

UltraNews

eNewsletter of Ireland South Women & Infants Directorate



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UltraNews newsletter is intended for circulation among staff members of Ireland South Women & Infants Directorate. Extracts from UltraNews should not be published without the permission of the editor.



Wishing everyone an enjoyable and safe Christmas »



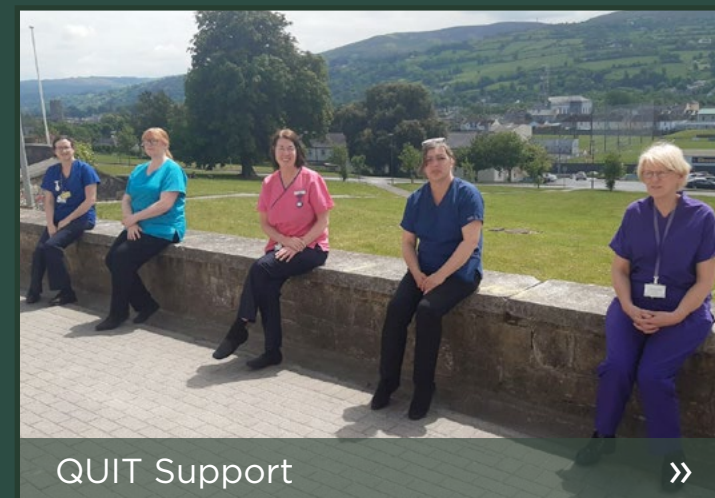
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COVID-19 caused an unprecedented global healthcare crisis. Our directorate continues to address the many challenges that our maternity, gynaecology and neonatology services face to ensure services are maintained and the welfare of our patients and staff protected. Strict visiting restrictions have been a difficult but necessary requirement to protect women, their newborns and the staff caring for them. These restrictions are reviewed regularly by the executive management team and any changes are co-ordinated across our hospitals/units. With a very low rate of the virus among our patients and staff, we know that these difficult restrictions have worked, but we acknowledge the distress and anxiety they may cause.

While the pandemic brought with it many challenges, it has also highlighted the many strengths within the service. Our ability to adapt and change our services is of particular note. Across the directorate, outreach clinics are seeing more maternity and gynaecology

Welcome to the winter edition of UltraNews, the staff newsletter of Ireland South Women & Infants Directorate

Meeting challenges, making progress and giving thanks

patients, and while face-to-face contact times with patients have reduced, virtual appointments have increased and online video has been made available to support antenatal and postnatal education. Staff roles too have had to adapt to support women emotionally at what can be a very vulnerable time.

Well done to UHK on setting up their Early Transfer Home Scheme at the end of September for healthy mothers and babies. This enables mothers to return to the comfort of their home, knowing that they have the support of a midwife who will call in and provide them with one-to-one care and support for the first few days. This scheme will be rolling out to all units in due course.

STGH introduced an initiative to provide cervical screening for staff. With this initiative, staff can have their routine screening test while on duty or can opt to have it done in STGH on their day off. A project in STGH and UHW to provide effective intervention and tackle maternal smoking is demonstrating exciting results with quit rates consistently above 80% at 4 weeks, way above that of any comparable group.

Lactation Consultants in-training in UHW launched the 'Hand Expressing

Starter Pack' during Breastfeeding Week, a simple and effective way of giving a mum with a premature baby all she needs to get the process of hand expressing started. The DOMINO Home Birth programme in UHW is also reporting growing popularity during the pandemic.

As a result of the ongoing, outstanding efforts of the CUMH team, the outpatient gynaecology waiting list now stands at approximately 1,000, in-line with pre-COVID levels this time last year. The inpatient waiting list too is improving and we are addressing the numbers the extra outpatient clinics have brought alongside the backlog from less theatre taking place during the height of the pandemic. We are still waiting on the funding, committed to us by the Minister in 2017 which would provide a five-day gynaecology theatre service and a one-stop shop for gynaecology in Cork.

Our Annual Report 2019 was presented at a virtual joint annual reports meeting that included Ireland South Women & Infants Directorate and three Dublin maternity hospitals: Coombe Women and Infants University Hospital, the National Maternity Hospital and the Rotunda Hospital. Our 2019 report is a step change on previous annual reports, containing a wide range of achievements

and challenges, useful infographics, a wealth of clinical performance data and a focus on education and research. Sincere gratitude is extended to the staff of our four maternity units in the provision of detailed data for this report.

2020 has been a tough journey on all fronts. I want to express my gratitude to all our staff in the Ireland South Women & Infants Directorate for your efforts and ongoing resilience and diligence as we continue to care for patients and keep everyone as safe as possible.

On behalf of Ireland South Women & Infants Directorate, I wish you and your families a very Happy Christmas and prosperous New Year. Nollaig Shona agus Athbhliain faoi Mhaise Daoibh go léir!

John R. Higgins

Clinical Director
Ireland South Women & Infants Directorate

Getting Winter Ready - Flu Vaccine Drive 2020/21

As the health service continues to deal with COVID-19, it is more important than ever that healthcare workers get the flu vaccine to protect themselves and to protect others. Alarming, if you work in healthcare you are 10 times more likely to get the flu!

There has been a greater appetite for the vaccine this year since the pandemic hit. It's great to see staff being even more keen to be protected and to protect other people by getting the vaccine.

A big thanks to all of our peer vaccinators in the four units of Ireland South Women & Infants Directorate for running vaccination clinics and to everyone in our maternity units for getting the vaccine and for promoting the flu vaccine.

This year, Ireland South Women & Infants Directorate is aiming to achieve a target of 95% flu vaccine uptake among healthcare workers. Again, we encourage you to make a concerted effort this year and 'get the flu vaccine, not the flu!'



Pictured above: Sinéad Creedon, Infection Prevention & Control Clinical Nurse Specialist and lead peer vaccinator in CUMH gives Professor John R. Higgins, Clinical Director the flu jab



Pictured above: Mary O'Donnell, CMM3 and lead peer vaccinator in STGH with Noreen Ryan on the left and Siobhán Kavanagh on the right. Both Noreen and Siobhán returned from retirement to help with the flu vaccination drive



Pictured above: Bríd Aherne from the DOMINO midwifery service is winner of the flu vaccine promotional draw in UHW, with Janet Murphy, Advanced Midwife Practitioner and lead peer vaccinator in UHW



Pictured above: Sandra O'Connor, Director of Midwifery UHK receives her flu jab in UHK from Joann Malik, cAMP, one of the peer vaccinators for UHK Maternity Services

Flu Vaccine for Healthcare Workers

It takes just a few minutes to protect yourself and the people around you.

You are 10 times more likely to get flu

1 in 5 healthcare workers develop flu every year.



Flu is serious

Up to 500 people die from flu every year in Ireland. Flu causes pneumonia and bronchitis and can make chronic health conditions worse.



You can spread flu without knowing it

Some people have no symptoms.

Your patients rely on you to protect them

People with weakened immune systems or who have underlying health conditions rely on you to be vaccinated to protect them against flu.



You can protect your family and those around you

Getting the flu vaccine also protects your family, your colleagues and the patients you care for.

Flu vaccine is safe

It's been given to millions of people for more than 60 years.

hse.ie/flu
Public Health Advice

Order Code: HN100467



Hand Expressing Starter Pack in UHW

By Marie-Claire Skehan and Eveleen Dunphy, Lactation Consultants in-training in UHW NICU

Both Marie-Claire and I work as senior staff nurses in the UHW Neonatal Intensive Care Unit (NICU) and are currently preparing for the Internationally Board Certified Lactation Consultant (IBCLC) exam in March 2021. We are passionate about breastfeeding and interested in improving the care of vulnerable neonates in our area.

We received full support from our managers and all nursing and clerical staff in the unit to get the starter pack on the store room shelf in time for National Breastfeeding Week.

It's a small initiative to assist mums on their breastfeeding journey and we plan to evaluate in due course.

We sometimes find a delay in receiving colostrum in the early hours of life for our preterm babies and are looking at ways to make it as easy as possible for new mums to get colostrum to us.

The starter pack is a very simple way of giving a mum all she needs (information and equipment) to get the process of hand expressing started. The pack includes sterile syringes to collect colostrum, caps for the syringes and labels to list the patient ID and date and time of expression. The HSE booklet Breastfeeding and Expressing for your Premature or Sick Baby is also included, with attention drawn to the link and video on hand expressing on page 14. This ensures that all mums are getting consistent information on how to hand express.

This is often a very stressful vulnerable time for new mums, (nobody plans to have a preterm baby) and anything that helps alleviate the stress is beneficial.



Above top: Eveleen Dunphy and Marie Claire Skehan, Lactation Consultants in-training launched the Hand Expressing Starter Pack in UHW during Breastfeeding Week. **Above:** The Hand Expressing Starter Pack

National Breastfeeding Week: 1-7 October 2020

Each year during National Breastfeeding Week, all units in Ireland South Women & Infants Directorate raise awareness of the health and wellbeing outcomes of breastfeeding and the importance of supporting mothers to breastfeed for as long as they wish.

This year we developed a video for social media, showcasing staff from each of our four maternity units/hospitals holding breastfeeding messages for expectant mothers. This was shared on Twitter and YouTube and was well received by the public and staff alike.

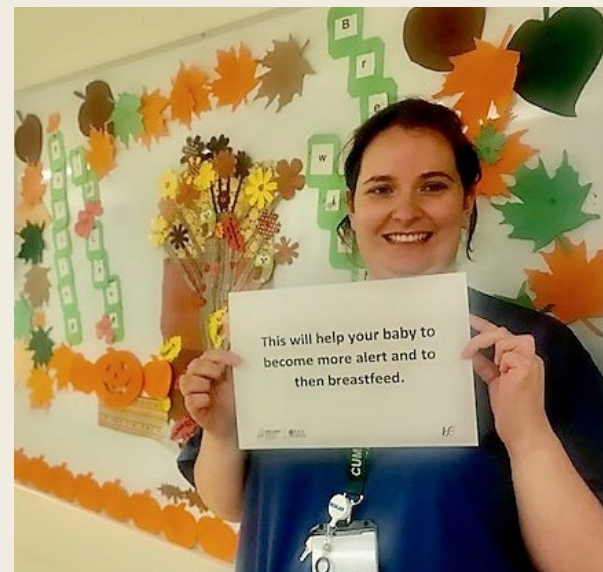
Cork University Maternity Hospital



South Tipperary General Hospital



University Hospital Waterford



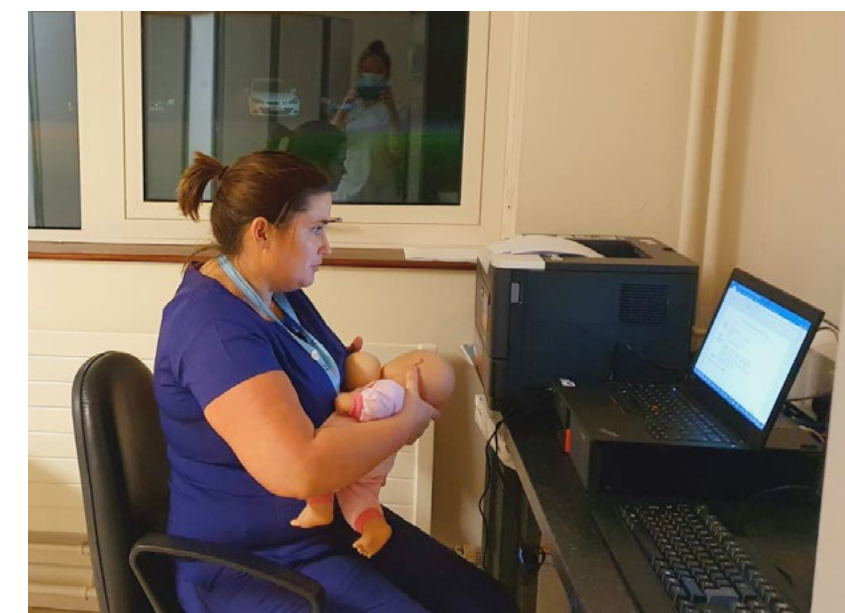
University Hospital Kerry



A wide variety of activities and promotions also took place in each maternity hospital and online during this first week in October. Here is a quick overview of what went on:

University Hospital Kerry (UHK) by Máiréad O’Sullivan, Lactation Consultant

- UHK hosted a series of events throughout the week, including the launch of a new Infant Feeding Postnatal Clinic.
- Specially designed pull up banners for Breastfeeding Week were created and displayed around the hospital. Pictures used were of staff and their newborn infants feeding and enjoying skin-to-skin.
- Maternity Services staff attended a six-hour Breastfeeding Refresher Programme co-facilitated by Mary O’Connor, CNME Midwifery Tutor - IBCLC and Máiréad O’Sullivan, Lactation Consultant. Day 1 of the 20 hour Breastfeeding Management Programme also took place.
- Máiréad O’Sullivan facilitated a Paediatric Medical Team update on the importance of human milk for infants in UHK, along with an update on recent audit figures.
- UHK Maternity Services are also providing virtual Breastfeeding Preparation Classes, facilitated by Máiréad O’Sullivan, Lactation Consultant.
- Staff enjoyed tea and cakes as part of the celebration. All mothers and babies received a gift including hand knitted hat, mittens and gloves throughout the week.
- On 2 October, Máiréad O’Sullivan launched the first UHK Infant Feeding Clinic, The clinic is facilitated by Máiréad and other members of the team and runs on a weekly basis by appointment only. Mum and baby get one-to-one advice and guidance on their breastfeeding concerns by an International Board Certified Lactation Consultant.
- All activities were promoted on UHK Twitter feed @hospital_kerry



Above left: Paediatrics Consultant Dr George Philips and Specialist Registrars Dr Quassim and Dr Quadrai who attended the Paediatrics Team Breastfeeding Training Update in UHK

Above: Máiréad O’Sullivan, Lactation Consultant UHK facilitates virtual breastfeeding preparation classes

Middle left: Emly Ward Staff Nurses Mary Jane and Rogen preparing to celebrate National Breastfeeding Week from the 1 - 7 Oct 2020

Bottom left: UHK Midwives Lauren and Jennifer with Mayble Lukose, Postnatal Ward CMM2, holding a box of cupcakes for staff tea and cakes for Breastfeeding Week

Cork University Maternity Hospital (CUMH) by Veronica Daly, Lactation Consultant

For National Breastfeeding Week the focus was on promoting the benefits of breastfeeding and on how we support mothers to breastfeed in Cork University Maternity Hospital. Activities in CUMH included:

- Creation of a video featuring a wide variety of members of CUMH staff holding breastfeeding messages for the public, for publication on Twitter and YouTube
- Running our usual breastfeeding quiz online, that proved successful in attracting large volumes of entrants, due to the great prizes offered by generous local businesses.
- Displaying new posters promoting our quiz, breastfeeding support number and the mychild.ie / breastfeeding.ie website around the hospital.
- Publication of an Expressed Breast Milk Diary for the CUMH Neonatal Unit, which is to be used in conjunction with the HSE Booklet, Breastfeeding and Expressing for your Premature or Sick Baby. Mothers can also access this on the CUMH website.
- Presentation to student public health nurses on a Higher Diploma course in UCC on 6 October on Day 1 of the WHO 20 hour Breastfeeding Course.
- Presentation of a 6-hour breastfeeding update course on 7 October for CUMH midwifery, nursing and dietetic staff in CUMH Centre of Midwifery Education.



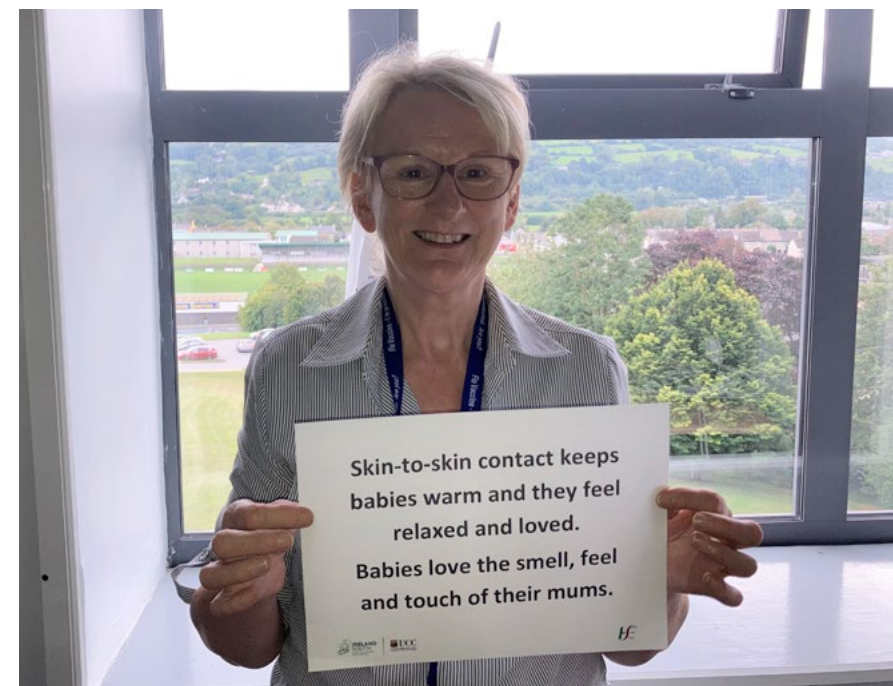
Pictured above: Veronica Daly, Lactation Consultant leads a presentation to UCC student public health nurses during Breastfeeding Week

South Tipperary General Hospital (STGH) by Claire Ferris, Lactation Consultant

STGH has had full accreditation with the WHO/UNICEF Baby Friendly Health Initiative since 2015, the first in our Directorate to achieve this award that recognises breastfeeding best practices.

This year for National Breastfeeding Week, STGH organised:

- Display boards in the antenatal clinic to inform service users of the benefits of breastfeeding.
- A breastfeeding quiz for all service users during breastfeeding week with generous prizes donated by local businesses.
- Staff raffle with prizes, with raffle entry gained by completion of HSELAND breastfeeding modules.
- Extra virtual Preparing for Breastfeeding Classes during Breastfeeding Week.



Pictured left:
Mary O'Donnell,
CMM3 STGH holds up
a breastfeeding message
that featured in the
Directorate wide video
for social media during
Breastfeeding Week

Breastfeeding
support numbers
across Ireland
South Directorate

CUMH: 087 6623874
STGH: 086 0431660

UHW: 051 842757
UHK: 066 7184318

University Hospital Waterford (UHW)

by Linda O'Callaghan, Lactation Consultant

For National Breastfeeding Week we organised the following activities in UHW.

- Linda O'Callaghan and Aoife Hartwell facilitated the first Virtual Breastfeeding Café where antenatal mothers joined online for a relaxed and informal chat about breastfeeding. As feedback from the mothers was very positive, UHW went on to trial the online café concept for the month of October and November.
- The UHW Postnatal Ward created a wonderful breastfeeding themed display on their seasonal board for the mothers to enjoy.
- The OPD 8/Antenatal Clinic also created a seasonal board with the luscious colours of Autumn, highlighting National Breastfeeding Week.
- The Labour Ward made sure they got the message out there with some quirky messages about the joy of breastfeeding in their waiting area.
- Eveleen Dunphy and Marie Claire Skehan, Lactation Consultants in training, identified the need to help mothers of preterm babies to establish their skills to hand express and so launched the 'Hand Expressing Starter Pack' to help mothers start their breastfeeding journey.
- The annual breastfeeding quiz offered great prizes donated by local businesses for staff and patients. Mary Hooton (Postnatal Ward) helped get everything ready for the quiz including circulating the wonderfully decorated collection boxes.
- A mini newsletter was distributed to all staff outlining our activities for breastfeeding week.
- We also promoted our activities on Twitter daily through our @UHW_Waterford feed.



Top left: Eveleen Dunphy and Marie Claire Skehan, Lactation Consultants in-training launched the 'Hand Expressing Starter Pack' in UHW during Breastfeeding Week

Bottom left: Aoife Hartwell, Midwife, holding a breastfeeding message used in the Ireland South video. Aoife stands in front of the autumnal seasonal board highlighting all things breastfeeding

Top right: The breastfeeding themed display on the seasonal board in the UHW Postnatal Ward

Bottom right: Mary Hooton, Postnatal Ward alongside the wonderfully decorated collection boxes for the breastfeeding quiz



Virtual EMC Meetings

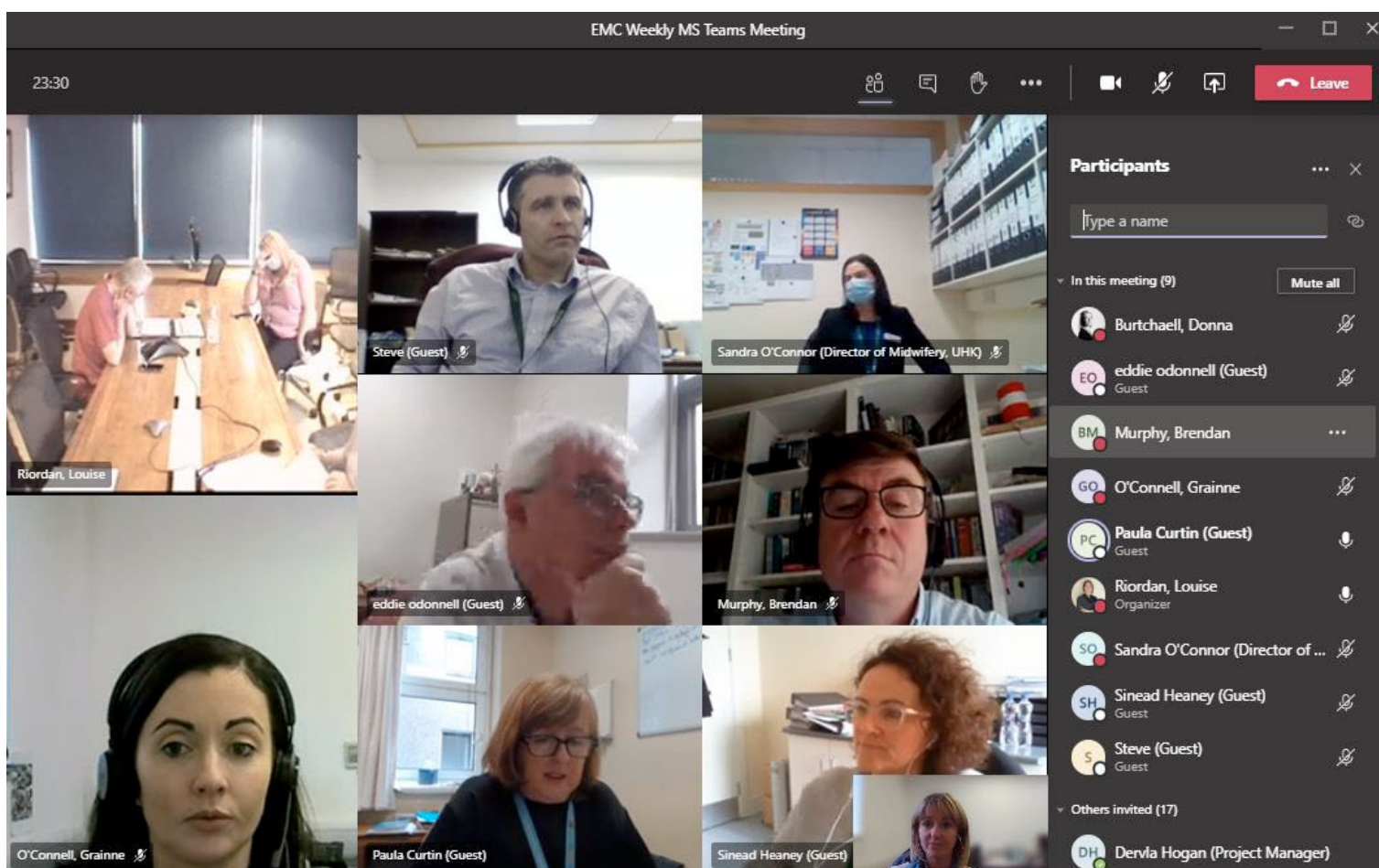
Virtual Executive Management Meetings have been taking place since March 2020. Aside from the obvious benefits of reduced travel and increased attendance, shifting to virtual has allowed these EMC meetings to take place more regularly.

Meeting regularly was important in order to assist with the large scale planning and preparations to deal with COVID-19. Early in the crisis, these were held daily, moving to twice weekly and they now take place on a weekly basis. They include all Directors of Midwifery, Lead Consultants from each unit and other key staff and are led by Clinical Director, Professor John R. Higgins.

The weekly videoconference calls with the Executive Management Committee (EMC) of Ireland South have been a very useful medium to discuss the impact of COVID-19, review visiting restrictions and keep up to date with the situation and planning across all units.

Pictured above: EMC meeting in CUMH Board Room on 8 October 2020 with social distancing in mind

Pictured left: Virtual EMC meeting on 12 November 2020





Tell us about the process you undertook to create this strategy?

The SSWHG Nursing and Midwifery Strategy 2020-25 was completed following an extensive consultation period that took place in 2019. This consultation was led by an experienced English consultant Abigail Masterson and was funded by SSWHG and Nursing and Midwifery Planning and Development Unit (NMPDU). A series of focus groups took place with all grades of postgraduate and undergraduate nurses and midwives, HCAs, Directors of Nursing and Directors of Midwifery across the 10 acute hospitals as well as consultation with senior managers in the SSWHG, our academic colleagues, representation from NMPDUs, CNMEs and Nurse and Midwife Practice Development Units. These focus groups and individual interviews ensured insight and feedback was gathered from key

SSWHG Nursing and Midwifery Strategy 2020-25

Q&A with Bridie O'Sullivan, SSWHG Chief Director of Nursing and Midwifery

stakeholders. This feedback was then incorporated into the final statement of strategy in 2020.

The original aim was to launch the strategy at a conference in September 2020 to mark the Year of the Nurse and Midwife. However, due to the COVID-19 pandemic, the strategy document was instead distributed over the summer of 2020.

Why is a strategy like this important?

It's important to lay out a long term direction for strengthening nursing and midwifery services in our region. Our strategy seeks to consider the bigger picture and provide a degree of context to the environment within which we work and the partnerships that exist.

The priorities outlined in this strategy will guide development at group and local level. They underpin our major areas of work and focus on the delivery of excellent care to the people we serve both in hospitals and in the broader community.

Strategic Priority 1: Safe, High Quality, Equitable and Integrated Care

Strategic Priority 2: Involving Patients, Families, Carers and Communities

Strategic Priority 3: Workforce Planning and Staff Wellbeing

Strategic Priority 4: Leadership and Innovation

Strategic Priority 5: Research, Learning and Continuing Professional Development

The aim is to demonstrate a world-class, evidence based approach to nursing and midwifery across the SSWHG. It is an especially useful piece of communication for new midwives and nurses as it clearly illustrates what we are all about. It's also a useful framework for stakeholders at every level to guide collaborative efforts to enhance the contribution of nurses and midwives.

What are you most optimistic about in terms of the strategy from a midwifery perspective?

A number of interesting initiatives are related to our first strategic priority, 'the provision of safe, high quality, equitable and integrated care'. Examples include the pilot for early discharge / early transfer home alongside developing community midwifery services. These build on recommendations in the National Maternity Strategy and facilitate women's choices.

A focus on increasing breastfeeding rates is also a key priority. A HRB funded research group, led by the School of Nursing & Midwifery in UCC is focusing on Practice Enhancement for Exclusive Breastfeeding (PEEB) in conjunction with University Hospital Kerry. This study is a

response to the Patient Experience Survey that seeks to review every touchpoint a pregnant woman undergoes - from first confirmation of pregnancy with a GP, through antenatal and postnatal care, to seamless transition to the community. This should lead to actionable improvements in services to increase breastfeeding rates in time.

I'm also very optimistic about supports for staff, from both a personal and professional development standpoint. Patient experience and staff experience are two sides of the same coin and we are setting up a variety of structured programmes to support and develop our people.

We are looking at ways to support staff when issues arise in the clinical environment, providing outlets for debriefing purposes and safe places for people to openly discuss and learn. In addition, the mediums of counselling, mindfulness and mental health support for staff from clinical psychologists, will put a focus on the importance of personal wellbeing.

Leadership development is also a promising area. Investment in talent, training programmes, coaching, mentoring and leadership development opportunities at all career stages will bring about positive long term service changes.



There are lots of interesting strategic priorities over the next five years - what do you think will be the focus in 2021?

A focus on providing care in the community and closer to home will be a key focus in 2021. If anything positive came out of COVID-19, it has been the way the pandemic has forced us to consider the importance of the community setting; for the hospital not to be the first port of call, unless absolutely necessary for patients. Maternity services has been leading the way here, with outreach centres providing care closer to home for patients and early transfer home programmes benefitting healthy patients.

The creation of a critical mass of ANP/ Advanced Midwifery Practitioners (AMPs) is also a key focus for 2021. The SSWHG supports the moving target of 2% of the nursing and midwifery workforce reaching this senior level in the next year or two. This focus will create excellent opportunities for able and ambitious midwives facilitating career advancement and expansion of practice. The National Maternity Strategy supports the development of advanced nursing

and midwifery practitioner services throughout the HSE and this is helping us drive this development forward, which will in turn facilitate the recruitment and retention of staff.

What do you think is really working well from a strategic perspective at the moment?

The monthly Midwifery Forum is working really well as a regular medium to discuss the necessary support to enhance and continuously improve evidence based midwifery care in our maternity hospitals. This group includes myself and the Directors of Midwifery from each site, alongside representatives from UCC and the Centre of Midwifery Education and Nurse Midwifery Planning Development Unit.

The forum is instrumental in the implementation of the National Standards for Safer Better Healthcare in conjunction with the National Maternity Strategy. Work is progressing well on both. The results of the National Maternity Experience Survey is also discussed and the resulting quality improvement plans. The breastfeeding study I mentioned earlier is regularly discussed in our monthly forum. In addition, we seek to standardise systems where possible and good examples of our work to date is the upgrading and standardising systems around baby security and our standardised approach to midwifery metrics – these are now published each month at performance meetings and form an important part of the voice for maternity services.

The monthly midwifery forum is also a great outlet for discussing service challenges, including the challenges with recruitment and sustaining a skilled and contented workforce.

We discuss and collaborate on ideas on how the SSWHG / Ireland South Women and Infants Directorate can stand out from others and become the employer of choice for midwives.

The UCC School of Nursing & Midwifery is developing options for postgraduates and midwives in research to develop ongoing evidence based approaches to clinical practice. This year we will also be training more midwives than previous years due the increased number of students across the system. An additional

eight students (to the usual 20) have been taken on in UCC for the BSc Midwifery and UCC are now also including UHK in the list of hospitals where students are placed. We are actively seeking to recruit more students within Ireland rather than looking for students outside of European countries, as many midwives from abroad do not meet the NMBI registration criteria.

Where can people find a copy of the SSWHG Nursing and Midwifery Strategy 2020 -25?

People can access a copy by requesting one from their manager. Copies can also be downloaded via the link below: <https://irelandsouthwid.cumh.hse.ie/cumh/sswhg-nursing-midwifery-strategy-2020-2025.pdf>



Pictured above: The SSWHG Midwifery Forum on 3 Nov 2020. Rhona O'Connell, Lecturer UCC School of Nursing & Midwifery; Cathy O'Sullivan, A/Director of CME; Sinéad Heaney, DoM STGH; Katie Bourke, DoM CUMH; Bridie O'Sullivan, SSWHG Chief Director of Nursing and Midwifery, Assumpta O'Sullivan, Executive PA to CDON SSWHG, (on screen, Paula Curtin, DoM UHW; Sandra O'Connor, DoM UHK, Dr Patricia Leahy-Warren, Senior Lecturer UCC School of Nursing & Midwifery)

CONGRATULATIONS PROFESSOR KEELIN O'DONOGHUE

Keelin O'Donoghue has recently been promoted to Professor at UCC – a well deserved acknowledgement of her hard work in maternity services, education and research. Professor O'Donoghue is a medical graduate of University College Dublin and a Fellow of the Royal College of Obstetrics and Gynaecologists (RCOG), London and the Royal College of Physicians in Ireland (RCPI). She received her PhD in Obstetrics and Gynaecology from the University of London in 2005, following studies at Imperial College London. She completed RCOG sub-speciality training in Maternal and Fetal Medicine at Queen Charlotte's Hospital London and was awarded RCOG sub-specialist accreditation in 2007.

Keelin took up a post as Consultant Obstetrician/Gynaecologist and Senior Lecturer at Cork University Maternity Hospital (CUMH) and University College Cork (UCC) in 2007. She established and leads the pregnancy loss and fetal medicine clinical services at CUMH and is part of the perinatal medicine team. In 2008, she established the first Irish Masters Programme in Obstetrics and Gynaecology at UCC.

Keelin has been national trainer for the RCPI in basic and higher specialist training in obstetrics and gynaecology and is now a Co-Director of the Higher Specialty Training programme at the RCPI. She also serves on the National Perinatal Epidemiology Centre Perinatal Mortality Group and the Clinical Advisory Group for the National Women and Infants' Health Programme (NWIHP). She was elected to the Executive Council of the Institute of Obstetricians and Gynaecologists of the RCPI in 2018.

Keelin joined the INFANT centre at UCC as an SFI-funded Principal Investigator in September 2016. She leads the Obstetric Programme of work at INFANT since 2017 and is the Obstetric PI for the HRB Mother and Baby Clinical Trials Network in CUMH. Keelin's research interests include prenatal diagnosis, fetal anomaly, miscarriage, stillbirth, perinatal palliative care, multiple pregnancy, and qualitative research in clinical obstetrics. She heads the multi-disciplinary Pregnancy Loss Research Group at CUMH/UCC/INFANT, supervising a large group of postgraduate students with collaborative clinical research in this area. Keelin's research has resulted in over 130 peer-reviewed original papers and >300 published conference proceedings.



In 2017, she took up the role of National Implementation Lead for the National Standards for Bereavement Care following Pregnancy Loss and Perinatal Death, working within the HSE's NWIHP. In this role, she has developed a strong relationship with patients and patient groups. Together the work has led to significant improvements in bereavement care across the country.

For most of us at CUMH – while aware of her academic capacity, we will know her best for her caring approach to patients, none more so than those with poor outcomes especially those experiencing pregnancy loss – it is there we see the human clinician embodied. Keelin works to very high standards of care and many of us find it hard to reach those standards but in trying, the overall sum of care for our patients is improved. For some of us, we have watched the development of this caring and hard-working doctor from shy Senior House Officer to the recent elevation to a well-deserved professorship

Congratulations Keelin.

17 November: World Prematurity Day. A Cork mum shares her story

By Emma Connolly for the Echo Women on Wednesday (WoW!) supplement on 11 November to mark World Prematurity Day



Amy Fogarty gave birth to her first child on October 26, but she won't be bringing her home from CUMH to Midleton until at least January 4, 2021. That should have been baby Síofra's due date, but she was born 10 weeks prematurely, weighing just 2lbs 9ozs (1.18 kilos).

World Prematurity Day is marked every November 17. An estimated 15 million babies are born too early every year, which is one in 10.

Speaking just eight days after the birth, Amy recalled the emotional rollercoaster herself and partner John O'Connell have been through since becoming parents.

The 34-year-old junior doctor, who specialises in obstetrics and gynaecology, had become concerned by her baby's lack of movement and decided to get checked out. After being kept in hospital overnight, discharged for a day, and then

undergoing subsequent tests including a trace on baby's heart, it was decided that the baby was better out than in, and to deliver her. Amy has performed her share of C-sections, but this was a whole new experience for her.

"It was a very surreal feeling. I don't remember too much about the moments after she was born. She was wrapped in a turkey bag to keep warm and I remember she had dark hair and reaching out to touch her."

"There's elation that she's doing well, but lots of guilt too. You think that the only thing you had to do for them was to provide a safe place and you feel bad that, for whatever reason, that didn't work out. I hope to get answers from my placenta, but I might never know what happened," said the new mum.

That first night in the hospital after giving birth, Amy remembers, was her worst. She had a spinal epidural so was unable to go to the unit where at this point her little girl had been intubated to assist with breathing.

"There were a million thoughts going through my mind. I went down the next morning at 6am, and it's all a bit of a blur. I'm not afraid of medical equipment, but her being in there was terrifying for me."

Amy speaks highly of the nurses and all the staff in the 50-bed neonatal unit.

"They really make you feel like you're a normal parent and get you involved, encourage you to talk to the baby and show you tips and tricks."

She's now doing really well and breathing on her own. Babies don't learn to suck until 34 weeks so she's being tube fed and Amy is expressing milk for her, and also availing of donated breast milk available at the hospital. Being discharged from CUMH without her daughter was understandably difficult.

She honestly admits that her experience will make her see things differently as a doctor.

"As a doctor you make a choice to deliver a baby for whatever reason and you think of the there and then. This was a massive eye-opener for what a premature baby means to everyone involved, the whole family."

An estimated 15 million babies are born too early every year, which is one in 10.

"I'm grieving the loss of a normal experience, the excitement of my bump growing, setting up the house. We lost all of that."

COVID-19 has also naturally impacted the neonatal unit. It means that, unless a baby is very ill, only one parent can be there at a time. Right now the couple travel to the CUMH and take it in turns to be with their daughter. They also ring the unit nightly at 10pm and again at 4am.

"I'm up pumping so I call and it's really reassuring to check in. The staff there do such a good job, and have made the most traumatic and difficult experience of my life bearable," she said.



CUMH Neonatal Unit

By Emma Connolly for the Echo Women on Wednesday (WoW!) supplement on 11 November to mark World Prematurity Day

Susan Vaughan has been a nurse in the CUMH neonatal unit for more than 10 years. She has seen her fair share of happy and sad outcomes, but throughout it all her focus is to give individualised care to every baby in their care. And Susan says that, regardless of their gestation, babies can communicate their needs once you know how to read their cues.

Susan, from Fermoy, puts a huge focus on premature babies' developmental care and was one of the first nurses in the country specially trained to give a voice to the newborn.

"Lots will need nasty IVs to survive, and it's important that their only touch isn't one of pain, but something more positive. It's about training the pathways of their brain to develop," she said.

She encourages lots of skin-to-skin contact between baby and mum and dad, and says premature babies don't like stroking (which feels like being tickled) but prefer the gentle laying of hands on their skin.

"But they're all different, no matter what gestation they're born, and they all get individualised care here."

As premature babies senses aren't fully developed (they can hear but not fully see), noise and light are kept to a minimum. She sees her role not as mum to the babies,

but as someone who helps parents to get to know their new born and gets them involved with nappies, baths and feeds.

"Most babies leave around their due date, but some have been here for six or seven months, and for others this has been their home so for those parents it's about making memories."

Challenges don't always end on discharge either and lots of parents, she says, report Post Traumatic Stress Disorder after what they've been through.

"Adrenaline keeps them going in hospital but the trauma of what they've been through can often hit when they get home," she said.

The family-centred unit is staffed by 13 neonatal nurses, and a multidisciplinary team comprising an occupational therapist, speech and language therapist and dietician, among others.

Understandably, COVID-19 has impacted how they operate. Back in March, and for nine weeks, only mothers were allowed to be with their babies.

"Dads were only allowed in extreme cases, which was just heart-breaking. They're both allowed in now, but not together."



An annual coffee morning to mark World Prematurity Day organised by Susan for over 10 years has also been a victim of the pandemic. The morning saw parents, both past and present, come together and remember the challenging journeys that babies and families undertake due to prematurity. It was also a great opportunity for staff to meet the babies again and to see how they are doing, as well as it being a great opportunity for new parents to meet others in the same situation. Susan explained how the event usually takes place in Brú Columbanus, where many parents of babies in the unit would have stayed, and it's a chance to say goodbye and thanks to staff there too.

Instead of the coffee morning, the unit is making a video for their social channel to capture their message of hope and love.

Susan is a mum of two girls, aged 22 and 20: "It really does go by in a heartbeat but I get my cuddle fix in the unit; and I can identify with parents who hand their babies over to us and put so much trust in us."

As intense as it is, Susan loves her job and says all their miracles make it so rewarding: "But working here teaches you not to sweat the small stuff. It really puts things into perspective."



Meet Dr Nóirín Russell, Clinical Director of CervicalCheck

Dr Nóirín Russell is the new Clinical Director of the CervicalCheck screening programme, while also retaining her roles in Ireland South Women & Infants Directorate. She tells us about her new role, what is different about the new programme and the challenges of working with COVID-19.



Tell us a bit about your new role as the new Clinical Director of CervicalCheck?

In September of this year, I started as the new Clinical Director of the CervicalCheck screening programme. I'm delighted to also continue working as a Consultant Obstetrician & Gynaecologist in Cork University Maternity Hospital and as the clinical lead for the colposcopy service at University Hospital Kerry, which is a pathway of CervicalCheck screening in Ireland. The role is approximately two thirds CervicalCheck and one third my current roles within Ireland South Women & Infants Directorate.

It's really important to me to keep that clinical connection and to not only lead the programme, but to also work on the ground in providing the services in that programme, so that I can see it from both angles.

How is the new cervical check screening programme going and how is it different?

The new cervical check screening programme was launched on 30 March 2020 and the difference is that it uses a HPV test as the primary screening test. This is beneficial as HPV screening is proven to be better than screening with a smear test.

So for example, of 1,000 women who are screened, 980 will have no abnormalities and 20 will have abnormalities. Cervical smears will detect 15 out of 20 while, HPV screening will detect 18 out of 20 - a big improvement.

Like every screening test, it will not detect 100% of abnormalities and it will not prevent 100% of all cancers. However, there will be less false negatives, i.e., where the screening test fails to detect a woman's cancer at an early stage. With smears, 1 in 200 would have received a false negative result; with HPV, it will be 1 in 500, so the risk is reduced, but it's still there. This means there will still be a small number of cancers that are not detected by screening.

Soon after the new service was launched in Ireland at the end of March, it had to be paused for over three months until early July as a result of the COVID-19 pandemic.

We restarted on 6 July 2020, with a focus on calling priority groups first, ie women who are 25, new entrants to the programme and those who were advised to have an urgent recall within 3 months. After that, we started calling everyone else in order of who has been waiting the longest.

But what we found that, while we sent out over 110,000 invitations, the uptake is quite low, albeit slowly getting better. It's clear that a lot of women have a fear of coming into healthcare environments due to COVID-19 and we see that right across the health sector. Presentations for cancer services right across the board are a lot lower than would be expected and that is a concern.

The screening test in the community is only the first test in the screening programme. We need to ensure we have the next steps in the programme ready for when the

woman presents. We need the laboratory ready to process the sample, we need to have the colposcopy clinics ready if she screens positive and needs a secondary care appointment and then if we take biopsies, we need to have the histopathology labs at the right capacity to make sure they can process the biopsies. So it's important to have a managed approach to the programme and have a proper handle on the numbers to make sure the next steps are lined up after a woman takes the first step and has her screening test.

Why is it important to stress that no cancer screening programme is one hundred percent effective?

It's important to view the screening programme as part of a package, and not as a one-off test. Screening is directed at well women - it is one of the things you do to stay well and reduce your risk.

If a woman has symptoms of cervical cancer, such as irregular vaginal bleeding between periods, bleeding after intercourse or postmenopausal bleeding, she should not wait for her screening test wait, but should immediately make an appointment with her GP as she may need to be referred on to see a gynaecologist. These 'red flag' symptoms should never be ignored, a woman must not rely on the fact that she may have got a negative screening test.

Regular cervical screening is advised and while screening will not prevent all cancers, it is the best way to reduce your personal risk.

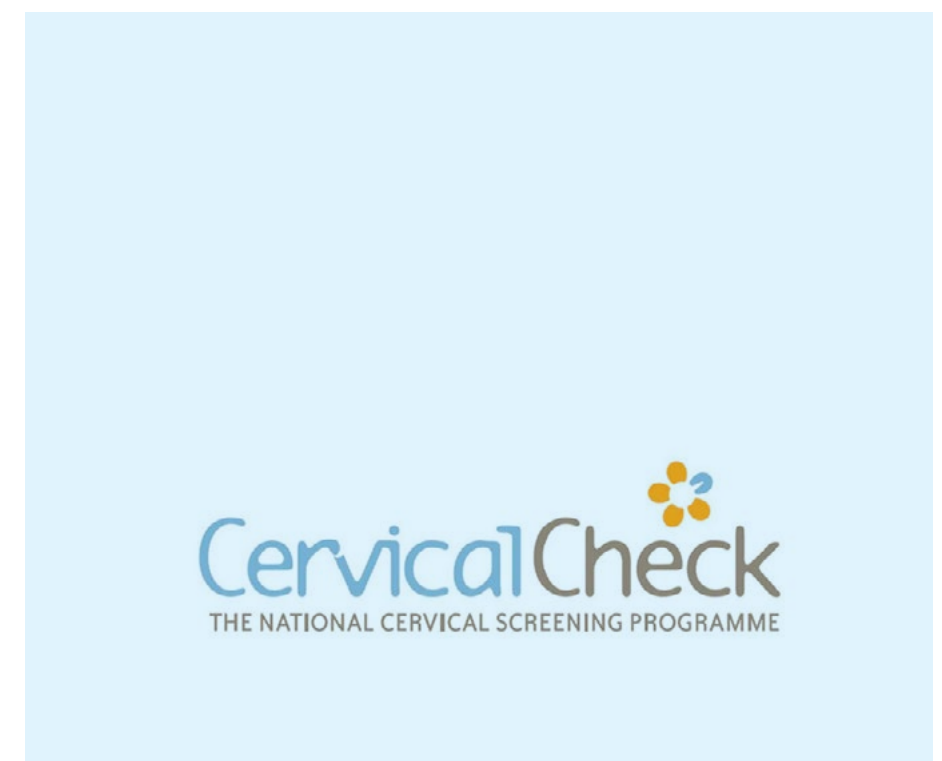
How does COVID-19 affect the way you provide care?

COVID-19 is affecting the way many health services are run and its main impact on the cervical screening programmes is on capacity. For example in general practice, GPs are really busy with flu vaccines and referrals for COVID-19 testing and while they are really supportive in fitting in women who need tests, some women may have to wait a couple of weeks before they can get that test.

COVID-19 is also affecting laboratory capacity as we're competing with COVID testing in labs all over the world. Also, some of the consumables used in HPV, which is a viral test, are also used in Coronavirus.

Are you excited about this new role?

Absolutely, I feel like I've gone full circle with this role, so it feels right. My very first research project as a registrar in Obstetrics & Gynaecology was back in 2000 where I did an audit of the Colposcopy Clinic in Cork run by the late Tim O'Connor and Dara Philpott. Twenty years later and I'm back looking at colposcopy again, focusing on cancer screening. I've always been interested in this area and it's a real pleasure to be now leading the programme nationally in Ireland.



Supporting Pregnant Women to Quit and Stay Quit in UHW and STGH

By Kate Cassidy, Senior Health Promotion Officer, Health & Wellbeing

Supporting pregnant women to quit and stay quit in University Hospital Waterford (UHW) and South Tipperary General Hospital (STGH) is run by Southeast Community Healthcare and supported by the Sláintecare Integration Fund. The aim is to help everyone involved in the journey of the pregnant woman to stop smoking, by providing an effective intervention in order to tackle maternal smoking. This project is demonstrating exciting results with quit rates consistently above 80% at 4 weeks, way above that of any comparable group.

Healthcare professionals in UHW and STGH are trained in the latest evidence based practices in addressing tobacco use among pregnant women and their extended family. They are implementing interventions in their clinical settings to achieve a higher percentage of smoking cessation among pregnant smokers. Midwives are conducting carbon monoxide (CO) screening as a valuable motivational tool for smokers to be referred into the service. It provides them with visible proof of the harm caused by smoking and it gives them a measure with which to chart their progress after they stop smoking. Carbon monoxide adversely affects both mother and foetus since it reduces the oxygen carrying capacity in the blood and can lead to fatal hypoxia.

Making every contact count (MECC) is well accepted and successfully implemented by the trained multidisciplinary team and is an effective quality improvement programme in antenatal care.

As some women are quitting smoking before the 15th week of pregnancy, the project is reducing the risk of a preterm birth and small-for-gestational-age babies.

As this project is also supporting partners, it is increasing the ability of a pregnant smoker to quit successfully.

When pregnant women are referred into the service, specially trained health promotion officers deliver interventions on a one-to-one basis and accurately convey the risks of smoking and help women to maintain their quit attempt through pregnancy and beyond.

The project is demonstrating evidence that the right result can be achieved by supporting pregnant women to stop smoking, by delivering the right care, at the right time, in the right place.

	UHW	STGH
No. of referrals	143	128
4-week Quit Rate (Feb to mid-Oct)	83%	85%
12-week Quit Rate (Feb to mid-Aug)	68%	71%
No. smokefree post birth	6	5

Figure 1: Referrals and quit rate results for pregnant women in UHW and STGH that were referred to the smoking cessation service from February to October 2020.



Pictured top left: Kate Cassidy, Senior Health Promotion Officer, Health & Wellbeing. **Top right:** Baby born to a mother who took part in the smoking cessation programme. **Pictured above in STGH:** Finola Meade, Midwife; Deirdre Moloney, Healthcare Assistant; Andrea Duffy, Midwife; Michelle Fredricks, CMM2 Community; Mary O'Donnell, CMM3



Colposcopy quality initiatives in STGH

By Gemma Hennessy, Clinical Nurse Manager 2, Colposcopy Clinic STGH

We have implemented two quality initiatives in colposcopy in South Tipperary General Hospital (STGH) towards the end of 2020.

Sláintecare QUIT Programme/Making Every Contact Count (MECC):

The Sláintecare QUIT team expanded their remit to include colposcopy. Two staff from the Colposcopy Clinic in South Tipperary General Hospital (STGH) are undergoing the MECC online training and the option for referral to the QUIT programme has now been included on the colposcopy data sheet (history form). STGH have also updated the patient information leaflet to include information or support with stopping smoking and the option for referral. To date 26 people have been referred to the QUIT programme, 19 have engaged in the service and 5 people so far have successfully quit smoking.

We hope to continue this initiative into 2021 where we hope to increase our number of referrals and will have greater numbers of successful quitters by this time next year.

Cervical screening for staff - 'The best prevention is early detection'

It has always been possible for staff to have their routine screening test (smear) taken in the colposcopy clinic in STGH if they wished. However, with the introduction of HPV cervical screening in March 2020, we decided to roll out this initiative formally to raise awareness about cervical screening amongst all our staff members.

With COVID-19 pausing cervical screening in primary care from March to July, it has been difficult for the general population to get appointments to have their screening test taken.

With this initiative, staff can have their routine screening test while on duty or can opt to have it done in STGH on their day off.

Since September, 24 staff members have attended/have an appointment scheduled and we hope to increase on this for 2021, using our motto: 'The best prevention is early detection.'

Early Transfer Home Service

By Joann Malik, Advanced Midwife Practitioner candidate, UHK

University Hospital Kerry Maternity Services are delighted to announce that the Early Transfer Home Scheme (ETHS) commenced on 28 September. This is the first phase in the development of community services within the Maternity Department with the newly formed Community Team consisting of Joann Malik, AMP candidate and Eimear Galvin, Community Midwife. At present, this service is for any well mother with a healthy full term baby, living within 10 miles of the hospital, who would like to return home early to receive postnatal care up to day five.

The Community Midwife meets the woman on the postnatal ward to discuss the scheme and her eligibility, she then visits the woman at home the following day. At this stage, the woman and midwife decide the number and timing of home visits required in line with the woman's individual needs.

So far, the scheme has commenced gradually, to assess and deal with any unforeseen issues. The women who have availed of this service have reported that the service has provided peace of mind, knowing a midwife would be calling to their home the next day to help them deal with any issues that arise, especially after the first night at home, a notoriously challenging time in the life of a new parent.

Olga Maher was the first woman to use the ETHS and is shown in the photo with her sons Alan and new baby Kuba. She expressed her appreciation to the scheme that facilitated her early discharge home to be with her partner Ivan and older child, Alan. Furthermore, knowing that she had the support of a midwife at home for the first few days, reduced any concerns she had.

We hope to further establish this scheme in the community in the future by evaluating it and adjusting it to the needs of the women. We also will be increasing the community services and expanding the Community Team to provide more choices for the women of Kerry.



Pictured above: Olga Maher with baby Kuba and big brother Alan. Olga availed of the UHK Maternity Services 'Early Transfer Home' scheme



Baby Loss Awareness Week 9-15 October 2020 in UHK

By Carrie Dillon, CMS Bereavement, UHK

Pregnancy loss at any time is a challenging and harrowing experience. During the lockdown periods of the COVID-19 global pandemic, it has also become a lonely and isolating period for women and their families experiencing pregnancy loss.

Pregnancy loss support during COVID-19 is challenging. The effect of social distancing has had a major impact on access to care and support and has prolonged the grief response to pregnancy and baby loss. During Baby Loss Awareness Week this year, we recognised we had to adapt plans to commemorate this special week; we needed to let parents affected by pregnancy and baby loss know they were not alone and that we were all here to support them. More so than ever before, they needed a platform to acknowledge the loss of their babies.

The Bereavement Team engaged with UHK social media platforms in ensuring public access to the services provided.

- An interview by the CMS Bereavement on the local radio highlighted the importance of Baby Loss Awareness Week and the plans that UHK had put in place to commemorate same in the midst of COVID-19 restrictions.
- An email address was set up encouraging the public to send in messages to their babies for the memory tree. These messages were inscribed on memory tags and placed on the memory tree which is located in the maternity unit. There was a huge response to this

initiative and sincere acknowledgements from families for providing this opportunity to remember their babies.

- A 10 minute video marked the opening of Baby Loss Awareness Week. This video recorded the official blessing of our new hospital burial plot for pregnancy loss. We invited five different faith leaders and members of the Bereavement Team to engage with the ceremony on the day. This was uploaded to UHK Facebook page and to date has received over 5k views!
- A bereavement education workshop for staff was also set up and some fundraising for Féileacáin was organised.
- On 15 October at 7pm, a candle lighting ceremony with a voiceover reflection joined the global #Waveofflight movement. This was once again uploaded to UHK social media platforms and both staff and bereaved families joined this initiative in record numbers.

We were overwhelmed at the public response to the services offered, which again highlighted the need for parents to have these opportunities to grieve and acknowledge the loss of their baby.

We look forward to 2021 with hope that our Service of Remembrance can once again take place where families and staff can come together in person to commemorate this special week. #BLAW



How to have a Home Birth in a Pandemic

Adapted from an article by Kirsty Blake Knox, for the Independent 3 November 2020



Pictured above: Janet Murphy, Advanced Midwife Practitioner UHW and Vicky Byrne, Midwife UHW
Photo by Mary Browne Photography

More women are opting for home births this year, and in this time of COVID-19, it's a way to take back some kind of control.

When I found out I was pregnant the second time round, I knew from the get-go I didn't want to be alone at any stage before, during or after I gave birth.

But, like almost all aspects of our lives nowadays — thanks to the pandemic — 'The Quickening' has become more complicated. Dads not allowed in to big scans, leaving mums facing the prospect of

hearing bad news on their own. And then there's the possibility your partner will spend a significant portion of your labour skulking around a hospital car park. Not ideal.

As lockdowns rolled on and on, it became increasingly important to me to regain a sense of ownership over my body, my pregnancy and my birth. I also wanted my own bed, my toddler, and my shower within arms reach. All of which led me to consider a home birth.

I know that birthing plans rarely, if ever, go as predicted, but the minute I decided to sign up to the DOMINO Home Birth programme in Waterford (which is available free on the public health scheme) I felt a wave of reassurance.

And it seems I'm not the only pregnant person feeling this way in a pandemic. The popularity of home birth has been growing in recent months. In Ireland there has also been a jump in enquiries, and in certain regions the numbers of women signing up has climbed year on year.

According to Janet Murphy, an Advanced Midwife Practitioner with University Hospital Waterford, there was an 'enormous number of requests in April and May'.

"People were concerned that because of lockdown their partners wouldn't be there and they'd be on their own," she says. "We offered a lot of reassurance — and listened to what they want and how that can be achieved. It's all about promoting women's choice."

Many midwives stress that, while the pandemic restrictions may encourage many to explore home birth, it should not be the motivating reason for signing up. Giving birth at home is not just about avoiding

a clinical medical scenario. You have to want it as an experience in itself, and be comfortable with the fact that it means giving birth without, for example, any pain medication. You also need to make sure that you have no underlying health conditions, have easy ambulance access to your house, and it's something both you and your partner really want to do.

"We look at the individual and make sure they are an eligible candidate," Waterford-based midwife Vicky Byrne says. "Partners also have to agree — you can't have the dad not up for it. They need to both be fully on board."

Perhaps because of all the necessary medical checks and balances, home birth is currently one of the safest ways to birth in Ireland, and has an extremely high satisfaction rate among those who use it.

The first national survey on antenatal care in Ireland showed that home birth service scored highest among women for antenatal care; it scored highest for care during labour; and 83pc of women using the service rated their experience as 'very good'.

Despite all this, Irish people can still be a little squeamish about it. But what does having a baby at home actually entail?

Do you have to turn your home into a mini hospital? How long will the midwives be there for? And how much of a state is your living room going to be afterwards?

“You need loads and loads of towels,” Anna Sheils-McNamee advises. Anna decided to opt for a home birth when she realised she wanted to birth in water and to remove the tension and fear around birth.

Currently the Coombe is the only hospital in Dublin with water birth facilities. When Anna tried to sign up, it was booked out. Home birth — and sourcing an inflatable birthing pool — was her next option. Some midwives have their own birthing tubs. You can also buy them online. A lot of expectant mums also rent a Burco Boiler (the tea tanks you see at weddings/ funerals) to keep the water warm throughout — otherwise you’ll be running around topping it up with a hot kettle. Oh, and then there’s the matter of emptying the pool when the show’s over.

“We’d recommend positioning it near a door so you can pour everything out the back garden,” midwife Janet says. “There’s a lot of water”.

It’s a good idea to semi inflate it in the days before the due date. You don’t want to have to start pumping up a giant paddling pool from scratch when you’re crowning. Also check with your midwife what their policy is regarding delivering babies

underwater. In some cases you may have to exit the tub at a critical moment. That sounds like a lot of work, but home birth midwives advise people against getting too worked up about prepping their homes.

“Your house doesn’t need to become a mini-hospital,” Janet says. “Less is more, we try and bring as little as possible. We want it to be as relaxed as possible. We come with a yellow bin, and gas and air but we try to keep it as discreet as possible.”

The midwives will visit your home before the birth so they are familiar with it. There must be parking for two cars, and your home must be ambulance accessible.

“We have delivered babies in high-risk blocks, up the side of mountains and in bungalows,” midwife Vicky says. “We can do it pretty much anywhere”.

Generally, two home birth midwives will be at your birth, they will be there for the duration of your labour and delivery, and one will remain at your house for two to three hours after the birth, to make sure the baby goes to the toilet, and is feeding. They clean up any mess from the labour or delivery, make your bed, and tuck you and your baby in before leaving.

“It’s a proper end to the experience. It’s lovely closure,” Janet says. Nothing will compare to going to sleep in your own bed with your partner and

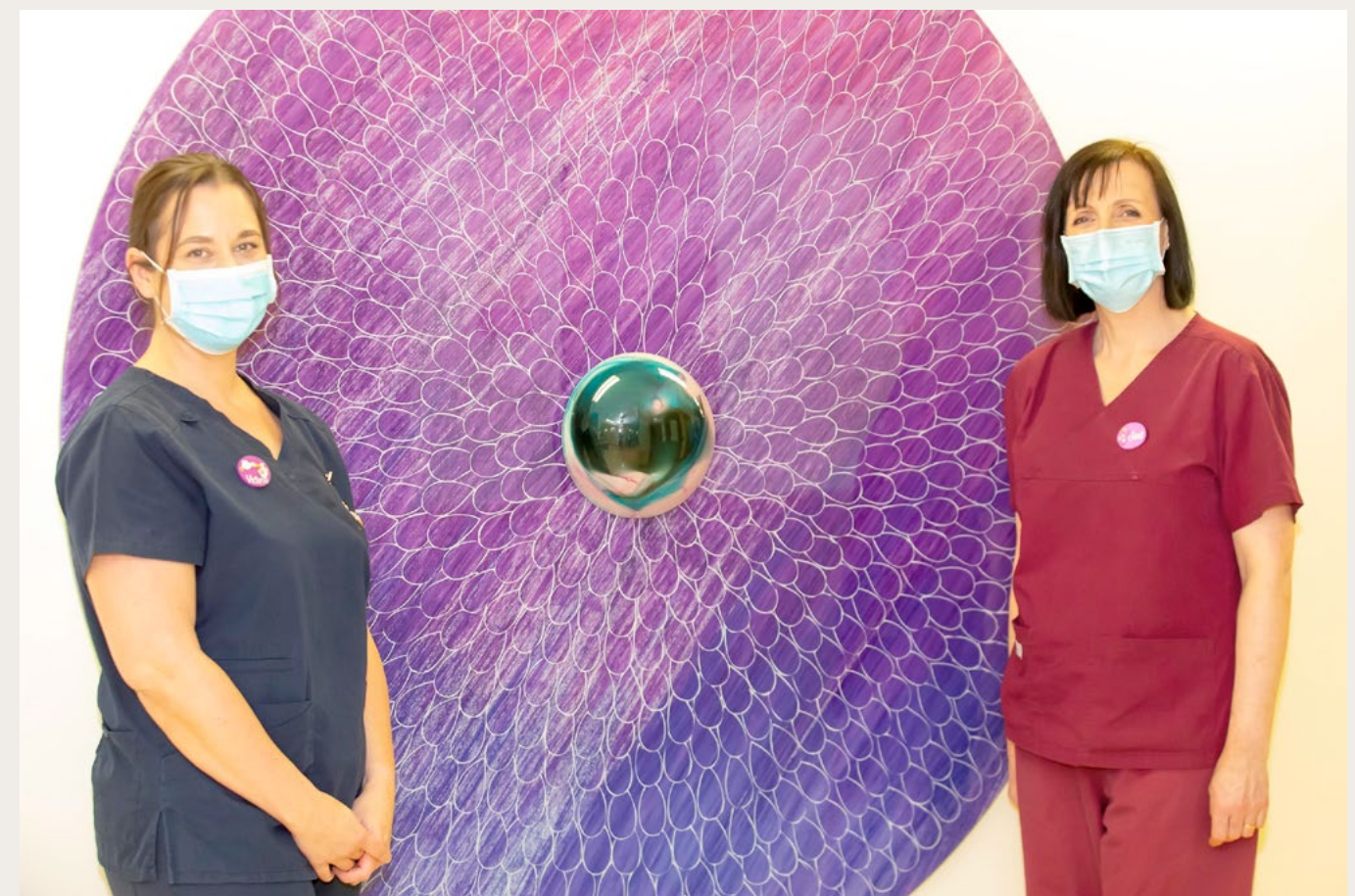
new baby in the hours after giving birth. It’s that element of intimacy, closeness and connection that made midwife Vicky Byrne, who had a home birth herself, such an advocate of it.

“I wanted my birth to be my own experience. I was in control the whole time. Afterwards, I thought everyone should have the option for this.

“It’s very special on both sides. There is a huge commitment to being on call so the midwives really want to be there doing

this, and they will do everything to ensure this is going to be a positive experience for you. We thrive on it. You also build a relationship and trust with the parents, and you really feel like you become part of the family,” she says.

Vicky has delivered many babies in her local community which is also rewarding. “Some of the children I delivered are now in school with my own kids and that feels very special.”



Above: Vicky Byrne, Midwife UHW and Janet Murphy, Advanced Midwife Practitioner UHW
Photo by Mary Browne Photography



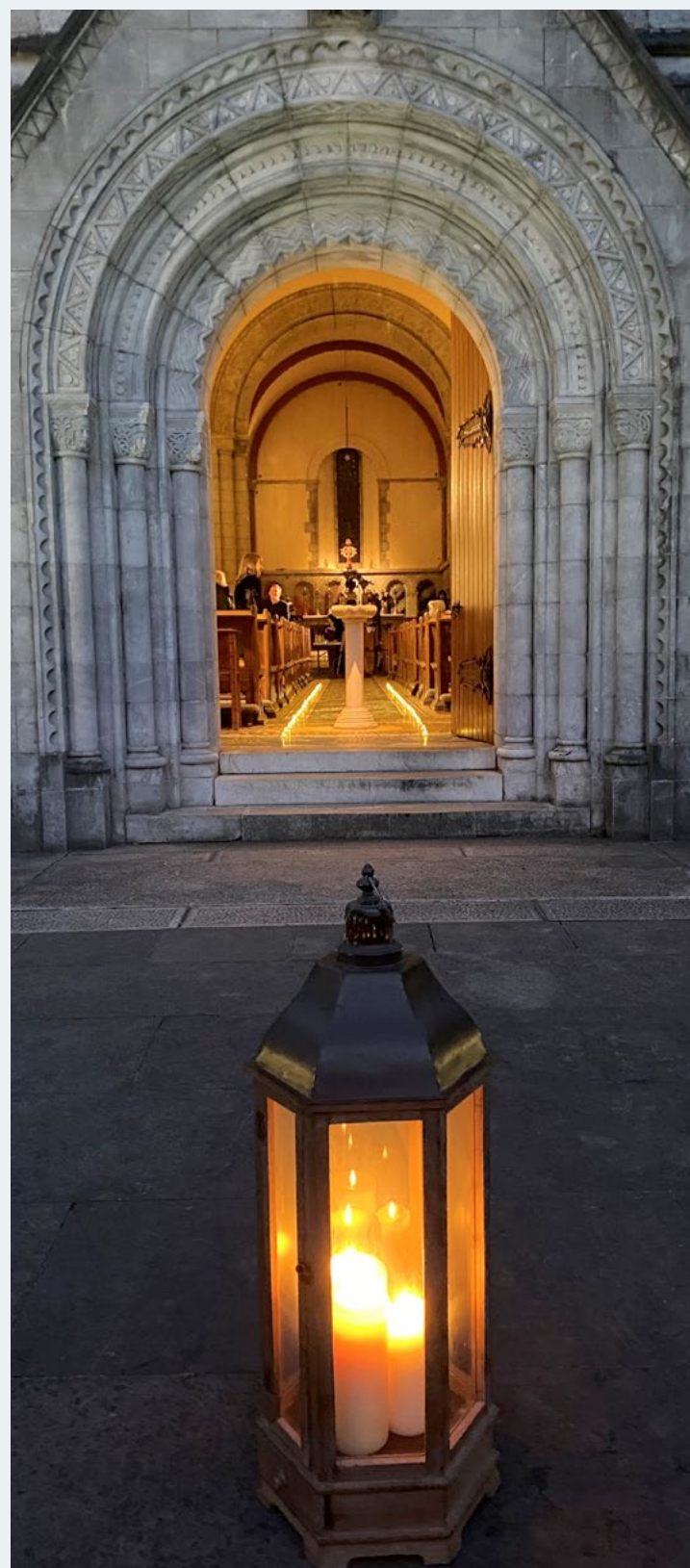
CUMH REMEMBERS

by Daniel Nuzum, Chairperson,
CUMH Bereavement Committee

Our annual Service of Remembrance has been an important day in our CUMH calendar since it was first held in 2009. Each year this service has provided a focal point for our bereaved families and staff to come together to remember and honour all those who died in pregnancy for any reason or in the neonatal period. Our bereaved families have consistently told us over the years how much they appreciate this event and have always found support, comfort and dignity by the presence of so many CUMH staff.

The CUMH Bereavement Committee was delighted to take up Professor Keelin O'Donoghue's proposal to bring our annual service online this year because of COVID-19 restrictions. The aim of this online Service of Remembrance was to create an inclusive and supportive online ceremony that was both participatory and supportive for our bereaved families. Representatives of many disciplines brainstormed, planned, created and provided what was described as a 'truly beautiful service' by many of our bereaved parents. Working within the challenges of physical distancing and myriad COVID challenges, the Bereavement Committee, supported by many other staff and support organisations gathered at the beautiful Honan Chapel at UCC and then at CUMH to record this year's service.





Supported by a dedicated microsite www.cumhremembers.ie and through various social media channels we were able to involve our bereaved families and bereaved families from further afield in this year's ceremony. #CUMHRemembers spread far and wide on social media. The opportunity for bereaved families to email in a name and a short message for our pathology team to inscribe on a remembrance leaf struck a particular chord and in return, we were able to send a photograph back to each family of their inscribed leaf. Families also sent us photographs of their lighted candles, and shared them on social media as they joined with one another in remembrance.

The opportunity to have our CUMH Remembers broadcast on RTÉ News Now TV on the International Day of Pregnancy and Infant Loss provided a fitting honour for our bereaved families and the care we provide in CUMH.

We are delighted that RTÉ are preparing to air it again on RTÉ One TV on Sunday 27 December at 11:10. Please spread the word!

As Chairperson of the Bereavement Committee, I wish to acknowledge the support of the Directorate and to say a huge thank-you to all our colleagues, support organisations, musicians, choirs and media team for your characteristic generosity of self and time to create this poignant ceremony. This has always been a tremendous sense of ownership of this annual service as a 'whole-staff' occasion, and this means so much to our bereaved families. Míle buíochas.

Antibiotic Awareness Day, CUMH 2020

by Kate Finch, Antimicrobial Pharmacist CUMH

European Antibiotic Awareness Day took place on 18 November 2020 with events being held across the Ireland South Women and Infants Directorate to mark the day. Antibiotic resistance is a risk to the long term protection of our health and this awareness day aims to highlight why we all need to use antibiotics with care.

Most events in Cork University Maternity Hospital this year took place virtually. We joined the Twitter conversation on the day reminding everyone that antibiotics cannot help against viral infections such as cold and flu and are only effective against bacterial infections.

We sent an email message out to all staff members highlighting efforts that are being made in CUMH to ensure antibiotics are being used appropriately. The message included a call to action for everybody to unite in the fight against antibiotic resistance. Doctors, midwives, nurses, pharmacists and patients must all work together to keep our antibiotics working, especially for those who are more vulnerable to infections such as pregnant women and newborns.

We displayed a banner in the reception area of CUMH to greet visitors with the message that if we take antibiotics when they are not needed, they may not work when our lives depend on them.



Above: Sinéad Creedon, CNS Infection Prevention and Kate Finch, Antimicrobial Pharmacist on Antibiotics Awareness Day in CUMH

Antibiotics Awareness Day, STGH 2020

by Ciara Cronin, Antimicrobial Pharmacist, STGH

This year to mark Antibiotic Awareness Day on the maternity unit in STGH, an education programme was launched on Gentamicin, with a plan to extend this to Vancomycin once all midwives have completed the initial session. With time, space and social distancing restrictions, the education programme was limited to approximately 15 minutes with opportunity for feedback. With global resistance rates rising and the increasing need for the addition of these restricted antibiotics, the aim of the programme is that where these agents are indicated, that the use is optimal for the patient.

Antibiotics Awareness Day, UHK 2020

by Dr Síle O'Connor, Antimicrobial Pharmacist

It was another hectic Antibiotics Awareness Day at UHK this year, with information stands in the main reception area and in the hospital restaurant from 8am.

The Antimicrobial Stewardship Team recruited an army of more than thirty frontline staff including doctors, pharmacy and lab staff, as well as members of the EMB. They all wore t-shirts carrying key antimicrobial stewardship messages, focussing on issues identified by a recent point prevalence survey.

A quiz based on these messages was circulated throughout the hospital, and generated a great buzz as staff worked out the answers, in socially distanced multidisciplinary huddles! Some fabulous prizes were kindly sponsored by the Meadowlands Hotel in Tralee.

The event was also used to promote the Outpatient Parenteral Antimicrobial Therapy (OPAT) service provided by the local Community Intervention Team (CIT). This may be useful in facilitating admission avoidance or enabling early discharge, as we plan for the winter season ahead.



Left: Dr Síle O'Connor, Antimicrobial Pharmacist; David Oyewande, Pharmacy Student UCC and Caroline O'Connor, Quality Manager at the Antibiotics Awareness Day stand in the UHK hospital restaurant

Clinical trial for lung monitoring system for newborns

By Tara O'Leary, INFANT Communications



Above: Stefan Andersson, Tyndall, who led the research

The INFANT Research Centre University College Cork (UCC) is developing a new optical system for monitoring lung function in newborn infants in collaboration with the Irish Photonic Integration Centre (IPIC) at Tyndall National Institute.

Currently there is no such device able to detect lung oxygen concentrations. The system is known as NIOMI (Non-Invasive lung Oxygen Monitoring of Infants) and the INFANT Research Centre UCC plans to perform a clinical trial at Cork University Maternity Hospital next year.

The trial will assess the technology in healthy term infants over the first days of life. These measurements are to provide insight into normal lung oxygenation in healthy term infants for future perspectives.

The technique, known as gas in scattering media absorption spectroscopy (GASMAS), uses near-infrared light to measure the lung oxygen concentration.

The newly developed non-invasive optical device applies small probes on a baby's chest to detect oxygen levels and evaluate lung aeration, providing the clinical team with real-time information on the underlying lung status.

Professor Eugene Dempsey, Clinical Lead for Neonatal Research and Principal Investigator with INFANT Research Centre, hoped that in the future, the optic system would improve the detection, diagnosis and treatment of newborn infants, particularly premature babies born with reduced lung function.

“Premature infants are at increased risk of requiring breathing support due to the underlying lung immaturity; this technology has the potential to change the way we manage these babies, help to avoid invasive mechanical ventilation and reduce longer-term lung problems,” he added.

Director of the INFANT Research Centre and Professor of Neonatal Physiology at UCC, Geraldine Boylan commented;

“INFANT has an established track record of integrating clinical disciplines in maternal and child health with scientific and engineering expertise – both in-house and through collaborating with our colleagues in Tyndall. This multi-disciplinary approach is critical to develop ground-breaking medtech innovations that can have real clinical impact. Technology without translation will not deliver the societal and economic impact for the investment in research and support which SFI, the HSE and the DoFHERIS has provided.”

RE:CURRENT study is evaluating recurrent miscarriage services in Ireland

The RE:CURRENT project funded by the HRB

Miscarriage is a public health issue that affects women all around the world. One in four women will experience a first-trimester miscarriage in their reproductive life, while at least 1-6% will experience at least two or more consecutive first-trimester miscarriages, commonly defined as recurrent miscarriage (RM). At present, there is no national standard for the provision of services and supports to those who experience RM.

Led by Professor Keelin O'Donoghue, the RE:CURRENT (Recurrent miscarriage: Evaluating CURRENT services) project, funded by the Health Research Board (HRB) aims to evaluate the services provided for those who experience RM in the Republic of Ireland. Seven interrelated studies are being conducted over a two-year period. These include a systematic review of clinical practice guidelines for RM care in high-income countries, and the development of guideline-based key performance indicators. The latter will be used in a subsequent audit of services within the 19 maternity hospitals/units in the Republic of Ireland, as well as a cohort study of the management and outcomes of women with RM within the South/South West Hospital Group. The team is also undertaking a national survey to examine the experience of people who have interacted with the maternity services following RM and qualitative

studies to evaluate the experiences of relevant stakeholders who provide, manage, or engage with RM services. Finally, a health economic analysis is being undertaken to assess costs associated with RM service provision and public preferences for resource allocation for RM services.

The RE:CURRENT Project Management Group comprises Professor Keelin O'Donoghue (PI), Dr Sarah Meaney (Co-Applicant), and Dr Rebecca Dennehy and Marita Hennessy PhD (Postdoctoral Researchers). This Group is working collaboratively with a Steering Group and a Research Advisory Group, which include key stakeholders comprising: healthcare and allied health professionals, representatives from advocacy and support organisations, those involved in the administration, governance and management of maternity services, academics, and women and men who have experienced RM. Such collaborative working is integral to the project, and ultimately in assisting efforts to standardise and optimise the quality of RM services across the country.



Success with Aspire Fellowship from NDTP in CUMH



**By Dr Suzanne O'Sullivan,
Consultant Obstetrician &
Gynaecologist, CUMH**

IOG scheme for 18 months. A very small number of these fellowships are awarded per year across all medical specialties, and only to the very best fellowship programmes. It is fantastic news that Obstetrics and Gynaecology has been acknowledged in such a fashion. The successful applicant was named as Dr Alison DeMaio who will start her fellowship in CUMH in July 2021.

The Royal College of Physicians Ireland (RCPI) and Institute of Obstetricians & Gynaecologists (IOG) are delighted that Obstetrics and Gynaecology has been acknowledged and supported. We are really proud of our colleagues and their well deserved recognition of the work being done in CUMH to advance training – it is truly a cause for celebration.

Above: Dr Alison DeMaio who was awarded the 2021 Aspire Fellowship from the NDTP

Congratulations are extended to Dr Cathy Burke and Dr Matt Hewitt for their remarkable success in securing the 2021 Aspire Fellowship from the National Doctors Training and Planning Unit (NDTP) for post CSCST Fellowship funding.

This significant honour is worth almost €200,000 and will give world class certified subspecialist training to a trainee who has finished the RCPI/



Midwife Research Impacting Care

MSc in Midwifery Research by Lorna Sewell, Midwife CUMH

First-time parents' expectations and experiences of antenatal education classes. A systematic review and narrative synthesis of the quantitative literature.



Antenatal education can be a valuable resource for parents; O'Sullivan and O'Connell (2010) note antenatal education is the cornerstone in the preparation for childbirth and parenting for many couples. They believe antenatal education needs to give parents the skills to negotiate all aspects of care on the journey through pregnancy, labour, birth and early parenthood. As a midwife, I spent the majority of my career in the antenatal setting. Here I was lucky to regularly facilitate antenatal classes, something I am truly passionate about. This meant doing research into antenatal education was an obvious choice for me.

In 2020 the long awaited National Standards for Antenatal Education in

Ireland was published. Its aim is to build a foundation to guide safe, accessible antenatal education for all. It states 'The purpose of antenatal education services in Ireland is to provide a parent-centred, evidence-informed, nationally consistent and equitable service to all pregnant women and their partners living in Ireland in order to prepare them for birth and the transition to parenthood' (National Standards for Antenatal Education in Ireland, 2020, pg.11).

In order to be parent-centred, it is paramount providers understand parents' needs, thus the reasoning behind my research. Initially, I had hoped to conduct primary quantitative research study of first-time parents who attended antenatal education classes in CUMH, to see if the classes were meeting their needs and expectations. Unfortunately, due to the unprecedented pandemic of COVID-19, this was no longer feasible in the timeframe, as restrictions were put in place and all face-to-face antenatal education classes were cancelled. So I changed the focus to conducting a systematic review. By carrying out a systematic review of the quantitative research available, I aimed to deliver a clear and concise overview of findings and also help identify any research gap in relation to first-time parents' antenatal educational needs.

Key Findings:

Characteristics of attenders

The general characteristics of attenders of antenatal classes tended to be well educated expectant parents, who were married or in stable relationships and who had a good level of income. By identifying the characteristics of attenders we can assume that the needs of non-attenders are not being met. This should provide programme planners with the information they need to alter classes to attract, include and accommodate all expectant parents. This may be facilitated by providing classes outside normal working hours or having antenatal education classes specific for young parents, single parents or fathers only. Equally it highlights the need for greater promotion of classes and to insure that classes are free and accessible to all.

Better preparation for transition to parenthood

A common recommendation of the studies was that parents reported wanting to be better equipped for the transition into parenthood, with some requesting more time be spent on parenting preparation, parenting skills acquisition, and for information on possible emotional and relationship changes. Going forward equal emphasis should be placed on parenthood and emotional preparation, as that which is placed on labour and birth, in an attempt to adequately prepare expectant parents in their transition into parenthood.

Perceived benefits of antenatal education classes

The satisfaction rates with antenatal education classes were generally high among participants, with some studies noting measurable changes in health-related knowledge following completion of the classes. This reinforces the benefit of attending antenatal education classes.

One study found that when given a choice, 47.5% of parents wanted face-to-face classes, while 37% of them wanted a mixture of face-to-face classes, supported with online information. Only 6.6% of parents wanted completely online antenatal education classes (Kovala et al., 2016). This strengthens the argument that antenatal classes are not only about providing information, they are a valued opportunity for expectant parents to openly engage and participate in the learning process and they provide a platform for new parents to meet and form social support. Parents in this study also stated a preference to have sessions offered throughout pregnancy. This would give more opportunity to ask questions, build rapport with the health professional and also give a chance to build friendships with other expectant parents.

In order for antenatal education classes to be truly parent-centred, parents should be involved in all aspects of the class including setting the agenda of the classes they attend, to ensure they meet their needs. It also highlights the importance of having some parent involvement when planning future antenatal education programmes.

This systematic review identifies a large scale quantitative Irish study is needed so as to have a greater understanding of first-time parents' experiences and expectations of antenatal education classes in Ireland. Until such a study is conducted and published, regular audits and feedback should be sought by midwives from parents who attend classes to see on a local level if they are meeting the parents' needs. Those providing the classes also have a responsibility to ensure the information they impart to others is current and evidenced based.

For more information contact:
lorna.sewell@hse.ie

Ireland South Women & Infants Directorate Grand Rounds virtual meetings

by Ruth Devenney, Postgraduate Coordinator, Department of Obstetrics & Gynaecology, UCC

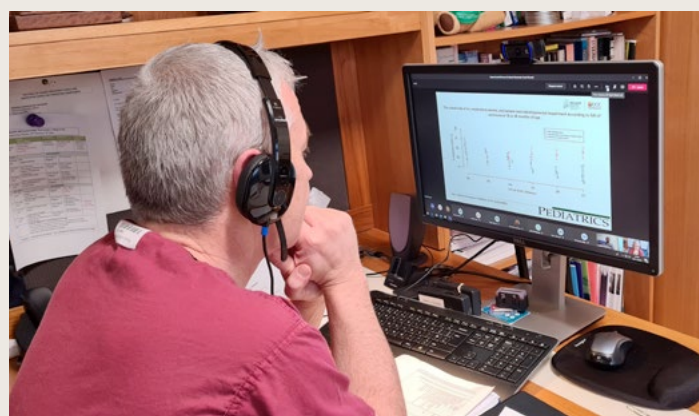
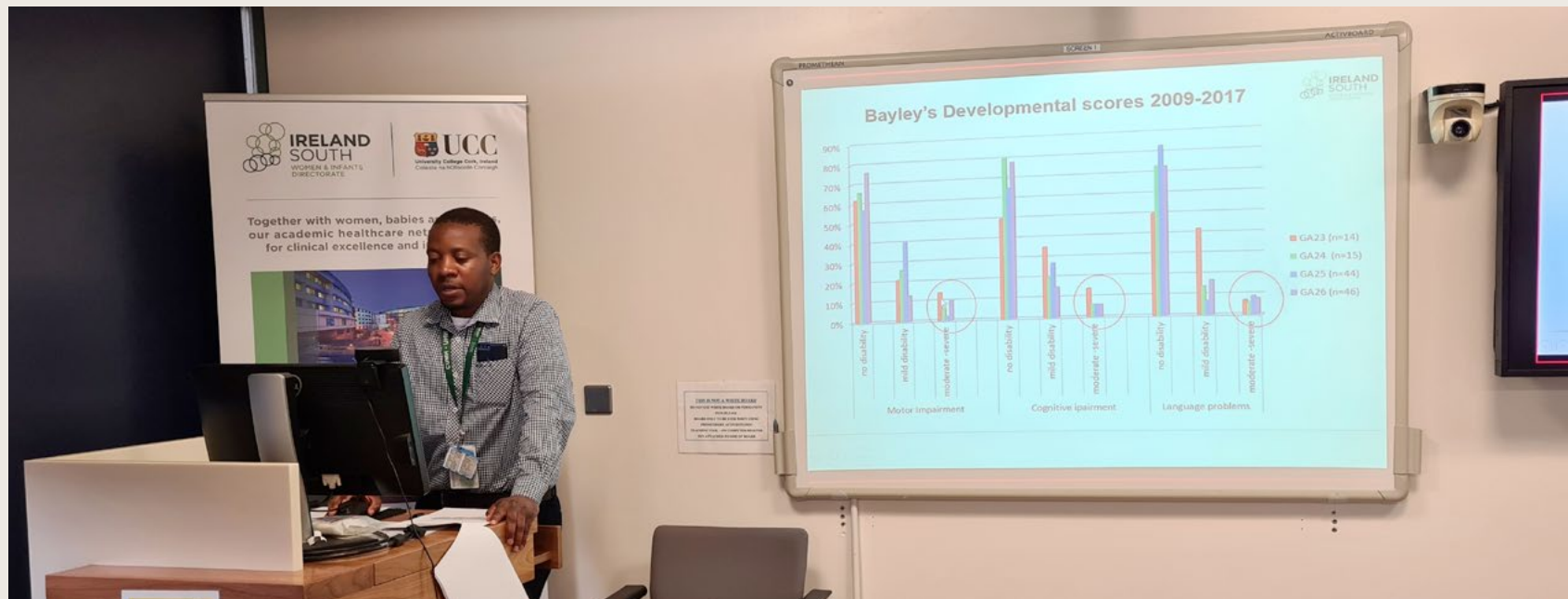
Ireland South Women & Infants Directorate Grand Rounds usually takes place in Cork University Hospital Auditorium in front of a live audience, and is broadcast via videoconference to University Hospital Kerry (UHK), University Hospital Waterford (UHW) and South Tipperary General Hospital (STGH). This year due to COVID-19 related restrictions, changes were made to the delivery of this meeting. Grand Rounds now takes place virtually for all Ireland South Women & Infants Directorate maternity units to join weekly, including staff in Cork University Maternity Hospital.

This meeting attracts a large audience of hospital staff from all disciplines (medical, midwifery, health and social care professionals, guest speakers, undergraduate students etc). We have had up to 70 attendees online at Grand Rounds meetings since going virtual and feedback has been positive from staff as it allows more flexibility with people attending remotely. This educational meeting takes place each week on Friday mornings 07.30-08.15, during term time.

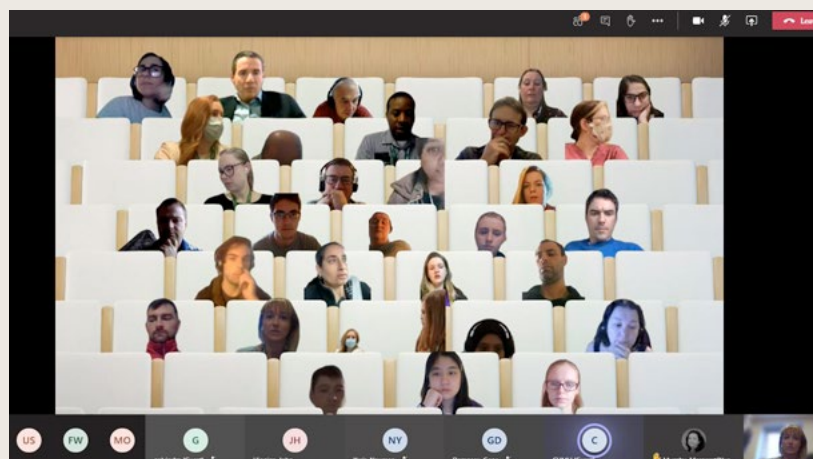
The format of Grand Rounds remains the same:

- Short presentation on a topic (20 minutes)
- Critical appraisal of a journal/research article (10 minutes)
- Discussion on a key visual for learning purposes (5 minutes)
- Q & A (10 minutes)

At the end of each presentation, the convener Professor John Higgins chairs a questions and answers session to promote audience participation. Anyone wishing to join Grand Rounds should contact the Education Office at obsgynpgtraining@ucc.ie.



Pictured above: Dr Kenosi, Neonatologist CUMH presents Grand Rounds for an online audience on 6 November 2020. Left: Professor John R. Higgins, Clinical Director, joins Grand Rounds from his computer. Below: Screenshots from virtual Grand Rounds on 6 November 2020



GA weeks	cognitive	language	motor
23	50% (7/14)	50% (7/14)	62% (9/14)
24	80% (12/15)	73% (11/15)	66% (10/15)
25	84% (27/32)	80% (36/43)	69% (22/32)
26	78% (36/45)	73% (33/45)	76% (35/45)

Educational Videos for Parents and Expectant Parents in CUMH

by Lorna Sewell, Midwife and Liz Barry, Deputy Physiotherapy Manager

Photos show a selection of videos available on the CUMH website. Please visit <https://irelandsouthwid.cumh.hse.ie> to view the full series of 26 educational videos filmed in CUMH.

Antenatal and postnatal education is a valuable tool for parents to give them the skills they need to negotiate all aspects of care on the journey through pregnancy, labour, birth and early parenthood. However, due to COVID-19, the traditional facilitation of antenatal and postnatal education classes was paused. As a result, we developed a number of short educational videos and launched on the CUMH website. All pregnant women attending maternity services are now informed of these educational resources.

The CUMH website is now accessed through the new URL <https://irelandsouthwid.cumh.hse.ie/> and the videos exist in a new section titled Online Parentcraft Education found under Maternity Care. These videos compliment the UHK videos launched earlier in September both on the CUMH website and the UHK Maternity website itself <http://uhk.ie/maternity/>.

The antenatal videos focus on pregnancy, labour, pain relief and birth, and caring for you and your baby after birth. <https://irelandsouthwid.cumh.hse.ie/maternity-care/online-parentcraft-education/online-learning-labour-cumh>

The postnatal videos cover physiotherapy advice to help recovery following the birth of your baby and information on how to help your baby's development. <https://irelandsouthwid.cumh.hse.ie/maternity-care/online-parentcraft-education/online-learning-postnatal-from-cumh/>

Thanks to all the healthcare professionals involved in their creation, editing and signoff. These videos will serve as a valuable resource for parents for the foreseeable future.



Antenatal Preparation and Exercise. Lynda Moore, DOMINO Midwife



Positions for Labour. Orla McCarthy, Senior Physiotherapist Women's Health



Pain Relief during Labour. Mags Higgins, Midwife



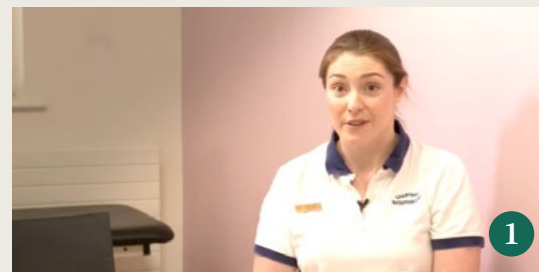
Transition to Parenthood. Olga O'Brien, Clinical Midwife Manager



Safe Sleep Guidelines. Lorna Sewell, Midwife



Breastfeeding. Susan O'Driscoll, Lactation Consultant



1. *Looking after your bladder and bowels and caring for the perineum.* Fiona Joyce, Senior Physiotherapist Women's Health
2. *DRAM and exercises to help your abdominal muscles to recover.* Orla McCarthy, Senior Physiotherapist Women's Health
3. *Advice for tummy time and promoting your baby's development.* Anne Marie Cronin, Senior Neonatal Physiotherapist
4. *Advice for those following a caesarean section.* Liz Barry, Deputy Physiotherapy Manager

UCC's BSc Midwifery students celebrate the completion of their programme

By Rhona O'Connell, Lecturer in the School of Nursing and Midwifery

The BSc Midwifery Year 4 interns marked the completion of their programmes symbolically on 18 September by submitting their year 4 competency booklets marking the completion of their programme and receiving a copy of a book which catalogues the 25 year history of the School of Nursing and Midwifery, UCC.

We wish to extend our congratulations to all BSc (Hons) Midwifery (2016-2020) students: Krystine Bendula, Hannah Courtney, Robyn Creagh, Kellie Cregan, Anna Cywinska, Niamh Enright, Danielle Hourihane, Cliona Joyce, Doireann Kelleher, Patrycja Kowalczyk, Clarisse Lynch, Joanne McDermott, Kerry Mullen, Lauren Murray, Anne Marie O'Sullivan, Laura O'Sullivan, Fern Renton, Annaleigh Walsh, Greta Walsh, Kate Wilson.

The 2016-2020 BSc students marked history in their own right by being the nursing and midwifery students who were on clinical placement from January 2020 to September 2020. Despite the COVID-19 pandemic, year four intern students turned up for work day after day, donned PPE and cared for their patients. These students are some of the unsung heroes of the COVID-19 pandemic.

COVID-19 has highlighted the importance of nurses and midwives as core front line workers and reinforced the WHO decision to make 2020 the international year of the nurse and midwife. Nurses and midwives often forget how much of an impact they make on a person's life. The School of Nursing and Midwifery, UCC wants to say thank you to all the nurses and midwives who truly make a difference.



Pictured above:
*BSc Midwives on
their final day in UCC*

Pictured left:
*BSc Midwives
2016-2020*



UCC's Virtual Conferings Autumn 2020

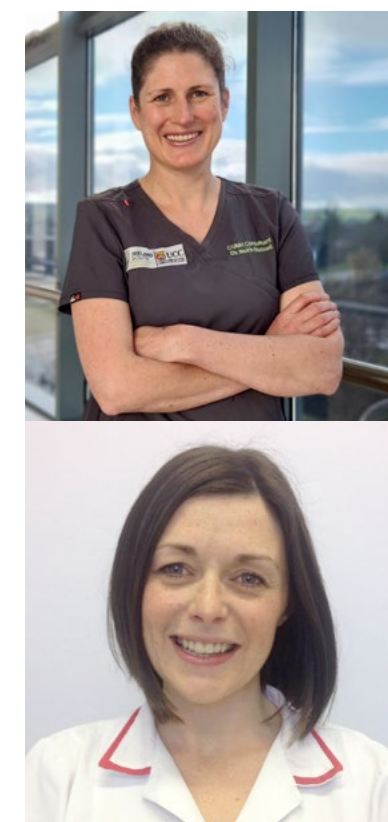
In the region of 5,000 students graduated from UCC in a week-long series of virtual conferring ceremonies in November 2020. Conferring ceremonies are always a key event and moment of celebrations for new graduands, their families and friends, and the broader UCC community to celebrate academic achievements. The College of Medicine and Health ceremony took place on 18 November.

The university has committed to hosting a special on-campus graduation event in June 2021, subject to public health guidelines.

The guest speaker at the Autumn 2020 Conferings was An Taoiseach Micheál Martin, TD who is himself a UCC alum. This was his first conferring address for any Irish university. *“As young people heading out into the workplace, you embody the hope for the present and the future for all of the generations ahead of you.”*

Congratulations to all our graduands.

Cork staff make Hospital Professional News annual list of top 100 hospital professionals



Two CUMH/CUH staff members have made Hospital Professional News' annual list of the top one hundred hospital professionals in Ireland. Congratulations to Dr Nóirín Russell, Consultant Obstetrician and Gynaecologist at Cork University Maternity Hospital (CUMH) and Clinical Director of CervicalCheck and Caitriona Heffernan, Senior Speech and Language Therapist at Cork University Hospital (CUH) and also member of CUH Improvers, a group formed within the hospital to promote, support and celebrate quality improvement and innovation within the hospital.

This year, the publication celebrated the heroes on the frontline, recognising their work during the COVID-19 pandemic. Both Nóirín and Caitriona are worthy candidates on this list of Ireland's top hospital

and healthcare achievers, who act as ambassadors and role models for their peers and colleagues.

Editor of Hospital Professional News, Kelly-Jo Eastwood said that from working on the frontline to contributing research to the betterment of the profession, *“never has there been a more opportune time to recognise the unwavering excellence and dedication of Ireland's hospital professionals”*.

Above top: Dr Nóirín Russell, Consultant Obstetrician and Gynaecologist at Cork University Maternity Hospital (CUMH) and Clinical Director of CervicalCheck

Above: Caitriona Heffernan, Senior Speech and Language Therapist at CUH/CUMH



2020 Annual Sexual Assault Response Team Study Day

By Margo Noonan, Candidate Advanced Nurse Practitioner in Sexual Assault Forensic Examination (SAFE), Sinéad Maher, CNS SAFE, Louise Tiernan, CNS SAFE, Sexual Assault Treatment Unit, South Infirmary Victoria University Hospital

On Friday 9 October, we held the Annual Sexual Assault Response Team study day. Traditionally this is a day of meeting friends old and new, catch ups, information sharing and spending face-to-face time with our colleagues from around the country. This year, due to the pandemic, it was decided to provide the study day via webinar. While I have no doubt the technical challenges may have left permanent scars on the host SATU, the absolute success of the day was a testament to their determination to provide a high quality, educational, informative and sometimes quite entertaining study day. The Cork SATU hosted a viewing of the webinar (with strict adherence to social distancing guidelines) with representation from Protective Services Unit in Cork central and West Cork, The Family Centre and a small number of SATU support staff.

The speakers on the day covered a large variety of topics relating to domestic, sexual and gender based violence with a short showcasing of each of the six SATUs, finishing with the first ever purpose built SATU in Letterkenny, Donegal.

The day was opened by National SATU Clinical Lead, Dr Maeve Eogan who gave a brief overview of the impact of the pandemic on SATU services. While there has

been a slight decrease in the number of patients attending the services nationally, we are happy to report that all the units remained open throughout this difficult period and will endeavour to remain open, ensuring clients can access efficient, focused care. All speakers on the day gave excellent presentations, but particular mention must go to Diana Faugno, past President of the American Academy of Forensic Nursing, who gave an insightful and informative presentation on non fatal strangulation (NFS) in sexual and domestic violence. Diana focused on highlighting the importance of medical screening, forensic management and safety risk assessment by healthcare and law enforcement professionals, who encounter NFS victims in sexual or domestic violence. She emphasised how the clinical and forensic importance of NFS has been under recognised and recommended the need for consistent and effective screening when clients present to services reporting sexual or domestic violence. Furthermore, she stressed the need to ensure that those with ongoing safety risks require adequate responses to ensure their safety.

Dr Lorna Flanagan of Forensic Science Ireland presented findings from a study of the background levels of male DNA on underpants worn by

females. Dr Flanagan highlighted how often times when a person is accused of a crime they may legitimately put forward an alternative explanation for the presence of their DNA, to that which has been proposed by a prosecution. The results of this study provide data in relation to the significance of finding male DNA on the inside of underwear when social contact instead of sexual contact between individuals is put forward as an alternative explanation. Dr Flanagan described how the findings of a male profile on the inside front of underwear worn by a female is not expected in the absence of sexual contact but also highlighted that if found it is more likely from a co-habiting male rather than from non-cohabiting male in social contact.

The day finished with a live questions and answers panel, where attendees were given the opportunity to further discuss any issues raised during presentations. It was by any standards a very successful virtual study day for all involved.

We have only mentioned two of the presentations from the study day but if anyone has an interest in the presentations as shown on the agenda please feel free to link in with us and we will organise dissemination. Noonan.Margo@sivuh.ie Tel: 021-4926100 Fax: 021-4310153

 ANNUAL SEXUAL ASSAULT RESPONSE TEAM STUDY DAY Friday 9th October 2020. 09:30 - 13:30		
09:30 - 9:40	Dr Maeve Eogan National Clinical Lead SATU Service	Welcome and Outline
09:40 - 10:00	Dr Maeve Eogan National Clinical Lead SATU Service	2020 in SATU - What a Year and Where Now?!
10:00-10:45	Professor Tom O'Malley National University of Ireland Galway	A Review of Protections for Vulnerable Witnesses in the Investigation and Prosecution of Sexual Offences
10:45 - 11:05	Noeline Blackwell CEO Rape Crisis Centre	Dublin Rape Crisis Centre Now do we get it? What COVID19 has Taught Society about the Impact of Trauma
11:05-11:50	Diana Faugno Past President AFN Academy of Forensic Nursing	Domestic Violence/ Non-Fatal Strangulation
11:50- 12:10	Mullingar SATU Support Nurses	Support in SATU
12:10-12:30	Helen McGrath Central Statistics Office	Update on the Sexual Violence Survey
12:30-12:45	Detective Sergeant Jonathan Hayes Garda National Protective Services Bureau	Update on the Divisional Protective Services Unit (Sexual Violence)
12:45 -13:10	Dr Lorna Flanagan Forensic Scientist, Forensic Science Ireland	A Study of the Background Levels of Male DNA on Underpants Worn by Females
13:10-13:30	Discussion Q&A	Live Panel Discussion
13:30-13:40	Close	Clinical Nurse Specialists Sexual Assault Forensic Examination, Nessa Gill & Catherine Marsh
4 CME credits (External) RCPI Category 1 Approval (NMBI) sart@rotunda.ie		

Becoming Mum

By Lorna Sewell,
Mother and Midwife CUMH



*From the size of a seed, you did blossom and grow.
The strength of my love you'll never truly know.
You started like a butterfly that flutters soft and light,
But soon you grew up big and strong and kicked with all your might.*

*Let me tell you my darling those truly were sweet days,
As our bundle of joy, you brought love in many ways.
Who knew I would miss them, those soft, gentle wriggles,
Now you're here in my arms, with sweet, happy giggles.*

*The power of pregnancy can truly amaze,
The pain is forgotten once I'm locked in your gaze.
And though it all started as worry of what would be,
My love, I soon realized it's not you, or me, but WE!*

*It all seemed unknown, and it was hard to prepare
For the birth, coming home, but no fear only care.
For centuries women have made it on through,
All trusting their body knows just what to do.*

*The big day soon got here and all became clear,
The joy and excitement to meet you, my dear.
With every contraction your arrival came closer,
But the care of those around me made me feel safer.*

*Emotions were a rollercoaster as my body prepared,
And in those final few moments, I must admit, I was scared.
But despite all that worry, you know we made it through,
I'd found myself my best friend, cried when I first saw you.*

*Your heavy eyelids opened wide, to see this new, bright light,
And at that moment you had my heart and sang with all your might.
I tried to take in all your beauty and gazed down at your face,
Had this perfect little bundle really fit in that small space?*

*Right then, life's adventures were about to begin.
Yet questions remained, no instructions were given.
But life's not a race as we soon came to know,
We'd take it step by step and learn as we go.*

*And that is the love story of how we began,
For you, my dear baby, have taught me there's no plan
And I, who was worried about how to be a mum,
So suddenly realised I was MUM from DAY ONE.*



Thanking CUH theatre staff for four decades of gynaecological care

Cork University Maternity Hospital extended their thanks and gratitude to staff in Theatre 7 and 8 in Cork University Hospital for their professionalism, good nature and kindness in the provision of gynaecological care to the women of Cork for over forty years. Staff include theatre nursing, healthcare assistants, portering and cleaning staff who worked tirelessly alongside CUMH consultant gynaecologists. Thanks and good wishes were also extended to former colleagues who have retired or moved on to different posts.

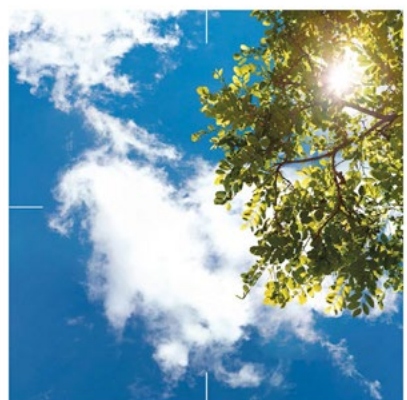
Services provided included a half day list for general elective gynaecology procedures in Theatre 7 as well as three full day lists in Theatre 8. These procedures are now taking place in the second CUMH theatre that opened earlier in 2020. However, gynaecology emergencies still continue to be part of the CUH emergency service.

Professor John R. Higgins, Clinical Director CUMH said:

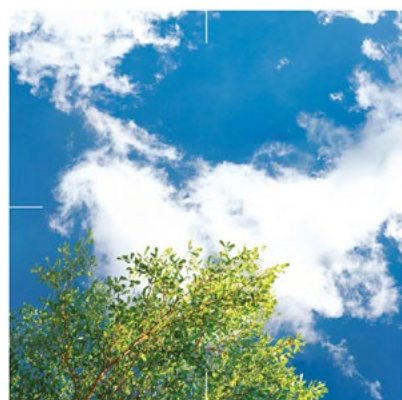
“On behalf of Cork University Maternity Hospital, we wish to put on record our deepest gratitude to you and all your staff for your kindness, courtesy and professionalism, in helping us provide high quality gynaecological care to the women of this region for more than four decades.

We are delighted that our emergency and out-of-hours work will still be done in the main theatre corridor in CUH ensuring that gynaecology continues to be part of the CUH emergency service.”

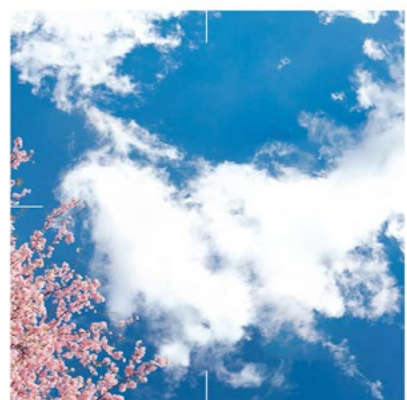
Pictured above: Joanne Connolly, A.CNM3 Theatre Manager (4th from left) with CUH Theatre staff



Sky 3 + Treebranch



Sky 3 + Branches



Sky 3 + Cherry Blossom



Sky 3 + Palm Tree

Innovation Funding for LED Sky panels in CUMH Theatres

CUMH were successful in their application for innovation funding through the NMPDU based on an initiative to improve both patient experience and patient safety. The ceilings of the two obstetric theatres in CUMH will have large, high quality images mounted on the ceilings to enhance the patient experience in theatre. The two images depict the sky through the trees and will be mounted before the end of 2020.



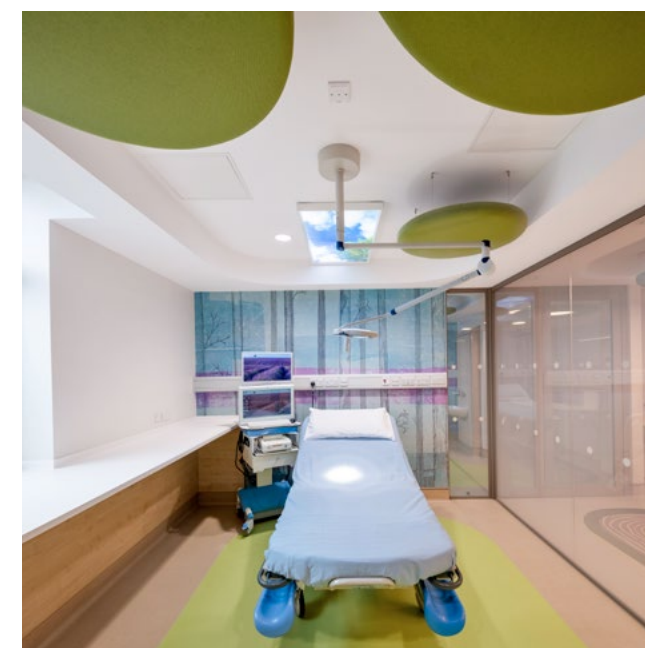
NEW INDUCTION AREA IN CUMH

by Katie Bourke, Director of Midwifery, CUMH

Before the pandemic began, CUMH operated a five-bedded induction room. This shared space did not allow for social distancing to take place. We also knew from patient feedback, that there was definitely room for improvement in terms of the patient experience.

We commissioned the design services of Marc O’Riain from RUA Architects to design fit-for-

purpose induction areas that not only adhered to social distancing guidelines, but also improved the patient experience of induction of labour and the need for privacy. The result is a beautifully designed induction area consisting of three private spaces where our service users are free to express themselves and move around during labour. The space delivers respectful maternity care and maintains dignity, privacy and confidentiality.





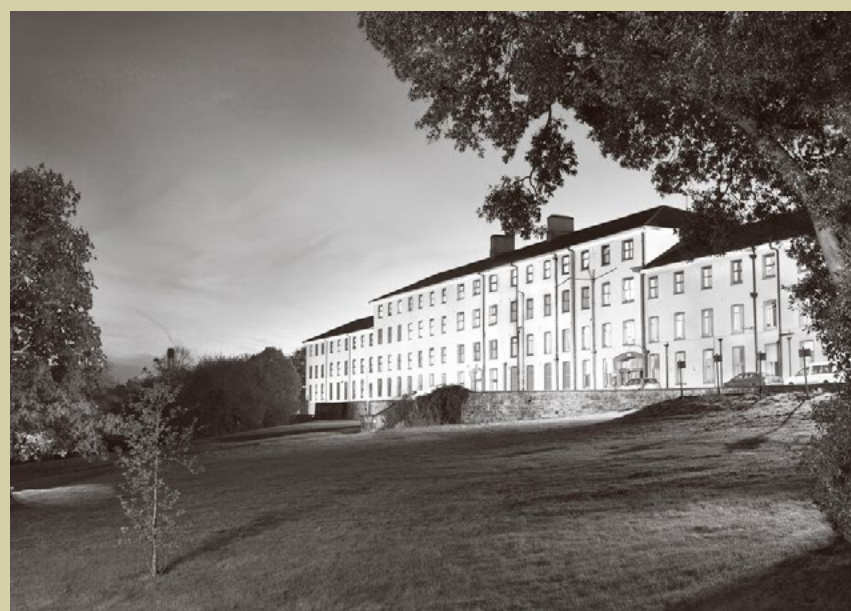
Cork University Maternity Hospital



University Hospital Kerry



University Hospital Waterford



South Tipperary General Hospital

Have you got a story?

If you have a story for a future issue of **UltraNews** we would love to hear from you!

Please contact **Donna Burtchaell**,
Communications Project Manager on mobile
087 0962567 or email donna.burtchaell@ucc.ie

Articles for inclusion in the next newsletter must be submitted no later than **15 February 2021**.



Seirbhís Sláinte
Níos Fearr
á Forbairt

Building a
Better Health
Service