an online Surveyhero® questionnaire of 10 quantitative questions with tick box choices and 2 qualitative questions for free text. All women who had attended for RAMP care were invited by post to participate. The response rate in 2019 was 62 (26%) and in 2020 was 59 (20%).

Graph 1: RAMP Care



Graph 2: Perception of RAMP Care

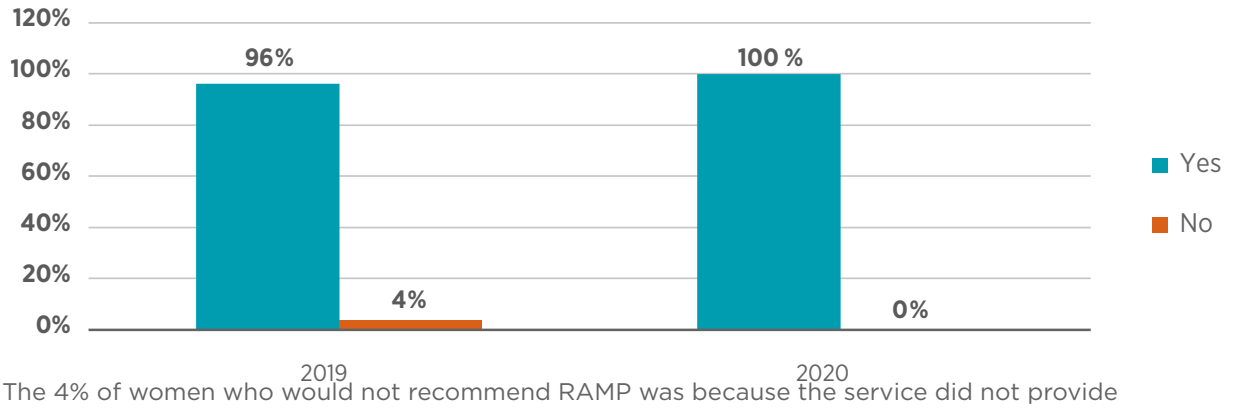


Chapter 2 – Maternity Contd.

2.11 Advance Midwife Practitioner Report *Contd.*

SUH Registered Advanced Midwife Practitioner (RAMP) in the Assisted Model *Contd.*

Graph 3: Recommend RAMP Care



The 4% of women who would not recommend RAMP was because the service did not provide 24/7 cover or intrapartum continuity of care.

Themes from Qualitative Questions:

Theme 1: Care giving

I. Continuity
II. Safe and thorough
III. Professional
IV. Excellent and great service
V. Respectful
VI. Time to answer and listen, never rushed

Theme 2: Communication

I. Information giving and sharing
II. Emergency situations information
III. Emotive and conflicting advice from other members of the MDT

Theme 3: Breastfeeding Information

I. RAMP postnatal and on discharge
II. Huge variation in support from the rest of the MDT

Theme 4: Waiting times

I. Worth the wait
II. Waiting time less than consultant clinic
III. Long waiting time

Conclusions:

Service rated favourably by service users

Need to include more information about emergency procedures in Antenatal discussions

Need to improve postnatal & discharge advice

Recommendations:

Continue to invite service users to provide feedback about RAMP care and evolve the service based on the feedback.

Qualitative research is in progress to gain more insight from service users into RAMP care.

Increase RAMP in midwifery care in SUH.

RAMP postnatal follow up clinic after discharge needs to be commenced. This is in the planning stage with the Attend Anywhere Platform ready to be implemented to facilitate this

Need to move towards a more midwifery led model of intrapartum care for supported care and RAMP care caseload, with intermittent auscultation and interventions only being undertaken when clinically indicated as opposed to routine active management.

Chapter 2 – Maternity Contd.

2.11 Advance Midwife Practitioner Report *Contd.*

GUH Advanced Midwife Practitioner – Supported Midwifery care 2020

August 2020 saw the registration of the Advanced Midwife Practitioner (AMP) in midwifery care. The role of the AMP is to progress the National Maternity Strategy's - supported care services in conjunction with the community midwifery team; and promote the normalisation of pregnancy and birth for all women within GUH maternity department.

The maternity department implemented the "Stratification of clinical risk in pregnancy – National clinical guideline, 2020" in line with recommendations from National Women's and Infant's Health Programme (NWIHP). This aides in standardising clinical risk and pregnancy to provide safe and high quality care.

During 2019 in GUH, 36% of women birthed their babies by caesarean section, this number also represents 36.7% of first time births ending in caesarean section. In an effort to reduce the Robson Group 5 caesarean section rate (the largest contributor to the overall caesarean section rate) and provide women with education and support specific to their individual needs, the AMP offers a Birth After Caesarean (BAC) Section clinic. This session is offered to all women with previous caesarean sections and is available in GUH and Athenry outreach clinic.

This clinic allows the woman and her partner to explore her options for her next pregnancy and birth. A review of her previous labour and birth allows the opportunity to answer questions and clarify the reasons for the primary caesarean birth. It demystifies such myths as "once a caesarean, always a caesarean!" The risks and benefits of the potential outcomes of delivery are discussed and explored. Plan for future pregnancies is an important topic for discussion in relation to compounding the risk factors associated with Elective Repeat Caesarean Section (ERCS) on future pregnancies.

The BAC clinic is an open meeting, non-judgemental and non-directional, but research based information session. I have found when women have been giving the time to explore their feelings about their past and impending births they feel positive and fear is reduced.

The BAC clinic also presents opportunities to discuss approaches to maximise the chance of vaginal birth including one-to-one midwifery care, a supporting birth partner, mobilising during labour, pain management strategies and avoiding unnecessary medical intervention. All with the aim to enhance the birth experience for the woman and her partner. In light of this the maternity department has secured four TENS machines for use by women who wish to use this form of pain management.

The BAC clinic commenced in June, 80 women were counselled within this period. This represents 22% of women who attended GUH with a previous caesarean during all of 2020. We aim to increase this number in the coming year and evaluate the outcomes of this clinic.

Chapter 2 – Maternity Contd.

2.12 Midwifery Practice Development Unit, GUH & School of Nursing and Midwifery, NUIG

Introduction

Midwifery programmes are provided by the School of Nursing and Midwifery, National University of Ireland, Galway (NUIG) in association with the Galway University Hospital (GUH), Portiuncula University Hospital (PUH), Mayo University Hospital (MUH) and Sligo University Hospital (SUH). The Midwifery Practice Development team for the Saolta University Hospital Group provide support to students during their clinical placements. The team also support staff in professional development, multidisciplinary education and updating policy, guidelines, audit and clinical care pathways for the Saolta group.

Philosophy of Midwifery Care

The philosophy that 'Midwives recognise pregnancy, labour, birth and the post-natal period as healthy and profound experiences in women's lives' (NMBI 2015 p. 12), is supported. Midwifery care is provided in partnership with the woman and in collaboration with other health care professionals.

Philosophy of Learning

The students are encouraged to adopt an inquiry based approach to learning, with an emphasis on clinical practice, in an environment that supports quality and a woman-centred approach to care. Midwifery programmes have been developed using an eclectic curriculum which is flexible, dynamic and practice based.

In September 2018, a revised undergraduate midwifery curriculum was implemented in line with the *Midwifery Registration Education Standards and Requirements (NMBI 2017).*

Midwifery Education

The Higher Diploma in Midwifery

In September 2019, ten students commenced the Higher Diploma in Midwifery programme at Galway University Hospital and continued in clinical placement throughout 2020.

Bachelor of Midwifery Science (September 2020)

2020 Year 1 Class: 24 midwifery students commenced the four year programme with clinical placement in GUH, MUH, PUH and SUH.

2019 Year 2 Class: 24 midwifery students continued with midwifery placements in all four sites and specialist placements in theatres, gynaecology services and primary healthcare.

2018 Year 3 Class: 13 midwifery students continued with core midwifery placements, neonatal and mental health placements in a variety of sites. These students also had a clinical placement in the Midwife led service and a high dependency care placement, which was facilitated in labour wards in all four sites.

2017 Year 4 Class: 21 midwifery students commenced internship with placements in GUH, MUH, PUH and SUH

Clinical Teaching

Student midwives must successfully complete both clinical and theoretical components of the programme, to be eligible to register as a midwife with Nursing and Midwifery Board of Ireland (NMBI). Clinical teaching is primarily provided by midwives/preceptors, with support from the clinical placement co-ordinators from the Practice Development team and lecturers from the School of Nursing and Midwifery (NUIG).

COVID-19 Impact on Clinical Placements

The COVID-19 pandemic had an impact on students' clinical practice placements.

1. Clinical placements were suspended for a time for some students. These deficits were repaid during the year or carried forward to the next year. All students progressed to the next year of the programme.
2. Some clinical areas were unable to facilitate students' placements due to the reconfiguration of clinical services which was necessary to deal with the pandemic.
3. A Clinical Pass App was introduced for undergraduate students, to complete on a daily basis to declare their wellness. Completion of the App provided a pass or fail and this determined the students ability to attend the clinical area for placement or not.

Community Midwifery Placements

These placements are achieved by allocation of students to:

- The Midwife Led Antenatal hospital based clinics and Midwife Led Outreach Antenatal Clinics on various sites.

Chapter 2 – Maternity Contd.

2.12 Midwifery Practice Development Unit, GUH & School of Nursing and Midwifery, NUIG *Contd.*

Midwifery Education *Contd.*

Assessment Process for Student Midwives

Theoretical and clinical assessments are ongoing throughout the academic year. Theoretical modules are assessed using a variety of methods: course work, reflective essays, examinations, MCQs, poster presentations and OSCEs. As a result of the pandemic, teaching and assessment strategies required greater use of online methods.

Clinical practice is assessed by achieving clinical competencies, as outlined by NMBI and the School of Nursing and Midwifery NUI Galway. Clinical competencies are assessed by midwives/preceptors, in collaboration with the clinical placement co-ordinators and link lecturers as appropriate. A national NMBI competency assessment tool was implemented in September for the 2018 first year students.

Postgraduate Diploma in Public Health Nursing

The *Child and Maternal Health* module was undertaken as part of the Postgraduate Diploma in Public Health Nursing at NUIG. Students were facilitated to undertake the clinical component of this module in GUH Maternity Unit, PUH, MUH and SUH.

Professional Development

Due to COVID-19 restrictions 2020 was a challenging year for all. Within the Midwifery Practice Development team we introduced the concept of facilitating mandatory training online via zoom, in some instances a blended learning approach using a combination of zoom and classroom based training was used.

Fetal Monitoring Workshops: Facilitated by practice development team, clinical midwives and obstetricians. The aim of these workshops is to facilitate mandatory multi-professional training in fetal monitoring requirements.

Neonatal Resuscitation Provider Course: Facilitated by neonatal instructors for all midwifery, neonatal and medical staff on an ongoing basis to meet mandatory neonatal resuscitation requirements.

Practical Obstetric Multi-professional Training (PROMPT): Facilitated by practice development team, clinical midwives and obstetricians.

The aim of these workshops is to facilitate mandatory, multi-professional training in the management of obstetric emergencies.

Perineal Suturing Workshop: Facilitated by the practice development team.

This workshop is designed to facilitate practitioners to acquire or update their knowledge and skills on perineal assessment and repair.

High Dependency Maternity Care Module: This postgraduate (level 9) module, continued in 2020. The aim of this module is to provide education for midwives on high dependency care needs, for women requiring level 1 care during pregnancy and childbirth. It runs as a stand-alone option or credits awarded can be accumulated towards other postgraduate courses, and is available to midwives nationally.

Additional Study days provided in 2020 in conjunction with the Centre for Nurse and Midwifery Education (CNME): Breast feeding workshops, Preceptorship, Documentation in Clinical Practice, Maternity and the Law, Bereavement study day, Perinatal mental health, Induction Day of new Nurse/Midwives and Update on Midwifery Practice.

Updates in the clinical area on skills and drills: Skills and drills in relation to NRP, Fetal Monitoring and Obstetric Emergencies are run frequently within the department to help support professional development.

Multidisciplinary Policy, Guideline, Clinical Care Pathways and Audit Committee

The purpose of these committees is to facilitate consistency and quality of maternity, early pregnancy, gynaecology and neonatal care through standardisation of policies, guidelines, care pathways and audit for the Saolta Maternity Hospital Group.

GUH & PUH Education Committee

Educational needs of staff are identified and relevant education sessions are organised to support professional development.

Chapter 2 – Maternity Contd.

2.13 Antenatal Education

Antenatal education aims to equip pregnant women and their partners with the knowledge and skills to negotiate their journey through pregnancy and to prepare them for childbirth and parenthood. Each of the Maternity units is Saolta offer this service.

Through the National Maternity service users survey women have told us that the need and benefit from being provided with high quality information and education in relation to pregnancy and preparation for birth. In response with this and in tandem with the launch of the HSE National Standards for Antenatal Education programme in each of our units have been refreshed to respond to this feedback.

GUH Antenatal Education Report 2020

Service Provision

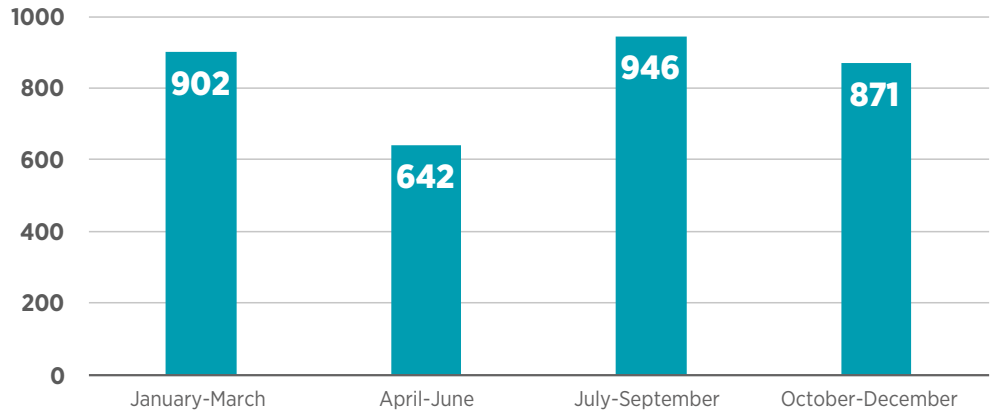
The philosophy in Parent Education is to promote, support and protect Normal Childbirth and to empower women and their families. The Covid-19 pandemic posed many challenges to our Department, which resulted in the redesign of services to meet the needs of the Mothers and their families. The first online virtual class was facilitated on the 24th of March 2020. The Multidisciplinary Team was involved as per the National Antenatal Education Standards which served as an excellent guide. The GUH Web-based Multidisciplinary Maternity Portal www.uhgmaternity.com was updated with a Covid-19 update section, the Maternity Virtual Tour and a hypnobirthing script. There are currently 14,000 women registered since its introduction in 2015.

Education & Training

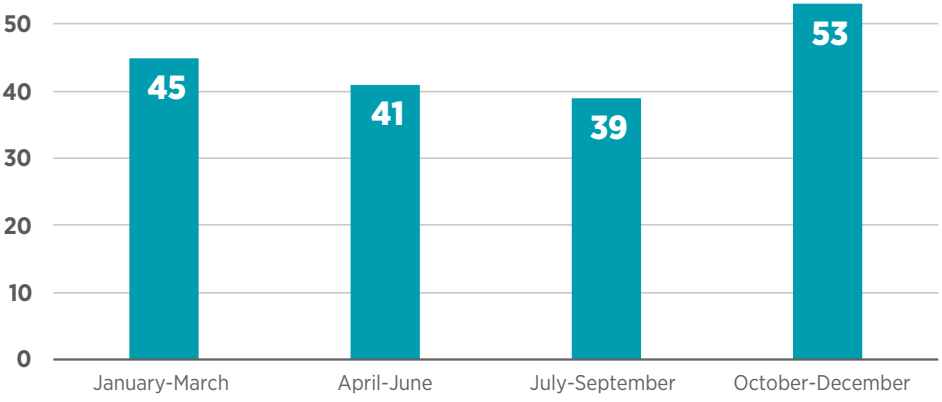
81% of Primips attended antenatal education programmes in 2020.

Due to the reconfiguration of classes to a virtual platform due to Covid-19, figures are somewhat reduced for the second quarter of 2020, however, there was an increase in activity for the final two quarters of 2020. The graphs below include attendance of women and partners at classes.

Attendance at Antenatal Classes (Primip) - 2020



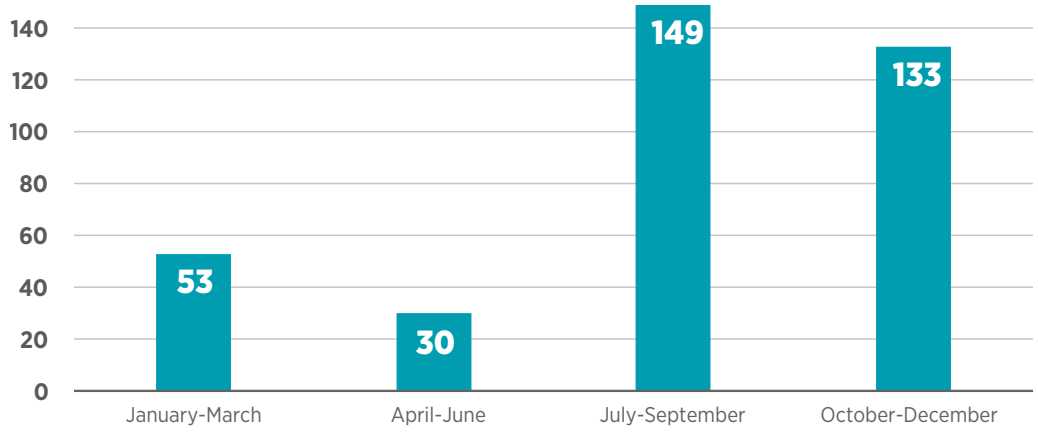
Attendance at Antenatal Classes (Multiparous) - 2020



Chapter 2 – Maternity Contd.

2.13 Antenatal Education *Contd.*

Attendance at Antenatal Breastfeeding Workshop - 2020



Achievements for 2020

- Redesign of all Antenatal & Postnatal programmes to a Virtual forum.
- First Live Antenatal Virtual Class 24.03.2020 incorporating the Multidisciplinary Team.
- Recorded postnatal class and assisted with uploading to screens on Postnatal Ward.
- Virtual Tour of Maternity Unit recorded and uploaded on Maternity portal www.uhgmaternity.com.
- Participated in short Film to explain process of virtual classes for Saolta Website.
- Joined National Antenatal Education Group.
- Hypnobirthing audio script added to Maternity portal www.uhgmaternity.com.
- Met increased Capacity due to improved virtual access.
- RCSI Webinar Series. RCSI in conjunction with the ONMS HSE had a live webinar on "Sharing the learning from Midwifery Series. A Systems approach". Midwife Carmel Connolly (One of 4 speakers) spoke on Innovation, redesign of Parent Education Services during the Covid-19 Pandemic - The GUH Experience.
- Presented at National Antenatal Education Study day.
- Extra breastfeeding workshops to support Breastfeeding week.
- RCPI Post Graduate Diploma Leadership & Quality completed.
- Application for IBCLS examination.

Chapter 2 – Maternity Contd.

2.13 Antenatal Education *Contd.*

Mayo University Hospital Antenatal Education Service 2020

The Antenatal Education service continues to support, educate and prepare women and families to be safe in pregnancy and to achieve the optimum outcome for delivery of their baby. The Education service links closely with the Pregnancy Counselling service, perinatal mental health and the Social Work Department, Mayo Traveller Support Group, Road Safety Authority, the Specialist Nurses Group and Western Region Drug and Alcohol Task Agency. This is essential for the support of vulnerable families.

It is a service that provides education, promotes wellbeing and links into the other maternity services in order to support the mother and family fully.

In 2020 we have had to rethink the primary provision of block classes monthly for first time parents and now have started to go online using Cisco WebEx.

The increased demand for one to one sessions continued throughout covid, often requiring repeat visits, with specific referrals from the social work department, fetal assessment unit and antenatal clinics.

We use phone and physical appointments to continue this type of support.

Information is also provided to inform parents where to source support and resources on discharge from hospital through the My Child site.

One to one breastfeeding support has been given by phone and ward visits. It is recognised that this service needs better resourcing to provide the optimum support.

Sligo University Hospital Antenatal Education Service 2020

The year 2020 was a year of change in the area of antenatal education. March 2020 heralded the start of the COVID 19 Pandemic and the cessation of face to face antenatal classes. This resulted in the midwives in the Antenatal Clinic taking up the mantle and making every contact count with the women being an opportunity for education.

Sligo University Hospital joined the National Antenatal Education forum in to keep up to date with Antenatal Education developments on a national level. We utilised the pre-existing resources of the antenatal education pack that all pregnant women receive on booking along with “MyChild” and “MyPregnancy”. For the women’s convenience links were posted to all of these resources and others on the Sligo University Hospital page of the Saolta website.

A virtual tour of our maternity service was posted on the Sligo University Hospital page of the Saolta website. This includes a view of the inside of the labour and maternity ward, pain relief options, positions in labour and practical advice.

A needs analysis for future developments in antenatal education was carried out during 2020 by Colette Kivlehan CMM3 Quality Improvement. The results of which have helped to restructure antenatal classes in this virtual age of antenatal education. Marla Kennedy CMM2 was appointed in late 2020 to the role of Antenatal Education and came into post in January 2021.

Chapter 2 – Maternity Contd.

2.13 Antenatal Education *Contd.*

LUH Ante-natal Education Annual Report 2020

The demand for Antenatal Education Classes continued throughout 2020. The Antenatal Education Co-ordinator (CMM2) co-ordinated and facilitated antenatal and postnatal education programmes until mid-March 2020 when face to face classes were paused due to the Covid -19 pandemic and associated restrictions.

Virtual classes were planned to commence end of April, however, this could not be progressed as the post holder vacated the post, a replacement was not sourced until 2021.

Challenges

- Restrictions due to the Covid -19 pandemic combined with staff changes presented a significant challenge to the antenatal education service in 2020.

2020 Attendance at Antenatal Education Sessions – 3 months						
Antenatal Education	**Jan**	**Feb**	**March**	**Clients**	**Support Partners**	**Total Attendance**
Weekday Sessions (Primips)	5	5	4	42	0	**42**
Evening Sessions	1	1	0	42	42	**84**
Refresher Sessions	1	1	1	16	4	**20**
Postnatal Reunions	1			6	0	**6**
Teen Classes (Group)	0	0	0			**0**
1:1 Antenatal Class Sessions				8	8	**16**
Tours of Maternity Unit				114	103	**217**
Breastfeeding Drop-in Clinic				3	2	**5**
				231	159	**390**

PUH Antenatal Education report

Hypnobirthing has become a very important component of our antenatal education since 2017 when 11 midwives initially trained to become facilitators. Since then other midwives have done the training and have joined the team of enthuastic and passionate midwives who deliver hypnobirthing education on a monthly basis to women who enrol. These midwives all work in the clinical setting so 'walk the walk' as well as 'talk the talk' about hypnobirthing with the women through their antenatal, antepartum and postnatal journey with us in Portiuncula. COVID proved challenging for the provision of the classes but the team rose to the occasion and quickly redesigned and evolved a virtual platform that has proven very popular with women

Education and training:

Currently 11 midwives facilitating the workshop, 15 midwives trained.

Ward sessions by team to support midwives to support women using hypnobirthing.

Bespoke sessions for midwifery students to support women using hypnobirthing.

Presented at midwifery conference on the quality initiative.

Facilitated midwife form another site to attend class to assist roll out in own site.

Service provision

138 women availed of this service in 2020

Achievements in 2020

Transformed the 2 day weekend class to a virtual platform in June 2021 via Zoom with increased numbers of women in attendance.

Chapter 2 – Maternity Contd.

2.14 Health and Social Care Professionals (HSCP) Maternity Services

The Health and Social Care Professions (HSCPs) are core service providers to women and their partners, children, other service users and staff in the Women's & Children's MCAN. This section highlights the activity and services delivered by the principal HSCP teams in Maternity Services. Other HSCP Services also are involved in the care we deliver to our service users.

2.14.1 Physiotherapy

Physiotherapy Referrals:		2016	2017	2018	2019	2020
Galway	Antenatal Outpatients	970	898	927	949	912
	Postnatal Outpatients	304	317	321	278	204
Portiuncula	Inpatients (combined Obs & gynae data)	-	-	-	-	77
	Outpatients (combined Obs & gynae data)	256	477	537	601	562
Sligo	Inpatient Maternity - Mothers & Babies	893	867	1008	1032	1067
	Outpatients (combined Obs & gynae data)	95	94	207	224	190
Letterkenny	Antenatal & Postnatal	626	833	726	784	647

Physiotherapy Activity – Number Treatment Sessions			2016	2017	2018	2019	2020
Galway	Antenatal OPD	Low Back Pain / Pelvic girdle pain	820	768	789	824	787
		Pelvic floor Dysfunction	62	32	62	37	47
		Other musculoskeletal issues	86	98	76	88	78
		GUH Total	968	898	927	949	912
	Postnatal OPD	Obstetric Anal Sphincter Injury	42	33	43	45	38
		Other Pelvic Floor Muscle dysfunction	187	206	206	158	120
		Low Back Pain / other msk	73	78	72	75	46
		GUH Total	302	317	321	278	204
	Group Education Workshops	Pelvic Girdle Pain Workshop	307	303	343	453	364
		Antenatal Education Workshops	2501	1997	2097	1795	840
		Postnatal 'Bodycare' workshop - new service 2020	-	-	-	-	166
Mayo	Maternity Inpatients		124	98	166	98	114
Portiuncula	Maternity & Gynae Inpatients (combined Obs & gynae data)						
Sligo	Inpatient Maternity Ward -Mothers & Babies - new and reviews		1052	1050	1151	1273	1318
	Outpatients (combined Obs & gynae data)		286	230	507	541	593
Letterkenny	Antenatal & Postnatal		626	833	726	784	647

*COVID 19 restricted and changed how physiotherapy services were delivered during 2020.

Chapter 2 – Maternity Contd.

2.14 Health and Social Care Professionals (HSCP) Maternity Services *Contd.*

2.14.1 Physiotherapy *Contd.*

Physiotherapy Services in 2020:

Physiotherapy Service in Galway

- Physiotherapy inpatient service to antenatal and postnatal wards in GUH
- 1:1 Physiotherapy outpatient appointments for women with musculoskeletal issues during and after pregnancy
- Group-based workshops providing education, advice and safe exercise for antenatal and postnatal women

Physiotherapy Service in Mayo

- Physiotherapy service maintained to inpatients on maternity ward - service limited due to staff reassignment to COVID related care

Physiotherapy Service in Portiuncula

- During COVID, Ante Natal care was moved on line with phone and Attend Anywhere sessions, as well as face-to-face appointments. Physiotherapy appointments were linked to clinic appointments to minimise traffic in the hospital
- Ante and Post Natal education and information are being moved to short videos on line with the opportunity to interact and feedback to Physiotherapy

Physiotherapy Service in Letterkenny

- Physiotherapy inpatient service to postnatal ward in LUH
- 1:1 physiotherapy outpatient appointments for women with MSK issues during antenatal and postnatal phase
- OASI protocols in line with Clinical Guidelines for OASI Management as set out by the Institute of Obstetricians and Gynaecologists
- Antenatal physiotherapy class as part of 6 week midwifery-led antenatal education course
- Pilates classes (suspended since March 2020 due to COVID restrictions)
- Antenatal and postnatal appointments by telehealth throughout COVID except in exceptional circumstances where urgent cases were provided with 1:1 outpatient appointment

Physiotherapy Achievements 2020:

Physiotherapy Achievements in Galway

- Introduction of Telehealth into antenatal and postnatal in response to COVID-19. This involved adapting the delivery of all physiotherapy group-based advice, education and exercise sessions, as well as some 1:1 consultations onto a virtual platform
- Creation of video-based postnatal education for women aimed at enhancing early physical recovery after birth. Women can access this information at a time that best suits them
- Introduction of a 'postnatal body care workshop' for all women up to 3 months after delivery, incorporating international guidelines on safe return to exercise postnatally

Physiotherapy Achievements in Mayo

- Post-natal education moved on-line

Physiotherapy Achievements in Portiuncula

- Meeting OASI Guidelines with regard to timelines required of National Maternity Strategy
- Revised Ante Natal Class in accordance with MAMMI clinical trial and revised ACOG 2020 Guidelines

Physiotherapy Achievements in Letterkenny

- Working in conjunction with midwifery-led antenatal education to develop 'fit for labour' active pregnancy class
- Introduction of telehealth in the treatment of antenatal and postnatal patients
- Revision of antenatal education material to adapt to virtual setting
- Revision of Women's Health Class Material

Chapter 2 – Maternity Contd.

2.14 Health and Social Care Professionals (HSCP) Maternity Services *Contd.*

2.14.2 Medical Social Work

Medical Social Work Services in 2020:

Medical Social Work Service in Galway

Medical social workers provide support, guidance and counselling as needed at a time of crisis for a family. This is voluntary, non-judgemental and non-directive. We value self-determination and are person centred and holistic in our approach. We will advocate for patients when required.

Support and counselling:

- Crisis intervention, mediation and counselling for various personal and family difficulties.
- Counselling and support for women at the time of diagnosis of serious illness.
- Antenatal support for parents following diagnosis of fetal abnormality.

Information and guidance:

- Support in relation to parenting and/ or childcare issues.
- Liaison, advocacy and support in relation to accessing various services e.g. addiction, immigration etc.
- Provision of information regarding social welfare, entitlements, birth registration etc.
- When necessary Medical Social Workers can liaise with TUSLA to ensure child protection plans are known for unborn babies.

Domestic Violence:

A routine enquiry into domestic abuse continues in Maternity Out patients. Should a woman disclose domestic abuse, social workers will prioritise and counsel her to plan for her safety. They provide consultation to midwifery and medical staff caring for these women to ensure her safety. Education and awareness training is provided to maternity staff when requested.

Crisis Pregnancy & Termination of pregnancy:

Medical social workers continue to offer supportive, non-biased counselling to women presenting with a crisis pregnancy at any stage of this pregnancy e.g. unplanned pregnancy, or on diagnosis of fetal abnormally. Counselling is offered on all options, including parenting, abortion and adoption, within the relevant legal guidelines.

Referrals are routinely accepted from Fetal Medicine Unit and Medical Social Workers welcome the establishment of the bi-monthly meeting of FMU/NICU to discuss these women, pregnancies and babies.

Bereavement care:

- We work closely with the Bereavement Support Midwife and provide bereavement counselling and support for parents and family members following a pregnancy loss.
- Education is offered to all maternity staff on the annual Bereavement Care study days.
- Social workers contribute to the planning and delivery of the 'Candle lighting ceremony' remembering and honouring all pregnancy and infant loss each October.

Perinatal Mental Health:

Medical Social Workers work closely with this team in supporting women with anxiety, low mood, and depression in ante natal or postnatal stage. We will welcome the new social Worker attached to this team when s/he come s to post.

Medical Social Work Service in Mayo

As part of our support to women and children, we often provide individual counselling and practical advice around issues such as domestic violence, rape, teenage pregnancy, mental health and relationship issues or where there are drug or alcohol misuse concerns.

Emotional support is also offered when a pregnancy is complicated by foetal anomaly. When a baby in Mayo University Hospital is diagnosed with a very severe foetal abnormality that is going to lead to death of the baby at birth or very shortly afterwards, we offer non directive counselling support throughout the pregnancy and advise of and liaise with supports in the community to enable parents navigate the daily challenges inherent with having such a sad diagnosis. Bereavement Counselling is available to parents when a baby or child dies through either miscarriage, stillbirth or illness, neonatal death or termination. Bereavement support is also offered in relation to unresolved grief around a previous loss of a baby when a woman or couple present again with a healthy pregnancy. In this area of our work, we liaise very closely with the Perinatal Bereavement Midwife.

Our service offers comprehensive assessment of a patient's social, emotional, environmental and support needs and offers support around long-term care issues alongside counselling support where there is a diagnosis of serious or chronic illness.

We work closely with the TUSLA Child and Family Agency. We often refer to them to ensure couples with limited supports and experience with children receive follow up through a Family Support Worker or perhaps for parenting skills education. We also link very closely with them when there are concerns about a parent's ability to parent, protect, and keep a child safe.

Domestic violence is a very complex issue that affects numerous families and in our work in this area, we discuss a plan of safety with women ensuring they are aware of the relevant community supports.

We are acutely aware of the increased recognition of the need for support for women experiencing a wide range of stressors in the ante natal and post-natal stages and provide support for women with

Chapter 2 – Maternity Contd.

2.14 Health and Social Care Professionals (HSCP) Maternity Services *Contd.*

anxiety, low mood, and depression in these stages. In this area, we work very closely with the new Perinatal Midwife in Mental Health to ensure co-ordination and continuity of care to our expectant mothers.

This year the Pregnancy Support Counsellor was involved in the development and delivery of a virtual International Symposium on Coercive Control, which was delivered to over 1,500 professionals who attended from various professions across the globe

Our Pregnancy Support Counsellor provides yearly education and training in the Centre of Nursing and Midwifery Education on:

- Domestic and Sexual Abuse Disclosure
- Bereavement and Loss in early Pregnancy
- Receiving and Responding to Disclosures of Domestic Violence and Sexual Abuse in Pregnancy.
- Childhood Bereavement and Loss; Empowering Families and Health Care Professionals.
- We are currently collaborating with the CNME around the development of an inter-professional training day called 'Creating Memories: Loss in Pregnancy and Childhood Masterclass.

The Medical Social Work Department was a founder member of the committee that has co-ordinated an Ecumenical Service of Remembrance for families who have suffered a loss through miscarriage or stillbirth, termination or at any age since 2002 and our department continues to be actively involved each year in its coordination. Approximately 300 people attend this service each year.

Medical Social Work Service in Portiuncula

- Pyscho-social assessments
- Counselling
- Emotional support
- Provision of information
- Bereavement support
- Child protection and welfare
- Neo-natal withdrawal (SCBU)
- Crisis pregnancy (64 new cases)
- Post termination counselling
- Inter-agency links
- Teen parenting (30 new cases)
- Limited services to the paediatric unit mainly focused on Child Protection, welfare, mental health and oncology patients.

The main challenges in 2020 related to the Covid-19 pandemic and problems such as mental health, addiction and domestic abuse were exacerbated by the lockdown measures.

New Parents had limited or no access to their normal support network because of Covid-19 restrictions. There was also heightened anxiety for expectant parents due to the strict visiting restrictions. This was a new challenge for services supporting women and families at a vulnerable time.

Maternity and antenatal services were reconfigured with new care for the expectant woman attending on her own. Virtual clinics also took place facilitating easier access antenatal care.

Medical Social Work Activity 2020 in PUH

	2016	2017	2018	2019	2020
Medical Social Work Referrals:	299	325	408	405	403
	2016	**2017**	**2018**	**2019**	**2020**
Medical Social Work Activity:	595	641	881	878	813

Chapter 2 – Maternity Contd.

2.14 Health and Social Care Professionals (HSCP) Maternity Services *Contd.*

2.14.2 Medical Social Work

Medical Social Work Achievements 2020:

Medical Social Work Achievements in Mayo

The Senior Medical Social Work post, which was introduced to the service in September 2020 is a new Perinatal post that is linked to the Maternity Strategy. It is has been a welcome addition to compliment the person centred, multidisciplinary care already provided

Medical Social Work Achievements in Portiuncula

- The service welcomed the development of peri-natal mental health supports in the hospital which compliments the person centred, multidisciplinary care provided.
- The introduction of targeted antenatal education for teen parents was supported by our service. Continued collaboration with the Teen parenting programme in GUH with an outreach service provided to the East Galway service users.
- Social Work input into the delivery of antenatal education virtually.
- Annual Remembrance Service in February 2020 for those who have experienced pregnancy loss.
- Professional development/ training webinars on topics of interest such as autism, eating disorders, bereavement, foetal alcohol syndrome, legislation related to maternity care and human rights in reproductive health.
- In house working groups:
  - Peri-natal bereavement
  - End of Life Care
- Participation in the Ballinasloe Child & Family Support network with teleconference every second month involving professional working with youth and families in east Galway area.

2.14.3 Teen Parents Support Programme

Teen Parents Support Programme Referrals:	2016	2017	2018	2019	2020
Galway	48	60	59	51	29
Mayo	1	1	1	1	-
Portiuncula	-	-	-	7	7

The Teen Parents Support Programme works with 50-60 clients at any one time. The Hardacre model is used to assess and respond to needs as they arise and provide a holistic service.

Teen Parents Support Programme Services in 2020:

The Teen Parents Support programme is located at Galway University Hospital and managed by the Social work Department. It is funded though the HSE West and Tusla Child and Family Agency, under the School Completion Programme. Support is offered in all areas of a young person's life: antenatal care and health in pregnancy, relationships, accommodation, social welfare, education, training, child development, parenting, childcare and any other issue that is of concern to the young parent.

Ten similar programmes have been set up nationally. The national Coordinator of all TPSP'S is Margaret Morris based in Treoir, Dublin. Support is offered on a one to one basis, through group activities and through referral to and liaison with other services.

The Programme provides services for young people who become parents when they are aged 19 years and under and supports them until their children are two years of age. This service is open to all young parents living in Galway City and County.

The majority of referrals come from Galway City and County but there are a small number of clients referred with home addresses in Roscommon and Co Clare. Mother receiving their their care and delivering their babies in Galway University Hospital are provided a service while they attend the hospital.

In 2019, an outreach services in Ballinasloe was started in response to demand and to serve clients delivering in Portiuncula Hospital. An outreach services to the Primary Care Service area in Tuam was also established to meet the needs of young parents in that area.

Chapter 2 – Maternity Contd.

2.14 Health and Social Care Professionals (HSCP) Maternity Services *Contd.*

Teen Parents Support Programme Achievements in 2020:

As a result of the Covid 19 global pandemic and lockdowns during 2020, it was not possible to provide the same type and level of service as previously, especially in relation to face-to-face contact and group activities. However regular contact with the majority of our clients was maintained via phone calls, text messages, emails, WhatsApp and Facetime calls etc. Approximately one third of the young parents either started or continued with their education and they were supported with this throughout the year. When it was needed, face to face meetings were provided, either at the hospital or in an outside space within Covid regulations. The young parents faced many challenges in relation to lack of peer support and isolation and the hope is that our service helped to alleviate their anxieties and provide reassurance and access to other supports during these times. We look forward to opening up the service for resumed activities as soon as possible.

2.14.4 Nutrition & Dietetics

Nutrition & Dietetics Service in Galway

A new Senior Maternal Health Dietitian was appointed. She came into position in GUH in May 2020. During this time, she also provided cover to the acute wards due to dietetic staff shortages.

Nutrition & Dietetics Achievements in Galway

- Development of a new Gestational Diabetes out patient service for GUH patients. Due to COVID consultations these were being offered either as face to face or virtually via Zoom
- Antenatal Education: Nutrition in Pregnancy talks have been moved virtually via zoom due to COVID. Classes are no longer limited to 15 women per month. All women can now access virtual education sessions from booking and gain education in a more timely manner.
- The Maternal Health Dietitian continued to offer support to obstetric patients in the Maternity Unit.

Referrals:	2020
Inpatient	16
Outpatient	75
Activity	2020
Inpatient	20
Outpatient	91

Of note, stats were at times inaccessible because of changeover PAS to iPMS so may not fully reflect accurately the dietetic referrals and activity.

Chapter 2 – Maternity Contd.

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Saolta Group

- Ms. Siobhan Canny, Group Director of Midwifery

Chapter 3 – Neonatology

3.1 Neonatology Introduction

The Neonatology service forms part of the Women's & Children's (W&C) Managed Clinical & Academic Network (MCAN) which are delivered by the four Model 3 hospitals (PUH, MUH, SUH & LUH) providing level 1 special care for infants born >31 completed weeks gestation and one Model 4 hospital (GUH) providing level 2 care, >26 completed weeks gestation, within the Saolta Group.

Galway University Hospital (GUH) Neonatal Intensive Care Unit (NICU) is the level 2 (Regional) unit for the Saolta Group and tertiary referral status and provides high dependency and neonatal intensive care to most premature (>26 completed weeks gestation) and sick term infants.

There were 8,303 babies born in the Saolta Group in 2020, with 1,402 of these babies admitted to the neonatal units ie 17% were admitted to the neonatal units within the Group.

The composition of each Neonatology Unit in 2020 is outlined in the table below.

All Site/units are clear about their roles and the level of care provided in each unit based on national Model Of Care Paediatrics and Neontology.

Infants are admitted from labour ward, postnatal ward, theatre, other hospitals and also those born outside hospital. The National Neonatal Transport Programme (NNTP) 24/7 is an essential component of an integrated neonatal clinical network. The staff in the neonatal unit liaises, when necessary, with specialist teams in Dublin. The NNTP offer a valuable service, transferring a number of our babies for continuing care and investigations to Dublin hospitals.

An efficient and effective retro-transfer service is required to facilitate transfer of infants back to their local hospital once stable.

Composition of each Neonatology Unit

Hospitals / Sites	GUH	PUH	MUH	SUH	LUH
Model	Model 4	Model 3	Model 3	Model 3	Model 3
Neonatal Unit	N.I.C.U. Level 2	S.C.B.U. Level 1	S.C.B.U. Level 1	S.C.B.U. Level 1	S.C.B.U. Level 1
Cots (number)	**17**	**8**	**9**	**10**	**10**
I.C.U.	6	1	0	2	2
H.D.U.	5	0	0	4	2
S.C.B.U.	6	7	9	4	6
Hospital Births	2,614	1,400	1,414	1,326	1,549
Neonatal Admissions	379	211	324	246	242
% Neonatal Admissions	14.50%	15.07%	22.91%	18.55%	15.62%

Chapter 3 – Neonatology Contd.

3.2 Neonatology Achievements in 2020

Much attention was paid during 2020 to the development of the Neonatal services within the Saolta Healthcare Hospital Group:

- Establishment of the Saolta MDT Neonatology Steering Group in September 2020, providing a forum for key clinical and strategic issues related to Neonatal service across the Saolta Group to be discussed and managed in order to inform and drive improvements in clinical care and outcomes.
- Enhanced governance and clinical structure developed across the Group to ensure that this will improve the integration of hospitals and ultimately safer services to our patients.
- In January 2020, a full separation of the GUH neonatal service from the GUH general paediatric service was achieved, and the increases in the in utero and postnatal transfers observed in 2020 were the result of a change in referral patterns, with many of the transfers within the Saolta group now been directed to the dedicated neonatal service at GUH.
- Infrastructural issues arise in most hospitals and currently these are being resolved locally in GUH through the Capital programmes. Work is underway on Infrastructural requirements of the Model 4 hospital in Galway.
- vCreate was launched in 2020 in the Neonatology Unit and is a trusted secure video messaging service that helps patients, families and clinical teams stay connected throughout their care journey. This was used to support the families during the waves of Covid-19 Pandemic.
- The Unit also appointed a new CMM2 and 2 CMM1 for the Unit.
- The Kaiser Neonatal Early-Onset Sepsis calculator was introduced to GUH practice in June 2020. This has reduced the number of term babies admitted to the unit for a rule out sepsis and antibiotic therapy.
- A daily safety huddle, called NeoSafe, for all members of staff in the unit commenced. Situation awareness for everyone (SAFE) improves patient safety by reducing errors through enhanced communication, teamwork and by building team resilience. The safety huddle is now embedded into GUH routine, with the safety journey energised by the support of all members of staff.
- Golden Drops quality improvement (QI) project supports mothers and encourage them to produce earlier colostrum for their babies. A “Golden drops” pack is gifted to the mothers of our premature and sick babies either before or immediately after delivery in GUH.
- We have introduced High Fidelity simulation “Plug ‘N’ Play NRP” to our new-born resuscitation skills and drills sessions in Galway. Plug ‘N’ Play NRP system mirrors the high fidelity quality found in a simulation lab. It is portable, therefore supporting staff to keep their skills up to date, without having to leave the clinical area.

Chapter 3 – Neonatology Contd.

3.3 Saolta Neonatology Data Report

Saolta Neonatology Annual Clinical Report 2020

Statistical Information:	GUH	PUH	MUH	SUH	LUH	Saolta
Level of Neonatology Unit	**Level 2**	**Level 1**	**Level 1**	**Level 1**	**Level 1**	**Saolta**
Number of births (24 weeks or >/= 500g)	2614	1400	1414	1326	1549	8303
Total no. of Admissions	379	211	324	246	242	1402
Admissions as a % of births	14.50%	15.07%	22.91%	18.55%	15.62%	16.89%
Number of transfers in	26	11	14	30	11	92
Number of transfers out	40	23	18	24	8	113
Cots (number)	17	8	9	10	10	54
I.C.U.	6	1	0	2	2	11
H.D.U.	5	0	0	4	2	11
S.C.B.U.	6	7	9	4	6	32
Mode of delivery of admitted infants:						
SVD	99	60	90	77	113	437
Assisted VD: Vacuum or Forceps	51	27	61	27	20	179
C-Section: Elective or Emergency	229	124	173	142	109	759
Gestation of admitted infants:						
>37 weeks	222	159	241	168	160	899
32-36 weeks	115	42	61	52	70	330
27-32 weeks	35	9	21	24	11	95
23-26 weeks	7	1	1	2	1	11
Birthweight of admitted infants:						
>4000g	42	27	49	22	33	174
3000-3999g	151	99	179	96	99	622
2500-2999g	64	32	46	46	37	217
1500-2499g	93	46	41	54	67	294
1000-1499g	24	6	5	22	5	56
<1000g	5	1	4	6	1	30
Admission source of admitted infants:						
Labour ward	109	32	76	69	112	398
Theatre	161	85	154	81	63	544
Postnatal ward	72	84	77	60	53	346
Referral from another hospital	37	9	14	24	14	98
Home births (includes BBA)	0	1	3	2	0	6
Reasons for admission of admitted infants:						
Prematurity/ Low birth weight	118	57	71	67	82	395
Respiratory Distress	98	40	71	40	98	249

Chapter 3 – Neonatology Contd.

3.3 Saolta Neonatology Data Report *Contd.*

Statistical Information:	GUH	PUH	MUH	SUH	LUH	Saolta
Reasons for admission of admitted infants: *Contd.*:						
Infection risk factors/symptoms	42	56	41	25	57	221
Hypoglycemia	41	17	62	18	33	171
Jaundice requiring phototherapy	79	15	22	10	12	138
Feeding problems	39	3	18	5	11	76
Genetic /Metabolic/Congenital anomaly	33	5	12	2	6	58
Neurology: Perinatal stess/HIE	4	2	0	0	2	8
Social	6	5	11	5	12	39
Surgical diagnosis	17	4	3	2	1	27
Birth trauma	11	1	2	0	3	17
Other	44	6	2	22	27	101
Significant neonatal care:						
Non-invasive respiratory support: CPAP/ HFNC	139	51	75	20	62	347
Mechanical Ventilation	13	3	11	8	6	41
Surfactant Administration	49	3	12	4	6	74
Pneumothorax treatment	7	3	0	5	1	16
Positive Blood Culture and IV Antibiotics *	4	3	0	7	4	18
IV Abs for 5 days or more	12	7	9	8	23	59
Negative Blood Cultures *	209	43	135	1	19	364
Central Line Inserted: UAC/UVC/PICC	54	8	4	2	3	71
HIE and transferred out for Therapeutic Hypothermia	5	1	0	1	0	7
Phototherapy treatment	17	15	22	13	21	73
Hypoglycemia and IV glucose	41	17	62	10	30	160
Total parenteral nutrition (TPN)	157	17	4	3	2	183
Investigations for suspected Congenital Heart Disease	24	1	6	2	5	38
Investigations suspected Genetic/Metabolic Condition	11	3	12	5	2	33
Surgical diagnosis:						
Acute bowel obstruction	1	1	0	1	1	4
Anorectal malformation	0	0	0	0	0	0
Gastroschisis	0	0	0	0	0	0
Duodenal atresia	0	0	0	0	0	0
Genitourinary malformation	12	0	0	0	0	12
Neurosurgical anomaly	0	2	0	0	1	3
Other	4	4	2	4	2	16

* Due to challenges in data collection, not all of the data pertaining to this have been validated.

Chapter 3 – Neonatology Contd.

3.4 Health & Social Care Professionals (HSCP) Neonatology Service

The Health and Social Care Professions (HSCP) are core service providers to women and their partners, children, other service users and staff in the Women's and Children's MCAN. This section highlights the activity and services delivered by the principal HSCP teams in Neonatology. Other HSCP Services also have involvement in the care we deliver to our service users.

3.4.1 Physiotherapy

Physiotherapy Service in Galway

St Clare's neonatal unit - neonatal screening for babies born at <32 weeks gestation, <1000g birth weight and infants presenting with birth asphyxia, Grade 3 or 4 IVH or PVL, Term Asphyxia / Stroke / Hyptonia, congenital infections and complex neurodevelopment babies Neuro-developmental delay:

- Enhanced surveillance follow up for preterm infants by the clinical specialist
- Physiotherapy is a key component of twice weekly neurodevelopmental clinics, led by Consultant Neonatologists. The assessment and care delivered by the Clinical Specialist in Neonatology at these clinics has led to better recognition of the physiotherapy role in managing complex patients. Attendance has simultaneously facilitated improved patient centred care, enabling access to different therapies on the same day.
- The Clinical Specialist in Neonatology has also played a key role in the NICU Multi-Disciplinary Team (MDT) Meeting service developments in 2020, including the introduction of the vCreate app.

Physiotherapy Service in Mayo

	2020
Referrals	16

Physiotherapy Service in Sligo

	2016	2017	2018	2019	2020
NICU Inpatient Referrals	27	30	11	21	32
	2016	**2017**	**2018**	**2019**	**2020**
NICU Inpatient Treatments	46	49	21	62	167

Chapter 3 – Neonatology Contd.

3.4 Health & Social Care Professionals (HSCP) Neonatology Service *Contd.*

3.4.2. Nutrition & Dietetics

Nutrition and Dietetics Services in Galway

The NICU in Galway is the only Neonatal Unit in Saolta with a dedicated Neonatal Dietetic service for both inpatients and outpatients

The Nutrition and Dietetics inpatient referrals and activity increased significantly from 2019 to 2020 despite a reduced Dietetic service to neonatology inpatients by 50% from August to December 2020.

This increased activity may have reflected the increased number of Consultant Neonatologists in GUH and increased number of patient transfers from Level 1 neonatal units in Saolta group.

The outpatient activity decreased in 2020 as there was no cover to neonatal clinics for 5 months from August to December 2020.

Nutrition and Dietetics Achievements 2020 in Galway

- Neonatal Dietitian continued to act as representative on the National Neonatal and Paediatric Parenteral Nutrition Steering Committee and co-authored the 2nd revision of the 'Guideline on the Use of Parenteral Nutrition in Neonatal and Paediatric Units', published online in July 2020. The aim of this guideline is to ensure evidence-based prescribing, administration and monitoring of PN in Neonatal and Paediatric units in Ireland.
- Participation in the 'Tiny Gym' Quality in Action pilot project offering multidisciplinary support to moderate and late preterm infants post discharge. The goal of this project was to help reduce parental anxiety post discharge and improve neurodevelopmental outcome.
- Contribution to the NCHD Postgraduate Education programme and Journal Club education for neonatal staff in NICU.

Referrals	2019	2020
Inpatient	64	61
Outpatient	86	36
Activity - Number Treatment Sessions	**2019**	**2020**
Inpatient	344	655
Outpatient	129	81

3.4.3 Medical Social Work

Medical Social Work Service in Galway

On the Special Care Baby Unit we regularly support families whose baby is admitted either due to prematurity or health problems.

The role of the social worker in the NICU is to strengthen and empower families, encourage family resilience, and promote positive developmental outcomes for babies through assessment, advocacy, and support.

We are aware of the impact of difficult diagnoses for families and counselling support is offered. Information and support are provided to ensure the smooth transition of a baby from hospital to home.

Crisis intervention and counselling to support families coping with life changes associated with illness and hospitalisation, premature birth, diagnosis of long term illness, foetal abnormality. We work closely with families to enhance coping skills and participation in care, supporting attachment and bonding with caregivers and children.

Social workers also provide grief support during a loss or a baby's sudden clinical decompensation. Social workers can provide ante natal support at a time of a difficult diagnosis in the pregnancy. Often, social workers provide crisis intervention to support families in situations of extreme stress or family conflict.

Social workers can also help to coordinate an interdisciplinary team response to a family's crisis to ensure that each team member's strengths and expertise are best utilized. Social workers can be a link between Fetal medicine, NICU and Paediatrics in Galway and when appropriate liaise with Dublin specialist hospitals e.g. cardiology.

Chapter 3 – Neonatology Contd.

3.4 Health & Social Care Professionals (HSCP) Neonatology Service *Contd.*

3.4.4 Pharmacy

Senior Pharmacy in GUH

A Senior Pharmacist is providing 0.3 WTE support to the NICU in GUH. This service includes;

- Ward visit to review drug charts for accuracy & appropriateness of medicine prescribed.
- Proactive advice to other healthcare professionals involved in the care of the neonate e.g. advice to nurses on appropriate medicine administration and advice to doctors on dosing adjustments, monitoring or appropriate choice of medicines based on guidelines.
- Ensure access to the CHI formulary is maintained and readily accessible.
- Review of policy documents in relation to medication prescribing and administration.

Neonates HSCP Pharmacy

These posts have provided an opportunity to support and manage medication therapy as part of the multi-professional team and in implementing medications management policies. This included reviewing all the drug charts and performing medication reconciliations as needed, inclusion in safety huddles, development of guidelines, incident reporting, MDT meetings and monthly neonatal management team meetings.

Pharmacy QI medication safety initiatives in Neonates in GUH from October 2020;

- Neonatal Resuscitation Tray updated, with staff education complete and change implemented.
- Implementation of FAST Guidelines.
- Guidelines Vitamin K revised.
- Neonatal IV Dilution Table revised.

Pharmacy QI medication safety initiatives in Neonates in PUH 2020

Development of the neonatal formulary with a monograph for all injections, oral agents, creams, eye/ear drops, suppositories used in neonates. These monographs have information for each medication on dosing and administration, cautions/comments and compatibilities/incompatibilities as appropriate.

The successful development and implementation of

- Neonatal medication and PUH Neonatal Guidelines shared "Y" drive where neonates experience care. All drug monographs, guidelines and protocols that have been approved for use in the hospital are uploaded here.
- The Red "Critically ill Child and Critically ill neonate" folder.
- Patient Information Leaflets (PIL`s) for neonates: Sweetease® & " Gaviscon

Development of a new "Neonatal Resuscitation medicines Pack". This green pack contains all the medications, syringes, labels and stop cock required for neonatal resuscitation. By only stocking this sealed, easy to identify green pack, we have improved medication safety around neonatal resuscitation.

- Medication use review in neonates -Stocking of TPN streamlined.

3.4.5 Introduction of Clinical Psychology Service

National Women's and Infants Health Programme (WWIHP) funded the post of 0.5 WTE Clinical Psychologist for Neonatology in 2020. The post will support the Saolta Group and will focus on supporting babies and their family's developmental assessment using The Bayley Scales of Infant Development. This will be offered to all babies with very low birth weight <1500g or born less than 30 weeks. International best practice is that all such infants should have a Bayley developmental assessment at 2 years corrected age. The purpose of this assessment is to detect any neurodevelopmental problems in this high risk group so that timely early intervention can be sought.

The psychologist will liaise with clinicians throughout the Saolta group to ascertain current practices for Bayley assessments in their regions and local areas. The psychologist will be available to consult with other clinicians who are conducting assessments locally.

Further development of the service will include Parent Groups for example Circle of Security (COS) Parenting Programme and Parent Support whilst in Neonatal Services.

We look forward to expanding this service in 2021.

Chapter 3 – Neonatology Contd.

Contributors

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LUH

- Mr. Tommy Kerr, Physiotherapy Manager, LUH
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MUH

- Ms. Andrea McGrail, Director of Midwifery, MUH
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Chapter 4 – Gynaecology

In this section of the report the statistics that outline the activity in gynaecology and the sub-specialty areas thereof are outlined. In the first section of the chapter the activity related to general gynaecology at the 5 hospital sites is presented. There was a significant reduction observed in the number of operative cases performed in theatre in 2020 because of the COVID-19 pandemic. For example, at the GUH site, in 2019 there was 2,450 operative procedures performed (inclusive of caesarean section and gynaecology procedures) and the corresponding figure in 2020 was 2,145. This reduction was mostly reflected in elective procedures for benign gynaecology. However at the GUH site the Ambulatory Gynaecology Unit was opened in January 2020 and continued to work throughout. In the GUH site, as in all sites, time dependent diagnostic procedures continued throughout. The number of operative cases performed in MUH, PUH, SUH and LUH are presented in Table 2. There is some lack of conformity in the way they are presented which has arisen from coding and the fact that some data were obtained from HIPE. This matter will be addressed in future reports. For example, where it is outlined that there were no ERPC procedures performed in one site that is due to the fact that such procedures were coded as D&C procedures. There is also some disparity across sites in the identification of a procedure as a D&C or a hysteroscopy.

Within the Saolta Group specialist Gynaecological Oncology services are provided at GUH for MUH, SUH and PUH. This service continued throughout 2020. This continuation of the service was facilitated by significant use of operating theatre and ward time in the local private hospitals (the Galway Clinic and the Bons Secours Hospital), in line with HSE initiatives during the pandemic. We are grateful for this increased capacity. We are also grateful to our colleagues in the Gynaecological Oncology service who made this happen, and provided the additional cover.

There are separate sections in this report for the activity during 2020 in Ambulatory Gynaecology, Colposcopy and Urogynaecology.

4.1 Saolta Group Gynaecological Surgery

GUH Gynaecological Surgery Report 2020

Procedure	Number carried out	Procedures undertaken in interim off site GUH Gynaecology Facility
Elective LSCS	418	
Emergency LSCS	443	
ERPC	155	
Abdominal hysterectomy +/- BSO	27	24
Radical hysterectomy	1	
TAH, BSO & PLND	12	
TAH, BSO & omentectomy & appendicectomy +/- PLND	32	2
Omentectomy	1	
Ovarian debulking	17	10
Bilateral Salpingo Oopherectomy	0	3
Caesarean hysterectomy	3	
Myomectomy	6	
Laparotomy	23	
Diagnostic laparoscopy	35	2
Laparoscopy Hysterectomy/BSO/PLND	7	
Laparoscopic hysterectomy +/-BSO	17	
Laparoscopic BSO	19	

Chapter 4 – Gynaecology Contd.

4.1 Saolta Group Gynaecological Surgery *Contd.*

Procedure	Number carried out	Procedures undertaken in interim off site GUH Gynaecology Facility
Laparoscopic unilateral salpingo-oophorectomy	15	
Laparoscopic tubal ligation	13	
Laparoscopic ectopic	17	
Laparoscopic dye hysteroscopy	32	
Laparoscopic cystectomy	11	
Hysteroscopy D&C	429	58
Mirena insertion	51	
Endometrial ablation	22	
TCRE	26	
Vaginal hysterectomy	5	
Vaginal hysterectomy and PFR	8	
Pelvic Floor Repair	20	
Vulvectomy	6	1
Cystoscopy	16	
Examination under anaesthetic	20	1
Cervical Suture	10	
Fentons procedure	5	
Vulval biopsy	49	
LLETZ	10	
Bartholins	12	
Instrumental delivery	52	
Third degree tear repair	42	
Manual removal of placenta	20	
Excision of skin tag	1	
PPH Bakri balloon insertion	2	
Removal of mirena coil	4	
Cervical smear under GA	6	
Labiaplasty	3	
Excision of labial cyst	3	
Major	1080	61
Minor	964	40
Elective Cases	1391	101
Emergency Cases	653	0
Total	2044	101
Total procedures GUH 2020		**2145**

Chapter 4 – Gynaecology Contd.

4.1 Saolta Group Gynaecological Surgery *Contd.*

Gynaecology Procedures 2020	MUH 2020	PUH 2020	SUH 2020	LUH 2020
Elective Caesarean	272	310	247	294
Emergency Caesarean	276	254	268	265
Total Abdominal Hysterectomy (TAH)	14	12	22	30
Bilateral Salpingo Oophorectomy (BSO)	25	11	39	9
Vaginal Hysterectomy	20	1	9	16
Hysteroscopy	1	233	312	(388+ 64) 452 **
Dilation & curettage of uterus (D&C)	90	297	292	0
Insertion/Replacement/Removal of intrauterine device (IUD)	49	159	152	114
Evacuation of retained products of conception (ERPC)	64	0	62	155
Smear	6	3	25	0
Examination under Anaesthetic (EUA) Gynae	4	0	33	0
Large Loop Excision of Transformation Zone (LLETZ)	7	0	18	29
Trans cervical resection of the endometrium (TCRE)	27	0	0	0
Biopsy Gynae	2	13	20	22
Laparoscopy/Laparotomy	23	50	59	3
Colposcopy	0	0	9	0
Polypectomy	0	47	25	0
Other Procedures	116	229	66	285
Total	**996**	**1619**	**1658**	**1674**

** The gynaecology theatre activity for 2020 in LUH includes 64 procedures performed in an interim operating facility by LUH Consultants.

Note a degree of caution needs to be applied with the interpretation of the intraoperative gynaecology data for the 2020 for four sites (Mayo, Portiuncula and Letterkenny) the data was provided from HIPE and has not been fully validated.

Chapter 4 – Gynaecology Contd.

4.2 Saolta Group Gynaecological Oncology

A tertiary referral gynaecological oncology services is provided at Galway University Hospital which serves to provide this service throughout the Saolta Group. The service provided at Galway University Hospital includes surgery, medical oncology, radiotherapy, and a multidisciplinary team of radiologists, pathologists, nurse specialists, psychologists, dieticians, physiotherapists and research nurses.

2020 continued to be a busy year for the Gynaecological Oncology service. Despite the restrictions to service which resulted from the first wave of the COVID 19 pandemic, every effort was made to accommodate new referrals of patients with gynaecological cancers to GUH. Both consultants made use of theatre lists in the Galway Clinic to perform surgery twice weekly. Patients were also referred to the Mater Hospital, who had capacity available.

Gynaecological Oncology Service Surgical Activity

Year	Number of Surgeries per Cancer Type				
	Endometrial	Ovarian	Vulval	Cervix	Total Surgeries
2019	42	52	1	6	101
2020	37	55	13	15	109

This data does not include complex benign surgical cases nor adjunct therapy patients

4.3 Saolta Placenta Acreta Pathway

Within the Saolta University Health Care Group a pathway has been developed to care for women with uterine and placental disorders including placenta acreta. This pathway accepts transfers from within the Hospital Group for delivery and management of the patient as well as complicated post-partum patients. This service is delivered in GUH and is a collaboration of Obstetrics and Gynaecology services, Fetal Medicine, Specialised Obstetric Anaesthetist, blood and tissue establishment, interventional radiology. Additionally Level 3 intensive care facilities, cell salvage and a hybrid operating room are available.

Year	Number of Acreta	Elective	Emergency	Outcome Hysterectomy	Baby
2018	7	5	2	3	All live births
2019	3	3	0	1	All live births
2020	3	2	1	3	All live births

Chapter 4 – Gynaecology Contd.

4.4 GUH Urogynaecology report 2020

The urogynaecological service continues to develop despite the limitations imposed by the Covid-19 pandemic. We continue to be indebted to the Physiotherapists in women's health, who provide the bulk of conservative management for patients with prolapse and urinary symptoms and continue to facilitate a combined clinic on a Monday morning. In 2020, a total of 87 women were seen by the Physiotherapist as part of the Urogynaecology service this was a slight increase from the 2019 total of 85.

Use of Cystistat:

Cystistat is used for the treatment of painful bladder symptoms, non-specific cystitis and recurrent cystitis. During 2020, 55 treatment cycles were carried out.

Surgery:

The pause on use of Mesh in urogynaecology is still in place and no Tension free vaginal tapes were performed in 2020. Prolapse repairs and apical suspension using absorbable sutures were carried out when possible.

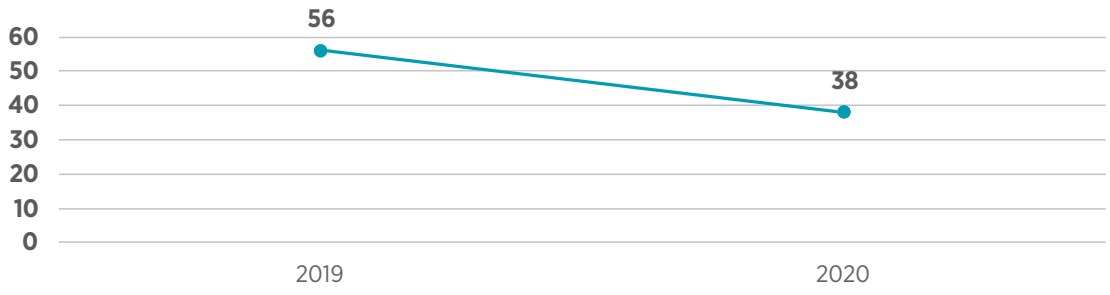
Perineal clinic

The Perineal clinic was also interrupted by the pandemic but none the less continued to see patients when possible.

Urodynamic: This table presents the number of urodynamic tests undertaken and the diagnosis in 2020.

Break down of diagnosis following Urodynamics	2019	2020
Stress Urinary Incontinence:	20(33%	14 (32.5%)
Mixed Urinary Incontinence:	7(11.6%)	6 (13.9%)
Normal	16(26.6%	10 (23.2%)
Detrusor over activity	11(18.3%	9 (20.9%)
Voiding dysfunction:	6(10%)	4 (9.3%)
Total number of Urodynamic tests performed	**60**	**43**

Perineal clinic attenders



Chapter 4 – Gynaecology Contd.

4.5 Ambulatory Gynaecology

GUH Ambulatory Gynaecology

The new Ambulatory Gynaecology Service (AGS) in Galway University Hospital launched in January 2020.

It is now well established in the literature that outpatient hysteroscopy (OPH) is an efficient, safe and convenient procedure, which is facilitating an era of 'see and treat' ambulatory gynaecology. It has a high success rate and good pathology detection rate. The service provides streamlined system avoiding multiple attendance to hospital appointments and also more capacity for longer complex theatre cases. The availability of transvaginal scanning, narrow bore diagnostic and operative hysteroscopes and endometrial sampling devices are advantageous in that they are quick tests to perform, and also associated with reducing the treatment cost of care in the women referred for investigation. Other benefits include faster recovery time and less time away from home and work for the patient who is attending the clinic. These advantages were highlighted in a Leadership and Quality project by three senior members of staff. The project aim was to redesign and develop a new service for management of women with postmenopausal bleeding (PMB) in GUH. The project recognised that the introduction of the ambulatory gynaecology would bring significant cost savings in an efficient time frame to diagnosis and treatment of patients that require investigation of PMB.

Key achievements

A new clinical guideline for the Investigation and Management of Postmenopausal bleeding was led from the AGS in GUH and disseminated to all the gynaecology services in the Saolta Group.

Funding has been made available for a candidate Advanced Nurse Practitioners in Ambulatory Gynaecology in GUH and LUH. It is envisaged that the addition of this role will increase the capacity of service to provide further appointments and further reduce the need for inpatient diagnostic procedures.

A patient satisfaction survey completed in December recorded high levels of satisfaction during the patient pathway of care.

An analysis of PMB referrals seen in the AGS within 56 days from July- December concluded that 84% of referrals were seen within this timeframe. Further data from this audit will be analysed in early 2021.

Activity and Procedures undertaken in the Ambulatory Gynaecology Service in Galway University Hospital in its first year

	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
TVS	4	8	10	13	20	18	8	8	26	41	21	177
Hysteroscopy - Diagnostic	3	1	0	3	3	11	17	18	37	23	24	140
Hysteroscopy - Operative	0	0	0	1	2	2	4	5	5	7	2	28
Failed Hysteroscopy	1	0	0	1	0	0	2	0	1	1	2	8
Biopsy	3	3	6	7	7	18	7	18	31	35	18	153
Failed Biopsy	0	1	0	0	0	0	1	0	1	1	0	4
Mirena - In	0	0	0	2	2	3	4	10	9	9	8	47
Mirena - Out	0	0	0	0	1	2	2	3	1	6	2	17
Bloods taken	0	1	1	1	0	1	1	0	0	1	0	6
NEW	4	8	10	18	22	35	31	35	59	65	44	331
REVIEW	0	0	0	0	2	3	2	2	4	3	3	19
Referred for Inpatient Procedure	0	0	0	0	0	0	4	3	7	3	4	21
DNA	0	0	1	0	0	0	1	0	1	2	2	7

Chapter 4 – Gynaecology Contd.

4.5 Ambulatory Gynaecology *Contd.*

Ambulatory Gynaecology Service MUH 2020

A total of 937 new women were seen in the Ambulatory Gynaecology unit in Mayo in 2020 which is very similar with the activity in 2019 despite the disruption of Covid 19 where 1017 women were seen.

Below is a summary of the trends in clinical activity in the ambulatory gynaecology service in MUH in recent years and more detailed activity for 2020:

Treatments	2018	2019	2020
TVS	1016	1098	1029
Hysteroscopy – Diagnostic	107	150	170
Hysteroscopy – Operative	17	9	25
Mirena – Insertion	190	218	275
Mirena – Removal	120	105	126

Mayo Statistics Ambulatory Gynaecology2020

Treatments	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
TVS	98	127	39	35	65	91	93	129	144	130	131	76	1029
Hysteroscopy – Diagnostic	19	15	6	10	8	13	14	20	19	17	30	19	170
Hysteroscopy – Operative	2	1	3	1	1	0	3	7	3	5	3	3	25
Ring Pessary	0	0	0	0	0	0	0	0	3	2	2	2	12
Biopsy (Swabs in OPD)	104	81	28	32	42	48	38	63	68	72	46	49	608
Mirena – In	20	35	6	6	19	32	23	36	39	41	35	19	275
Mirena – Out	6	13	1	5	11	15	12	23	15	25	17	6	126
Bloods taken	26	23	3	7	6	25	15	19	25	15	15	5	165
NEW	91	127	43	31	65	83	74	118	108	131	103	73	937
REVIEW	33	44	16	18	7	22	43	46	46	17	35	20	301
DNA	39	34	33	11	14	21	32	48	38	35	21	40	318

Chapter 4 – Gynaecology Contd.

4.6 Saolta Colposcopy Services

There are currently 4 colposcopy units located within the Saolta University Health Care Group each of which are part of the National Cervical Screening Programme. Each of the colposcopy clinic have an identified Consultant lead and operate under a memorandum of understanding (MOU) agreed between the unit and CervicalCheck Ireland.

As with all other services in 2020 colposcopy services were impacted by the world wide pandemic, at a National level a decision was made to temporarily suspend the cervical screening programme between late March and July. Adjusting services to meet HSE and local infection control guideline impacted the number of attendances at each clinic with priority given to higher priority presentations. This had a short term impact with achieving KPIs for low grade referrals. Thanks to the hard work and dedication of the team in each of our Colposcopy units each unit is achieving the National KPI.

Monthly, quarterly and annual report of activity and performance is generated and submitted to local management, Saolta W&C MCAN and CervicalCheck . These metric measures waiting times for new appointments, type of procedure and result of referral, histology outcomes and waiting time for results.

Here are the clinical statics for the Colposcopy services in the Saolta University Health care Group:

GUH Colposcopy Clinic Report 2020

Activity

GUH Colposcopy Clinic Activity 2020				
	Attended		**Attended**	**Total**
New Referrals	912	**Follow Up**	3152	4064
High grade	93	**Low grade**	407	
Non Attendance				413
LLETZ treatments				262
Cervical Biopsy				1394
Ablative Treatment				n/a
Cold Coagulation				35
Diathermy Destruction.				13

Chapter 4 – Gynaecology Contd.

4.6 Saolta Colposcopy Services *Contd.*

Performance in relation to CervicalCheck standards 2020

Histology Result 2020	Diag. Biopsy	Excision	Total
Cervical Cancer	14	2	16
Adenocarcinoma in situ / CGIN	4	7	11
CIN3	67	90	157
CIN2	150	85	235
CIN1	609	62	672
CIN Uncertain Grade	1	0	1
VAIN3	6	0	6
VAIN2	14	0	14
VAIN1	35	0	35
VIN3	2	0	2
VIN2	1	0	1
VIN1	2	0	2
HPV / cervicitis only	281	10	291
No CIN / No HPV (normal)	187	3	190
Inadequate	8	0	8
Other*			
Total	1379	259	1641

2020 Cancers Summary

Number of Cancers	Type
7	**Squamous Cell Ca Cervix.** • 1 patient had repeat LLETZ followed by hysterectomy • 2 patient had Hysterectomy • 1 patient had Radical hysterectomy • 3 patients had chemo/Radiotherapy
2	**Adenocarcinoma cervix** • 1 did not need any further after LLETZ. • 1 had chemo/Radiotherapy.
1	Endometrial
3	Vulval
2	Vaginal Vault
16	Total

Staff Development

Ms. Maura Molloy RAMP (Registered Advanced Midwife Practitioner) retired in May 2020 after many years of dedicated service to the Colposcopy service both in GUH and on a national level as former chairperson of the NICCIA (Nurses in Colposcopy Clinics in Ireland)

Chapter 4 – Gynaecology Contd.

4.6 Saolta Colposcopy Services *Contd.*

LUH Colposcopy Clinic Report 2020

Activity

Colposcopy Clinic Activity 2020				
	Attended		Attended	Total
New Referrals.	476	Follow Up	421	897
High grade	106	Low grade	188	284
Non Attendance				136
LLETZ treatments	123			123
Cervical Biopsy	See figures below.			435
Ablative Treatment	73			73
Cold Coagulation	0			0
Diathermy Destruction	0			0

Performance in relation to CervicalCheck standards 2020

Histology Result 2020	Diag. Biopsy	Excision	Total
Cervical Cancer	1	1	2
Adenocarcinoma in situ / CGIN	1	4	5
CIN3	19	28	47
CIN2	31	28	59
CIN1	154	34	188
HPV / cervicitis only	174	15	189
No CIN / No HPV (normal)	49	5	54
Inadequate	7		7
Other*			
Total	436	116	551

Cancer

Number of Cancers	Type
2	Squamous Cell Ca Cervix.

Colposcopy Unit LUH liaise closely with and pathway of referral is to Gynecological Oncology team in St James's Hospital Dublin where a cervical cancer diagnoses is made and or tertiary level input and or service is required.

Staff Development

A Registrar, and Staff Nurse, undertook Colposcopist training with BSCCP. A new clerical officer Clerical Officer was appointed.

Chapter 4 – Gynaecology Contd.

4.6 Saolta Colposcopy Services Contd.

SUH Colposcopy Clinic Report 2020

Activity

Colposcopy Clinic Activity 2020				
	Attended		Attended	Total
New Referrals.	430	Follow Up	1183	1613
High grade	18	Low grade	199	217
Non Attendance				112
LLETZ treatments				102
Cervical Biopsy				535
Ablative Treatment				0
Cold Coagulation				4
Diathermy Destruction				0

Performance in relation to CervicalCheck standards 2020

Histology Result 2020	Diag. Biopsy	Excision	Total
Cervical Cancer	3	1	4
Adenocarcinoma in situ / CGIN	2	1	2
CIN3	64	46	110
CIN2	70	21	91
CIN1	242	27	269
CIN Uncertain Grade	6	0	6
VAIN3	0	0	0
VAIN2	1	0	0
VAIN1	1	0	0
VIN3	0	0	0
VIN2	0	0	0
VIN1	1	0	0
HPV / cervicitis only	94	4	98
No CIN / No HPV (normal)	24	2	26
Inadequate	3	0	0
Other*/Polyp	24	0	24
Total	535	102	637

Cancers 2020 Summary

Number of Cancers	Type
3	Squamous Cell Ca Cervix. • Referred to tertiary Centres for surgery and further management.
1	Metastatic Adenocarcinoma cervix • Primary - Non Gynecology referred to Local Palliative Team
4	**Total**

Staff Development

A staff nurse undertook training as a Nurse Colposcopist.

Research & Publications & Audit

A prospective cohort study of conservative management of focal cervical intraepithelial neoplasia 2 (Focal CIN2)G Mahon, S Griffin, J Curley, P Hartel, N Kondaveeti, C Kilgannon

European Gynaecology & Obstetrics 2020;2(3):176-179

ASC-H (Atypical squamous cells cannot exclude high grade): High grade or Low grade? A 4 year, retrospective review of ASC-H referrals to Sligo Colposcopy Clinic. A poster presentation submitted to BSCCP Annual Congress.

Chapter 4 – Gynaecology Contd.

4.6 Saolta Colposcopy Services *Contd.*

MUH Colposcopy Clinic Report 2020

Activity

MUH Colposcopy Clinic Activity 2020	
New patients • 35 high grade • 157 low grade • 11 clinical urgent • 87 clinical non urgent • Remainder – categorized as "other"	302 attended
Review Colposcopy patients	249 attended
Cytology and high risk HPV testing service • 354 patients reviewed at the cytology / HPV review clinic • 21 patients reviewed at the new cytology / HPV review clinic (G.P. direct referral for screening)	375 attended
Total attendance	926
DNA rate	82 / 8%
Cancellations	232
Number of LLETZ treatments performed	140
Number of cervical biopsies • 130 - Diagnostic biopsies • 6 – Polypectomy • 7 – Endometrial	143
Number of ablative treatment	0
Number of Cold coagulation	0
Number of diathermy destruction	0

Chapter 4 – Gynaecology Contd.

4.6 Saolta Colposcopy Services Contd.

MUH Colposcopy Clinic Report 2020

Performance in relation to CervicalCheck standards 2020

Histology Result 2020	Diag. Biopsy	Excision	Total
Cervical Cancer	1	2	3
Adenocarcinoma in situ / CGIN	0	2	2
CIN3	9	33	42
CIN2	18	48	66
CIN1	33	29	62
CIN Uncertain Grade	1	0	1
HPV / cervicitis only	22	9	31
No CIN / No HPV (normal)	52 (6 of which is apolypectomy)	17	69
Inadequate	0	0	0
Other* Gynae procedure – endometrial sample – not captured in colposcopy histology field)	7	0	7
Total	**143**	**140**	**283**

Cancer

Number of Cancers	Type
2	Micro-invasion
2	Adenocarcinoma cervix
4	**Total**

Chapter 4 – Gynaecology Contd.

4.7 Health and Social Care Professional (HSCP) Gynaecology Service

The Health and Social Care Professions (HSCP) are core service providers to women and their partners, children, other service users and staff in the Women's and Children's MCAN. This section highlights the activity and services delivered by the principal HSCP teams in Gynaecology. Other HSCP Services also have involvement in the care we deliver to our service users.

4.7.1 Physiotherapy

Physiotherapy Referrals		2016	2017	2018	2019	2020
Galway	Outpatients	305	242	251	271	211
Mayo	Inpatients	-	-	134	177	179
Portiuncula	Inpatients (combined Obs & Gynae data)	-	-	-	-	77
	Outpatients (combined Obs & Gynae data)	256	477	537	601	562
Sligo	Outpatients (combined Obs & Gynae data)	95	94	207	224	190
Letterkenny	Outpatients	63	109	101	137	149

Physiotherapy Activity – Number Treatment Sessions		2016	2017	2018	2019	2020
Galway	Urinary Incontinence	204	166	163	164	111
	Pelvic Organ Prolapse	76	58	58	70	73
	Faecal Incontinence	9	8	6	25	16
	Pelvic Pain/Overactive Pelvic Floor	16	10	12	12	11
	Total Gynae Outpatient Treatments GUH	305	242	239	271	211
	Number and % Direct from Urogynaecology Clinic *	91 (30%)	99 (40%)	99 (40%)	85 (31%)	87 (41%)
Mayo	Outpatients (combined Obs & Gynae data)	-	-	1042	897	807
Portiuncula	Inpatients combined Obs & Gynae data)	736	579	571	-	84
Sligo	Outpatients (combined Obs & Gynae data)	286	230	507	541	593
Letterkenny	Outpatients	134	218	208	274	305

COVID 19 restricted and changed how physiotherapy services were delivered during 2020.

*GUH Urogynaecology clinic – direct referral to Physiotherapy from clinic, thus improving access to physiotherapy management

Chapter 4 – Gynaecology Contd.

4.7 Health and Social Care Professional (HSCP) Gynaecology Service *Contd.*

4.7.1 Physiotherapy *Contd.*

Physiotherapy Services provided 2020:

Physiotherapy Service in Galway

- Physiotherapy inpatient service to gynaecology wards in GUH
- 1:1 Physiotherapy outpatient appointments for women with gynaecological conditions.
- Direct referral of patients from Urogynaecology and Perineal Clinics

Physiotherapy Service in Mayo

- There is currently a Women's Health staffing deficit as 0.5WTE staff grade left the service in 2020.

Physiotherapy Service in Portiuncula

- Currently looking into providing Women's Health care in a class setting for Urinary Incontinence.

Physiotherapy Service in Letterkenny

- Outpatient physiotherapy service for women with gynaecological conditions
- Direct referrals of patients from Urology, GynaecologyClinics, GPs, PHNs and Physiotherapists.
- Pessary Fitting Service for pelvic organ prolapse and urinary incontinence.
- Pilates classes (suspended since March 2020 due to Covid restrictions)

Physiotherapy Achievements 2020:

Physiotherapy Achievements in Galway

- Introduction of telehealth into gynaecology service delivery in response to Covid-19. This involved adapting the delivery of all physiotherapy group-based advice, education and exercise sessions, as well as some 1:1 consultations onto a virtual platform.

Physiotherapy Achievements in Portiuncula

- Development of Pessary Fitting as an Advanced Practice skill

Physiotherapy Achievements in Letterkenny

- Management and continued development of physiotherapy-led pessary fitting service with recall wait-list developed to manage review of those who benefit from this service.
- Adaptation of the physiotherapy incontinence service through the introduction of Telehealth in response to Covid 19.

4.7.2 Nutrition & Dietetics

Nutrition and Dietetics 2020 Activity in Galway

	2019	2020
Referrals	6	22
Activity – Number Treatment Sessions	12	29

Chapter 4 – Gynaecology Contd.

Contributors

GUH

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- Ms. Maeve Tonge, Senior Medical Social Worker, GUH
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Saolta Group

- Ms. Siobhan Canny, Group Director of Midwifery
- Professor John Morrison, Director of Network

Chapter 5 – Paediatrics

5.0 Introduction

The Paediatric service forms part of the Women's & Children's (W&C) Managed Clinical & Academic Network (MCAN). The following report presents the clinical activity for Saolta Paediatric services which are delivered in four Model 3 hospitals (PUH, MUH, SUH & LUH) and one Model 4 hospital (GUH) for the period January 1 to December 31 2020. Data is also included for paediatric activity in the Emergency Department (ED), all admissions to up to 16 years old and the paediatric admissions to the Intensive Care Unit. This report demonstrates a breadth of activity and work carried out during a year very much influenced by the pandemic.

In 2020 it was agreed at the W&C MCAN to scope out the development of a Saolta Integrated Paediatric Strategy. As part of this work the W&C MCAN paediatric representatives completed site visits to gain an understanding into the paediatric service provision, unique opportunities and challenges facing staff. In addition a workforce gap analysis was completed across the group, allowing identification of the staff required on each site to implement the National Model of Care for Paediatric Healthcare in Ireland. The work on the strategy is ongoing and it will lay out the strategic vision for an integrated paediatric service in the Saolta region.

5.1 COVID-19: Impact on Paediatric Services in Saolta

When the Coronavirus outbreak occurred, the scale and nature of the health crisis for both adults and children was unknown. What was clear was that all parts of the health, social care and the wider public sector needed to work together. Paediatric care providers responded quickly and creatively to the emergence of COVID-19 in clinical practices, with reorganisation of their environments, utilizing innovative communication modalities and developing creative care interventions in the face of required social distancing.

Drastic changes were made quickly for the paediatric services with the most significant impact being on the paediatric emergency care setting and pathways of care in four of the five paediatric hospital sites. Emergency care moved almost completely to the paediatric units. The expanded footprint of the ED onto the wards, new streaming processes, and higher infection control measures created greater demand on staffing levels and clinical expertise. This also created additional challenges for staff in managing multiple patient flows safely and meeting care standards.

There was also an increase focus on ambulatory care, including the development of pre-assessment and swabbing clinics to continue scheduled care safely with reduced capacity. This was supported by the rapid progress of virtual care models working across organisational boundaries and adapting services, to provide care and support for children all across the West and North West. The value of E Health has been demonstrated during the current COVID-19 pandemic which revealed the critical role of eHealth applications in enabling the delivery of vital remote healthcare (Telehealth), the delivery of 'blended' care and blended learning. Due to the geographical spread in the Saolta group this technology was integral to support the COVID -19 response, and the care and experience of children and families.

For 2020 the single focus was protecting staff, patients and families from the impacts of the pandemic. But with those challenges came opportunity, great innovation and teamwork. The COVID-19 crisis will mean that many things will not go back to the way they were. Next year promises to be challenging as we attempt to resume services that have been paused, develop a new "normal" for operations and road map for the future in paediatrics as we continue to deal with the reality of the pandemic.

Chapter 5 – Paediatrics Contd.

5.2 Paediatric Report Unscheduled Care

5.2.1 2020 Summary of Unscheduled care

2020 Emergency Department	Galway University Hospitals	Letterkenny University Hospital	Mayo University Hospital	Portiuncula University Hospital	Sligo University Hospital	Saolta Grand Total
Paediatric attendances	11,000	5,481	5,480	4,363	5,531	31,855
Paediatric Admissions	1,121	1,408	663	1,016	1,051	5,259
% Paediatric admitted	10.20%	25.70%	12.10%	23.30%	19.00%	16.50%

5.2.2 Emergency Department Paediatric attendances

Registration Year	Galway University Hospitals	Letterkenny University Hospital	Mayo University Hospital	Portiuncula University Hospital	Sligo University Hospital	Saolta Grand Total
2018 Total	14,769	7,172	8,598	6,520	7,449	44,508
2019 Total	15,537	6,957	9,296	7,168	8,057	47,015
2020 Total	11,000	5,481	5,480	4,363	5,531	31,855

5.2.3 Emergency Department Paediatric admissions

Registration Year	Galway University Hospitals	Letterkenny University Hospital	Mayo University Hospital	Portiuncula University Hospital	Sligo University Hospital	Grand Total
2018 Total	2,579	1,760	1,187	1,652	1,487	8,665
2019 Total	2,714	1,740	1,178	1,584	1,467	8,683
2020 Total	1,121	1,408	663	1,016	1,051	5,259

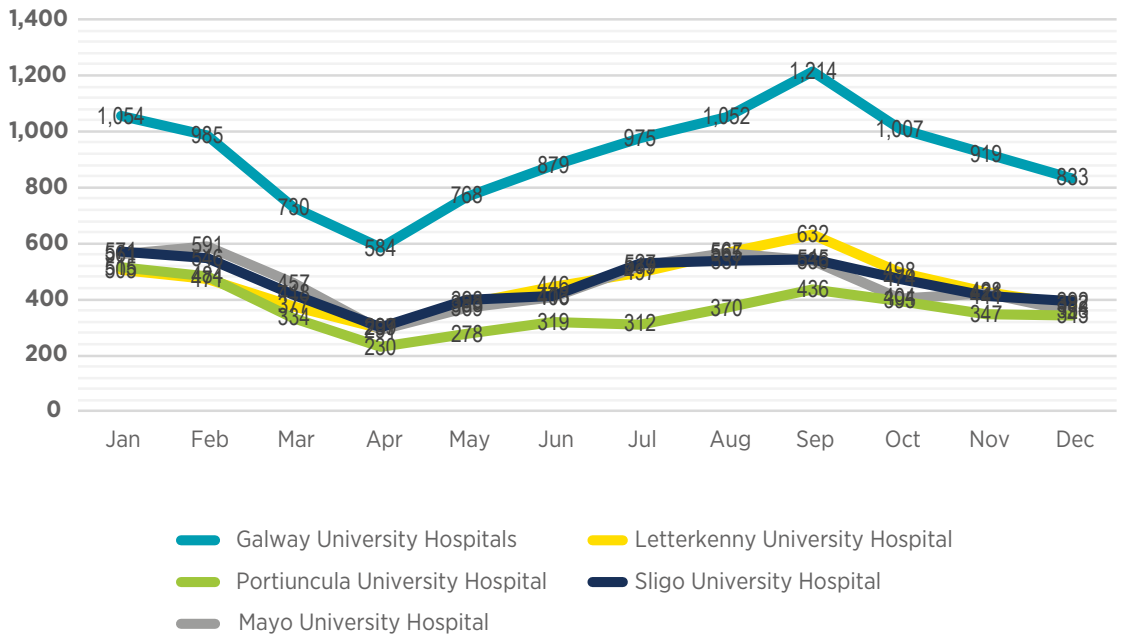
5.2.4 % admitted from the Emergency Department

Registration Year	Galway University Hospitals	Letterkenny University Hospital	Mayo University Hospital	Portiuncula University Hospital	Sligo University Hospital	Grand Total
2018 Total	17.5%	24.5%	13.8%	25.3%	20.0%	19.5%
2019 Total	17.5%	25.0%	12.7%	22.1%	18.2%	18.5%
2020 Total	10.2%	25.7%	12.1%	23.3%	19.0%	16.5%

Chapter 5 – Paediatrics Contd.

5.2 Paediatric Report Unscheduled Care *Contd.*

Emergency Department Paediatric Attendances 2020



5.2.5 SSOU (Short Stay Observation Unit) & PDU (Paediatric Decision Unit)

There is a Paediatric Short Stay Observation Unit (SSOU) in PUH consisting of a 3 bedded unit and a six beds unit including 1 isolation Paediatric Decision Unit in MUH as part of the paediatric wards. These units provide a short stay service for the assessment, observation and treatment of children for up to 6 hours, with senior decision making and a consequent reduction in unnecessary overnight admissions and improved patient experiences. Activity and data captured for 2020 is not a reflection of the services provided as COVID 19 restricted and changed how care was delivered with paediatric emergency care (ED) moved to the paediatric ward.

5.2.6 Paediatric Day Assessment Services

The Paediatric Ambulatory/Day Assessment services provide hospital based care to sick children who need assessment, planned surgery, planned investigations or day medical treatment e.g medical infusions, phlebotomy, allergy testing & challenges, central line care, enteral feeding support, completion of IV antibiotic treatment schedule and complex care follow up to name a few. Children and young people are referred from the community through GP/PHN, Outpatient clinics and children discharged from emergency departments, in patients or Short Stay Units requiring follow up.

Registration Year 2020	Galway University Hospitals	Letterkenny University Hospital	Mayo University Hospital	Portiuncula University Hospital	Sligo University Hospital	Grand Total
	2932	955	3671 *	891	1529	9978

**Mayo data includes PDU figures and Day care assessment clinics*

Chapter 5 – Paediatrics Contd.

5.2 Paediatric Report Unscheduled Care *Contd.*

5.2.7 ICU Admissions

Critical care is an essential component of the acute hospital system; safe, effective and timely care of the critically ill patient is an acute healthcare system priority. Critically ill children present in emergency departments, children's outpatient and assessment services or become critically ill whilst an in-patient. This requires an immediate response from recognition, escalation, stabilisation, management and transfer of the critically ill child.

Stabilisation of the critically ill child may occur on the Adult Critical Care Unit prior to transfer to the tertiary Children's Health Ireland (CHI) Paediatric Critical Care Unit.

There are clear pathways established to facilitate transfers. There are a cohort of children who are cared for in our Adult Critical Care Units where a short period of intensive care is required that does not necessitate transfer to a tertiary Paediatric Critical Care unit.

Registration Year	Galway University Hospitals	Letterkenny University Hospital	Mayo University Hospital	Portiuncula University Hospital	Sligo University Hospital	Grand Total
2019 Total	62	6	10	6	6	90
2020 Total	8	5	11	4	5	33

**Difficulty in completing data due Cyber.*

5.2.8 Paediatric Transfers

A significant number of children within the Saolta region require transfer to a higher level of care in the CHI tertiary centres. These transfers may be categorised as:

- Routine e.g. planned admission or outpatients assessment
- Non critical unwell child e.g. infant requiring pyloric stenosis surgery
- Critically unwell child e.g. ventilated child
- Time critical e.g. neurotrauma
- Repatriation e.g. child has undergone specialist treatment and now is being moved closer to home

The transfer maybe facilitated by the specialist Irish Paediatric Acute Transfer service (IPATS) or the local clinical team. Transfers require a collaborative, inter-professional approach to patient care and this relies on good communication between members of staff. It is essential that a systematic approach is taken to the process of patient transfer; starting with the decision to transfer, through the pre-transfer stabilisation, and then the management of the transfer itself.

Registration Year 2020	Galway University Hospitals	Letterkenny University Hospital	Mayo University Hospital	Portiuncula University Hospital	Sligo University Hospital	Grand Total
Transfers Out	*43	58	37	55	30	223
Transfers in	-	8	9	13	6	36

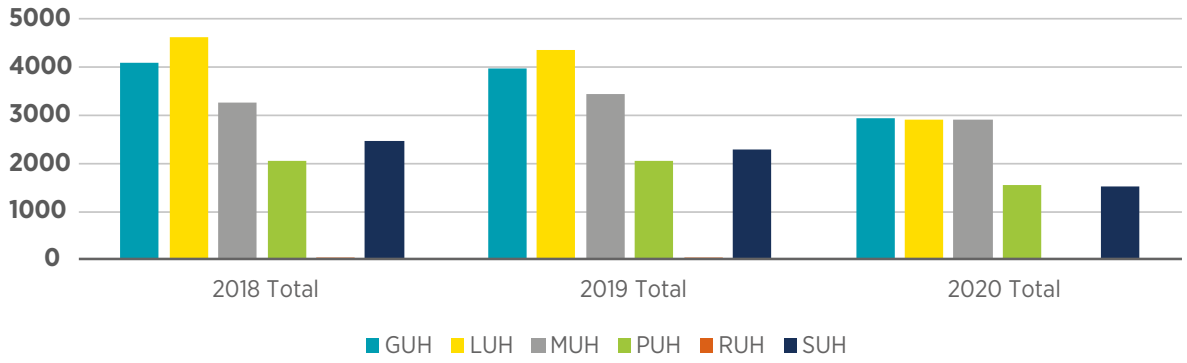
**Difficulty in completing data due Cyber and HIPE Coding for 2020*

Chapter 5 – Paediatrics Contd.

5.3 Paediatric Report Scheduled Care

5.3.1 Inpatient Activity

Paediatric Inpatient Discharges 2018 - 2020

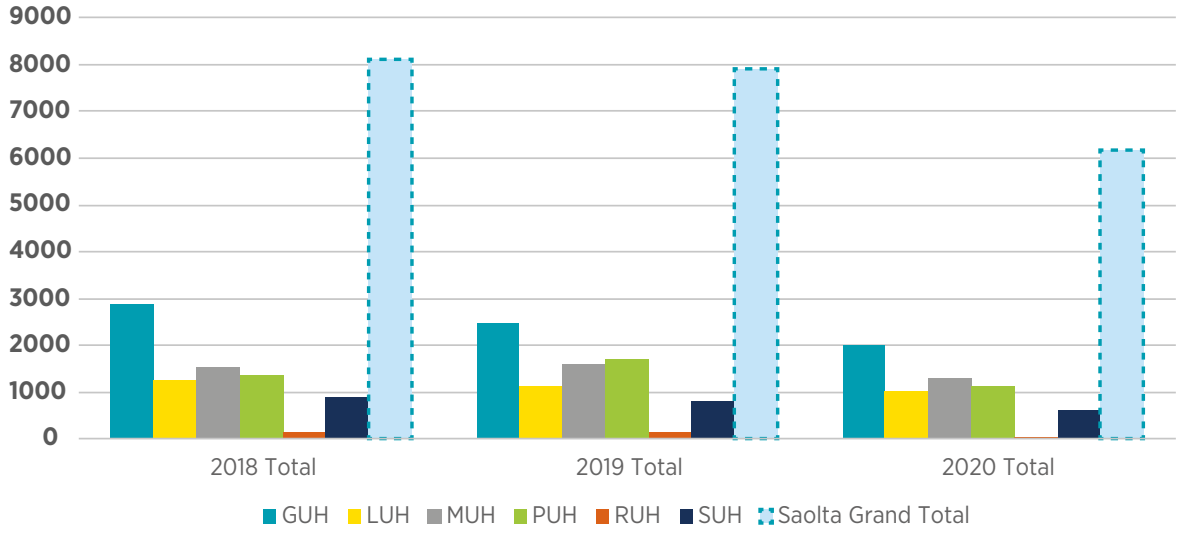


Year	GUH	LUH	MUH	PUH	RUH	SUH	Saolta Grand Total
2018 Total	4074	4613	3270	2047	1	2451	16456
2019 Total	3973	4364	3434	2056	1	2300	16128
2020 Total	2950	2900	2897	1561		1522	11830

**Data may not accurately reflect activity in all sites (ED activity /direct GP referrals/PDU/direct admissions)*

5.3.2 Paediatric Day Case Discharges

Paediatric Day Case Discharges - Saolta University Health Care Group



Paediatric Day case discharges - Saolta University Health Care Group

Year	GUH	LUH	MUH	PUH	RUH	SUH	Saolta Grand Total
2018 Total	2863	1263	1549	1372	156	895	8098
2019 Total	2464	1134	1613	1720	147	818	7896
2020 Total	2016	1016	1327	1148	43	613	6163

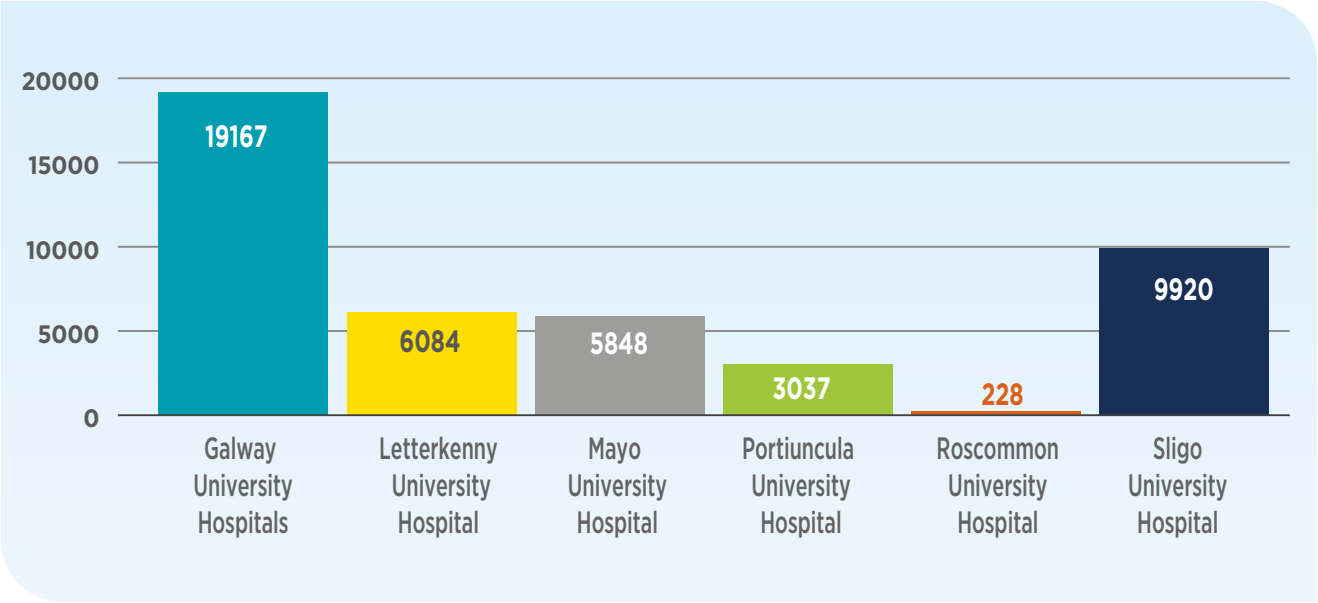
Chapter 5 – Paediatrics Contd.

5.3 Paediatric Report Scheduled Care *Contd.*

5.3.3 Paediatric Outpatient attendances

The OPD attendance figures have to be considered in the context of the breadth of clinics that children and young people (0-16th birthday) attend on each site. The variety of clinics include paediatric medical, paediatric surgical/ urology, orthopaedics, ENT, plastics, ophthalmology, dermatology and maxillofacial. Some sites have children and young people attending clinics across all the specialities e.g GUH and others across very few e.g PUH. In addition there is number of clinics facilitated in the community setting by Consultant Community Paediatricians whose attendances are not captured.

OPD attendance (0-16th birthday)



Year	GUH	LUH	MUH	PUH	RUH	SUH	Saolta Grand Total
2018 Total	22476	9167	9681	4589	400	10720	57033
2019 Total	23180	9055	9672	4589	419	11242	58157
2020 Total	19167	6084	5848	3037	228	9920	44284

Chapter 5 – Paediatrics Contd.

5.4 Paediatric Specialist Reports

5.4.1 Children and Young People Type 1 Diabetes Mellitus

Type 1 Diabetes Mellitus (T1DM) is now the fastest growing chronic childhood condition worldwide increasing at a rate of 3% per year. In 2020 Soalta paediatric teams were caring for 556 children and young people with T1DM. Ireland is a high incidence country with the majority of new diagnoses occurring in the older 10–14-year-old age category. This is reflected in the Saolta 2020 data, 54% of the newly diagnosed children with T1DM were between and 10 and 14 years of age.

All children with T1DM and their families require intensive education in order to acquire the necessary skills for appropriate self-care. Diabetes care provided by the multidisciplinary team results in fewer days in hospital, a higher level of participation in diabetes self-care practices, decreased readmission rates, lower glycated haemoglobin (HbA1c) Optimal glycaemic control is the key to reducing associated morbidities levels and delayed development of complications. HbA1c is a useful measure of glycaemic control, and the recommended target in childhood and adolescence is 7.5% (58 mmol). The mean HbA1c in Saolta is 7.97% (64mmol) with a range from 7.4% (57mmol) to 8.3% (67mmol).

Diabetes technology provides an opportunity to improve control and quality of life in selected patients, and is expanding rapidly. Continuous subcutaneous insulin infusion (CSII or 'pump therapy') is increasingly used in the Saolta paediatric population with T1DM. 38% of all children with T1DM have a CSII. Extensive education of children and families in accurate carbohydrate counting, technical skills and problem-solving is required in order to successfully manage CSII. This requires significant multidisciplinary team input.

Children and Young People Type 1 Diabetes Activity

Hospital	Total No. Of Children with Type 1 Diabetes	Total No. of new diagnoses in 2020	Total no. of children with a CSII	Mean HbA1c
GUH	199	30	68 (34%)	8.3% (67 mmol)
PUH	58	7	12 (20%)	7.4% (57 mmol)
MUH	100	11	20 (20%)	8.17% (66 mmol)
SUH	91	9	51 (56%)	8.0% (64mmol)
LUH	108	17	63 (58%)	8.0% (64mmol)
TOTAL	**556**	**74**	**214**	**7.97 % (64mmol)**

Newly diagnosed Children 2020 Age Group and Sex

Hospital	Total Number of Patients	Total Aged 0-4.99 yrs		Total aged 5-9.99 yrs		Total aged 10- 14.99 yrs	
		Male	Female	Male	Female	Male	Female
GUH	30	2	1	8	3	9	7
PUH	7		1	1	2	1	2
MUH	11	1	1	1	1	4 (+1)*	2
SUH	9	1	1		1	4	2
LUH	17	1	1	4	4	2	5
TOTAL	**74**	**5**	**5**	**14**	**11**	**21**	**18**

Chapter 5 – Paediatrics Contd.

5.4 Paediatric Specialist Reports *Contd.*

5.4.2 Respiratory Service GUH

The paediatric Respiratory and CF service in GUH provides an inpatient service, a daily rapid access CF ambulatory care service and an outpatient CF clinic service. The service also takes referrals from hospitals within Saolta for overnight sleep studies, complex respiratory care including non-invasive and invasive ventilation, and out-patient referrals from general paediatricians.

There is an increasing demand on the service for non-invasive ventilation and in particular, for cardiac patients repatriating to the Saolta catchment area.

GUH is one of six nominated specialist paediatric CF centres nationally and patients are seen in a dedicated CF Unit. There are currently 65 patients attending GUH for CF care. Respiratory patients are seen in the general OPD or in a dedicated asthma clinic. The Consultant WTE designation for this service is 0.5 WTE.

Urgent development of infrastructure, allied services, and staffing is needed in order to meet the current and future demands of the service.

5.4.3 Allergy Service GUH

The paediatric allergy service in GUH provides a service for all children up to 16 years from Donegal, Sligo, Leitrim, Mayo, Roscommon, Galway, as well as Clare and Westmeath. Approximately 5% of children have food allergy (FA), may be as high as 10%; approximately 1% peanut allergy, 6% egg allergy in Ireland. Up to 20% of children have eczema, similar numbers for other allergic conditions, asthma and allergic rhinitis. Anaphylaxis, severe life-threatening form of an allergic reaction, is most commonly associated with peanut, tree nut and milk allergy in children. Those 'at risk' include infants with eczema which may amount to 1 in 5 infants.

Services provided include outpatient allergy clinics, a nurse led this clinic and nurse led allergy education. The staffing levels for the service are 0.5 General Paediatrician with special interest in Allergy and Immunology, 0.2 Clinical Nurse Specialist, Adult and 0.1 General Practitioner, MSc Allergy. It also includes ambulatory care for oral food challenges, drug challenges, diagnostic skin prick testing and specialist diagnostic food allergy blood testing. Currently this service is significantly limited at GUH owing to limitation of staffing to meet demands and future demands of the service.

5.4.4 Cardiology service

Cardiac Investigation Activity - Echocardiography			
Year	**Departmental**	**NICU Consultant**	**Total**
2018	493	0	493
2019	511	27	538
2020	466	50	516

Chapter 5 – Paediatrics Contd.

5.5 Quality Improvement

5.5.1 Saolta Diabetes Network

Aligned with the National Paediatric and National Diabetes Clinical Programme and the Paediatric Model of Care the Paediatric Saolta diabetes group initiated an initial scoping out exercise. The purpose was to identify and map a way for the development of a Saolta Paediatric Diabetes Network for provision of the highest quality, internationally-equitable care to young children and adolescents with type 1 diabetes mellitus (T1D) in the Saolta Hospitals Group. The aims of this network are shared learning, deliver a shared service to all children and adolescents with T1D, and their families irrespective of their locality, the sharing of information and data and collaboration with the patients themselves in order to optimise the patients and family experience of their diabetes care.

The vision for the Saolta Network is that the Sligo and Galway sites would work in partnership with each other in the provision of services and education across the WNWHG region. The Saolta diabetes network in its current format has already been established and has had bi-annual meetings held throughout 2019 and monthly virtual meetings restarted since October 2020.

5.5.2 Candidate ANP in General Paediatrics ED Ambulatory Care

The HSE continues to face unprecedented demands and reform which necessitates a move away from traditional modes of delivery in acute children's care and responding to the ever changing challenges and new opportunities. In August 2020 the first Candidate ANP in General Paediatric ED and Ambulatory Care nationally commenced in GUH. This innovative post focuses on providing access to safe and the most appropriate care for the child's health care needs in the timeliest manner, delivering quality person-centred with the aim of improving the healthcare experience and outcomes for children attending for emergency/urgent care.

The anticipated impact of the extended role of the general paediatric and ambulatory care advanced nurse practitioner (ANP) role is increased access to urgent on-the-day appointments, the ability provide paediatric clinical expertise, education and leadership ultimately improving patient satisfaction enabling change and practice improvement. The benefits of the C ANP ED Ambulatory Care will mean children are treated and supported by a trained paediatric nurse and triaged and treated, quickly and effectively move children from the ED to the paediatric emergency short stay unit or inpatient paediatric beds, reduce the number of inappropriate inpatient admissions – improving the quality of care delivered, increased safety, better patient flow and reducing costs.

5.5.3 Saolta Integrated Paediatric Heath Care Strategy

Ireland is in the midst of a positive transformation of health service policy and provision of care to children in Ireland with the implementation of the National Model of Care for Paediatric Healthcare Services (2016), Sláintecare Report (Government of Ireland (GOI), 2017), Childrens First National Guidance for the protection and Welfare of Children 2017 (HSE 2017), the development of a new children's hospital and the development of Overarching Standards of Care for Health and Social Care Provision for Children using the Health and Social Care Services (Health Information and Quality Authority (HIQA). In the Saolta University Health Care Group Strategy 2019-2023 a paediatric clinical improvement programme was identified as a group priority project. As part of this process, it is timely for the Saolta University Health Care Group to consider how care will be delivered to children and young people in the region. To progress the strategic themes of Quality and Patient Safety & Governance and Integration the Saolta Group approved the strategic development of a Saolta Integrated Paediatric Strategy to provide the vision and framework for the Group's direction over the next 3 years (2022-2025). This strategy will lay out the strategic vision for an integrated paediatric service in the Saolta region for the next three years. It will outline the development of services under specific themes which reflect the pathway that children and young people may take through our services. These themes will underpin our strategy, each theme will have agreed objectives which will guide implementation.

Chapter 5 – Paediatrics Contd.

5.5 Quality Improvement *Contd.*

5.5.4 Digital transformation of a paediatric Diabetes Service SUH

COVID 19 introduced a new challenge and driver to our paediatric diabetes service in 2020. Never was it more apparent the need for digital transformation. Digitalisation is rapidly changing healthcare services, and it is crucial that healthcare responds to these challenges. The workforce needed to be able to respond and equipped with a skillset for digital transformation. During 2020, paediatric diabetes in Sligo University Hospital had to collaboratively, co design how we delivered our service and had to adapt new ways of working. Service users were requested to embrace the technology they had and to connect to various diabetes platforms available. All the insulin pumps, blood glucose sensors and meters now connected to the Multidisciplinary team for instant review if required. How to use the technology is now part of service users and family's ongoing education at diagnosis and as an outpatient. It has allowed for early discharge once essential skills for diabetes management are taught. Provisions are always made for those who are unable to use the technology. Coupled with the introduction and embedding of telehealth platforms like 'Attend Anywhere', a hybrid approach to our outpatient clinics combining face to face and virtual is offered. Using Telehealth platforms allowed us to continue our education and troubleshoot with patients in their own home. HSE approved platforms like webex were used to deliver education to schools, and crèches. Despite the barriers raised from COVID 19 restrictions we commenced 11 new on insulin pump therapy, again the education for which had to be tailored using a combination of face to face and online platforms. All consultations are documented in the electronic health record. It has made a significant impact on our service, allowing for care closer to home aligning with Slaintecare aspirations. Despite the challenges presented with COVID 19, paediatric diabetes services were fully maintained in Sligo University Hospital during 2020.

5.5.5 SUH Paediatric OPD Improvement Initiative

The advent of the COVID – 19 pandemic required a creative and rapid response to ensure that Paediatric out Patient Services were maintained. The Paediatric OPD clinic was moved offsite and required a redesign of processes. Members of the multi-disciplinary team including, medical, nursing, physiotherapist, cardiac physiologist and phlebotomist came together to design a flexible approach to the preservation of the paediatric OPD service. On a weekly basis in advance of clinics the OPD patient charts were reviewed they were then streamed into an appropriate pathway of a face to face, virtual clinics or in hospital review. Families were contacted directly and advised of the new arrangement. The face to face and in hospital clinics were a "one stop shop" ensuring the patients saw the multidisciplinary team avoiding multiple visits and facilitated a joined up approach to care. A comprehensive patient education resource was developed by the nursing staff this addressed general paediatric conditions including eczema, constipation, asthma, headache, management of screen time, sleep hygiene and promotion of healthy eating and exercise. This education was provided face to face, virtually and supported by written material. This was very well received by children and parent. The result of this improvement initiative was preservation of the Paediatric OPD service during the COVID 19 pandemic, a reduction in the DNA rate and an enhanced team approach leading to a more seamless provision of care for the children and young people attending SUH.

Chapter 5 – Paediatrics Contd.

5.6 Education

5.6.1 Paediatric Academic Report

Central to our care is the close and productive relationship with our academic partners. The Academic Department of Paediatrics in Saolta is part of NUIG, UCD and UL, The academic team is comprised of Professor, Senior Lecturer, Lecturer, Tutors and Clinical Lecturers. Affiliated hospitals for teaching and clinical experience are integrated with the Medical Academies situated in Galway, Mayo, Sligo, Letterkenny, and Portiuncula University Hospitals with both undergraduate and postgraduate education for trainees in Paediatrics provided.

The undergraduate students are exposed to a wealth of clinical cases and patient interactions during their attachments, with an emphasis of bedside teaching. Teaching is delivered via a variety of ways including bedside tutorials, and on patient history and examination, out-patient interactions, classroom interactive teaching sessions, skills seminars, problem based learning, and slide-shows.

Postgraduate education is provided on a daily basis with hands on consultant led teaching. Educational activities include paediatric case presentations, consultant–led lecture series and curriculum (critical appraisal) journal club and case presentation. Monthly perinatal morbidity and mortality meetings are conducted in conjunction with obstetrics/gynaecology and pathology departments. NCHDs are encouraged to become involved in research projects during their period of attachment as well as to present at national/ international meetings.

COVID-19 in 2020 caused unprecedented disruption to the medical education process. The exceptional contagious nature of the virus and country-wide lockdowns decreased the hospital paediatric patients. Disruption to outpatient and inpatient services, curtailment of scheduled care affected clinical learning opportunities. However it also offered new learning modes forcing a rapid transition to e-learning platforms videoconferencing, telehealth, teleconferencing and webinars.

5.6.2 Children's Nursing Education Report

The Centre of Nurse and Midwifery Education (CNME) Mayo/ Roscommon, CNME Galway, CNME Sligo, Leitrim, West Cavan and CNME Donegal support the continuing education and professional development (CPD) for Registered Children's Nurses, Registered Nurses, Registered Midwives, support staff and other staff categories, as relevant, within the Saolta University Healthcare group who care for children with healthcare needs, as part of the 'Regional Children's and Young People Nurse Education Group West/Midwest/Northwest'. This group also includes the CNME Limerick. Quality education and CPD is essential to support the safe and effective care of children and young people across a variety of healthcare settings.

Since the establishment of the 'Regional Children's and Young People's nurse education group West/Midwest/Northwest' in 2017, the emphasis is on the collaborative nature of this initiative among the Centres of Nurse and Midwifery Education, Centre of Children's Nurse Education – Children's Health Ireland, service providers, interdisciplinary and interagency working both in the acute services and community. This supports greater integration to ensure standardised care, safer care and better outcomes for patients along with value for money and skills utilisation that are critical in maintaining a health service which has finite resources and infinite demand.

Chapter 5 – Paediatrics Contd.

5.6 Education *Contd.*

Programmes delivered in 2020 (Classroom)	Mayo / Roscommon	Galway / Portiuncula	Donegal	Sligo
Diabetes in Children and Young people Q1	22		9	
National Retrieval Medicine Programme Outreach Paediatric Study Q1	27			
Paediatric Haematology & Oncology Share Care Study Day Q1	41			
Resilience: The Biology of Stress and the Science of Hope – Film Screening Q1	13			
Irish Children's Triage COVID-19 Response (3 programmes Q2)	35			
Tracheostomy in the Child (2 programmes Q3)	18			
Anaphylaxis			6	
Care Planning			12	
Paediatric Outreach Transport Programme (IPATS)		17		

The challenges that all services encountered in 2020 with the onset of the COVID-19 pandemic created particular challenges in education from the immediate response to service need for urgent education to enable the restructuring of paediatric services within Saolta University Healthcare Group and the maintenance of continuing professional education in a rapidly evolving society and clinical world. The 'Regional children's and Young People's nurse education group West/Midwest/Northwest Group' explored innovative means to build sustainable capacity within the capability of the Centres of Nurse and Midwifery Education (CNMEs) and services to meet the demand for education and training for nurses and midwives working with children and young people across all healthcare settings within the region. Online education became key to this, with the introduction of online education in June 2020. The positive response from services has been critical in the development of blended approaches to continuing professional development programmes. The CNMEs are now working towards further enhancing and developing the capability and capacity of the blended learning approach to continuing professional development in the region.

Programmes delivered via WEBEX 2020	Mayo / Roscommon	Galway / Portiuncula	Donegal	Sligo
Journey of Autism	204	204		
Coercive Control	865			
Constipation in childhood	24			
Diabetes in children and young people	44	49	36	24
Asthma in children and young people	24			2
NIV in children (3 programmes Q2, Q3)	58	34		

Chapter 5 – Paediatrics Contd.

5.7 Integrated Services

5.7.1 Clinical Nurse Coordinators for children with life limiting conditions

Within the Saolta group there are currently two Clinical Nurse Coordinator's for Children with Life Limiting Conditions (CNC). One is based in Letterkenny University Hospital (LUH) providing the service for children living in Co. Donegal. The other post is based in Galway University Hospital (GUH) covering Mayo University Hospital (MUH) and Portiuncula University Hospital (PUH) including children living in counties Galway, Mayo and Roscommon.

Hospital	New Referrals	Deaths	Discharges	Total no. of children
Galway	10	6	1	29
Mayo	1	1	1	12
Roscommon	2	0	1	7
Donegal	4	1	0	27

The primary focus of the coordinator is the child and family adding value to existing services so that children with life limiting conditions can be cared for in so far as possible in the home setting. The CNC coordinates the children's care in collaboration with health care professionals in the acute and community settings, smooths the transition between services for families caring for a child with a life limiting condition and in particular those requiring home care at the end of their lives thus ensuring continuity in care, This also includes being an informed resource, facilitating education and training as required and supporting the collection of data in relation to children with LLCs.

These posts are embedded in the local children's services of their managing hospital. The current paediatric outreach services are insufficient to meet the increased needs and geographical spread in the Saolta group. Going forward it is anticipated that an additional 2 WTE is needed to support the delivery of a quality and equitable service for children and families.

Chapter 5 – Paediatrics Contd.

5.8 Health and Social Care Professions (HSCP) Paediatric Services

The Health and Social Care Professions (HSCP) are core service providers to women and their partners, children, other service users and staff in the Women's and Children's MCAN. This section highlights the activity and services delivered by the principal HSCP teams in Paediatrics. Other HSCP Services also have involvement in the care we deliver to our service users.

5.8.1 Physiotherapy

Physiotherapy Referrals:		2016	2017	2018	2019	2020
Galway	Inpatient	-	-	-	-	131
	Outpatient	-	-	-	-	226
	Clinic	-	-	-	-	143
	Total Referrals GUH	-	-	627	1032	500
Portiuncula	Inpatient	-	-	-	-	77
	Outpatient	-	141	135	150	99
	Total Referrals PUH	-	-	-	-	176
Sligo	Inpatient	189	226	230	233	138
	Outpatient	122	113	129	207	152
	Total Referrals SUH	311	339	359	440	290
Letterkenny	Total Referrals LUH	253	237	259	233	176
Physiotherapy Activity – Number Treatment Sessions:		**2016**	**2017**	**2018**	**2019**	**2020**
Galway	Inpatient	-	-	-	-	407
	Outpatient	-	-	-	-	746
	Clinic	-	-	-	-	333
	Total Activity GUH	-	-	-	-	1486
	Total GUH Number Patients Seen	-	-	753	1124	653
Mayo	Inpatient	-	-	358	362	150
	Outpatient	-	-	786	847	586
Portiuncula	Inpatients	216	127	224	-	127
Sligo	Inpatient	437	456	546	442	473
	Outpatient	659	860	906	1120	842
	Total Activity SUH	1096	1316	1452	1562	1315
Letterkenny	Total Referrals LUH	552	498	524	482	389

COVID 19 restricted and changed how physiotherapy services were delivered during 2020.

Chapter 5 – Paediatrics Contd.

5.8 Health and Social Care Professions (HSCP) Paediatric Services *Contd.*

Physiotherapy Services 2020:

Physiotherapy Service in Galway

The paediatric physiotherapy team consists of 2.5 WTEs - 1.0 WTE Clinical Specialist, 1.0 WTE Senior Physiotherapist and 0.5 Staff grade physiotherapist.

Inpatient physiotherapy:

- St Bernadette's children's ward: Any patient requiring physiotherapy admitted for medical, surgical, orthopaedic, and respiratory and neurology conditions.
- Outreach service for any patient <16yrs on any ward in GUH as required
- St Angela's post-natal ward: infants requiring physiotherapy for musculoskeletal conditions.

Outpatient physiotherapy:

- MSK service for children 0-16 years: patients are referred by consultants in GUH and nationally.
- Respiratory patients: OPD service for children that present with complex respiratory conditions that require specialist physiotherapy input for airway and secretion clearance such as neuromuscular disease, bronchiectasis, recurrent RTI's and chronic atelectasis.
- Neuro-developmental delay - assessment for children with gross motor delay to identify potential long term needs of patients.

Clinics:

- Weekly orthopaedics Ponseti clinic for the management of Congenital Talipes Equinovarus is led by the senior physiotherapist in Merlin Park Hospital under clinical governance of visiting orthopaedic consultants from Children's Hospital Ireland (CHI).
- Quarterly upper limb MDT clinic with orthopaedics, paediatrics, occupational therapy and physiotherapy (PCCC and Acute).

Physiotherapy Service in Sligo

The paediatric physiotherapy team consists of 1.5 WTE's, with 1.0 WTE Clinical Specialist in outpatients/NICU, 0.5 WTE Senior physiotherapist in inpatient/outpatient paediatrics. The paediatric physiotherapy department also has a 0.5 WTE Clinical Specialist in Cystic Fibrosis that is funded externally by Cystic Fibrosis Ireland.

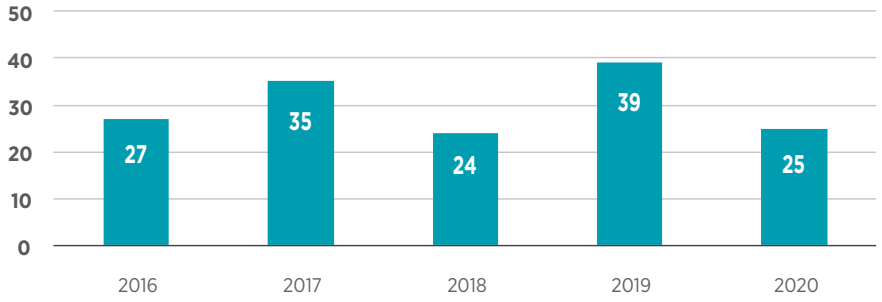
DDH Service:

Developmental Dysplasia of the Hip (DDH) is one of the most prevalent congenital abnormalities in the new-born. The Physiotherapy Department in SUH has offered a regional service for babies presenting with DDH since 2008. The introduction of Baby Hip Team (BHT) in SUH in October 2019 has led to multidisciplinary team (MDT) approach to the management of babies being treated for Developmental Dysplasia of the Hips). This approach meets the recommendations of the National Child Health Review Steering Group 2017 and is the first full MDT of its kind in Ireland.

Outpatient physiotherapy:

During COVID pandemic, Paediatric OPD operated as a 1-stop shop with Clinical Specialist Physiotherapist available for any child in need of Physiotherapy made available on same day, linking Paeds team and MDT on the day with onward referral for follow-up in their local services if required. A revalidation of waiting list-identifying children for direct route was completed. Physiotherapy has a key role in Neonatology with each pre-term infant receiving a gold standard LAPI assessment on our NICU. A skin-to-skin poster was also printed for the wall for families to learn the benefits of skin-to-skin as they visit and feed their baby.

Number of patients attending SUH with DDH



Chapter 5 – Paediatrics Contd.

5.8 Health and Social Care Professions (HSCP) Paediatric Services *Contd.*

Physiotherapy Achievements 2020:

Physiotherapy Achievements in Galway

A key service audit was completed in May 2020 on monthly infant hip screening clinics. This has led to cessation of the screening clinic in line with national and international guidelines, allowing more effective use of clinical time for the MDT treatment of babies presenting with DDH.

Challenges:

- One of the main challenges in 2020 was the loss of two GUH paediatric orthopaedic consultants. This has major impact on the Ponseti service and management of children with congenital talipes equino-varus (clubfoot). Despite the changes to governance and on site clinical support, physiotherapy has continued to facilitate and run weekly clinics. This ensures children and infants in need of weekly casting and care can continue to access care locally in Galway, without having to travel weekly to Dublin. In 2020, 146 patients were reviewed by this service, with over 300 clinical contacts and 182 return visits. This service remains physiotherapy led, with physiotherapist acting at an advanced level of a clinical specialist. A key priory for 2021 is the provision of a clinical specialist in paediatrics orthopaedics to work alongside CHI consultants at this advanced level and develop services in GUH, including that of DDH.
- An MDT clinic established for children with complex neuro-disability and orthopaedic needs also has not be able to continue in 2020.

2020 and the COVID pandemic:

- Due the impact of the COVID pandemic in 2020 staffing levels were significantly impacted as staffs were reassigned to cover into adult services; the physiotherapy team was staffed at less than 50% capacity for over 6 months of 2020. There was a decline in new referrals in 2020 which subsequent reflected in overall patient activity. This is linked to reduction in elective clinics and surgeries taking place hospital wide.
- Despite the COVID impact, the paediatric physiotherapy team adopted new ways of working and embraced the telehealth platforms in order to deliver patient care. Metrics for outpatients in June and July were comparable in 2019 and 2020, delivering a combination of urgent in-person reviews and virtual assessments. We hope to continue offering a combination of virtual based care as we move forward; high levels of satisfaction were reported by families in ease and access to care (no parking, less time off school etc.).

Physiotherapy Service in Mayo

Following a significant period there was approval for the conversion of the staff grade physiotherapist post to a senior physiotherapist for Paediatrics in Mayo University Hospital. This will provide the required governance and service development and is currently being recruited. Staffing will be 1WTE Senior Physiotherapist.

Physiotherapy Achievements in Sligo

Roll-out of Virtual Outpatient appointments:

In light of the Coronavirus (COVID-19) Pandemic, changes were made to our outpatient service delivery. The role out of Virtual Health using the Attend Anywhere video consultation platform in 2020 has enabled us to continue to offer a high quality service to our Paediatric population and avoid any delays in timing of intervention. It has also helped by informing us when a face to face appointment is needed and classed as safe to do so.

Chapter 5 – Paediatrics Contd.

5.8 Health and Social Care Professions (HSCP) Paediatric Services *Contd.*

5.8.2 Nutrition & Dietetics

Nutrition and Dietetics Service in Galway

- Dedicated CF Dietitian 0.4 WTE in Galway providing both inpatient and outpatient services
- New dedicated Senior Paediatric Dietitian Service in place since March 2020. Previously there was priority service only to paediatrics across inpatients and outpatients; now with the commencement of a new dedicated Senior Paediatric Dietitian there is an open referral service to include all service users. This has allowed for expansion of dietetic service to cover inpatients, Day Ward and outpatient clinics for a large number of clinical conditions including allergy, gastroenterology, cardiology, eating disorders and complex infant feeding issues.
- There has been a significant increase in referrals for dietetic support for enteral and parenteral nutrition (256 consults in 2020 vs 18 in 2019 for enteral nutrition and 18 consults vs 0 in 2019 for parenteral nutrition), this indicates the complexity of the patient type.

Nutrition and Dietetics Achievements in Galway

General Paediatrics:

- Development of a new dedicated general paediatric dietetic service on the paediatric ward, Day Ward and outpatient clinics since March 2020
- All paediatric outpatient and Day Ward dietetic clinic and contact notes moved to online system to allow for seamless patient care and transparency
- Presented at the online webinar series 'Care of the child with a life limiting condition' Level A programme in collaboration with Centre for Children's Nurse Education – CHI Crumlin
- Developed and implemented a Paediatric Competency based training module for basic grade dietitians in GUH
- Devised nutrition care pathways for enteral fed patients with chronic disorders admitted to the paediatric ward with feeding issues; the aim is to reduce length of stay and prevent malnutrition through nutrition optimisation.

Diabetes:

- Dietetic support to paediatric diabetes and insulin pump service maintained.

Cystic Fibrosis:

- With the onset of COVID, the CF service in GUH moved to Telehealth consultations.
- Contributed towards developing an information booklet with Cystic Fibrosis Interest Group for 'Newly Diagnosed Adult with Cystic Fibrosis.
- Contributed towards updating the Cystic Fibrosis section in the Irish Nutrition support Reference Guide.
- Contributed to the Paediatric Competency based training Module developed for basic grade Dietitians.

Referrals	2019	2020
General Paediatric	91	193
Cystic Fibrosis (0.4WTE)	88	80
Diabetes (0.5WTE)	163	125
Activity – Number Treatment Sessions	**2019**	**2020**
General Paediatric	149	547
Cystic Fibrosis (0.4WTE)	248	353
Diabetes (0.5WTE)	459	491

Chapter 5 – Paediatrics Contd.

5.8 Health and Social Care Professions (HSCP) Paediatric Services *Contd.*

5.8.3 Medical Social Work

Medical Social Work in Mayo

We work as part of the multidisciplinary care team on the Paediatric Ward focusing on family-centred care. We offer crisis intervention and counselling to support families coping with life changes associated with illness and hospitalisation. Our Department offers advocacy and support with accessing community supports and services.

As we are all designated officers under child protection legislation, we are all responsible for the protection of children identified as either suffering or likely to suffer, significant harm as a result of abuse or neglect. Medical social workers assist staff fulfil their obligations under mandatory reporting legislation. We attend pre-birth case conferences and liaise with Tulsa social workers regarding child protection care plans for new born infants. Assessments are also made where there are concerns in relation to underage sexual activity.

The MSW Department has active representation on the Saolta Children First Implementation Committee, as well as the hospital's committee on Children First.

Our Social Workers in the Women's & Children's Directorate have responsibility to provide support to the Emergency Department where reasonable grounds for concern exist regarding the protection and welfare of children, under 18 years of age.

5.8.4 Paediatric Clinical Psychology Service

The Paediatric Clinical Psychology Service is a new service developed within the Saolta University Health Care Group in 2020. This is the first General Paediatric Psychology post in Galway University Hospital and a key post for the development of Hospital Psychology Services for patients of the Galway University Hospital site and across the Saolta Group.

There is currently one Senior Clinical Psychologist, Dr Hazel Moore, in post since December 2020 and based within the Paediatric Department at Galway University Hospital. The Paediatric Clinical Psychology Service provides a psychology service to children who have medical conditions currently attending consultant paediatricians in the hospital.

Aims of the Service:

The Paediatric Clinical Psychology Service aims to meet the psychological needs of children and their families in the context of their physical illness, with the primary purpose of improving psychological outcomes, health outcomes, overall well-being and quality of life for patients. The Paediatric Clinical Psychology Service aims to deliver an accessible, efficient and effective service in close collaboration with the consultant paediatricians and other members of the paediatric team, incorporating international best practice standards.

Primary Scope and Function:

The service provides psychological assessment, intervention and support to children and young people attending the Paediatric services in GUH who present with psychological difficulties in the context of and directly related to a medical condition. This includes in-patient, out-patient, direct and in-direct work as well as systemic work with families, staff consultation and allied agencies that support young people in the course of their daily lives.

Referrals Process

Referrals are accepted from the Paediatric Multidisciplinary Team in liaison with the Paediatric consultants at GUH. A referral can be made by completing the referral form for the Paediatric Clinical Psychology Service. Referrals can only be accepted when consent for referral has been obtained from parents/guardians and the form is completed in full. Informal discussions are welcome in the first instance to ensure referrals are appropriate. Referrals will be screened for suitability and prioritised according to need and service availability. Where referrals are not deemed appropriate, they will be returned to the referrer with relevant signposting suggesting more appropriate supports. The aim of the referral procedure is to maximise the limited psychological resource and ensure equitable and effective service. As this is a new service, aspects of the policy such as referral criteria may be revised over time in line with available resource and service developments

Referral Access Criteria:

Access criteria for appropriate referrals include:

- Young person should be aged under 16 years of age. Referrals of children aged 16-18 years are considered on a case by case basis.
- Young person must be under the care of a Paediatric Consultant at GUH.
- The young person's psychological difficulties must be related to their medical condition or physical care needs and negatively impacting their general functioning and/or medical care.

Chapter 5 – Paediatrics Contd.

5.8 Health and Social Care Professions (HSCP) Paediatric Services *Contd.*

Referrals that are not appropriate include:

- Where a young person's psychological difficulties are not primarily related to their medical condition.
- Where a young person's difficulties are deemed to constitute a more moderate to severe level of mental health need which would require Child and Adolescent Mental Health Service (i.e. Self-harm, risk to self or others, Eating Disorder) or further complexity of need requiring a specialist psychological service.
- Where a young person is attending another psychology service (Primary Care Psychology, CAMHS, Disability Services) careful liaison is needed to establish the specific additional requirement for Paediatric Psychology support.

Services Offered:

While not exhaustive or limited, the Paediatric Psychology service will provide a service to incorporate:

- Coping and adjustment to a medical diagnosis for young people and their families
- Coping strategies to support chronic illness conditions
- Difficulties with compliance and supporting adherence
- Mild low mood or anxiety directly relating to physical health condition
- Coping with loss/traumatic experiences relating to or resulting from physical care need.
- Preparation and support regarding hospitalisation/ anxiety regarding medical procedures and treatment.
- Physical appearance/body image concerns relating to a medical condition or treatment.
- Support for medically unexplained or functional physical symptoms.
- Supporting carers and families with adjustment, stresses and positive supports related to the child's medical needs/condition.
- Linking families and patients with relevant support services as appropriate.
- Liaising with relevant community support services and allied health professionals to support integration and functioning (e.g. Schools, NEPS).
- Supporting transition to adult services.

Additional Supportive Functions Include:

- Staff consultation and support regarding case work, signposting of services and assisting in onward referral as required.
- Development of targeted psychoeducational supportive information for patients and staff.
- Providing psychological formulation and consultation to the paediatric team.
- Partaking in outcomes evaluation, audit, research and training.

Further Development of the Paediatric Clinical Psychology Service in 2021

Dr Hazel Moore, Paediatric Clinical Psychologist is looking forward to working with colleagues in the Paediatric Dept. in 2021 and beyond, to further develop and refine service criteria and to develop an effective and responsive service which will meet the needs of our patients.

Any queries in relation to the Paediatric Clinical Psychology Service can be directed to
Dr Hazel Moore,
Senior Clinical Psychologist,
Department of Paediatrics, GUH,
091 893087.

Chapter 5 – Paediatrics Contd.

5.8 Health and Social Care Professions (HSCP) Paediatric Services *Contd.*

5.8.5 Pharmacy

Paediatrics GUH and PUH

There is a dedicated Senior Neonatal and Paediatric Pharmacist post for paediatric services in GUH and PUH. GUH post in place since October 2020. These posts have provided an opportunity to support and manage medication therapy as part of the multi-professional team and in implementing medications management policies. This included reviewing all the drug charts and performing medication reconciliations as needed, inclusion in safety huddles, development of guidelines, incident reporting, paediatric CF MDT meetings and monthly paediatric and neonatal management team meetings.

Pharmacy QI medication safety initiatives in Paediatrics in GUH since October 2020

- Children's in Hospital Ireland (CHI) formulary has now been adopted by Saolta and is now available on all PCs in the hospital and on tablets in all the clinical areas in the hospital where children experience care.

Pharmacy QI medication safety initiatives in Paediatrics in PUH 2020

The successful development and implementation of

- Paediatric inpatient, day care, SSOU Drug Kardex children in PUH
- Prescribing information sheets for surgical and theatre teams on "Doses of commonly used medications in children requiring surgery > 3 years old"
- Paediatric medication and PUH Paediatric Guidelines shared "Y" drive where children experience care. All drug monographs, guidelines and protocols that have been approved for use in the hospital are uploaded here.
- The Red "Critically ill Child and Critically ill neonate" folder. This folder contains a monograph for each IV medication used in the critically ill child/neonate and has dosing and administration details, cautions/comments, compatibilities/incompatibilities as appropriate for each medication. This has greatly improved medication safety for the critically ill child/neonate in the hospital.
- Sedation guideline for radiological procedures for paediatric patients in PUH"
- Sedative pre-medication prior to anaesthesia for paediatric patients in PUH"
- Introduction of IV drug administration charts for IV antibiotics, IV anti-epileptics and commonly used IVs in paediatric patients for the paediatric ward, ED and ICU to standardise how IV medications were being reconstituted and administered

Medication use review in paediatrics -Stocking suspensions as outlined on the Crumlin hospital formulary

Education and Training provided for

- Nursing IV SD and paediatric diabetes study day for the Saolta Paediatric Group
- Induction and training sessions for all staff in ED and ICU on the "Paediatric medication and PUH Paediatric Guidelines shared drive". Education session every six months for the surgical doctors on the prescribing information sheet with information on "Doses of commonly used medications in children requiring surgery > 3 years old".

5.8.6 Play Specialist

	GUH	PUH	MUH	SUH	LUH	Saolta
Workforce WTE	1.0	0.5	0.5	1.0	0.6	Total 3.6
			*Funded through charity*Gearoid smile**			

The Hospital Play Specialist (HPS) offers support and care through play to children across a wide range of settings for children who visit any part of the hospital. They work independently and with the multidisciplinary team contributing to child and family-centred care for both in-patients and out-patients. The Hospital Play Specialists primary focus is on normalising play, therapeutic play, preparation, distraction and post procedural play. It also includes support for families and siblings.

Chapter 5 – Paediatrics Contd.

5.8 Health and Social Care Professions (HSCP) Paediatric Services *Contd.*

A hospital experience, short term and long term, can be a frightening and confusing experience for children –and even more so during the pandemic. Since March 2020, the state of play is changing with the impact of Covid-19 altering children's experiences of hospitals and their access to play. Although play has changed during COVID-19 with the play room unable to open and children having to stay in their rooms – this hasn't meant that play has stopped.

Play became mobile with additional developments in:

- The use of creative play for decreasing anxiety around masks, isolation and PPE
- Supporting children and their families through COVID-19- Managing anxiety and Looking forward through individual play programmes.
- Adapting resources to deliver virtual play and single-use play items,
- The use of activity packs for their children- baskets with activities and crafts to have fun
- Engagement with Art Project for Paediatrics across the Saolta Group: online resources https://saoltaarts.com/stories/a-bird-at-my-window/ and shadowboxes for children and families.

Adults and children alike, are all getting to grips with how to live in this new, temporary 'normal'. But children have one simple, yet powerful tool at their fingertips to help them cope with the anxiety caused by the pandemic. Play.

5.8.7 Neurophysiology

Neurophysiology service:

A new dedicated 1.0 WTE Senior Paediatric Neuro-Physiologist post was commenced in March 2020.

This post has allowed for a timely access to neonatal and paediatric routine, portable and sleep deprived EEGs.

The post serves both inpatients from St. Berndettes ward GUH and also outpatients referred from GUH and all the hospitals within the Saolta group.

Achievements:

- Adopting new ways of working to safely maintain inpatient and emergency outpatient access to the service during Covid 19 pandemic.
- Delivering a local service which has reduced the need for patients to have to travel to the Paediatric Hospitals in Dublin.
- Building and maintaining a strong working relationship with the Neurophysiology Departments in CHI Temple Street and CHI Crumlin.
- Completed the course EEG 211:EEG in Paediatric Patients and Neonates and Neonates run by ASET-the American Society of Electroneurodiagnostic Technologists.
- Recertification of professional credential R. EEG.T. (USA), Registered EEG Technologist maintained by ABRET, the American Board of Registration of Electroencephalographic and Evoked Potential Technologists.

GUH 2020		Total
Total Routine and portable EEGs performed in the EEG department GUH (Adult and Paediatric)	460	
Paediatric Prolonged/sleep deprived EEG's	18	196
Paediatric routine and portable EEG's	178	
Paediatric DNA	7	
% Of Total EEG Paediatric Group		42.6%

** New post commenced March 2020 with additional retirement in June 2020. Cover to adult service from October.*

Chapter 5 – Paediatrics Contd.

Contributors

GUH

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- Ms Lisa Porter, Play Specialist
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LUH

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- Dr Sinead Glackin, Consultant Paediatrician
- Ms Claire Maye, CNS Paediatric Diabetes
- Ms Sinead Molloy, CNS Paediatric Diabetes

Chapter 6 – CASATS & SATU

Child and Adolescent Sexual Treatment Service (CASATS) 2020

The Child and Adolescent Sexual Treatment Service (CASATS), located in Galway, provides an integrated 24/7/365 acute and historic forensic medical service for children under 14 who are victims of rape, sexual assault or suspected child sexual abuse. CASATS is co-located with Adult SATU and there is significant liaison between the Adult and Child services. Adolescents 14-18 years subject to sexual violence are triaged and managed by Adult SATU services if presenting within 7 days of assault with capacity for CASATS involvement when this is in the patient's best interests. Non - acute (historical) adolescent cases may be supported by either CASATS or SATU as their needs dictate. Child perpetrators of child sexual abuse are offered assessment if they have forensic medical needs and may also be victims themselves.

Currently within the CASATS service, the 24/7 rota is covered by two forensic physicians working closely with their adult SATU colleagues and with four expert Clinical Forensic Nurse Specialists. There is active and ongoing training of doctors and nurses in developing skills and knowledge for paediatric forensic examinations in sexual offences medicine working in compliment with SATU services

CASATS receives both acute emergency referrals and historical referrals from the following areas:

- Saolta/West/Midwest - Emergency referrals for children <14 years where most recent potential sexual contact is within 3-7 days
- Saolta/West/Midwest – Non acute/historical referrals for children 0-18 years who allege child sexual abuse more than 7 days previously. For adolescents 14-18 years, each patient's interests are considered on a case by case basis, and Adult SATU services may best support some adolescents on occasion.
- National - Emergency referrals have been traditionally accepted outside of normal working hours on a goodwill basis as there is no other acute forensic medical service available in Ireland 24 hours per day.

Total Attendances

The total number of CASATS patients in 2020 was 108. This represented a small decrease of 6% from the 115 patients supported in 2019.

- 22 (20%) patients were aged between 14-18 years of age. There were 16 additional patients aged 14-18 years of age attending through Adult SATU services
- 10 (9%) CASATS patients were seen out of hours (between 16.00-08.00 Mon-Fri or over the weekends/bank holidays).
- Of the 108 patients engaged with Galway CASATS in 2020, 15 were acute forensic examinations and 90 were non-acute forensic examinations.

Gender, Age Profile

- 68 (63%) were female and 40 (37%) male.
- Mean age 8.5 years.

**(The CASATS service was not designed or resourced as a National Service, and without funding does not have the workforce or accommodation to provide a sustainable service going forward).*

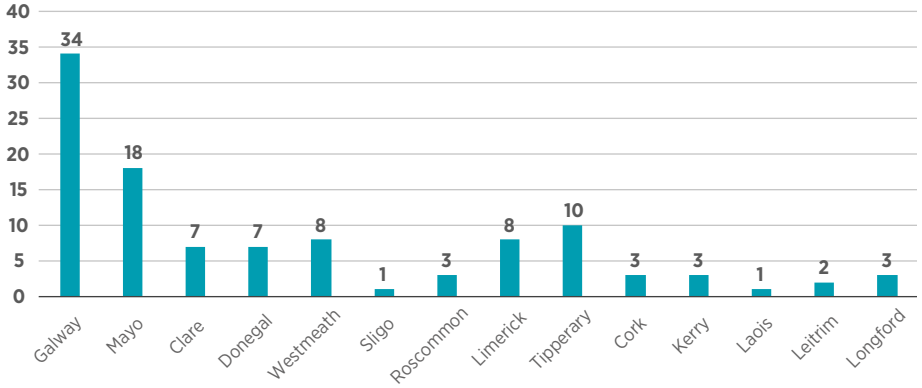
Counties of Referral

The majority of referrals to CASATS came from Galway (n=34), Mayo (n= 18) and Tipperary (n=10). (7 were from North Tipperary and 3 were from South Tipperary)

Support Worker in Attendance:

In 2020, 21 (19%) of patients and their caregivers had access to a CARI, Child and Family accompaniment support volunteer at their initial attendance in CASATS. This small number reflected COVID restrictions which impacted on the CARI support worker's ability to attend the unit. The CASAT service aimed to limit the amount of people attending the unit in line with government advice on COVID restrictions. We do not have statistics for access to CARI telephone support for families of CASATS patients through the National CARI Helpline, where parents initiate contact. Families were however directed to this support service.

County of Referral



Referral Source:

Referral Source	Number
Gardai	52
Social Worker	45
Other Healthcare professional	5
GP	5
Other	1

Chapter 6 – CASATS & SATU Contd.

Galway Sexual Assault Treatment Unit (SATU) 2020

Attendances

- There were 89 acute attendances at the Galway SATU, a decrease of 13% from 2019. This is in line with COVID-related decreases seen in most SATUs nationwide.
- 56 (63%) of these 89 patients attended in person for at least one follow up visit; 78 (88%) accepted a first follow-up telephone call.
- 86 (97%) of the reported incidents took place within the Republic of Ireland and 3 (3%) reported incidents took place outside the Republic of Ireland.
- February and October were the busiest months in 2020 with 12 (13%) patients presenting, and, as in 2019, Sunday was the day of the week with the highest acute attendance rate (20 patients, 22%).
- 63 (71%) incidents occurred between the hours of 20:00 and 07:59.
- 65 (73%) were recent sexual assaults (occurring in the previous 7 days).
- Of these 65 patients, 61 opted for forensic sampling (Option 1 and option 3). 38 were seen by a forensic clinical examiner within 3 hours of a request to SATU, for a Forensic Clinical Examination (n=39). 22 patients were seen after 3 hours of a request due to multiple reasons (distance, patient request, medical reason and obtaining consent). 1 patient was not seen within 3 hours because the SATU unit was in use.

Type of Reported Sexual Crime, Assailant, Relationship to Assailant

- 75 (84%) cases involved a single assailant and 14 (16%) cases involved multiple assailants.
- 73% (77) of alleged perpetrators were known to patients.

Gender, Age Profile, Referral Source

- 82 (92%) patients were female, 6 (7%) patients were male and 1 (1%) identified as transgender.
- The mean age of patients was 27 years of age, with an age range of 14 to 70 years of age.
- An Garda Síochána referred 58 (65%) patients; 10 (11%) patients self-referred and 21 (24%) patients were referred by others (Rape Crisis Centre, GPs, Emergency Department etc.).
- 12 (13%) patients had a Forensic Clinical Examination and storage of evidence without initially reporting to An Garda Síochána (option 3).

Psychological Support Worker Attendance

- 35 (41%) patients had the opportunity to speak to a Psychological Support Worker at the first SATU visit however, due to the Covid-19 pandemic physical attendance of Psychological Support Workers in SATU ceased for a number of months. Towards the end of 2020 phone contact was established allowing patients the opportunity to once again speak to a Psychological Support Worker when attending the SATU.
- Overall, 44 referrals were made to Rape Crisis Centres.

Physical Trauma

- 29 (33%) patients had physical injuries of whom 4 were hospitalised.

Alcohol and Drug Use

- 54 (61%) patients had consumed alcohol in the previous 24 hours; of these 32 (36%) patients had consumed more than 6 standard drinks of alcohol.
- 11 (12%) patients had taken recreational drugs prior to the reported incident.
- 12 (13%) patients were concerned that drugs were used to facilitate sexual assault.
- 25 (28%) patients were unsure if drugs were used to facilitate sexual assault.

Emergency Contraception

- All 22 women who presented within 120 hours of the incident and met the criteria for consideration for post-coital contraception had it administered.

Sexually Transmitted Infection Prophylaxis, Screening and Treatment

- 50 (56%) patients accepted prophylactic antibiotics for Chlamydia.
- 46 (52%) patients commenced Hepatitis B immunisation at first SATU visit.
- 1 patient received Post Exposure Prophylaxis (PEP) for HIV.
- 71 patients were given a follow-up appointment, of these, 56 (81%) patients attended.
- 3 patients (5% of those screened) had a positive result for chlamydia and were treated; two patients were tested at first presentation, one tested positive at second presentation and had received prophylaxis two weeks earlier.

Referrals from SATU

- Of the 16 patients who attended SATU aged under 18 years, all (100%) had a referral made to Túsla.
- 4 patients were referred to another SATU for follow-up.
- 4 patients were referred to GUH for emergency care, gynaecology or mental health services.

Chapter 6 – CASATS & SATU Contd.

Donegal Sexual Assault and Treatment Unit (SATU) 2020

Attendances

- 78 attendances at the Donegal SATU, a decrease of 32 (29%) from 2019.
  Note: Between 2010 and 2019 attendances to the SATU increased year-on-year. However, the Covid 19 pandemic in 2020 impacted on the number of patients attending the SATU particularly during the 'lock-down' periods.
- 69 (88%) reported incidents took place within the Republic of Ireland.
- 9 (12%) reported incidents took place outside the Republic of Ireland.

Attendances Month, Day and Time of Day

- July and was the busiest month in 2020 with 11 (14%) cases presenting during this period.
- Monday, Wednesday and Thursday were the busiest days with 49 (63%) patients presenting to SATU during these days.
- 51 (65%) incidents occurred between the hours of 20.00 – 07.59hrs.

Type of Reported Sexual Crime, Assailant, Relationship to Assailant

- 41 (53%) were recent sexual assaults
- 75 (96%) cases involved a single assailant
- 3 (4%) cases involved multiple assailants
- 10 (12%) cases, the alleged assailant/s was a stranger or unknown.
- 40 (51%) cases, the alleged assailant/s was a recent acquaintance, friend or acquaintance.
- 11 (20%) cases, the alleged assailant/s was a person in authority or family member or other.
- 17 (21%) cases, the alleged assailant was an ex-intimate or intimate partner.

Gender, Age Profile, Referral Source

- 71 (91%) patients were female, 7 (9%) patients were male.
- The mean age was 24 years of age, the youngest < 14 years and the eldest was between 55 & <70 years of age.
- 26 (33%) patients were referred by An Garda Síochána, 9 (12%) patients were self-referrals and 43 (55%) patients were referred by others; GP, ED, RCC, Domestic Violence Services, Addiction Services, Mental Health Services, Acute Hospitals.

Patients Reporting to An Garda Síochána / Time Frame from Incident to SATU

- 46 (59%) patients reported the incident to An Garda Síochána, of these:
- 27 (35%) reported within 7 days, of these:
- 21 (78%) reported within 72 hours and of these:
- 15 (71%) reported within 24 hours.

Patients who had a FCE without initially reporting to An Garda Síochána

- 2 (3%) patients had a FCE without initially reporting to An Garda Síochána of these:
- No patients in 2020 made a formal complaint to An Garda Síochána.
- 2 (50%) patients requested their kits to be retained for a second year.

Psychological Support Worker in Attendance

- 66 (85%) patients had the opportunity to speak to a Psychological Support Worker at the first SATU visit. In 2 (3%) instances a Psychological Support Worker was unavailable. 11 (14%) patients declined. 10 (13%) were supported by an advocate from Domestic Violence and Psychiatric services; in these cases RCC were not contacted as it was not appropriate.

Physical Trauma

- 23 (29%) patients had physical injuries, of these:
- 16 (67%) had superficial trauma, 2 (8%) had injuries where follow-up in hospital was required, 6 (25%) patients were hospitalised due to injuries inclusive of referral to Acute Mental health.

Alcohol and Drug Use Prior to the Reported Incident

- 31 (40%) patients had consumed alcohol in the previous 24 hours, of these:
- 27(87%) patients had consumed > 6 standard drinks of alcohol.
- 9 (12%) patients had taken a combination of recreational and prescription drugs
- 12 (15%) patients were concerned that drugs were used to facilitate sexual assault.
- 7 (9%) patients were unsure if drugs were used to facilitate sexual assault.

Emergency Contraception (EC)

- 25 (35%) female patients presented within 120 hours of the incident, of these:
- 8 (100%) patients were appropriately administered EC in the SATU.

Chapter 6 – CASATS & SATU Contd.

Donegal Sexual Assault and Treatment Unit (SATU) 2020 *Contd.*

Sexually Transmitted Infection Prophylaxis and (STI) Screening

- 17 (22%) patients received Chlamydia prophylaxis.
- 31 (40%) commenced Hepatitis B immunisation programme.
- 1 (1%) received Post Exposure Prophylaxis (PEP) for HIV in 2020 and was referred to ID services.

Follow-up Appointment for Sexual Health Screening

- 51 (66%) patients who attended the SATU were given an STI review appointment, of these:
- 48 (94%) patients attended first follow-up appointment.
- 6 (7%) patients attended for an appointment elsewhere.
- 1 (1%) patients were SATU to SATU referrals.

Outcome of Sexual Health Screening and additional Screening at Follow-up

- 2 (4%) patients had a positive result for Chlamydia.
- 1 (2%) patient had a positive result for Hepatitis C.
- 5 (20%) patients had a positive result for Bacterial Vaginosis.
- 11 (61%) patients had a positive result for Candida Albicans.

Chapter 6 – CASATS & SATU Contd.

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Notes:

Notes:

Notes:

Saolta

Grúpa Ollscoile Cúram Sláinte
University Health Care Group

Galway University Hospitals

Ospidéil na h-Ollscoile Gaillimh
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