



Grúpa Ollscoile Cúram Sláinte  
University Health Care Group

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

ANNUAL CLINICAL REPORT 2023



**Galway  
University  
Hospitals**

*Ospidéal na h-Ollscoile Gaillimh*  
UNIVERSITY HOSPITAL GALWAY  
MERLIN PARK UNIVERSITY HOSPITAL



MAYO  
UNIVERSITY  
HOSPITAL



PORTIUNCULA  
UNIVERSITY  
HOSPITAL



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# Saolta

*Grúpa Ollscoile Cúram Sláinte*  
*University Health Care Group*



**Galway  
University  
Hospitals**

Ospidéal na h-Ollscoile Gaillimh  
UNIVERSITY HOSPITAL GALWAY  
MERLIN PARK UNIVERSITY HOSPITAL



LETTERKENNY UNIVERSITY  
HOSPITAL



MAYO  
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## Foreword

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This Annual Clinical Report serves to provide the data for clinical activity, and other activities within the Women's and Children's Services of the Saolta University Health Care Group. To this end, the clinical activity in the specialities of Paediatrics, Neonatology, Maternity Services and Gynaecology, Sexual Assault Treatment Unit (SATU), and Child and Adolescent Sexual Treatment Service (CASATS) are included in the report. The report is structured alongside major clinical headings as outlined in the page of contents. It is difficult to contain a report of this nature which refers to numerous different speciality areas in five different hospitals. It is our view that there is a focus on data, the statistics, clinical activity, and to an extent the challenges and achievements within the services. As in previous annual reports, we have presented the findings in relation to each of the five hospitals separately, alongside the overall figures for the Saolta Group. I think it is an intrinsic component of accountability that we are able to demonstrate the clinical activity that took place during the year. It is helpful in terms of governance and planning to have such a report to examine. I am very grateful to all the people who have helped in data collection, compiling the report, and bringing it to its finished product. There is no dedicated person for whom this is in their work plan, but it has been contributed to by many of the staff in the Women's and Children's Clinical and Academic Network. In addition, a large number of staff who have busy clinical lives otherwise have made great effort to collate the data for us year on year.

The statistics for Maternity Services are outlined in the early section of the report. There was a small increase in the number of babies delivered during the year 2023, in comparison to 2022. This is followed by an outline of the Neonatology and Gynaecology Services. The figures are presented in a way that I hope is self-explanatory. We are very grateful to the National Women's and Infants Health Programme for

collaboration on many services in Maternity, Gynaecology and Neonatology during the year 2023. It is important that there is a uniform approach nationally to provision of such services. The Paediatric Services are clearly outlined in the following section. There will be change and development in the near future regarding Paediatric Services in Ireland. We are in the process of liaising closely with Children's Health Ireland with regard to the proposed Paediatric Network. Significant work took place in 2023 by my Women's and Children's Network colleagues in Paediatrics. This work was directed at outlining common policies and procedures for clinical pathways in all of our five hospitals. These policies and guidelines are relevant to management of the critically ill child, and also formally address waiting lists in Paediatrics.

The well established services in SATU and CASATS are also presented in this report and I acknowledge the high quality of service provided by our two units in Letterkenny and Galway.

Finally, I am grateful to the staff in our Saolta Group hospitals who provide service on a day-to-day basis to women and children in this large geographical region of Ireland. By the time this report is published our region will have become the West/North West Regional Health Area (RHA). We welcome this development but it remains the case that our commitment to hospital services in the areas that we have just discussed will remain very similar, albeit there may be other associated developments. If necessary, we will modify the format of this report in the future to reflect that.

**Professor John J Morrison**

Clinical Director

W&C Managed Clinical and Academic Network  
Saolta University Healthcare Group

# 1

## CHAPTER 1

# Overview

- 1.1 Service Overview
- 1.2 2023 at a Glance

## 1.1 Service Overview

The Women and Children's Managed Clinical and Academic Network (W&C MCAN) is a group-wide clinical management structure under which women's and children's services are managed and organised across the Saolta University Health Care Group.

The W&C MCAN works collaboratively with hospitals and specialities to improve quality and outcomes for patients. Key areas of focus include developing and implementing strategy, managing risk, responding to quality and safety issues, learning from adverse events, facilitating group-wide policies and standardising clinical pathways.

The W&C MCAN is supported by core services including HR, Finance, Quality and Patient Safety and Information Services and 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 Women's and Children's MCAN provides Maternity, Gynaecology, Neonatology and Paediatric Services on the following hospital sites:

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

Galway University Hospital, as a Level 4 hospital, serves as the tertiary referral centre for many of the sub-speciality services. 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 within the Saolta University Health Care Group.

Saolta Hospital sites are academic teaching hospitals in Ireland and are attached to the University of Galway (formerly NUIG) and have strong research, education and service delivery links with Universities across Ireland for medical staff, midwifery and nursing staff.

Central to our care is the close and productive relationship with our academic partners.

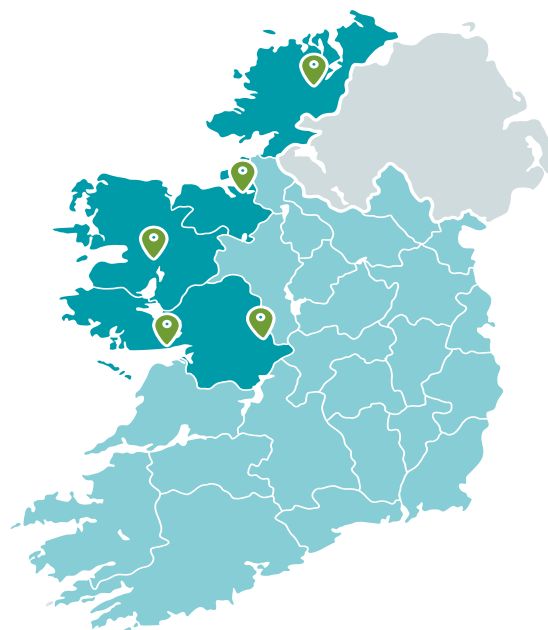
### New Services and Developments in 2023

- Fourth ambulatory gynaecology unit operational in SUH
- Established Postnatal Hubs in PUH & SUH
- Expansion of TOP to full service in LUH & PUH
- Dedicated perinatal bereavement facility for women opened in PUH
- Home from home rooms completed in SUH and GUH
- Dedicated Paediatric ED area opened in SUH
- Saolta Paediatric Inclusion Health Service commenced
- New pathway for Paediatrics patients in LUH Emergency Department
- Slaintecare Integrated Care Paediatric Pilot Project Network 5, Galway City
- First Saolta Quality, Patient Safety & Risk in Maternity & Gynaecology Services Conference

## 1.2 2023 at a Glance

### Women's and Children's MCAN Group:

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



Mothers who gave birth  
**8,016**

Babies Delivered  
**8,132**

Neonatal Admissions  
**1,525 (19%)**



Gynae Procedures  
**10,128**

SATU Attendances  
(Galway/Donegal)  
**254**

Gynae Cancer Surgeries  
**162**

CASATS Attendances  
**90**

Paeds ED Attendances  
**52,412**

Paeds OPD Attendances  
**61,508\***

\*Figure includes Roscommon

% Paeds attendance of  
overall ED attendance  
**22%**

Paeds Day Service  
Attendances  
**10,626**

Paeds Inpatient Admissions  
**14,123**



## Galway University Hospital (GUH)

GUH is a Model 4 hospital providing 24/7 acute surgery, acute medicine and critical care. It also plays a leadership role in acute service delivery providing regional services for a wide range of specialities including Maternity, Gynaecology, Neonatology and Paediatrics and is also a designated supra regional centre for cancer and cardiac services serving a catchment area in the region of one million people along the West from Donegal to Tipperary North.



GUH at a Glance	2023
Mothers Who Delivered	2,562
Babies Delivered	2,609
Neonatal Admissions	424
Gynae Cancer Surgeries	115
Gynae procedures	1,774
Total Caesarean Sections	1033
Paeds ED Attendances	16,444
Paeds Inpatient Admissions	2,576
Paeds OPD Attendances	25,080
Paeds Day Service Attendances	6,006
SATU Attendances	137
CASATS Attendances	90

## Letterkenny University Hospital (LUH)

LUH is a Model 3 hospital delivering a wide range of healthcare services, inclusive of women's and children's services, to the people of County Donegal; serving a population of 167,000.



LUH at a Glance	2023
Mothers Who Delivered	1,557
Babies Delivered	1,576
Neonatal Admissions	337
Gynae procedures	2974
Total Caesarean Sections	646
Paeds ED Attendances	10,670
Paeds Inpatient Admissions	3,911
Paeds OPD Attendances	8,981
Paeds Day Service Attendances	478
SATU Attendances	117



## Mayo University Hospital (MUH)

MUH is a Model 3 hospital and is the only acute hospital in County Mayo. It meets the acute health care needs of >130,000 people living in the county and neighbouring counties. It has 354 beds, an outpatient department, theatres suite and ambulatory care suite. The hospital currently employs 1,516 WTEs with approximately 200 additional supplied through contract services.



MUH at a Glance	2023
Mothers Who Delivered	1,345
Babies Delivered	1,368
Neonatal Admissions	224
Gynae procedures	1,796
Total Caesarean Sections	575
Paeds ED Attendances	8,869
Paeds Inpatient Admissions	2,378
Paeds OPD Attendances	8,891
Paeds Day Service Attendances	1,172

## Portiuncula University Hospital (PUH)

PUH is a Model 3 hospital providing 24/7 acute surgery, acute medicine and critical care along with Emergency Department and maternity services to adults and children in the catchment areas of East Galway, Westmeath, North Tipperary, Roscommon and Offaly.



PUH at a Glance	2023
Mothers Who Delivered	1,354
Babies Delivered	1,368
Neonatal Admissions	224
Gynae procedures	2,061
Total Caesarean Sections	572
Paeds ED Attendances	8,212
Paeds Inpatient Admissions	1,951
Paeds OPD Attendances	6,473
Paeds Day Service Attendances	1,876

## Sligo University Hospital (SUH)

SUH is a Model 3 hospital provides high-quality healthcare to the people of Sligo, Leitrim, South Donegal and West Cavan. SUH provides Acute Inpatient, Outpatient, and Day Services as well as Regional Specialty Services in Ophthalmology and Ear, Nose and Throat Services.



SUH at a Glance	2023
Mothers Who Delivered	1,198
Babies Delivered	1,211
Neonatal Admissions	222
Gynae procedures	1,522
Total Caesarean Sections	499
Paeds ED Attendances	8,217
Paeds Inpatient Admissions	1,507
Paeds OPD Attendances	11,745
Paeds Day Service Attendances	1,094

# 2

## CHAPTER 2

# Maternity

- 2.1 Maternity - Obstetrics Statistics Report
- 2.2 Fetal Medicine Report
- 2.3 Early Pregnancy Assessment Unit
- 2.4 Diabetic Report
- 2.5 Anaesthetic Report
- 2.6 Perinatal Pathology Report
- 2.7 Maternity- Breastfeeding Report
- 2.8 Perinatal Mental Health Service Report
- 2.9 Perinatal Bereavement and Loss Services Report
- 2.10 Antenatal Education Report
- 2.11 Supported Care Pathway Report
- 2.12 Enhanced Postnatal Service Report
- 2.13 Advanced Midwife Practitioner Reports
- 2.14 Saolta HSE Homebirth Report
- 2.15 Health and Social Care Professionals Report

## 2.1 Maternity – Obstetrics Statistics Report

### Saolta University Health Care Group Deliveries and Outcomes Summary

	GUH	LUH	MUH	PUH	SUH	Total
<b>Total Deliveries</b>	<b>2,609</b>	<b>1,576</b>	<b>1,368</b>	<b>1,368</b>	<b>1,211</b>	<b>8,132</b>
<b>Total Mothers</b>	<b>2,562</b>	<b>1,557</b>	<b>1,345</b>	<b>1,354</b>	<b>1,198</b>	<b>8,016</b>
<b>Spontaneous Onset</b>	949	563	604	506	482	3,104
	37.04%	36.16%	44.90%	37.37%	40.23%	38.72%
<b>Induction of Labour</b>	941	578	409	482	426	2,836
	36.73%	37.12%	30.41%	35.60%	35.56%	35.38%
<b>Epidural Rate</b>	1,047	392	480	537	506	2,962
	40.87%	25.17%	35.69%	39.66%	42.24%	36.95%
<b>Episiotomy</b>	452	236	225	209	179	1,301
	17.62%	25.90%	29.22%	26.73%	25.57%	26.45%
<b>Total Caesarean Section</b>	1,033	646	575	572	499	3,325
	40.32%	41.49%	42.75%	42.24%	41.65%	41.47%
<b>Elective Caesarean Section</b>	531	313	280	297	224	1,645
	20.73%	20.10%	20.82%	21.93%	18.70%	20.52%
<b>Emergency Caesarean Section</b>	502	333	295	275	275	1,680
	19.59%	21.39%	21.93%	20.31%	22.95%	20.65%
<b>Spontaneous Vaginal Delivery</b>	1,097	710	587	624	547	3,565
	42.82%	45.60%	43.64%	46.08%	45.66%	44.47%
<b>Forceps Delivery</b>	104	14	66	32	23	239
	4.09%	0.90%	4.90%	2.36%	1.91%	2.98%
<b>Ventouse Delivery</b>	315	187	117	126	130	875
	12.30%	12.01%	8.70%	9.30%	10.85%	10.91%
<b>Breech Delivery</b>	13	3	3	0	1	20
	0.50%	0.19%	0.22%	0.00%	0.08%	0.24%

### Saolta Spontaneous Vaginal Delivery trends 2019-2023

	2019	2020	2021	2022	2023
GUH	48.9%	51.1%	47.1 %	43.2%	42.82%
LUH	51.9%	54.1%	51 %	48.3%	45.6 %
MUH	48.3%	44.8%	51.3 %	45.2%	43.64%
PUH	48.4 %	48.6%	46.5 %	48.1%	46.08 %
SUH	53.7%	47.6%	50.2 %	46.3 %	45.66 %
Saolta Healthcare Group	49.9 %	49.6%	49.1 %	45.7%	44.47 %

### Saolta Induction of Labour trends 2019-2023

	2019	2020	2021	2022	2023
GUH	29.6 %	33.9 %	32.2 %	36 %	36.7 %
LUH	27.8 %	30.8 %	28.3 %	35.1 %	37.1%
MUH	26.5 %	27.1 %	29.3 %	29.7 %	30.4 %
PUH	27.2 %	32.4 %	31.9 %	43.4 %	35.6 %
SUH	31 %	33.5 %	33.6 %	35.7 %	35.5 %
Saolta Healthcare Group	28.5%	31.8 %	31.2 %	33.7 %	35.3 %

### Saolta Instrumental Delivery trends 2019-2023

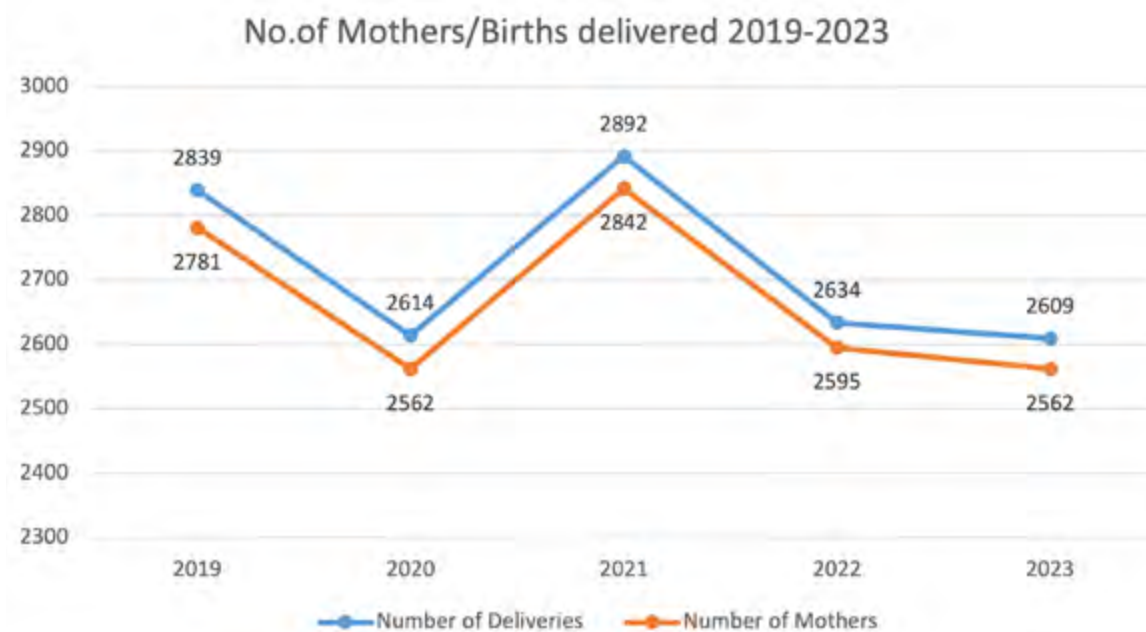
	2019	2020	2021	2022	2023
GUH	14.8 %	14.9 %	14.1 %	17.3 %	16.3 %
LUH	11.1 %	9.4 %	8.5 %	10.8 %	12.9 %
MUH	12.8 %	15.8 %	12 %	15 %	13.6 %
PUH	12.7 %	10.1 %	11.2 %	11.1 %	10.8 %
SUH	9.9 %	11.6 %	11.7 %	10.8 %	12.7%
Saolta Healthcare Group	12.7%	12.7 %	11.9 %	13.7 %	13.9 %

### Saolta Caesarean Section rate trend 2019-2023

	2019	2020	2021	2022	2023
GUH	36.0 %	33.6 %	39.7 %	39.2 %	40.3 %
LUH	37.0 %	36.5%	40.5 %	40.9 %	41.49 %
MUH	38.8 %	39.4 %	36.7 %	40.3 %	42.75 %
PUH	38.8 %	40.9 %	42.1 %	40.7 %	42.24 %
SUH	35.3 %	39.6 %	38.9 %	43 %	41.65 %
Saolta Healthcare Group	37 %	37.3 %	39.6 %	40.5 %	41.75%

## GUH Statistical Summary Template 2023

Number of Mothers/Births, last 7 years	2019	2020	2021	2022	2023
Number of Deliveries	2,839	2,614	2,892	2,634	2,609
Number of Mothers	2,781	2,562	2,842	2,595	2,562



Obstetric Outcomes (Mothers) 2023	Primip	%	Multip	%	Total	%
Spontaneous Onset	390	36.35%	559	37.54%	949	37.04%
Induction of Labour	478	44.55%	463	31.09%	941	36.73%
Epidural Rate	621	57.88%	426	28.61%	1,047	40.87%
Episiotomy	368	61.95%	84	5.64%	452	17.62%
Caesarean Section	479	44.64%	554	36.53%	1,033	40.32%
Spontaneous Vaginal Delivery	260	24.23%	837	56.21%	1,097	42.81%
Forceps Delivery	91	8.48%	13	0.87%	104	4.06%
Ventouse Delivery	240	22.37%	75	5.03%	315	12.29%
Breech Delivery	3	0.28%	10	0.67%	13	0.51%
<b>Total (Number)</b>	<b>1,073</b>	<b>41.88%</b>	<b>1,489</b>	<b>58.12%</b>	<b>2,562</b>	<b>100.00%</b>

Multiple Pregnancies 2023	Primip (n)	%	Multip (n)	%	Total (n)	%
Twins	21	1.96%	24	1.61%	45	1.76%
Triplets	0	0.00%	1	0.06%	1	0.04%

Onset for Multiple Pregnancies 2023	Primip (-21)	%	Multip (-24)	%	Total (-45)	%
Induced	3	6.52%	6	13.04%	9	19.56%
Spontaneous	3	6.52%	3	6.52%	6	13.04%
No Labour	16	34.78%	15	32.61%	31	67.39%
Elective C.S.	10	21.74%	14	30.43%	24	52.17%
Emergency C.S.	10	21.74%	5	10.87%	15	32.60%

Multiple Births	2019	2020	2021	2022	2023
Twins	54	53	46	39	45
Triplets	2	0	2	0	1
<b>Total</b>	<b>56</b>	<b>53</b>	<b>48</b>	<b>39</b>	<b>46</b>

Perinatal Deaths 2023	Primigravida	%	Multigravida	%	Total	%
Stillbirths	5	0.46%	6	0.40%	11	0.43%
Early Neonatal Deaths	3	0.28%	5	0.33%	8	0.31%

Perinatal Mortality Rate (%)	2019	2020	2021	2022	2023
Overall PMR per 1000 births	3.9	9.9	4.1	4.5	5.4
Corrected PMR per 1000 births	0.7	4.2	0.3	0.8	1.2

Stillbirth & Neonatal Deaths	2019	2020	2021	2022	2023
Stillbirth Rate	0.31%	0.61%	0.21%	0.30%	0.43%
Neonatal Death Rate	0.11%	0.38%	0.21%	0.20%	0.31%
<b>Total Rate</b>	<b>0.39%</b>	<b>0.99%</b>	<b>0.42%</b>	<b>0.46%</b>	<b>0.74%</b>

Parity 2023	Number	%
0	1,073	41.88%
1	853	33.29%
2	426	16.62%
3	138	5.38%
4	38	1.48%
5	18	0.07%
6	8	0.70%
7	4	0.16%
8	3	0.12%
9	0	0.30%
10	0	0.00%
11+	0	0.00%
<b>Total</b>	<b>2,561</b>	<b>100.00%</b>

Parity %	2019	2020	2021	2022	2023
0	39.91%	39.54%	37.33%	39.42%	41.88%
1,2,3	57.50%	57.61%	59.89%	57.41%	55.31%
4+	2.60%	2.85%	2.78%	3.17%	2.81%

2023 Age	Primigravida	%	Multigravida	%	Total	%
15-19yrs	11	1.10%	3	0.20%	14	0.54%
20-24yrs	73	6.10%	32	2.15%	105	4.05%
25-29yrs	170	15.85%	139	9.34%	309	12.06%
30-34yrs	439	40.95%	484	32.50%	923	36.05%
35-39yrs	291	27.62%	628	42.18%	919	35.87%
40-44yrs	77	7.20%	198	13.30%	275	10.75%
45>	12	1.18%	5	0.33%	17	0.68%
<b>Total</b>	<b>1,073</b>	<b>100.00%</b>	<b>1,489</b>	<b>100.00%</b>	<b>2,562</b>	<b>100.00%</b>

Age At Delivery (%)	2019	2020	2021	2022	2023
15-19yrs	0.30%	0.20%	0.10%	0.80%	0.54%
20-24yrs	4.90%	4.40%	3.70%	5.20%	4.05%
25-29yrs	10.60%	9.30%	9.30%	13.30%	12.06%
30-34yrs	27.50%	25.90%	25.90%	31.10%	36.05%
35-39yrs	39.90%	42.40%	41.70%	38.50%	35.87%
40-44yrs	15.20%	16.00%	17.80%	10.10%	10.75%
45>	1.50%	1.70%	1.50%	0.90%	0.68%

County of Origin	2019	2020	2021	2022	2023
Galway County	58.90%	58.80%	53.50%	58.70%	58.27%
Galway City	33.70%	34.00%	38.50%	31.40%	31.92%
Mayo	2.90%	2.80%	3.70%	3.90%	3.82%
Roscommon	1.10%	1.40%	1.30%	2.00%	1.87%
Clare	2.10%	2.00%	1.60%	2.70%	2.65%
Others	1.20%	1.00%	1.40%	1.20%	1.44%

Non Irish National Births	2019	2020	2021	2022	2023
Number	682	589	675	599	662
%	24.50%	23.00%	23.80%	23.10%	25.90%

Gestation @ Delivery 2023	Primigravida	%	Multigravida	%	Total	%
<28 weeks	4	0.37%	3	0.20%	7	0.27%
28 - 31+6	8	0.74%	14	0.94%	22	0.86%
32 - 36+6	70	6.53%	79	5.30%	149	5.81%
37 - 39+6	520	48.46%	917	61.59%	1,437	56.09%
40 - 41+6	468	43.62%	473	31.76%	941	36.73%
42 weeks	3	0.28%	3	0.21%	6	0.24%
<b>Total</b>	<b>1,073</b>	<b>100.00%</b>	<b>1,489</b>	<b>100.00%</b>	<b>2,562</b>	<b>100.00%</b>

Gestation @ Delivery	2019	2020	2021	2022	2023
<28 weeks	0.30%	0.40%	0.30%	0.20%	0.27%
28 - 31+6	0.70%	0.70%	0.80%	0.80%	0.86%
32 - 36+6	5.20%	5.10%	6.00%	5.20%	5.81%
37 - 39+6	47.80%	47.50%	50.40%	54.70%	56.09%
40 - 41+6	45.60%	46.10%	42.10%	38.70%	36.73%
42 weeks	0.40%	0.20%	0.40%	0.40%	0.24%

Birth Weights 2023	Primigravida	%	Multigravida	%	Total	%
<1,000gms	5	0.45%	3	0.19%	8	0.30%
1000-1499gms	7	0.64%	8	0.53%	15	0.57%
1500-1999gms	16	1.47%	13	0.86%	29	1.11%
2000-2499gms	55	5.01%	44	2.91%	99	3.79%
2500-2999gms	164	14.96%	164	10.82%	328	12.57%
3000-3499gms	390	35.59%	530	35.03%	920	35.28%
3500-3999gms	354	32.29%	530	35.03%	884	33.89%
4000-4499gms	95	8.66%	191	12.63%	286	10.97%
4500-4999gms	8	0.74%	28	1.86%	36	1.37%
5000-5499gms	2	0.19%	2	0.14%	4	0.15%
<b>Total</b>	<b>1,096</b>	<b>100.00%</b>	<b>1,513</b>	<b>100.00%</b>	<b>2,609</b>	<b>100.00%</b>

Birth Weights	2019	2020	2021	2022	2023
<500gms	0.10%	0.00%	0.00%	0.00%	0.07%
500-999gms	0.30%	0.50%	0.30%	0.30%	0.30%
1000-1999gms	1.70%	1.70%	1.90%	1.90%	1.69%
2000-2999gms	14.10%	12.90%	13.70%	15.10%	16.36%
3000-3999gms	67.50%	66.40%	64.30%	67.50%	69.14%
4000-4499gms	14.00%	16.30%	16.50%	13.50%	10.96%
4500-4999gms	2.40%	2.20%	3.10%	1.60%	1.37%
5000-5499gms	0.10%	0.10%	0.20%	0.20%	0.15%
>5500gms	0.00%	0.00%	0.00%	0.00%	0.00%
<b>Total Number of Babies</b>	<b>2,839</b>	<b>2,614</b>	<b>2,892</b>	<b>2,634</b>	<b>2,609</b>

Induction of Labour	Primigravida	%	Multigravida	%	Total	%
2019	432	39.00%	392	23.40%	824	29.60%
2020	423	41.80%	446	28.80%	869	33.90%
2021	452	42.60%	462	25.90%	914	32.20%
2022	473	46.20%	462	29.40%	935	36.00%
2023	390	36.34%	559	37.54%	949	37.04%

Perineal Trauma 2023	Primigravida	%	Multigravida	%	Total	%
Intact	17	2.89%	179	19.27%	196	12.81%
Episiotomy	368	61.98%	84	8.95%	452	29.52%
2nd Degree Tear	129	21.85%	362	38.85%	491	32.41%
1st Degree Tear	34	5.95%	189	20.35%	223	14.68%
3rd Degree Tear	22	3.70%	13	1.49%	35	2.35%
Other Laceration	21	3.63%	103	11.09%	124	8.23%

Incidence of Episiotomy	Primigravida	%	Multigravida	%	Total	%
2019	356	49.90%	99	9.20%	455	25.50%
2020	355	52.70%	99	9.50%	454	26.50%
2021	370	60.40%	115	10.20%	485	27.90%
2022	374	36.50%	104	6.60%	478	18.40%
2023	368	61.98%	84	8.95%	452	29.52%

B.B.A	Primigravida	%	Multigravida	%	Total	%
2019	2	0.10%	9	0.30%	11	0.40%
2020	0	0.00%	9	0.40%	9	0.40%
2021	1	0.10%	17	0.90%	18	0.60%
2022	1	0.10%	15	1.00%	16	0.60%
2023	0	0.00%	6	0.40%	6	0.23%

Shoulder Dystocia 2023	Primigravida	%	Multigravida	%	Total	%
Shoulder Dystocia	8	1.35%	12	1.28%	20	1.31%

Fetal Blood Sampling (n - babies) 2023	Primigravida	%	Multigravida	%	Total	%
PH < 7.20	10	0.91%	6	0.39%	16	0.61%
PH 7.20 - 7.25	6	0.55%	4	0.26%	10	0.38%
PH > 7.25	43	3.92%	20	1.32%	63	2.41%

Cord Blood Sampling (n - babies) 2023	Primigravida	%	Multigravida	%	Total	%
PH < 7.20	275	25.09%	200	13.21%	475	18.20%
PH 7.20 - 7.25	184	16.78%	151	9.98%	335	12.84%
PH > 7.25	359	32.75%	284	18.77%	643	24.64%

Caesarean Sections 2023	Primigravida	%	Multip	%	Total	%
Elective Caesarean Sections	146	13.60%	385	25.85%	531	20.72%
Emergency Caesarean Sections	333	31.03%	169	11.35%	502	19.59%
Total	479	44.64%	554	37.20%	1,033	40.32%

Robson Groups 2023	Total LSCS	Total Women	Rate of CS in Group
Group 1 - Nullip Single Ceph Term Spont Lab	68	363	18.70%
Group 2 - Nullip Single Ceph Term Induced	295	571	51.70%
Group 2(a) - Nullip Single Ceph Term Induced	193	469	33.80%
Group 2(b) - Nullip Single Ceph Term pre-labour CS	102	102	17.90%
Group 3 - Multip Single Ceph Term Spont Lab	5	429	1.20%
Group 4 - Multip Single Ceph Term Induced	70	451	15.50%
Group 4(a) - Multip Single Ceph Term Induced *	24	407	5.30%
Group 4(b) - Multip Single Ceph Term Pre-Labour CS *	46	46	10.20%



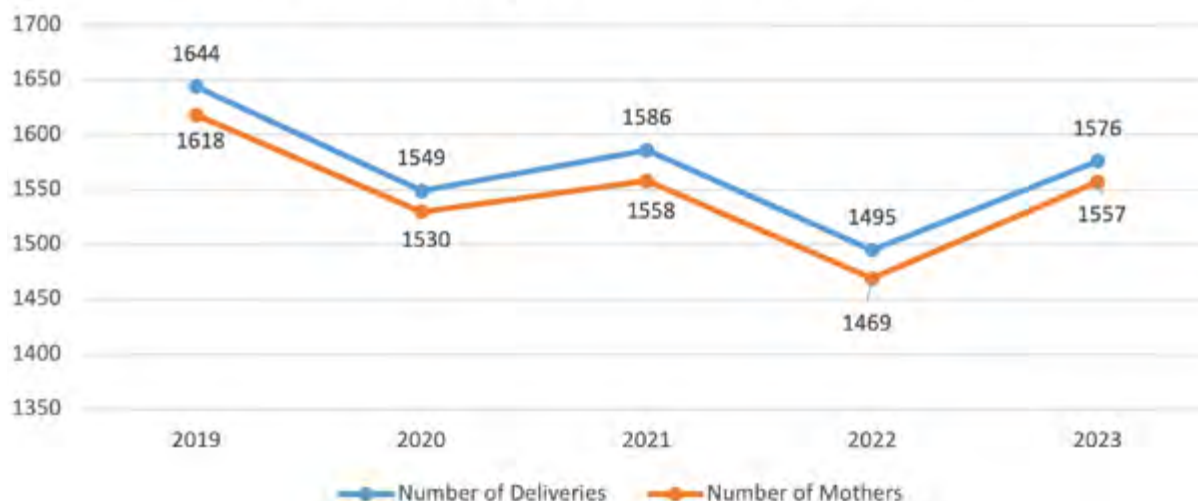
Robson Groups 2023	Total LSCS	Total Women	Rate of CS in Group
Group 5 - Previous CS Single Ceph Term	352	431	81.70%
Group 5 (1)- With one previous C.S. Single Ceph Term	251	325	77.20%
Group 5 (2)- With two or more Previous C.S. Single Ceph Term	101	106	95.30%
Group 6 - All Nullip Breeches	68	70	97.10%
Group 7 - All Multip Breeches	61	70	85.90%
Group 8 - All Multiple Pregnancies	39	46	84.80%
Group 9 - All Abnormal Lies	15	15	100.00%
Group 10 - All Preterm Single Ceph	60	116	51.30%
<b>Total</b>	<b>1,033</b>	<b>2,562</b>	<b>40.32%</b>

Vaginal Birth after Caesarean Section 2023	Number	%
Total No. Of Mothers who had 1 previous Caesarean Section	386	15.06%
No of Mothers who opted for an elective caesarean section after 1 previous Caesarean Section	264	68.39%
No of Mothers who went into spontaneous/induced Labour after 1 previous Caesarean Section		
<b>Outcome of this Category:</b>		
• SVD/Spontaneous Breech-61		
• Ventouse-18		
• Forceps-5		
Total VBAC= 84	122	31.6%
Emergency C.S.=38		

## LUH Statistical Summary Template 2023

Number of Mothers/Births	2019	2020	2021	2022	2023
Number of Deliveries	1,644	1,549	1,586	1,495	1,576
Number of Mothers	1,618	1,530	1,558	1,469	1,557

No. of Mothers/Births delivered 2019-2023



Obstetric Outcomes (Mothers) 2023	Primip	%	Multip	%	Total	%
Spontaneous Onset	210	38.18%	353	35.05%	563	36.15%
Induction of Labour	254	46.18%	324	32.17%	578	37.12%
Epidural Rate	192	34.90%	200	19.86%	392	25.17%
Episiotomy	157	50.64%	79	13.14%	236	25.09%
Caesarean Section	240	43.63%	406	40.31%	646	41.49%
Spontaneous Vaginal Delivery	167	30.37%	540	53.63%	707	45.40%
Forceps Delivery	12	2.19%	2	0.19%	14	0.89%
Ventouse Delivery	128	23.27%	59	5.87%	187	12.03%
Breech Delivery	3	0.54%	0	0.00%	3	0.19%
<b>Total (Number)</b>	<b>550</b>	<b>100.00%</b>	<b>1,007</b>	<b>100.00%</b>	<b>1,557</b>	<b>100.00%</b>

Multiple Pregnancies 2023	Primip (n)	%	Multip (n)	%	Total (n)	%
Twins	7	1.27%	12	1.19%	19	1.22%
Triplets	0	0.00%	0	0.00%	0	0.00%

Onset for Multiple Pregnancies 2023	Primip (-7)	%	Multip (-12)	%	Total (-19)	%
Induced	0	0.00%	0	0.00%	0	0.00%
Spontaneous	2	28.52%	2	16.67%	4	21.05%
No Labour	5	71.42%	10	83.30%	15	78.94%
Elective C.S.	3	42.85%	7	58.33%	10	52.63%
Emergency C.S.	4	57.14%	5	41.66%	9	47.36%

Multiple Births	2019	2020	2021	2022	2023
Twins	26	19	28	26	19
Triplets	0	0	0	0	0
Total	26	19	28	26	19

Perinatal Deaths 2023	Primigravida	%	Multigravida	%	Total	%
Stillbirths	0	0.00%	0	0.00%	0	0.00%
Early Neonatal Deaths	1	0.18%	0	0.00%	1	0.06%

Perinatal Mortality Rate (%),	2019	2020	2021	2022	2023
Overall PMR per 1000 births	3.6	3.9	3.2	4.0	0.1
Corrected PMR per 1000 births	1.8	0	1.3	0.7	0.1

Parity 2023	Number	%
0	550	35.32%
1	521	33.46%
2	304	19.52%
3	117	7.51%
4	38	2.45%
5	19	1.23%
6	4	0.25%
7	2	0.13%
8	2	0.13%
9	0	0.00%
10	0	0.00%
11+	0	0.00%
<b>Total</b>	<b>1,557</b>	<b>100.00%</b>

Age 2023	Primigravida	%	Multigravida	%	Total	%
15-19yrs	5	0.91%	1	0.09%	6	0.38%
20-24yrs	70	12.72%	18	1.78%	88	5.65%
25-29yrs	121	22.00%	126	12.52%	247	15.86%
30-34yrs	189	34.37%	312	30.98%	501	32.17%
35-39yrs	129	23.45%	376	37.35%	505	32.45%
40-44yrs	34	6.19%	163	16.19%	197	12.65%
45>	2	0.36%	11	1.09%	13	0.84%
<b>Total</b>	<b>550</b>	<b>100.00%</b>	<b>1,007</b>	<b>100.00%</b>	<b>1,557</b>	<b>100.00%</b>

Age At Delivery (%)	2019	2020	2021	2022	2023
15-19yrs	1.60%	0.90%	0.90%	0.60%	0.38%
20-24yrs	10.00%	7.80%	6.70%	5.70%	5.65%
25-29yrs	21.50%	17.90%	18.80%	14.30%	15.86%
30-34yrs	35.50%	35.40%	35.20%	32.80%	32.17%
35-39yrs	25.60%	29.80%	30.20%	34.20%	32.45%
40-44yrs	5.60%	7.50%	7.60%	11.40%	12.65%
45>	0.20%	0.70%	0.60%	1.00%	0.84%

Gestation @ Delivery 2023	Primigravida	%	Multigravida	%	Total	%
<28 weeks	3	0.54%	0	0.00%	3	0.19%
28 - 31+6	3	0.54%	5	0.49%	8	0.52%
32 - 36+6	33	6.00%	66	6.55%	99	6.35%
37 - 39+6	261	47.45%	616	61.17%	877	56.32%
40 - 41+6	248	45.10%	320	31.79%	568	36.48%
42 weeks	2	0.37%	0	0.00%	2	0.14%
<b>Total</b>	<b>550</b>	<b>100.00%</b>	<b>1,007</b>	<b>100.00%</b>	<b>1,557</b>	<b>100.00%</b>

Gestation @ Delivery	2020	2021	2022	2023
<28 weeks	0.00%	0.20%	0.20%	0.19%
28 - 31+6	0.70%	0.50%	0.60%	0.52%
32 - 36+6	4.70%	4.90%	6.10%	6.35%
37 - 39+6	73.80%	50.80%	55.70%	56.32%
40 - 41+6	20.20%	43.50%	37.10%	36.48%
42 weeks	0.60%	0.10%	0.30%	0.14%

Birth Weights 2023	Primigravida	%	Multigravida	%	Total	%
<1,000gms	3	0.54%	1	0.09%	4	0.25%
1000-1499gms	1	0.18%	2	0.19%	3	0.19%
1500-1999gms	7	1.27%	8	0.79%	15	0.96%
2000-2499gms	23	4.18%	35	3.28%	58	3.72%
2500-2999gms	82	14.90%	127	12.64%	209	13.42%
3000-3499gms	205	37.27%	338	33.56%	543	34.87%
3500-3999gms	172	31.27%	358	35.65%	530	34.03%
4000-4499gms	50	9.09%	126	12.61%	176	11.31%
4500-4999gms	7	1.27%	12	1.19%	19	1.25%
5000-5499gms	0	0.00%	0	0.00%	0	0.00%
<b>Total</b>	<b>550</b>	<b>99.97%</b>	<b>1,007</b>	<b>100.00%</b>	<b>1,557</b>	<b>100.00%</b>

Induction of Labour	Primigravida	%	Multigravida	%	Total	%
2019	197	35.2	252	23.8	449	27.80%
2020	201	40.10%	270	26.20%	471	30.80%
2021	165	32.90%	276	26.10%	441	28.30%
2022	224	41.50%	291	31.30%	515	35.10%
2023	254	46.18%	324	32.17%	578	37.12%

Perineal Trauma 2023	Primigravida	%	Multigravida	%	Total	%
Intact	257	82.90%	559	93.01%	816	89.57%
Episiotomy	157	50.64%	79	13.14%	236	25.90%
2nd Degree Tear	88	28.38%	190	31.61%	278	30.51%
1st Degree Tear	25	8.06%	99	16.47%	124	13.61%
3rd Degree Tear	5	1.61%	2	0.33%	7	0.76%
Other Laceration	18	5.80%	78	12.97%	96	10.53%

Incidence of Episiotomy	Primigravida	%	Multigravida	%	Total	%
2019					280	27.4%
2020	176	59.40%	86	12.70%	262	27.00%
2021	117	35.90%	67	11.10%	184	19.80%
2022	156	28.90%	52	5.60%	208	23.80%
2023	157	50.64%	79	13.14%	236	25.90%

B.B.A	Total
2019	4
2020	5
2021	5
2022	4
2023	10

Shoulder Dystocia 2023	Primigravida	%	Multigravida	%	Total	%
Shoulder Dystocia	4	0.89%	9	0.57%	13	0.72%

Caesarean Sections 2023	Primigravida	%	Multip	%	Total	%
Elective Caesarean Sections	55	10.00%	258	25.62%	313	20.10%
Emergency Caesarean Sections	185	33.63%	148	14.69%	333	21.38%
Total	240	43.63%	406	40.31%	646	41.49%

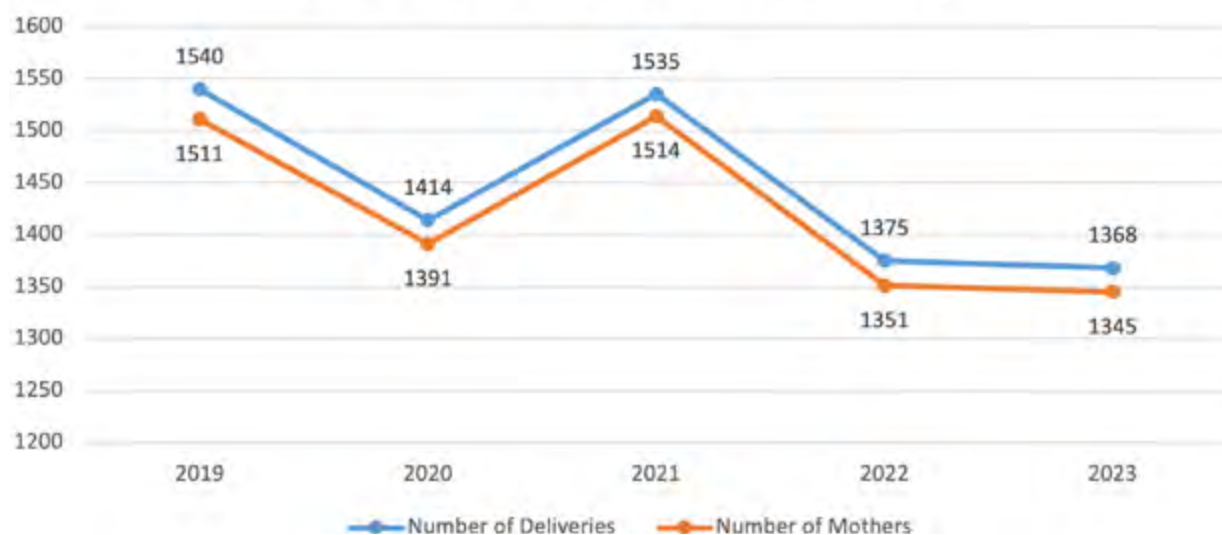
Robson Groups 2023	Total LSCS	Total Women	Rate of CS in Group
Group 1 - Nullip Single Ceph Term Spont Lab	42	194	21.64%
Group 2 - Nullip Single Ceph Term Induced	139	286	48.60%
Group 2(a) - Nullip Single Ceph Term Induced	101	248	40.72%
Group 2(b) - Nullip Single Ceph Term pre-labour CS	38	38	100.00%
Group 3 - Multip Single Ceph Term Spont Lab	4	266	3.57%
Group 4 - Multip Single Ceph Term Induced	52	309	18.77%
Group 4(a) - Multip Single Ceph Term Induced *	16	273	5.86%
Group 4(b) - Multip Single Ceph Term Pre-Labour CS *	36	36	100.00%
Group 5 - Previous CS Single Ceph Term	258	322	80.12%
Group 5 (1)- With one previous C.S. Single Ceph Term	185	249	74.29%
Group 5 (2)- With two or more Previous C.S. Single Ceph Term	73	73	100.00%
Group 6 - All Nullip Breeches	31	34	91.17%
Group 7 - All Multip Breeches	35	35	100.00%
Group 8 - All Multiple Pregnancies	19	19	100.00%
Group 9 - All Abnormal Lies	18	19	94.73%
Group 10 - All Preterm Single Ceph	48	73	65.75%
<b>Total</b>	<b>646</b>	<b>1,557</b>	<b>41.49%</b>

Vaginal Birth after Caesarean Section 2023	Number	%
Total No. Of Mothers who had 1 previous Caesarean Section	288	18.49%
No of Mothers who opted for an elective caesarean section after 1 previous Caesarean Section	145	50.34%
No of Mothers who went into spontaneous/induced Labour after 1 previous Caesarean Section	111	38.54%
Outcome of this Category:		
• SVD/Spontaneous Breech	46	
• Ventouse	17	
• Forceps	2	
Total VBAC	65	
Emergency C.S.	46	

## MUH Statistical Summary Template 2023

Number of Mothers/Births	2019	2020	2021	2022	2023
Number of Deliveries	1,540	1,414	1,535	1,375	1,368
Number of Mothers	1,511	1,391	1,514	1,351	1,345

No. of Mothers/Births delivered 2019-2023



Obstetric Outcomes (Mothers) 2023	Primip	%	Multip	%	Total	%
Spontaneous Onset	240	47.15%	364	43.54%	604	44.90%
Induction of Labour	198	38.89%	211	25.23%	409	30.40%
Epidural Rate	266	52.25%	214	25.59%	480	35.68%
Episiotomy	160	59.04%	65	13.03%	225	29.22%
Caesarean Section	234	45.97%	341	40.78%	575	42.75%
Spontaneous Vaginal Delivery	139	27.31%	445	53.22%	584	43.42%
Forceps Delivery	57	11.19%	9	1.08%	66	4.91%
Ventouse Delivery	79	15.53%	38	4.56%	117	8.69%
Breech Delivery	0	0.00%	3	0.35%	3	0.23%
<b>Total (Number)</b>	<b>509</b>	<b>100.00%</b>	<b>836</b>	<b>99.99%</b>	<b>1,345</b>	<b>100.00%</b>

Multiple Pregnancies 2023	Primip (n)	%	Multip (n)	%	Total (n)	%
Twins	10	1.96%	13	1.55%	23	1.71%
Triplets	0	0.00%	0	0.00%	0	0.00%

Onset for Multiple Pregnancies 2023	Primip (-10)	%	Multip (-13)	%	Total (-23)	%
Induced	2	20.00%	5	38.46%	7	30.43%
Spontaneous	3	30.00%	5	38.46%	8	34.78%
No Labour	1	10.00%	0	0.00%	1	4.34%
Elective C.S.	4	40.00%	3	23.07%	7	30.43%
Emergency C.S.	5	50.00%	3	23.07%	8	34.78%

Multiple Births	2019	2020	2021	2022	2023
Twins	29	23	21	24	23
Triplets	0	0	0	0	0
<b>Total</b>	<b>29</b>	<b>23</b>	<b>21</b>	<b>24</b>	<b>23</b>

Perinatal Deaths 2023	Primigravida	%	Multigravida	%	Total	%
Stillbirths	3	1.37%	4	0.47%	7	0.52%
Early Neonatal Deaths	0	0.00%	0	0.00%	0	0.00%

Perinatal Mortality Rate (%)	2019	2020	2021	2022	2023
Overall PMR per 1000 births	5.2	2.87	3.96	5.1	5.2
Corrected PMR per 1000 births	0.7	0.71	0	2.2	1.5

Stillbirth & Neonatal Deaths	2019	2020	2021	2022	2023
Stillbirth Rate	3.25%	0.29%	1.32%	0.44%	0.52%
Neonatal Death Rate	1.95%	0.00%	2.64%	0.07%	0.00%
<b>Total Rate</b>	<b>0.52%</b>	<b>0.29%</b>	<b>3.96%</b>	<b>0.51%</b>	<b>0.52%</b>

Parity 2023	Number	%
0	509	37.84%
1	465	34.57%
2	240	17.85%
3	72	5.36%
4	31	2.31%
5	16	1.18%
6	7	0.53%
7	2	0.15%
8	1	0.07%
9	0	0.00%
10	1	0.07%
14	1	0.07%
<b>Total</b>	<b>1,345</b>	<b>100.00%</b>

Parity %	2019	2020	2021	2022	2023
0	32%	-	32.10%	36.50%	37.84%
1,2,3	68%	-	63.60%	59.10%	57.76%
4+	0.00%	-	4.30%	4.40%	4.38%

Age 2023	Primigravida	%	Multigravida	%	Total	%
15-19yrs	14	2.75%	2	0.23%	16	1.18%
20-24yrs	49	9.62%	34	4.06%	83	6.17%
25-29yrs	90	17.38%	111	13.27%	201	14.94%
30-34yrs	189	37.13%	255	30.50%	444	33.02%
35-39yrs	130	25.52%	325	38.88%	455	33.82%
40-44yrs	33	6.82%	101	12.09%	134	9.98%
45>	4	0.78%	8	0.97%	12	0.89%
<b>Total</b>	<b>509</b>	<b>100.00%</b>	<b>836</b>	<b>100.00%</b>	<b>1,345</b>	<b>100.00%</b>

Age At Delivery (%)	2020	2021	2022	2023
15-19yrs	1.20%	0.90%	0.20%	1.18%
20-24yrs	5.80%	4.80%	5.80%	6.17%
25-29yrs	15.60%	13.30%	11.90%	14.94%
30-34yrs	34.50%	31.40%	26.40%	33.01%
35-39yrs	33.80%	37.60%	37.60%	33.82%
40-44yrs	8.60%	11.60%	16.70%	9.96%
45>	0.40%	0.60%	1.30%	0.89%

County of Origin	2020	2021	2022	2023
Galway County	3.10%	1.90%	1.30%	1.19%
Galway City	88.90%	90.60%	92.90%	92.34%
Mayo	6.20%	5.60%	4.70%	5.42%
Roscommon	1.70%	1.80%	1.00%	0.96%
Clare	0.10%	0.10%	0.10%	0.07%
Others	0.00%	0.00%	0.00%	0.00%

Non Irish National Births	2020	2021	2022	2023
Number	198	36	311	333
%	14.20%	2.40%	23.00%	24.75%

Gestation @ Delivery 2023	Primigravida	%	Multigravida	%	Total	%
<28 weeks	3	0.59%	0	0.00%	3	0.22%
28 - 31+6	2	0.39%	2	0.22%	4	0.29%
32 - 36+6	31	6.09%	31	3.70%	62	4.62%
37 - 39+6	228	44.79%	511	61.18%	739	54.94%
40 - 41+6	241	47.35%	290	34.67%	531	39.49%
42 weeks	4	0.79%	2	0.23%	6	0.44%
<b>Total</b>	<b>509</b>	<b>100.00%</b>	<b>836</b>	<b>100.00%</b>	<b>1,345</b>	<b>100.00%</b>

Gestation @ Delivery	2020	2021	2022	2023
<28 weeks	0.40%	0.10%	0.00%	0.22%
28 - 31+6	0.30%	0.00%	0.10%	0.29%
32 - 36+6	4.50%	3.50%	4.80%	4.62%
37 - 39+6	50.60%	52.80%	56.80%	54.94%
40 - 41+6	43.00%	43.10%	38.20%	39.49%
42 weeks	0.90%	0.50%	0.10%	0.44%

Birth Weights 2023	Primigravida	%	Multigravida	%	Total	%
<1,000gms	2	0.38%	1	0.11%	3	0.21%
1000-1499gms	1	0.19%	0	0.00%	1	0.07%
1500-1999gms	3	0.57%	6	0.50%	9	0.65%
2000-2499gms	28	5.39%	25	2.94%	53	3.88%
2500-2999gms	86	16.59%	82	9.45%	168	12.12%
3000-3499gms	174	33.52%	278	32.54%	452	33.06%
3500-3999gms	155	29.88%	319	37.37%	474	34.76%
4000-4499gms	56	10.79%	112	14.26%	168	12.29%
4500-4999gms	14	2.69%	25	2.72%	39	2.89%
5000-5499gms	0	0.00%	1	0.11%	1	0.07%
<b>Total</b>	<b>519</b>	<b>100.00%</b>	<b>849</b>	<b>100.00%</b>	<b>1,368</b>	<b>100.00%</b>

Birth Weights	2020	2021	2022	2023
<500gms	0.10%	0.00%	0.00%	0.00%
500-999gms	0.50%	0.10%	0.10%	0.20%
1000-1999gms	1.10%	0.50%	0.50%	0.70%
2000-2999gms	12.80%	13.90%	15.60%	16.10%
3000-3999gms	70.90%	68.80%	67.10%	67.60%
4000-4499gms	12.00%	14.10%	14.40%	15.10%
4500-4999gms	2.30%	2.30%	2.00%	2.80%
5000-5499gms	0.10%	0.30%	0.20%	0.07%
>5500gms	0.00%	0.00%	0.00%	0.00%
<b>Total Number of Babies</b>	<b>1,414</b>	<b>1,536</b>	<b>1,375</b>	<b>1,368</b>

Induction of Labour	Primigravida	%	Multigravida	%	Total	%
2019	176	36.40%	224	20.90%	400	26.50%
2020	182	37.40%	195	21.50%	377	27.10%
2021	205	42.70%	238	23.00%	443	29.20%
2022	206	41.80%	195	22.70%	401	29.70%
2023	198	38.89%	211	25.23%	409	30.40%

Perineal Trauma 2023	Primigravida	%	Multigravida	%	Total	%
Intact	10	3.69%	127	25.45%	137	17.79%
Episiotomy	160	59.04%	65	13.02%	225	29.22%
2nd Degree Tear	62	22.87%	171	34.26%	233	30.25%
1st Degree Tear	21	7.74%	86	17.23%	107	13.89%
3rd Degree Tear	8	2.95%	2	0.40%	10	1.29%
Other Laceration	10	3.69%	51	10.22%	61	7.99%

Incidence of Episiotomy	Primigravida	%	Multigravida	%	Total	%
2021	167	34.80%	59	5.70%	226	14.90%
2022	176	35.70%	57	6.60%	233	17.20%
2023	160	59.04%	65	13.02%	225	29.22%

B.B.A	Primigravida	%	Multigravida	%	Total	%
2023	0	0.00%	2	0.23%	2	0.14%

Shoulder Dystocia	Primigravida	%	Multigravida	%	Total	%
Shoulder Dystocia	1	0.19%	6	0.71%	7	0.52%

Caesarean Sections	Primigravida	%	Multip	%	Total	%
Elective Caesarean Sections	59	11.59%	221	26.43%	280	20.81%
Emergency Caesarean Sections	175	34.38%	120	14.35%	295	21.93%
Total	234	45.97%	341	40.38%	575	42.75%

Robson Groups 2023	Total LSCS	Total Women	Rate of CS in Group
Group 1 - Nullip Single Ceph Term Spont Lab	54	216	25.00%
Group 2 - Nullip Single Ceph Term Induced	137	230	59.56%
Group 2(a) - Nullip Single Ceph Term Induced	92	185	50.81%
Group 2(b) - Nullip Single Ceph Term pre-labour CS	45	45	100.00%
Group 3 - Multip Single Ceph Term Spont Lab	14	273	5.12%
Group 4 - Multip Single Ceph Term Induced	54	225	24.00%
Group 4(a) - Multip Single Ceph Term Induced *	17	188	9.04%
Group 4(b) - Multip Single Ceph Term Pre-Labour CS *	37	37	100.00%
Group 5 - Previous CS Single Ceph Term	242	279	86.73%
Group 5 (1)- With one previous C.S. Single Ceph Term	159	183	86.88%
Group 5 (2)- With two or more Previous C.S. Single Ceph Term	83	96	86.45%
Group 6 - All Nullip Breeches	18	24	40.00%
Group 7 - All Multip Breeches	10	22	45.45%
Group 8 - All Multiple Pregnancies	15	23	65.11%
<b>Group 9 - All Abnormal Lies</b>	<b>2</b>	<b>2</b>	<b>100%</b>
<b>Group 10 - All Preterm Single Ceph</b>	<b>29</b>	<b>52</b>	<b>55.76%</b>
<b>Total</b>	<b>575</b>	<b>1,345</b>	<b>42.75%</b>

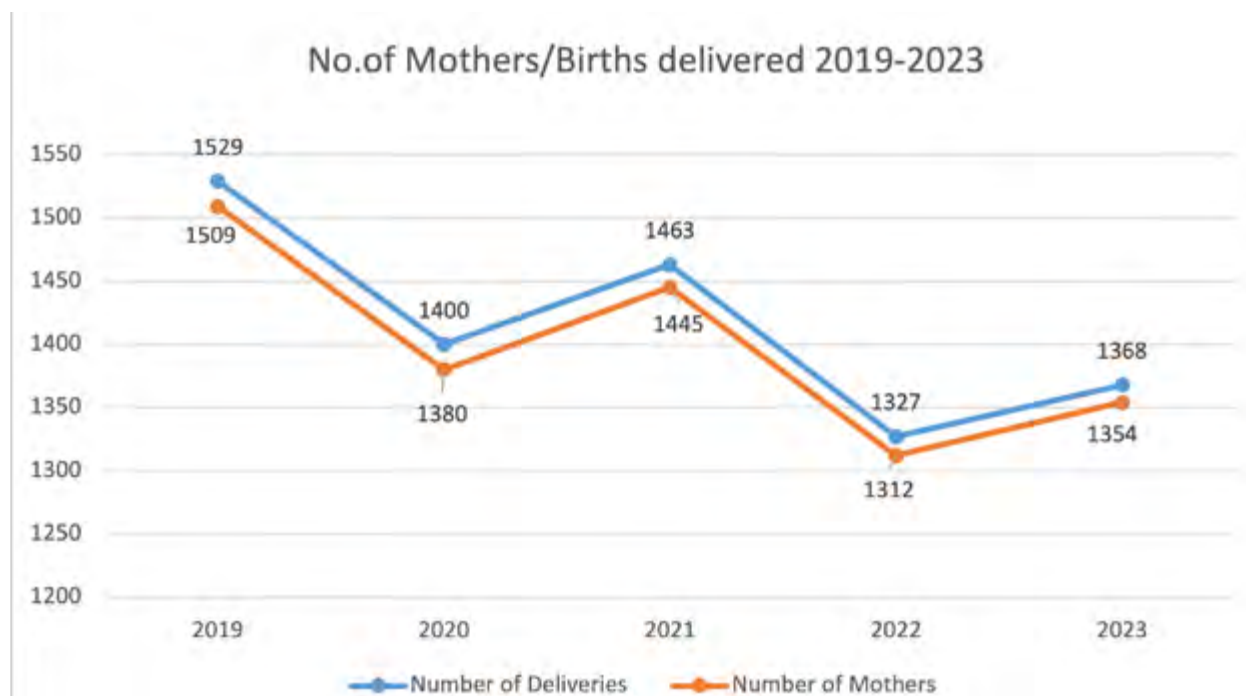
Vaginal Birth after Caesarean Section, 2023	n	%
Total No. Of Mothers who had 1 previous Caesarean Section	183	13.60%
No. of Mothers who opted for an Elective CS who had 1 previous CS	110	60.10%
No. of Mothers who went into Spontaneous/Induced Labour who had 1 previous CS	73	38.25%

Outcome of this category:  
 SVD/Spontaneous Breech 19  
 Ventouse 3  
 Forceps 2  
**Total VBAC 24**  
**Emergency C.S. 49**



## PUH Statistical Summary Template 2023

Number of Mothers/Births	2019	2020	2021	2022	2023
Number of Deliveries	1,529	1,400	1,463	1,327	1,368
Number of Mothers	1,509	1,380	1,445	1,312	1,354



Obstetric Outcomes (Mothers) 2023	Primip	%	Multip	%	Total	%
Spontaneous Onset	176	33.52%	330	39.80%	506	37.37%
Induction of Labour	256	48.76%	226	27.26%	485	35.59%
Epidural Rate	301	57.33%	236	28.46%	537	39.66%
Episiotomy	164	57.95%	45	9.01%	209	26.75%
Caesarean Section	242	46.09%	330	39.80%	572	42.24%
Spontaneous Vaginal Delivery	163	31.04%	461	55.61%	624	46.08%
Forceps Delivery	25	4.78%	7	0.85%	32	2.37%
Ventouse Delivery	95	18.09%	31	3.74%	126	9.31%
Breech Delivery	0	0.00%	0	0.00%	0	0.00%
<b>Total (Number)</b>	<b>525</b>	<b>100.00%</b>	<b>829</b>	<b>100.00%</b>	<b>1,354</b>	<b>100.00%</b>

Multiple Pregnancies 2023	Primip (n)	%	Multip (n)	%	Total (n)	%
Twins	2	0.38%	12	1.44%	14	1.03%
Triplets	0	0.00%	0	0.00%	0	0.00%

Onset for Multiple Pregnancies 2023	Primip (-2)	%	Multip (-12)	%	Total (-14)	%
Induced	0	0.00%	3	25.00%	3	21.42%
Spontaneous	0	0.00%	2	16.66%	2	14.28%
No Labour	2	100.00%	7	58.33%	9	64.28%
Elective C.S.	2	100.00%	6	50.00%	8	57.14%
Emergency C.S.	0	0.00%	1	8.30%	1	7.14%

Multiple Births 2023	2019	2020	2021	2022	2023
Twins	20	20	18	15	14
Triplets	0	0	0	0	0
<b>Total</b>	<b>20</b>	<b>20</b>	<b>18</b>	<b>15</b>	<b>14</b>

Perinatal Deaths 2023	Primigravida	%	Multigravida	%	Total	%
Stillbirths	0	0.00%	3	0.36%	3	0.22%
Early Neonatal Deaths	0	0.00%	1	0.12%	1	0.07%

Perinatal Mortality Rate (%)	2019	2020	2021	2022	2023
Overall PMR per 1000 births	5.2	6.4	2.7	3	2.9
Corrected PMR per 1000 births	1.3	2.8	0	1.5	1.5

Parity	Number	%
0	525	38.77%
1	449	33.16%
2	245	18.09%
3	84	6.20%
4	28	2.08%
5	16	1.18%
6	2	0.15%
7	2	0.15%
8	2	0.15%
9	1	0.07%
10	0	0.00%
11+	0	0.00%
<b>Total</b>	<b>1,354</b>	<b>100.00%</b>

Parity %	2019	2020	2021	2022	2023
0	33.80%	34.10%	35.70%	37.30%	38.77%
1,2,3	62.60%	62.70%	60.80%	58.20%	57.45%
4+	3.60%	3.20%	3.50%	4.50%	3.76%

Age 2023	Primigravida	%	Multigravida	%	Total	%
15-19yrs	11	2.09%	1	0.12%	12	0.89%
20-24yrs	69	13.14%	22	2.65%	91	6.72%
25-29yrs	131	24.94%	109	13.14%	240	17.72%
30-34yrs	195	37.14%	255	30.75%	450	33.25%
35-39yrs	90	17.14%	327	39.44%	417	30.79%
40-44yrs	25	4.76%	112	13.51%	137	10.12%
45>	4	0.76%	3	0.36%	7	0.51%
<b>Total</b>	<b>525</b>	<b>99.97%</b>	<b>829</b>	<b>99.97%</b>	<b>1,354</b>	<b>100.00%</b>

Age At Delivery (%)	2019	2020	2021	2022	2023
15-19yrs	0.00%	0.30%	0.30%	1.40%	0.89%
20-24yrs	0.60%	5.80%	5.70%	6.40%	6.72%
25-29yrs	5.60%	13.80%	13.30%	16.40%	17.72%
30-34yrs	15.20%	31.90%	27.90%	31.30%	33.25%
35-39yrs	31.50%	33.80%	37.90%	32.70%	30.79%
40-44yrs	35.20%	13.60%	13.90%	11.40%	10.12%
45>	11.90%	0.90%	1.00%	0.40%	0.51%

County of Origin	2021	2022	2023
Galway County	33.90%	35.40%	37.97%
Westmeath	19.00%	18.40%	17.28%
Roscommon	23.80%	24.20%	23.78%
Clare	0.40%	0.50%	0.44%
Offaly	16.30%	16.10%	14.77%
Longford	1.50%	1.50%	2.14%
Tipperary	3.90%	3.40%	3.17%
Leitrim	0.00%	0.00%	0.14%
Others	0.40%	0.50%	0.29%
Non Nationals	-	-	315
%	18.30%	21.90%	23.26%

Gestation @ Delivery 2023	Primigravida	%	Multigravida	%	Total	%
<28 weeks	0	0.00%	1	0.12%	1	0.07%
28 - 31+6	1	0.19%	1	0.12%	2	0.15%
32 - 36+6	25	4.76%	40	4.82%	65	4.81%
37 - 39+6	273	52.00%	511	61.64%	784	57.90%
40 - 41+6	225	42.86%	275	33.18%	500	36.92%
42 weeks	1	0.19%	1	0.12%	2	0.15%
<b>Total</b>	<b>525</b>	<b>100.00%</b>	<b>829</b>	<b>100.00%</b>	<b>1,354</b>	<b>100.00%</b>

Gestation @ Delivery	2019	2020	2021	2022	2023
<28 weeks	0.20%	0.30%	0.30%	0.00%	0.07%
28 - 31+6	0.20%	0.10%	0.20%	0.20%	0.15%
32 - 36+6		4.20%	4.40%	5.30%	4.81%
37 - 39+6		53.30%	55.30%	56.60%	57.90%
40 - 41+6	17.00%	42.00%	39.20%	37.60%	36.92%
42 weeks		0.10%	0.60%	0.30%	0.15%

Birth Weights 2023	Primigravida	%	Multigravida	%	Total	%
<1,000gms	0	0.00%	1	0.11%	1	0.07%
1000-1499gms	0	0.00%	1	0.11%	1	0.07%
1500-1999gms	3	0.57%	4	0.47%	7	0.51%
2000-2499gms	20	3.79%	26	3.09%	46	3.38%
2500-2999gms	79	14.99%	98	11.67%	177	12.94%
3000-3499gms	188	35.67%	288	34.24%	476	34.79%
3500-3999gms	167	31.69%	281	33.41%	448	32.76%
4000-4499gms	61	11.59%	125	14.87%	186	13.59%
4500-4999gms	9	1.70%	12	1.43%	21	1.53%
5000-5499gms	0	0.00%	4	0.49%	4	0.29%
>5500gms	0	0.00%	1	0.11%	1	0.07%
<b>Total</b>	<b>527</b>	<b>100.00%</b>	<b>841</b>	<b>100.00%</b>	<b>1,368</b>	<b>100.00%</b>

Birth Weights	2016	2017	2018	2019	2020
<500gms	0.10%	0.10%	0.00%	0.00%	0.00%
500-999gms	0.20%	0.20%	0.30%	0.20%	0.07%
1000-1999gms		1.00%	0.80%	0.70%	0.58%
2000-2999gms		13.30%	15.00%	16.60%	16.30%
3000-3999gms	68.00%	68.60%	64.90%	67.40%	66.88%
4000-4499gms	11.80%	14.20%	15.30%	12.90%	13.59%
4500-4999gms		2.30%	3.50%	2.00%	1.53%
5000-5499gms	0.00%	0.10%	0.10%	0.30%	0.29%
>5500gms	0.00%	0.00%	0.00%	0.00%	0.07%
<b>Total Number of Babies</b>	<b>1,529</b>	<b>1,400</b>	<b>1,463</b>	<b>1,327</b>	<b>1,368</b>

Induction of Labour	Primigravida	%	Multigravida	%	Total	%
2019	183	35.90%	228	22.80%	411	27.20%
2020	198	42.10%	249	27.30%	447	32.40%
2021	216	41.90%	245	26.30%	461	31.90%
2022	191	39.10%	201	24.40%	392	29.90%
2023	256	48.76%	226	27.26%	485	35.59%

Perineal Trauma 2023	Primigravida	%	Multigravida	%	Total	%
Intact	246	89.92%	433	86.77%	679	86.82%
Episiotomy	164	57.95%	45	9.01%	209	26.72%
2nd Degree Tear	63	22.26%	183	36.67%	246	31.45%
1st Degree Tear	19	6.71%	88	17.63%	107	13.68%
3rd Degree Tear	11	3.88%	5	1.00%	16	2.04%
Other Laceration	22	7.77%	75	16.70%	97	12.40%

Incidence of Episiotomy	Primigravida	%	Multigravida	%	Total	%
2019	190	37.30%	80	8.00%	270	17.90%
2020	131	27.90%	71	7.80%	202	14.60%
2021	152	29.30%	53	5.70%	205	14.10%
2022	132	27.00%	51	6.20%	183	13.90%
2023	164	57.95%	45	9.01%	209	26.72%

B.B.A	Primigravida	%	Multigravida	%	Total	%
2019	2	0.40%	3	0.30%	5	0.30%
2020	0	0.00%	6	0.60%	6	0.40%
2021	1	0.20%	11	1.20%	12	0.80%
2022	1	0.20%	5	0.60%	6	0.50%
2023	0	0.00%	5	0.60%	5	0.36%

Shoulder Dystocia 2023	Primigravida	%	Multigravida	%	Total	%
Shoulder Dystocia	4	0.76%	3	0.36%	7	0.51%

Fetal Blood Sampling (n - babies) 2023	Primigravida	%	Multigravida	%	Total	%
PH < 7.20	2	0.38%	1	0.12%	3	0.22%
PH 7.20 - 7.25	4	0.76%	1	0.12%	5	0.36%
PH > 7.25	13	2.47%	6	0.72%	19	1.40%

Cord Blood Sampling (n - babies) 2023	Primigravida	%	Multigravida	%	Total	%
PH < 7.20	92	17.52%	57	6.87%	149	11.00%
PH 7.20 - 7.25	55	10.47%	38	4.58%	93	6.86%
PH > 7.25	141	26.85%	97	11.70%	238	17.57%

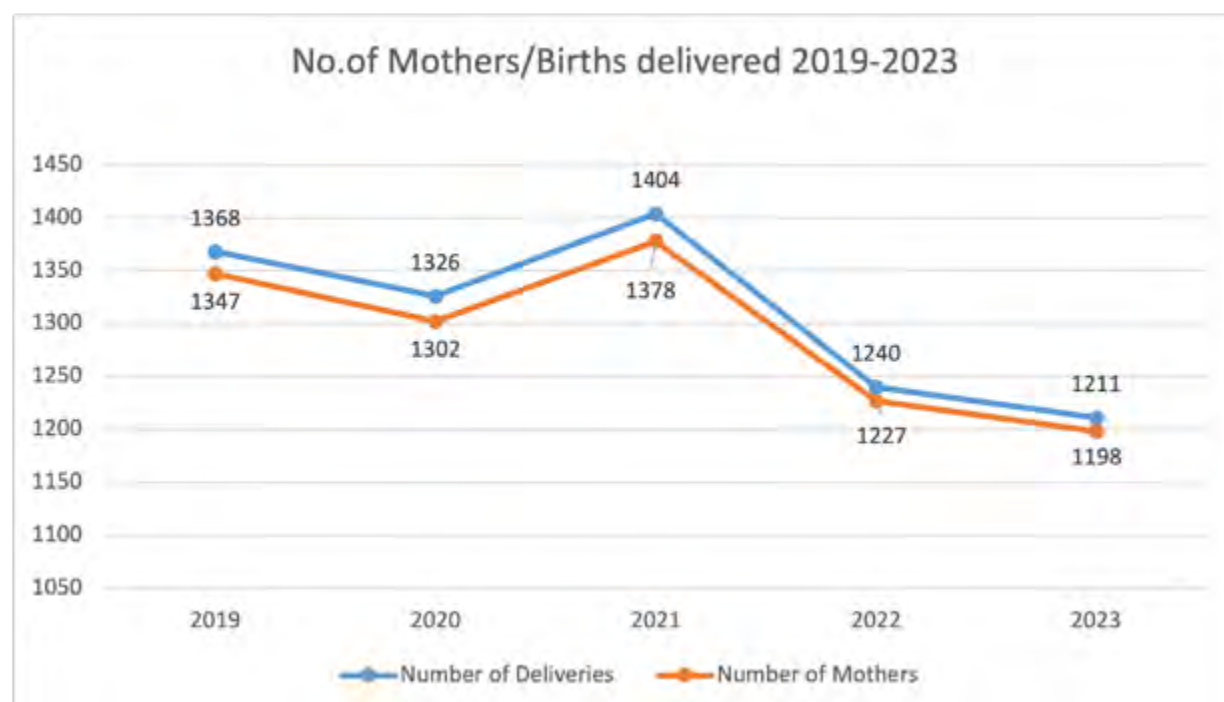
Caesarean Sections 2023	Primigravida	%	Multip	%	Total	%
Elective Caesarean Sections	64	12.19%	233	28.10%	297	21.93%
Emergency Caesarean Sections	178	33.90%	97	28.10%	275	20.31%
<b>Total</b>	<b>242</b>	<b>48.00%</b>	<b>330</b>	<b>39.80%</b>	<b>572</b>	<b>42.24%</b>

Robson Groups 2023	Total LSCS	Total Women	Rate of CS in Group
Group 1 - Nullip Single Ceph Term Spont Lab	21	165	12.72%
Group 2 - Nullip Single Ceph Term Induced	169	297	56.90%
Group 2(a) - Nullip Single Ceph Term Induced	123	251	49.00%
Group 2(b) - Nullip Single Ceph Term pre-labour CS	46	46	100.00%
Group 3 - Multip Single Ceph Term Spont Lab	0	265	0.00%
Group 4 - Multip Single Ceph Term Induced	34	220	15.45%
Group 4(a) - Multip Single Ceph Term Induced *	17	203	8.37%
Group 4(b) - Multip Single Ceph Term Pre-Labour CS *	17	17	100.00%
Group 5 - Previous CS Single Ceph Term	236	266	88.72%
Group 5 (1)- With one previous C.S. Single Ceph Term	158	188	84.04%
Group 5 (2)- With two or more Previous C.S. Single Ceph Term	78	78	100.00%
Group 6 - All Nullip Breeches	33	33	100.00%
Group 7 - All Multip Breeches	18	18	100.00%
Group 8 - All Multiple Pregnancies	9	14	64.28%
Group 9 - All Abnormal Lies	20	20	100.00%
Group 10 - All Preterm Single Ceph	32	56	57.14%
<b>Total</b>	<b>572</b>	<b>1,354</b>	<b>42.24%</b>

Vaginal Birth after Caesarean Section, 2023	Number	%
Total No. Of Mothers who had 1 previous Caesarean Section	216	15.95%
No of Mothers who opted for an elective caesarean section after 1 previous Caesarean Section	133	61.57%
No of Mothers who went into spontaneous/induced Labour after 1 previous Caesarean Section	61	28.4%
Outcome of this Category:		
SVD/Spontaneous Breech-24		
• Ventouse-7		
• Forceps-3		
<b>Total VBAC= 34</b>		
Emergency C.S.=27		

## SUH Statistical Summary Template 2023

Number of Mothers/Births	2019	2020	2021	2022	2023
Number of Deliveries	1,368	1,326	1,404	1,240	1,211
Number of Mothers	1,347	1,302	1,378	1,227	1,198



Obstetric Outcomes (Mothers) 2023	Primip	%	Multip	%	Total	%
Spontaneous Onset	186	39.32%	296	40.82%	485	40.23%
Induction of Labour	225	47.56%	201	27.72%	426	35.55%
Epidural Rate	283	59.83%	223	30.75%	506	42.23%
Episiotomy	127	48.00%	52	11.84%	179	25.46%
Caesarean Section	209	44.18%	290	40.00%	499	41.65%
Spontaneous Vaginal Delivery	144	30.44%	404	55.72%	548	45.74%
Forceps Delivery	20	4.22%	3	0.41%	23	1.19%
Ventouse Delivery	99	20.93%	32	4.41%	131	1.09%
Breech Delivery	1	0.21%	0	0.00%	1	0.08%
<b>Total (Number)</b>	<b>473</b>	<b>39.48%</b>	<b>729</b>	<b>60.85%</b>	<b>1,202</b>	<b>100.00%</b>

Multiple Pregnancies 2023	Primip (n)	%	Multip (n)	%	Total (n)	%
Twins	5	1.05%	8	1.10%	13	1.10%
Triplets	0	0.00%	0	0.00%	0	0.00%

Onset for Multiple Pregnancies 2023	Primip (-5)	%	Multip (-8)	%	Total (-13)	%
Induced	3	60.00%	4	50.00%	7	53.84%
Spontaneous	0	0.00%	0	0.00%	0	0.00%
No Labour	2	40.00%	4	50.00%	6	46.15%
Elective C.S.	2	40.00%	4	50.00%	6	46.15%
Emergency C.S.	2	40.00%	2	25.00%	4	30.76%

Multiple Births 2023	2019	2020	2021	2022	2023
Twins	21	24	27	13	13
Triplets	0	0	0	0	0
<b>Total</b>	<b>21</b>	<b>24</b>	<b>27</b>	<b>13</b>	<b>13</b>

Perinatal Deaths 2023	Primigravida	%	Multigravida	%	Total	%
Stillbirths	3	0.63%	1	0.13%	4	0.33%
Early Neonatal Deaths	0	0.00%	0	0.00%	0	0.00%

Perinatal Mortality Rate (%)	2019	2020	2021	2022	2023
Overall PMR per 1000 births	0.45	7	3.5	8.7	3.3
Corrected PMR per 1000 births	0.8	1	1.4	2.4	0.8

Stillbirth & Neonatal Deaths	2019	2020	2021	2022	2023
Stillbirth Rate	3.00%	0.60%	0.30%	0.65%	0.33%
Neonatal Death Rate	0.00%	0.08%	0.10%	0.24%	0.00%
<b>Total Rate</b>	<b>1.50%</b>	<b>0.68%</b>	<b>0.40%</b>	<b>0.89%</b>	<b>0.33%</b>

Parity	Number	%
0	473	39.49%
1	390	32.56%
2	208	17.36%
3	90	7.51%
4	17	1.42%
5	10	0.83%
6	6	0.50%
7	1	0.08%
8	3	0.25%
9	0	0.00%
10	0	0.00%
11+	0	0.00%
<b>Total</b>	<b>1,198</b>	<b>100.00%</b>

Parity %	2019	2020	2021	2022	2023
0	35.50%	36.90%	34.20%	39.00%	39.49%
1,2,3	55.10%	59.40%	62.00%	57.10%	55.75%
4+	9.40%	3.70%	3.80%	3.90%	3.08%

Age 2023	Primigravida	%	Multigravida	%	Total	%
15-19yrs	3	0.63%	0	0.00%	3	0.25%
20-24yrs	41	8.66%	12	1.65%	53	4.42%
25-29yrs	97	20.51%	80	11.03%	177	14.77%
30-34yrs	156	32.98%	196	27.03%	352	29.38%
35-39yrs	124	26.23%	304	41.93%	428	35.73%
40-44yrs	45	9.51%	118	16.28%	163	13.62%
45>	7	1.48%	15	2.08%	22	1.83%
<b>Total</b>	<b>473</b>	<b>100.00%</b>	<b>725</b>	<b>100.00%</b>	<b>1,198</b>	<b>100.00%</b>

Age At Delivery (%)	2019	2020	2021	2022	2023
15-19yrs	2.00%	0.40%	0.20%	0.30%	0.25%
20-24yrs	9.70%	5.40%	5.50%	7.20%	4.42%
25-29yrs	17.20%	12.90%	10.80%	14.20%	14.77%
30-34yrs	35.80%	27.30%	30.20%	28.00%	29.38%
35-39yrs	28.50%	37.90%	37.50%	34.30%	35.73%
40-44yrs	6.90%	14.50%	15.20%	15.20%	13.62%
45>	0	1.30%	0.60%	0.70%	1.83%

County of Origin	2019	2020	2021	2022	2023
Galway County	0.00%	0.00%	0.00%	0.01%	0.16%
Mayo	0.08%	1.70%	1.60%	3.20%	2.58%
Roscommon	9.56%	11.60%	12.70%	11.00%	11.26%
Sligo	53.00%	52.90%	54.80%	49.10%	55.50%
Donegal	12.17%	12.00%	8.00%	14.00%	11.26%
Longford	0.00%	0.20%	0.00%	0.00%	0.00%
Dublin	0.00%	0.00%	0.10%	0.00%	0.00%
Leitrim	21.73%	20.60%	22.00%	21.70%	18.03%
Others	0.80%	0.00%	0.90%	1.00%	1.16%

Non Irish National Births	2019	2020	2021	2022	2023
Number	136	265	266	266	308
%	10.10%	20.30%	19.30%	21.70%	25.70%

Gestation @ Delivery 2023	Primigravida	%	Multigravida	%	Total	%
<28 weeks	1	0.20%	0	0.00%	1	0.08%
28 - 31+6	1	0.20%	0	0.00%	1	0.08%
32 - 36+6	31	6.49%	42	5.38%	73	6.09%
37 - 39+6	212	44.36%	431	59.24%	643	53.23%
40 - 41+6	231	48.32%	259	35.25%	490	40.24%
42 weeks	2	0.43%	1	0.13%	3	0.28%
<b>Total</b>	<b>478</b>	<b>100.00%</b>	<b>733</b>	<b>100.00%</b>	<b>1,211</b>	<b>100.00%</b>

Gestation @ Delivery	2019	2020	2021	2022	2023
<28 weeks	0.40%	0.50%	0.20%	0.30%	0.08%
28 - 31+6	0.20%	0.60%	0.30%	0.20%	0.08%
32 - 36+6		3.60%	5.20%	6.50%	6.09%
37 - 39+6		52.30%	53.90%	54.90%	53.23%
40 - 41+6	49.20%	42.10%	39.80%	37.90%	40.24%
42 weeks	1.20%	0.60%	0.60%	0.10%	0.28%

Birth Weights 2023	Primigravida	%	Multigravida	%	Total	%
Birth Weights 2023	Primigravida	%	Multigravida	%	Total	%
<1,000gms	0	0.00%	1	0.11%	1	0.07%
1000-1499gms	0	0.00%	1	0.11%	1	0.07%
1500-1999gms	3	0.57%	4	0.47%	7	0.51%
2000-2499gms	20	3.79%	26	3.09%	46	3.38%
2500-2999gms	79	14.99%	98	11.67%	177	12.94%
3000-3499gms	188	35.67%	288	34.24%	476	34.79%
3500-3999gms	167	31.69%	281	33.41%	448	32.76%
4000-4499gms	61	11.59%	125	14.87%	186	13.59%
4500-4999gms	9	1.70%	12	1.43%	21	1.53%
5000-5499gms	0	0.00%	4	0.49%	4	0.29%
>5500gms	<b>0</b>	<b>0.00%</b>	<b>1</b>	<b>0.11%</b>	<b>1</b>	<b>0.07%</b>
<b>Total</b>	<b>527</b>	<b>100.00%</b>	<b>841</b>	<b>100.00%</b>	<b>1,368</b>	<b>100.00%</b>



Birth Weights	2019	2020	2021	2022	2023
<500gms	0.10%	0.10%	0.00%	0.00%	0.00%
500-999gms	0.20%	0.20%	0.30%	0.20%	0.07%
1000-1999gms	-	1.00%	0.80%	0.70%	0.58%
2000-2999gms	-	13.30%	15.00%	16.60%	16.30%
3000-3999gms	68.00%	68.60%	64.90%	67.40%	66.88%
4000-4499gms	11.80%	14.20%	15.30%	12.90%	13.59%
4500-4999gms	-	2.30%	3.50%	2.00%	1.53%
5000-5499gms	0.00%	0.10%	0.10%	0.30%	0.29%
>5500gms	0.00%	0.00%	0.00%	0.00%	0.07%
Total Number of Babies	1,529	1,400	1,463	1,327	1,368

Induction of Labour	Primigravida	%	Multigravida	%	Total	%
2019	183	35.90%	228	22.80%	411	27.20%
2020	198	42.10%	249	27.30%	447	32.40%
2021	216	41.90%	245	26.30%	461	31.90%
2022	191	39.10%	201	24.40%	392	29.90%
2023	256	48.76%	226	27.26%	485	35.59%

Perineal Trauma 2023	Primigravida	%	Multigravida	%	Total	%
Intact	246	89.92%	433	86.77%	679	86.82%
Episiotomy	164	57.95%	45	9.01%	209	26.72%
2nd Degree Tear	63	22.26%	183	36.67%	246	31.45%
1st Degree Tear	19	6.71%	88	17.63%	107	13.68%
3rd Degree Tear	11	3.88%	5	1.00%	16	2.04%
Other Laceration	22	7.77%	75	16.70%	97	12.40%

Incidence of Episiotomy	Primigravida	%	Multigravida	%	Total	%
2019	190	37.30%	80	8.00%	270	17.90%
2020	131	27.90%	71	7.80%	202	14.60%
2021	152	29.30%	53	5.70%	205	14.10%
2022	132	27.00%	51	6.20%	183	13.90%
2023	164	57.95%	45	9.01%	209	26.72%

B.B.A	Primigravida	%	Multigravida	%	Total	%
2019	2	0.40%	3	0.30%	5	0.30%
2020	0	0.00%	6	0.60%	6	0.40%
2021	1	0.20%	11	1.20%	12	0.80%
2022	1	0.20%	5	0.60%	6	0.50%
2023	0	0.00%	5	0.60%	5	0.36%

Shoulder Dystocia 2023	Primigravida	%	Multigravida	%	Total	%
Shoulder Dystocia	4	0.76%	3	0.36%	7	0.51%

Fetal Blood Sampling (n - babies) 2023	Primigravida	%	Multigravida	%	Total	%
PH < 7.20	2	0.38%	1	0.12%	3	0.22%
PH 7.20 - 7.25	4	0.76%	1	0.12%	5	0.36%
PH > 7.25	13	2.47%	6	0.72%	19	1.40%

Cord Blood Sampling (n - babies) 2023	Primigravida	%	Multigravida	%	Total	%
PH < 7.20	92	17.52%	57	6.87%	149	11.00%
PH 7.20 - 7.25	55	10.47%	38	4.58%	93	6.86%
PH > 7.25	141	26.85%	97	11.70%	238	17.57%

Caesarean Sections 2023	Primigravida	%	Multip	%	Total	%
Elective Caesarean Sections	64	12.19%	233	28.10%	297	21.93%
Emergency Caesarean Sections	178	33.90%	97	28.10%	275	20.31%
<b>Total</b>	<b>242</b>	<b>48.00%</b>	<b>330</b>	<b>39.80%</b>	<b>572</b>	<b>42.24%</b>

Robson Groups 2023	Total LSCS	Total Women	Rate of CS in Group
Group 1 - Nullip Single Ceph Term Spont Lab	21	165	12.72%
Group 2 - Nullip Single Ceph Term Induced	169	297	56.90%
Group 2(a) - Nullip Single Ceph Term Induced	123	251	49.00%
Group 2(b) - Nullip Single Ceph Term pre-labour CS	46	46	100.00%
Group 3 - Multip Single Ceph Term Spont Lab	0	265	0.00%
Group 4 - Multip Single Ceph Term Induced	34	220	15.45%
Group 4(a) - Multip Single Ceph Term Induced *	17	203	8.37%
Group 4(b) - Multip Single Ceph Term Pre-Labour CS *	17	17	100.00%
Group 5 - Previous CS Single Ceph Term	236	266	88.72%
Group 5 (1)- With one previous C.S. Single Ceph Term	158	188	84.04%
Group 5 (2)- With two or more Previous C.S. Single Ceph Term	78	78	100.00%
Group 6 - All Nullip Breeches	33	33	100.00%
Group 7 - All Multip Breeches	18	18	100.00%
Group 8 - All Multiple Pregnancies	9	14	64.28%
Group 9 - All Abnormal Lies	20	20	100.00%
Group 10 - All Preterm Single Ceph	32	56	57.14%
<b>Total</b>	<b>572</b>	<b>1,354</b>	<b>42.24%</b>

Vaginal Birth after Caesarean Section 2023	Number	%
Total No. Of Mothers who had 1 previous Caesarean Section	216	15.95%
No of Mothers who opted for an elective caesarean section after 1 previous Caesarean Section	133	61.57%
No of Mothers who went into spontaneous/induced Labour after 1 previous Caesarean Section	61	28.24%

**Outcome of this Category:**

- SVD/Spontaneous Breech-24
- Ventouse-7
- Forceps-3

**Total VBAC= 34**

Emergency C.S.=27

## 2.2 Fetal Medicine Report

In this section of the report, the data relevant to ultrasound scans performed during pregnancy Fetal Medicine Services, and provision of specialised care to high risk pregnancies are presented. The number of ultrasound scans and attendances are listed for each hospital separately, and for the Group in total. Where relevant, comparisons are made with previous years.

The majority of Fetal Medicine and Specialised Obstetric Services for four of the five hospitals in the Group (GUH, PUH, MUH and SUH) are provided by the Fetal Medicine Service at a tertiary level in Galway University Hospital. There is a clear referral pathway with rapid access for appointments from all of these sites. These cases are managed jointly by the teams on both sites. In addition, there are regular Fetal/Neonatal multidisciplinary team meetings for planning of optimal obstetric care, site of delivery and Neonatal care. These meetings are well attended by Consultants in Obstetrics and Gynaecology/Fetal Medicine, Consultants in Neonatology, Clinical Sonographers, and Specialist Midwives in specialised care, Directors of Midwifery, and junior medical staff. There are also attended by Professionals in counselling and supportive care and in bereavement. Finally, as required, these meetings are attended by experts in Paediatric and Fetal Radiology, Clinical Genetics, and other subspecialty areas of Paediatrics.

A small number of cases from LUH are managed via the Fetal and Neonatal Services at GUH, but for practical and travel purposes the majority of cases from LUH are dealt with in other centres.

The Fetal Medicine Services are linked to multidisciplinary services nationally to which we are also grateful. A number of our patients attend the specialised Fetal Cardiology/Echo Clinics run by CHI Crumlin and the Coombe Maternity Hospital. Similarly, a number of women every year attend the Fetal Neuro Surgery Clinic that is jointly held between CHI Temple Street and the National Maternity Hospital. We are grateful to the Paediatric Surgical Services at CHI Temple Street and Crumlin for their collaboration prenatally, and in the post-natal period, regarding infants who ultimately require surgery. Finally, we have had a number of collaborations with the Fetal Surgical Services in Leuven Belgium, related to cases of congenital diaphragmatic hernia.

### Fetal Medicine Services

	Galway University Hospital	Letterkenny University Hospital	Mayo University Hospital	Portiuncula University Hospital	Sligo University Hospital	Total
Total number of scans performed	16,423	7,598	4,924	6,206	5,748	40,899
Number of EPU scans	2,508	1,300	648	1,158	1,390	7,004
Number of Early Pregnancy Scans (inc EPAU & booking scans)	4,638	2,891	1,434	2,253	2,528	11,216
Number of detailed anomaly scans	2,340	1,543	1,326	1,295	1,237	7,741
Percentage of patients who had an anomaly U/S	100%	99%	97%	96%	100%	98%
Number of other clinically indicated scans	6,198	3,064	2,170	2,658	1,922	14,090
Number of twins	82	27	37	16	13	175
DCDA	65	22	27	12	11	137
MCDA	17	4	9	4	2	36
MCMA	0	1	1	0	0	2
Triplets	3	0	0	1	0	4
Number of Amniocentesis or CVS	69	0	0	0	0	69
Fetal abnormalities diagnosed	247	32	27	54	30	390
Number of deliveries	2,609	1,576	1,368	1,368	1,211	8,132

No. of Twins	GUH	LUH	MUH	PUH	SUH	Total
2020	72	43	23	27	24	189
2021	71	51	24	23	27	196
2022	80	44	44	23	13	204
2023	82	27	37	16	13	175

No. of Amniocentesis or CVS	GUH	LUH	MUH	PUH	SUH	Total
2020	48	5	4	0	5	62
2021 * referred to GUH	47	0	0	*9	0	47
2022	50	0	0	0	0	50
2023	69	0	0	0	0	69

No. of Fetal Abnormalities	GUH	LUH	MUH	PUH	SUH	Total
2020	127	31	19	33	27	207
2021	154	31	49	45	23	299
2022	238	34	40	51	60	423
2023	247	32	27	54	30	388

### Ultrasound and Fetal Abnormalities Diagnosed 2023 per Hospital Site

	GUH	LUH	MUH	PUH	SUH	Total
<b>Cranial/ CNS/Neuro</b>	<b>58</b>	<b>4</b>	<b>7</b>	<b>3</b>	<b>9</b>	<b>81</b>
Ventriculomegaly/ Hydrocephalus	17	3	2	2	3	27
CNS posterior fossa abnormality	4	1	1	1	0	8
Microcephaly	6	0	1	0	0	7
Spina bifida	3	0	0	0	0	3
Anencephaly / Exencephaly	7	0	0	0	0	7
Cystic Hygroma	17	0	2	0	6	25
Holoprocencephaly	2	0	0	0	0	2
Agensis Cerebellar Vermis	1	0	0	0	0	1
Dandy-Walker malformation	1	0	1	0	0	2
<b>Cardiac abnormalities</b>	<b>77</b>	<b>15</b>	<b>3</b>	<b>8</b>	<b>7</b>	<b>110</b>
Hypoplastic right/ left heart	5	0	0	0	0	5
Transposition	7	0	0	1	0	7
DORV	5	0	0	0	1	6
VSD & AVSD	19	1	0	0	2	22
Tetralogy of Fallot	5	0	1	1	1	9
Interrupted aortic arch	3	0	0	0	0	3
Ventricular disproportion	7	6	1	1	0	15
Other	1-dextrocardia 1-mitral valve hypoplasia 1-Additional left SVC 1-heart block	2 (aortic stenosis *1; DI George Syndrome *1)	1 situs inversus	0	2 complex heart	11
Irregular rhythm	17	3	2	3	1	26
Pericardial effusion	5	1	0	2	0	8
<b>Abdominal defects/ GI malformations</b>	<b>20</b>	<b>0</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>29</b>
Gastroschisis	4	0	2	0	0	6
Exomphalous	4	0	0	1	0	5
Abdominal cysts	2	0	1	0	0	3
Abdominal Ascites	2	0	1	0	0	3
Duodenal atresia	5	0	0	2	2	9
Omphalocele	2	0	0	0	0	2

	GUH	LUH	MUH	PUH	SUH	Total
Body Stalk abnormality	1	0	0	0	0	1
Thoracic	7	1	0	1	0	9
Bronchopulmonary sequestration	0	0	0	0	0	0
Congenital cystic adenomatoid malformation	1	1	0	0	0	2
Pleural effusion	0	0	0	0	0	0
Transoesophageal fistula	1		0	0	0	1
Diaphragmatic hernia	4	0	0	1	0	5
Other: Cervical teratoma	1	0	0	0	0	1
Structural Facial Abnormality	11	0	1	4	0	16
Cleft lip/ Palate	11	0	1	4	0	16
Renal tract abnormality	56	76	6	1	6	145
Pelvic kidney	10	0	0	0	0	10
Megacystis	2	0	2	0	0	4
Multicystic /Polycystic/ dysplastic kidney	8	1	0	0	2	11
Potters Sequence	1	0	0	0	0	1
Echogenic kidneys	25	70	0	0	1	96
Hydronephrosis	7	2	4	1	3	17
Other	Duplex Kidney 1	2 (Duplex kidney & multicystic kidney)	0	0	0	3
Megacystic Bladder	2	1	0	0	0	3
Skeletal abnormality/ Limb abnormality	37	4	7	9	3	60
Talipes	14	4	1	3	2	24
Long bones <3rd centile	16	0	6	4	1	27
Arthyrogryposis	3	0	0	1	0	4
Osteogenesis imperfecta	1	0	0	1	0	2
Other	1-Pena-Shokier syndrome	0	0	0	0	1
Skeletal Dysplasia	2	0	0	0	0	2
Chromosomal abnormality - Genetic Abnormality	25	4	2	0	2	33
Trisomy 21	23	1	2	0	2	28
Trisomy 13	5	0	0	0	0	5
Trisomy 18	3	2	0	0	0	5
Triploidy	3	0	0	0	0	3
Noonans	1	1	0	0		2
Placental						
Placenta accreta	2		1 (GUH)		1	4
Miscellaneous						
Praevia – 8					Vein varix x1	
Emmanuel Syndrome – 1					Umbilical cord cysts x2	
Fetal ovarian cyst – 1					Cytomegaly virus positive x1	
Trisomy 9 – 1					Folded stomach x1	
8p23.1 deletion – 2					Folded Gallbladder x1	
Klinefelters – 1					Fetal ovarian cyst x1	
Fetal ovarian cyst - 2						

	GUH	LUH	MUH	PUH	SUH	Total
CMV	1	0	0	0	0	1
Syphilis	1	0	1	0	0	2
Anti D	4	0	4	0	0	8
Anti K	0	0	0	0	0	0
Anti E	3	0	1	0	0	4
Other	12	0	1 iugr	0	0	13
Fetal Echo	0	0	12	0	0	12
Vasa Praevia	1	0	0	0	1	2
Antibodies	16	0	1 anti c	0	0	17

### MUH Fetal Medicine Summary 2023

The Fetal Medicine Clinic in Mayo University Hospital was set up in January 2022. There are two sessions provided weekly, to accommodate fetal medicine and high risk obstetric cases on site in Mayo University Hospital. Both sessions are facilitated by Dr Gillian Ryan Fetal Medicine Specialist.

This year a total of 93 fetal and maternal medicine clients came through the service. There were a total of 253 scans performed for this cohort of patients and findings are laid out in table below.

The provision of selective NIPT testing within the fetal medicine service at MUH was commenced and provided to selected cases as per GUH FMed clinic guidance n=10. Patients requiring amniocentesis and CVS were facilitated mainly in Dr Ryan's fetal medicine clinic in GUH, but they were also seen by the other fetal medicine consultants in GUH as required to ensure timely review of all patients.

The numbers of clients been seen at this clinic continues to rise with a 19% increase on last year and it is hoped this trend will continue as this is an invaluable service to those it serves.

Total number of patients seen in Fetal Medicine Clinic	93
Fetal Medicine	84
Maternal Medicine	9
Huntingtons Disease	1
HHT	1
Wolf Parkinson white syndrome	2
Epilepsy	2
Hepatitis B	1
Discoïd Lupus	1
Multiple Sclerosis	1

## 2.3 Early Pregnancy Assessment Unit

The Early Pregnancy Assessment Units (EPAU) provide dedicated care to women in early pregnancy. In our region, we have units on each site with four to five sessions provided each 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.

### EPAU Clinical Activity 2023

Saolta Activity/Diagnosis	GUH	LUH	MUH	PUH	SUH	Total
Total Attendances	2,508	1,300	1,169	1,158	1,390	7,525
New	1,552	584	648	809	891	4,484
Return	954	716	521	349	499	3,039
Viable Intrauterine Pregnancies	1,263	683	404	567	747	3,664
Complete Miscarriages	315	239	126	135	206	1,021
Incomplete Miscarriages	153	28	71	86	73	411
Missed Miscarriages	259	133	126	125	125	768
Medical Management	48	42	84	68	95	289
Surgical Management	102	85	49	75	70	279
Conservative Management	80	6	21	16	30	73
Ectopic Pregnancies	18	27	15	11	15	86
Pregnancies of Unknown Location	272	70	86	141	115	684
Molar Pregnancies	8	6	1	1	2	18
Pregnancies of Unknown Viability	220	137	133	141	153	784
BHCG Levels Recorded	1,106	743	262	303	346	2,760

*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).*

Activity	EPAU 1st visits	Rate per% delivered	EPAU 1st visits	Rate per% delivered	EPAU 1st Visits	Rate per% delivered	EPAU 1st visits	Rate per% delivered	EPAU 1st visits	Rate
Year	2019	2019	2020	2020	2021	2021	2022	2022	2023	2023
National Rate Per % delivered	-	42.9%	-	42.8%	-	36.8%	-	53.7%	-	55%
GUH	2,781 **	49.4%**	1,416	55.3%**	1,611	56.7%**	1,560	60.1%	1,552	58.1%
LUH	1,618	44.5%	545	35.6%**	511	32.8%	618	42.1%	584	37%
MUH	1,511	38.3%	561	40.3%	637	42.0%	650	48.1%	648	47.8%
PUH	1,509 **	74.2% **	819 **	59.4%**	806	55.8%	644	49.1%	809	59.7%
SUH	1,347**	60.6%**	948	72.8%**	826	60.0%	866	70.6%	891	73.5%
Total	8,766	-	4,289	-	4,391	-	4,338	-	-	-

\*\* indicates where the number of first visits are above confidence indicator. (CI) 95% from IMIS National rate.

## 2.4 Combined Obstetric and Diabetic Report

Diabetes in Pregnancy (DIP) is increasingly a public health concern, as rates of this condition continue to rise in our region nationally and globally. DIP includes both diabetes diagnosed during pregnancy termed Gestational Diabetes Mellitus (GDM) and pre-existing Type 1 Diabetes Mellitus (T1DM) and Type 2 Diabetes Mellitus (T2DM) & Maturity onset diabetes of the young (MODY).

While the overall rate of women who had pregnancies complicated by diabetes was comparative to 2022, the rate in GUH remains considerably higher by comparative to other site. This is attributed to variance with screening criteria and the type of the blood bottles used. GUH are currently looking at a number of quality improvement plans in relation to this.

The numbers of women entering pregnancy in 2023 with Type 1 or Type 2 diabetes remains relatively low. In 2023, 17.6% of pregnancies were complicated by diabetes in some form this was a slight reduction from 2022 of 92 individual women, a slight drop in numbers was seen in all sites except GUH where the number went up slightly in this region.

Rate of intervention are high in this group of women with high rates of induction of labour and delivery by caesarean section.

### Group Summary Table 2023 - Combined Obstetric and Endocrine service Report

Diabetic Pregnancies, Type and Treatment	GUH	LUH	MUH	PUH	SUH	Total
<b>Activity</b>						
Total number of mothers delivered	2562	1557	1345	1354	1198	8,016
Total number of pregnancies complicated by diabetes	747	234	145	190	94	1,410
% of women delivered	29.1%	15.5%	10.78%	14%	7.8%	17.6%
<b>Classification</b>						
Numbers of Type 1	18	6	3	3	3	33
Numbers of Type2	11	8	5	4	1	29
MODY	0	0	0	0	1	0
Numbers of Gestational Diabetes	718	220	137	183	89	1,347
<b>Mode of Management</b>						
Diet and exercise	405	85	49	58	20	617
Metformin	10	42	14	1	30	97
Insulin	303	107	74	131	57	672

Group Activity	2020	2021	2022	2023
No. of Pregnancies Complicated by Diabetes	915	1204	1502	1,410
% of women delivered	11.2%	13.8%	18.9%	17.6%
Type 1	43	28	32	33
Type 2	23	17	25	29
MODY	1	2	0	0
Gestational Diabetes	846	1157	1445	1,347
Diet and Exercise	349	547	690	617
Metformin	162	158	123	97
Insulin	400	506	683	672

Combined Obstetric and Diabetes Service Report	GUH	LUH	MUH	PUH	SUH
Total No. of Mothers Delivered	2562	1557	1345	1354	1198
Total No. of Pregnancies Complicated by Diabetes	747	234	145	190	94
% of women delivered with pregnancy complicated by diabetes	29.1%	15.5%	10.78%	14%	7.8%
<b>Classification of Diabetes</b>					
Total No. of Type 1	18	6	3	3	3
Total No. of Type 2	11	8	5	4	1
Total No. of MODY	0	0	0	0	1
Total No. of Gestational Diabetes	718	220	137	183	89



Combined Obstetric and Diabetes Service Report	GUH	LUH	MUH	PUH	SUH
<b>Mode of Management</b>					
No. of Diet and Exercise	405	85	49	58	20
No. by Metformin	10 (@ delivery)	42	14	1	30
No. by Insulin	303	107	74	131	57
<b>BMI Breakdown of Women with Diabetes</b>					
No. of women <19	12	5	0	1	0
No. of women 19-24.9	166	47	28	18	4
No. of women 25-29.9	247	76	44	54	20
No. of women 30-34.9	130	58	38	53	23
No. of women = or >35	99	48	35	51	47
No. not recorded	93	0	0		0
<b>Labour Onset of Women with Diabetes</b>					
Spontaneous	194	41	39	33	14
Induced	316	104	51	87	38
No Labour	237	89	55	70	41
<b>Delivery Type of Women with Diabetes</b>					
SVD/Spontaneous Breech	298	89	52	76	29
OVD	105	28	11	14	12
Elective CS	190	68	55	59	29
Emergency CS	154	49	27	41	23
<b>Infant Feeding Method</b>					
Breast Alone at Discharge	274	101	62	53	32
Breast and Artificial at Discharge	223	19	18	48	27
Artificial at Discharge	246	114	64	89	32
NND	2	0	0	0	2
Transferred out, NPO on transfer	2				

## Combined Obstetric and Diabetic Service Breakdown Report

Type	No. of Women	Diet Exercise	Metformin	Insulin	Primip	Multip	Vaginal Delivery	C/S	NICU Admission
<b>GUH Breakdown</b>									
Type 1	18				12	6	3	15	7
Type 2	11				5	6	3	8	0
Gestational	718	405	10	303	275	443	397	321	0
<b>LUH Breakdown</b>									
Type 1	6	0	0	6	4	2	2	4	3
Type 2	8	0	0	8	3	5	3	5	2
Gestational	220	85	42	93	55	165	112	108	30
<b>MUH Breakdown</b>									
Type 1	3			3	1	2		3	2
Type 2	5			5	1	4	2	3	0
Gestational	137	49	14	74	48	89	61	76	23
<b>PUH Breakdown</b>									
Type 1	3	0	0	3	2	1	1	2	1
Type 2	4	0	1	3	1	3	1	3	2
Gestational	183	58	0	125	65	118	8	95	27
<b>SUH Breakdown</b>									
Type 1	3	0	0	3	1	2	1	2	2
Type 2	1	1	1	0	0	1	0	1	
Gestational	89	22	31	52	33	56	40	48	29
MODY	1	0	1	1	1	0	0	1	1

## 2.5 Anaesthetic Report

The Anaesthetic team 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

Site	Rate of GA	2019	2020	2021	2022	2023
GUH	per total mothers delivered	1.9%	2.3%	2.0%	1.9%	2.1%
	Per Total CS	5.2%	6.9%	5.1%	4.9%	5.22%
LUH	per total mothers delivered	2.7 %	2.2%	2.1%	2.0%	1.8%
	Per Total CS	7.2%	5.9%	5.2%	5.0%	4.48%
PUH	per total mothers delivered	1.7%	1.8%	2.3%	1.6%	2%
	Per Total CS	4.3%	4.4%	5.4%	3.9%	4.7%
MUH	per total mothers delivered	2.1%	2.3%	1.3%	1.6%	2.9%
	Per Total CS	5.5%	5.8%	3.0%	4.1%	6.7%
SUH	per total mothers delivered	4.6%	3.0%	1.2%	1.7%	1.3%
	Per Total CS	13%	7.6%	3.0%	3.9%	3.2%
National average (IMIS Data)	per total mothers delivered	1.8%	1.6%	1.5%	1.8%	*
	Per Total CS	5.2%	4.5%	3.9%	4.6%	*

\*Awaiting IMIS 2023 data

Site	2019	2020	2021	2022	2023
GUH	40.9%	43.1%	40.0%	43.4%	40.8%
LUH	18.4	18.4%	17.0%	20.8%	25.17%
PUH	38.6%	39.3%	35.8%	31.4%	39.7%
MUH	26.5%	32.1%	31.9%	32.8%	35.8%
SUH	39.4%	40.1%	41.0%	39.2%	43%
National average	40.6%	41.6%	40.3%	41.6%	*

\*Awaiting IMIS 2023 data

### GUH Anaesthetic Report 2023

GUH Maternity Anaesthetic Data 2023	Primip	Multip	Total
<b>General Anaesthetic 2023</b>			
GA per Total Mothers Delivered	2.5%	1%	1%
GA per Total Caesarean Sections	5.6%	4.9%	3.62%
<b>Epidural in Labour 2023 N.B. 3 CS under epidural (proceeded by interventional radiology) - never in labour</b>			
Epidural in Labour	621	426	1,047
<b>Labour Onset in Women who received epidural in 2023 "In Labour"</b>			
Induced	359	252	611
No Labour - 1 CS under epidural (proceeded by interventional radiology)	0	1	0
Spontaneous	262	174	436

GUH Maternity Anaesthetic Data 2023	Primip	Multip	Total
<b>Deliveries Post Epidural "In Labour" 2023</b>			
SVD	149	327	476
Spontaneous Breech	0	1	1
Breech Extraction	1	0	1
Ventouse	194	51	245
Forceps	49	8	57
Elective CS	1	0	1
Emergency CS	194	38	232
Failed Forceps -> Ventouse	2	0	2
Failed Ventouse/Forceps	31	1	32
<b>Mode of Anaesthetic for Elective CS</b>			
Spinal	137	367	504
Epidural 1 CS under epidural (proceeded by interventional radiology)	0	1	2
Combined Spinal	4	7	11
General Anaesthetic	4	10	14
<b>Mode of Anaesthetic for Emergency CS</b>			
Spinal	128	116	244
Epidural	124	22	145
Combined Spinal	59	14	73
General Anaesthetic	23	17	40
<b>High Risk Obstetrics Anaesthetic Care Reason for Admission 2023</b>			
Post-Partum Haemorrhage	4	3	7
Post-Partum Haemorrhage & Sepsis	0	1	1
Sepsis/Septic Shock	1	2	3
Infection (Flu x 2, Appendectomy x 1), Did not meet sepsis criteria	2	1	3
ARDS	0	1	1
High Block - Respiratory Support	1	0	1

During 2023 the GUH anaesthetic team continued to improve care of elective caesarean section patients through auditing post-operative analgesia and patient satisfaction and a new quality improvement project with the post-natal ward staff resulting in improved administration of regular non opioid analgesia and decreased requirement for opioids.

Following the introduction of preoperative "sip till send" for clear fluids for elective caesarean sections, the preparatory work on a preoperative oral carbohydrate drink prior to elective caesarean section (2024) has been completed. The patient controlled epidural analgesia during labour programme has been embedded into standard practice with high levels of satisfaction from patients and staff.

## Labour analgesia

- 16 Patients reported a post dural puncture headache after an epidural in labour in 2023.
- 2 patients reported PDPH after a single shot spinal for caesarean section.
- 14 patients had an epidural blood patch carried out.
- 2 patients required a second blood patch and 1 patient having a complex course requiring multiple blood patches and external referral.

## ICU/HDU

- 94 patients required HDU care on the labour ward.
- 16 patients were admitted to ICU / HDU for care in pregnancy or the puerperium. Of those, 2 were admitted following treatment for placenta accreta, with a further patient with placenta accreta having a hysterectomy but being cared for on the labour ward HDU.
- 5 admissions to critical care for major obstetric haemorrhage, 3 were admitted with Sepsis, 2 with Influenza and 1 with appendicitis in pregnancy.
- Other reasons for admission included one patient who developed a high spinal following an epidural top-up for MROP, and one patient who developed ARDS following delivery.
- 1 transfer of a patient who developed aspiration pneumonia at the time of a caesarean section.

## LUH Anaesthetic Report 2023

LUH Maternity Anaesthetic Data 2023	Primip	Multip	Total
<b>General Anaesthetic 2023</b>			
GA per Total Mothers Delivered	-	-	1.9%
GA per Total Caesarean Sections	-	-	29 (4.5%)
<b>Epidural in Labour 2023</b>			
Epidural in Labour	234	158	392
<b>Labour Onset in Women who received epidural in 2023</b>			
Induced	125	102	227
No Labour	0	0	0
Spontaneous	109	56	165
<b>Deliveries Post Epidural 2023</b>			
SVD	64	109	173
Breech Extraction	0	0	0
Ventouse	86	25	111
Forceps	10	1	9
Elective CS	0	0	0
Emergency CS	72	21	93
Failed Ventouse/Forceps	2	1	3
<b>Mode of Anaesthetic for Elective CS</b>			
Spinal	53	253	306
Epidural	0	0	0
Combined Spinal	1	1	2
General Anaesthetic	1	4	5
<b>Mode of Anaesthetic for Emergency CS</b>			
Spinal	114	125	239
Epidural	48	13	61
Combined Spinal	16	6	22
General Anaesthetic	12	12	24
<b>High Risk Obstetrics Anaesthetic Care Reason for Admission 2023</b>			
Pre-eclampsia	-	-	17
Sepsis Post Delivery	-	-	10
Ruptured Ectopic	-	-	3
Fast Afib +38/40 pregnant	-	-	0
Cardiac arrest	-	-	1
HELLP Syndrome/Severe Electrolyte Disturbance	-	-	0
Eclampsia	-	-	0
Other (PPH) PPH >2000mls 6 PPH > 2500mls	-	-	7
Not Classified	-	-	16
<b>Reasons Seen in Anaesthetic Clinic 2023</b>			
Epidural/Spinal Problem	-	-	4
Raised BMI	-	-	59
Cardiac	-	-	10
Reaction to Local or GA	-	-	1
Miscellaneous	-	-	0
Minor Back Issue	-	-	7
Other Orthopaedic Issue	-	-	1
Scoliosis	-	-	2
Major Back Issue	-	-	3
Previous Post Dural Puncture Headache	-	-	0
Jehovah Witness	-	-	0
Coagulation	-	-	1
Other	-	-	61
Total	-	-	149

The Anaesthetic Department has 13 WTE consultants and 17 NCHDs providing a comprehensive service to maternity patients. LUH has one maternity theatre situated on the labour ward which is open during the daytime Monday to Friday. Out of hours emergency work is undertaken in the main theatre complex.

Services provided by the anaesthetic team in LUH include;

- 24 hour a day, seven day a week labour epidural service and a Caesarean section service.
- 3 elective caesarean section lists per week all provided in the labour ward theatre.
- Continue to provide a high risk pre-assessment clinic which is consultant delivered. This clinic includes all referrals of patients with a BMI>40.
- Use new PIEB epidural pumps and routinely follow up on all patients who have received an epidural or undergone a caesarean section to screen for any complications and provide an epidural blood patch service for those patients with a post-dural puncture headache.

## MUH Anaesthetic Report 2023

MUH Maternity Anaesthetic Data 2023	Primip	Multip	Total
<b>General Anaesthetic 2023</b>			
GA per Total Mothers Delivered (GA for Delivery + EUA)	n=16	n=23	n=39
GA per Total Caesarean Sections (GA for Delivery)	n=14	n=18	n=32
<b>Epidural in Labour 2023</b>			
Epidural in Labour	266	214	480
<b>Labour Onset in Women who received epidural in 2023</b>			
Induced	134	103	237
No Labour	0	0	0
Spontaneous	132	111	243
<b>Deliveries Post Epidural 2023</b>			
SVD	64	147	211
Breech Extraction	0	0	0
Ventouse	67	29	96
Forceps	47	29	96
Elective CS	0	0	0
Emergency CS	88	29	117
Failed Ventouse/Forceps (included in the above numbers)	4	1	5
<b>Mode of Anaesthetic for Elective CS</b>			
Spinal	59	218	277
Epidural	0	0	0
Combined Spinal	0	0	0
General Anaesthetic	0	3	3
<b>Mode of Anaesthetic for Emergency CS</b>			
Spinal	74	82	156
Epidural	83	23	106
Combined Spinal	4	0	4
General Anaesthetic	14	15	29
<b>High Risk Obstetrics Anaesthetic Care Reason for Admission 2023 (CCU/ICU &amp; High observation room)</b>			
ICU/CCU			5
Pre-eclampsia	-	-	-
Sepsis Post Delivery	-	-	7
Ruptured Ectopic	-	-	-
Fast Afib +38/40 pregnant	-	-	-
PPH	-	-	18
HELLP Syndrome/Severe Electrolyte Disturbance	-	-	1
PET			16
Unstable BMs in diabetic women			3
One to one monitoring			19
Gynaecology case ICU			1

MUH Maternity Anaesthetic Data 2023	Primip	Multip	Total
<b>Reasons Seen in Anaesthetic Clinic 2023. Total 68 Patients Seen</b>			
Epidural/Spinal Problem			-
Raised BMI			25
Cardiac			5
Reaction to Local or GA	-	-	5
Miscellaneous	-	-	11
Minor Back Issue	-	-	7
Other Orthopaedic Issue	-	-	4
Scoliosis	-	-	4
Major Back Issue	-	-	4
Previous Post Dural Puncture Headache	-	-	3
Jehovah Witness	-	-	-
Coagulation	-	-	-
Other	-	-	-

In 2023 the Department of Anaesthesia at MUH provided anaesthesia services for 575 patients undergoing Caesarean Section (295 of whom were emergency caesarean sections), 35 patients in theatre for instrumental delivery, 10 for manual removal of placenta, and 26 for post-partum perineal repair, 8 for ectopic pregnancy and 82 patients received general anaesthesia for evacuation of retained products of conception.

- The Department provides a 24/7 epidural for labour analgesia service, pre assessment of all patients for Elective Caesarean section and a fortnightly High Risk Antenatal Anaesthesia Clinic for all patients meeting OAA/AAGBI criteria for referral at which 68 patients were reviewed in 2023.
- There is a named Obstetric lead Consultant Anaesthetist who has a role in education, audit, training and policy implementation.
- In 2023, 1345 mothers gave birth to 1368 babies at MUH. Of these 480 (35%) had an epidural for labour. 575 (42%) had a Caesarean section of whom 234 were primiparous and 341 were multiparous. 280 (49%) were elective and 295 (51%) were emergencies.
- Operative Anaesthesia: General anaesthesia was provided for 39 women (32 for delivery of the baby and 7 for EUA and/or closure following the delivery). Spinal or epidural anaesthesia was provided for the remainder for Caesarean Section delivery. The reasons for GA section included: failure of regional anaesthesia, no time to give a regional anaesthetic, bleeding disorder, patient request, antepartum haemorrhage, previous spinal surgery or infection. In total 724 patients received anaesthesia care in the obstetric theatre in 2024.
- Epidural analgesia was complicated by 9 recognised Dural punctures (1.8%), 6 patients required a blood patch for post Dural puncture headache.
- Remifentanyl PCA was used for 3 patients who were unsuitable for epidural analgesia in 2023. This is provided with one to one monitoring at all times in partnership with midwifery and obstetric colleagues.
- Early skin to skin and improved family centred practice in theatre is being practiced by the multi professional team in suitable cases. This includes the partner and baby remaining in theatre with the mother for a much longer period, initiation of breast feeding and minimising separation of families with the baby remaining in the Post Anaesthesia Care Unit with the mother.
- Critical care admissions included 5 Obstetric patients and 1 gynaecology patient who required care in the CCU/ICU ward. In addition, 64 obstetric patients required one to one monitoring in Delivery suite High Observation room. This is facilitated by a cohesive multi professional team approach with anaesthetic involvement. Reasons for admission included post-partum haemorrhage, PET management, infection, asthma, cardiac monitoring, cardiac arrest, bleeding post miscarriage and post gynaecological surgery monitoring.

## PUH Anaesthetic Report 2023

PUH Maternity Anaesthetic Data 2023	Primip	Multip	Total
<b>General Anaesthetic 2023</b>			
GA per Total Mothers Delivered (GA for Delivery + EUA)	16 (3%)	11 (1.3%)	27 (1.9%)
GA per Total Caesarean Sections (GA for Delivery)	6.6%	3.3%	4.7%
<b>Epidural in Labour 2023</b>			
Epidural in Labour	301	236	537
<b>Labour Onset in Women who received epidural in 2023</b>			
Induced	191	132	323
No Labour	0	0	0
Spontaneous	110	104	214
<b>Deliveries Post Epidural 2023</b>			
SVD	105	191	296
Breech Extraction	0	0	0
Ventouse	69	18	87
Forceps	24	5	29
Elective CS	0	0	0
Emergency CS	103	22	125
Failed Ventouse/Forceps (included in the above numbers)	0	3	3
<b>Mode of Anaesthetic for Elective CS</b>			
Spinal	63	230	293
Epidural	0	1	1
Combined Spinal	0	2	2
General Anaesthetic	1	0	1
<b>Mode of Anaesthetic for Emergency CS</b>			
Spinal	75	67	142
Epidural	67	16	83
Combined Spinal	21	3	24
General Anaesthetic	15	11	26
<b>High Risk Obstetrics Anaesthetic Care Reason for Admission 2023 (CCU/ICU &amp; High observation room)</b>			
Pre-eclampsia	1	-	-
Sepsis Post Delivery	-	-	-
Ruptured Ectopic	3	-	-
Fast Afib +38/40 pregnant	-	-	-
HELLP Syndrome/Severe Electrolyte Disturbance	3	-	-
PET	-	-	-
Other	2 (PPH)	-	-
Not classified *includes: 1 x DKA, 1 x bowel obstruction, 1 x aspiration, 1 x pericardial effusion/bilateral PEs	4*	-	-
<b>Reasons Seen in Anaesthetic Clinic 2023. Total 68 Patients Seen</b>			
Epidural/Spinal Problem	-	-	9
Raised BMI	-	-	19
Cardiac	-	-	4
Reaction to Local or GA	-	-	22
Miscellaneous	--	-	14
Minor Back Issue	-	-	29
Other Orthopaedic Issue	-	-	3
Scoliosis	-	-	10
Major Back Issue	-	-	5
Previous Post Dural Puncture Headache	-	-	3
Jehovah Witness	-	-	1
Coagulation	-	-	1
Total	-	-	120

The Anaesthetic department at PUH consists of 7 consultants (5 substantive post holders and 2 long term locum consultants) and 18 NCHDs (senior registrars, registrars and SHOs). NCHDs have moved over to a 12 hourly shift pattern to cover the on-call services, hence the expansion in numbers in comparison to last year. This has helped dedicate more time to maternity cover with a prompt response when requested to attend the labour ward.

Services provided by the anaesthetic team in PUH include;

- Antenatal assessment clinic. 120 patients were seen in 2023, approximately 5% of the total number delivered in our hospital. The majority were those with minor back problems, followed by those with a previous adverse reaction to anaesthesia, those with high BMI (which was the most common category in 2022) being in third place. The aim of the clinic is to assess those who are or are perceived to be of elevated risk, so that a care plan can be developed in advance. A secondary aim is to provide education to the women so that they are familiar with what to expect. We also see those who had complications previously, like PDPH, and provide adequate counselling and reassurance for their delivery. Anaesthesia for elective LSCS and other procedures conducted in pregnancy.
- Antenatal education to expectant mothers: This is conducted twice a month, one session being online, and the other one is in person.
- Labour ward epidurals.
- Emergency LSCS and other emergency procedures.
- Assessment, stabilisation, treatment or transfer of critically ill obstetric patients.
- Post Epidural/Spinal assessments on the maternity ward.
- Management of complications of neuroaxial procedures with particular emphasis on Post Dural Puncture Headaches (PDPH) We aim to identify these in our review rounds and manage accordingly.
- Daily reviews on all those with complications pre or post-delivery.
- Weekly telephone follow up on those who are discharged from hospital with unresolved issues.

## SUH Anaesthetic Report 2023

SUH Maternity Anaesthetic Data 2023	Primip	Multip	Total
<b>General Anaesthetic 2023</b>			
GA per Total Mothers Delivered (GA for Delivery + EUA)	4 (0.84%)	12 (1.63%)	16 (1.3%)
GA per Total Caesarean Sections	1.91%	4.1%	3.2%
<b>Epidural in Labour 2023</b>			
Epidural in Labour	283	223	506
<b>Labour Onset in Women who received epidural in 2023</b>			
Induced	158	112	270
No Labour(Not in figures for Epidural in labour)	1	1	2
Spontaneous	125	111	236
<b>Deliveries Post Epidural 2023</b>			
SVD	84	164	248
Breech Extraction	0	1	1
Ventouse	87	18	105
Forceps	9	0	9
EElective CS (Not in figures for Epidural in labour) (Not in figures for Epidural in labour)	75	35	110
Emergency CS	95	37	132
Failed Ventouse/Forceps	8	3	11
<b>Mode of Anaesthetic for Elective CS</b>			
Spinal	37	180	217
Epidural	1	0	1
Combined Spinal - Not recorded on E3	-	-	-
General Anaesthetic	0	6	6



SUH Maternity Anaesthetic Data 2023	Primip	Multip	Total
<b>Mode of Anaesthetic for Emergency CS</b>			
Spinal	92	63	155
Epidural	75	35	110
Combined Spinal - Not recorded on E3	-	-	-
General Anaesthetic	4	6	10
<b>High Risk Obstetrics Anaesthetic Care Reason for Admission 2023</b>			
Pre-eclampsia	0	3	3
Sepsis Post Delivery	0	0	0
Ruptured Ectopic	0	0	0
Fast Afib +38/40 pregnant	0	0	0
HELLP Syndrome/Severe Electrolyte Disturbance	0	0	0
Hypertension	1	0	1
PPH/MOH	1	4	5
APH	1	0	1
<b>Reasons Seen in Anaesthetic Clinic 2023</b>			
Epidural/Spinal Problem	0	15	15
Raised BMI	7	20	27
Cardiac	4	2	6
Reaction to Local or GA	1	1	2
Miscellaneous	0	0	0
Minor Back Issue	2	4	6
Other Orthopaedic Issue	0	1	1
Scoliosis	3	3	6
Major Back Issue	6	18	24
Previous Post Dural Puncture Headache	0	3	3
Jehovah Witness	2	0	2
Coagulation	0	1	1
Other	16	20	36
<b>Total</b>	<b>41</b>	<b>88</b>	<b>129</b>

The department underwent change in 2023, with the recruitment of 5 new permanent consultant anaesthesiologists - bringing significant international obstetric anaesthesia experience. The College of Anaesthesiologists rotate Trainees from SAT 1 – SAT 3, and we also have SHO/Registrars of varying levels of experience. Obstetric patients are seen in the pre-assessment clinic with referral reasons enclosed. “2 + 2” on call cover continues to be provided in line with the Model of Care for Anaesthesiology.

There were 10 obstetric admissions to ICU in 2023: - 5 with Post-Partum Haemorrhage; 1 Ante Partum Haemorrhage; 1 Hypertension; 3 Pre-eclampsia

## 2.6 Perinatal Pathology Report

Saolta Hospital Group centralised Perinatal pathology services to Galway University Hospital in July 2020. Perinatal pathology services comprise Hospital group wide provision of Perinatal Post-mortem examinations and histopathology examination of placental specimens for Galway University Hospital. In addition, a Hospital group-wide consultation service is provided for placental pathology.

The activity for 2023 will not be included in this report, it will be presented in 2024.

## 2.7 Maternity- Breastfeeding Report

Saolta Breastfeeding Metric		2019	2020	2021	2022	2023
GUH	Breastfeeding initiation	69.1%	71.1%	71.6%	70.9%	72.9%
	Breastfeeding exclusively on discharge	41.3%	42.3%	43.5%	41.6%	40.7%
	Breastfeeding non-exclusively on discharge	22.7%	21.7%	21.3%	23.8%	27.9%
	Skin to skin contact	93.0%	92.0%	84.4%	85.2%	81%
LUH	Breastfeeding initiation	52.8%	50.4%	48.4%	54.0%	50%
	Breastfeeding exclusively on discharge	34.1%	43.9%	43.3%	35.9%	29.3%
	Breastfeeding non-exclusively on discharge	10.8%	3.2%	3.5%	13.1%	17.08%
	Skin to skin contact	75.0%	75.0%	76.8%	77.9%	79.7%
SUH	Breastfeeding initiation	56.9%	52.7%	49.7%	49.2%	56.5%
	Breastfeeding exclusively on discharge	33.6%	28.3%	31.7%	33.0%	38.5%
	Breastfeeding non-exclusively on discharge	16.7%	20.0%	17.7%	22.2%	21.5%
	Skin to skin contact	75.0 %	76.4%	84.2%	80.4%	87.3%
MUH	Breastfeeding initiation	65.8%	63.8%	59.6%	56.8%	55%
	Breastfeeding exclusively on discharge	34.8%	45.7 %	44.6%	44.6 %	47%
	Breastfeeding non-exclusively on discharge	26.4%	17.6%	17.1%	14.7%	14.2%
	Skin to skin Contact	95.0%	92.0%	80%	84.5%	80.8%
PUH	Breastfeeding initiation	62.5%	58.7%	62.6%	64.0%	63.9%
	Breastfeeding exclusively on discharge	37.2%	33.9%	35.0%	45.4%	36.1%
	Breastfeeding non-exclusively on discharge	15.1%	15.0%	16.8%	20.5%	23%
	Skin to skin Contact	80.0%	81.0%	78.3%	81.7%	82.12%

### Saolta Breastfeeding Summary 2023

- LUH: continue to improve on the skin to skin initiation rates in their units.
- PUH: breastfeeding initiation remained unchanged but the number of women who were still breastfeeding on discharge home increased by 6.23%
- SUH: successfully developed and progressed a quality improvement plan to improve the rates of skin to skin contact for mothers and babies in the theatre and recovery area. In 2023 the rate has improved by 7 %. The rate of mother breastfeeding exclusively on discharged increased from 33% in 2022 to 38.5 in 2023 a rise of 5.5%.

CMM2 Lactation and Breastfeeding Support Midwife strives for improvements in breastfeeding outcomes seeing an increase in the number of babies exclusively breastfeeding and a decrease in the percentage partially breastfeeding. This is achieved by providing face to face support and guidance to mothers and babies in each unit, delivering training and being available as an expert resources to staff.

### Achievements

- An integrated regional Lactation Consultant forum for infant feeding Midwives working in the community (CHO1 & CHO2) and the Saolta Group hospitals was established. The purpose of this group is to strategically support the lactation consultants in both hospital and community settings and to facilitate collaborative partnerships.
- Each of the sites are progressing self-assessment of their individual site against the HSE National Standards on infant feeding in Maternity services. The infant feeding Midwives are leading on this.
- The infant feeding midwives have introduced specific patient education on benefits of Colostrum harvesting for antenatal mothers in the combined endocrine and obstetric clinic.
- The infant feeding Midwives across the group developed and introduced a patient information leaflet to support mothers who experience bereavement and loss in pregnancy or early postnatal period.
- The first infant feeding specialist was appointed to MUH and took up this post in January 2023.
- MUH has successfully implemented a revised infant feeding chart for use in the postnatal period.
- The breastfeeding room in PUH Maternity floor was renovated to a high standard.

## Priorities

- Revise the pathway and services available in the region for babies who have a suspected oral restriction due to a tongue tie.
- Implement a quality improvement plan in MUH to improve skin to skin and initiation rates for breastfeeding.

## 2.8 Perinatal Mental Health Service Report

University Hospital Galway is a hub site for the Specialist Perinatal Mental Health Services (SPMHS) multidisciplinary team with the integration of midwifery, obstetrics, psychiatry, psychology, mental health nursing, social work and occupational therapy. The aim of the service is collaborative working placing women across the perinatal period with mild to severe mental illness at the centre of the care.

The SPMHS provided mental health care for women referred from pregnancy up to 12 weeks postpartum. A wide range of difficulties including anxiety, depression, and psychotic illness are treated and supported by the MDT. The service also provided care to women experiencing childbirth related psychological trauma. The psychotherapeutic interventions offered included CFT, CBT, Couples work, EMDR and DBT decider skills. The service focus is on creating mental health awareness, early screening, early intervention and prevention of mental illness in the perinatal period.

In 2023, 19% of women booked with maternity service in GUH were referred and triaged by the perinatal mental health team. There was a 25% increase of outpatient referrals on 2020 attributed to the increasing awareness and screening from clinical staff and extension of criteria to facilitate postnatal outpatient referrals.

A total of 1,828 sessions were offered to women in 2023, a continued increasing trend from 2022 (n=1700), and 2021 (n= 1420). The service received 2150 phone calls and facilitated 27 home visits.

Ms Sinead Crowe entered into her final year of MSc Mindfulness based interventions and commenced her research project a 'MBSR 'an 8 week course. Ms Siobhan O'Connor entered her final year MA Humanistic and Integrative Psychotherapy and commenced her research in 'The Role of Psychotherapy in caring for women experiencing psychological trauma, childbirth related trauma and PTSD in the perinatal period'.

Ms Elizabeth Cleary commenced the Circle of Security Program which is an intervention for caregivers all of which are focused on helping caregivers reflect upon children's attachment needs in order to promote secure attachment with the child. It is an 8 week program for caregivers with children that are 4 months of age onward.

Ms Sinead Crowe organised and facilitated the weekly Postnatal Support Group with the aim to offer women a safe supportive space to share how they are feeling and managing life with a baby. A variety of skills and practices are introduced to attendees including mindfulness skills, sleep hygiene, establishing supportive routines, emotion regulation skills, communication skills, CBT/DBT skills to self compassion practices.

Ms Siobhan O'Connor and Ms Eimear Connaughton re-established Mellow Bumps program to in-person from online. This is a 6 week attachment based program with focus is on promoting self-care, fighting isolation, and providing a safe space to share experiences and boost parenting tool-kits and skills.

An Antenatal Wellbeing morning was facilitated by Dr Deirdre Finnegan, DR Katherine McEvoy and Ms Sinead Crowe. Exploring coping strategies for dealing with emotions during pregnancy, soothing strategies for birth, the value of self-care and how to nurture the attachment relationship with your baby. This was a health promotion initiative open to all women attending maternity services.

### May Series in Perinatal Mental Health *provided the following topics:*

- Overview of the SPMHS Model of Care
- Acute Behavioural Disturbance
- The Role of the SPMHS CNS; A discussion on distress in the perinatal period.
- The Role of the SPMHS midwife; Birth trauma
- The Role of the SPMHS social worker; Family Focused Practice
- A day in the life of the SPMHS Clinical Psychologist
- Mental Health Risk Assessment in the Perinatal Period 8.Prescribing in Pregnancy

## Maternal Mental Health Symposium (MMHS) was held in September 2023. Presentations included:

- 'Adjustment to motherhood, difficulties with infant sleep in the first year postpartum'
- 'Perinatal Mood and Anxiety disorders ;from neurosteroids to treatments
- 'Little known facts about Perinatal Psychiatry'
- 'Conversations with women on perinatal mental health'
- 'Family focused Practice in Perinatal Mental Health services'
- 'Perinatal Mental Health Case Presentation'
- 'The role of Occupational Therapy in Perinatal Mental Health'

## Service Aims 2024

- The SPMHS team will continue to develop service provision in line with the needs of the women attending the service for early identification, increased awareness, stigma reduction, education, woman centred support and appropriate referral for specialised treatments.
- Ongoing professional development in education to included national SPMHS education programs, engaging in research and education provision.
- Further development of Antenatal Education Wellbeing courses with MDT input.

## Perinatal Mental Health Midwifery Report

Aim to provide specialist care and advice to women suspected mild to moderate mental health problems in the perinatal period, and to women and partners who have experienced birth trauma, raises awareness of mental health problems and organises early management and treatment.

GUH Specialist Perinatal Mental Health Care Team	Total
New Midwifery referrals accepted /SEEN AN	52
New Midwifery referrals accepted PN SEEN	9
Triaged /signposted referrals	225
Birth Trauma	15
Anxiety	31
Depression	1
Adjustment difficulties	4
Pregnancy Specific Anxiety	8
Fear of childbirth	4
Birth planning/tour	-
Couples birth trauma	2
Psychotherapy	2
Reviews	435
Psychotherapy	63
Supportive counselling /MSE	333
Birth planning	20
Group	48
Couples birth planning	15
Teaching hours/preparation	65
Peer networking /NOIG	54
Research	20

## GUH Perinatal Mental Health Midwife Activity

GUH Perinatal Mental Health Midwife Activity	2022	2023
New Referrals	108	286
New referral assessments Face to Face	105	89
New referral assessments Virtual	3	93
Reviews	364	4
Reviews Face to Face	249	435
Reviews Virtual	115	348
Telephone follow up/triage/GP/PHN	416	225
Birth Experience reflection session	20	35
Psychotherapy	24	63
Mellow Bumps	54	48

## MUH Perinatal Mental Health Midwife Activity

MUH Perinatal Mental Health Midwife Activity	2021	2022	2023
Total New Referrals	160	201	171
Total Follow Up Appointments	262	369	262

## SUH Perinatal Mental Health Midwife Activity

SUH Perinatal Mental Health Midwife Activity	2021	2022	2023
Total New Referrals	136	130	173 (Including 2 DNA)
Total New Referrals seen Face to Face	132	115	156
Total New Referrals seen by Telephone	4	14	15
Total Follow Up Appointments	199	308	396 (Including 1 DNA)
Total Follow Up Appointments Face to Face	181	421	286
Total Follow Up Appointments by Telephone	18	3	109

## LUH Perinatal Mental Health Midwife Activity

LUH Perinatal Mental Health Midwife Activity	2020 (May-Dec)	2021	2022	2023
Total New Referrals	38	123	235	279
Total New Referrals seen Face to Face	58	120	155	158
Total New Referrals seen by Telephone	16	3	59	22
Total Follow Up Appointments	-	936	1,228	1,063
Total Follow Up Appointments Face to Face	-	531	155	769
Total Follow Up Appointments by Telephone	-	405	373	294
Birth Reflections	-	-	30	40

## 2.9 Perinatal Bereavement and Loss

Perinatal bereavement care is an integral part of Maternity services, dealing with the loss of a baby or pregnancy can be a difficult and devastating time for parents and families and we endeavour to provide the services and supports in each of our units to meet these needs.

Clinical Midwife Specialists in Bereavement & Loss are key team members in the provision of perinatal bereavement care and support to women and their families to minimise additional trauma and stress to the bereaved woman, her partner and their family.

Perinatal Bereavement and Loss Report	2021	2022	2023
<b>GUH</b>			
1st Trimester (Miscarriage/TOP)	593	458	415
2nd Trimester (Miscarriage/TOP)	102	66	72
Stillbirth	7	8	11
Neonatal Death	8	9 ENND, 1 LNND.	9
<b>Bereavement Support</b>			
Total Telephone Consultation	175	384	382
Total Face to Face	90	160	158
<b>LUH</b>			
1st Trimester (Miscarriage/TOP)	361	335	429
2nd Trimester (Miscarriage/TOP)	11	15	15
Stillbirth	3	6	0
Neonatal Death	2	0	1
<b>Bereavement Support</b>			
Total Telephone Consultation	539	-	721
Total Face to Face	14	-	149
<b>MUH</b>			
1st Trimester (Miscarriage/TOP)	-	12	413
2nd Trimester (Miscarriage/TOP)	-	2	18
Stillbirth	-	0	7
Neonatal Death	-	0	0
<b>Bereavement Support</b>			
Total Telephone Consultation	-	1	162
Total Face to Face	-	2	56
<b>PUH</b>			
1st Trimester (Miscarriage/TOP)	365	328	313
2nd Trimester (Miscarriage/TOP)	13	16	20
Stillbirth	3	4	3
Neonatal Death	6	3	1
<b>Bereavement Support</b>			
Total Telephone Consultation	-	-	418
Total Face to Face	-	-	319
<b>SUH</b>			
1st Trimester (Miscarriage/TOP)	254	352	342
2nd Trimester (Miscarriage/TOP)	16	15	17
Stillbirth	4	8	4
Neonatal Death	3	3	2
<b>Bereavement Support</b>			
Total Telephone Consultation	226	N/R	375
Total Face to Face	82	N/R	139

- The Saolta Bereavement Midwives worked collaboratively to review and update the Saolta Care Pathway for Women experiencing Stillbirth. This revision is in line with new national guidelines on the management of stillbirths.
- The Saolta Bereavement Midwives also collaborated on the review and development of a patient information leaflet on Lactation and breast care following bereavement.
- LUH secured funding for a library of storybooks for bereaved parents and families which will help parents communicate the loss with their other children.
- MUH - the Bereavement Midwife successfully completed a Master's program, and was awarded level 9 Master of Science Degree in Bereavement & Loss from RCSI in conjunction with the Irish Hospice Foundation.
- MUH developed and introduced a number of patient information leaflets related to perinatal bereavement "Pathway of Care for women presenting to ED/EPU with bleeding/pain in early pregnancy (0-20 weeks)" and "Threatened miscarriage." for women attending ED.
- PUH - the Bereavement midwife successfully completed the Perinatal Bereavement and Loss Masters module in the University of Limerick.
- In 2023 PUH formally opened their first dedicated perinatal bereavement facility for women and their families the Willow Suite and Rose room.
- In April 2023 the first TEARDROP training programme took place in the Saolta group. This is a workshop has been designed to address the educational needs of all health professionals involved in maternity and newborn care in managing perinatal death and pregnancy loss. It is designed in line with the National Standards for Bereavement Care following Pregnancy Loss and Perinatal loss. It was co-facilitated with the TEARDROP team from Cork University Maternity hospital, led by Prof. Keelin O'Donoghue. The first training day was opened by Prof. Morrison and was attended by 40 members of the interdisciplinary team.



## Aims 2024

- To develop a specific pregnancy loss and recurrent miscarriage service in each unit.
- Complete the Stairwell project in LUH which is an environmental upgrade of an exit from the hospital so that when bereaved parents are leaving the hospital they have an option of a route that is private, calm and serene.
- Upgrade and improve further spaces in PUH and services within the hospital for bereaved families.

## 2.10 Antenatal Education Report

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.

### Maternity Antenatal Activity

Activity	Total 2022	Primip 2023	Multip 2023	Total 2023
<b>GUH Maternity Antenatal Activity</b>				
Attendance at Antenatal Classes	2,491	1,608	330	1,936
Preparation for Birth and Parenthood	1,015	960		960
Attendance at Hypnobirthing programme	-	120	5	125
Attendance At Early Pregnancy Class	-	310	-	310
Attendance at Weekday Sessions incl. partners	2,491	-	-	1,920
Attendance at Breastfeeding Webinar	629	-	-	600
Attendance at Refresher Sessions	183	-	-	330
Attendance at Postnatal Reunions New Mums Wellbeing Hub	54	-	-	360
Attendance at Teen Class Sessions	18	-	-	10
Attendance at 1:1 Antenatal Classes	84	-	-	88
Attendance at Tours of the Maternity Unit (Virtual)	3,200	-	-	2,176
<b>PUH Maternity Antenatal Activity</b>				
Attendance at Antenatal Classes	92	-	-	668
Attendance at Antenatal Breastfeeding Workshop	370	-	-	427
Attendance at Virtual Early Pregnancy Class	-	-	-	182
Attendance at in person Early pregnancy class	-	32	5	37
Attendance at Antenatal, birth preparation & Transition to parenthood (3 evening classes)	-	28	4	32
Attendance at Hypnobirthing weekend workshop	179	-	-	204
Attendance at Virtual antenatal labour & birth preparation class	-	-	-	387
Attendance at antenatal & Birth preparation for Diabetics & Gestational Diabetics	-	15	5	20
Attendance at teen parent classes	-	2	0	2
Attendance at 1:1 Antenatal Classes	-	7	1	8
Attendance at Tours of the Maternity Unit	-	28	4	40
Attendance at Postnatal workshop	-	-	-	449
Attendance at 1:1 postnatal workshop	-	17	0	17
<b>MUH Maternity Antenatal Activity</b>				
Attendance at Antenatal Classes ONLINE	281	238	48	286
Attendance at Antenatal classes In person in the hospital	-	196	17	213
Attendance at Antenatal Breastfeeding Workshop (30 online Classes became in person only in May)	89	196	52	278
Attendance at Weekday Sessions	71	216	18	234
Attendance at Evening Sessions	210	177	8	185
Attendance at 1:1 Antenatal Classes	72	17	4	21
Attendance at Tours of the Maternity Unit	40	65	N/A	65
Postnatal Discharge	N/A	198	166	364
Early pregnancy class	N/A	27	0	27
Twin classes	N/A	6	4	10
<b>LUH Maternity Attendance Antenatal Education</b>				
Attendance at Antenatal Classes	443	397	92	489
Attendance at Antenatal Breastfeeding Workshop	362	353	24	377
Attendance at Weekday Sessions	443	397	92	489
Attendance at Evening Sessions	266	338	12	350
Attendance at Refresher Sessions	68	n/a	92	92



Activity	Total 2022	Primip 2023	Multip 2023	Total 2023
Attendance at Postnatal Reunions	50	33	n/a	33
Attendance at Teen Class Sessions	9	8	0	8
Attendance at 1:1 Antenatal Classes	60	66	11	77
Attendance at Tours of the Maternity Unit		n/a	n/a	n/a
Attendance at Drop in Breastfeeding Clinic	n/a	n/a	n/a	n/a
Attendance at twin specific class	n/a	4	2	6
Attendance at hypnobirthing workshop (partners inc)	n/a	144	-	144
<b>SUH Maternity Antenatal Activity</b>				
Attendance at Antenatal Classes	456	534	112 + VBAC 44	690
Attendance at Antenatal Breastfeeding Workshop	158	254	26	280
Attendance at Weekday Sessions	456	534	112	646
Attendance at Evening Sessions	2	32	0	32
Attendance at Refresher Sessions	76	224	101	325
Attendance at Teen Class Sessions	5	9	0	9
Attendance at 1:1 Antenatal Classes	15	21	8	29
Attendance at Tours of the Maternity Unit	online	online	-	-
Attendance at Drop in Breastfeeding Clinic	12	lactation	consultant	-

## Education and Training

- LUH introduced a workshop on Advanced biomechanics for birth workshop was facilitated in January 2023
- LUH introduced training and education on infant mental health in the maternity setting.
- PUH introduced the first parent education midwife to enhance the parent education service.
- The parent education midwife in PUH has completed the national facilitation course as part of the national antenatal education training.
- The parent education midwife in SUH completed the NBO training (New-born Behavioural Observation) with the Brazelton Institute online. This training is incorporated into antenatal classes.
- SUH developed a patient journey video for display on a continuous reel at antenatal clinics. QR codes are displayed with this information and the woman can choose her language preference to view it.
- The local maternity experience forum in SUH facilitated by the Antenatal Education Midwife. Continues every 3 months

## Achievements 2023

- GUH New Mums Wellbeing Hub was shortlisted as a finalist in 5 categories for the Irish Healthcare Awards. This quality Initiative was also presented at the NMPDU Conference & the First National Antenatal Educators Conference.
- The parent education Midwife in GUH was part of a steering group which was responsible for the design and development of the first national standardised, evidence based programme for antenatal education providers i.e. midwives and public health nurses, so that they can effectively deliver antenatal education in accordance with the National Standards for Antenatal Education (HSE 2020).
- LUH were assessed for the first time by the antenatal standards. Results showed very high levels of satisfaction for women who attended the antenatal classes.
- MUH introduced a new booking system in May 2023, which has proven to be most valuable to the parents using the service and allows them to have a direct line with antenatal education.
- PUH introduced a Diabetic antenatal & Birth preparation workshop for women who are pregnant with diabetes or develop gestational Diabetes during their pregnancy.

## Aims 2024

- For each of the Antenatal Education Coordinator to undertake the 5 day National Facilitators Education Programme

## 2.11 Supported Care Pathway Report

In the 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).

### GUH Supported Care Pathway

Supported Care Pathway Data	2021	2022	2023
<b>Midwives Clinic</b>			
Total No. of Women who attended the Midwives Clinic	1,218*	1,027*	770*
% of total deliveries	47.54%	36.1%	27.68%
<b>Onset of Labour for Supported Care Pathway Women 2023</b>			
Induced	402	67	137
No Labour	181	8	18
Spontaneous	635	150	253
<b>Mode of Delivery Outcome Supported Care Pathway Women 2023</b>			
SVD	645	144	246
Vacuum	177	36	68
Forceps	46	13	26
Elective CS	138	6	10
Emergency CS	212	26	58
Epidural	561	116	219
<b>Reason for Transfer Out of Midwives Clinic Care 2023</b>			
Total No. Transferred Out (>/=3 Visits, </=5 visits)	376	572	286
Not Specified/Redirected to more appropriate clinic	-	241	-
Covid	-	206	-
Various Maternal Morbidities (Hypertension, Gest Thrombocytopenia, Placenta Previa/Low Lying Placenta, Cholestasis, Cardiac, APH, CA, ?PE, Renal Issues, Fibroids)	25	41	-
Gestational Diabetes	117	52	14
High Risk Clinic		20	
LGA/Increased	0	8	17
IUGR/SFD/Reduced	1	4	7
PIH/PET	-	-	34
Malpresentation/Unstable Lie	-	-	21
Gestational Diabetes	-	-	14
Fetal Anomaly	-	-	9
Polyhydramnios	-	-	7
Oligohydramnios	-	-	1
APH	-	-	2
Cholestasis	-	-	3
Maternal request for Caesarean section	-	-	7
DVT	-	-	1
Not Specified/Referred back to obstetric consultant on /before 41+0 weeks	-	-	163
*GUH data includes women who are on the assisted care pathway	-	-	-

## LUH Supported Care Pathway

LUH Supported Care Pathway	Total 2021	Total 2022	Total 2023
<b>Midwives Clinic 2023</b>			
Total No. of Women who attended the Midwives Clinic 2	484	388	390
% of total deliveries	31%	26.4%	24.7%
<b>Onset of Labour for Supported Care Pathway Women</b>			
Induced	57	63	47
No Labour	0	0	15
Spontaneous	225	201	153
<b>Mode of Delivery Outcome Supported Care Pathway Women</b>			
SVD	205	162	144
Vacuum	37	52	29
Forceps	N/A	3	5
Elective CS	N/A	0	0
Emergency CS	40	47	37
Epidural	57	64	74
<b>Reason for Transfer Out of SCP</b>			
Total No. Transferred Out	202	139	153
Fetal Anomaly	0	1	5
Bleeding/Low Blood Pressure	-	0	20
LGA/Increased	-	18	36
IUGR/SFD/Reduced	-	7	18
PIH/PET	-	8	14
Gestational Diabetes	14	31	19
Malpresentation/UNS	-	519	14
Other	-	55	27

## MUH Supported Care Pathway

MUH Supported Care Pathway	Total 2021	Total 2022	Total 2023
<b>Midwives Clinic 2023</b>			
Total No. of Women who attended the Midwives Clinic 2022	305 20%	388 28.8%	345 (57 of this number EDD 2024)
<b>Onset of Labour for Supported Care Pathway Women</b>			
	<b>205</b>	<b>264</b>	<b>250</b>
Induced	97	63	91
No Labour	3	0	14
Spontaneous	205	201	145
<b>Mode of Delivery Outcome Supported Care Pathway Women</b>			
	<b>13.5%</b>	<b>14.87%</b>	
SVD	205	162	143
Vacuum	54*	52	32
Forceps		3	28
Elective CS	3	0	9
Emergency CS	43	47	38
Epidural	-	64	104
<b>Reason for Transfer Out of SCP</b>			
Total No. Transferred Out	-	139	38
Fetal Anomaly	-	1	0
Bleeding/Low Blood Pressure	-	0	0
LGA/Increased	-	18	6
IUGR/SFD/Reduced	-	7	3
PIH/PET	-	8	3
Gestational Diabetes	-	31	8
Malpresentation/UNS	-	19	4
Other	-	55	14

## PUH Supported Care Pathway

PUH Supported Care Pathway	2021	2022	2023
<b>Midwives Clinic 2023</b>			
Total No. of Women who attended the Midwives Clinic	672	388	561
% of total deliveries	46.5%	29.6%	44.9%
<b>Onset of Labour for Supported Care Pathway Women</b>			
Induced	157	63	139
No Labour	0	0	24
Spontaneous	390	201	259
<b>Mode of Delivery Outcome Supported Care Pathway Women</b>			
SVD	374	162	255
Vacuum	98	52	54
Forceps	4	3	18
Elective CS	0	0	4
Emergency CS	71	47	70
Epidural	U/A	64	231
<b>Reason for Transfer Out of SCP</b>			
Total No. Transferred Out	113	139	130
Fetal Anomaly	0	1	1
Bleeding/Low Blood Pressure	0	0	0
LGA/Increased	8	18	12
IUGR/SFD/Reduced	32	7	16
PIH/PET	17	8	23
Gestational Diabetes	33	31	45
Malpresentation/UNS	15	19	7
Other	8	55	26

## SUH Supported Care Pathway

SUH Supported Care Pathway	Total 2021	Total 2022	Total 2023
<b>Midwives Clinic 2023</b>			
Total No. of Women who attended the Midwives Clinic	131	180	231
% of total deliveries	8.65%	13.3%	19%
<b>Onset of Labour for Supported Care Pathway Women 2022</b>			
Induced	14	25	38
No Labour	1	3	1
Spontaneous	74	73	84
<b>Mode of Delivery Outcome Supported Care Pathway Women 2022</b>			
SVD	54	63	79
Vacuum	18	16	19
Forceps	6	1	4
Elective CS	0	0	0
Emergency CS	11	21	25
Epidural	49	54	62
<b>Reason for Transfer Out of SCP 2022</b>			
Total No. Transferred Out	42	79	102
Fetal Anomaly	0	0	5
Bleeding/Low Blood Pressure	0	3	3
LGA/Increased	2	3	11
IUGR/SFD/Reduced	2	9	11
PIH/PET	4	10	17
Gestational Diabetes	3	5	3
Malpresentation/UNS	4	7	6
Other	27	42	14

## Achievements

- In GUH all staff in the community midwives team attended 'Biomechanics for Birth' workshop and a 'Water Immersion/Waterbirth workshop. Two midwives trained as Hypnobirthing facilitators, one midwife trained in Advanced Examination of Newborn Certificate programme and one midwife trained in National Facilitators Education programme.
- Refurbishment of 2 existing rooms on the GUH labour ward into a 'Home from Home' room was completed. This room includes a birthing pool and birthing aids e.g balls, mats, rebozzo scarf, CUB stool. This low tech room is conducive to providing a calm and relaxing environment to best support physiological process of birth.
- In LUH a CMM2 was appointed to the supported model of care Team, this appointment ensures the continuity of care especially in the labour ward setting.
- A "Hopscotch station" for early labour was developed in LUH and new equipment was obtained to enhance the facilities provided to labouring women and promote mobility and normal physiology.
- Two midwives completed the New born clinical examination programme in LUH.
- In PUH two midwives completed the New born clinical examination programme.
- In SUH the Suaimhneas "Home from Home room" is now fully operational with the new option of labouring in water. Antenatal clinics provide women with an information leaflet which outlines the benefits of labouring in water, this is further discussed during antenatal classes, and antenatal visits.
- The numbers referred for Midwifery provided antenatal care in SUH has increased at each of the community bases. Feedback from women has remained immensely positive.
- In SUH A referral pathway has been agreed from community Midwives to the maternity ultrasound department and to the Women's health physiotherapists.
- Community midwives started rotating on a weekly basis to the labour ward in SUH in order to introduce opportunities for continuity of care for women are commencing incorporating intrapartum care to their role. This aims to provide continuity of care from early pregnancy to postnatal care.

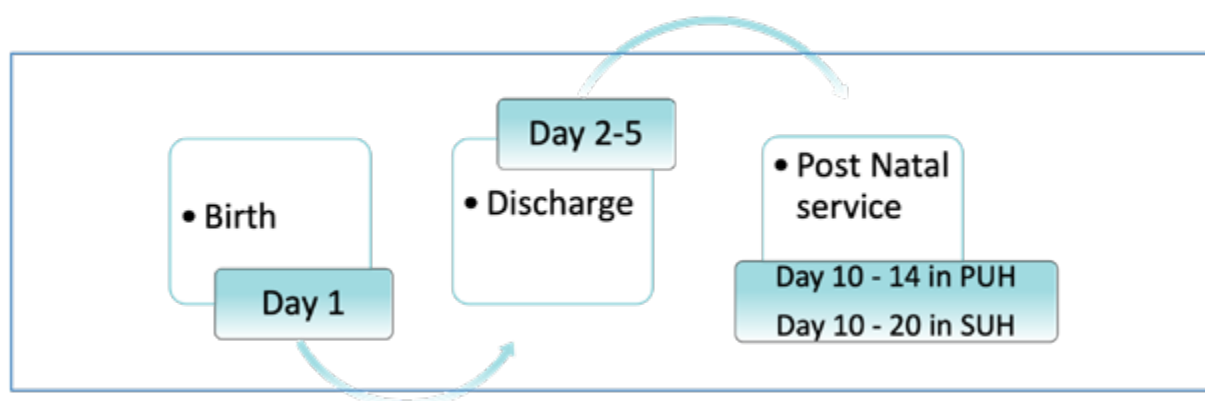
## Aims

- LUH aim to commence a BAC clinic in 2024 which will offer this cohort of women additional support and choice in their caregiver antenatal.
- In SUH Midwives plan to commence training in clinical examination of the new-born and medication prescribing course.

## 2.12 Enhanced Postnatal Service Report

Provision of postnatal care is internationally recognised as having a significant impact on the well-being of the woman, her baby and her family and is of high importance in supporting the transition to parenthood for women and their families. It would be accepted and acknowledged by maternity care providers that postnatal care remains limited and fragmented as and when compared to antenatal and intrapartum care. These findings were identified by women themselves in the HSE and HIQA's National Maternity Experience Survey and National Bereavement Survey. In response to the survey findings NWIHP set about exploring models to improve postnatal care in the community and developed a National Framework for the establishment of Postnatal Community Hubs. The aim of the service is to improve the service provided to mothers and babies following discharge from hospital by providing additional opportunities for contact with a health care worker. In 2023 NWIHP funded 5 pilot postnatal community hubs throughout the country. SUH and PUH were chosen as pilot sites and the service commenced mid November 2023.

All women are offered an appointment between days 10 – 14 in PUH and between days 10 – 20 in SUH. Each appointment is allocated 1 hour with a second appointment offered. Women are offered flexibility with the timing of all appointments. All appointments are made prior to discharge from the maternity unit. In addition women are provided with the number for a postnatal telephone hotline which is available for 1 to 2 hours daily. At the visit each woman and baby is offered a full head to toe postnatal check for mum and baby, debriefing from experience of pregnancy and delivery as well as signposting to other specialist professionals as needed.



### PUH

#### PUH Enhanced Postnatal Clinics

Number of women offered an appointment:	257 (100%)
Number of women who attended the Postnatal hub:	199 (77.4%)
Number of women who declined an appointment to the Postnatal hub:	16 (17.5%)
Number of DNAs:	45 (17.5%)
Number of women offered a return appointment to the Postnatal hub:	8 (16%)
Number of women offered a return appointment to the Postnatal hub:	3 (6%)

PUH postnatal hub commenced in October 2023, operating from 3 centres: Ballinasloe, Loughrea and Athlone.

Patient feedback has been predominately positive:

“ I left the postnatal hub appointment feeling Happy and Heard”

“ Excellent Service , wish I had it with my first baby”

“ Staff in the hub were kind, professional and knowledgeable”

“ Excellent service, extremely supportive”

“ Staff were kind and understanding and it is great to have closure on my delivery”

“ A lovely experience”

“ Fantastic service to complete my birthing journey”

## SUH

### SUH Enhanced Postnatal Clinic Activity

Women were seen in the postnatal hub.	85
Women referred to additional services	21
Women offered a second appointment	8
DNA / CNA rate , all offered repeat apt	18

The SUH postnatal hub commenced in November 2023, operating from 4 centres: Sligo Town, Carrick on Shannon, Ballymote, and Ballyshannon.

### GUH Early Transfer Home (ETH) Service

ETH Service expedites maternal and infant transfer to the community within 24 hours of deliver with midwives providing daily visits to women until day 5 postnatal.

GUH Early Transfer Home (ETH) Service	2019	2020	2021	2022	2023
Discharged to ETH Team	348	0	322	348	352
Number of Mothers	2,781	2,614	2,844	2,892	2,652
% of Women delivered discharged to ETH	12.3%	0.0%	11.3%	13.4%	13.7%

## 2.13 Advanced Midwife Practitioner Reports

This report presents a detailed overview of the RAMP for Supported and Assisted pathways service in 2023. RAMP have a dedicated case load, lead at site level with the development of supported care services and also support the multidisciplinary team with education, training and as a clinical expert.

### GUH Registered Advanced Midwife Practitioner – Supported Midwifery Care

February 2023 saw the commencement of the structural works for the home from home room (supported care pathway).

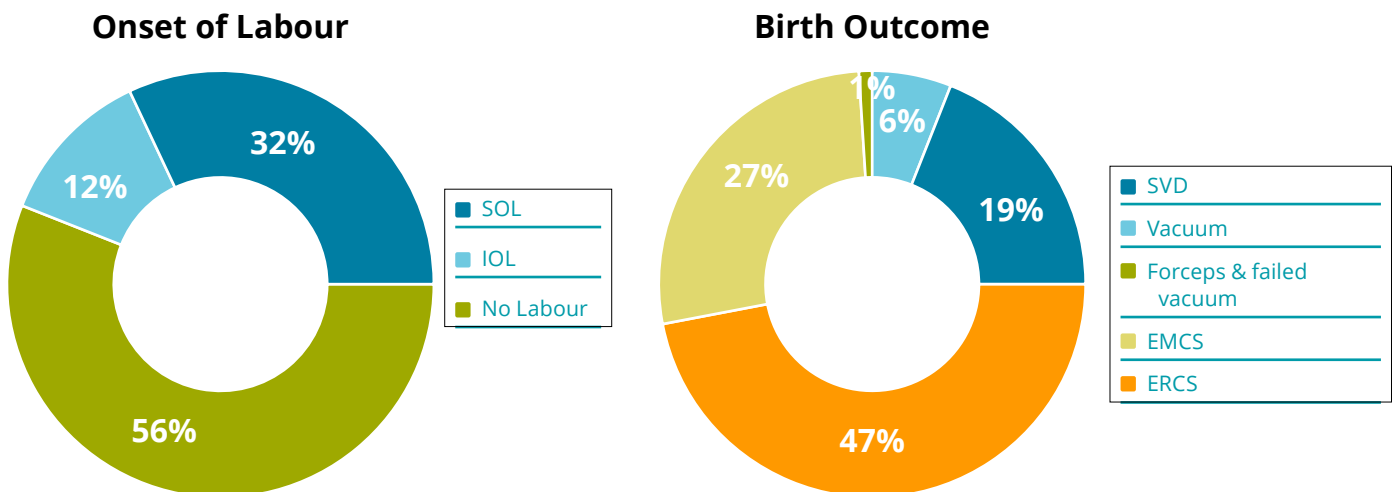
A workshop on water immersion in labour was developed and co-facilitated by RAMP, candidate AMP, Saoita ADOM in Supported Care and a midwife lecturer in University of Galway. This workshop was provided in the labour ward on three separate occasions from September to December 2023 and was well evaluated by staff midwives.

As part of a Quality Initiative face-to-face hypnobirthing programmes recommenced in June 2023 off site in Merlin Park.

### RAMP led Birth after Caesarean (BAC) Clinic

The BAC clinic runs on site in GUH and at one outreach site. In total 174 women attended the clinic. 5 women birthed elsewhere.

Data below is for 169 women. 90 (53.3%) women attempted TOLAC and 79 (46.7%) elected for repeat Caesarean section.



Of the 90 women attempting TOLAC 45 had a VBAC and 45 had an emergency caesarean section. This results in a 26.6% true VBAC rate.

There were 9 women with 2 previous caesarean sections considering VBA2C, who attended the BAC clinic.

The RAMP/cAMP met with 46 women who had a previous negative psychological experience or negative physical outcome (3rd degree tear, shoulder dystocia, Forceps/Vacuum birth) and Tocophobia. These women were debriefed on their previous birth experience, given time to discuss events, information relating to their impending birth and time to explore their feelings and fears. The RAMP made 491 follow up phone calls in ongoing support for women until birth.

A BAC Clinic survey was sent to 168 women to ascertain service user feedback. 35 responses were received, giving a response rate of 20.8%. 91% of respondents rated the BAC clinic as good/excellent.

### Audit and Research Outputs

- Publication of the National clinical practice guideline: vaginal birth after caesarean section.
- Chairperson for the Guideline development group for National Clinical Practice Guideline: Postnatal Midwifery Guideline.
- Member of the guideline group for Saoita Hydrotherapy in labour guideline.
- Local Audit for Birth After Caesarean section documentation.
- Involved in development of National Clinical Practice Guideline on Water Birth/Water Immersion.
- Developed an audit tool to capture number of women who use Home from Home room/water immersion.



## LUH Registered Advanced Midwife Practitioner – Supported Midwifery Care

The role and caseload of the candidate Advanced Midwife Practitioner in the supported model of care for women who fit the defined case load, this pathway continues to evolve and reflect the changing needs of women and babies within the service. This antenatal care is provided in 4 different geographical areas within the county on a weekly bases, with an average of 150 appointments every month.

In 2023 a total of 390 women (24% of all bookings) were cared for by the cAMP, in partnership with the newly appointed CMM2 within the supported care service this year. Continuity of care occurred in labour whenever possible by the team of midwives in the supported care model. The cAMP provides continuity to women when they are inpatients either in the antenatal or postnatal period as part of their role and caseload. The uptake of the Early Transfer Home candidates were minimal due to maternity leave and staffing and it is anticipated that the service will become more established in 2024. The service user feedback for the supported model of care was overall extremely positive.

### Training and Education

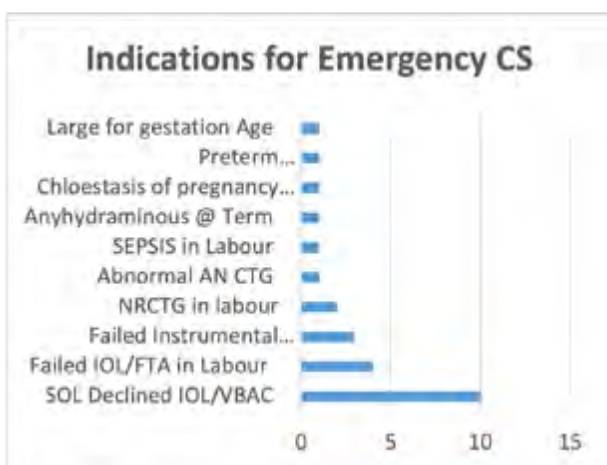
- The cAMP is currently undertaking the second year of the MSc advanced midwifery practice and will be completed in 2024.
- The Hopscotch station was developed on the ward in 2023 and the cAMP promotes its use and benefits to staff and women on a regular basis.

## MUH Registered Advanced Midwife Practitioner – Supported Midwifery Care

### Birth after Caesarean Section (BAC)

In 2023, there was 183 women who had one previous caesarean section. 151 (83%) of these were referred to the BAC antenatal clinic. After reviewing previous histories and operation notes, 2 women were deemed unsuitable for VBAC, another 4 for obstetrical reasons and 7 women received some or all of their antenatal care in our service but deliver their babies at other hospitals:

- 78 women opted for elective repeat caesarean section (ERCS).
- Ten women declined to pursue a trial of labour or augmentation of labour when spontaneous onset of labour had occurred and was the main reason for emergency caesarean sections in MUH in 2023.
- Other reasons for emergency CS included failed induction of labour, failure to progress in labour, and failed instrumental delivery.
- Of the remaining 31 women who attempted a trial of labour 24 (77.4%) achieved a successful vaginal birth - 19 spontaneous vaginal birth and 5 instrumental deliveries.
- 21 women experienced spontaneous onset of labour while 3 women experienced Induction of Labour (IOL). Dilapan-S was administered to one woman, Artificial Rupture of Membranes (ARM) was performed for 4 women and Syntocinon infusion to assist progress in labour was administered to three women.



## PUH Registered Advanced Midwife Practitioner – Supported Midwifery Care

### Birth after Caesarean Section (BAC)

- 139 women attended the BAC clinic in their pregnancy. This clinic is available to all women with 1 previous LSCS with no absolute contraindications to VBAC. 90% of women would be considered eligible to plan for labour, and birth, following a previous LSCS. This clinic facilitates the sharing of information to support informed decision making, regardless of intended mode of birth. Typically, women are seen at 20 and 28 weeks, returning to Assisted Care Consultant clinic then, with the option of additional appointments, as requested. 139 women, due to birth in 2023, attended the BAC clinic. 3 women birthed elsewhere, one mother had a baby with a congenital abnormality and one mother has a stillborn baby.
- 32 women developed antenatal complication which would have influenced their birth options e.g GDM, Breech position, obstetric cholestasis, IUGR and polyhydramnios.
- 100% of women reported enough time to discuss any questions/concerns they had regarding your pregnancy, and upcoming birth, during visits with the midwife and would you be happy to recommend the Midwifery Led Birth after Caesarean Clinics, as a service, to friends and family.
- 78% of women reported that at their first booking appointment (with the Consultant Obstetrician) they discussed their previous birth, and they received impartial information, around the option of vaginal birth and/or repeat caesarean birth.
- 83% of women reported that their choice for birth was supported by their obstetric, and midwifery, team.

### PUH Birth Reflections Services

The Birth Reflections clinic in Portiuncula Hospital is a confidential one to one midwifery service offered to women at their request, or referral, in their current pregnancy or at ten to twelve weeks following birth, after review with their obstetrician at six weeks. 27 women attended this service in 2023 with the primary focus of reflecting on their previous experience of maternity care, talking about their concerns and looking back at the history of events surrounding their previous birth. It is not a counselling service but there is the facility to refer women if deemed appropriate. Evidence suggests that providing women with the opportunity to make sense of their birth experience strengthens them psychologically. Women are also supported with strategies and evidence to support them in planning for their upcoming birth and subsequent pregnancies.

The primary themes that present at the Birth Reflections clinics are

- poor communication from obstetric and midwifery staff
- being declined pain relief
- decision making around induction of labour and emergency CS, lack of full discussion around potential risks as well as benefits
- lack of opportunity for early skin to skin at time of caesarean birth
- not feeling heard or believed
- baby's admission to SCBU

## SUH Registered Advanced Midwife Practitioner – Supported Midwifery Care

RAMP Assisted Care Pathway Data	Total
<b>RAMP care 2023</b>	<b>N=246 with 33 transferred back to consultant care</b>
Total No. of Women who attended RAMP Clinic	246 with 213 RAMP from booking to PN discharge
<b>Onset of Labour for RAMP Care Pathway Women</b>	<b>n=213</b>
Induced	47 (22%)
No Labour	17. (8%) 14 ERCS (VBAC), 3 breech at term
Spontaneous	149 (70%)
<b>Mode of Delivery Outcome RAMP Care Pathway Women</b>	
SVD	136 (64%)
Vacuum	17 (8%)
Forceps	6 (3%)
Elective CS	17 (8%)
Emergency CS	37 (17%)
Epidural	100 (47%)
Intermittent auscultation	28 (14%)
Oxytocin augmentation	26 (13%)
ARM	85 (43%)
Postpartum haemorrhage	46 (22%)
NICU admission	2 (1%)

Reason for Transfer Out of RAMP 2023	
Total No. Transferred Out	33
Fetal Anomaly	0
Bleeding/Low Blood Pressure	0
Cholestasis	2
IUGR/SFD/Reduced	5
PIH/PET	4
Raised AFI/LGA	2
Gestational Diabetes	9
Malpresentation/UNS	3
Prem	5
VBAC eligible maternal request transfer	2
DNA x3	1

## RAMP Service Overview 2023

Reason RAMP care	%
Age >40yr	15%
Lletz/colposcopy	7%
Anxiety/depression	18%
Iron/B12/folate anaemia	12%
Raised BMI	34%
Asthma	18%
Previous cholestasis of pregnancy	1%
Previous PPH	13%
Previous PET/PIH	9%
Fibroids	3%
Hypo/hyperthyroid	13%
Previous perineal problems	2%
Group B Strep	10%
Gestational Diabetes	3%
Previous 3rddegree tear	1%
PCOS	3%
Platelets	1%
Recurrent UTI	3%
IVF (not donor egg)	2%
Ulcerative colitis	3%
VBAC	21%
Covid 19	23%
Aspirin therapy	19%
Caraban therapy	15%
LMWH therapy	3%

Does not equal 100% as some women met 2 or 3 criteria

## Publications/Achievements in 2023

1. Hunter A., Lennon R., Biesty L. Women's experiences accessing continuity of care in Ireland: a qualitative study. *British Journal of Midwifery*. July 2023.
2. Lennon R., Kearns K., O'Dowd S., Biesty L. VBAC or elective CS? An exploration of decision-making process employed by women on their mode of birth following a previous lower segment caesarean section. *Women and Birth*. November 2023.
3. Lennon R. To weigh or not to weigh in pregnancy: A retrospective study. *British Journal of Midwifery*. January 2023.

## 2.14 Saolta HSE Homebirth Report

The home birth service includes the provision of antenatal, intrapartum, and postnatal care (up to 14 days post-birth) by a midwife in the woman's home. For a woman to have a homebirth, a second midwife must attend.

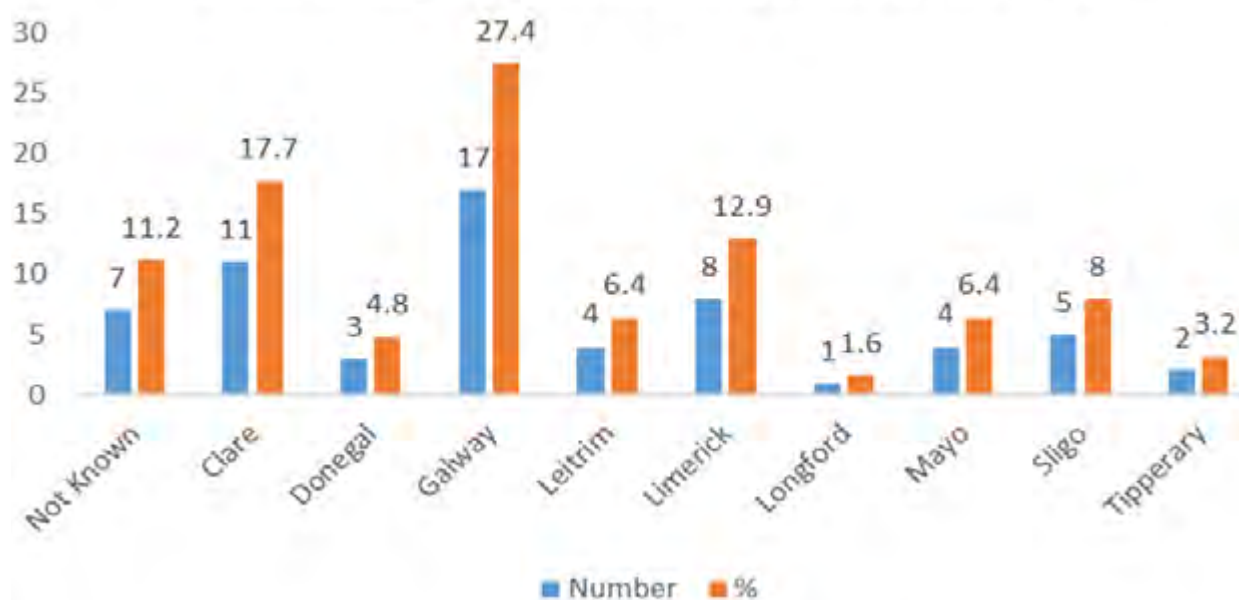
The demand for a homebirth in the region exceeds capacity to provide the service. In 2023, 62 homebirth inquiries were received and 18 women were booked for a homebirth. In some areas of the Group HSE homebirth is not available due to lack of Midwifery expertise to provide this service.

Of the women who were booked for HSE home birth the majority of women booked into GUH, with the remainder booking into PUH (see table below). Eighteen women (29%) who inquired about a home birth were successful in planning a homebirth. Five women were transferred to hospital services during the antenatal period. Eleven women had their homebirths as planned, with two women transferred post-birth to hospital services for care, and subsequently discharged home. Seventeen women had postnatal care at home provided by their known midwife. This is the clinical activity for the homebirth service:

HSE Homebirth Activity	2022	2023
Total number of inquiries	87	62
Galway University Hospital	8	10
Portiuncula University Hospital	12	8
<b>Total booked for homebirth</b>	<b>20</b>	<b>18</b>
Total Number of Homebirths	14 (70% of those who booked)	13 (72% of those who booked)

Seen in the table below are the number of home birth inquiries received from counties within the Saolta Group and beyond. Documented here are the number of inquiries received by the Designated Midwifery Officer (DMO) only. Not all women contact the DMO to inquire about homebirths. It is anticipated that this number of homebirth inquiries will be higher. Galway had the highest number of inquiries (n=17 (17/62, 27.4%). Inquiries were received from Donegal, Mayo, and Sligo, Leitrim areas covered by maternity units within the Saolta Group. However, presently no homebirth service is available in these areas.

Saolta Group Homebirth Enquiries 2023 n=62



- Seen in the table here are the hospitals booked by women at the time of the planned homebirth. The majority of women n=10 (10/18, 55.5%) booked into GUH and n=8 (8/18, 44.4%) into PUH in 2023.
- The majority of women who planned a homebirth (n=13, 13/18 72.2%) gave birth at home. N=5 (27.7%) of women were transferred to hospital services
- The homebirths (n=13) were undertaken in counties Clare, Galway, and Longford. Similar to last year, the majority n=11 (11/13, 84.6%) of women resided within Galway County.
- The maternal age at birth varied between 31 - 39 years, with an average age of 33 years. This average maternal age is lower than last year, which was 36 years.
- Most women (n=16, 16/18, 88.8%) were multiparous women, with the majority having their second baby

(n=11, 61.1%). There were two (11%) primiparous women.

- There were (n=7, 7/18, 38.8%) women transferred to hospital services. N= 5, (5/28 27.7%) were antenatal transfers, and n=2 (2/18, 11.2%) gave birth at home and transferred postnatally.
- The reasons for the transfer: two women were transferred post birth for either a retained placenta or third degree tear. The other women were transferred antenatally, for GBS, gestational diabetes, and post 41 weeks for PROM (no labour), placenta praevia and forty-two weeks.
- The birth outcomes for the eighteen women who planned a homebirth:
- Four the five women transferred to hospital care, n=2 (2/18, 11.1%) had a CS. N=1 (1/18, 5.5%) had an SVD, n=1 (1/18, 5.5%) had a BBA and for n=1 (1/18, 5.5%) the birth outcome is unknown. Of the thirteen women who planned a homebirth n=11 (11/18, 61.1%) had a SVD, and n=2 (2/18, 11.1%) had a BBA.
- The weights of babies born at home can be seen here. The smallest baby was 3.1kg and the largest baby was 4.77kg.
- Four out of the five women who gave birth in hospital requested postnatal care at home by their midwife. In total 17 out of 18 women who had planned a homebirth had postnatal care at home. The majority of these (14/17, 82.3%) were exclusively breastfeeding, and the remainder (3/17, 17.6%) were mixed feeding at the time of discharge as seen in the table here.

## 2.15 Health and Social Care Professionals Report

### Physiotherapy Services Report

Physiotherapists are key members of the maternity multidisciplinary team and play a key role in preventing and managing physical problems which may present in pregnancy and postnatal period which are common due to the expected changes taking place in your body at this time.

<b>GUH Physiotherapy Referrals</b>	<b>2022</b>	<b>2023</b>
No. Referred from Antenatal Outpatients	877	1,046
No. Referred from Postnatal Outpatients	238	234
No. Referred from Inpatients		
Postnatal Checks	645	573
Postnatal referrals:	56	59
Antenatal referrals:	14	38

Total Treatment Sessions	Average x3- 6 treatment sessions per patient referred	Average x3- 6 treatment sessions per patient referred
<b>Treatments</b>		
Low Back Pain/Pelvic Girdle Pain		
Antenatal	773	866
Postnatal	63	52
<b>Group Education workshops</b>		
Antenatal Physiotherapy 'Preparation for Birth' Workshop:	773	781
Antenatal Pelvic Girdle /Low Back Pain Workshops:	434	335
Postnatal 'Bodycare' Workshops:	192	307
<b>Maternity Inpatients</b>	866	846

<b>LUH Maternity Physiotherapy Activity</b>	<b>2022</b>	<b>2023</b>
Low Back Pain/Pelvic Girdle Pain	n/a	49
Obstetric Anal Sphincter Injury	n/a	4
Other Pelvic Floor Muscle Dysfunction	n/a	36
Group Education workshops	68	97
Maternity Inpatients	932	1,038

<b>MUH Maternity Physiotherapy Activity</b>	<b>2022</b>	<b>2023</b>
<b>Physiotherapy Referrals</b>		
No. Referred from Antenatal Outpatients	17	373
No. Referred from Postnatal Outpatients	30	a/a
No. Referred from Inpatients	32	94
<b>Physiotherapy Treatment Sessions</b>		
Total Treatment Sessions	0	345
Low Back Pain/Pelvic Girdle Pain	17	48
Pelvic Floor Dysfunction	28	217
Other Musculoskeletal Issues	21	
Obstetric Anal Sphincter Injury	17	17
Other Pelvic Floor Muscle Dysfunction	0	15
Group Education workshops	117	380
Maternity Inpatients	41	48

PUH Maternity Physiotherapy Activity	2022	2023
<b>Physiotherapy Referrals</b>		
No. Referred from Antenatal Outpatients	680	454
No. Referred from Postnatal Outpatients	49	122
No. Referred from Inpatients	80	-
<b>Physiotherapy Treatment Sessions</b>		
Maternity Inpatients	80	-

SUH Maternity Physiotherapy Activity	2023
<b>Physiotherapy Referrals</b>	
No. Referred from Antenatal Outpatients	106
No. Referred from Postnatal Outpatients	30
No. Referred from Inpatients	20
<b>Physiotherapy Treatment Sessions</b>	
Total Treatment Sessions	564
Low Back Pain/Pelvic Girdle Pain	92
Pelvic Floor Dysfunction	23
Other Musculoskeletal Issues	21
Obstetric Anal Sphincter Injury	4
Other Pelvic Floor Muscle Dysfunction	5
Group Education workshops	22
Maternity Inpatients	1,170
Other	-

## Medical Social Worker Report

Medical social workers are key members of the multi-disciplinary team. The primary role of the service is to help women and their families with any psychological, emotional, social or practical difficulties that may arise during pregnancy and after the delivery of the baby including child protection and welfare.

GUH Maternity Medical Social Work	2021	2022	2023
Maternity Social Work New Referrals	192	192	342
New referrals	36	40	41
Annual Caseload	51	50	56

LUH Maternity Medical Social Work 2023	2022	Total
New Referrals	46	99
Total Attendances	46	99

Teen Parents Support Program 2023		
New Referrals	9	10
Total Attendances	9	10

MUH Maternity Medical Social Work 2023		
	83	83
New Referrals	22 Maternity ward 61 Antenatal 14 Special care baby unit	31 (Maternity Ward) 84 (Antenatal) 19 (Special Care Baby Unit)

PUH Maternity Medical Social Work 2023	2022 Total	2023 Total
Total New Referrals	254	249

SUH Maternity Medical Social Work	2022	2023
New Referrals	109	85
Total Attendances	572 (Direct contacts)	425 (Direct Contacts)
Teen Parents Support Program 2023		
New Referrals	8 ( under 20)	8 (Under 20)
Total Attendances	40	40

## Nutrition and Dietetics

Dietitians assess patients' medical and nutritional needs, identify any areas of concern and offer support to help make diet and lifestyle changes when needed for women who have additional dietetic needs. Dietitians work as part of multidisciplinary teams and link with other health professionals.

LUH Maternity Nutrition and Dietetics	2022	2023
Total New Referrals	124	128
Total Referred from Inpatients	5	5
Total Referred from Outpatients	119(gestational diabetes)	123 (121 Gestational Diabetes and 2 Type 1 Diabetes)
Total Attendances	132	138
Total Attendances from Inpatients	6	10
Total Attendances from Outpatients	126	128

MUH Maternity Nutrition and Dietetics	2022	2023
Total New Referrals	9	4
Total Referred from Inpatients	28	4
Total Referred from Outpatients	31	3
Total Attendances	59	-
Total Attendances from Inpatients	28	10
Total Attendances from Outpatients	31	3

SUH Maternity Nutrition and Dietetics	2022 Total	2023 Total
Total New Referrals ( inc 99 attending weekly GDM* group sessions)	112	112
Total Referred from Inpatients	13	6
Total Referred from Outpatients	90 (30min weekly group education session) , 9 IDDM/NIDDM -	99 GDM* - ( 30min weekly group education session ), 8 IDDM/NIDDM - Other referrals not accepted
Total Attendances	230	156
Total Attendances from Inpatients	48	11
Total Attendances from Outpatients	182	145

\*Gestational diabetes melitis

## GUH Maternity Nutrition and Dietetics 2023

Patient sseen	Total	New Patient visit	Review visits
534	641	604	37
OPD			
531	624	598	26
Inpatients			
16	17	6	11



# 3

## CHAPTER 3

# Neonatology

- 3.1 Introduction
- 3.2 Service Overview
- 3.3 Neonatology Activity Report
- 3.4 Transfer Data
- 3.5 Neonatal Advanced Nurse Practitioner Report
- 3.6 Health and Social Care Professionals (HSCPs) Reports

## 3.1 Introduction

The Saolta University Health Care Group Neonatal Steering Group (established September 2020) continues to provide a platform for sharing information on neonatal issues, promoting evidence based care and strengthening of governance for neonatal services under the Women and Children's MCAN.

In 2023, the admission rate to our neonatal units ranged from between 16 to 23% of the total births. More than 500 preterm infants or one third of total neonatal admissions were preterm infants.

The NICU at GUH aims to be the primary regional referral centre for infants in Saolta requiring escalation of care, providing child and family centred specialist care closer to home.

From 2020 to 2023 inclusive, only 32% (43/136) of this eligible cohort were transferred to GUH, the majority were transferred to Dublin. Further improvement in this statistic can only be achieved by having a well-resourced National Neonatal Transport Team Programme (NNTP) given the huge geographical area between hospitals within the Saolta group.

The annual (8th) Saolta Neonatal Study Day was held in March, with over 100 delegates in attendance. The conference had excellent speakers covering a variety of neonatal topics and generated a lot of excellent questions and discussion.

The event was an excellent forum for the neonatal multidisciplinary team to share good clinical practice, to update on evidence based practice and acquire new skills.

The format of this annual clinical report reflects the ongoing collaboration between our sites. The neonatal chapter of the annual clinical report is authored by members of the neonatal MDT.

## 3.2 Service Overview

The Saolta Group Neonatology service is delivered by the Model 3 hospitals (PUH, MUH, SUH & LUH), providing level 1 special care for infants born >31 completed weeks gestation, and the Model 4 hospital (GUH), providing level 2 care for infants at >26 completed weeks gestation.

Galway University Hospital's Neonatal Intensive Care Unit (NICU) is a level 2 (Regional) unit for the Saolta Group and is the referral centre for the region. It provides high dependency and neonatal intensive care to very premature infants (>26 completed weeks gestation) and some sick term infants.

There were 8,132 (TBC) babies born in the Saolta Group in 2023, a slight increase on 2022 (8,071). 1,525 (19%) of these babies were admitted to the neonatal units within the Group, an increase of 230 babies from 2022.

### Site based births and % admissions to Neonatology Units 2020 – 2023

2023	GUH	LUH	MUH	PUH	SUH	Total
Hospital Births	2,609	1,576	1,368	1,368	1,211	8,132
Neonatal Admissions	424	357	298	224	222	1,525
% Neonatal Admissions	16%	23%	22%	16%	18%	19%
2022	GUH	LUH	MUH	PUH	SUH	Total
Hospital Births	2,634	1,495	1,375	1,327	1,240	8,071
Neonatal Admissions	354	266	281	161	239	1,295
% Neonatal Admissions	13%	18%	20%	12%	19%	16%
2021	GUH	LUH	MUH	PUH	SUH	Total
Hospital Births	2,892	1,586	1,535	1,463	1,404	8,881
Neonatal Admissions	389	259	277	211	278	1,414
% Neonatal Admissions	13%	16%	18%	14%	20%	16%
2020	GUH	LUH	MUH	PUH	SUH	Total
Hospital Births	2,614	1,549	1,414	1,400	1,326	8,303
Neonatal Admissions	379	242	324	211	246	1,402
% Neonatal Admissions	14%	16%	23%	15%	19%	17%

### 3.3 Neonatology Activity Report

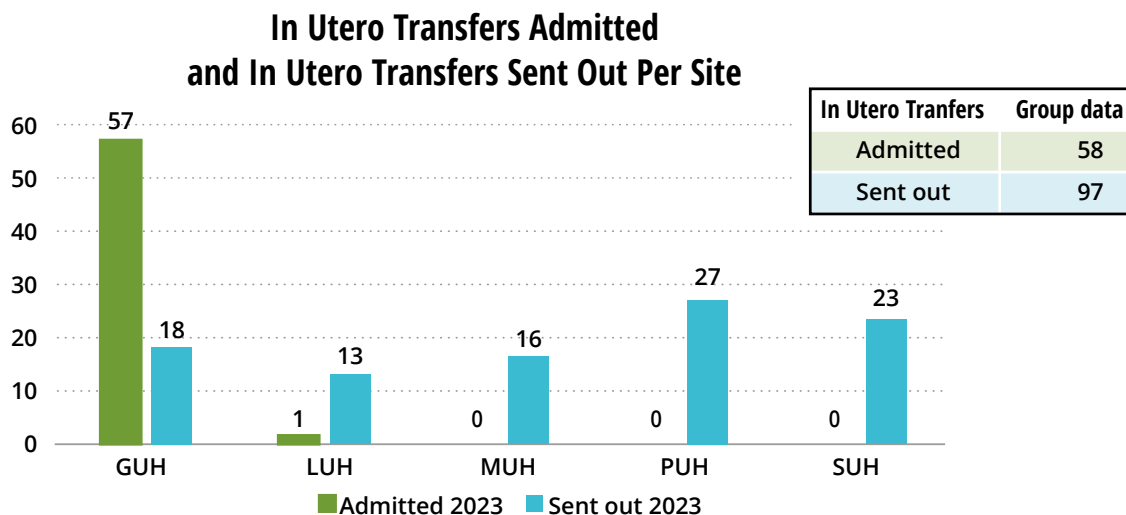
Neonatology Activity Report 2023	GUH	LUH	MUH	PUH	SUH	Total
Number of births (23 weeks or >= 500g)	2,609	1,576	1,368	1,368	1,211	8,132
Total no. of Admissions	424	357	298	224	222	1,525
Admissions as a % of births	16%	23%	22%	16%	18%	19%
Mode of delivery	GUH	LUH	MUH	PUH	SUH	Total
SVD	117	68	73	62	70	390
Assisted VD: Vacuum or Forceps	56	48	51	29	28	212
C-Section: Elective or Emergency	251	201	174	133	124	883
Gestation of infant at admission	GUH	LUH	MUH	PUH	SUH	Total
>37 weeks	264	221	229	156	137	1,007
32-36 weeks	128	104	61	66	74	433
27-32 weeks	32	15	6	2	7	62
23-26 weeks	0	1	2	0	4	7
Weight of infant on admission	GUH	LUH	MUH	PUH	SUH	Total
>4000g	32	19	48	32	21	152
3000-3999g	185	165	136	103	105	694
2500-2999g	69	60	47	36	42	254
1500-2499g	114	84	57	51	50	356
1000-1499g	19	9	6	2	4	40
<1000g	5	5	4	0	0	14
Admission source	GUH	LUH	MUH	PUH	SUH	Total
Labour ward	114	81	70	38	44	347
Theatre	181	178	136	76	84	655
Postnatal ward	91	62	78	97	70	398
Referral from another hospital	33	20	14	13	21	101
Home births (scheduled)	1	0	0	0	0	1
Other	2	0	0	0	3	5
Born Before Arrival (BBA)	2	0	0	0	0	2
Reasons for Admissions (often more than one)	GUH	LUH	MUH	PUH	SUH	Total
Prematurity/Low Birth Weight (<37 Weeks/<2500gms)	157	136	76	64	92	525
Respiratory Distress	218	184	163	69	99	733
Infection Risk Factors/Symptoms	167	139	122	55	92	575
Hypoglycaemia/At Risk for Hypoglycaemia	73	60	66	11	101	311
Jaundice	54	22	26	32	39	173
Feeding Problems	65	26	14	16	83	204
Congenital Anomalies (Including Genetic Disorders)	22	10	7	1	8	48
Post resus care/Low Cord pHs/Abnormal neuro status	46	20	2	10	18	96
Social	12	31	1	8	10	62
Surgical Diagnosis	12	5	0	0	4	21
Birth Trauma/Injury	16	12	0	0	10	38
Hypothermia	19	8	18	0	10	55
Other	23	25	5	11	24	88
Significant Neonatal Care	GUH	LUH	MUH	PUH	SUH	Total
Non-invasive ventilation: CPAP/BiPAP/HFNC	186	132	127	70	40	555
Mechanical Ventilation	12	19	4	3	7	45
Surfactant Administration	37	22	11	6	10	86
Pneumothorax needing needle aspiration/chest drain	5	3	0	3	2	13

Neonatology Activity Report 2023	GUH	LUH	MUH	PUH	SUH	Total
Negative Blood Cultures	193	171	120	100	43	627
Early Onset NN Sepsis <72 hours with pos blood culture	6	0	1	1	0	8
Late Onset NN Sepsis >72 hours with pos blood culture	7	0	0	0	0	7
Cranial Ultrasound Scan	66	18	25	6	7	122
Significant Congenital Heart Disease	8	4	4	0	1	17
Echocardiogram	62	6	22	1	1	92
Central Line Inserted: UAC/UVC/PICC	23	3	6	1	3	36
HIE and Transferred Out for Therapeutic Hypothermia	2	0	5	1	1	9
Phototherapy Treatment	82	57	32	55	45	271
Hypoglycaemia and IV glucose bolus	47	18	46	39	20	170
Total parenteral nutrition (TPN)	69	0	0	2	1	72
CNS Morbidity IVH/NN stroke/PVL/Seizures/ Brain malformation	8	2	2	0	2	14
ROP treatment (Laser/Avastin)	2	0	0	0	1	3
Necrotising enterocolitis	0	0	0	0	0	0
Neonatal Unit Deaths	2	0	0	0	0	2
Other	23	41	0	15	50	129
<b>Significant Neonatal care</b>	<b>GUH</b>	<b>LUH</b>	<b>MUH</b>	<b>PUH</b>	<b>SUH</b>	<b>Total</b>
CNS/ENT/Orthopaedic/GIT/GU/Cardiac/ Respiratory/Plastic	40	5	3	3	19	70
Other	15	20	2	0	14	51

## 3.4 Transfer Data

Infants are admitted from labour ward, postnatal ward, theatre, other hospitals and also those born outside hospital.

### 3.4.1 In Utero and Ex Utero Referrals



## 3.5 Neonatal Advanced Nurse Practitioner Report

The role of the registered advanced nurse practitioner (RANP) is to ensure quality and consistency in the delivery of neonatal care to all babies in the Neonatal Unit. The RANPs achieve this by supporting both medical & nursing staff when making clinical assessments demonstrating advanced clinical leadership:

- Promote a safer working environment by ensuring all care adheres to up-to-date guidelines (PPGs).
- Ensure that all procedures are taught and performed to the same high standard.
- Use evidence based practice to embed change e.g. introduction of the Less Invasive Surfactant Administration (LISA technique) and delayed cord clamping.

The RANPs play a prominent role in medical & nursing education and are Adjunct Lecturers in the University of Galway. The delivery of education is diverse & includes:

- The annual Saolta Neonatal Conference
- Undergraduate & postgraduate nursing/midwifery
- 8th Edition of the NRP
- External moderators RCSI neonatal H-dip
- Curriculum development for QQI Level 8
- Neonatal SpRs induction & education
- Simulation/Skills & Drills
- Co-Hosting All Ireland RANP/ANNP SD



Figure 1: S Hynes inserts umbilical catheter

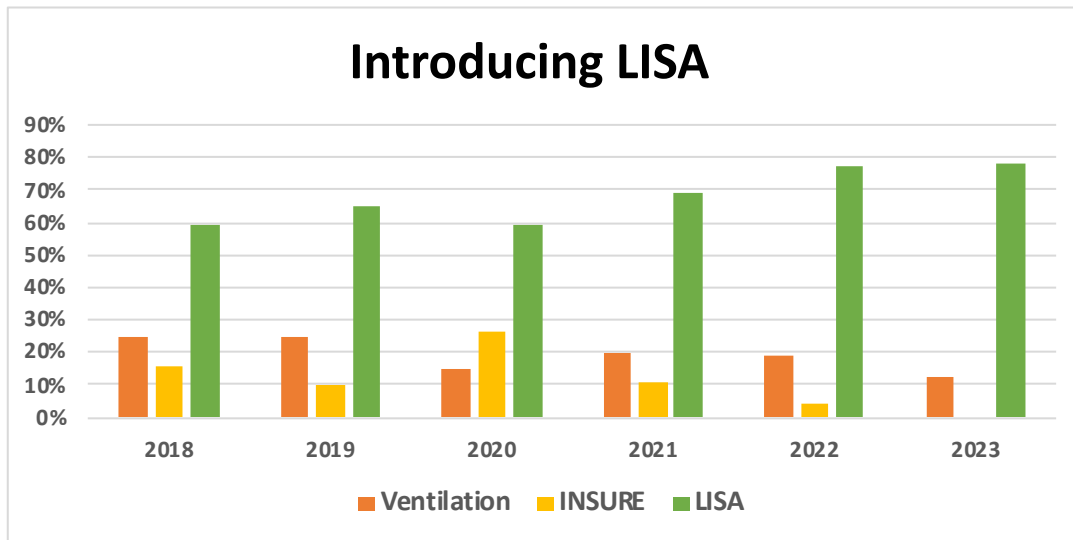


Figure 2: Introduction of Lisa

The RANPs promote and facilitate QI Projects, Research & Audits in the NICU:

- Resus training for parents pre discharge
- Golden Drops for infants <32 weeks
- Rapid Sequence Induction
- Participation in the GEHPPI Trial
- Delayed Cord Clamping audit
- Publication “Introducing LISA”



Figure 3: DCC Audit

## 3.6 Health & Social Care Professions (HSCP)

This section highlights the activity and services delivered by the principal HSCP teams in Neonatology.

### 3.6.1 Physiotherapy

A Neonatal Physiotherapist service aims to support the development of babies who may be at risk of having movement or developmental difficulties due to prematurity, problems before, during or after birth, problems affecting joints or muscles or any other problems that may affect how they move.

The value of physiotherapists has been identified in the Model of Care for Neonatal Services in Ireland (HSE, 2015) and the National Maternity Strategy (HSE, 2016), with the need for expansion of physiotherapy services identified as a priority in the National Women and Infants' Health Programme (NWIHP) implementation plan for the National Maternity Strategy (HSE, 2017).

### Physiotherapy Service GUH

The Neonatal and neurodevelopmental services are provided primarily by a Clinical Specialist Physiotherapist (1.0 WTE).

Physiotherapy Service GUH	
Activity	2023
Inpatient neonates NICU/HDU/SCBU	79
Inpatient neonates on Post-natal ward	13
Outpatients	80
In-Clinic neonates & Infants	39

#### Key Achievements:

- Development of collaborative agreement with PCCC Galway and CDNT Galway for acceptance of referrals according to agreed criteria which includes acceptance of very pre-term infants between 28-32 weeks gestation who do not meet criteria for CDNT, but are still considered a high-risk group for developmental delay.
- Established a gross motor outpatient clinic in collaboration with Neurodevelopmental Paediatrician which examined infants and children who had been referred with developmental concerns of unknown etiology.

### Physiotherapy Service MUH

The service is staffed by a Senior Physiotherapist who provides care to this group as inpatients and follow up as outpatients at 4, 8 and 24 months of corrected age.

Physiotherapy Service MUH				
Activity	2020	2021	2022	2023
Inpatient Referrals	16	6	52	38
Physiotherapy treatments	16	12	71	53

### Physiotherapy Service PUH

PUH provide a paediatric physiotherapy services for SCBU and maternity ward, on request, for conditions including but not limited to: Positional talipes; Torticollis; Plagiocephaly; Orthopaedic and birth related complications eg OBPI and/or Upper limb fractures; asymmetries of movement; and developmental screening and treatment for complex neurodevelopmental issues.

Activity	2023
SCBU New	6
SCBU Return	11
Maternity new	8

### Achievements

- Increased physiotherapy presence in SCBU with provision of same day assessment and intervention, with assistance given for referrals to community.
- Strong links have been made with the Neonatal physiotherapists in hospitals based in Dublin, Sligo and Galway for continuity of care, for babies transferred back to PUH; and access to CPD.

### Challenges

- NICE guidelines recommendation for enhanced developmental surveillance in babies born <37weeks with follow up at 4, 8 and 24 months corrected, is currently not feasible owing to lack of education (Physiotherapist requires Bayley assessment training) and gap in community services.
- The paediatric Physiotherapy out-patients service is available to follow up on babies that require acute short term care. This service may need to expand to treat and monitor high risk neonates in 2024 – 2025 if gaps in community service persist.

## Physiotherapy Service SUH

The Neonatology Physiotherapy Team comprises of 1 WTE Clinical Specialist in Paediatrics and Neonatology.

Physiotherapy Service SUH					
Activity	2019	2020	2021	2022	2023
Inpatient Referrals	21	32	30	27	34
Physiotherapy treatments	62	167	112	74	99

SUH provide a service to neonates (with age range from birth to 6 weeks) who are based on the NICU, postnatal ward, Paediatric inpatient ward, Neonatal outpatients and walk-in referrals from Radiology for same day diagnosed babies with Developmental Dysplasia Hip (DDH) in keeping with the HSE national standards.

In 2023, Radiology carried out ultrasound screening for 330 babies and the Physiotherapy Department treated 29 babies presenting with DDH with a Pavlik harness. The Baby Hip Team had a success rate of over 98.6% for all babies treated conservatively in a Pavlik harness.

The Clinical Specialist Physiotherapist in Neonatology & Paediatrics coordinates onward referral to PC Physiotherapy and CDNT, where relevant, and provides an outpatient surveillance pathway for premature babies born 28-30 weeks gestation or high risk infants in the Sligo region and a Bayley's Scale of Infant and toddler development, 3rd Edition at corrected aged of 2 years, as per the model of Care for Neonatology in Ireland.

### Physiotherapy Achievements

- Continuation of the premature baby surveillance programme for all premature babies born at less than 30 weeks who reside in the catchment area of SUH. A Premature baby surveillance pathway is agreed with Community Paediatric Physiotherapist's for Sligo/Leitrim area. Each premature baby that remain under the Paediatric Physiotherapist, has their Bayley's 3rd Edt. Assessment carried out at 2 years of age, in line with best practice and Model of Care in Ireland for Neonatology with onward referral to Community services e.g. Speech and language Therapy where required.
- Provided education to local GPs on DDH Pathway by Clinical Specialist Paediatric Physiotherapist, Consultant Radiologist and Orthopaedic Consultant.
- Provided NCHD training on induction to Physiotherapy service including common musculoskeletal, respiratory and orthopaedic conditions in neonates and paediatrics, DDH pathway, on-call criteria and OPD prioritisation in SUH.
- Provided teaching to UoG medical academy, based in SUH, for year 4 medical students on communication skills and role of physiotherapist in neonatal and paediatrics.

### Aims for 2024

- Tiny Gym Parent and baby class ready to roll out for premature babies in SUH as part of premature baby surveillance programme in quarter 2 of 2024.
- We have developed a parent experience of NICU MDT in SUH feedback questionnaire with the aim for gathering feedback and information from parents on the NICU service and in keeping with the BLISS Audit, the UK premature baby charity.



## 3.6.2. Nutrition and Dietetics

Nutrition is essential for the health of all infants but is particularly critical in the care of preterm and unwell neonates. Optimised nutrition is key for recovery and better long term outcomes, with major effects on morbidity and mortality, including permanent effects on neurodevelopmental and later metabolic disease. The value of dietetics has been identified in the Model of Care for Neonatal Services in Ireland (HSE, 2015) and the National Maternity Strategy (HSE, 2016). Dietetic services have been identified as a priority for development in the National Women and Infants' Health Programme (NWIHP) implementation plan for the National Maternity Strategy (HSE, 2017).

### Nutrition and Dietetics Services GUH

The Nutrition and Dietetic service to Neonatology in GUH comprises an inpatient service to NICU and 2 out-patient sessions to Consultant led neonatal clinics per week, this service was reduced to part cover of the Neonatal Unit and no Dietetic cover to the Neonatal clinics in 2023 owing to absence.

Nutrition and Dietetics Services GUH					
Neonatal Dietetic Inpatient	2019	2020	2021	2022	2023
New NICU dietetic Referrals	64	61	46	59	52
Total NICU Dietetic Consultations	344	655	493	914	712

Neonatal Dietetic Outpatient	2019	2020	2021	2022	2023
Neonatal Dietetic Outpatient New	86	36	41	25	10
Neonatal Dietetic Outpatient Contacts	129	81	226	233	100

Neonatology service continued to generate the highest percentage of all inpatient dietetic consultations reflecting the intensive dietetic support required by this long stay patient population. We also provided a limited out-patient dietetic service to Neonatology with 2 sessions per week up until July 2023.

#### Key Achievements

- Implementation of the new National Parental Nutrition (PN) guidelines on the unit. The aim of this guideline is to ensure evidence-based prescribing, administration and monitoring of PN in Neonatal and Paediatric units in Ireland.
- Participated in the National PN Audit on the Preterm SPN system on the Neonatal Unit.
- Improved the Neonatal Dietetic Discharge Plan for the Unit.
- Attendance and participation in the Neonatal Journal Club.

### Nutrition and Dietetic Services LUH

A dietetic service is provided to the NNU to ensure optimum nutritional support of infants and the prevention of short and long term consequences of poor nutrient intake and growth.

Nutrition and Dietetic Service LUH	
Activity	Total
New	13*
Review	32*

\*An increasing number of transfers of care from other hospitals and referrals from the unit necessitated collation of activity in NNU as a separate entity, which started in April 2023.

## Nutrition and Dietetic Services MUH

The WTE for paediatrics dietetic service in MUH is 1. This includes a service to neonates, diabetes and general paediatric services.

Nutrition and Dietetic Service MUH		
Activity	New	Review
In- Patient	52	186
Out- Patient	0	41

## Nutrition and Dietetic Services SUH

Nutrition and Dietetic Service SUH				
Referrals & Activity	2020	2021	2022	2023
Referrals: Dietetic referrals Services in SUH	35	36	23	30
Activity: number of treatment sessions or equivalent	85	104	73	98

The dietetic service in SUH provides a service on request to the neonatal unit.

### Service Improvements

- Revision of SUH neonatal vitamin and mineral supplementation guide.
- Compiled a neonatal specific dietetic assessment form and a patient's discharge summary sheet for parents going home.
- Member of neonatal working group that established an on-line patient feedback questionnaire.
- Continue to work with the speciality and general management to advocate for additional dietetic resources to support our NICU. As per CCP 2015 SUH should have 0.5 WTE Specialist Dietitian supporting NICU.
- 

### 3.6.3. Medical Social Work

Maternity and neonatal units have a medical social work service, which provides support, counselling, information on entitlements, practical and legal issues such as guardianship, and assistance in accessing supports.

## Medical Social Work Services GUH

As the level 2 neonatal unit, families from the entire region avail of specialised NICU services in GUH, often for a prolonged period of time. Medical advances have introduced a very uncertain and difficult time for parents and families of infants who require this specialised level of care. Family psychosocial dynamics are also evolving with increased single parent families, co-parenting, and social demographics impacting on how parents respond to crisis and trauma.

The role of the Medical 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.

### Service Developments

- Participate as a trainer on the TEARDROP Bereavement training programme for Maternity staff (November 2023).
- Established a weekly Parental Support Group for parents in NICU (August 2023).
- Successfully reinstated a full NICU and FAC MSW service since (December 2023).

Medical Social Work Services GUH			
Referrals	2021	2022	2023
Referrals to SMSW	50	50	71

### **3.6.4. Speech And Language Therapy**

Babies admitted to neonatal units are at risk of feeding and early communication difficulties.

The speech and language therapist has a role in identifying babies at risk of feeding or communication difficulties and in helping babies and their families to establish safe and positive oral feeding and support their language development

### **3.6.5. Pharmacy**

The role of the Pharmacist is essential to ensuring safe and effective use of medicines in neonates. Their in-depth knowledge is necessary to optimise medication choice and dosing regimens, as well as ensuring appropriate monitoring, thus improving safety around medicines use in neonates.

### **Pharmacy Service GUH**

Pharmacy services are provided by a dedicated 0.3 WTE Senior Pharmacist.

#### **Education & Training**

- Involved in training of the nursing and medical staff on the use of CHI Smart Pumps.
- Training of 4 staff grade pharmacists in neonates to provide cover.
- Induction training to new NCHDs on pharmacy services and resources available and tips for safe prescribing.
- CHI Smart Pumps updated to Version 5 of the paediatric formulary in the Neonatal Unit.

# 4

## CHAPTER 4

# Gynaecology

- 4.0 Gynaecology Overview
- 4.1 Gynaecology Surgical Report
- 4.2 Gynaecological Oncology Report
- 4.3 Regional Placenta Accreta Service
- 4.4 Uterine Fibroid Embolization Service
- 4.5 Saolta Termination of Pregnancy Service
- 4.6 Ambulatory Gynaecology Report
- 4.7 Colposcopy Services Report
- 4.8 GUH Urogynaecology Report
- 4.9 Regional Fertility Hub Report
- 4.10 Regional Complex Menopause Clinic Report
- 4.11 Health And Social Care Professionals Report

## 4.0 Gynaecology Services Overview

Gynaecology is the clinical area that focuses on the health of the female reproductive system and is offered in five of the sites in the Saolta Group. A range of comprehensive services are offered for the investigation and treatment of benign gynaecological conditions including menstrual disorders, pelvic pain, prolapse and other gynaecological conditions.

Tertiary service for menopause, fertility and gynaecological cancer are provided in Galway University Hospital. These services are provided through outpatient, inpatient and ambulatory services by a multidisciplinary team.

## 4.1 Gynaecology Surgical Report

Gynaecological Surgery data for the five Saolta Group hospitals are outlined below. The figures for each site are mainly presented in terms of numbers of procedures performed, and are self-explanatory. In a follow on section, the data relating to Gynaecology Oncology is also presented.

### GUH Gynaecological Surgery Report 2023

Gynaecology Procedure	2020	2021	2022	2023
ERPC	155	135	142	187
Abdominal hysterectomy +/- BSO	51	21	47	32
Radical hysterectomy	1	5	7	4
TAH, BSO & PLND	12	12	14	16
TAH, BSO & omentectomy & appendicectomy +/- PLND (*Please see Gynaecology Oncology Report)	34	49	47	54
Omentectomy ( Isolated procedure)	1	6	2	1
Ovarian debulking	27	9	11	2
Bilateral Salpingo Oophorectomy	3	2	0	-
Caesarean Hysterectomy	3	2	4	3
Myomectomy	6	6	2	6
Laparotomy	23	26	11	21
Diagnostic laparoscopy	37	26	14	29
Laparoscopy Hysterectomy/BSO/PLND	7	17	12	19
Laparoscopic hysterectomy +/-BSO	17	0	8	14
Laparoscopic BSO	19	19	21	29
Laparoscopic unilateral salpingo-oophorectomy	15	9	20	13
Laparoscopic tubal ligation	13	12	0	7
Laparoscopic ectopic	17	5	25	25
Laparoscopic dye hysteroscopy	32	13	34	34
Laparoscopic cystectomy	11	28	16	25
Hysteroscopy D&C	487	317	338	247
Hysteroscopy*	168	242	521	595
Mirena insertion	51	79	116	94
Endometrial ablation	22	14	9	13
TCRE	26	18	29	48
Vaginal hysterectomy	5	1	1	2
Vaginal hysterectomy and PFR	8	8	10	3
Pelvic Floor Repair	20	12	15	29
Vulvectomy	7	2	6	2
Cystoscopy	16	9	11	7
Examination under anaesthetic	21	24	28	27
Cervical Suture	10	11	7	2
Fentons procedure	5	1	4	3
Vulval biopsy	49	5	27	13
LLETZ	10	10	8	12
Bartholins	12	11	13	17

Gynaecology Procedure	2020	2021	2022	2023
Instrumental delivery	52	14	47	29
Third degree tear repair	42	39	42	38
Manual removal of placenta	20	37	26	21
Excision of skin tag	1	16	0	2
PPH Bakri balloon insertion	2	2	3	1
Removal of mirena coil	4	5	14	1
Cervical smear under GA	6	4	4	3
Labiaplasty	3	4	3	-
Excision of labial cyst	3	8	3	5
Other				39
<b>Total</b>	<b>1,534*</b>	<b>1,295*</b>	<b>1,722</b>	<b>1,774</b>

\*GUH had off site theatre facilities in 2020 and 2021

\*\* Hysteroscopy number includes those performed in Ambulatory Gynaecology

### LUH Gynaecological Surgery Report 2023

Gynaecology Procedures	2020	2021	2022	2023
Total Abdominal Hysterectomy (TAH)	30	26	51	54
Bilateral Salpingo Oophorectomy (BSO)	9	55	30	44
Vaginal Hysterectomy	16	15	33	73**
Pelvic Floor Repair	-	5	44	12
Hysteroscopy *	452	937	1,098	1,217
Dilation & curettage of uterus (D&C)	0	441	323	238
Insertion/Replacement/Removal of intrauterine device (IUD)	114	381	383	533
<i>Evacuation of retained products of conception (ERPC) (2021 Surgical Management of Missed Miscarriages, figure could be higher due to incomplete miscarriages)</i>	155	114	41	53
Smear	0	6	10	9
Examination under Anaesthetic (EUA) Gynae	0	12	25	77
Large Loop Excision of Transformation Zone (LLETZ)	29	30	32	27
Trans cervical resection of the endometrium (TCRE)	0	0	0	0
Biopsy Gynae	22	125	174	168
Laparoscopy/Laparotomy	3	9	16	27/3
Colposcopy	0	34	42	21
Polypectomy	0	45	57	102
Other Procedures	285	291	184	320
<b>Total</b>	<b>1,115</b>	<b>2,526</b>	<b>2,543</b>	<b>2,975</b>

Majority of data captured through HIPE

\* Hysteroscopy number includes those performed in Ambulatory Gynaecology

### MUH Gynaecological Surgery Report 2023

Gynaecology Procedures	2020	2021	2022	2023
Total Abdominal Hysterectomy (TAH)	14	13	10	9
Bilateral Salpingo Oophorectomy (BSO)	25	23	20	23
Vaginal Hysterectomy	20	11	12	18
Pelvic Floor Repair	-	6	30	43
Hysteroscopy *	196 **	757	901	326
Dilation & curettage of uterus (D&C)	90	2	91	123
Insertion/Replacement/Removal of intrauterine device (IUD)	49	399	499	89
Evacuation of retained products of conception (ERPC)	64	33	50	82

Gynaecology Procedures	2020	2021	2022	2023
Smear	6	9	11	12
Examination under Anaesthetic (EUA) Gynae	4	0	0	17
Large Loop Excision of Transformation Zone (LLETZ)	7	8	2	8
Trans cervical resection of the endometrium (TCRE)	27	0	8	8
Biopsy Gynae	2	23	6	5
Laparoscopy/Laparotomy	23	6	57	53
Colposcopy	0	0	0	0
Polypectomy	0	36	24	30
Other Procedures	116	128	22	0
<b>Total</b>	<b>643**</b>	<b>1,454</b>	<b>1,743</b>	<b>1,796</b>

\*\* Combination of Vaginal Hysterectomy and Laparoscopic assisted vaginal hysterectomy +/- removal of adnexa  
Majority of data captured through HIPE

\*Hysteroscopy number includes those performed in Ambulatory Gynaecology  
Correction from previous publication

### PUH Gynaecological Surgery Report 2023

Gynaecology Procedures	2020	2021	2022	2023
Total Abdominal Hysterectomy (TAH)	12	10	14	11
Bilateral Salpingo Oophorectomy (BSO)	11	10	0	7
Vaginal Hysterectomy	1	6	8	8
Pelvic Floor Repair	-	2	33	2
Hysteroscopy *	233	111	345	622
Dilation & curettage of uterus (D&C)	297	225	360	422
Insertion/Replacement/Removal of intrauterine device (IUD)	159	62	237	355
Evacuation of retained products of conception (ERPC) (2021 Surgical Management of Missed Miscarriages, figure could be higher due to incomplete miscarriages)	0	94	27	75
Smear	3	0	8	13
Examination under Anaesthetic (EUA) Gynae	0	1	0	2
Large Loop Excision of Transformation Zone (LLETZ)	0	1	0	0
Trans cervical resection of the endometrium (TCRE)	0	0	0	0
Biopsy Gynae	13	17	10	30
Laparoscopy/Laparotomy	50	10	9	34
Colposcopy	0	0	0	0
Polypectomy	47	27	82	112
Other Procedures	229	231	113	368
<b>Total</b>	<b>1,055</b>	<b>807</b>	<b>1,246</b>	<b>2,061</b>

Majority of data captured through HIPE

\*Hysteroscopy number includes those performed in the Post-menopausal bleeding clinic

### SUH Gynaecological Surgery Report 2023

Gynaecology Procedures	2020	2021	2022	2023
Total Abdominal Hysterectomy (TAH)	22	11	17	25
Bilateral Salpingo Oophorectomy (BSO)	39	10	22	38
Vaginal Hysterectomy	9	1	4	19
Pelvic Floor Repair	-	0	3	17
Hysteroscopy *	312	249	279	352
Dilation & curettage of uterus (D&C)	292	294	326	316
Insertion/Replacement/Removal of intrauterine device (IUD)	152	109	120	190

Gynaecology Procedures	2020	2021	2022	2023
<i>Evacuation of retained products of conception (ERPC)</i> (2021 Surgical Management of Missed Miscarriages, figure could be higher due to incomplete miscarriages)	62	97	75	70
Smear	25	16	35	35
Examination under Anaesthetic (EUA) Gynae	33	1	52	23
Large Loop Excision of Transformation Zone (LLETZ)	18	29	23	25
Trans cervical resection of the endometrium (TCRE)	0	0	0	2
Biopsy Gynae	20	20	50	56
Laparoscopy/Laparotomy	59	11	47	146
Colposcopy	9	2	28	7
Polypectomy	25	59	46	42
Other Procedures	66	170	96	119
Subtotal Hysterectomy				19
Ovarian Cystectomy				21
<b>Total</b>	<b>1,143</b>	<b>1,079</b>	<b>1,203</b>	<b>1,522</b>

• Majority of data captured through HIPE

\* Includes diagnostic and operative Hysteroscopies performed in Ambulatory

## 4.2 Gynaecological Oncology Report

The Gynaecological Oncology tertiary level service for the Saolta Group is located in Galway University Hospital. Of note, women from Letterkenny diagnosed with Gynaecological cancer continue to be referred outside of the hospital group.

Galway University Hospital is a designated National Cancer Control Programme (NCCCP) referral centre for gynaecological oncology. Services provided include surgery, medical oncology, and radiotherapy with a multidisciplinary team of radiologists, pathologists, nurse specialists, psychologists, dieticians, physiotherapists and research nurses.

New/Recurrent Gynae Cancers Activity	2021	2022	2023
<b>Diagnosed in Saolta Group and Treated in GUH</b>	<b>175</b>	<b>179</b>	<b>196</b>
	<b>72</b>	<b>48</b>	<b>47</b>
Diagnosed in LUH	72 seen in Dublin	48 seen in Dublin	42 seen in St James and 5 in St Vincent's and Tallaght
	<b>19</b>	<b>33</b>	<b>47</b>
Diagnosed in MUH	19 seen in GUH	30 seen in GUH 1 seen in Limerick 2 seen in Dublin	46 referrals from MUH seen/treated in GUH 1 in the Mater
	<b>27</b>	<b>28</b>	<b>36</b>
Diagnosed in SUH	15 seen GUH 12 seen Dublin	8 seen in GUH 20 seen in Dublin	13 referrals from SUH seen/treated in GUH 23 to the Mater
<b>Total number Referred outside Group</b>	<b>84</b>	<b>71</b>	<b>71</b>
<b>Potential Gynae Cancers if all seen in GUH</b>	<b>259</b>	<b>250</b>	<b>267</b>



## Tumour Type Diagnosis 2021-2023

Year	Primary	Metastases	Recurrence
2021	129	18	28
2022	133	20	26
2023	178	9	9

## Patient Age Range (Years)

Age Group	16-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71-75	76-80	+80
2021	2	2	7	4	6	11	14	24	27	24	26	15	13
2022	4	4	4	9	7	13	16	14	22	28	23	16	19
2023	1	4	1	9	11	13	24	22	28	26	24	25	8

## Gynaecological Cancer Diagnoses 2021 - 2023

Cancer Type	Cervical	Endometrial	Ovarian	Vulval	Vaginal	Primary Peritoneal	Unknown Primary	Other	Total
2021	33	58	51	13	6	5	4	5	175
2022	30	71	49	7	2	6	7	7	179
2023	36	76	62	13	5	1	1	2	196

## First Treatment Type For Patients Diagnosed With A Gynaecological Cancer 2023

First Treatment Type	Patients
Surgery	115
Chemoradiotherapy	24
Neo Adjuvant Chemotherapy	36
Neo Adjuvant Radiotherapy	4
Hormone Therapy	5
Best Supportive Care	10
Surveillance	2
Total	196

## 184 Cancer Surgeries Performed 2023 – Included The Following Procedures:

Surgical Procedures Performed 2023	No of Procedures
<b>Ovarian Surgeries</b>	<b>86</b>
Laparoscopic LSO or RSO or BSO	8
Laparoscopy Biopsy	5
TAH, BSO, Omentectomy and Appendicetomy	26
TAH, BSO, Omentectomy, Appendicetomy & bowel surgery + reanastomosis + multiple biopsies	5
Laparoscopy + small bowel resection	1
Laparotomy Iso or rso omentectomy nodes	2
Laparotomy BSO omentectomy +/- appendix	7
Laparotomy & biopsies	7
TAH, BSO, Omentectomy and Appendicetomy + biopsies- excision of tumour	11
TAH, BSO, Omentectomy, Appendicetomy + biopsies- excision of tumour and nodes	3
Laparotomy TAH LSO	1
TAH and BSO	3
Laparotomy LSO or RSO or BSO	2
TLH, BSO and biopsies	2
TLH, BSO and Omentectomy	3

Endometrial Surgeries		60
TAH or TLH BSO no nodes		6
Hysteroscopy and biopsy for diagnosis		7
TLH, BSO and Omentectomy		4
Radical hysterectomy BSO LND		2
TAH, BSO, Omentectomy, subtotal colectomy and small bowel resection-colostomy		2
TAH BSO LND		15
TLH BSO LND		22
Laparotomy excision of umbilical tumour		1
TAH BSO Omentectomy		1
Cervical Surgeries		13
Radical hysterectomy and LND		5
Radical hysterectomy, Ovarian transposition and LND		1
EUA Cystoscopy cervical biopsy		3
Radical hysterectomy BSO and LND		2
laparoscopic nodes open TAH - preserve ovaries		2
Vulval Surgeries		5
Wide local incision (WLE) and one side nodes		2
Wide local incision		1
EUA cystoscopy vaginal biopsy		1
WLE and VY flap		1
Vaginal Surgeries		4
EUA & vaginal biopsy		4
Other Surgeries		16
LYNCH - TAHBSO		2
LYNCH - TLHBSO		1
BRCA- TLHBSO		13

## Number Of Surgeries Per Cancer Type

Year	Endometrial	Ovarian	Vulval	Cervix	Total Surgeries
2021	44	52	8	8	112
2022	59	62	7	19	147
2023	64	84	2	12	162

Gynaecological Oncology Service Surgical Activity

\*\*\*doesn't include benign surgical cases nor adjunct therapy patients\*\*\*

## Management and Treatment

Of the 196 patients diagnosed with a gynaecological cancer in 2023, 94% (185 patients) were discussed at the Gynae MDM.

## 4.3 Regional Placenta Accreta Service

The Saolta Group Placenta Accreta regional service, based in GUH, is a multidisciplinary team specialising in the care of pregnancies complicated by uterine and placental disorders placenta accreta spectrum. This service is a collaboration between Obstetrics and Gynaecology services, Fetal Medicine, Specialised Obstetric Anaesthetist, the GUH Blood and Tissue Establishment and Interventional Radiology.

In 2023, there was a total of 5 pregnancies complicated by placenta accreta spectrum, 4 of these were managed in GUH and 1 in LUH. In the 4 cases managed in GUH each of these had been identified in the antenatal period and they were managed and delivered in GUH. The case in LUH had not been diagnosed in the antenatal period, it was recognised and successfully managed post-elective caesarean section. Summary of the five cases:

- Delivery was achieved by elective caesarean section for all five after 35 weeks gestation.
- All were live births.
- Two of these 5 women required a peripartum caesarean hysterectomy.
- Interventional radiology was available and used in three cases.
- The estimated blood loss was below 1000mls in 2 cases and between 3,000 to 3,500 mls for three.

Year	Number of Accreta	Elective	Emergency	Outcome Hysterectomy	Baby
2019	3	3	0	1	All live births
2020	3	2	1	3	All live births
2021	3	3	0	2	All live births
2022	5	5	0	4	All live births
2023	5	4	1	2	All live births

## 4.4 Uterine Fibroid Embolization Service

Uterine fibroid embolization (UFE) is a minimally invasive procedure used to treat fibroid tumours of the uterus which can cause heavy menstrual bleeding, pain, and pressure on the bladder or bowel. It uses a form of real-time x-ray, called fluoroscopy, to guide the delivery of embolic agents to the uterus and fibroids. These agents block the arteries that provide blood to the fibroids and cause them to shrink. The UFE service for Gynaecology is provided in the GUH site as shared care between Gynaecology and Radiology.

### Uterine Fibroid Embolization (UFE) Activity

2020	2021	2022	2023
29	33	22	28

## 4.5 Saolta Termination of Pregnancy Service

The Saolta Termination of pregnancy (TOP) service is regulated by the Health (Regulation of Termination of Pregnancy) Act 2018. Abortion is permitted in Ireland during the first twelve weeks of pregnancy, and later in cases where the pregnant woman's life or health is at risk, or in the cases of a fatal foetal abnormality. In November 2023 every site in Saolta was providing a TOP service to include all sections of the act. The activity for TOP is as follows:

Site	GUH 2021	GUH 2022	GUH 2023	LUH 2021	LUH 2022	LUH 2023	MUH 2021	MUH 2022	MUH 2023	PUH 2021	PUH 2022	PUH 2023	SUH 2021	SUH 2022	SUH 2023
Risk of Life or Health to the Woman (section 9)	2	2	2	0	0	0	0	0	0	1	0	0	0	0	0
Risk of Life or Health in Emergency to the Woman (section 10)	1	1	0	0	1	0	0	0	2	0	0	1	0	0	0
Condition Likely to Lead to Death of Foetus (section 11)	4	4	9	0	4	0	3	3	1	4	2	2	3	1	1
Early Pregnancy (section 12)	16	17	23	0	0	0	13	12	11	0	0	0	0	15	11

## 4.6 Ambulatory Gynaecology Report

Ambulatory gynaecology services are one-stop, see and treat clinics as they provide an important diagnostic and treatment facility for women. Internationally, these clinics have demonstrated improved patient safety and experience, minimised unnecessary hospital admissions, providing timely gynaecology care to patients referred as urgent and non-urgent.

In 2023 activity within ambulatory gynaecology units grew by greater than 60% compared with 2022. This was achieved by establishing additional clinics provided by Advanced Nurse Practitioner clinics and Consultants. Postmenopausal referrals make up a large proportion of referrals. As per national guidance these patients need to be seen and have histological investigations as necessary within 28 days of referral from GPs. In 2023 the Saolta Group opened its fourth ambulatory gynaecology unit in SUH. Plans are at an advanced stage to open a fifth service in PUH, with anticipated completion in 2024. In the interim, PUH have been providing a designated post-menopausal bleeding (PMB) clinic.

### Ambulatory Gynaecology Activity Per Site 2023

Treatments	GUH	LUH	MUH	SUH	Total *
Total Attendance	1,772	1,662	1,508	199	5,141
NEW	1,528	1,557	1,229	191	4,505
REVIEW	244	65	279	8	596
DNA	170	89	273	30	562
% Rate of DNA	11%	5%	18%	15%	11%
Trans Vaginal USS	1,048	1,238	1,294	77	3,657
Hysteroscopy – Diagnostic	462	433	246	72	1,213
Hysteroscopy – Operative	133	104	3	10	250
Mirena – In	208	360	315	39	922
Mirena – Out	59	121	131	19	330

\*This does not include the PUH activity in the post-menopausal clinic in operation in 2023

### Saolta Ambulatory Gynaecology Activity 2021-2023

Treatments	Total 2021	Total 2022	Total 2023*
Total Attendance	2,217	3,197	5,141
NEW	1,875	2,814	4,505
REVIEW	342	384	596
DNA	379	594	562
% Rate of DNA	14.6%	13.5%	11%
Trans Vaginal USS	1,555	2,408	3,657
Hysteroscopy – Diagnostic	756	873	1,213
Hysteroscopy – Operative	128	173	250
Mirena – In	443	669	922
Mirena – Out	213	281	330

\*This does not include the PUH activity in the post-menopausal clinic in operation in 2023

### GUH Ambulatory Gynaecology Activity 2020-2023

Treatments	2020	2021	2022	2023
Total Attendance	350	536	1,094	1,772
NEW	331	478	1,002	1,528
REVIEW	19	58	92	244
DNA	7	44	130	170
Rate of DNA	2.0%	7.6%	11.0%	11%
TVS	177	289	646	1,048
Hysteroscopy – Diagnostic	140	210	408	462
Hysteroscopy – Operative	28	32	113	133
Mirena – In	47	61	62	208
Mirena – Out	17	20	29	59

## MUH Ambulatory Gynaecology Activity 2020-2023

Treatments	2020	2021	2022	2023
Total Attendance	1,238	1,103	1,335	1,508
NEW	937	821	1,074	1,229
REVIEW	301	282	261	279
DNA	318	319	422	273
Rate of DNA	20.4%	22.4%	24.0%	
TVS	1,029	1,042	1,262	1,294
Hysteroscopy - Diagnostic	170	204	257	246
Hysteroscopy - Operative	25	46	7	3
Mirena - In	275	245	171	315
Mirena - Out	126	150	76	131

• Figures include Family Planning service which is provided in the Ambulatory

## LUH Ambulatory Gynaecology Service Activity 2021-2023

Treatments	2021	2022	2023
Total Attendance	578	768	1,662
NEW	576	738	1,557
REVIEW	2	30	65
DNA	16	42	89
Rate of DNA	2.7%	5.5%	5%
TVS	224	500	1,238
Hysteroscopy - Diagnostic	340	208	433
Hysteroscopy - Operative	50	53	104
Mirena - In	137	48	360
Mirena - Out	43	59	121

## SUH Ambulatory Gynaecology Service Activity 2023 (November and December)

Treatments	Total
Total Attendance	199
NEW	191
REVIEW	8
DNA	30
Rate of DNA	15%
TVS	77
Hysteroscopy - Diagnostic	72
Hysteroscopy - Operative	10
Mirena - In	39
Mirena - Out	19

## PUH Post-Menopausal Bleeding Clinic

Post Menopausal Bleeding Clinic	Total
Total Attendance	285
New Attendance	285
TVS	258
Hysteroscopy- Diagnostic	135
Hysteroscopy- Operative	35
Mirena- in	26
Mirena-Out	29

## 4.7 Colposcopy Services Report

There are currently 4 colposcopy units located within the Saolta Group, each of which are part of the National Cervical Screening Programme. Each of the colposcopy clinics have an identified Consultant lead and a small team of Nurse colposcopists working at specialist and advanced level. Services operate under a memorandum of understanding (MOU) agreed between the unit and CervicalCheck Ireland. The clinical statistics for Colposcopy services in the Saolta Group are detailed below:

### Colposcopy Activity Summary 2023

Activity	GUH	LUH	MUH	SUH	Total
Total Attendance	4,765	1,362	1,105	1,825	9,034
New Referrals	1,715	593	528	607	3,476
Follow Ups	3,050	769	577	1,218	5,558

### Total Attendances Per Site 2019 - 2023

	2019	2020	2021	2022	2023
GUH	4,604	4,064	4,465	4,807	4,765
LUH	1,985	897	1,472	1,297	1,362
MUH	1,475	926	932	1,082	1,105
SUH	1,793	1,613	1,489	1,678	1,825

### GUH Colposcopy Report

Colposcopy Clinic Activity	2022	2023
New Referrals	1,716	1,715
Follow Up	3,091	3,050
High Grade	147	130
Low Grade	955	1,078
Non Attendance	7.3%	6.7%
LLETZ Treatments	339	361
Cervical Biopsy	2,258	2,173
Ablative Treatment	-	-
Cold Coagulation	151	117
Diathermy Destruction	-	-

Histology Result 2023	Diagnostic Biopsy	Excision	Total
Cervical Cancer	18	6	24
Adenocarcinoma in situ / CGIN	4	5	9
CIN3	84	86	170
CIN2	205	94	299
CIN1	1,310	148	1,458
CIN Uncertain Grade	4	0	4
VAIN3	4	0	4
VAIN2	15	0	15
VAIN1	52	1	53
VIN3	7	0	7
VIN2	3	0	3
VIN1	3	0	3
HPV / cervicitis only	199	12	211
No CIN / No HPV (normal)	245	9	254
Inadequate	19	0	19
Other	1	0	1
<b>Total</b>	<b>2,173</b>	<b>361</b>	<b>2,534</b>

## GUH Cancer Summary from Colposcopy

There were 28 women seen with cancer diagnosis in colposcopy, 23 of these women had cervical cancer and 5 had vulval cancer. Histology of cervical cancers reported 15 squamous cell carcinoma and 8 adenocarcinoma. Treatments for cervical cancer included LLETZ excision for 4 women, hysterectomy for 5 women (including radical hysterectomy) and radiation oncology for 14 women. The youngest woman seen with cervical cancer was aged 29 and was treated for early invasion by LLETZ excision. Cervix cancer continues to be a problem in younger women: 14 of the women with cervical cancer were under 40 years of age. Of note only 3 of the women diagnosed with cervix cancer had cytology screening in the previous 5 years and none of them had HPV screening which was introduced in 2020. Women seen with vulval cancer included 3 aged 50-60yrs, 1 aged 70yrs and 1 aged 80yrs. Treatment for vulval cancer included 1 wide local excision, 3 radiation oncology and 1 palliative care.

## LUH Colposcopy Clinic Report

Colposcopy Clinic Activity	2021	2022	2023
New Referrals	616	577	593
Follow Up	856	720	769
High Grade	47	30	23
Low Grade	304	423	413
Non Attendance	64	92	84
LLETZ Treatments	123	102	81
Cervical Biopsy	617	440	511
Ablative Treatment	61	16	26
Cold Coagulation	0	1	19
Diathermy Destruction	0	0	0

Histology Result 2023	Diagnostic Biopsy	Excision	Total
Cancer	0	3	3
Adenocarcinoma in situ/CGIN	0	2	2
CIN3	31	20	51
CIN2	79	16	95
CIN1	410	19	429
CIN Uncertain Grade	0	0	0
VAIN3	0	0	0
VAIN2	0	0	0
VAIN1	0	0	0
VIN3	0	4	4
VIN2	0	2	2
VIN1	1	0	1
HPV/Cervicitis only	147	4	151
No CIN/No HPV (normal)	36	0	36
Inadequate	5	0	0
Other	0	0	0

Type of Cancer	No. of Cancers	Excision	Total
Cervical	3	3	3
Endometrial	0	0	0
Vulval	0	0	0

## MUH Colposcopy Clinic Report 2023

Colposcopy Clinic Activity	Total
New Referrals	522
High Grade	109
Non Attendance	Over-All DNA 7.1%
LLETZ Treatments	113
Cervical Biopsy	352
Ablative Treatment	0
Cold Coagulation	0
Diathermy Destruction	0
Cold Coagulation	1
Diathermy Destruction	0

Histology Result	Diagnostic Biopsy	Excision	Total
Cancer	3	1	4
Adenocarcinoma in situ/CGIN	0	1	1
CIN3	9	41	50
CIN2	37	34	71
CIN1	116	17	133
CIN Uncertain Grade	1	1	1
VAIN3	0	0	0
VAIN2	0	0	0
VAIN1	0	0	0
VIN3	0	0	0
VIN2	0	0	0
VIN1	0	0	0
HPV/Cervicitis only	56	5	61
No CIN/No HPV (normal)	126	14	140
Inadequate	1	0	1
Other	0	0	0

Type of Cancer	No. of Cancers 2021	No. of Cancers 2022	No. of Cancers 2023
Cervical	6	2	5
Vulval	0	0	0

## SUH Colposcopy Clinic Report 2023

Colposcopy Clinic Activity	2021	2022	2023
New Referrals	601	737	607
Follow Up	888	887	1,088
High Grade	65	103	62
Low Grade	425	625	439
Non Attendance	44	159	131
LLETZ Treatments	109	98	102
Cervical Biopsy	480	523	507
Ablative Treatment	N/A	N/A	N/A
Cold Coagulation	4	17	28
Diathermy Destruction	N/A	N/A	N/A



Histology Result	Diagnostic Biopsy	Excision	Total
Cancer	2	1	3
Adenocarcinoma in situ/CGIN	1	0	1
CIN3	66	42	108
CIN2	84	19	103
CIN1	248	29	277
CIN Uncertain Grade	-	-	-
HPV/Cervicitis only	62	2	64
No CIN/No HPV (normal)	17	1	18
Inadequate	3	-	3
Other	23	8	31

Type of Cancer	No. of Cancers 2021	No. of Cancers 2022	No. of Cancers 2023
Cervical	2	2	3
Endometrial	0	0	0
Vulval	0	0	0

### Achievements in Colposcopy in 2023

- In GUH Nurse Cara McNally completed training and accredited with BSCCP as a colposcopist. In May 2023 Cara presented a poster entitled HPV positive, Cytology negative referrals to colposcopy at the Annual Cervicalcheck meeting.
- Nurse Roisin Conneely SM, GUH, completed her cervical screening course.
- A Cervical Check Quality Assurance Audit took place in LUH Colposcopy Unit in March 2023. The QA team were most impressed with the enthusiasm and clear direction of the colposcopy team and with the support they receive from their colleagues both within the Gynaecology and Administrative teams. The QA team also reported that there were excellent reports by the Colposcopy Team on their standard operational processes e.g. referral triage and failsafe measures, clinical audits, patient satisfaction survey, and KPI'S consistently achieved.
- In LUH A patient satisfaction survey was carried out within the colposcopy, 80 women returned the questionnaire. High levels of patient satisfaction were found. 76 women reported being treated with respect and dignity and 90% of patients reported an excellent overall experience.
- In SUH Nurse Jennifer Curley completed her OSCE exams and qualified as a Nurse Colposcopist.
- Nurse Ger Burke (RM) and Chelsea Wallace (RGN), SUH, completed their Nurse Screening taker training.

## 4.8 GUH Urogynaecology Report

### Diagnosis and Treatments

Total Number Of Urodynamic Tests Performed	2019	2020	2021	2022	2023
	60	43	40	51	56
Break down of diagnosis following Urodynamics					
Stress Urinary Incontinence:	20(33%)	14 (32.5%)	12(30%)	N/A	12
Mixed Urinary Incontinence:	7(11.6%)	6 (13.9%)	6 (20%)	N/A	12
Normal	16(26.6%)	10 (23.2%)	10 (25%)	N/A	6
Detrusor over activity	11(18.3%)	9 (20.9%)	9 (22.5%)	N/A	25
Voiding dysfunction:	6(10%)	4 (9.3%)	2(5%)	N/A	1
Cystistat: for the treatment of painful bladder symptoms, non-specific cystitis and recurrent cystitis	Data not available	55	76	40	57

## 4.9 Regional Fertility Hub

The Saolta regional fertility service opened in GUH in May 2022 and currently provides all fertility care for the region. The service provides female and male fertility investigations including referral to private fertility services for publicly funded Advanced Human Reproduction services, In Utero Insemination and In Vitro Fertilisation.

Clinic Activity	2022 May-Dec	2023
No. of Referrals	350	712
New Attendances	273	323
Review Attendances	294	606
DNA Rate	89	85 (9%)
No. of women requiring reproductive surgery	9	23
No. of men requiring endocrine therapy	0	1
No. of women requiring follicle tracking	9	28
Ovulation Induction Cycles Undertaken	6	76
No. of Ovulation Induction Cycles Completed	9	54
No. of Ovulation Induction Cycles Cancelled	15	22
No. of Semen Analysis Requested	240	276
No. of Semen Analysis results completed	134	210
No. of Semen Analysis cancelled	30	9

## 4.10 Regional Complex Menopause Clinic Report

Improving menopause services for women with complex needs has been identified as a priority by the Women's health taskforce. The Galway service, which opened in December 2022, is one of the six in the country. The service is dedicated to helping patients with complex medical conditions to manage their menopausal symptoms. The clinic is staffed by a GP Menopause Specialist, a Nurse Specialist and an administration team. This is the clinical activity for the regional complex menopause service for 2023:

### KPI No. and Description

Activity/Accessibility	
KPI 1 : Number of Women referred	326
KPI 2 : Number of women waiting >3 months for a 1st appointment (n)	0
KPI 3: Number of new patients seen in the complex menopause clinic	121
KPI 4: Number of review patients seen in the complex menopause clinic	118
KPI 5 : Number of DNA's (n)	6
KPI 6: Number of cancellations (Patient and Hospital) (n)	34
KPI 7: Number of Women referred from:	
Donegal	60
Sligo	24
Mayo	41
Roscommon	11
Leitrim	7
Galway	156
Other Area	18
KPI 8: Number of Women referred from:	
GP	304
GUH Gynae Consultant	12
GUH Other Speciality Consultant	5
Other Hospital	2
Other	1
KPI 9: Number of Inappropriate referrals	106
KPI 10: Outcomes	
Discharged to GP	71
Referred on to Specialist Service i.e Urogynaecology	1
For in person Review Appointment	119
For virtual follow up call	58
Referred to Physiotherapy	0
Other	0

## 4.11 Health and Social Care Professionals Report

### 4.11.1 Physiotherapy

#### GUH

Physiotherapy Referrals	2022	2023
Outpatient referrals	315	532
Physiotherapy Treatments 2023		
Urinary Incontinence	300	308
Pelvic Organ Prolapse	117	134
Faecal Incontinence	53	41
Pelvic Pain/Overactive Pelvic Floor	8	29
Musculoskeletal	68	-
Anal sphincter injury	50	-
Number direct from Urogynaecology Clinic	114	64
% Direct from the Urogynaecology Clinic	24%	21%

GUH Physiotherapy	2019	2020	2021	2022	2023
Urinary Incontinence	164	111	82	300	308
Pelvic Organ Prolapse	70	73	75	117	134
Faecal Incontinence	25	16	27	53	41
Pelvic Pain/Overactive Pelvic Floor	12	11	17	8	29
Urogynaecology Clinic *	85 (31%)	87 (41%)	63 (32%)	63 (32%)	114 (24%)

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

#### Services Overview

- 1:1 Physiotherapy outpatient service for women with gynaecological/pelvic floor conditions as well as musculoskeletal issues during and after pregnancy.
- Urogynaecology Physiotherapy triage service ongoing where patients are assessed and treated by a Clinical Specialist Physiotherapist prior to initial medical review. This includes the continued provision of a pessary-fitting service to patients presenting with prolapse or incontinence.
- New Endometriosis Service commenced in GUH for the Saolta Group. There is currently no medical lead in place. Physiotherapy inpatient service to antenatal, postnatal and gynaecology wards in GUH.
- Group-based workshops providing education, advice and safe exercise for antenatal and postnatal women

#### Achievements 2023

- Maintenance of all services listed above with reduced core staffing. A further 12% increase in general outpatient physiotherapy referrals was evident, compared with 2022 figures.
- Continued provision of Physiotherapy waiting list triage service to Urogynaecology Consultant. In 2023, 169 patients were triaged, assessed and treated from this waiting list prior to medical review. This represents a 48% increase in the number of patients triaged in 2022.

## LUH

Physiotherapy Referrals	2022	2023
Outpatient referrals	234	56
Inpatient referrals	24	0
Physiotherapy Activity 2023		
Urinary Incontinence	174	49
Pelvic Organ Prolapse	115	0
Faecal Incontinence	23	0
Pelvic Pain/Overactive Pelvic Floor	15	2
Total Outpatient Treatments	327	131
Number direct from Urogynaecology Clinic	N/A	56/61
% Direct from the Urogynaecology Clinic	N/A	91.8%

In March 2023 a multi-disciplinary Urogynaecological Clinic launched in LUH. The remit of the service for the first period was to work through a back log of patients who had been on hold for several years which was cleared by December 2023. In this initial phase the clinical specialist physiotherapist continued to treat patients coming to pelvic health physiotherapy in the physiotherapy OPD as per traditional pathway. A revised pathway has now been established.

## MUH

Physiotherapy Referrals	2022	2023
Outpatient referrals	234	373 (Gynae & Maternity)
Inpatient referrals	24	94 (Gynae & Maternity)
Physiotherapy Activity 2023		
Urinary Incontinence	174	378
Pelvic Organ Prolapse	115	202
Faecal Incontinence	23	40
Pelvic Pain/Overactive Pelvic Floor	15	29
Total Outpatient Treatments	327	649
Number direct from Urogynaecology Clinic	U/A	25 Urogynae CSP physio clinic 3/12 in operation
% Direct from the Urogynaecology Clinic	U/A	5%

## PUH

Year	2019	2020	2021	2022	2023
No. of referrals	232	-	140	250	243

## SUH

Physiotherapy Referrals	2022	2023
Outpatient referrals	87	89
Inpatient referrals	-	-
Physiotherapy Activity 2023		
Urinary Incontinence	55	45
Pelvic Organ Prolapse	28	29
Faecal Incontinence	6	8
Pelvic Pain/Overactive Pelvic Floor	5	7
Total Outpatient Treatments	87	241 (Gynae) +117(ambgynae) =358
Number direct from Urogynaecology Clinic	64	58 (Since Sep 2023)
% Direct from the Urogynaecology Clinic	73%	68%

### Service Overview/Achievements 2023

The new Clinical Specialist Physiotherapist in Ambulatory Gynaecology took up post in September 2023. This has provided a marked improvement in service efficiency, providing women with timely treatment for urogynaecology issues. Prior to this, this patient cohort would have waited for extended periods on the gynaecology waiting list to be referred back into Physiotherapy for conservative management. The benefits of this service are two fold; patients are removed directly off the Gynaecology waiting list, the patients are seen in a time efficient manner, by the most appropriate practitioner and have the option to be seen by the Gynaecology doctors if conservative treatment options have been exhausted.

## 4.11.2 Nutrition and Dietetics

### GUH Nutrition and Dietetics

Gynaecology Activity 2023	Total
New	18 patients. 11 new referrals
Review	34 review consults

There is no dedicated dietetic service to Gynaecology. The dietetic service to the ward is a demand led service on a priority basis only. The service is delivered by the Haematology Oncology senior dietitians, as 63% of referrals from the ward are cancer related.

In 2023 there was an increase in patients receiving artificial nutrition support, enteral & parenteral nutrition, compared to 2022, leading to increased dietetic reviews on the ward.

### LUH Nutrition and Dietetics

Gynaecology Activity 2023	Total
New	6
Review	6

The nutrition and dietetic service for gynaecology is an inpatient service only, there is no outpatient service.

# 5

## CHAPTER 5

# Paediatrics

- 5.0 Introduction
- 5.1 Unscheduled Care Paediatric Report
- 5.2 Scheduled Care Paediatric Report
- 5.3 Specialist Regional Reports
- 5.4 Model 3 Site Reports
- 5.5 Children's Nursing
- 5.6 Education
- 5.7 Integrated Services
- 5.8 Health and Social Care Profession (HSCP) & Allied Health Profession Report

## 5.0 Introduction

Saolta University Health Care Group provides acute and specialist paediatric services to the West and North West of Ireland (counties Galway, Mayo, Roscommon, Sligo, Leitrim and Donegal, and adjoining counties). We have a relatively dispersed rural population spread across one third of the land mass of Ireland, which equates to 21% of the population.

Our population demographics are undergoing a dynamic shift with an increase in the number and diversity of migration of families to our region in recent years. Migrant health needs are evident and 2023 saw the initial development of a Paediatric Inclusion Health Service for the west/northwest region.

There are 159,140 children and young people under the age of 16 years living in the Saolta region (2022 Census).

### CSO Population Figures for Children Under 16 Years of Age

Galway	Mayo	Roscommon	Leitrim	Sligo	Donegal	Total
57,254	2,8202	15,103	7,689	14,327	36,565	159,140

Staff across all sites demonstrate a continuous commitment to the development and delivery of a safe quality healthcare service to children and young people in the region.

In 2023, a significant number of children availed of ED (n=52,412), OPD (n=61,508), inpatient (n=14,123) and day case (n=6,692) services. 444 children required transfer for a higher level of care an increase on 2022 transfer numbers (330).

From 2022 to 2023, a mean increase in paediatric ED attendance of 2.3% was observed across Saolta hospitals, with one site experiencing a 12% increase in attendance.

## 5.1 Unscheduled Care Paediatric Report

### 5.1.1 Overview of Paediatric ED attendances as a % of total attendance to Emergency Departments 2023

Emergency Department	Galway University Hospitals	Letterkenny University Hospital	Mayo University Hospital	Portiuncula University Hospital	Sligo University Hospital	Total
Total ED Attendances	75,450	53,718	39,763	30,293	44,381	243,605
Total Paediatric ED Admissions	16,444	10,670	8,869	8,212	8,217	52,412
% Paediatric Admittedances	22%	20%	22%	21%	16%	22%

### 5.1.2 Total Paediatric Emergency Department (ED) Attendance and Admissions under the care of a paediatrician

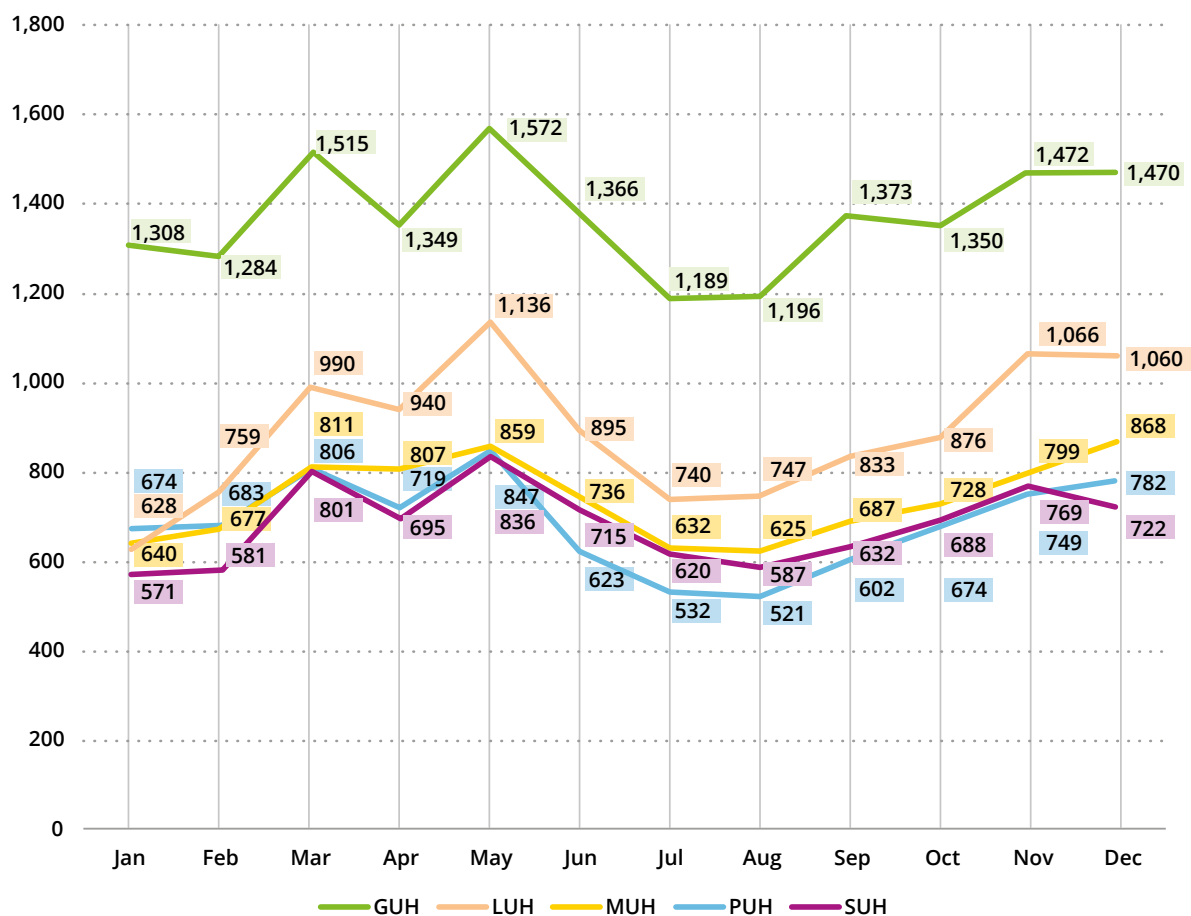
Emergency Department	GUH	LUH	MUH	PUH	SUH	Total
Attendances	16,444	10,670	8,869	8,212	8,217	52,412
Admissions	2,576	3911	1,115	1951	1,507	7,353
% Admission	16%	37%	13%	24%	18%	14%



### 5.1.3 Emergency Department Paediatric Attendance

Year	GUH	LUH	MUH	PUH	SUH	Total
2019	15,537	6,957	9,296	7,168	8,057	47,015
2020	11,000	5,481	5,480	4,363	5,531	31,855
2021	13,129	6,900	6,969	5,964	6,614	39,576
2022	16,953	8,825	8,676	8,691	8,073	51,218
2023	16,444	10,670	8,869	8,212	8,217	52,412

### 5.1.4 Emergency Department Paediatric Activity per month per site



### 5.1.5 Emergency Department - Admissions under the care of a paediatrician

Year	GUH	LUH	MUH	PUH	SUH	Total
2019	2,714	1,740	1,178	1,584	1,467	8,683
2020	1,121	1,408	663	1,016	1,051	5,259
2021	1,553	1,690	1,057	1,247	906	6,453
2022	1,396	1,660	2,502	1,424	1,483	8,465
2023	2,576	3,911	1,115	1,951	1,507	11,060

## 5.1.6 Conversion rate of attendance to admission from Emergency Department under the care of paediatrician

Year	GUH	LUH	MUH	PUH	SUH	Total
2019	17.5%	25.0%	12.7%	22.1%	18.2%	18.5%
2020	10.2%	25.7%	12.1%	23.3%	19.0%	16.5%
2021	11.8%	24.5%	15.2%	20.9%	13.7%	16.3%
2022	8.2%	18.8%	28.8%	16.4%	18.4%	18.1%
2023	16%	33.1%	13%	24%	18%	14%

## 5.1.7 Paediatric Decision Unit (PDU) MUH

The PDU in MUH is located within the 'footprint' of the paediatric ward. While all paediatric patients are triaged after registration in the ED, 64% (> 4,000) of ED paediatric patient attendances were managed in the PDU in 2023. The figure of 5,742 represents the total activity, scheduled and unscheduled care, for that clinical area for 2023. The PDU offers a rapid access pathway for children requiring urgent assessment, children including those with chronic disease or complex needs requiring expedient clinical review.

## 5.1.8 Roscommon Injury Unit – Unscheduled Care Report

RIU is operational from 8am to 8pm, 365 days per year. It is located within the Urgent Care Centre at Roscommon University Hospital. The unit provides for the assessment, diagnosis and treatment of a range of injuries for adults and children over five years old. Patients are referred on for specialist care as required. The unit has seen a 53% increase in activity in new patient attendance in 2023.

Year	New Attendance	Scheduled Return	Unscheduled Return	Ambulance Transfer
2019	1,435	194	-	-
2020	1,124	182	-	-
2021	1,811	204	8	3
2022	2,869	294	13	12
2023	3,773*	272	19	17

\*3773 (+ the 338 out of protocol = total of 4111)

## 5.1.9 Paediatric Admissions to Intensive Care Unit (ICU)

Year	GUH	LUH	MUH	PUH	SUH	Total
2019	62	6	10	6	6	90
2020	8	5	11	4	5	33
2021	31	8	16	5	3	63
2022	41	12	18	13	10	94
2023	57	10	13	22	18	120

Age Breakdown	GUH	LUH	MUH	PUH	SUH	Total
Neonate <1 month	2	1	0	4	1	8
Infant <1 year	6	2	2	6	5	21
Preschool 1-4 years	23	3	3	6	3	38
Child 5-16 years	22	4	8	6	9	49
Total	53	10	13	22	18	116

Admission Diagnosis to ICU	GUH	LUH	MUH	PUH	SUH	Total
Respiratory	25	6	4	16	10	46
Diabetes/Endocrine	7	1	2	3	1	9
Neuro/Seizures	14	1	4	2	3	15
Surgical/Post Op /Trauma	4	2	1	0	2	8
Cardiac	0	0	0	0	1	1
Polypharmacy overdose	0	0	0	0	1	1
Other	3	0	2	1	0	40
<b>Total</b>	<b>53</b>	<b>10</b>	<b>13</b>	<b>22</b>	<b>18</b>	<b>120</b>

## 5.1.10 Paediatric Transfers

### Total Number of Paediatric Transfers to another hospital

Site	ED	Ward	ICU	Theatre	CHI	Not Inputted	Total
GUH	-	28	28	2	-	-	58
LUH	105	70	9	-	-	-	184
MUH	6	25	6	-	2	1	40
PUH	14	53	19	3	-	-	89
SUH	9	42	11	2	9	-	73
<b>Total</b>	<b>134</b>	<b>218</b>	<b>73</b>	<b>7</b>	<b>11</b>	<b>1</b>	<b>444</b>

### Transfers to another site

Site	CHI Crumlin	CHI Temple St	GUH	LUH	MUH	PUH	SUH	Other	Not Inputted	Total
GUH	39	18	-	-	-	-	-	1	-	58
LUH	63	24	53	1	-	-	33	9	1	184
MUH	22	7	5	-	3	-	-	1	2	40
PUH	41	21	11	-	-	15	-	1	-	89
SUH	24	28	1	-	-	-	17	3	-	73
<b>Total</b>	<b>189</b>	<b>98</b>	<b>70</b>	<b>1</b>	<b>3</b>	<b>15</b>	<b>50</b>	<b>15</b>	<b>3</b>	<b>444</b>

### Reasons for Transfer

Reasons for Transfer	Total	%
Escalation In Care	113	26%
Speciality	243	55%
Investigations	16	4%
OPD Review	6	1%
PICU	28	6%
Ongoing Care	14	3%
Other	19	4%
Not Stated	5	1%
<b>Total</b>	<b>444</b>	<b>100%</b>

## Ventilation Support Per Site

Site	High Flow	CPAP	Oxygen	Bipap	Intubated/ Ventilated	None	Not stated	Total
GUH	6	9	-	-	15	28	-	58
LUH	5	3	-	-	9	161	6	184
MUH	-	1	-	-	3	25	11	40
PUH	9	13	7	1	6	52	1	89
SUH	1	7	-	-	13	52	-	73
<b>Total</b>	<b>21</b>	<b>33</b>	<b>7</b>	<b>1</b>	<b>46</b>	<b>318</b>	<b>18</b>	<b>444</b>

## Transport Mode Per Site 2023

Site	Parents	Taxi	Ambulance Service	IPATS	NTP	Other	Not Documented	Total
GUH	1	1	35	17	3	1	-	58
LUH	87	7	73	9	4	2	2	184
MUH	-	2	29	3	-	-	6	40
PUH	8	1	50	14	4	6	6	89
SUH	6	3	48	6	4	5	1	73
<b>Total</b>	<b>102</b>	<b>14</b>	<b>235</b>	<b>49</b>	<b>15</b>	<b>14</b>	<b>15</b>	<b>444</b>

55.2% (245/444) of transfers completed by Saolta staff, a child may be accompanied by 1 to 3 members of staff. This has an impact on the site to ensure adequate cover of the paediatric service.

## 5.2 Scheduled Care Paediatric Report

### 5.2.1 Inpatient Activity all specialties

Year	GUH	LUH	MUH	PUH	RUH	SUH	Total
2019	3,973	4,364	3,434	2,056	1	2,300	16,128
2020	2,950	2,900	2,897	1,561	0	1,522	11,830
2021	3,334	4,113	4,295	1,542	2	1,681	14,967
2022	3,787	5,646	5,295	1,938	0	2,011	18,677
2023	2,578	4,817	2,378	2,237	-	2,113	14,123

*This data includes both scheduled and unscheduled care*

### 5.2.2 Average Length of Stay (days) - Elective Inpatient Activity

Year	GUH	LUH	MUH	PUH	SUH
2021	2.68	1.25	2.87	1.92	1.91
2022	4.34	1.22	1.30	2.30	3.03
2023	2.05	1.55	1.96	1.52	2.67

### 5.2.3 Paediatric Day Case Discharges

Year	GUH	LUH	MUH	PUH	RUH	SUH	Total
2019	2,464	1,134	1,613	1,720	147	818	7,896
2020	2,016	1,016	1,327	1,148	43	613	6,163
2021	1,442	1,119	1,742	1,035	13	717	6,068
2022	1,591	1,337	2,143	600	18	834	6,523
2023	1,837	1,742	1,888	781	-	444	6,692

### 5.2.4 Paediatric Outpatient Attendances all specialties

Year	GUH	LUH	MUH	PUH	RUH	SUH	Total
2019	23,180	9,055	9,672	4,589	419	11,242	58,157
2020	19,167	6,084	5,848	3,037	228	9,920	44,284
2021	19,963	6,612	6,684	4,421	239	10,388	48,107
2022	22,888	8,454	7,573	5,289	228	10,078	54,510
2023	25,080	8,981	8,891	6,473	348	11,745	61,508

*Attendance numbers may exclude selected urgent referrals preferentially managed through rapid access pathway on sites*

## 5.2.5 New, Review and DNA OPD Activity 2023 (Paediatric Medicine Speciality Only)

Site	New Patients Seen	Review Patients Seen	Total Paediatric Patients Seen	% DNA	New to Review Ratio
GUH	3,212	8,317	11,529	25%	1:3
LUH	1,186	1,952	3,138	17%	1:2
MUH	1,089	4,312	5,401	24%	1:4
PUH	1,324	4,183	5,507	15%	1:3
SUH	1,316	4,315	5,631	18%	1:3

*This table includes children attending Medical Paediatrics OPD only and does not include other specialities across the group.*

## 5.2.6 Paediatric Day Assessment Clinic/Ambulatory Care

Year	GUH	LUH	MUH	PUH	SUH
2021	3,049	298	1,379	1,075	1,689
2022	6,226	285	1,402	1,353	1,433
2023	6,006	478	1,172	1,876	1,094

A mix of activity is reflected in the numbers above which is not comparable e.g. OPD, day case

## 5.3 Specialist Regional Reports

### 5.3.1 Endocrinology; Childhood Diabetes Regional Report

(See HSCP section re Diabetes Clinical Psychology Service – GUH/MUH/PUH)

Hospital	Total No. Of Children with Type 1 Diabetes	Total No. of new diagnoses	Total % of children with a CSII	Mean HbA1c
GUH	190	22	61%	8.1%
LUH	119	14	61%	7.5%
MUH	105	10	35%	8.57%
PUH	71	7	53%	7.96%
SUH	87	11	56%	7.6%
<b>Total</b>	<b>572</b>	<b>65</b>	<b>54%</b>	<b>7.94%</b>

#### Saolta Children and Young Persons Diabetes Network

The Children and Young Persons Diabetes Steering Group continues to provide the network approach to standardising care and access to pump therapy across the Saolta Group Hospitals. The Network meets bi-monthly with an agreed schedule of dates in place. The Steering Group set out a number of prioritised clinical services improvement objectives (strategic priorities) during 2023 and these were aligned to the following work streams/themes, with a site lead identified for each work stream:

- **Saolta Paediatric Insulin Kardex** – Prescription & Administration Record for Children receiving Insulin
- **Education** – Newly diagnosed education checklist, Carbohydrate counting documents
- **School Education Programme** - Standardised Action plan & Care plan has been developed for students
- **Standardised Documentation** - Standardising Paediatric documentation discussed
- **Transition** - Successful transition pathway from Paediatric to Adult Service Plan to improve follow up attendance, patient & parent satisfaction, knowledge and adolescent issues, promote self readiness and self management
- **Audit** – via KPI Metrics control and review and NOCA Audit Nationally
- **Technology** - Plan to standardise insulin pump therapy education

#### Service Overview

There are almost 600 children (592 in 2022 & 572 children in 2023) with type 1 diabetes attending the Saolta Network. Almost all children with type 1 diabetes previously attending tertiary services in Dublin have been re-patriated to deliver care closer to home. There is Paediatric diabetes CNS/ANP and Dietetic HSCP support at peripheral sites which is essential to ensure consistent locally-delivered services. The Paediatric Diabetes Service provides expertise and specialist training, education and continued support to paediatric patients and their families who live with diabetes.

#### Education and Training

We support the provision of education, training, and continuing professional development of all staff involved in the care of children with type 1 diabetes and are actively involved in audit and quality improvement.

- Educational Event with the theme of Technology held April 2023.
- Educational Event with the theme of Transition held October 2023.

#### Aims for 2024

- Transition onto adult services: develop a standardised transition process for young persons to adult services, establishing transition clinics on all sites.
- Standardise timed education required for all children and families with a new diagnosis of diabetes.
- Increase numbers of insulin pump initiations on every site
- Explore the development of child, young person and family engagement forum across sites

## 5.3.2 Cardiology Service

Paediatric Cardiology service in GUH provides an inpatient consult service for paediatrics and newborns, echocardiography service and outpatient/ rapid access ambulatory care service. There is shared care with the Children's Heart Centre in Children's Health Ireland (CHI) at Crumlin for a number of complex patients, both pre-operative and postoperative benefitting families by reducing the burden of travel to Dublin through the provision of care closer to home.

Outpatient referrals are accepted from general practitioners in all hospitals within the Saolta group, with urgent referrals accepted on a case-by-case basis.

There is a Paediatrician with Expertise in Cardiology (PEC) with a CNM 2, working in a CNS role.

The All-Ireland Cardiac Network also funds a cardiac physiologist, currently supporting 3 clinics per month and departmental echocardiograms.

### Service overview

Two echocardiogram (ECHO) machines are in place, one for the NICU and one for the Paediatric ward/outpatients department. Subject to availability of cardiac physiology resource, paediatric Exercise Stress Testing to older children and Paediatric Holter monitoring is available.

There are now approximately 75 appointments available per month for Paediatric Cardiology Clinics.

The PEC supports CAMHS colleagues with the safe prescribing of stimulant medication by screening ECGs required as baseline.

### Education and Training 2023

The Galway paediatric cardiology team participate in weekly multi-disciplinary meetings with Cardiology in Children's Health Ireland at Crumlin. There is an education and training schedule in place for all staff involved in the care of children with congenital heart disease. The team is actively involved in audit and quality improvement.

### Aims 2024

Development of a paediatric cardiology network in line with the All Island CHD network

- Image sharing software to view images or upload images to NIMIS for image sharing
- Expansion of paediatric cardiac investigations including echocardiogram, holter and stress testing
- Transition care to adult service via Network/Working Group Set Up
- Multidisciplinary team approach to care to support a comprehensive paediatric cardiology service including CNS, dietetics, psychology, medical social work and speech & language therapy

### Cardiac Investigations Activity 2019 - 2022

Year	Departmental/PEC	NICU Consultant	Total
2019	511	27	538
2020	466	50	516
2021	621	87	708
2022	865	13	878

### Cardiac Investigations Activity 2023

Ward (inc ICU & ED)	Cardiac Investigations Dept	PDU	NICU	Total
49	299	101	68	1,051

(CNM 2 Paediatric Cardiology data in Childrens Nursing section)

## 5.3.3 Respiratory & CF Service

### Respiratory Service GUH

The respiratory & CF service is supported by 1 consultant si respiratory (0.5 respiratory, 0.5 general paediatrics) and 1.0 Clinical Nurse Specialist (CNS).

The number of referrals for sleep medicine continues to increase and the current waitlist for a sleep study in 2023 is 6-9 months.

Future service developments will concentrate on training staff in NIV, tracheostomy care, and ensuring maximal use of available resources to process sleep referrals and cohort complex respiratory patients into designated OPDs.



## Cystic Fibrosis Service GUH

The service is supported by 0.5 CNS, 0.4 psychologist, and 0.5 dietician. Patients are seen in a designated CF centre following strict infection and cohorting protocols. The CF service at GUH is a recognised specialist centre. It has gradually moved from a chronic in-patient service to a predominantly out-patient service and facilitates newborn screening CF diagnosis and management and a daily review service. Participation in CF Registry and clinical trials continue with the ENHANCE trial starting in 2024. It will be the first multi-centred international paediatric trial in the GUH Clinical Research Facility.

Future service developments will concentrate on developing Lung Clearance Index and induced sputum as routine clinical tools

### Paediatric Respiratory Service GUH

Site Activity	2023
Inpatient Sleep Study	97
Home NIV	12
Home Oxygen Therapy	6
Tracheostomy	2
Non CF Bronchiectasis	5
Respiratory CNS Consults	726
Daycases not recorded	-

### Paediatric Cystic Fibrosis Service GUH

Site Activity	2023
Total No of Children attending service	73
New patients diagnosed in 2023	4
CF routine OPD	280

### CF paed psychology stats for 2023

Site Activity	2023
Psychology review as part of CF paed MDT clinic	95
OPD Psychology Appointments	58
Total Psychology Appointments	153

### General Respiratory and Asthma Service GUH 2021-2023

Site Activity	2021	2022	2023
Asthma	335	310	-
CF	64	67	73
Sleep Medicine Admissions	58	80	97
NIV/Complex Respiratory	20	25	25

## 5.3.4 Saolta Paediatric Allergy Service

The paediatric allergy service at GUH provides secondary level care to children across the west/north west region. The service is staffed by a 0.25 WTE paediatrician with special interest in Allergy and Immunology, and a 1.0WTE paediatric allergy nurse specialist.

2023 saw the introduction of additional allergy clinic services including biweekly nurse led allergy clinics, weekly nurse led virtual clinics which serve as screening for patients in remote locations in addition to introducing food allergens into the diet of infants and young children when deemed appropriate. This initiative has been in response to the steadily rising referral rates and consequent waiting times for the allergy service.

Allergy services provided include FA diagnosis, select SPT, select se IgE testing, education on all aspects of allergy care, select oral food challenges and graded drug challenges. An electronic proforma specifically designed for FA patient has recently been developed.

There are bi monthly beta lactam drug provocation testing for pre screened low risk patients. Sublingual aeroallergen desensitization and venom desensitization is routinely provided. Oral immunotherapy is not yet a standardised service similar to level three allergy care across the country.

Paediatric Allergy Service	
Nurse Led Clinic virtual review	54 - Review
Nurse Led In Person new	69 - New
Doctor Led Clinic virtual	39
Doctor Led In person	223 New; 212 Review
Oral Food Challenges	19
Drug Provocation Testing	30
Immunotherapy Initiation	6
Other	2 – Drug provocation testing + SPT - PDU
Nurse Virtual Clinic	151 – New; 518 - Review

### 5.3.5 Neurodisability Service

Children with disability have complex and continuing needs and are frequent users of the health service at all levels, requiring a holistic approach to care.

There are about 2000 children across the disability teams in Galway, with 800 children attend Early Intervention Teams, 800 school age teams and 250 children attending schools for children with a disability. Excluded from these figures are children with disability in primary care services not deemed complex, eg autism without an intellectual disability.

The role of the Neurodisability team includes assessment, diagnosis and ongoing care of children with potential or established disability.

The service currently consists of 1 WTE Neurodisability Paediatrician working across the CDNT Teams with a 1 day a week hospital commitment and a 2 WTE Paediatrician SI Neurodisability each with 0.5 neuro disability commitment.

Currently 3 Specialist registrars rotate through the Neurodisability service. Each receiving 6 months of protected training.

Spasticity management clinic occurs weekly in Enable Ireland. Medical review clinics for children with disability also occur across the CDNT teams and special schools.

Neurodisability Clinic Activity	2022	2023
Early Intervention	220 children	140 children
School age	200 children	250 children
GUH clinics	1,230 children	1,531 children

Neurodisability Clinics	
Neurodisability Clinic	On site GUH, off site.
Spasticity Management Clinic	Provided assessment and intervention to 34 children with 13 of these children receiving botulinum toxin treatment in the paediatric day ward in GUH.
Upper Limb Clinic	Established in Enable Ireland with joint assessment and intervention between CDNT and Hospital OT to ensure maximal therapy post treatment.
Medical Review Clinics	For children with disability, x2per month in Enable Ireland CDNT.
Autism Diagnosis	33 assessments for were completed with consultant paediatrician collaboration.
Outreach Clinic	Spiddal CDNT, bi monthly
Medical Review Appointments in Special Schools	Provided to over 150 children across 9 schools. Within the Tuam CDNT 120 patient reviews took place.
Joint FEDS Reviews	In collaboration with a paediatrician and a sleep clinic also commenced.
GUH sensorineural hearing loss clinic	28 patients had full assessment & investigation of the aetiology of hearing loss and associated conditions.
Gross Motor Clinic	Multidisciplinary assessment for children with gross motor delay; 2 of these clinics took place in 2023. Children were seen by both a paediatrician and physiotherapist who then communicated with physiotherapists in primary care and CDNT.
Joint Clinics	Quarterly with a Consultant Paediatrician and CAMHS Mental Health Intellectual Disability

### 5.3.6 Neurology Specialist Report

Approximately 400 children attend the paediatric neurology service in GUH, including 250 with a diagnosis of epilepsy. Referral sources include:

- Paediatric colleagues / GP
- CAMHS services
- AHPs: physios, AMOs, OTs, audiologists.
- Admitted in-patient acute consults.
- Neonatal intensive care unit

#### Outpatient Clinics:

2 per week. Case mix: General paediatric neurology, epilepsy and other complex disorders.

#### Neurophysiology

EEG reporting is performed once weekly by a 0.5 WTE adult service consultant.

EEGs activity	2022	2023
Total Paediatric	334	343
Paediatric Routine	262	280
Paediatric Portable	34	10
Paediatric Sleep deprived EEG's	20	18
Paediatric Prolonged	18	3
Paediatric DNA	5	4

#### EMG/Nerve Conduction Studies:

Children requiring these services are referred to CHI Dublin

## 5.4 Model 3 Hospital Paediatric Specialty Service Reports

### 5.4.1 Mayo University Hospital

#### MUH Paediatric Consultant led Echocardiography

MUH Echocardiography Activity 2023	
Departmental – echo OPD	91
Paediatrician with expertise in Cardiology	
OPD	39
Inpatient	44
NICU	8

#### MUH Paediatric Community /Neurodisability Services

MUH Total No. of Paediatric Community/Neurodisability Appointments 2023	
School age community	52
Down syndrome	101
Autism	80
Complex care – Hospital based – School age	142
Safari Club	66
Pre School Clinic	53
Total	494

#### MUH Paediatric Respiratory Service

MUH Paediatric Respiratory Service Site Activity 2023	
<i>Asthma</i>	
New appointments	151
Review appointments	630
Asthma assessments/Ward reviews	405
Telephone follow up calls	405

### 5.4.2 Sligo University Hospital

#### SUH Paediatric Neurodisability Services

Generally, the Sligo /Leitrim/South Donegal ND service (Post 1) provides 554 appointments per annum, in the following locations:

- Donegal 110 clinic apt pa
- Leitrim 144 clinic apt pa
- Sligo 300 clinic apt pa (Including Roscommon children) & MDT's in the following locations:
- Donegal 80 apt pa
- Leitrim 50 apt pa but this service is only being established post COVID

The Sligo/ Leitrim (Post 2) Community clinics had 204 attendances across Carrick on Shannon, Ballymote, Primary Care Centre Sligo Town, St Cecelia's Special school Sligo, Holy Family Special Preschool.

## 5.5 Children's Nursing Report

### 5.5.1 Introduction

Children's Nurses can have a profound impact on the lives of children, young people and their families. Experiences of healthcare in childhood lay down the foundations for all future healthcare experiences into adulthood. Children's Nurses possess a unique knowledge and skillset and continue to play a central role in the care of children across the Saolta group. In 2023 there was a strong focus on the delivery of safe, consistent care to children and families across the group. In particular there was a concentration on the recognition, assessment, management, escalation and transfer of the critically ill child. This was underpinned by a commitment from nursing staff in the development and standardisation of documentation, tools, pathways, simulation, education and training and across the group.

### 5.5.2 Registered Advanced Nurse Practitioner & Candidate Advanced Nurse Practitioner Reports

Aligned with the Model of Care for Paediatric Healthcare Services in Ireland (2016), Sláinte Care (2019) and Leading The Way A National Strategy for the future of Children's Nursing in Ireland (2021) the continued focus for 2023 was on progressing and developing registered and candidate advanced nurse practitioner posts to meet current, emerging and future service needs. The value of these roles is acknowledged, through the provision of quality care, a safe environment and effective patient outcomes that address patient/family expectations, promote wellness and care closer to home.

#### Galway University Hospital

##### RANP Acute Paediatric Medicine

###### Service Overview

The Registered Advanced Nurse Practitioners (RANP) in Acute Paediatric Medicine provides care to children from 4 months to the eve of their 16th birthday, and is operational Monday to Friday. The team includes one RANP and two Candidate ANPs (cANPs), managing a range of common childhood acute presentations.

RANP Acute Paediatric Medicine Clinic Activity	
Neurological	7
Febrile Child	54
Urinary	6
Gastroenterology	72
ENT	83
Respiratory	121
Total	343

Patient Outcome	No. / %
Discharged Home	312 (91%)
Admissions	31 (9%)
Re-presentations to the ED within 48 hours of discharge	6 (1.75%)
Patient Reviews	28 (9%)

Mean Times	
Time from Triage to be Seen by ANP	31 minutes
ANP Assessment to Discharge	96 minutes

## Letterkenny University Hospital

### RANP Paediatrics (Diabetes)

#### Service Overview

The extended role of the RANP contributes to the provision of a consistent and accessible service for children, young people and their families living with Type 1 Diabetes by enhancing safe, child and family-centred care, improving patient experience times, quality of life and clinical outcomes.

#### RANP Autonomous caseload

- Continuous Subcutaneous Insulin Infusion (CSII) Patients: 39
- Multiple Daily Injection (MDI) Patients: 19

#### Shared Care Caseload (Consultant and RANP)

- Continuous Subcutaneous Insulin Infusion (CSII) Patients: 34
- Multiple Daily Injection (MDI) Patients: 27
- Transition (MDI) Patients: 18

RANP Paediatric Diabetes Patient Interactions 2023	Total Patient Review	Total Patient Contact	Average Patient Contact per Month
RANP Clinic Visits CSII	175	175	15
RANP Clinic Visits MDI	82	82	7
No. of paediatric patients using CSII who required review between OPD appointments	361	1,354	113
No. of Paediatric patients using MDI who required review between OPD appointments	249	1,344	112
No. of Transition patients who required review between OPD appointments	23	109	9
No. of diabetic patients reviewed not part of LUH Paediatric diabetes service	57	241	20
<b>Total patients reviewed</b>	<b>947</b>	<b>3,305</b>	<b>275</b>

#### Combined CNS/RANP Activity 2023

No. New Diagnosis	14
No. ED Reviews	2
No. MDI reviews as inpatient	13
No insulin Pump Pts reviewed as inpatient	5

#### Paediatric Technology Upgrades 2023

No Pump Upgrades	44
No Dexcom Starts	11
No Guardian Link 4 Starts	38
No Libre Starts	13

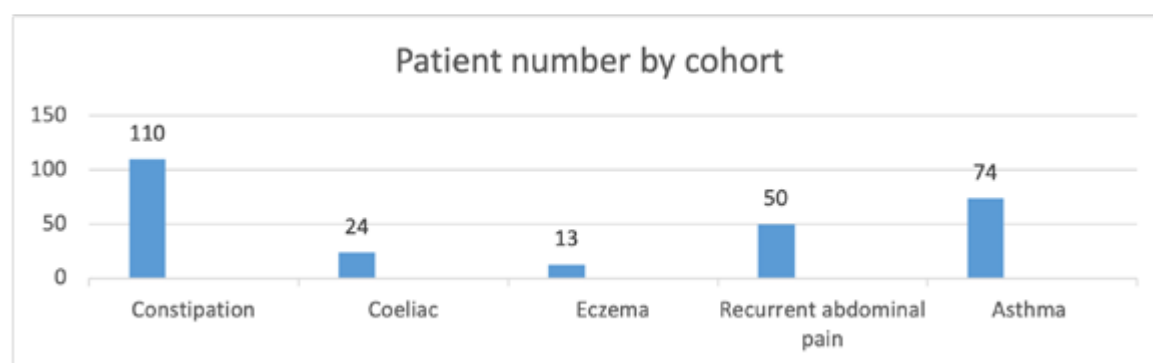
## Saolta Candidate Advance Nurse Practitioner (cANP)

There is currently a number of cANP posts progressing through their candidacy across the Saolta group. The focus is on developing competencies, developing processes and developing PPPG's. Once registered, the RANP has the potential to impact on patient outcomes, experiences of care, waiting lists and Emergency Department attendances.

Site	Role
LUH	cANP General Paediatrics (Integrated Care) cANP General Paediatrics (Acute Paediatric Medicine) x 2 cANP Paediatrics (Respiratory)
SUH	cANP General Paediatrics (Integrated Care) cANP Paediatrics (Emergency) cANP Paediatric & Young Adult (Diabetes)
MUH	cANP Paediatrics (Emergency)
GUH	cANP Paediatrics (Diabetes) cANP General Paediatrics (Acute Paediatric Medicine) x 2
PUH	cANP General Paediatrics (Integrated Care)

### PUH Candidate Advanced Nurse Practitioner General Paediatrics (Integrated Care) PUH

The cANP General Paediatrics (Integrated Care) supports the care of patients who are low clinical acuity but contribute to high volume of referrals received to the general paediatric service. There is one hospital clinic (n=6) and one community clinic per week (n=6) and one virtual clinic per month (n=10). The agreed cohort of presentations includes Constipation, Coeliac Disease, Recurrent abdominal Pain, Asthma, Eczema.



### SUH Candidate Advanced Nurse Practitioner (Paediatric and young adult diabetes) SUH

The CANP for Paediatric and young adults commenced post in May 2023, following the development of a business case to support children and young adults with diabetes. The vision of the service is to provide nurse led care at an advanced level to children and their families with diabetes and to develop a robust transition service between the paediatric and adult endocrinology service. In SUH this combined service encompassed a total of 120 patients seen by the CANP under supervision of 1 paediatric endocrinologist and 2 adult endocrinologists.

Diabetes technology provides an opportunity to improve diabetes control thus reducing and preventing the development of long term complications of diabetes and also improves quality of life as per ADA (2023). SUH offers technology in the form of continuous glucose monitoring (CGM) and insulin pumps (CSII) to children under the age of 16 years as per The Model of Care 2015, the CANP leads this service with support of the CNM2 in paediatric diabetes. Until 2023 there was no access for adults with diabetes attending SUH, the CANP developed a pathway for patients between 16-22 years to be assessed and commence CSII locally rather than referral to a

tertiary centre.

Total number of patients referred to CANP		120
Number of patients on MDI – multiple daily injections		50
% of patients on MDI		41.6%
Total number of patients on CSII		70
% OF Patients on CSII		58.3%
Number of new CSII starts 0-16 years		15
Number of new CSII starts 16-22 years		3
% of patients offered CGM		100%
Total number of patient reviews		964 patients
Number of in person reviews		460
% of 'In person' review		47.7%
Number of 'virtual' or telephone reviews		504
% of 'virtual' or telephone reviews		52.2%

### 5.5.3 Paediatric Clinical Nurse Specialists/CNM 2 Specialist Reports 2023

Across Saolta we have a range of Clinical Nurse Specialists and CNM 2 specialists who have developed expertise in a specific area of childrens nursing and bring years of experience to these settings e.g. diabetes, respiratory, allergy, neurology, neuro disability, complex medical needs and cardiology. The CNS role centres on 5 core competencies including clinical focus (direct care and indirect care), patient/client advocate, education and training, audit and research and consultant including leadership in clinical practice. These roles are influential, implementing change and improvement in patient healthcare services to ensure the best outcomes, including strategies quality of care, hospital avoidance, introduction of new therapies and streamlining of patient pathways of care. CNS Respiratory (University Hospital Galway)

#### Galway University Hospital

##### CNM 2 Paediatric Neurology

Clinical Activity	
Type	No
In person review	83
Virtual reviews	478
Total	561

##### CNM 2 Paediatric Allergy

The CNM2 Paediatric Allergy commenced in February 2023, facilitates allergy diagnostics, and provide education and counselling to patient and family. Service activity includes food challenges, drug provocation tests, immunotherapy treatment and a strong focus on allergy prevention.

Clinics	New	Review
Virtual Clinic	151	518
Nurse Led Allergy Clinic	-	-
Virtual	-	54
Face to Face	69	-
Total	220	572
Interventions	-	-
Oral Food Challenges	19	-
Drug Provocation testing	30	-
Skin Prick testing	2	-
Initiation of immunotherapy	6	-
Total	57	-



## CNM 2 Paediatric Neurodisability

The CMN2 role supports the child and family and coordinates the care of children with physical disability and those with disability and complex medical needs. CNM2 neurodisability supports the spasticity management clinic, neurodevelopmental clinic and sensorineural hearing loss clinic, outreach clinics in Enable Ireland, CDNT Spiddal, CDNT Tuam and multidisciplinary clinics in GUH to allow children to access a range of healthcare resources in their own geographical area.

Clinic Type	Number
Spasticity Management clinic	34
Botulinum Clinic	13
Sensorineural Hearing loss clinic	28
Gross Motor clinic	14

## CNS Paediatric Cystic Fibrosis

The Saolta Cystic Fibrosis service has seen dramatic growth and improvement in the quality of care and service offered to our patients, influenced by the rapid evolution of treatment options. Initiating treatment on Modulator drugs we have been able to collect valuable data on pre and post modulator outcomes. CNS and Ambulatory care service has upskilled in performing Sweat Tests to provide a more robust service.

Nurse Led Clinics	
In person Reviews	200
Virtual Reviews	175
New born Screens	12
New CF Diagnosis	4
Total Children attending CF Service	73

## CNS Paediatric Cardiology

The CNS Paediatric Cardiology supports the care children in the region with congenital and acquired heart conditions, through the provision of education for child and family, scheduled reviews and telephone support.

Clinic	Number
In person reviews	230
Virtual reviews	308
Total	538

## Letterkenny University Hospital

### CNS Paediatric Diabetes

#### Service Overview

The Clinical Nurse Specialist (CNS) provides direct care for Patients and their families from diagnosis of Type 1 and Type 2 diabetes, through to transition to Adult services and on an inpatient and outpatient basis. Care involves continuous assessment, planning, implementing, and re-evaluating care. Care plans are devised in conjunction with the child/adolescent and family.

Caseload (n-147)

- 55 patients on MDI,
- 73 on insulin pump therapy
- 18 patients age 16 to 19yrs attending the Transition Diabetes Clinics

CNS Reviews 2023	Patient Review	Patient Visits
No. of paediatric patients using CSII who required review between OPD appoints	390	1,810
No. of Paediatric patients using MDI who required review between OPD appoints	335	2,080
No. of Transition patients who required review between OPD appointments	48	159
No. of paediatric diabetic patients reviewed not part of LUH Paediatric diabetes	47	107
Total Nurse Specialist RV 2023	820	4,156

## CNS Paediatric Complex Medical Needs

2023 Activity	Total (n)
Patient reviews in ward and clinic	257
New referrals	27
In-patients	57
Synagis patients	17
Phone calls to family and professionals	1,603
Total Interactions	1,961

## Portiuncula University Hospital

## CNM 2 Paediatric Diabetes

## Clinical Activity

Activity Type	Number
In person review CSII	185
Virtual review CSII	250
In person review MDI	190
Virtual review MDI	310
In patient review	30
Pump starts	-
In person review	12
Virtual review	24
Pump upgrades	-
In person review	5
Virtual review	10
Total	1,016

## Technology Upgrades

Guardian 4 system	7
CGM commencement	8
Dexcom G&	10
Total	25

## Education

Facility	Session Numbers
Creche	3
School	14
Total	17

- No patients with type 1 diabetes admitted in 2023 with intercurrent illness. Care as per policy with regular phone follow up thereby eliminating the need for admission
- No paediatric patient with known type 1 diabetes was admitted with DKA

## Sligo University Hospital

### SUH Paediatric Respiratory Service

The CNS (.6 WTE) provides care to children with respiratory conditions including asthma and cystic fibrosis. The CNS supports paediatric outpatient services by providing both direct face to face contact and virtual clinics, ensuring family centred care and individualised asthma action plans. The CNS service supports care closer to home for the cystic fibrosis patients – providing phlebotomy service, port flushes and reviews. Referrals are accepted from the paediatric ward and outpatient department.

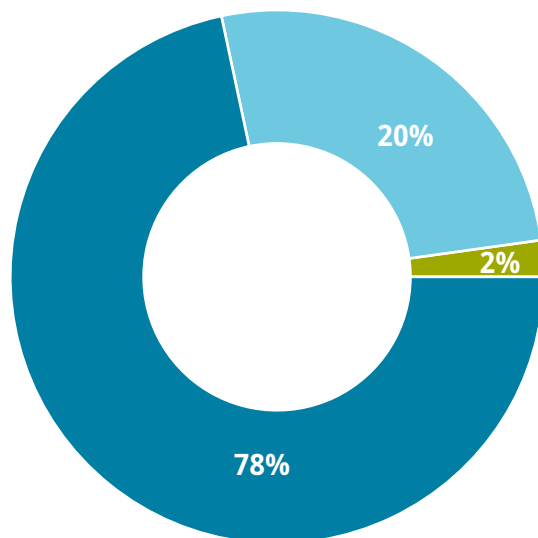
SUH Paediatric Respiratory Service	
Activity	2023
<i>NIV</i>	
Total number of children on NIV	3 (commenced in CHI)
NIV – total number OPD attendances	CHI attendance for NIV & Sleep
<i>Asthma</i>	
New appointments	215
Review appointments	455
<i>Other</i>	17

### SUH Paediatric Cystic Fibrosis Service

SUH Paediatric Cystic Fibrosis Service	
Activity	2023
Total No. of Children attending service	15 (Shared care GUH / SUH)
OPD – No. of patients seen	14
CNS – activity data	116 ( points of contacts)

### SUH Respiratory Service Developments

#### Points of Contact



■ Asthma/Wheeze	455
■ Cystic Fibrosis	166
■ Other	14

## CNM2 Paediatric Neurodisability

The CNM2 Paediatric Neurodisability was appointed in 2023 and the role includes:

- Participating in Paediatric Neurodisability clinics with the Neurodisability Consultants in the community and in OPD
- Liaising with parents, MDT team members, schools and preschools in relation to children and consulting with consultants in relation to same.
- Phone call follow ups with parents following clinics/MDT meetings/ concerns.
- Home visits
- In patient and Day Ward reviews as appropriate / Onward referrals to external services
- Education provision to healthcare colleagues and children and family

## Clinical Activity

Month	Total MD Contact	Consultant ND Clinics	Face to Face	MDT Meetings	Phone calls/ Email/ Virtual	Home Visits	MDT Contact	Paeds Ward/ Day Ward	Extra Paeds Clinics
June	14	13	-	-	-	-	-	-	-
July	1	-	-	-	-	-	-	1	-
August	18	14 (4 DNA)	-	-	2	-	1	2	-
September	35	5	2	14	13		17	3 (+1 DNA)	-
October	81	20	42	20	42	1	37	2	52 (6 DNA)
November	89	20	42	3	45	2	45	5	-
December	90	8	34	10	57	1	58	9 (+1 DNA)	-
<b>Total</b>	<b>328</b>	<b>80</b>	<b>120</b>	<b>47</b>	<b>159</b>	<b>4</b>	<b>158</b>	<b>22</b>	<b>52</b>

## Saolta Clinical Nurse Coordinators for Children with Life Limiting Conditions CNCCLLC

The CNCCLLC role and primary focus is to coordinate and support a seamless transition between services for children and young people with a life limiting condition and their families, and those children requiring end of life care. This is done in collaboration with Primary Care Services, Disability Services, Adult Specialist Palliative Care teams and voluntary organisations locally with input from acute and specialist services locally and from Children's Health Ireland. There are four CNCLLC CNC covering an assigned geographical location within the Saolta group:

- Galway & South Roscommon
- Mayo & West Roscommon
- Sligo, Nth Roscommon, Leitrim & Sth Donegal
- Donegal

The CNCLLC also provides a cross-cover system for each other to allow for statutory leave throughout the year, ensuring continuity of care. The CNCLLC facilitates education and training as required. The timing of referrals to the service ideally is early enough to allow a therapeutic relationship to develop between the CNCCLLC and the family and late enough to ensure the focus of that relationship is on the preparation for and management of the later stages of the child's illness.



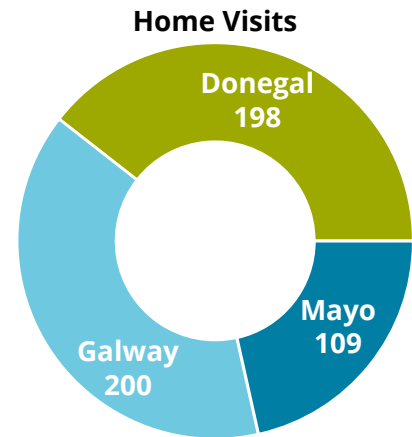
Clinical Nurse Coordinators Life Limiting Conditions  
Tina Kenny MUH Nancy Mc Cormack PUH GUH, Caroline Mc Garry SUH, Helen Mc Daid LUH

Clinical Activity				
	New Referrals	Deaths	Discharges	Total patients 2023
Donegal Home	5	3	6	30
Sligo/Leitrim/South Donegal/North Roscommon	19	8	1	19
Mayo/West Roscommon	7	4	4	18
Galway/ South Roscommon	6	5	0	18

Location of Death	
Home	12
Local Hospital	5
CHI	3

Age at Time of Death	
0-1	2
1-10	8
10-18	10



\*Please note the activity data is from three of the four areas only



## Saolta Clinical Skills Facilitator Paediatrics

2023 saw all acute paediatric units have a Paediatric Clinical Skills Facilitator in post. The role of the Clinical Skills Facilitator is to support qualified nurses, post graduate students and adaptation nurses in developing clinical skills and competencies in order to fulfil their roles and responsibilities in an ever changing health service. In addition they are key to the design, development and implementation of service improvements across the paediatric services.

### Paediatric Clinical Skills Facilitator MUH, PUH, SUH, GUH, LUH

#### Educational Planning and Delivery:

- Designing and implementing training programs and workshops focused on paediatric care.
- Ensuring that the ward is up-to-date with current best practices and guidelines in paediatric healthcare.

#### Training & Skill Development:

- Teaching and demonstrating clinical skills specific to paediatric patients, such as smart pumps, nasogastric tube insertion etc
- Collaborating with simulation nurse educator to create and run simulation-based education on the ward, ICU & ED

#### Assessment and Feedback:

- Assessment through audit reports and direct observations
- Offering constructive feedback and guidance to help improve clinical skills and knowledge.

#### Mentorship and Support:

- Orientation of new staff
- Providing ongoing support, advice, and encouragement to facilitate professional growth and confidence in paediatric care

#### Resource Management:

- Ensuring the availability and proper use of training materials, equipment, and organising outside training where appropriate
- Developing and maintaining educational resources, such as visuals, videos and resource folders.
- Work closely with NMPDU
- Reviewing and developing documentation and PPPG's

#### Quality Improvement:

- Participating in initiatives to improve the quality of paediatric education and to promote best safe practice.
- Staying informed about new developments in paediatric nursing and integrating them into education schedule.

#### Collaboration and Communication:

- Fostering a collaborative relationship with other departments to achieve standardisation of paediatric care across the hospital.
- Facilitating education from speciality areas such as diabetes and pain.
- Working closely with CNME to organise and deliver study days e.g 4 day blended Paediatric HDU programme

**New initiatives introduced to paediatrics:**

- Paediatric bedside booklet
- Paediatric fluid balance chart
- Paediatric bedside checklist
- CPAP & Hamilton ventilator education
- Paediatric seizure record charts
- ISBAR clinical handover
- PEWS audits and QI reports (monthly)
- SIM
- Paediatric education sessions in ED
- Smart pump education
- Transfer guideline education
- Venepuncture and cannulation
- Portacath training (planning in progress)
- Roll out of Mandatory Education Training Tracker

**Regular education sessions:**

- Mandatory training (PEWS, Sepsis)
- SIM sessions (monthly)
- Skills & Drills (twice weekly)
- Audits
- ED & ICU education sessions

## 5.5.4 Saolta Quality Improvement Report

### Saolta Cross Site Quality Improvement Initiatives

Across the Saolta Group, staff continue to demonstrate their commitment to improving the quality, effectiveness and safety of care provided to children, young people and families.

A number of Quality Improvement (QI) initiatives were undertaken throughout 2023 with continued focus on patient safety, improved patient outcomes, building shared networks and maintaining compliance with national best practice guidance and standards of care, through the development of standardised patient safety tools and agreed processes achieved through the Saolta Critically Ill/Injured Child (SCIIC) Groups.

2023 saw a focus on the implementation of standardised documentation, PPPG's, education and tools that embed safety across the clinical sites. This included:

### Saolta Critically Ill & Injured Child Group

- Implementation of Nursing Clinical Handover utilising ISABR
- Implementation of Interdepartmental handover using ISBAR
- Implementation of Standardised Safety Huddle
- Implementation of Management of CPAP/High flow using Hamilton Ventilator in Children prior to inter hospital transfer to ICU / PICU PPPG including risk assessment tools
- Implementation of Safe Intra -Hospital and Inter- hospital transfers in Children's Services for Saolta University Hospitals PPPG
- Implementation of documenting Seizures and maintaining a Seizure Record Chart for Paediatric Patients
- Implementation of Restrictive Physical Interventions and the Clinical Holding of Children & Young People PPPG
- Implementation ICTS Triage Contingency Plan including education and update of trainers from all sites
- Implementation of smart pump on all sites
- Implementation of Standardised Bedside Assessment Booklet
  - ❖ Paediatric Pain Assessment tool
  - ❖ Paediatric Neurological assessment
  - ❖ Paediatric neurovascular assessment
  - ❖ Paediatric Care bundles
  - ❖ Paediatric sepsis
  - ❖ PEWS
  - ❖ Clinical holding

### Winter Ready

A series of initiatives were rolled out across the group to ensure each site was winter ready. This included a webinar series, IPATS webinar and targeted education and training related to non-invasive ventilator training.

## Memory Boxes

Funding was secured from Hospice friendly Hospitals to design and develop bespoke memory boxes for children with a life limiting condition, this project was led by the Clinical Nurse Coordinators for Life Limiting Conditions across Saolta

## GUH Local Projects

- ED paediatric patient satisfaction survey roll out
- Live proforma for ED discharge communication to GP practices to improve communication between ED and community was developed
- Paediatric OPD initiative clinics to reduce POPD waiting lists
- A consultation living Allergy form on Evolve was developed for the initial assessment of patients referred with food allergy.
- In partnership with Paediatric Day-ward and the department of Psychology in University of Galway- 30 children participated in Virtual Reality (VR) in distraction for needle-related pain and distress in children with ASD
- CF services – Establishment of a phlebotomy preparation programme, ensuring smooth blood preparation and collection processes.
- Paediatric cardiac services – Establishment of a joint clinic with CNS Paediatric Cardiology and a dietitian, enhancing care for patients with complex nutritional needs.
- Implementation of Shared Care Chemotherapy PPG with CHI including a Paediatric Chemotherapy Competency Simulation Assessment programme for staff

## PUH Local Projects

- A dedicated Emergency Department area was opened for children in September 2023. This area includes a dedicated triage, assessment and resuscitation areas allowing for complete audio visual separation of children attending for treatment in the ED area. The successful opening of this area was overseen by a multidisciplinary project team. This project was complex and included pathway and process design, testing and implementation, equipment identification and procurement, extensive staff education and training and constant negotiation and communication with all stakeholders.
- Paediatric advice line available to GP for senior paediatric clinical advice
- Development and delivery of a nursing Management and Stabilisation of the Critically Ill Child Requiring Transfer programme
- Dedicated paediatric simulation and PLS training continue

## SUH Local Projects

- Implementation of Night Time Safety Huddle (with Consultant Paediatrician present either in person or on phone)
- BOOST project to eliminate ENT waiting lists for Grommet insertion
- Development of paediatric OPD initiative clinics to reduce paediatric OPD waiting lists
- Implementation of ECP & ACD guidelines
- Audit of paediatric cardiac arrest trolleys carried completed, and innovation funding secured for the purchase of 11 new trolleys which were distributed across the hospital to all areas where children attend services. New trolleys tested via SIM including multidisciplinary teams from ICU/Paeds/ED with very positive feedback. Successful launch July 2023.

## LUH Local Projects

- Dedicated Paediatric Unscheduled Care project resulted in the development of a Paediatric area in ED developed including assessment and waiting areas. This is also supported by a short stay observation area on the paediatric ward. New unscheduled care pathway introduced in September 2023 supported by new processes, resources, documentation and equipment.
- Dedicated Paediatric Scheduled Care project resulted in the standardisation of clinical and nursing handover, safety huddle, NCHD booklet, E discharge, processes and review of day assessment area.
- Paediatric Spirometry and FeNO testing service scoped out, the following achieved
- Paediatric Spirometry and FeNO funding secured, procurement process completed and devices purchased.
- Successful completion of Great Ormond Paediatric Spirometry Education course by cANP Paediatric respiratory

- Coordination between Children's Heart Service Crumlin and LUH local unit of the shared care of a patient awaiting heart transplant resulting in a patient requiring daily life saving infusion being safely facilitated on LUH site, and resulting to a child receiving care closer to home rather than having to reside in Dublin for this daily vital treatment. This was a very complicated multi-disciplinary team approach transfer with the requirement for numerous meetings, teleconferences, teaching sessions, ordering of equipment and medications and a visit to CHI Crumlin for training. There was no template to follow as this had never been achieved in Ireland before. The success of this project is a testament to the commitment of all the members of the MDT both here in Letterkenny University Hospital and CHI Crumlin to ensure it happened safely and efficiently.

## 5.6 Education

### 5.6.1 Hybrid programme

An overview of the Hybrid programme of Post Registration Children's Nurse Education. A partnership with SAOLTA, the School of Nursing and Midwifery TCD and Children's Health Ireland, 22-23

The face of children's nursing is changing rapidly due to evolving population driven service demands, national policies and healthcare delivery.

**Leading the Way:** A National Strategy for the Future of Children's Nursing 2021-2031 (HSE, 2021), a crucial examination of children's nursing in Ireland outlines the development of a flexible education pathway to train as a children's nurse as a key strategic priority. The Hybrid Higher Diploma in Post Registration Children's Nursing Education is an innovative programme designed to answer this call.



*Newly Qualified RCN from first Hybrid Childrens Nursing Registration programme (2022-2023)  
Amy Gannon, Helen Rooney, Faith Mawanda, Agnieszka Kuczewska, Lorna Middleton, Souyma Vinod, (missing Cait Costello)*

Prior to this the only educational pathway available to become a registered children's nurse (RCN) in Ireland was delivered in Dublin.

The Hybrid Higher Diploma in Post Registration Children's Nursing Education programme ran with the support of a programme coordinator over 52 weeks from September 2022-2023. The first cohort of seven students successfully completed the programme, facilitating them to register as a children's nurse and crucially prove the viability of this innovative education model. An evaluation report of this first year includes details of the development and delivery of the programme in addition to key stakeholder evaluations describing their experiences of the programme, which were largely positive. Students praised the course for opening the door to a qualification that was previously unattainable, based solely on location and indicated they would recommend the programme. There is continued positivity, enthusiasm and support for the Hybrid Higher Diploma in Children's Nursing programme within Saolta and beyond.

The success of developing and delivering the programme is attributable to the collaboration and excellent partnership forged between Saolta University Healthcare Group, Children's Health Ireland and Trinity College Dublin. Additionally, this partnership was encouraged and supported by the Office of the Nursing and Midwifery Services Director (ONMSD) that champion learning, innovation and creativity who also provided vital funding. This innovative education programme was presented at the Paediatric Nursing Associations of Europe (PNAE) conference in Rome in September 2023 and the Trinity College Research Conference April 2023. All seven of the new RCN registrants have returned to work within Saolta after they completed the programme.

### 5.6.2 Regional Children's and Young people Education Group West Midwest Northwest group

Since the introduction of the Regional children's and young people nurse education (RCYP) group West/Midwest/Northwest in 2017 nurses, midwives and other healthcare professionals have actively engaged with the group and its continuing professional development programmes. The RCYP group continues to explore innovative means



to build sustainable capacity within the capability of the Centres of Nurse and Midwifery Education (CNMEs) and services to meet the increasing demand for education for nurses and midwives coming into contact with children and young people across all healthcare settings within the region.

A critical success of the RCYP group is its adaptability to clinical needs, incorporating an integrated and collaborative approach with a variety of classroom based programmes, hybrid, online, and blended learning programmes offered to participants see diagram Productivity RCYP group - Saolta region related programmes. A total of 2882 attendances in the West/Northwest region in 2023. :

Programmes delivered via Online Platform 2023	CNME Mayo/Roscommon	CNME Galway	CNME Donegal	CNME Sligo	Total
Diabetes Children and young people -Webinar Series (RCYP)	25	69	10	9	113
Trauma informed Practice: where do we begin series 2	1,117	-	-	-	1,117
Cardiology RCYP - children and young People webinar	9	8	-	21	38
Respiratory in children & young people	33	-	-	-	33
Neurology and Neurodisability in Children & young people (RCYP) webinar series	31	42	4	22	99
Autism awareness webinar	-	-	52	-	52
Critically examining Clinical Holding for Clinical Procedures	117	90	85	79	371
Positive Behaviour Support	57	-	-	-	57
<b>Total Online Attendance</b>	<b>1,389</b>	<b>209</b>	<b>151</b>	<b>131</b>	<b>1,880</b>

Programmes delivered in Classroom 2023	CNME Mayo / Roscommon	CNME Galway	CNME Donegal	CNME Sligo	Total
Medication management in the children and young people (RCYP)	9	-	9	-	18
Paediatric Diabetic Workshop	-	-	10	-	10
Neonatal Care Update	-	-	13	-	13
Sleep Health in Children	-	-	9	-	9
Managing Behaviour, Screen time & Anxiety in Children	-	-	43	-	43
Venepuncture in children and young people	4	-	-	-	4
Non Invasive ventilation NIV in children in the acute setting (RCYP)	15	-	-	4	19
Foundation in Paediatric High Dependency 4 day attendance programme - Pilot RCYP	12	26	10	12	60
Integrated care conference - where do we begin	86	86	-	-	86
National infant feeding Pilot	-	26	-	-	26
Respiratory in children and young people: a regional approach	9	12	17	-	38
STABLE Neonatal Programme	-	22	12	-	34
IPATS- Clinical skills and Simulation Based Education (Pilot workshop)	-	26	-	-	26
Neonatal study day	-	108	-	-	108
Situational awareness of the child in unscheduled care	-	17	-	-	17
The Nursing Management and Stabilisation of the Critically Ill Child requiring Transfer - A Simulation Day	-	59	-	-	59
Paediatric Outreach Transport Study Day (IPATS)	23	44	-	25	92

Paediatric Study Day for ED Staff in LUH	-	-	15	-	15
Breast feeding refresher	-	85	17	-	102
Neonatal Resuscitation	-	71	-	-	71
Venepuncture & Cannulation in children and young people	-	4	5	-	9
Shared Care Oncology Programme	1	32	22		55
<b>Total Classroom Programmes</b>	159	618	184	41	1,002
<b>Total Overall Attendance</b>	1,548	827	335	172	2,882

### 5.6.3 RCYP Critically Ill and Injured Child CPD

The RCYP (Regional children's and young people) group completed a scoping exercise to ascertain learning needs of nurses who come into contact in their clinical practice with the critically ill and injured child and young person. The scoping exercise identified an additional significant learning need on the care and recognition of the acutely ill child, as many nurses caring for children are not Registered Children's Nurses. A suite of programmes titled 'RCYP Critically ill and injured child Continuing Professional Development (CPD) Suite' were developed. This reflects the evolving clinical environment for nurses and healthcare professionals caring for children and young people in Level 2, 3 and 4 hospitals in the region.

The 'RCYP Critically ill and injured child CPD suite' of programmes has 2 pillars: nursing and interdisciplinary CPD.

Interdisciplinary CPD	Nurses CPD
<ul style="list-style-type: none"> <li>➤ National programme: Irish Paediatric Transport Service (IPATS): Paediatric Outreach Transport Study Day</li> <li>➤ IPATS/ICAPSS: Inter-professional Simulation Based Education Workshop: Clinical Skills &amp; Simulation (Q3 2023)</li> <li>➤ Regional stabilisation and transfer of the critically ill child (Q3 2024)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Certificate in Critically ill and injured child and young person QQI level 8 (In development Q1 2026)</li> <li>➤ Care and recognition of the acutely ill child – Blended programme (Q3 2024)</li> <li>➤ Care and management of the critically ill child – 4 day attendance programme (Q1 2023)</li> </ul>

In 2023 consultations on a proposal to develop a Certificate in Critically ill and injured child and young person QQI level 8 Special Purpose Level 8 10 ECTS for Model 3 and model 4 hospitals took place with key clinical stakeholders regionally and nationally. These included the RCYP group and national stakeholders including National Paediatric Retrieval Coordinator, Critical Care & Retrieval Services - National Ambulance Service (IPATS), Paediatric Consultant in Intensive Care and Retrieval Medicine (IPATS), Nurse Lead National Critical Care Programme, Children's Nursing National Project Lead, Nurse Lead National Clinical Programme for Emergency Medicine and Children's Health Ireland. The proposal has been successfully accepted to move to stage 2 of programme development. The programme upon completion will be available to nurses in model 3 and model 4 hospitals nationally through the consortium of Consortium of Centre of Nurse and Midwifery Education (CCNEs.)

The RCYP West/Midwest/Northwest group would like to acknowledge and thank all stakeholders involved in supporting this group. In particular, the ongoing support of the Clinical Director of Women's and Children's Network, Director of Paediatric Nursing, Women & Children's Network, Saolta University Health Care Group, Senior nurse and midwife managers, Clinical Skills Facilitators, Simulation Clinical Nurse Educators, Consultants and Healthcare Professional colleagues. Their support is critical to the ongoing success of the RCYP group and the education programmes which are developed and delivered in the West/Midwest/Northwest region.

## 5.7 Integrated Care

### 5.7.1 Slaintecare Integrated General Paediatric Community based clinic for Network 5, Galway City West. - Pilot Project temporary funding

This pilot project focusses on the integration of general paediatrics with paediatric primary care services. Clinics are located in Shantalla Primary Care health centre, on Newcastle Road, Galway city.

Consultant led general paediatric clinics commenced in November 2023 in network 5. In advance of initiation of clinics, a wait list validation exercise of the longest waiting patients in the 'routine' and 'semi urgent' categories was undertaken by the candidate ANP for General Paediatrics for the service with a phone call to the named primary caregiver.

Children were then offered appointments in order of longest waiting. At the start of waiting list validation, the longest waiting time for consultant appointment was 17 months.

Paediatric Outpatient Attendances	2023*
Integrated General Paediatric clinics	7
New Appointments	48
Review Appointments	0
DNA's	-
-New DNA	16
-Review DNA	0
% Rate of DNA	33%

\*Clinics commenced November 2023

### 5.7.2 Saolta Paediatric Inclusion Health Service

In 2023, the Saolta Hospital Group received a national funding allocation for a pilot project for the development of a Saolta Paediatric Inclusion Health Team, intended for the development of a paediatric service in response to existing and emerging migrant health needs for children in the Saolta network and through an integrated care pathway.

The funding provides for the appointments of a consultant paediatrician, CNM, paediatric registrar, a social worker with a case manager remit and a social worker for adults and children. At the end of 2023, the consultant paediatrician and one social worker were recruited. The HSE recruitment embargo continues to preclude the progression of additional members of this team, at this time.

## 5.8 Health and Social Care Profession (HSCP) & Allied Health Professionals Report

This section highlights the activity and services delivered by the principal HSCP teams in Paediatrics.

### 5.8.1 Physiotherapy

#### Galway University Hospital

GUH Physiotherapy Service	Total
Inpatient	233
Outpatient	277
Clinic	73

The GUH paediatric physiotherapy team consists of 3.5 WTEs

- 1.0 WTE Clinical Specialist in Neonatology & Neurodevelopment;
- 1.0 WTE Clinical Specialist in Paediatric Orthopaedics (new post commenced Sept 2022)
- 1.0 WTE Senior Physiotherapist
- 0.5 WTE Staff grade physiotherapist

#### The service provides clinics in the areas of

- Ponseti management of Congenital Talipes Equinovarus (CTEV)
- Pavlik harnessing for Developmental Dysplasia of the Hip (DDH)
- Infant neurodevelopment and complex paediatric respiratory care

#### Education and Training

- Ponseti training; Level 1 Ponseti practitioner course attended in London May 2023
- Annual lectures series on physical activity for MSc in Adolescence Health, NUIG
- Lecture and case study presentations with psychology to PhD NUIG students in Chronic Pain
- Physiotherapy session as part of the CNME series on "Care of the newborn"
- Education and guest lecture to 3rd year podiatry students NUIG on Ponseti

#### Achievements

- Upskilling of physiotherapy staff to maintain regional Ponseti service in the absence of onsite Orthopaedic governance and experienced clinician on leave
- Commencement of Complex Respiratory Clinic alongside Respiratory CNS and respiratory paediatrician
- SIM Day study day for on call physiotherapists (paediatric specific)
- Paediatric specific training for on call staff (practical session)
- Neonatal conference presentation from Clinical Specialist Physiotherapist "Asymmetry of the upper limbs and identification"
- Creation of EVOLVE templates for DDH patients
- Development of formalised communication pathways between Orthopaedic Consultants in CHI (Crumlin and Temple Street) to stream line clinical decision making
- Development of national communication network with Ponseti centres for peer support

#### Aims 2024

- Re-establish an MDT outpatient clinic for neurodisability in conjunction with paediatric orthopaedics and paediatricians
- Audit Ponseti and DDH service
- Create formal pathways of referral with CNDT and PCCC paediatric physiotherapists in community
- National peer support network for regional acute paediatric physiotherapists
- Development of ante natal counselling service for CTEV diagnosis at 20 week scan
- Continue with paediatric specific SIM training for physiotherapists

## Letterkenny University Hospital

LUH Paediatric Physiotherapy Activity	Total
<b>Paediatric Physiotherapy Referrals</b>	
Inpatient	238
Outpatient	89
<b>Paediatric Physiotherapy Activity</b>	
Inpatient	261
Outpatient	356

## Mayo University Hospital

MUH Paediatric Physiotherapy Activity	Total
<b>Paediatric Physiotherapy Referrals</b>	
Inpatient	115
Outpatient	490
Other Clinics	353
<b>Paediatric Physiotherapy Activity</b>	
Inpatient	218
Outpatient	442
Other Clinic	353

## Portiuncula University Hospital

PUH Paediatric Physiotherapy Activity	Total
<b>Paediatric Physiotherapy Referrals</b>	
Ward New	93
Ward Return	64
SCBU New	6
SCBU Return	11
Maternity new	8
<b>Physiotherapy Paediatric Out Patients 2023</b>	
New	167
Reviews	474
other clinics	7

PUH Paediatric Physiotherapy Service comprises of 1 WTE Senior Paediatric Physiotherapist.

### Inpatient referrals

- Accepted from the paediatric ward, SCBU, ICU, Maternity and inter-hospital transfers.
- Ward based services see a range of conditions, such as Neonatal and Respiratory conditions, developmental screening linking with community teams (for follow up as needed) and children with complex postural needs or life limiting conditions.

### Outpatient referrals

- Accepted from Paediatric team, ED, and tertiary specialities such as Orthopaedic, Respiratory and Developmental teams, including but not limited to Musculoskeletal, Rheumatological, Orthopaedic, Developmental, Persistent pain, Chronic and Respiratory conditions.
- Referrals are triaged with the aim of scheduling an appointment within 2 weeks.
- The PUH Paediatric Physiotherapist links closely with the DDH Clinic and Ponsetti Clinic in GUH; and PCCC and CDNTs within the PUH catchment.

### Achievements

- Paediatric Spirometry Training completed in November 2023 in Great Ormond Street Hospital for Children, London. Spirometer quote obtained, laptop for use with spirometer obtained – awaiting Spirometer funding.

- NCHD training on Normal Variances.
- Physiotherapy Paediatric On Call Competencies

#### Aims 2024

- Development of Spirometry testing Clinic to assist with diagnostics in the Asthma Clinic.
- HCHD training on Normal Variances, DDH and Ponsetti referrals.
- Development of physio led neonatal assessment and assist with Premature baby surveillance program in line with NICE guidelines, in partnership with GUH and CHI, requiring upskilling in the LAPI / HINE / Bayley assessment.
- Development of Developmental handout for SCBU.
- Develop a training day for community colleagues on respiratory conditions and equipment.

### Sligo University Hospital

SUH Paediatric Physiotherapy Activity	Total
<b>Paediatric Physiotherapy Referrals</b>	
Inpatient	209
Outpatient	180
Postnatal Ward	157
On-call	74
<b>Physiotherapy Paediatric Out Patients 2023</b>	
Inpatient	751
Outpatient	926
Postnatal Ward	169

The Paediatric Physiotherapy Team in SUH comprises of 2.5 WTE.

- 1 WTE Clinical Specialist in Paediatrics and Neonatology
- 1 WTE Senior Paediatric Physiotherapist
- 0.5 WTE rotational Staff Grade Physiotherapist (commenced Feb 2023)

#### Referrals accepted

- 0-18 years who are based on the NICU, postnatal ward, Paediatric inpatient ward, Emergency Department and Paediatric Physiotherapy outpatient clinic.
- Walk-in referrals from Radiology for same day diagnosed babies with Developmental Dysplasia Hip (DDH) and walk-in's for inhaler technique advice and education from OPD.

#### The service offers a regional service for Orthopaedic conditions such as

- Perthes' Disease
- Idiopathic Scoliosis
- Congenital Talipes Equinovarus (CTEV)
- Congenital Talipes Calcaneovalgus (CTCV)
- The service work closely with the Paediatric Orthopaedic Consultant and plaster technicians for Ponseti technique.
- The Physiotherapy Dept coordinate the Baby hip Team for DDH and offers a regional service for babies presenting with DDH since 2008.

#### Achievements

- Radiology carried out ultrasound screening for 330 babies and Physiotherapy Department treated 29 babies presenting with DDH with a Pavlik harness. The Baby Hip Team had a success rate of over 98.6% for all babies treated conservatively in a Pavlik harness.
- Shared-care with Rheumatology service in CHI Crumlin for children presenting with Juvenile Idiopathic Arthritis (JIA) and children with Juvenile Dermatomyositis (JDM) with an active caseload of 25 children.
- Audit of Children's first guidelines in Physiotherapy Department in SUH.
- Role out of Make Every Contact Count (MECC) programme for Adults and children attending the Physiotherapy Outpatient Dept
- Establishment of a 'limping child aged under 4 pathway' with referral sent from ED to Paediatric outpatients.

## 5.8.2 Nutrition and Dietetics

### Galway University Hospital

GUH Paediatric Referrals	2022 Total	2023 Total
General Paediatric	155	177
Diabetes	152	185
Cystic Fibrosis	69	73
Activity-Number of Treatment Sessions		
General Paediatric	1,139	1,105
Diabetes	346	819
Cystic Fibrosis	260	257

### Service Development 2023;

- Implementation of carbohydrate counting from diagnosis for newly diagnosed type 1 diabetes paediatric patients at ward level.
- Implementation of the Nurse-Dietitian led weekly cardiology clinic.
- Establishment of a Saolta Paediatric Dietitian Group.
- Teaching on the 'Masters of Science in Adolescent Health' on the Health and Development module for National University of Ireland, Galway.
- Education session for NCHD induction to GUH and the Postgraduate nursing and doctors Education programmes.

### Letterkenny University Hospital

#### LUH Nutrition and Dietetics Paediatric Referrals

Paediatric Referrals	Total
General Paediatric	138
Diabetes	17
Activity-Number of Treatment Sessions	
General Paediatric	1,400
Diabetes	128

The Nutrition and Dietetic service covers inpatients (paediatric ward and neo-natal unit), day ward and outpatients (stand-alone clinics and joint appointments with consultants and specialist nurses).

### Mayo University Hospital

#### MUH Nutrition & Dietetics Paediatric Referrals

Paediatric Referrals	Total
General Paediatric	170 new referrals ( incl of in & out-patient referrals) 148 in patient new contacts 27 OPD new contacts
Activity-Number of Treatment Sessions	
General Paediatric	170 new 906 reviews Total of 1076 contacts
Diabetes	In patient = 10 new 25 reviews ( 35 contacts in total) Out-patients = 108 reviews in total

### Service Overview 2023

- 1 paediatric senior dietitian provides a dietetic service to patients across the paediatric service. This include an in-patient service to ward patients and SCBU.
- The service also extends to the out-patient setting including PDU, general out-patients and the paediatric diabetes service.

### Education and Training

- New doctors are updated on a continuous basis on relevant dietetic paediatric topics.

## Portiuncula University Hospital

### PUH Nutrition and Dietetics Paediatric Referrals

Paediatric Referrals	Total
General Paediatric Inpatients	43
General Paediatric Outpatients	84
Diabetes Inpatients	6
Activity-Number of Treatment Sessions	Total
General Paediatric Inpatients	60
General Paediatric Outpatients	263
Diabetes	96

## Sligo University Hospital

### SUH Nutrition and Dietetics Paediatric Referrals

Paediatric Referrals	Total
General Paediatric	New - 51 (in patients) 63 (OPD )
Diabetes	27- 4 (new in patients diagnosed DM ) + 23 ( new OPD referrals)
Activity-Number of Treatment Sessions	Total
General Paediatric	109 255(OPD )
Diabetes	10 (in patients) 275 (OPD )

- Dedicated 1.0 wte paediatric diabetes dietitian providing in-patient and out-patient service to all children with diabetes.
- Extensive education is provided to children and families with diabetes including carbohydrate counting supporting successful management of CSII.
- The dietician is part of the MDT assessing, commencing and providing ongoing support for children suitable for and commenced on insulin pump therapy.
- Ongoing staff education was provided for carbohydrate counting/insulin adjustment to support carbohydrate counting at diagnosis.
- Member of Saolta Paediatric Type 1 Diabetes group and Saolta Paediatric Eating Disorders group.
- Challenges include the increasing volume of children with complex needs including eating disorders neurodisability consequent to resources inadequate to meet the needs of this cohort in the community.

## 5.8.3 Medical Social Work

### Galway University Hospital

#### GUH Medical Social Work

Paediatric Referrals	Total
Inpatient Referrals	94*
Outpatient Referrals	* Contacts and referrals are logged as same

### Portiuncula University Hospital

#### PUH Medical Social Work

Paediatric Referrals	Total
Inpatient Referrals	43

Medical social work cover is provided only on an inpatient basis to child protection and welfare cases and a small number of cases of children coping with complex life limiting illness.



## Letterkenny University Hospital

### LUH Medical Social Work

Paediatric Referrals	Total
Inpatient Referrals	42

- There is 1 WTE allocated to the provision of MSW support for the paediatric service.
- Paediatric MSW role currently extends to cover all inpatient and outpatient services in maternity as well as the neonatal unit. Paediatric MSW provide a liaison/advisory service to staff in relation to child protection/welfare concerns that arise. Paediatric MSW offers a liaison role between TUSLA and LUH.
- The MSW offers an assessment of the psychosocial needs of patients and families; provides emotional support; child welfare and protection assessments; onward referrals to community support services and providing practical advice and guidance.
- MSW is utilised as a resource for complex case discussions within the MDT paediatric service in LUH.

## Mayo University Hospital

### MUH Medical Social Work

Paediatric Referrals	Total
Inpatient Referrals	63
Outpatient Referrals	8

- There is no dedicated Medical Social Worker for the Paediatric Ward/Outpatients. However, there is a Medical Social Worker on duty Monday – Friday, who will respond to referrals from Paediatric Ward.
- Medical Social Workers worked closely with the Paediatric Diabetes Clinic and accept referrals on children newly diagnosed with diabetes to offer practical and emotional support.

## Sligo University Hospital

### SUH Medical Social Work

Paediatric Referrals	Total
Inpatient Referrals	69
Outpatients Referrals	0*

Contacts	Total
Inpatient Contacts	505
Outpatient Contacts	0*

\*0.4 wte Social Work Service could no longer respond to outpatient referrals due to limited resource

- Paediatric Service has a 0.4 wte Medical Social Work allocation.
- The MSW role includes assessing the psychosocial needs of patients and families; providing emotional support; palliative care and bereavement support and counselling; child welfare and protection assessments; resource for MDT; advocating for families; referral to support services and providing practical advice and guidance.
- In 2023, with an increase in service demand and workload capacity, and to ensure inpatients and their families receive psychosocial assessments and support promptly, social work has adjusted service priorities to effectively manage referrals for inpatients on the Paediatric Unit, NICU, children under 18 years and Paeds ED.

## 5.8.4 Paediatric Clinical Psychology Service (University Hospital Galway)

### Paediatric Clinical Psychology Data 2023

Paediatric Clinical Psychology	2021	2022	2023
Total number of referrals received	118	73	67
Inpatient referrals	25	19	25
Outpatient referrals	93	54	42
Number of children and families who received a service	65	56	44
Number of contacts	286	289	268

The Paediatric Psychology Service at GUH consists of 1 WTE Senior Clinical Psychologist, who provides a service to children under the care of a consultant paediatrician at GUH who present with significant psychological distress directly related to their medical condition or treatment, accepting inpatient & outpatient referrals. :

Common support provided includes:

- Support and management of the impact of a diagnosis on the child and family and coping with or adjusting to a medical condition or coping with a complex treatment regime
- Support for procedural distress / Coping with medical trauma
- Psychological support for complex decision-making in relation to surgical and medical interventions
- Assessment and intervention regarding medically unexplained symptoms or functional conditions.
- Consultation with MDT colleagues including provision of a psychological formulation of presenting issues with a view to promoting positive patient engagement in their medical care.
- Signposting of services or supports, including psychoeducational materials for patients and families

### Developments

- Paediatric Psychology developed a group programme for families of children presenting with Chronic Primary Pain in 2022. In 2023, this intervention was further developed in collaboration with multi-disciplinary colleagues in GUH Paediatrics and Primary Care Services to address the current gap in integrated multi-disciplinary service provision for young people living with a diagnosis of chronic pain in Galway and their families.
- This initiative and the clinical outcome findings were presented at our Galway University Research Day and the Integrated Care Conference in late 2023.
- During 2023 Paediatric Psychology provided teaching input to the University of Galway students of the Adolescent Health Masters Programme, Undergraduate Psychology, Medical Psychology Module and the Doctoral Programme in Clinical Psychology. Paediatric Psychology also provided a placement to a University of Galway Psychologist in Clinical Training
- In 2023 a new Paediatric Diabetes Clinical Psychology Service was developed, a Senior Clinical Psychologist coming into post in February 2023.

## 5.8.5 Diabetes Clinical Psychology Service – GUH/MUH/PUH

	GUH	MUH	PUH	Endocrine	Total
Referral Received	41	27	12	6	86
Inpatient Referrals	2	1	2	0	5
Outpatient Referrals	39	26	10	6	81
Number of families/children who received a service	28	13	11	3	55
Number of Contacts	156	65	36	11	268

The Paediatric Diabetes Clinical Psychology Service, 1 WTE post, commenced at the end of February 2023. Based in GUH, it provides outreach to MUH, PUH patients. Some other complex endocrine conditions are also referred in as part of their healthcare needs. The focus has been on setting up and developing the service throughout the three hospitals to support children/young people and their families who attend the diabetes/endocrine service to improve psychological and health related quality of life outcomes and establishing links with other services for children with multiple care needs. Anxiety & Depression are 2/3 times more prevalent in adolescents with T1D

than in the general population.

The therapeutic work looked at supporting child/young person and their family with

- psychological adjustment to having diabetes
- the impact on the family and the daily demands of having diabetes
- seeing their diabetes as part of their identity and not all of it
- exploring difficult emotions that can be linked to diabetes and the impact this has on diabetes management
- dealing with anxiety/low mood that may be linked to having diabetes
- life changes related to diabetes care e.g. transition to a pump, taking on more developmental responsibility for diabetes management and moving to the young adult service.

During 2023 Paediatric Diabetes Psychology provided teaching input to the University of Galway Adolescent Health Masters Programme and supported the review of the Curriculum for the Doctorate in Clinical Psychology Programme

## 5.8.6 PHARMACY

### Pharmacy GUH

0.4 WTE Senior Pharmacist resourced for the paediatric unit encompassing the ward, ED and outpatients, provides the following service:

- Participation in the daily huddle
- Daily ward visit to review all drug charts for prescribing quality and safety.
- Advice to other healthcare professionals involved in the care of the paediatric patient e.g. dosing adjustments, monitoring or appropriate choice of medicines based on guidelines
- Ensure access to the CHI Formulary (Clinibee) is maintained and readily accessible
- Attendance at monthly paediatric HSCP meetings

### Education and Training

- Use of CHI Smart Pumps
- medication management
- CAHMS nurses on drug administration via enteral feeding tubes

### Service Developments in 2023

- CHI Smart Pumps updated to version 5 of the paediatric formulary on the paediatric ward, paediatric ED and the paediatric outpatient department
- 4 Staff Grade Pharmacists trained in paediatrics to provide annual leave cover

### Aims for 2023

- Achieve the recruitment of 3 more staff grade pharmacists trained in paediatrics
- Update the Paediatric Drug kardex
- Update the Paediatric Glucose Monitoring Chart/Insulin Prescription and Administration Chart
- Support the development the GUH Anorexia Nervosa Guidelines: The Acute Management of the Paediatric Patient in GUH

### Pharmacy LUH

#### Achievements in 2023

- Audit on safe prescribing of paracetamol on the paediatric ward.
- Continued education and training focussing on safe prescribing for medical staff and nursing staff on the paediatric ward and in the emergency department.

### Pharmacy SUH

- The Aseptic Compound Unit, Pharmacy Department, SUH supported the share care of Paediatric Haematology/ Oncology/ GI/Rheumatology patients through the manufacturing of chemotherapy and associated chemo regime products and biologic agents.

## Pharmacy PUH

### Activity Data 2023

- Participation in ward safety huddles.
- Participation in Transitional Care of Patients meetings.
- Education sessions for NCHDs, new Paeds ED nurses, Paeds nurses on medication management.
- Ward levels medication simulations e.g. DKA and Cerebral Odema.
- Education on Smartpump training for the Recognition and Management of Unwell Infant/Child in ED and on ICU

### Service Overview 2023

- Daily (Monday-Friday) reviews of drug kardexes and feedback to prescribers.
- Medicines reconciliation.
- For complex patients with polypharmacy or patients on high risk medication, ensured that the medication was appropriately prescribed and monitored. This year in particular, has seen a surge in medicines information requests due to the increase in drug shortages and seeking appropriate drug alternatives.
- Assisted in the compilation of stock list for Paeds ED. Provided direct medication service for Paeds Dermatology and Respiratory OPD.

### Education and Training 2023

- Focus on awareness and education on drug substitution due to shortages.
- Participated in several study days on the following topics:
  - ❖ Newly established Paeds ED Study Day
  - ❖ Paediatric Study Day
  - ❖ NCHD teaching
- Medication simulations on paed for DKA&Cerebral Oedema
- Management & stabilisation of the critically ill child

### Achievements 2023

- Involvement in the creation of medication stock list and provision of education days for PUH'S newly established Paeds ED
- Presenting on Medication Management and Safety for newly established study days such as
- Paediatric ED, Recognition and Management of unwell infant/Child in ED, Medication simulations on Paediatric ward

### Aims 2024

- Successful implementation of Transitional of Care patients
- Implementation across Saolta sites of a Clinical Paediatric Medication Plan PUH Pilot project
- Continued provision of educational presentations to NCHDs, Paeds ED, Paeds Study day and the Management & Stabilisation of the Critically ill child
- Continued emphasis on education and training including feedback on error reporting and 'med moment teaching'
- PPPG updates and development

## 5.8.7 Occupational Therapy

### Occupational Therapy Service in SUH

Paediatric Referral	Total 2023
Inpatient Referrals	22
Outpatient Referrals	6
Treatment sessions	Total 2023
Inpatient Treatment Sessions	46
Outpatient Treatment Sessions	8

The Occupational Therapy service provision to children in SUH remains limited to accepting urgent referrals from the orthopaedic service for e.g., discharge seating, splinting.

## 5.8.8 Play Specialist

Play Specialist GUH	Play Specialist MUH
<p>The Play Specialists offer a service to children primarily in the Paediatric and Paediatric Day Ward/Unit also in Emergency Department, OPD and Radiology.</p> <p>The Play Specialists role focused on:</p> <ul style="list-style-type: none"> <li>➤ Supporting a QI research initiative with NUIG using VR headsets to support procedural distraction and calming/relaxing the patient prior to medical treatment.</li> <li>➤ Supporting children with complex care, needle phobia, phobia of medical examinations/ procedures and anxiety around hospital visits.</li> <li>➤ Re-establishing volunteers from CHI (Children Hospital Ireland)</li> <li>➤ Re-establishing Placement Practice Students Children's Studies Degree from The National University of Ireland Galway</li> <li>➤ Participation in the Children in Hospital Ireland Annual lecture: Getting It Right, First and Every Time; Improving the Experience for Children and Young People Undergoing Medical Procedures</li> <li>➤ Volunteer appreciation regarding: <ul style="list-style-type: none"> <li>❖ Engaging with adolescents.</li> <li>❖ Communication – additional needs and shy/ nervous patients.</li> <li>❖ Out patients department play – the need and value, making it rewarding.</li> <li>❖ Making the most of play within hospital limitations</li> </ul> </li> </ul>	<p>Engaged with approx. 1,368 patients estimated from activity log set up in mid-2023.</p> <p>This included approximately 50 patients supported in PDU, the remainder being day cases and acute admissions.</p> <p>Service Development included:</p> <ul style="list-style-type: none"> <li>➤ Continued engaging and developing interactive games to support patients to engage with parents/carers while in hospital.</li> <li>➤ Expanded number and type of sensory toys and equipment to support emotional regulation targeted toward children with additional sensory needs.</li> <li>➤ Regular professional supervision and continuous professional development courses (trauma support and working creatively with intellectual disability).</li> </ul> <p><b>Aims 2024</b></p> <ul style="list-style-type: none"> <li>➤ Further develop library of therapeutic stories and increase of number of musical instruments available on the ward.</li> <li>➤ To support and progress development sensory room space on the paediatric ward.</li> </ul>
Play Specialist SUH	Play Specialist PUH
<ul style="list-style-type: none"> <li>➤ The Play Specialists (1.0 wte) offer a service to children in the following locations: Paediatric Ward, Paediatric Day Unit, Emergency Department, OPD, DSU and any other area as requested.</li> <li>➤ In 2023, the Play Specialists focused on developing and providing individualised, single use packs for children in ED/OPD.</li> </ul>	<ul style="list-style-type: none"> <li>➤ The Play Specialist service is provided between the ward, ED and the Day ward.</li> <li>➤ 60% time allocation is to the day ward, focussing on supporting children having blood tests procedures and to help alleviate anxiety for children who are going for a day case surgery.</li> <li>➤ Observed over 2023 was an increase in the need for the use of distraction techniques activity for children having needle procedures in both ED and outpatient environments.</li> </ul> <p><b>Aims 2024</b></p> <ul style="list-style-type: none"> <li>➤ Continued promotion of the role of the hospital play specialist in the paediatric setting of the hospital and link with other hospital team members.</li> <li>➤ Compilation of a preparation book for children attending as day cases to theatre. This will explain, in an age-appropriate language, what happens and what to expect in theatre.</li> <li>➤ To extend the 'little journey' app to phlebotomy.</li> <li>➤ To develop a questionnaire that would provide feedback on the service with a view to improving where possible.</li> </ul>

# 6

## CHAPTER 6

# Child and Adolescent Sexual Assault Treatment Service (CASATS) and Sexual Assault Treatment Unit (SATU)

- 6.1 Child and Adolescent Sexual Assault Treatment Unit (CASATS) – Executive Report
- 6.2 Galway Sexual Assault Treatment Unit (SATU) – Executive Report
- 6.3 Donegal Sexual Assault Treatment Unit (SATU) – Executive Report

## 6.1 Child and Adolescent Sexual Treatment Service (CASATS) Executive Report

**The Child and Adolescent Sexual Assault Treatment Unit (CASATS)**, based in Galway, but serving a wide geographical area in West, North-West and Mid-West Ireland, has been an HSE service since April 2011. It is co-located with Sexual Assault Treatment Unit (SATU) services, established in Galway since 2009.

CASATS provides Forensic Medical evaluation for children 0-14 years suspected of having been sexually abused. CASATS also supports adolescents 14-18 years presenting outside the forensic timeframe. Acute adolescent cases 14-18 years are assessed through SATU services, on the same site, with capacity for joint CASAT/ SATU Forensic Examination depending on the best interests of the child. The service remains the only 24/7 service in Ireland for child sexual abuse. In 2023, 90 children initially engaged with the CASATS service with 89 attendees. In addition 35 patients 14-18 years were supported by Galway Adult SATU services.

**Barnahus West:** Started as a pilot project in Galway in 2018 serving West, North West and Mid-West Ireland

and has evolved into a substantive multi-disciplinary service which is a collaboration between the HSE, Tusla Child and Family Agency, An Garda Síochána and voluntary agencies (ASSC and Galway RCC). Two further Barnahus sites are being developed in the East and South of the country. Barnahus translates as "Child House". Since 2022, CASATS/SATU Galway services have been located in purpose designed premises on the Tuam Road. The Willow Centre (SATU) and Hazel Clinic (CASATS) share premises with Tusla and An Garda Síochána providing holistic, responsive care under one roof.

In 2023 the CASATS Galway 24/7 rota was covered by three forensic physicians, all of whom are Consultant Paediatricians, working closely with their adult SATU colleagues. 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.

### Achievements

- Two new Clinical Nurse Specialists (CNS) graduated with a Higher Diploma in Sexual Assault Forensic Examiner in the Royal College of Surgeons, Ireland, November 2023.
- One CASATS Forensic Physician in Training passed Part 1 of the Licentiate in Sexual Offences Medicine through the Faculty of Forensic and Legal Medicine, UK.
- CASATS Forensic Physicians and CNSs attended a broad range of national and international courses/conferences, including child and youth participation training, court skills, and the ISPCAN conference, Edinburgh
- An additional number of support nurses were recruited and trained which has greatly enhanced covering the 24 hour on-call roster.
- Additional ASSC volunteers were trained to accompany and provide crisis support to CASATS patients and their families at the forensic examination.
- CASATS, SATU and Barnahus West hosted visits from Anne Rabbitte (Minister of State at the Department of Children Equality, Disability, Integration and Youth), professionals from the DPP, PSNI, and Children's Ombudsman office, and post graduate children's nursing students, Saolta.
- CASATS contributed co-authors to the National SATU Guidelines on Referral and Forensic Clinical Examination Following Rape and Sexual Assault, 5th edition, published in July 2023
- We welcomed two Consultant Paediatricians to CASATS: Dr Irina Ciocoiu, who is a 0.5 WTE Forensic Physician for CASATS and Dr Apostolia Kyranoudi who is a 0.5 WTE Locum / Forensic Physician in Training.

### Key Objectives

- Ongoing education and training to external agencies and our inter-agency partners on the CASATS and Barnahus services and referral pathways.
- Ongoing training of Forensic medical examiners and Clinical Nurse Specialists in Paediatric Forensic Examination.
- Continued participation in National Forensic Working Groups for the establishment of two new Barnahus in the East (Dublin) and South/South West (Cork).

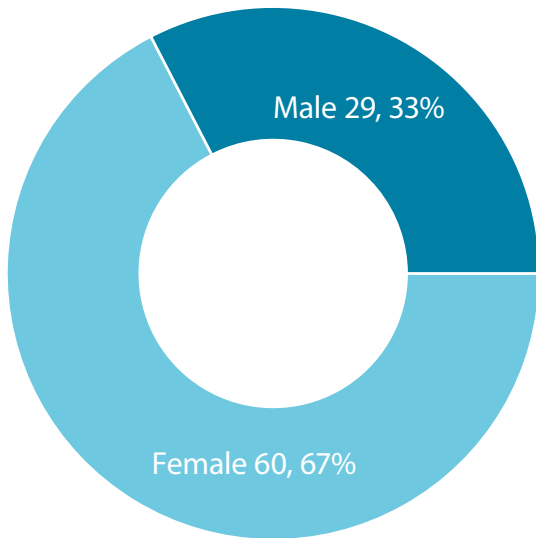
**Attendance:**

- The total number of patients engaged with CASATS in 2023 was 90 with 89 examinations undertaken
- Twenty six (29%) CASATS patients were aged 14-18 years old. In addition, 35 patients aged 14-18 years were seen through Adult SATU Galway and 21 patients aged 14-18 years were seen through Adult SATU Letterkenny, all eligible for Barnahus West Interagency supports and engagement

**CASATS Patients**

- 17 patients (19%) were seen out of hours ( between 16:00-08:00 Monday to Friday or over the weekend s/ bank holidays)
- Of 89 patients, 29 (32.6%) were seen acutely (less than 34 days from the alleged sexual assault) and 60 patients were seen non- acutely (more than 34 days from the alleged sexual assault)
- 60 (67%) patients were female and 29 patients were male. There were no patients who identified as non-binary. The mean patient age was 9 years

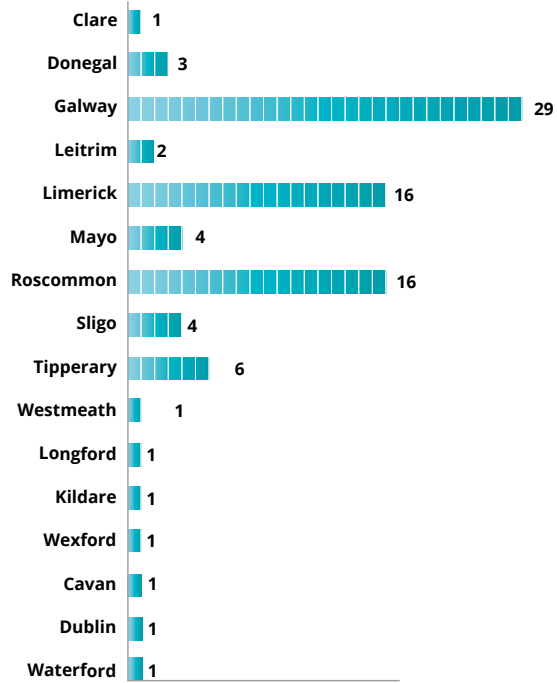
**CASE BY GENDER**



**Counties of Referral:**

The majority of referrals came from Galway (n=29), Limerick (n=16) and Roscommon (n=16). Eight patients (9%) were from outside of the catchment area i.e. from Longford, Kildare, Wexford, Cavan, Dublin, and Waterford.

**COUNTIES OF REFERRAL**



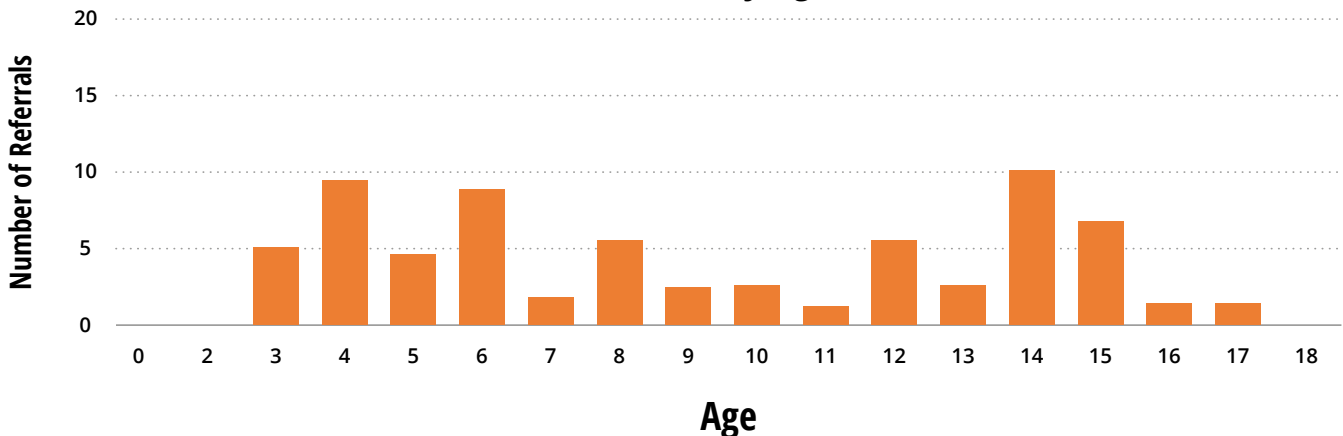
**Source of Referral**

The majority of referrals for Paediatric Forensic Medical Examination came through the Gardai 33(37%), directly from TUSLA / Social Workers n=21 (23.5%) or following Barnahus Interagency Planning meetings 20 (22%).

**Intimate images:**

Of the 89 patients examined 76 had intimate images taken using a colposcope with attached camera. In 13 (15 %) cases, photo-documentation was declined, not indicated or not possible given the cooperation of the patient.

**Cases By Age**





## Medications:

- Emergency contraception was prescribed and given to 1 patient.
- A Hepatitis B vaccination schedule was commenced for 1 patient.
- 86 (98%) patients had STI screening carried out as part of their initial examination. Three (3%) patients had STI screening done at follow-up in CASATS Galway and 5 (6%) patients preferred an STI screen at follow up in other units or with their GP. Two (2%) patients declined STI screening.

## Alleged Perpetrators:

### Child perpetrators (Defined as <13 years at the time of the alleged assault)

- 7 (8%) of cases involved child perpetrators.

### Teenage Perpetrators (Defined as 14-17 years at time of alleged assault)

- (6%) of cases involved family members between 14-17 years.
- (13%) of cases involved teenage perpetrators who were non-family members.

### Adult Perpetrators (Defined as ≥ 18 years at the time of the alleged assault)

- In 32 (36%) of cases the alleged adult perpetrator was a family member.
- In 21 (23.5%) of cases the alleged adult perpetrator was known to the patient but not a family member.
- In 4 (4.5%) of cases the alleged adult perpetrator was unknown to the patient

### Age of Perpetrator Unknown

- In 8 (9%) of cases there was no definitive allegation of child sexual abuse however examination was deemed appropriate due to other concerning factors e.g. inappropriate sexualised behaviour and concerning medical signs/ symptoms.

### Accompaniment Support Services for Children/ RCC: Rape Crisis Centre (ASCC/RCC)

- In 38 (43%) cases an ASCC or RCC support worker attended and supported the CASATS patients and their families.
- 21 (24%) patients were referred for ASSC telephone aftercare (Advocacy Support).

## Acknowledgements

We would like to extend enormous thanks to all our dedicated staff, to our partner agencies in the Barnahus, to the Forensic Accompaniment volunteers from ASSC/RCC and to those who have supported and endorsed Barnahus West.

We look forward to innovation, expansion, research, and interagency development focused on best meeting the needs of the children and their families going forward.



## 6.2 Galway Sexual Assault Treatment Unit (SATU) Executive Report

### Attendance

In 2023 there were 137 new attendees at the Galway SATU, an increase of 28% from 2022. Of these,

- 69 (50%) were Option 1 (sexual assault within previous 7 days and accompanied by An Garda Síochána for forensic examination and medical care)
- 40 (29%) were Option 2 (sexual assault at any time, medical care without forensic samples)
- 24 (18%) were Option 3 (non-Garda referral, sexual assault within previous 7 days, stored forensic samples)
- 73 (95%) patients were seen within 3 hours of a request to a SATU for a Forensic Clinical Examination (Options 1 & 3)
- 118 (86%) of patients reported incidents which took place within the Republic of Ireland
- 19 (14%) of patients reported incidents which took place outside the Republic of Ireland
- An Garda Síochána referred 73 (53%) of patients; 26 (19%) patients self-referred and 38 (28%) patients were referred by others (RCC, GP's, ED etc.)
- November was the busiest month in 2023, with 17 first time presentations
- Tuesday was the day of the week with the highest attendance rate
- 108 (79%) of attendances occurred between the hours of 08:00 and 19:59, Monday-Sunday
- 104 (76%) patients had the opportunity to speak to a Psychological Support Worker at the first SATU visit.

### Reported Sexual Crimes

- 97 (71%) were recent sexual assaults (< 7 days)
- 119 (87%) of cases involved a single assailant
- 18 (13%) of cases involved multiple assailants
- In 67 (41%) cases the assailant was known to the patient ie. friend, family member, ex-intimate partner, intimate partner or acquaintance of more than 24 hrs. In 92 (56%) of cases the assailant was unknown, a stranger or recent acquaintance (≤ 24 hrs)
- 107 (78 %) of incidents occurred between the hours of 20.00 – 07.59

### Patient Profile

- 130 (95 %) of patients identified as female, 7 (5 %) of patients identified as male
- Mean patient age at time of assault was 25 years of age, the youngest 14 years of age and the oldest being over 70 years of age. Please note, SATU sees patients age 14 years and above.
- 73 (53%) patients reported the incident to An Garda Síochána
- 24 (18%) patients had an forensic examination

and storage of evidence without initially reporting to An Garda Síochána

- 95 (69%) of patients had no physical injuries
- 31 (23%) of patients had physical injuries that did not require follow-up
- One patient was referred to, or seen in, hospital due to physical injuries
- 96 (70%) patients had consumed alcohol in the previous 24 hours; of these 65 (47%) patients had consumed >6 standard drinks of alcohol
- 26 (19%) of patients had taken recreational drugs prior to the reported incident
- 26 (19%) of patients were concerned that drugs were used to facilitate sexual assault
- 23 (17%) of patients were unsure if drugs were used to facilitate sexual assault.

### Medical Care

- All patients (n=47) who required Emergency Contraception received it
- All 36 (97%) patients, who were possibly exposed to Chlamydia Trachomatis were offered prophylactic antibiotics at their first SATU visit as was protocol in 2023
- 59 (95%) patients were appropriately given Hepatitis B vaccination at the first SATU visit; of these 32 (89%) have completed or are in the process of completing the vaccination schedule
- 6 (4%) patients received Post Exposure Prophylaxis (PEP) for HIV

### Education and Development

- Galway Forensic Physicians and Clinical Nurse Specialists gave presentations, undertook clinical audits, facilitated training and professional examinations with a variety of colleagues and allied professionals.
- The Galway team are now embedded in multiagency work as part of Barnahus West, which benefits our 14-18 year old patients
- The Introduction to SATU course for Doctors was held at University of Galway Irish Centre for Applied Patient Safety and Simulation in January and October 2023 and 22 doctors attended

### Key Objectives for SATU

- Recruitment and training of new forensic medical and nurse examiners for Galway SATU
- Increased outreach into the community

### Acknowledgement

We are indebted to our colleagues across the SATU network, but particularly in our nearest unit, Mullingar, for cross-cover when there are roster gaps in Galway.

## 6.3 Donegal Sexual Assault Treatment Unit (SATU) - Executive Report

### Clinical Activity

- 117 new patient attendances at the Donegal SATU a decrease of 8 (6%) from 2022. Bearing in mind that the Donegal SATU was working on a 12-hour basis rather than a 24-hour basis due to lack of staffing throughout 2023, a decrease in numbers was expected. Following the successful completion of the CNS SAFE course, staffing levels tripled and 24-hour cover resumed on 23rd December 2023.
- 91 (78%) reported incidents took place in Ireland.
- 65 (71%) reported incidents occurred in Donegal, 15 (16%) reported incidents occurred in Sligo/ Leitrim, 7 (8%) reported incidents occurred in five other counties and 4 (5%) reported incidents occurred in Northern Ireland.
- 60 (51%) patients attended the SATU within 7 days of the reported incident and 93% of patients who underwent a forensic clinical examination were seen by a forensic clinical examiner within 3 hours of a request.

### Attendance:

- March was the busiest month with 17 (15%) patients attending during this period.
- Monday was the busiest day with 23 (20%) patients presenting to SATU on this day.
- 84 (72%) reported incidents occurred between the hours of 20:00 – 07:59hrs.
- 107 (91%) attended the SATU between the hours of 08:00 – 19:59hrs.

### Gender, Age Profile, Referral Source

- 103 (88%) female, 12 (10%) male and 2 (2%) patients identified as another gender.
- The age profile of patients attending the service was slightly up on previous years with a mean age of 26 years. 71 (61%) patients were 25 years-of-age and under. 32 (27%) were between 18 and 25 years-of-age. 36 (31%) were under 18 years of age.
- 36% of patients were attending 2nd level or 3rd level educational facilities.
- 48 (40%) patients were referred by An Garda Síochána.
- 50 (43%) patients were referred by others such as Counselling Services, Donegal Women's Domestic Violence Services, Addiction Services, Mental Health Services, Acute Hospitals, 3rd level student services, Genito-Urinary Medicine Clinics & GPs.
- 20 (17%) patients were self-referrals. 13 (11%) patients chose to have a forensic clinical examination (Storage of Evidence: Option 3) without initially reporting to An Garda Síochána. 4 (31%) patients subsequently reported the incident to An Garda Síochána. An additional 4 (4%) patients

who attended SATU for a 'Health check', and had not previously reported the incident to An Garda Síochána went on to report the incident following SATU support. These options of care emphasise the importance of allowing people time to pause and deliberate on whether or not they want to engage in the criminal justice system, whilst at the same time receive medical and psychological trauma informed holistic care.

### Reported Sexual crime

- 60 (51%) reported incidents were recent assaults (≤ 7 days).
- 102 (87%) involved a single assailant.
- 13 (11%) involved multiple assailants.
- In 104 (89%) reported incidents the alleged perpetrator was known to the patient.

### Medical Care

- 85 (73%) patients had no physical injuries.
- 20 (17%) patients had physical injuries not requiring follow-up or referral.
- 2 (2%) patients were hospitalised due to mental health.
- All patients requiring emergency contraception were appropriately prescribed and administered the prophylactic medicinal product.
- 67 (57%) patients were appropriately prescribed and administered Hepatitis B vaccination at their first SATU visit; of these 52 (78%) have completed or in the process of completing the vaccination schedule.
- 2 (2%) patients received Post Exposure Prophylaxis (PEP) for HIV and were referred on to Infectious Disease Consultant for follow-up care.
- 96 patients were appropriately offered follow-up appointments; 89 (93%) attended first follow-up appointment for STI screening and non STI screening where relevant.
- 8% of patients were treated for Chlamydia.
- 1% of these patients were treated for Gonorrhoea.
- 23% of patients were treated for Bacterial Vaginosis.
- 20% of patients were treated for Candida.
- 2% of patients were diagnosed with Hepatitis B, these patients were referred on to Specialist services.
- 2% of patients were diagnosed with HIV, these patients were referred on to Infectious Disease Services and continued to be followed up in SATU for other care and treatment.

The highest risk factor for developing cervical cancer is not attending a cervical screening test. Recognising this as a significant difficulty for women that have experienced sexual violence, the Donegal SATU offers cervical screening to women who have no cervical screening history; are

delayed in accessing cervical screening or do not wish to attend their GP due a history of sexual violence. This option of care is offered as part of their follow-up care. The programme is under the governance of Letterkenny University Hospital (LUH) Gynaecological service aligned to the National Cervical Screening Programme standards.

- 23 women ≥ 25 years to ≤ 65 years were offered a cervical screen at their follow-up appointment in 2023. Of these; 6 (26%) were referred to Colposcopy services in LUH for further investigations and treatment and 2 (9%) were for recall in 1-year.

### Patient satisfaction / feedback

The Donegal SATU offers all patients the opportunity to provide anonymous feedback during their follow-up care. This enables patients to present valuable information about their experience with SATU, An Garda Síochána and the Rape Crisis Centre; collaboratively recognised as the Sexual Assault Response Team (SART). The feedback is subsequently used as part of training programmes with An Garda Síochána, SATU Staff and Rape Crisis Centre staff. The feedback provides a direct insight into what is working well and what requires further improvement in the achieving the highest standard of care and support for patients presenting to SATU and their engagement with partner agencies. Please find below a synopsis of some verbatim comments entered on the feedback comments section:

"...Going into SATU I was nervous. This soon stopped as I was treated with the upmost respect and dignity. The staff go above and beyond to make visit exemplary. I met with the Guards too whom treated me yet again in a respectful and dignified manner. The team at the rape crisis centre were amazing and so supportive - between initial meetings and check-ins, I felt all my needs were met." (18 – 24 year old).

"...I was sceptical to begin with but staff eased my worries . I would highly recommend to use the SATU service. I was very anxious and overwhelmed but staff that tended to me made the process easier and gave me a sense of safety and calmness. I couldn't explain how grateful I am to staff for guiding me through this horrible situation." (25-34 years).

"...Even though I was really anxious I came. I trusted the team. I never had a smear before but I did here. I knew .... would look after me. I had to go to get a colposcopy which was scary. The staff there work with SATU and they were also so kind even though my legs were shaking like in the SATU, because all of them knew I was in SATU they were really patient and didn't put pressure on to me. If I didnt go to SATU I think I would be dead. Thank you." (35-44 year old).

"...Everybody was really helpful, they didn't judge me. The girl guard made me feel safe and not nervous about going to SATU. In SATU everybody was really kind and the nurse who examined me was really gentle and made me feel like everything was going to be ok. When I went back for STI check another really kind nurse met me and looked after me. Thank you for your help." (18 – 24 year old)

### Audit/Research

- The Forensic Science Ireland Bi-annual environmental monitoring of the SATU was carried out in 2023. The Donegal SATU met all requirements of the scheduled audits.
- Registered Nurse Prescribing Audit was completed, meeting the requirements of the NMBI Practice Standards and Guidelines for Nurses and Midwives with Prescriptive Authority.
- The Cervical Screening Audit was completed, meeting the Quality Standards of the National Cervical Screening Programme.
- The RANP authored and updated the 'Consent and Capacity' and 'Non-fatal Strangulation' sections of the National SART Guidelines 2023.
- The RANP is leading out on a national project in improving access to the Sexual Assault Treatment Units for members of the Deaf Community through Irish Sign Language (ISL). The project was developed in collaboration with An Garda Síochána, Rape Crisis Centre, CHIME, Justisigns2, Trinity College Dublin; the Centre for Deaf Studies and the Irish Deaf Society. In 2023 the National SART Guidelines updated content relating to key procedures, therefore ISL interpretations also required updates. These updates are expected to be completed by the 2nd quarter of 2024 and the project launched in the autumn.

### Key Achievements

- In September 2023, Kellyann Moore and Leah O'Regan successfully completed the Postgraduate Diploma in Nursing (Sexual Assault Forensic Examination) with Distinction. In September 2023, both nurses commenced the Nurse Prescribing course for completion in March 2024.
- Leah O'Regan was awarded the RCSI 'Class of Nursing and Midwifery 2023 Sustainability Award' for achieving 1st place in the Postgraduate Diploma in Clinical Specialist Programmes.
- The RANP presented a Poster Abstract of the Donegal Cervical Screening Programme at the national Colposcopy Conference in May 2023 and was awarded 1st place in the Poster Abstract competition.
- Leah O'Regan completed the 'Best Practice in Cervical Smear Taking' in January 2023. All WTE Nursing staff in the Donegal SATU are now proficient in Cervical Smear Taking aligned to the National Cervical Screening Programme.
- The RANP was invited to be a member of the Educational Advisory Group of the National Cervical Screening Programme.
- The RANP was invited to write an article for the Irish Examiner 'Working Life'. This was published in January 2023.
- An additional Outreach programme was established in the Inishowen area of Donegal this year. The Donegal SATU has currently three Outreach

programmes, Sligo, South Donegal and North Donegal. Feedback from patients has highlighted how these outreach sites have benefitted their care.

- “...It was great and very helpful not to have to travel to Letterkenny or Sligo [for follow-up care] and that we could do it in Donegal hospital so wouldn't have to travel as far.” (18 – 24 year old)
- “...SATU is a brilliant service, especially in Bunrana. [Follow up] support is available locally and there is no awkward-ness as I often experience ...They are a wholesome and supportive team and very good at what they do....” (25 – 34 year old)

### Education and Training

- The RANP facilitated online workshops for the RCSI Postgraduate SAFE nursing participants on SATU KPI's and database, CNS role in relation to hospital organization and community education, SAFE patient discharge, domestic violence, child protection and vulnerable adults.
- The RANP was invited to facilitate a national webinar for the National Cervical Screening Programme on 'Trauma Informed Care and Cervical Screening' in May 2023.
- The RANP was invited to present at the 'Shaping the Future of Intellectual Disability Nursing in Ireland' in May 2023 and subsequently invited to facilitate a lunchtime Webinar through the Donegal CNME on 'Challenging the Barriers faced by Adults with Intellectual Disability who have experienced Sexual Assault' in September 2023.
- The RANP was invited to facilitate a workshop as part of the Military Police Investigation course in May 2023.
- The RANP presented an update on the National SART Guidelines and the Deaf ISL Pilot project at the national SATU Conference in September 2023.
- Collaborative (SATU, An Garda Síochána, Donegal RCC) Education workshops for Law and Humanities undergraduate students, Nursing and Health and Social Care Students were facilitated throughout the year.
- The SATU Staff facilitated inter-agency educational sessions with DVAS in Sligo, Emergency Department Staff in LUH and SUH, Intellectual Disability services, Practice nurses and the Clinical Society in Donegal.
- SATU Staff facilitated workshops with migrant and marginalized communities in Donegal and Sligo working in close collaboration with the Intercultural Platform.
- Members of the SATU team attended the 'Women and Addiction' conference and created stronger links with the Donegal Alcohol Forum.
- The SATU team collaborated with ATUs Donegal and Sligo throughout the year at various events such as the 'Sexual Violence Day' and 'Consent Workshops' facilitating workshops with students during these events.
- Garda Workshops 'The Journey of the patient/injured party following a report of sexual assault'

were facilitated for Student Garda, Regular Garda, Sergeants, Inspectors and Specialist Garda throughout 2023 in Donegal and Sligo/Leitrim Garda divisions.

- The RANP participated in facilitating a 'Joint Tusla & An Garda Síochána Children's First Workshop' highlighting changes in the care of 16 & 17 year olds attending SATU.
- One to two week placements for General, Intellectual Disability and Psychiatric pre-registration nurses were facilitated throughout the year. This programme commenced in 2012 aligned to ATU Donegal.
- The SATU Team continued to broaden their scope of practice and continuing professional development throughout the year; attending various online and face-face webinars and conferences specific to SATU and Womens Health such as; female genital mutilation workshops, genital and non-genital injuries webinar, reproductive coercive control, human trafficking, child sexual exploitation and Termination of Pregnancy.
- The RANP facilitated in-house training for members of the Donegal SATU team; Forensic Examiners and SATU Support Staff regarding updates in the National SART Guidelines 2023.
- Members of the SATU team attended a Garda/SATU Deaf awareness and Interpreters Training facilitated by Trinity College Dublin Centre for Deaf Studies.
- The SATU Team attended and maintained all Mandatory Training in 2023.
- Peer review of cases and Medico/legal reports continued in 2023, promoting collaboration and quality assurance within the Unit.
- The RANP and Administrator in the Donegal SATU continued to be the clinical and administrative interface for the national Database.

### Key Objectives for 2024

- By the end of the 3rd quarter the Deaf Project will be officially launched. Discussions will continue regarding the need for a Back-Up Generator for the SATU. A position for a third CNS (Sexual Assault Forensic Examiner) continues to be vacant, with the planned commencement of a Postgraduate Diploma SAFE course in January 2025, a recruitment campaign will be planned for the 3rd quarter.
- Connie Mc Gilloway (RANP) and Sharon Curran, Donegal SATU Administrator will coordinate a national SATU Database Working Group aiming to consolidate, progress and further develop key metrics.
- Following discussion with partner agencies a post primary schools programme will re-commence in 2024 as part of a wider collaborative schools programme. Throughout 2024, the Donegal SATU team will endeavour to ensure the quality and safety standards in the care we provide align to the Health Information and Quality Authority National Standards for Safer Better Healthcare.

# 7

## CHAPTER 7

# Quality and Patient Safety

- 7.1 Introduction
- 7.2 Incident Reporting
- 7.3 Pre SIMT (Serious Incident Management Team) & SIMT
- 7.4 Key Performance Indicators (KPI's)

## 7.1 Introduction

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 reporting of incidents, near miss events, and analysis of service user feedback is the foundation 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 for the purposes of overseeing, reviewing and identifying trends, and implementing follow-up action plans. Incidents may be escalated for further review (Preliminary Assessment Review (PAR)) to the Pre-Serious Incident Management Team (SIMT) meeting for further consideration, further education for staff, review of policies and guidelines. If further analysis, discussion, learning, or review is required the case is brought to the Saolta W&C SIMT meeting for consideration which takes place monthly and is chaired by the Clinical Director for Quality and Patient Safety. There is an indicative list which is not exhaustive of the type of incidents that should be escalated to SIMT.

The National Incident Management System (NIMS) is the key platform for HSE and HSE-funded healthcare providers to report incidents. It is not only a legislative requirement under the National NTMA (Amendment) Act 2000 of potential claims but reporting to NIMS provides an opportunity for learning locally and nationally by identifying trends and risks in the healthcare system.

Implementation of direct electronic Point of Occurrence Entry (ePOE) onto the National Incident Management System (NIMS) for both clinical and non-clinical incidents occurring in Portlincula University Hospital and Letterkenny University Hospital was launched in 2022, and in Sligo University Hospital in 2023. Plans are in place to incrementally roll out ePOE in the two remaining maternity hospitals within the group.

Open Disclosure training continues to be rolled out on an ongoing basis on each site and is mandatory training for all HSE staff.

In March 2023 the W&C MCAN hosted a Quality, Patient Safety & Risk in Maternity & Gynaecology Services Conference. Supported by the National Women's and Infant's Health Programme, key note speakers from across the Saolta Group and National HSE presented topics including Clinical Governance & Adverse Outcomes, Maternity Risk Stratification and OEST (Obstetric Event Support Team).

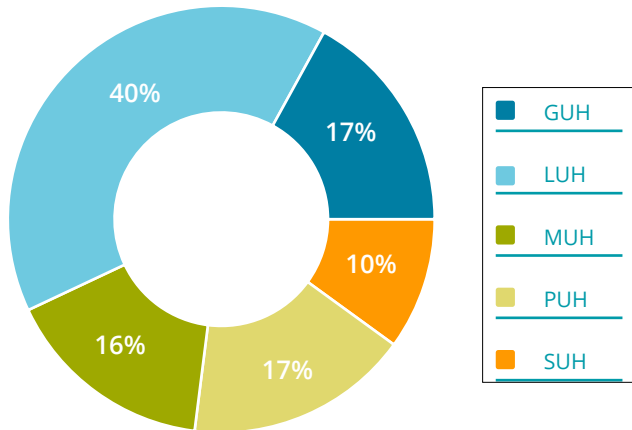


*Quality, Patient Safety & Risk in Maternity & Gynaecology Services Conference Photo; Mr Tony Canavan, Mr Killian McGrane, Dr Cliona Murphy, Dr Peter McKenna, Professor John Morrison, Ms Aideen Quigley, Ms Elaine Dobell, Dr Nikhil Purandare*

## 7.2 Incident reporting

A total of 4,016 incidents related to W&C activity were reported on NIMS in 2023;

% of Incidents Uploaded on NIMS per site



Site	Incidents reported on NIMS 2023
GUH	668
LUH	1,589
MUH	665
PUH	704
SUH	390
TOTAL	4,016

### Serious Reportable Events (SREs);

A total of 16 incidents were classified as SREs in 2023.

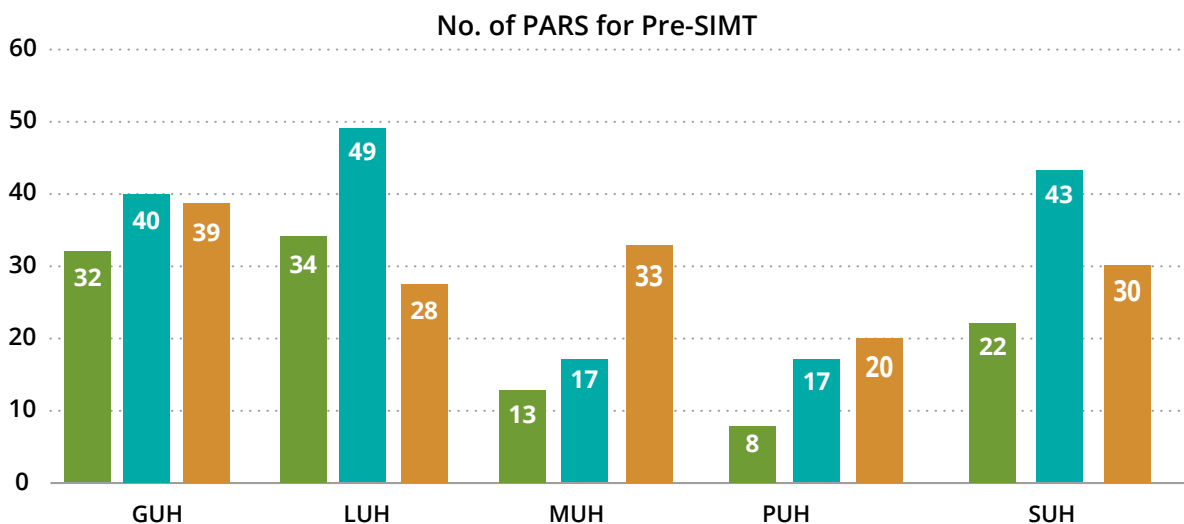
Site	2023
GUH	4
LUH	1
MUH	6
PUH	3
SUH	2
TOTAL	16

Saolta W&C MCAN continues to engage with the Obstetric Event Support Team (OEST) as appropriate. Six (6) of above SREs were babies that showed signs of hypoxic-ischaemic encephalopathy (HIE) and were transferred to Dublin for Therapeutic Hypothermia (TH).

## 7.3 Pre-SIMT (Serious Incident Management Team) & SIMT

Below are diagrams illustrating the number of Preliminary Assessment Reviews (PARs) that were discussed at W&C Pre-SIMT and the number that were escalated to W&C SIMT in 2023;

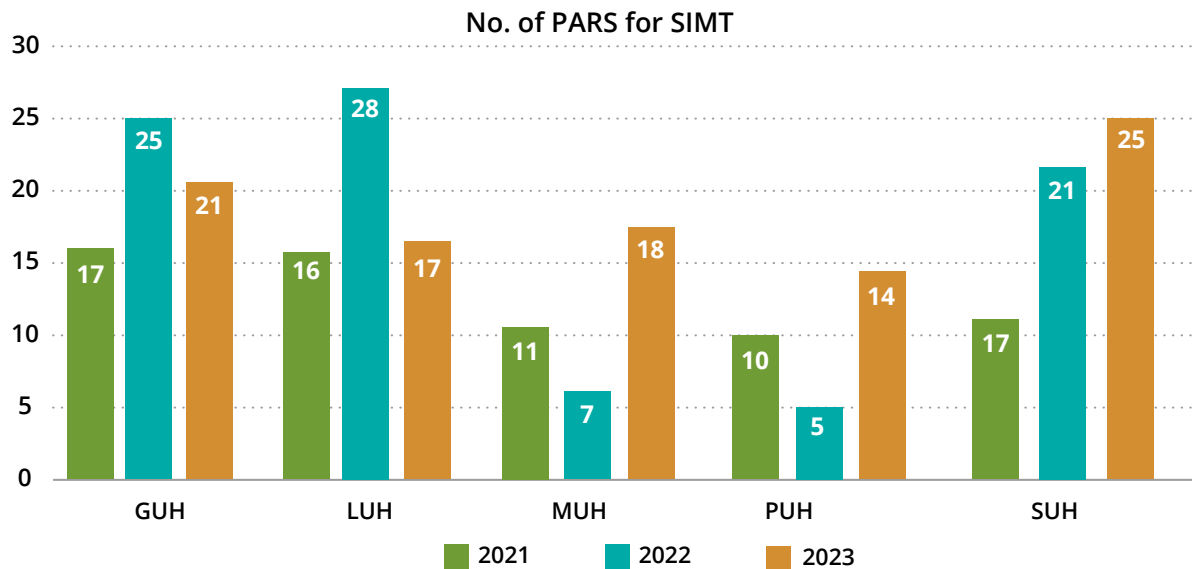
PARS Per Site for Pre-SIMT 2021-2023



A total of 150 PARs were presented and discussed at W&C Pre-SIMT in 2023.



## PARS Per Site for SIMT 2021-2023



A total of 95 PARs were presented and discussed at W&C SIMT in 2023.

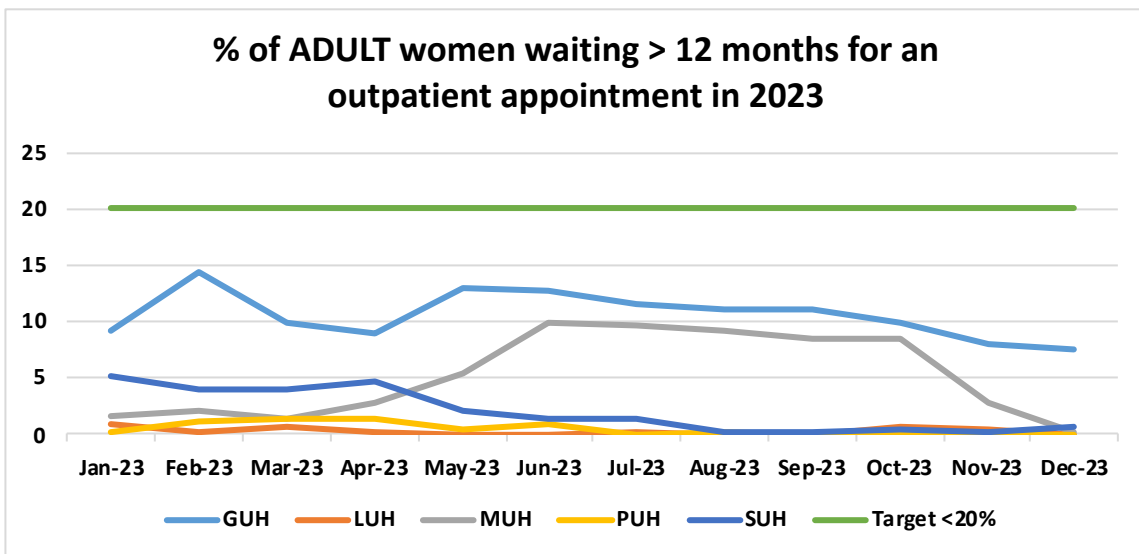
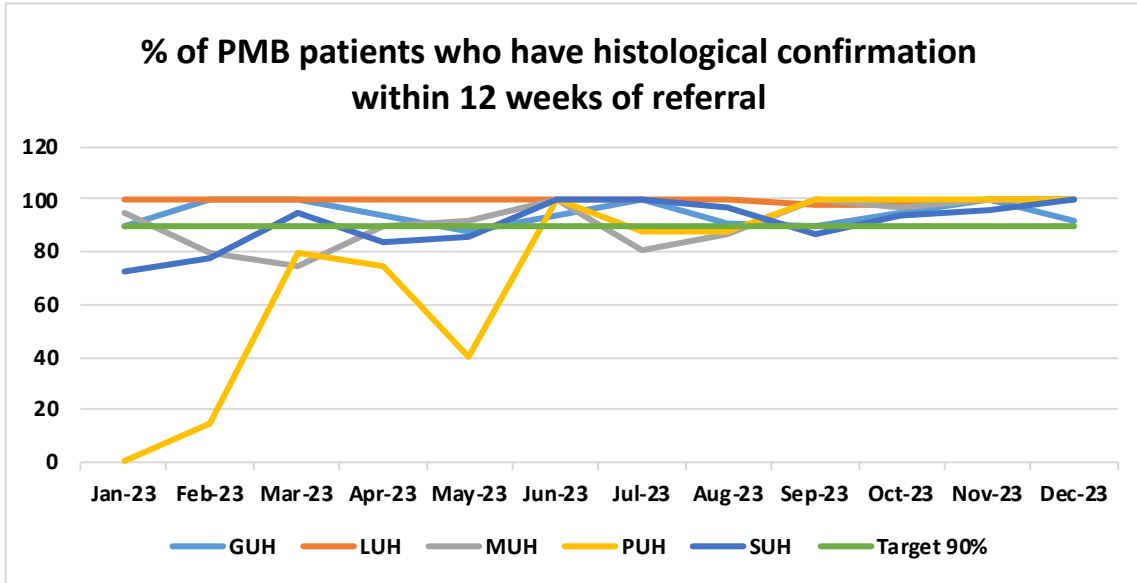
## 7.4 Key Performance Indicators (KPI's)

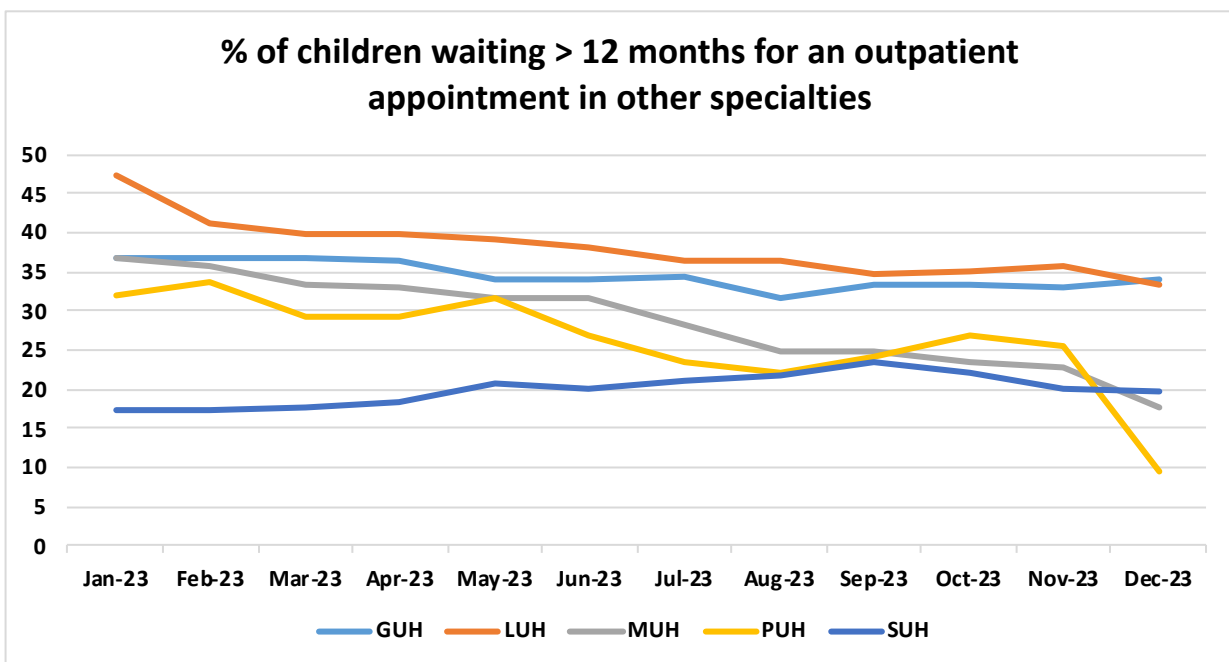
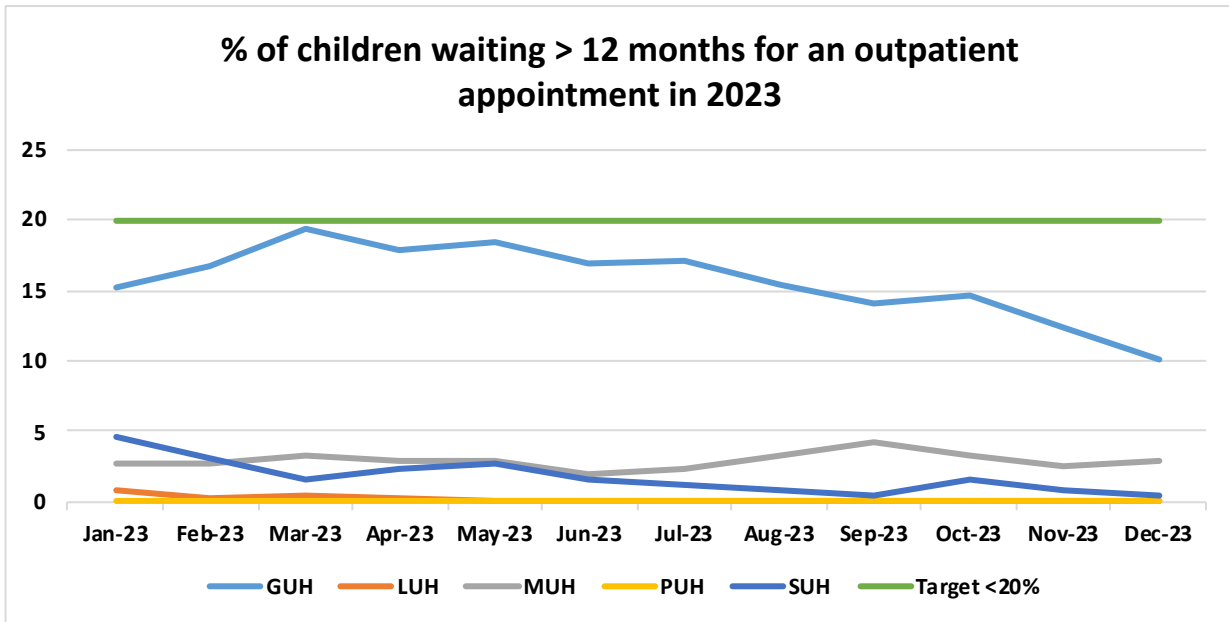
The following KPIs were the agreed suite for 2023. The sites submitted data on a monthly basis so that patterns and variance against targets could be reviewed. The KPIs were discussed at MCAN meetings and improvements were made to improve compliance as possible.

### 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 > 12 months for an outpatient appointment.
% 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 patients (>14years) seen by a forensic clinical examiner within 3 hours of a request to a SATU for a forensic clinical examination.
% of Children meeting a target HBAIC of <7.5%
% of Paediatric Admissions from ED attendances
% of PMB Patients who are seen in OPD or Amb Gynae within 4 weeks (28 days) of referral
% of PMB Patients who have histological confirmation within 12 weeks (84 days) of referral
% of children waiting > 12 months for an outpatient appointment in other specialities

## Sample of KPI Trends





# 8

CHAPTER 8

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