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UltraNews newsletter is intended for circulation among staff members of the four maternity units of the Maternity Directorate. Extracts from UltraNews should not be published without the permission of the editor.



Flu vaccine time



UHK ambulatory care



UHW Dr Khalid



Breastfeeding week



Health innovation



CUMH award



# Welcome to the Christmas edition of UltraNews, the Maternity Directorate staff newsletter

## New Grand Rounds for Maternity Directorate in 2019

2018 has been a year of hard work and growing cooperation within our four maternity units – CUMH, UHW, UHK and STGH – as we aim to provide a consistent sustainable service to patients across the region. We very much look forward to an even closer relationship in 2019, as the Maternity Directorate becomes responsible for maternity, gynaecology and neonatology services in Waterford, Kerry and Tipperary, in addition to Cork.

We are very aware of the difficulties around the Maternity Directorate and beyond regarding the provision of termination of pregnancy services from 2019. While we await clear clinical guidelines, investment, staffing and training, we have submitted a Directorate wide approach for a planned, co-ordinated service for women across our region to the National Women and Infants Health Programme.

As gynaecology waiting list management remains one of our biggest challenges in CUMH, we have brought in a project manager to support the ongoing programme of works. We wait in hope and expectation that the funding promised by Minister Harris will arrive in 2019, allowing us to open the second theatre which has been lying idle since

CUMH opened in 2007. Sincere thanks to all who are going above and beyond the call of duty to address the waiting list challenge.

As mentioned within this newsletter, we urge you to attend the new Maternity Directorate Grand Rounds in 2019 every Friday lunchtime 13:00 to 14:00. Come to the new venue, the CUH lecture theatre or join via videoconference link from your maternity unit and avail of cutting edge research and evolving areas of clinical practice.

Take time to read high level findings from the 2017 patient survey for a broad understanding of women's experiences of maternity care in our region. We will continue to review the data in our drive to enhance patient care and experience by focusing on the key pillars of clinical service, education and research/innovation.

As regards innovation, solving problems and improving patient care, see the interview with Dr Colman Casey, Director Health Innovation Hub Ireland. This exciting initiative focuses on bringing new ideas into the healthcare system through partnerships with industry and by encouraging and supporting employees in healthcare to innovate. If innovation is important to you, visit <https://hih.ie> to attend

workshops taking place in Cork in 2019. Finally I would like to take this opportunity to sincerely thank you all for your tireless commitment in the delivery of maternity, gynaecology and neonatal services. It's a privilege to work alongside such dedicated people, and we in turn are all privileged to provide care to the women, babies and families in our region.

On behalf of the Maternity Directorate, I wish you and your families a very Happy Christmas. Nollaig Shona agus Athbhliain faoi Mhaise Daoibh go léir!

A handwritten signature in black ink, appearing to read 'John R. Higgins', written over a horizontal line.

**John R. Higgins**

Clinical Director Maternity Directorate  
Professor of Obstetrics and Gynaecology  
South/Southwest Hospital Group



# Getting winter ready - flu vaccine drive

Winter is the season that brings a myriad of challenges in terms of health. One key way we can help to stay safe is to avail of the seasonal flu vaccine. A big thanks to all of our peer vaccinators from across the Maternity Directorate for running vaccination clinics, and to everyone in our maternity units for getting the vaccine and for promoting the flu vaccine.

Across hospitals in the HSE, flu vaccine uptake has increased from 34% to 45% in 2017. We want to substantially exceed these vaccination rates in our maternity units. The flu vaccine is safe and it works. Expert bodies strongly recommend the flu vaccine for healthcare workers each year as the best protection against flu.

## Flu facts: Did you know...?

Healthcare workers are up to 10 times more likely to get the flu.  
 Healthy people can have the flu without any obvious symptoms and still pass it on.  
 Flu vaccine contains killed viruses - it **cannot** give you the flu.  
 You need to get the flu vaccine every season as the viruses change every year.



**Pictured top:** Professor John R. Higgins, Clinical Director, Maternity Directorate, receives his flu jab cheered on by many supportive colleagues. **Pictured above left:** Joan Meehan and Bernie Carroll, Peer Vaccinators; Fearghal Grimes, General Manager; Betty Murphy, Operations Manager; Mareeda de Róiste, General Management Department; Kerry McAuliffe, Director of Nursing, UHK. **Pictured above right:** Betty Murphy, Operations Manager, UHK. **Pictured right:** Janet Murphy, Advanced Midwife Practitioner and Helen Patmore, Midwife Ultrasonographer, peer vaccinators for Maternity & Neonatal services, UHW. **Far right:** Dr Eddie O'Donnell, Consultant Obstetrician & Gynaecologist, UHW receives his flu jab.



# Women's experience of maternity care in SSWHG

by Dr P. Leahy-Warren (Principal Investigator), Dr H. Mulcahy, Dr R. O'Connell, Ms M. O'Connor, School of Nursing & Midwifery and Dr P. Corcoran, NPEC, UCC

In 2017 a survey took place across the South/South West Hospital Group (SSWHG) to examine women's experiences of maternity care in this region. The primary aim was to examine satisfaction with the services at a time of significant evolution and restructuring of maternity services in the South/South West region. Key findings are summarised below, and the full study will be made available by the end of 2018. Thanks to the women who completed the survey, the nursing and midwifery managers, and the staff and research assistants at all four maternity units who helped facilitate this survey.

- **Profile:** 70% of women were in their 30s and the majority were public patients.
- **Antenatal:** At antenatal visits, the majority (79%) of women reported that they always had sufficient time to ask questions to discuss their pregnancy.
- **Skin-to-skin:** The majority of women (81%) reported having skin-to-skin contact with their infant after delivery.
- **Cord clamping:** 48% of women reported that the cord was clamped and cut immediately after the birth and 45% reported that this took place after a minute or more.
- **Infant feeding:** Most women stated that they had decided how to feed their baby before they became pregnant (58%), 18% made the decision in early pregnancy, and 9% did not decide on the method of infant feeding until after the birth.
- **Solid food:** The majority of women (93.5%) discussed introducing solid food with a Public Health Nurse.

- **Breastfeeding:** Two thirds of women (61%) reported breastfeeding for as long as they had planned, but 29% reported that they did not.
- **Public Health Nurse:** More than three quarters of women (78%) reported that they saw their PHN often enough, with nearly 20% wanting more visits and only a small portion wanting less (3%).
- **Mental health:** The majority of women (80%) reported being asked about their emotional and mental health by a health professional, but one fifth (20%) indicated they were not.



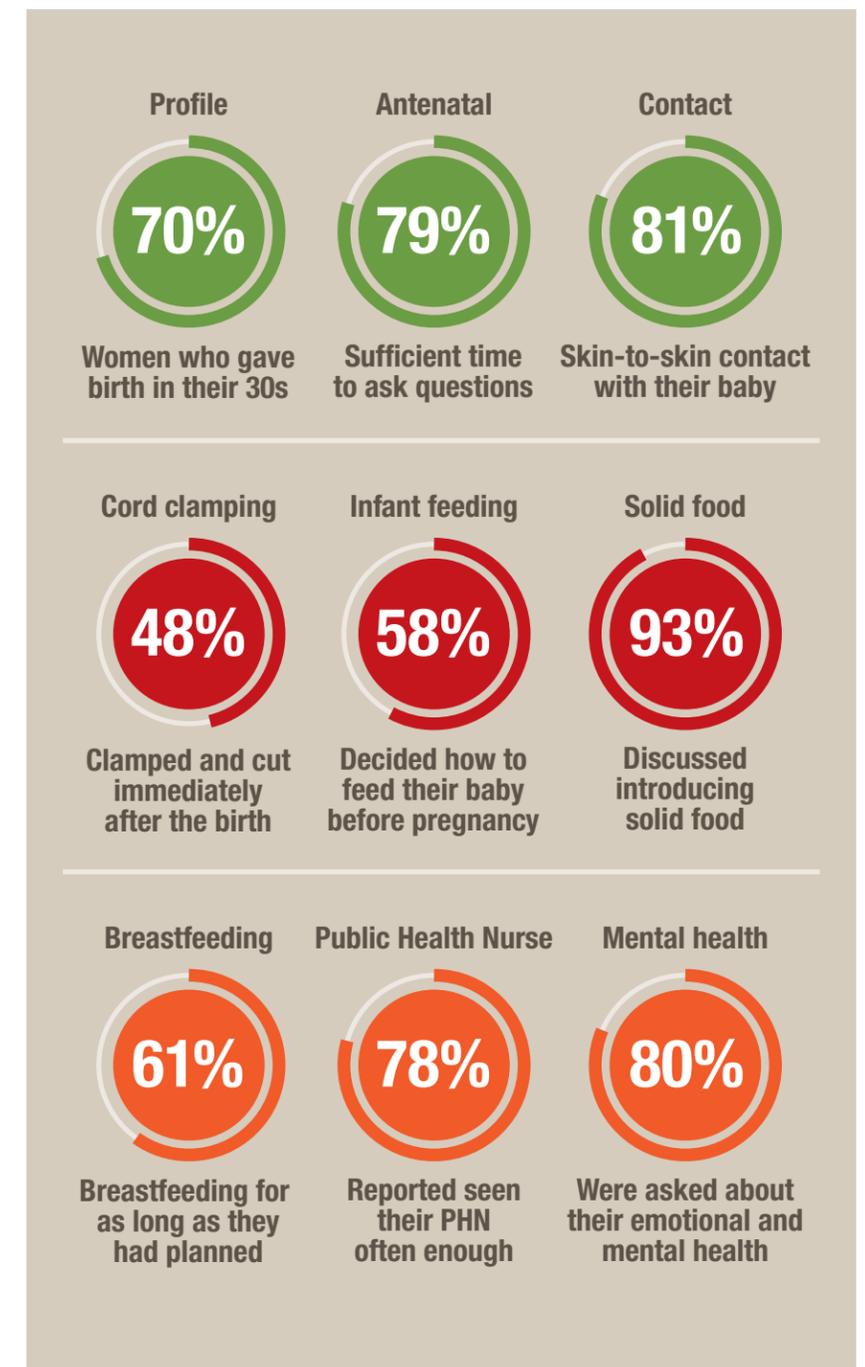
## AREAS OF GOOD EXPERIENCE

- More than 90% of women stated that they felt well supported by the staff and 93% stated that the staff communicated with them well in labour.
- The majority (94%) of women reported they always felt they had confidence and trust in the staff caring for them during labour.



## AREAS NEEDING IMPROVEMENT

- A small proportion of women (6%) had previously met all the midwives providing care in labour.
- 29% of women indicated being offered a choice in relation to midwifery-led antenatal care, with significant differences between hospitals.



# The benefits of Ambulatory Gynaecology Clinics in UHK

by Dr Magid Abubakar

Dr Magid Abubakar, Fellow of the Royal College of Obstetricians and Gynaecologists, is a Locum Consultant Obstetrician & Gynaecologist currently working in UHK. Previously he worked as Locum Consultant in Wexford General Hospital and prior to that as an Associate Professor and Consultant Obstetrician & Gynaecologist at University of Khartoum, Sudan.



**Pictured above:** Maureen Considine CNM2, Colposcopist and Dr Magid Abubakar, Locum Consultant Obstetrician & Gynaecologist, UHK.

## UHK Ambulatory Gynaecology Clinic services

One of the most common reasons for admissions of gynaecological patients is for the investigation and management of menstrual disorders and post-menopausal bleeding. Ambulatory care refers to care being provided outside the hospital. It is another term for outpatient services.

The Ambulatory Gynaecology Clinic at UHK Cill Íde Unit was established in April 2018 and is a 'one stop shop' clinic for gynaecological procedures provided in an outpatient setting. The clinic currently provides services such as outpatient hysteroscopy (looking inside the uterus), removal of missed Mirena coil, insertion and removal of coils, polypectomy (removal of polyps) and vulval biopsy. It is also planning to provide endometrial ablation (removal of uterine lining) and manual vacuum aspiration (MVA – removal of uterine contents through the cervix) in the near future.

There are many benefits and positive impacts from clinics such as this for patients, clinicians and indeed society at large.

## Patient benefits

### Choice and convenience

These facilities can provide a high-quality, cost-effective, convenient and comfortable experience for patients. There is no need for pre-operative tests or fasting, treatment is quicker, post-operative recovery is rapid and less invasive treatment avoids surgical scars. In addition, the expectation is for the patient to return home the same day.

## Access, safety and autonomy

Ambulatory surgeries provide a means of treating patients faster. In addition, high risk medical patients avoid the risk of general anaesthesia and the risk of hospital acquired infections. Finally as the patient is conscious, they feel more empowered in their treatment.

## Clinician benefits

### Professional satisfaction and autonomy

Clinicians are empowered to provide contemporary, high quality care in a field that is expanding rapidly due to new developments. It is a stimulating and exciting area to be involved in. As these clinics are a clinician centred service, there is less reliance on other professionals and as a result cancellations are less likely – for example due to theatre overruns.

### Optimise inpatient surgery

As patients are seen as day cases in an outpatient service, inpatient beds and theatre times are made available for more serious cases.

## Society benefits

### Cost efficiency

As less health resources are needed to deliver ambulatory clinics, the outpatient service avoids the use of operating theatres and beds in day wards.

### Efficient health delivery

Ambulatory clinics not only offer an efficient use of health resources they also free up capacity on inpatient theatre lists and in hospital wards and thereby reduce waiting lists.

# Connecting innovation with healthcare

Q&A with Dr Colman Casey, Director, Health Innovation Hub Ireland



## What is Health Innovation Hub Ireland?

Health Innovation Hub Ireland (HIHI) is a new State-funded agency whose aim is to work across the health sector with Irish businesses to creatively solve problems and improve patient care. It was officially launched in Cork in September 2016 and now has staff in Cork, Dublin and Galway. Professor John R. Higgins has been Principal Investigator of HIHI since 2016.

## How do you go about encouraging innovation in the health service?

We help turn ideas into reality by focusing on 3 key areas:

- **Industry:** offering entrepreneurs access to Ireland's clinicians who will pilot and test-drive their innovative

products in healthcare settings. We match the companies or entrepreneurs to interested clinical partners.

- **Healthcare professionals:** acting as a mentor to healthcare professionals, both clinical and non-clinical, who have ideas and solutions to problems they face in their daily work. We help with everything from idea development all the way through to funding applications and industry partnerships.

- **Education:** running workshops specifically for healthcare professionals to help teach busy people how to translate ideas into products and services. We offer practical insights into developing and structuring ideas. Through education, our aim is to help embed an innovation culture in the HSE. We are also shaping a Diploma in Medical Innovation through Trinity College Dublin that people can complete online.

We have partnered with the NUI Galway led BioInnovate programme, whereby medical, engineering and business specialists can be immersed in a clinical environment for a few months to actively look for problems in a healthcare setting and come up with solutions. We then work with them to develop prototypes, test them and assist the inventors to get access to funding. It's a 'needs-driven' system.

## Tell us a bit more about these workshops, how do healthcare professionals apply?

Our series of free one-day workshops start in St James's in Dublin this November and you can register

online via <https://hih.ie>. We want a wide range of attendees from right across the healthcare spectrum, from IT to porters to students to NCHDs to midwives to consultants and administrative staff. Everyone can contribute to innovation. We will run a similar series of workshops in Galway and Cork in the near future, with Cork workshops scheduled for Q1 2019. Keep an eye on our website early 2019.

## What innovations have you facilitated to date? Have any been from healthcare professionals?

So far, HIHI has organised pilot-testing of new medical devices, software packages for health and safety reporting and illustrated booklets explaining vaccinations to school children.

The idea for vaccination booklets was conceived by a former nurse and the company *Writing for Tiny* has distributed these booklets nationwide. Also, a Kerry based software company *ViClarity* completed a pilot test of their health and safety reporting software in Cork University Maternity Hospital earlier in 2018. The objective was to automate and streamline the collection of Maternity Patient Safety Statements (MPSS) and Irish Maternity Indicator System (IMIS) Metrics to enhance accuracy and timeliness. It also facilitated comparison with other maternity hospital data – for example babies born at <500g, or caesarean section rates. It was a valuable pilot that demonstrated the usefulness of the software.



**Pictured above:** The HIHI Team (l-r): Aisling Dolan, Paddy McGowan, Gillian O'Mahony, Diana Hogan-Murphy, Noreen Lynch, Noel Murphy, Colman Casey, Niamh Allen, Emily Naylor, Dan Maher, Jane O'Flynn, Tanya Mulcahy, Eimear Galvin in the Western Gateway Building at UCC.

### How can healthcare professionals get in touch? Are they expected only to offer ideas or to also follow them through?

The healthcare community can engage with HIHI throughout the year at any time as we have an open door policy. All details are on our website <https://hih.ie> for people to contact us to arrange a meeting.

We help ideas become reality by offering a range of supports along the long idea/product development journey, from concept, to pilot to implementation. We offer access to our HIHI project management team to help manage the execution of projects, identify risks early and recommend a framework to progress each project. We also help with sales/marketing as well as access to research expertise and advice on the availability of funding. We do not conduct clinical trials nor do we get involved in procurement processes.

### Are you planning on coming to CUMH / UHK / UHW / STHG hospital in the near future?

We deliver a series of roadshows at hospitals throughout the country. We will be visiting all hospitals associated with our consortium. Keep an eye out for when we will be visiting yours. Please feel free to get in touch at anytime.



# National Breastfeeding Week 1 – 7 October 2018

The first week in October saw seven days of activity across the Maternity Directorate for National Breastfeeding Week to promote the importance of breastfeeding, the theme of which is ‘Every Breastfeed Makes a Difference’.

**Pictured left:** Caitrina Byrne and baby Charlie with Laura McHugh, HSE National Breastfeeding Coordinator at the CUMH Breastfeeding Support Group to mark National Breastfeeding Week.

Here’s a short snapshot of what each of our Maternity Units were up to for National Breastfeeding Week.

## Cork University Maternity Hospital (CUMH)

by Veronica Daly, Acting Breastfeeding Coordinator

For National Breastfeeding Week we organised:

- 1) A display area, with booklets and handouts on local support groups, set up in the CUMH hospital foyer all week to inform the public and service users of the benefits of breastfeeding.
- 2) Promotion of the Lactation Room specifically set aside for CUMH/CUH staff who have returned to work and who wish to express their milk as an important investment in their child’s health. This Lactation Room is located on 2 East in CUMH and is always available to staff – not just for breastfeeding week! It has a hospital grade breast pump, sterile supplies, a fridge and is a comfortable, quiet and private environment.
- 3) An Afternoon Tea Event attended by both national and assistant national breastfeeding co-ordinators Laura McHugh and Rebecca O’Donovan at the CUMH Breastfeeding Support Group. This weekly support group is attended by 20 mothers, on average, and is facilitated by a minimum of 2 lactation consultants from CUMH in partnership with our public health nurse (PHN) lactation consultants from the community. Here mothers receive skilled support appropriate to their needs as they continue on their breastfeeding journey.



**Pictured above left:** Veronica Daly, Acting Breastfeeding Coordinator in CUMH Lactation room. **Above right:** Veronica Daly, Acting Breastfeeding Coordinator and Dr Liam O’Connell, Consultant Neonatologist, CUMH and member of the Breastfeeding Committee.

## University Hospital Kerry (UHK)

by **Catriona Kennedy CMM2** and **Carrie Dillon CNM2**

For National Breastfeeding Week we organised:

- 1) A public display of branded balloons, stickers and posters to encourage service users to ask questions and to promote the goal in UHK that 'every baby will experience skin-to-skin and colostrum.'
- 2) Display boards outside the post-natal ward to inform service users of benefits of breastfeeding and the availability of classes.
- 3) A small gift for each mother and baby including a pull string bag promoting breastfeeding.
- 4) Breastfeeding lanyards to be worn by staff during breastfeeding week.



## South Tipperary General Hospital (STGH)

by **Sinead Heaney, Director of Midwifery**

For National Breastfeeding Week we organised:

- 1) Display boards near the antenatal clinic and hospital foyer to inform the public and service users of benefits of breastfeeding and availability of local support groups.
- 2) A breastfeeding quiz for staff and mothers during breastfeeding week. Prizes for correct answers that are drawn out of a hat.
- 3) A small gift for mother and baby, including babygrow, muslin cloth and hand cream, to every mother who delivers throughout the week regardless of the method of feeding their baby. Happy National Breastfeeding Week sticker on gift wrap.
- 4) Educational flashcards for mothers waiting to be seen in our antenatal clinic, containing concise and informative educational information.



**Pictured above left:** Marie Walsh, Midwife; Sinead Heaney, Director of Midwifery; Mary O'Donnell CMM3; and Dr Emmanuel Kahem, SHO Breastfeeding Awareness. **Above right:** Carmel Byrne, Lactation Consultant, STGH.

## University Hospital Waterford (UHW)

by **Linda O'Callaghan CPCM/CMM1** and **Lactation Consultant**

For National Breastfeeding Week we undertook the following:

- 1) The Autumn 'season board' launched by staff midwives in the antenatal clinic outlined an important breastfeeding message in a colourful way. This board is displayed on a large section of the entry wall and is an interesting and different way to communicate with families that come through the service.
- 2) Dr Helen Crawley's presentation video from the British Film Institute UK 2015 conference called *Working Within 'The Code'* was played during Breastfeeding Week. This gives a fascinating insight into how marketing activity aims to influence

health workers and parents and how best to work within the International Code of Marketing of Breast-milk Substitutes. The video was followed by discussion on how we can support families however they choose to feed and still work within 'The Code'.

- 3) A display in the front hall of the hospital provided the opportunity for members of the public to talk to midwives and ask questions. A quiz with a prize was also offered and the winner was announced at the end of the week.
- 4) T-shirts were printed for staff to wear with the international breastfeeding logo.



**Pictured above left:** Paula Curtin, Director of Midwifery, UHW and Janet Murphy, Advanced Midwife Practitioner, UHW. **Above right:** Breda Crotty, Assistant Director of Midwifery and Nursing, UHW with Undergraduate Midwifery students from University of Limerick.



# Spotlight on INFANT

by Caoimhe Byrne, Marketing and Communications, INFANT

INFANT, the Irish Centre for Fetal and Neonatal Translational Research was established in 2013. The Centre's mission is to make pregnancy safer and to improve health outcomes for mothers and babies. INFANT has a national and international focus, working in collaboration with over 35 industry and academic partners in more than 30 countries. We are developing innovative technologies to improve the treatment and care available to mothers and babies worldwide.

INFANT is led by Professor Geraldine Boylan and a team of obstetricians, neonatologists, psychologists, analytical chemists, electrical engineers, signal processors, dieticians, paediatricians, midwives, software programmers, paediatric nurses, pharmacists, physiotherapists, statisticians and laboratory technicians – to name a few! The Centre is funded by a variety of national and international funding agencies, industry partners and philanthropy and is co-located on the 5th floor of the Cork University Maternity Hospital, in the paediatric unit of Cork University Hospital and in University College Cork.

Being born too soon is now the second leading killer of children under the age of five, worldwide. The World Health Organisation (WHO) is concerned that preterm birth rates are increasing in many countries. INFANT is working to help healthcare professionals to identify problems early and to

diagnose and effectively treat them, improving outcomes for mothers and babies.

A sample of our key research includes:

- focusing on predicting neonatal seizures through the analysis of brain signals via EEG monitoring.
- developing new way of predicting, diagnosing and treating pre-eclampsia.
- creating a touchscreen application with the potential to test early cognitive ability.
- changing the way we approach paediatric food allergies.

INFANT has grown and strategically evolved over the last five years and the centre now has a multi-million euro funding portfolio. The research team has grown to over 100 and more than 3,500 babies and 4,000 mothers have taken part in our onsite studies. Our science is continually published in top-ranking international journals and our pioneering research is solving global clinical challenges.

INFANT would like to thank all of the wonderful staff in the four maternity units in the Maternity Directorate who support our clinical trials and research programmes every day. For further information, email us [infant@ucc.ie](mailto:infant@ucc.ie), visit our website [www.infantcentre.ie](http://www.infantcentre.ie) or follow us on Twitter [@infantcentre](https://twitter.com/infantcentre).



# INFANT Research Centre puts its stamp on Ireland in new An Post series

by Dr Ria O’Sullivan Lago, Marketing and Communications, INFANT

An Post has unveiled a series of four new stamps celebrating scientific discoveries in Ireland, one of which honours work led by the INFANT Research Centre in Cork University Maternity Hospital.

Created by An Post in partnership with Science Foundation Ireland (SFI), the Irish Scientific Discovery stamps highlight recent discoveries made by scientists who work in pioneering research and development in Ireland, namely in the areas of new forms of light, fighting superbugs, emissions adsorption and predicting neonatal seizures.

The **Predicting Neonatal Seizures** stamp features the work of the INFANT Centre team to prevent brain injury in new-born babies. One in every 500 babies is at risk of developing seizures when they are born, which need urgent treatment. Unlike adults, new-born infants often show no visible signs that they are having a seizure. As a result, the only way to reliably detect seizures in new-borns is to use an EEG monitor, but the equipment and expert knowledge needed to interpret EEG signals are not available in many hospitals.

INFANT’s director Professor Geraldine Boylan — the only female scientist honoured in the series, and the only female director in the SFI centres — and her team, Professor Liam Marnane, Dr Andrey Temko and Dr Gordon Lighbody, used artificial intelligence to develop algorithms that can monitor and interpret brain signals. The algorithms can then alert medical staff if there is a problem. By detecting seizures quickly, babies are treated faster, improving the long-term health outcomes. The technology has recently been licensed and will be extended to maternity units worldwide as an early alarm system to help medical staff interpret EEGs and respond immediately.

*“Inclusion of exciting research outcomes from researchers in INFANT on these collectors’ stamps is a novel, effective and lasting mechanism to ensure the public are aware of the impact of ground-breaking research underway within these SFI-funded Research Centres at University College Cork,”* said Professor Anita Maguire, Vice President for Research and Innovation, UCC.



# ‘Cutting the Cord’: Research spotlight

by Áine Cahill, Social Work Team Leader, CUH

The removal of an infant from its mother’s care in a maternity hospital setting, due to the risk of child abuse or neglect, can be one of the most distressing experiences for the women attending our services, and emotionally challenging for all involved. As the social worker allocated to the high risk clinic, I began to notice a trend of mothers re-presenting as pregnant shortly after the removal of a previous infant from their care. I also noted shared vulnerabilities amongst these women, including childhood involvement with child protection services, addiction issues, mental health difficulties, domestic abuse, criminality and homelessness.

My curiosity led to completion of a Post Graduate Diploma in Child Protection and Welfare in Trinity College in 2018, for which I completed a research piece titled *“Cutting the Cord; An exploration of the factors that contribute to the separation of mothers and infants in a maternity hospital”*. This research involved the retrospective analysis of maternity social work files over a five-year period.

Although this research was relatively small, it is the first of its kind undertaken in Ireland. Some of the most interesting findings were that a significant number of mothers were between 18 and 25 years (39%), nearly half (45%) of mothers had an older child removed from their care, and many women (41%) had involvement with child protection services themselves as children, which might suggest that mothers and children can become part of an intergenerational cycle of abuse and separation.

I hope to progress this work further in the future as I feel all staff within maternity services encounter these extremely vulnerable women, and my hope is that we can work together to support them through this very difficult experience. Access to the full research piece is available by contacting me directly [aine.cahill@hse.ie](mailto:aine.cahill@hse.ie)



**Pictured above:** Anne Marie McCarthy, Social Work Team Leader, CUMH; Clare Everard, Evidence Based Clinical Care Coordinator, CUMH; Maria Leahy, Acting Manager of Social Work Services, CUH; Dr Mairead O’Riordan, Consultant Obstetrician & Gynaecologist, CUMH; Áine Cahill, Social Work Team Leader, CUH; and Calem De Burca, Clinical Lead of Family Assessment and Treatment Services at The Bessborough Centre.

# CUMH wins National HSE Best Practice and Innovation Award

by Dr Ann-Marie Brennan, Clinical Specialist Neonatal Dietitian, CUMH

We are proud to announce that CUMH has received the National Health and Social Care Professions (HSCP) Office *Driving Quality and Improvement Award* for our BabyGrow project. Winners were announced on 6 November 2018, at the inaugural Best Practice and Innovation Awards, hosted by the HSE's National HSCP Office in the Royal College of Surgeons in Ireland.

These awards recognise and celebrate examples of best practice and innovation within the Health and Social Care Professions. We are delighted to be recognised for delivering data driven innovations in parenteral nutrition (PN) for preterm babies and our two newly developed PN products are to be rolled out nationally.

Our project, titled *BabyGrow: Translating Research into Improved Nutritional Care for Preterm Infants* is a true multi-disciplinary effort, that I lead as a Clinical Specialist Neonatal Dietitian. This collaboration between dietitians, neonatologists and pharmacists at CUMH, nutrition scientists at INFANT Centre in UCC, the HSE and industry was initiated a decade ago and continues to grow.

In this project, we identified substantial nutrient deficits and growth failure in preterm and very low birth weight infants (VLBW <1500g), partly due to nutritionally suboptimal PN products. Using the robust BabyGrow data, we developed

two new nutritionally superior standardised PN products. We employed, for the first time, an innovative nutrient modeling technique to determine the composition of PN that fully meets the needs of VLBW infants, without exposing infants to the risk of excessive intakes, as they progress from exclusive PN onto exclusive milk feeds. We partnered with industry to translate this research into PN products suitable for clinical use.

In February 2018, the two new PN products, with supporting guidelines, were introduced into CUMH. Using these improved PN products, instead of bespoke individualised prescriptions, has delivered cost savings of approx. €60,000 per annum to CUMH – a 20% saving on our overall PN costs – with potential for far greater cost savings nationally. Very positive feedback has been received from our staff, who have reported the new developments as “user friendly” and “easy to follow”. They report that prescribing is faster and safer and infants in their care are receiving better and safer nutrition.

The National Clinical Care Programme for Paediatrics and Neonatology PN Expert Group supports the replacement of the current national preterm PN regimens with these two new products. National rollout will facilitate the nourishment of preterm infants in Ireland to be in line with best evidence-based practice.



**Pictured above (l-r):** Sarah Fenton, Senior Pharmacist; Dr Ann-Marie Brennan, Clinical Specialist Neonatal Dietitian; Jennifer Wilkinson, Senior Neonatal Dietitian; Annemarie Fanning, Dietitian Manager; Dr Brendan Murphy, Consultant Neonatologist (Note: Two members of the team are missing: Joan Ryan, Chief Pharmacist Maternity Services and Prof. Mairead Kiely, Nutritional Scientist).

# Grand Rounds for 2019: Friday lunchtime date for your diary

Grand Rounds is undergoing a transformation for 2019. Rather than being held at CUMH on Friday mornings on the 5th floor, they are moving to the CUH Lecture Theatre every Friday from 13:00 – 14:00 from 2019 onwards. They will also be shared by videoconference to the three other maternity units in the Directorate to broadcast clinical education to even more health professionals in our region.

The schedule of lectures will be shared with each maternity unit in advance. Locations for viewing the lectures are below:

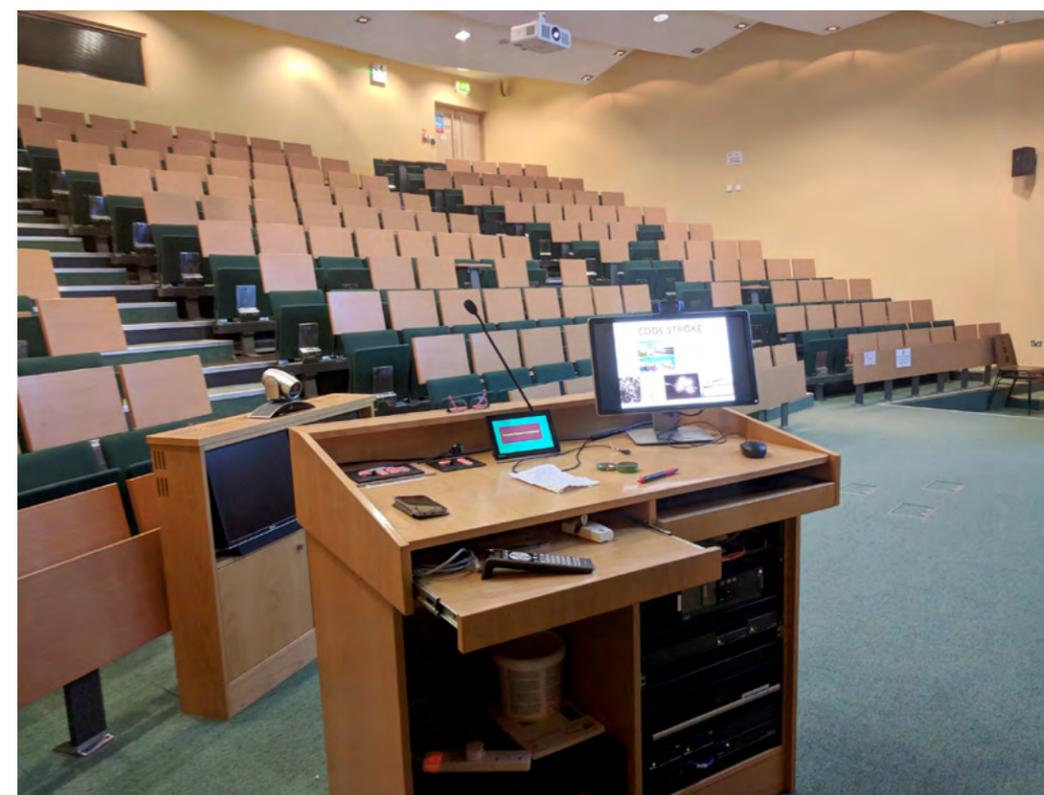
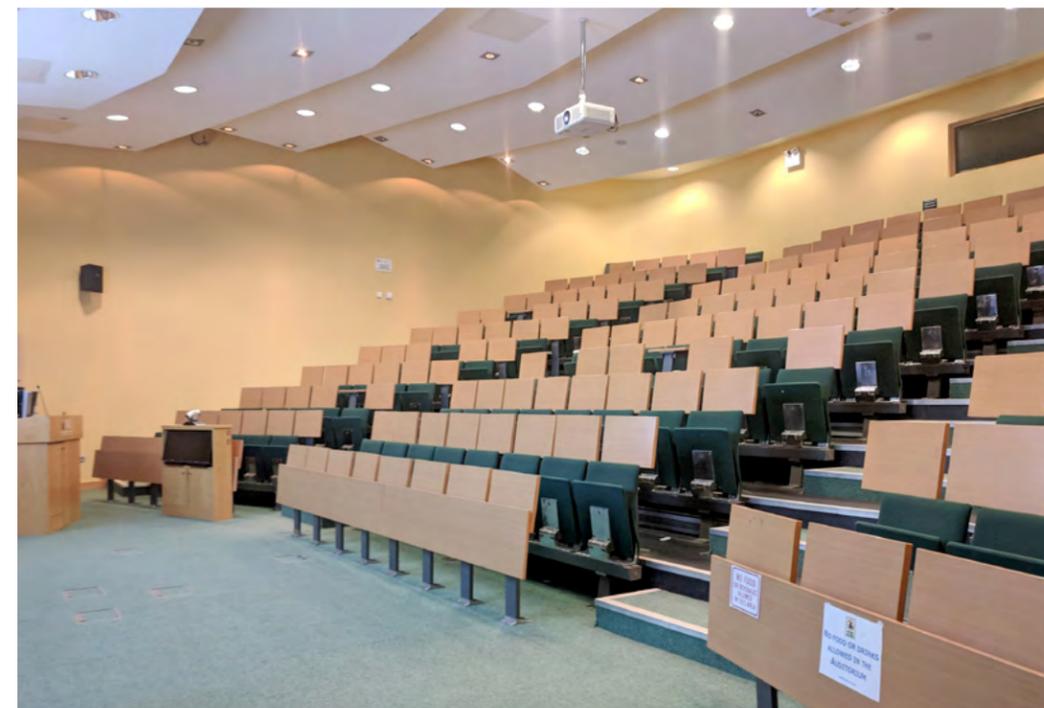
### Grand Rounds: Every Friday at 13:00 – 14:00 from 2019

CUMH	UHW	UHK	STGH
Live from CUH Lecture Theatre	Maternity Resource Room (videoconference)	UCC Tutorial Room (videoconference)	TBC – Venue likely to change weekly (videoconference)

Not only will the location and reach change in 2019, the format will change from time to time incorporating debates where relevant, as well as occasional guest lectures.

Please do make time to attend. Grand Rounds presentations help you keep up-to-date with cutting-edge research and evolving areas of clinical practice as well as being a great chance to network with others. They also provide opportunities for:

- Maternity Directorate faculty to share their translational research successes and challenges.
- Administrative leaders to highlight the resources and services available to study teams.
- Select staff to present their research.
- Visiting guest lecturers to provide important national and international context regarding the growing field of translational science.



# MSc Healthcare Leadership – three perspectives



**Pictured above:** *Fiona Mohally, Staff Officer CUMH; Rosaline O'Donovan, Assistant Director of Midwifery CUMH; Dr Brendan Murphy, Consultant Neonatologist CUMH.*

Delivered by the Cork University Business School, the MSc Healthcare Leadership is a 24 month programme designed for those wishing to strive for leadership roles in a healthcare environment. Hear what three people with very different backgrounds have to say about completing their master's this year.

## **Fiona Mohally** Staff Officer CUMH

### **Why did you decide to complete this master's?**

I completed a degree in Public Management a few years ago and since then it had been a personal goal of mine to undertake a master's. When I saw this course advertised the subjects appealed to me as there was a great variety, e.g. team leadership, financial management, data management, strategic management, healthcare economics etc. These are all subjects that we deal with on a daily basis in our jobs. The course was designed to meet the leadership development needs of staff in the South/South West Hospital Group.

### **How did you find the time and discipline to complete it?**

Without a doubt, the master's was demanding and fast-paced. This course took two years and required lots of self-discipline and self-motivation. I had to set clear goals and plans in order to get my assignments completed on time, which was difficult when working full time.

### **What would you say to others who are thinking of completing a master's like this?**

Obtaining a master's degree can be gruelling but very rewarding. The classes were very enjoyable as they consisted of multi-disciplinary members of staff who all shared their own experiences and we all learned valuable lessons from each other. I would say to administrative staff that MSc courses are not just for clinical staff but for them also.

**Dr Brendan Murphy**

Consultant Neonatologist CUMH

**Why did you decide to complete this master's?**

I saw this master's course as a great way to assist me professionally and saw it as very pertinent in relation to my role as MN-CMS National Neonatology lead and my role within the Directorate as the Clinical Lead for Neonatology.

It was also a logical progression to the diploma I completed ten years ago in Healthcare Management while I was working as one of the clinical leaders involved in the amalgamation of different hospitals into Cork University Maternity Hospital (CUMH).

**How did you find the time and discipline to complete it?**

With extreme difficulty! While the modules and structure of the course were very interesting and I thoroughly enjoyed the training, I was naïve not to fully appreciate the full body of work involved. Release days are scheduled well in advance enabling attendance and you can plan coursework with colleagues – nevertheless the amount of work is significant to meet the standards required. Nights and weekends are needed over and above a busy full-time working week. So overall it's demanding time-wise, but worth it.

**What would you say to others who are thinking of completing a master's like this?**

The master's provides an excellent learning opportunity through a high standard of teaching and course work. You learn a huge amount both professionally and personally about oneself and one's leadership style. It does require a significant investment of time so prepare yourself, and prepare your family for what lies ahead.

**Rosaline O'Donovan**

Assistant Director of Midwifery CUMH

**Why did you decide to complete this master's?**

I have always wanted to complete an MSc but until I saw this one advertised, I had not found one that interested me. As soon as I read the modules it excited me and, as I finished it, I still had that excitement. I believed that an MSc is worthwhile to work at the level of ADOM and the modules encompassed so many areas that my job entails, it was well worth doing, as well as preparing me for any future posts I would be interested in.

**How did you find the time and discipline to complete it?**

When I am interested in something, I find the time and discipline to do it. Time off is spent on course work and your life takes a different pathway for two years. For me, my hobbies, took a backseat throughout the time. Working full time with a family, it is not easy, and the work involved was intense and constant. Certainly others, such as family, paid some of the cost but they have been superb in their support, along with my colleagues in CUMH. Having Fiona and Brendan on the course (which none of us knew until the first day!) was invaluable. I honestly don't think I could have got through the tough times in the two years without them. We had a great group from across healthcare disciplines which always kept it interesting and challenging.

**What would you say to others who are thinking of completing a master's like this?**

I would say 'go for it'. It will exhaust you, but it will also stimulate you and the learning is immense. Undertaking an MSc outside of your own discipline gives a different perspective and with such a multidisciplinary group the learning is very broad.



## BSc (Hons) Midwifery – congratulations graduates!

On 26 October 2018, 15 students graduated from the BSc (Hons) Midwifery programme. All graduates have now been registered with the Nursing and Midwifery Board of Ireland (NMBI) and all have sourced employment as midwives in maternity units in Ireland. Congratulations to all, we wish them well and good fortune in the future.

*Photo: Courtesy of Lafayette Photography*

## Seasonal Influenza Peer Vaccination Programme (SIPVP)

by Annette Keating Midwife Teacher CUMH)

20 midwives and nurses from CUMH completed the Seasonal Influenza Peer Vaccination Programme (SIPVP) in the CME on 25 September 2018. This group are now peer vaccinators as part of the 2018/19 seasonal influenza peer vaccination programme in CUMH.

The SIPVP is provided on an annual basis. The aim of the programme is to vaccinate health care workers each year with seasonal influenza vaccine and to facilitate and improve HSE recommended influenza vaccination uptake for all healthcare staff.

The schedule of dates for the roll out of the peer vaccination clinics in CUMH was advertised on notice boards in CUMH from the first week of October. Peer vaccinators will be available at these clinics where the health care worker can avail of the seasonal influenza vaccine.



**Pictured left:**  
 Mary Quaid CMM3;  
 Marie Healy, Clinical Skills Facilitator and Maria O'Donovan CMM3.

# The Open Disclosure Programme

by Claire Everard, CUMH Evidence Based Clinical Care Co-ordinator

## Why is open disclosure important?

*“You hold our lives in your hands and we, as patients, want to hold you in high regard”*

Patient Advocate

Open disclosure describes the way staff communicate with patients who have experienced harm during healthcare; this may or may not be as a result of an error or failure. The Open Disclosure Programme in Ireland is a joint initiative between the HSE and the State Claims Agency.

CUMH and CUH have been operating a joint open disclosure programme since 2015. The trainers are from both hospitals and are multidisciplinary. The aim of the open disclosure programme is to educate staff regarding the principles of open disclosure and to encourage a culture of transparency and honesty for the benefit of both patients and staff.

Feedback from the last open disclosure workshop in CUMH on 20 September 2018 has been very positive.

*“The variety of pace and format of content provided by a mix of four trainers and a combination of slides, video and role play led to a very interesting and useful training session on Open Disclosure. For me it also reignited the importance of key messages such as ‘make an example of the situation, not the person,’ and ‘it’s not what you say, but how you say it.’ All round, very, very worthwhile!”*

Noreen Galvin, Bed Manager CUH

*“Relaxed learning environment with good opportunities for questions”*

*“Learning through interaction, I enjoyed the role play”*

The next open disclosure briefing in Cork is on 12 November 2018 (13:00–14:00) in the Auditorium in CUH and the next workshop is on the 31 January 2019 (9:00–13:00) in the CUMH. Please contact Lisa Spillane on 021 4922822 for further details.

CUH/CUMH Open Disclosure Team: Claire Everard, Una Cahill, Annette Keating, John Teape and Lisa Spillane with guest speakers from the State Claims Agency, Patient Advocates and Patient Liaison Officers.

## Open disclosure: University Hospital Waterford (UHW)

Open disclosure training is ongoing in UHW for all staff as part of the Patient Safety Programme. The next two open disclosure workshops take place in UHW on 23 October at 11:00 and 30 October at 13:00 in the Back Classroom. Sessions last 30 – 40 minutes.

## Open disclosure: South Tipperary General Hospital (STGH)

25 Midwives and 6 Doctors took part in a specific maternity open disclosure workshop training day on 18 May, which lasted four hours. The next STGH specific maternity open disclosure briefing presentation workshop takes place on the 5 December at 14:00 lasting an hour in the Education Centre. All staff are welcome and no booking is required.



Attendees from the CUH / CUMH Open Disclosure training programme 20 September 2018



## PROMPT training

By Kate Lyons, Clinical Skills  
Facilitator, Birthing Suite, CUMH

PROMPT (PRactical Obstetric Multi-Professional Training) is an evidence based multi-professional training package for obstetric emergencies. A group of eight multidisciplinary staff from obstetrics, midwifery and anaesthetics from across our four maternity units travelled to London for PROMPT training in September.

PROMPT 3 has been developed for use in local maternity units with the aim of reducing preventable harm to mothers and their babies. This training course consists of multi-professional interactive drills and workshops that provide 'hands-on' experience of practical skills and teamworking, with maternity staff being trained together in their own maternity units and using their own equipment.

I would like to acknowledge the hard work of Deirdre Kelleher who organised and coordinated the attendance of two teams from the SSWHG. Deirdre has worked tirelessly on our behalf, organising eight staff from four maternity hospitals to attend the PROMPT 3 training course. This will benefit all staff working in the SSWHG in responding to emergencies better and in improving outcomes for mothers and babies in our care.

**Pictured above (l-r):** Kate Lyons, Clinical Skills Facilitator, CUMH; Deirdre Kelleher, Midwife Teacher, Centre of Midwifery Education, CUMH; Fionnuala Hunt, Allocations Officer, CUMH; Dr Oonagh Hickey, Consultant Anaesthetist, CUMH; Brid Galvin, Midwife, UHW; Laura Sweeney, Midwife, UHK; Dr Matt Hewitt, Consultant Obstetrician & Gynaecologist, CUMH and Noreen O'Driscoll, Clinical Skills Facilitator, STGH.



NATIONAL PERINATAL  
EPIDEMIOLOGY CENTRE

## NPEC Study Day 2019

Friday, January 18th 2019

Aviva Stadium, Dublin

This year's study day theme will be

### National Audit: Improved Care

*Marking 10 years of NPEC & Clinical Audit in the  
Maternity Services*

If you wish to attend please visit [www.ucc.ie/en/npec/](http://www.ucc.ie/en/npec/)  
to register your details.

If you require any further information please contact:  
[npec@ucc.ie](mailto:npec@ucc.ie)

#NPEC19 #NPECbeyondthenumbers #NPEC10Years



NOCA National Office of  
Clinical Audit



## Meet Dr Khalid – UHW’s new consultant obstetrician & gynaecologist

I’ve consistently been a very happy client of the Irish maternity services and gave birth myself in the Coombe Women and Infants University Hospital in Dublin and in Cork University Maternity Hospital. I’m now a proud mum of 2 children aged 7 and 13.

### What accomplishments are you most proud of?

I’m still very early in my career as this is my first consultant job. At this stage, I’m most proud of successfully completing my training. Following my SHO years, I did my research MD in UCC on Obstetric Ultrasound in the Low-Risk Irish Population and entered the Higher Specialist Training Scheme afterwards. I’ve been very lucky to have many great mentors along the way.

### What have been the greatest challenges in your career to date?

The executive side of the consultant profession has been quite a challenge as it is a big jump from what has come before. And like most working parents, maintaining that work-life balance is an ongoing challenge we all face.

### Who is your role model as a leader?

The current and first female Deputy Prime Minister of Malaysia who is also the Minister of Women and Family Development – Dr Wan Azizah. She too studied medicine in Ireland, at the Royal College of Surgeons and practised as a doctor for many years in Malaysia before getting into politics. Initially she mainly supported her husband in his capacity as Deputy Prime Minister. However, following his dismissal and arrest, she took on the role as party leader and leader of the opposition in Parliament. Now many years later, her party is in power. I admire her perseverance, her service to people and her ability to influence others for change.

### If you had advice for your 18 year old self what would it be?

Grab any opportunity as it comes as you never know if it will cross your path again. Don’t be left with ‘what ifs’ – just go for it!

### What is the most valuable advice you have been given?

Live to work, not work to live.

### Can you give us 3 things on your ‘bucket list’?

- Eat in one of the Michelin Star restaurants in Ireland
- One of those extreme sports like paragliding
- Visit amazing historical places of interest like Petra in Jordan (a UNESCO World Heritage Site)

### What would you like to achieve next?

I’m always searching for something or some way to improve – ether myself or the services I’m involved with. One of my small victories to date is making a start on co-ordinating diabetic services for pregnant patients here in UHW.

I would really like to strengthen pregnancy loss services here in UHW as it’s something many of us feel passionately about. Women and bereaved families need additional time and need to feel supported through such a difficult time.

I also want to develop an ambulatory gynaecology service in UHW. This should provide a more efficient pathway for patients with abnormal uterine bleeding whilst cutting down on outpatient waiting lists and theatre expenditure. It’s a win, win all round!



**It’s great to see a new consultant obstetrician & gynaecologist in University Hospital Waterford – and the first female consultant in the maternity unit. Dr Azy Khalid tells us about her career and accomplishments to date, who her role model is, and the advice she would give her younger self.**

### Tell us a bit about yourself and your career to date?

I’m originally from Malaysia and came to Ireland in 2000 to study. I was always interested in science and wanted to study either medicine or engineering – medicine won! I graduated in 2005 from Trinity College Dublin.

I knew ‘Obs and Gynae’ was my dream career, and being pregnant myself as a medical student, I could really relate to the profession and embraced the idea of supporting women and delivering babies. The strong camaraderie between doctors and midwives in this profession was also inspiring.



## CUMH 10th annual Service of Remembrance

by the Bereavement Committee, CUMH

Each year on the Friday closest to the International Day of Pregnancy Loss (15 October), our CUMH Bereavement Team organises a Service of Remembrance for all who have experienced the end of a pregnancy, miscarriage, stillbirth or infant death.

Now in its tenth year this service has always been a focal point for our public expression of support for bereaved families from CUMH. The attendance of so many at the service is testament to the value and importance of an event such as this as a time to remember a much loved or longed-for baby.

Perinatal grief continues to be a 'silent grief' and so, as families gather with our CUMH staff, it is a

poignant and supportive experience of honour and recognition where the individual grief of each family is supported and embraced by the shared experience of others. Through music, words, poetry, readings, the presentation of symbols, the inscription of a memory leaf and the lighting of a candle, families can in these various ways give expression to their love and loss. In essence every part of the service itself keeps alive the memory of a special baby.

Our Service of Remembrance takes considerable organising and led by the Bereavement Team, the wider CUMH staff community does much to ensure that every small detail is attended to. Everything from preparing the church, hall and grounds, car parking,

providing refreshments, preparing posters, cleaning up afterwards, to taking part in the service itself is a team effort. All of this work is expressed most lovingly by the circle of candlelight by staff at the end of the ceremony, when our bereaved families are 'held' in the gentleness and power of candlelight and we are touched as we pause and reconnect with ourselves, our team colleagues and together with the people we have been privileged to care for.

## The annual Service of Remembrance – parent’s viewpoints

Families come to the Service of Remembrance year after year with their family and friends to take time out to pause and remember the baby they love that is lost. Some have even been coming since the service began, ten years ago! We are privileged to have a few of our parents share what the service means to them.

*“The CUMH Bereavement Team offered a life line in the early days and weeks after Laura died. Through the bewildering fog of emotions we were gently supported to allow our daughter space in our lives. Realising at that first Service of Remembrance that the CUMH staff shared in our loss, shared in each family’s loss, was an incredibly moving experience. As a family we have been attending the Service of Remembrance for nine years now. It is an opportunity, in the busy chaos of family life, to be quiet and remember our daughter/sister, Laura, at our heart’s core in all her stillness.”*

**Louise Foott**

*“When Jimmy didn’t make it into this world, we were very conflicted as Harry (Jimmy’s identical twin) did make it, but he was very ill in the Neo for many weeks after his birth.*

*When it came to say goodbye to Jimmy, it was great to have the prayer room and the chaplain in the hospital. The pastoral care team was available to us if we required it. We were very torn as we had to be strong for each other, be there for Harry, and still try to deal with the loss of Jimmy, all at the same time.*

*The Service of Remembrance for us as a family, gives us the opportunity to take time out of our busy lives to remember Jimmy, reflect and say some prayers. It’s the one event we look forward to every year and wouldn’t miss. It is where a room full of people, both young and old come together who are going through the same emotions as ourselves. The work that goes into the preparation for the services is amazing and all the staff go above and beyond. The attention to detail is wonderful. It also nice afterwards to have a cup of tea and a chat with new and familiar faces.”*

**Tanya and Gerard Brennan**

**Pictured right:** Tanya and Gerard Brennan, Holly, Harry and Abbie.





We would like to pay tribute to our much loved and respected colleague Patrick White CMM2, Birthing Suite at Cork University Maternity Hospital who died suddenly but peacefully on 22 October 2018.

From Skibbereen in Co Cork, Patrick was the only male midwife in CUMH and one of a handful in Ireland. He had worked in CUMH since it opened in 2007, and worked as a manager of the birthing suite for a number of years. While Patrick had been ill, his sudden passing was unexpected and a shock to all. Everyone, especially close colleagues in the labour ward, has been deeply saddened to lose such a young, sociable and highly valued colleague.

*“Loved by all, great fun, a great colleague and a superb professional. He will be sorely missed by all at CUMH.”*

**Professor John R. Higgins,  
Clinical Director Maternity Directorate**

Ann Ross, a close friend and colleague, has kindly shared the reflection she wrote opposite on 25 October at Patrick’s funeral.

## Tribute to Patrick White CMM2, CUMH

### Patrick White reflection

By Ann Ross CMM2, CUMH

Hospital life for those who work there can be difficult to describe. Lots of words like ‘stress’, ‘busy’, ‘no beds’ come to mind. However, what hospital life does bring in abundance to its staff, is a very strong bond between very different people of all ages. Friendships are made that last a lifetime.

An accountant once said to me ‘you go to work to work and not to make friends.’ Luckily in the CUMH, it would be impossible not to bond with those around you, because we work as a team. Patrick did just that – 100%. He had a wonderful and rare ability to be highly professional – this interlocked perfectly with his energy and ability to laugh.

He had a way about him that could relax the patients that were about to give birth during very intense moments. This in itself is a huge gift. Another patient told me a few weeks ago, that following her last birth, Patrick asked her if she was ready to eat the ‘CUMH Special!’ She was delighted to tell me this, as it referred to the tea and toast given to mothers following the birth of their baby.

Following our service in the hospital on Monday night, everybody had a lovely story that involved Patrick. One that I clearly remember, was when our

colleague Frances Healy was caring for a mother in labour. She entered the room at 08:00. The lovely lady explained how her previous experience in the hospital was wonderful. She said that Patrick was the midwife that looked after her. She then enquired with a smile ‘was Patrick working today?’ When Frances answered yes, the lady then asked, ‘would you mind terribly if Patrick looked after me instead of you...?’ Patrick was thrilled on hearing this and Frances Healy had to listen to a lot of gloating for a long time!

All the wonderful, funny and sometimes not so funny times we have all shared together... We have wonderful memories of Patrick...

I’m unable to articulate today how we all feel about Patrick... I never sing in public and I know Patrick has certainly never heard me sing, but this song came into my mind while in Bantry Hospital on Monday morning. So I’m going to put myself out there for my very good friend Patrick White...

*Black is the colour of our true love’s hair  
His lips are like the roses fair  
He has the sweetest smile and the gentlest eyes  
For we love the ground whereon he stands.*

# CUMH second hospital in Ireland to roll out targeted RAADP

By Dr Nóirín Russell, Consultant Obstetrician & Gynaecologist and Patricia O'Leary, Haemovigilance Midwife



**Pictured above:** Patricia O'Leary, Haemovigilance Midwife; Leone Jackson, tRAADP Clinic Midwife; Peter Drummond, Medical Scientist; Joanne McCarthy, Administrative Support; Mary O'Riordan, tRAADP Clinic Midwife; John Sheehy, Chief Medical Scientist; and Dr Nóirín Russell, Consultant Obstetrician & Gynaecologist.

We are proud to announce that CUMH is the second hospital in Ireland to successfully roll out a programme of targeted Routine Antenatal Anti-D prophylaxis (RAADP) for our Rhesus negative patients. Thanks to the multidisciplinary teamwork involved, we were able to commence this programme following a year of concerted effort.

The key driver for introducing this programme is that targeted antenatal Anti-D prophylaxis reduces the risk of giving unnecessary Anti-D to Rh negative women from 40% to 2%. This benefits the patient by avoiding unnecessary injections and blood products. This programme is cost neutral to the hospital with time required up front saved in the emergency room at a later date.

Targeted RADDP involves examining the baby's DNA in the mother's blood, and thus predicting the baby's Rhesus D blood group. This involves taking a screening blood test from the mother at the end of the first trimester to predict the baby's Rhesus D blood group. The aim is to reduce the risk of the mother developing antibodies to the baby's blood during the pregnancy and to avoid unnecessary blood products by only giving Anti-D injections if they are needed.

In Ireland, approximately 15% of women are RhD negative. Sixty percent of babies born to RhD negative women are RhD positive and thus sensitisation is a risk for these pregnancies. Routine Antenatal Anti-D Prophylaxis (RADDP), which involves administering Anti-D at 28 weeks' gestation, reduces the risk of sensitisation from 1% to < 0.2%.

Results are uploaded into the Maternal Newborn Clinical Management System (MN-CMS) by Patricia O'Leary, CMS Haemovigilance, to ensure a centralised digital record is maintained.

*"Since we started in June 2018, the programme of targeted RAADP here in CUMH has been running very well and a dedicated clinic has been offering eligible women their Anti-D since September 2018. We would like to thank the 230 clinical staff who attended the education sessions and the midwifery staff in the emergency room who have administered Anti-D for our RH negative women."*

**Dr Nóirín Russell, Consultant Obstetrician & Gynaecologist**

# CUMH Ideas Forum 2018 – it's time for action!



*“Staff are engaged when they feel valued, are emotionally connected, fully involved, enthusiastic and committed to providing a good service... when each person knows that what they do and say matters and makes a difference.”*

**National Staff Engagement Forum 2016**

In the summer edition of UltraNews we reported how staff in CUMH came together in January this year to generate ideas on how to improve the experiences of the patients and families who use CUMH services and staff members who work here.

The next stage, the action planning session, took place on 6 September 2018 to progress the top ideas that staff selected to work on, with the agreement of the Maternity Directorate. Supported by the Quality Improvement Division and led by Dr Nóirín Russell, Consultant Obstetrician and Gynaecologist, this action planning ideas forum was a great opportunity for all staff to come together to develop solutions to the identified challenges.

These top ideas included reviewing the location for induction of labour, supporting efficient patient transfers between wards and departments, redesigning birthing suite rooms, a waiting room for gynae pre-operative patients, avoiding prolonged pre-operative fasting for gynae patients and promoting staff well-being.

Nearly 50 staff came together over the course of 3 hours on the evening of 6 September, outside their normal working hours, and made time to develop practical solutions to the idea(s) they felt strongest about. There was no need to have taken part in the previous session and hot food was served half way through the evening to keep the creative juices flowing.

The evening varied in pace from intense concentration to fun periods where dance moves were shared to thoughtful moments where pledges were made and pegged to a line.

Feedback on the action planning ideas forum has been hugely positive:

- 95% felt their contribution was very much or extremely a) acknowledged and b) valued.
- 95% said it was an excellent or very good opportunity to get to know colleagues.
- 84% felt very much or extremely engaged in their work following these sessions.
- 95% said they felt very much or extremely encouraged to improve quality in their area.
- 95% said they would encourage a) others to attend a session like this in the future and b) attend a session like this again.

Comments included:

*“Brilliant, very well organised, fun, energising. Thank you.”*

*“Great night – thanks for all the hard work and the dancing.”*

When asked to describe the evening in one word, thoughts included ‘exciting’, ‘inspiring’, ‘thought provoking’, ‘fun’ and ‘progress’, to mention a few.





**CUMH Ideas Forum**  
Thursday 6th Sept  
18:00 – 21:00  
CUMH 5th Floor

Everyone is welcome to work with us to progress your chosen top ideas to the next stage.

**LET'S TAKE ACTION** Join us on 6th Sept at the 'Action Planning' Forum to make the ideas happen

**The top ideas that you selected at the last Ideas Forum are:**

<b>1</b> Induction of Labour: Designated person in charge to ensure oversight and balancing of numbers on a daily basis	<b>2</b> Induction of Labour: Reviewing the location/use for induction of labour
<b>3</b> Support for efficient patient transfers between wards and departments in CUMH	<b>4</b> Waiting room for ERPC and gynaecology pre-operative patients
<b>5</b> Transforming/redesigning birthing suite rooms	<b>6</b> Avoiding prolonged pre-operative fasting (gynaecology patients)
<b>7</b> Improving the patient experience of lifts (e.g. feet first to preserve dignity)	<b>8</b> Educating staff about benefits of laboratory chutes (PODS) for transfer of specimens
<b>9</b> Staff Newsletter: 1st edition due early Sept. Contact donna.burtchaell@ucc.ie to get involved	<b>10</b> Promoting staff wellbeing

**All Staff Welcome**

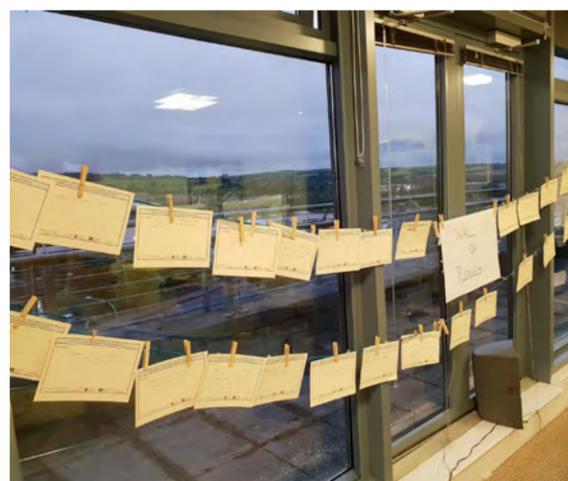
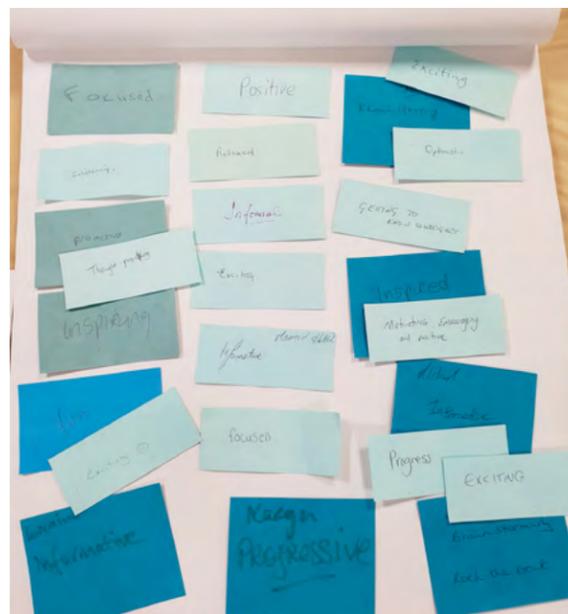
**How you can take part:**

- Select the idea you would most like to work on
- Join us at CUMH Action Planning Café Forum on 6th Sept 18.00 -21.00 on CUMH 5th floor, Classroom B CME

**Note:** No need to have taken part in the previous forum. Come for part or all of the session. Food served at 19:30. It's going to be fun!

If you have any queries, please email Dr. Nóirín Russell at [Noirin.russell@hse.ie](mailto:Noirin.russell@hse.ie)

In partnership with the Quality Improvement Division

Teams have since been working together to develop their suggestions and were invited back on 25 October to present their carefully thought out solutions to the CUMH Directorate. However, this had to be rescheduled to 15 November due to the tragic passing of an esteemed midwife and colleague Patrick White. We look forward to reporting more about the CUMH Ideas forum in our Spring 2019 edition and finding out about how the ideas have come to life. Watch this space...

*“When staff come together, there is a consistency to the problems identified. The Maternity Directorate were delighted to create an opportunity for people to discuss how they would solve the top challenges in our service through the Ideas Forum. We know that they are often best placed to make innovative suggestions for improvement because of their in depth knowledge of the services we provide.*

*Again, a huge thanks to the commitment of the CUMH Ideas Forum team, led by Dr Nóirín Russell and Juanita Guidera, Quality Improvement Division with Katie Bourke, Lorraine O’Connor, Claire Everard, Fidelma Harrington, Úna Cahill, Claire McCarthy, Sara Leitao and Donna Burtchaell.”*

**Professor John R. Higgins, Clinical Director Maternity Directorate**



# A 'Grand Smile'

by Kannan Natchimuthu, Senior Neonatal/  
Paediatric Occupational Therapist, CUMH

I can't believe it's been 12 years since I joined the neonatal service in Cork University Maternity Hospital. When I joined, Dr Brendan Murphy welcomed me and noted how great it was that I was the first Neonatal Occupational Therapist (OT) and how I would be able to sculpt my role. Now I can say what a great privilege and honour it has been to shape my role and work in one of the biggest neonatal units in Europe. I am very appreciative of the late Mary Coveney (former OT manager) who was instrumental in making my post the first neonatal OT post in Ireland. I am also indebted for the support and encouragement of the highly qualified, enthusiastic and hardworking members of the medical multidisciplinary team and my fellow OT colleagues.

When I see the first smiles and many first milestones of the babies in my OT clinic, my heart swells and smiles with happiness. When the parents see their baby smile for the first time or turn over to reach the toy, that moment of joy, hope and optimism is surreal to witness. It's also amazing to witness the developmental progress and milestone achievements of a < 23 weeks' gestation baby. When they finally reach motor skills in line with their peer group at the age of 2 years of age, it's like winning the Liam McCarthy cup! To achieve this we work very hard as a large multidisciplinary team made up of neonatologists, midwives and nurses, registrars and SHOs, a biomedical engineer and support staff – not to mention the team of varied health and social care professionals, including a neonatal occupational therapist like myself, a physiotherapist, a speech and language therapist, a

dietician and a social worker. The baby and his/her parents are the captains of the team.

Referral criteria is well established now – we receive all babies under 32 weeks of gestation and under 1,500 grams of birth weight, babies with birth injuries and a variety of neurological conditions such as spina bifida, orthopaedic conditions and chromosomal conditions. We work closely with nursing and midwifery staff to achieve the best outcomes.

Following referral, we work with the babies using a holistic approach to improve skills such as sensory, motor, cognitive, and socio-emotional skills, as well as play. Play naturally is a child's main occupation. We assess and facilitate intervention by observing and promoting their play skills with their siblings/parents.

I remember a child with a neurological condition called Encephalocele on the lower back region of his head. He was referred to me when he was 3 months old; he had never lain on his back or sat in a bouncer seat. His parents were keen for us to help him to see and explore his environment from his front side as otherwise his vision is restricted. My OT creativity kicked in and I was able to modify the bouncer seat with the consent of his parents. They were so delighted to see him lying on his back visually exploring for the first time. They went on to modify buggy and other seating systems using the same idea.

Neonatal occupational therapy is a unique role requiring medical knowledge combined with creativity and close working with parents and siblings. I find that parents are always happy to be involved in medical care when given the opportunity. I encourage them to participate in putting on the splints or adapted devices for their babies and such involvement helps them bond more closely to their babies.

## Ultra early intervention

By intervening really early, we can prevent many developmental difficulties such as incoordination and gross motor delay in later childhood, saving time and resources in the long run. Recognising a delayed social smile at an early age will reduce the complications later on in their development. Early recognition of autism features will help parents to get appropriate help through community agencies and help reduce waiting times for appropriate services. Some of the orthopaedic deformities can be corrected and further deformity can be prevented using high temperature thermoplastics and other soft materials.

I sincerely hope all neonatal units in Ireland will be able to have the service of a neonatal occupational therapist to help all early babies create that first grand smile and help with milestone development. Finally, I would like to thank my neonatal team here in CUMH and my OT manager Megan Goodale and colleagues for their ongoing support.



**Pictured above:** Amelia Shorten, Pharmacist; Sheila Glavin, Midwife; Sandra Coombes, Midwife; Kannan Natchimuthu, Senior Neonatal/Paediatric Occupational Therapist; Elaine Buckley, Staff Nurse; Deirdre Foley, Specialist Registrar; Teresa Rohan CNM2.

# Thanking Maternity Directorate retirees in 2018

We would like to pay a brief tribute to the multidisciplinary staff that retired in 2018 - with hundreds of years of dedicated service between them. We extend our sincere gratitude and appreciation for their service in the delivery of maternity services for women, infants and their families in our region. Go n-éirí an bóthar libh!

## University Hospital Waterford

**Breda Butler:** CMS Ultrasound

(worked previously in Airmount Maternity Unit in Waterford prior to its closure in 1995)

**Moyra Lennon:** Senior Staff Nurse Gynaecology Ward

(worked previously for a number of years on the general surgical wards in UHW)

**Mary Whittle:** Senior Midwife

(worked previously in Airmount Maternity Unit in Waterford prior to its closure in 1995)

## Cork University Maternity Hospital

**Anne Catchpole:** Staff Midwife Delivery Suite

**Jean Dennehy:** Physiotherapist

**Stephanie Desmond:** Staff Midwife Theatre

**Stephanie Dignan:** Senior Staff Nurse Theatre

**Mary Downey:** Night Superintendent Senior Midwifery Management

**Ber Fitzgerald:** Neonatal Resuscitation Programme Coordinator

**Ita Martin:** Staff Midwife Delivery Suite and ER

**Diane Meagher:** CMM2 ER

**Collette Moran:** Clerical Officer, Medical Records

**Jane O'Connor:** CMM3 Day Services

**Phil O'Mahony:** CMM2 Theatre

**Prof. Tony Ryan:** Consultant Neonatologist and Associate Professor in the Department of Paediatrics and Child Health at UCC

**Sheila White:** CNM2 NNU

## South Tipperary General Hospital

**Tracey Bourke:** SCBU Neonatal Nurse and Midwife (resigned)

**Geraldine Maher:** Staff Midwife

## University Hospital Kerry

**Nora Quirke:** Staff Midwife

(Nora continues to be a committed and valued member of staff in UHK Postnatal ward where she works 12 hrs/wk).

Collette Moran started working in CUH on the 20 September 1978, exactly 40 years to the day of her retirement! Her dedication and long service saw her working in many different areas and she witnessed the hospital grow and change over the years into what we have today in CUMH and CUH. She is sorely missed by friends and colleagues.

**Pictured right:** Rose O'Sullivan, Clerical Officer Main Reception; Collette Moran, Clerical Officer Medical Records; Deirdre Dwane, Fiona Mohally, Yvonne Freyne, Staff Officers, CUMH.

Ber was truly committed in her organisation and planning of the Neonatal Resuscitation Programme (NRP), Paediatric Immediate Life Support (PILS) and STABLE (sugar, temperature, airway, blood pressure, lab work and emotional support) in her time in UCC and CUMH. She was our go to colleague for any questions in relation to bookings, training and planning for participants, trainers and colleagues. Go n-éirí an bóthar leat!

**Pictured right:** Ros Cashman, Decontamination Lead; Fiona Kirby, Postgraduate Clinical Coordinator; Marie Healy, Postgraduate Clinical Skills Facilitator; Cathy O'Sullivan, Interim Director Centre of Midwifery Education; Breda Bird, Clinical Placement Coordinator; Ber Fitzgerald, NRP Coordinator; Breda Hayes, Clinical Placement Coordinator; Karyn Walsh, Clinical Placement Coordinator; Fionnuala Hunt, Allocations Officer; Deirdre Kelleher, Midwife Teacher.





**Professor Anthony Ryan retired on 31 May as Consultant Neonatologist, Cork University Maternity Hospital and Associate Professor of Paediatrics, University College Cork.**

Tony graduated from UCC medical school in 1977, interned in Cork and immediately entered paediatrics in the Erinville Hospital, where he subsequently returned 16 years later to lead the neonatology service.

Tony completed his DCH in 1979, MRCPI in 1980 and MRCP in 1982. He subsequently trained in both the Coombe Women's Hospital and Crumlin Children's Hospital in Dublin, before moving to the UK to work in Aberdeen and Great Ormond Street. He then moved to Alberta, Canada where two very important events happened: he met his wife

## Professor Anthony Ryan 1994 – 2018

by Gene Dempsey, Consultant Neonatologist CUMH

Joanne and he trained under world renowned neonatologist Professor Neil Finer. Tony became a central part of the clinical and research centre in Edmonton, working with neonatologists Keith Barrington and Khalid Aziz addressing critical areas of neonatal care at this time. Tony trained in both the NICU and PICU and on the regional ECMO service, before taking up an attending position at the Royal Alex in Edmonton. He remained on staff there before returning home to Cork in 1993 to the Erinville Hospital, where he originally trained, to begin the process of developing tertiary level neonatal care for the city and region.

Following his return he introduced the Neonatal Resuscitation Training Programme (NRP) and since 1995 has led to thousands of doctors, nurses, midwives and health and social care professionals being trained in this very important programme. Tony ultimately led an international consortium and published a Cochrane systematic review highlighting the effectiveness of this programme in reducing neonatal deaths. His own MD focussed on this area of newborn care.

He embraced international health and led development of links with neonatal and paediatric services in Omdurman Sudan, including bringing equipment and trainees on exchange programmes. He has recently led the introduction of the Helping Babies Breathe Programme to this region, and again has highlighted the benefits of such a programme to the neonatal community.

Whilst Tony worked primarily as a neonatologist, he was a paediatrician also. He was an early Irish advocate of child safety, warning of the risks of curtain cords, trampolines and "heelie" trainers. He introduced the Paediatric Advanced Life Support (PALS) programme to the country.

As an always willing teacher, medical education and the scholarship of teaching and learning have been central to Tony's practice. He always looked out for the medical

students when they were on rotation. He oversaw many student projects in typical and atypical areas and initiated reflective practice reports in neonatology, as well as broadening paediatric experience and projects to the arts. He asked students to look at things differently and encouraged alternative ways of approaching problems, with the learner always central to this process. He served as a mentor to many junior doctors, supporting them in their career pathways, and giving them advice along the way.

Tony's research interests are varied, from newborn resuscitation to stool microbiota through to medical education, always asking questions and designing ways to answer these. His research links with the Alimentary Pharmacobiotic Centre date back almost 15 years, and highlight just how forward thinking Tony is. Building relationships and collaborations with others are central to Tony's ethos. His encouragement of others was central to the birth of INFANT, now a flagship of UCC's research agenda.

Tony is unique in many ways. Not only because he was a single handed neonatologist, who brought this subspecialty to Cork and then oversaw the delivery of the approved amalgamation of maternity and neonatal services in Cork, but also because of his barber shop singing, his domestic connection with George Boole, and his presence in the cultural activities of UCC and the wider city. Tony's medical and personal contributions to UCC are significant, but in light of the path he cleared for others to follow into Ireland's most modern neonatal unit, in terms of both research and clinical care, there can be few examples of people whose influence is so obvious in the long and fruitful lives of their patients. We wish Tony, Joanne, their children, Heather and Paul, and grandchildren, a long and happy retirement.



## National Maternity Strategy – 2018 Review

Senior midwives in the Maternity Directorate reviewed progress against the National Maternity Strategy on 9 November 2018, at the Marymount auditorium in Cork. Led by Professor John R. Higgins, with presentations by Directors of Midwifery Paula Curtain, UHW, Olive Long, CUMH, Sinead Heaney, STGH and an update by Carrie Dillon CNM2, UHK, it was a welcome opportunity to come together and discuss progress and challenges as one team.

Staffing was acknowledged as one of the key challenges. Prof. Higgins

noted that while the Maternity Directorate has been granted the budget for requested staff, the staff are currently not in place and recruitment is a protracted process.

The analogy of cultivating a new lawn was used to illustrate progress. The seeds are planted and watered and fertilised. Soon green shoots appear in patches, showing how different units are strong in different areas. But in time, with careful nurturing, the lawn eventually comes together as a strong, coherent whole.

## THE SEASON OF GOODWILL

# Building resilience in the workplace – it starts with you

by Kerry McAuliffe, Director of Nursing, UHK

As we approach the winter season, healthcare providers are preparing for many traditional events, however, these events are very different to those outside of healthcare. Halloween and Christmas festivities are replaced with ‘flu season’ winter surges, Norovirus and sick leave – thus increasing pressures on us all. As an organisation, how do we build resilience in the workforce as the season of goodwill approaches and extend it throughout the year?

Our organisation promotes keeping ourselves healthy, both mentally and physically, as it is vital to our personal wellbeing. Being healthy also allows us to adapt to our ever changing environment, enabling us to support the organisation to provide high quality services.

Workplace stress can lead to ‘burn out’, displayed in episodes of chronic exhaustion, compassion fatigue, cynicism, and bad/short temperedness. While goodwill, compassion, dignity and respect towards patients goes without saying, what about goodwill to one another? Lack of compassion or respect may be explained as a result of overwork and excessive demand, but is it ever an excuse?

The stressors and challenges associated with working in healthcare are real and valid. Unfortunately, they are not likely to go away anytime soon. The solutions to addressing them are not within our gift, and therefore we need to learn how to become more aware of stress and

how to manage it effectively, while not glossing over the many challenges we face.

Changing our perspective and attitudes may be the only recourse open to us for now, which underlines the importance of personal resilience – about being able to deal with challenges without them causing distress to ourselves or to others.

Resilience is the ability to adapt and ‘bounce back’ to life’s ever-changing landscape and recover easily from stressors and potential stressors. Jean Watson’s *Theory of Human Caring* (Watson, 2009) focuses on the importance of ‘caring for self, colleagues and others’ to create a more positive environment to improve resilience. Support for staff and colleagues is something that everyone working in healthcare can contribute to and it does not necessarily need to cost anything expect a few moments.

Let’s start with ourselves – check:

- How am I today?
- How do I usually react to stress?
- How is my tone when I speak to (or maybe at) colleagues?
- What is my demeanour like?
- What effect do I have on colleagues?
- Do I smile/laugh/share a joke?

Dr Maureen Gaffney explains in her book *Flourishing*



(2011) that adversity can be a positive turning point in our lives if *we decide* that our goal is not merely returning to the status quo, but having better lives. Having a positive culture where ‘Person Centredness’ flourishes is something we can all aspire to.

Let’s start small and look out for positive behaviours, and challenge negative behaviours constructively and in a supportive way. Use this season to pause, think about how our behaviour and words affects our colleagues. Take time to thank a colleague, show support, and share a compliment. Look out for one another. Be constructive if you witness a lack of compassion or respect. Often a flippant remark may have a negative impact on another without the speaker realising it. Be tactful, be kind. Be person-centred as well as patient-centred. This is something everyone can participate in, and benefit from. Show goodwill this season and beyond.

**“I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.” — Maya Angelou**



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](mailto:donna.burtchaell@ucc.ie)

Articles for inclusion in the next newsletter must  
be submitted no later than **15 February 2019**