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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 Extracts from UltraNews should not be published without the permission of the editor.



Maternity Directorate success



UHK Sandra O'Connor



Gynae Electronic Chart



UHW Healing Arts



ASSERT partnership



World class research



# Welcome to the Autumn 2019 edition of UltraNews, the Maternity Directorate staff newsletter

## Celebrating our successes as a Maternity Directorate

We welcome you to the new academic year as we bid farewell to the Summer season. I hope you all have had the opportunity to take a refreshing break and recharge the batteries.

We are now in our third year of operation as the South/South West Maternity Directorate. We continue to lead the way as the first and only Maternity Directorate in Ireland. In particular we thank the SSWHG management team for their support and clinical staff in our four maternity units for enabling our progress to date. Most notably our “no refusals” policy, reducing gynaecology waiting lists in Cork by 75% to date, the daily hub teleconference and the weekly Grand Rounds that unite a variety of staff across all four units. While there’s still more to do, it’s time to note and celebrate our success to date.

We are delighted to welcome Sandra O’Connor as the new, long-awaited Director of Midwifery to UHK. Sandra joined us in June 2019 and is a core part of the UHK clinical team. We sincerely thank Kerry McAuliffe for previously standing in as DOM, and for her support, good humour and professionalism over the past three years.

We had Paul Reid, CEO HSE visit us in Cork in July 2019. This was a great opportunity to speak to him direct about our successes as a Maternity Directorate. We discussed the importance we place on providing excellent clinical and academic leadership across our network and how committed, united and supportive we are of our colleagues in UHW, STGH and UHK as we deliver locally led care. We emphasised to him our ongoing commitment to ensuring that the patient pathways of our Directorate are not damaged by any proposed health regions.

The launch of the Gynaecology Electronic Chart at the end of July 2019 led to CUMH becoming Ireland’s first fully digital hospital! Now all women visiting CUMH for gynaecology services will have a complete, integrated electronic health record, benefitting over 18,000 patients who attend each year. UHK are set to follow suit in the near future.

September is when our new format Maternity Directorate Grand Rounds starts again for the 2019 academic year. As before, all of our maternity unit locations will have the opportunity to present interesting cases and pioneering research. Please do take time to attend on Fridays, at 1-2pm.

Thank you all for your hard work and dedication. It remains a true honour and privilege to work alongside such resolute and committed people; and we in turn are privileged to provide care to the women, babies and families in our region.

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/South West Hospital Group



# Celebrating our Maternity Directorate

by Michael Hanna, Academic Advisor to the Maternity Directorate

The South/South West Maternity Directorate has passed the second anniversary of its beginning (February 2017), and is into the third year of operation, we thought it would be interesting to ask for quotes on the positive things that practitioners on the inside believe it has brought.

It is worth reminding ourselves that this really is an innovative development that wouldn't have happened without the South/South West Hospital Group management team and the support of senior HSE people. It took vision, commitment and persistence at all levels, but particularly from clinical staff in the four maternity units in the group. It is not complete – we still await full budgetary devolution and some key administrative staff – but that has not stopped us from making progress on our “no refusals” policy, on cutting down gynaecology

waiting lists, on devising a committee structure for a multi-site directorate, on the daily hub teleconference and the weekly Grand Rounds where everybody can join in from their own offices. Cork University Maternity Hospital now has full budgetary and management autonomy from Cork University Hospital. This has brought about a much more positive “relationship of equals” from which both hospitals have benefited.

For one who has been for most of a career of 40 years looking at the health service from a university perspective, it has been probably been the most hopeful experiment that I have seen in all those years. I think my own quote would be **“collaborative clinical leadership in action and it makes a real difference!”**

“Nurses and Midwives working in the SSWHG Maternity Directorate can be assured that they are represented at the Executive Management Committee by the Directors of Midwifery in each hospital and that our collective experience and knowledge has been a driving force for the benefit of the maternity services across the four hospitals. In practical terms, the daily hub teleconference calls provide excellent communication links between the four hospitals and the SSWHG Maternity Services Directorate have been supportive of innovative measures to recruit and retain staff across all disciplines.”

**Olive Long, Director of Midwifery, CUMH**

“The SSWHG Maternity Services Directorate has built a collaborative partnership across the 4 hospitals to provide the best possible care to all our mothers and newborns across the network. With our open door policy we have put in place a culture and belief that every mother and newborn across our region deserves and receives equal access to specialist care when they need it, while aiming to provide their care as close to home once more when this is possible.”

**Dr Brendan Murphy, Clinical Lead Neonatology, Maternity Directorate**

“The SSWHG Maternity Directorate has recognised the value and importance of Health and Social Care Professionals in providing a holistic service to women and infants. Our involvement at Directorate level has given us a voice and created a peer network within the four maternity service for the first time.”

**Maria Leahy, HSCP representative for Maternity Directorate and Acting Manager of Social Work Services, CUH/CUMH**

“The SSWHG Maternity Directorate has set the framework to achieving the first functional women's and newborn clinical network in Ireland – allowing the standardisation of clinical practice, data management and information governance, encouraging peer engagement and support and sharing resources towards equity of care. This has been achieved not only through strategy documents but in real terms with the no refusal policy for transfer of care, the outreach of specialists from the tertiary unit and the sharing of clinical discipline posts (Pharmacy, Dietetics, Social work, etc.) to the smaller units to achieve equality of care for all women and infants in the SSWHG.”

**Richard Greene, Professor of Clinical Obstetrics UCC and Director, National Perinatal Epidemiology Centre**

“The SSWHG Maternity Directorate is a platform for open communication between the four maternity hospitals where decisions are made collaboratively that enhance the care we provide to our mothers and babies in the region. The sharing of clinical expertise, offering support to colleagues and the daily communication between each hospital has been very beneficial for all.”

**Miriam Lyons, Business Manager, CUMH**

“The SSWHG Maternity Directorate provides a platform for standardising midwifery practices, enhancing peer engagement and collegial support which are critical to the on-going advancement of the professions of midwifery and nursing.”

**Bridie O'Sullivan, Chief Director of Nursing/Midwifery, South/South West Hospital Group, and Adjunct Clinical Professor, University College Cork**

“The Maternity Directorate has been a positive force for UHW from a clinical, learning and collegial standpoint. While we’ve only 3 consultant obstetricians and gynaecologists in UHW, we feel part of a much bigger network reinforced by weekly Maternity Directorate Grand Rounds, a valuable teaching and learning forum, and Directorate wide social gatherings such as consultant away days involving the wider group. From a clinical standpoint, we feel the benefits of Maternity Directorate every day through the ‘no refusal’ policy for sick babies between CUMH and smaller units like Waterford.”

**Dr Eddie O’Donnell, Clinical Lead UHW, Consultant Obstetrician and Gynaecologist**

“The Maternity Directorate has strengthened ties between the 4 maternity units in the group. It has allowed for sharing of ideas and promotes a culture of learning and development for all staff. The Directorate has facilitated peer support that is vital to the role of Director of Midwifery.”

**Paula Curtin, Director of Midwifery, UHW**

“The Maternity Directorate has streamlined networks in the South/South West Hospital Group, with maternity patient referrals and transfers occurring regularly without issue. The consultant forums and executive meetings, which are

not centralised, make us feel valued in the network. The undergraduate and postgraduate training links are a valuable part of the multidisciplinary working environment in the group and we look forward to even deeper connections in the future.”

**Dr Vijoyashree Hiremath, Clinical Lead STGH, Consultant Obstetrician and Gynaecologist**

“It’s a pleasure to work together to provide an enhanced, inclusive and progressive approach to maternity care in the SSWHG region. The buy in from a clinical, educational and cross professional aspect has been evident across the region. No more obvious than the implementation of the non-refusal of patients policy, which has been invaluable to South Tipperary General Hospital, alongside the cross educational support within the SSWHG.”

**Sinéad Heaney, Director of Midwifery, STGH**

“The establishment of the SSWHG Maternity Directorate has greatly enhanced our maternity services in University Hospital Kerry by changing it from a small isolated stand-alone unit to being a member of a much larger group where we look to play our part in the provision of maternity and gynae services across the region. The weekly teaching videoconferences enhance our regular local training meetings.

The daily hubs and fortnightly EMC meetings allow the group to maintain close oversight of workload and outcomes. The ‘no refusal’ policy for sick babies has been a tremendous advance. Going forward, full integration when the Group Chief Clinical Director takes over responsibility for all four units should ensure further standardisation of practice and even better outcomes for our mothers and babies.”

**Dr Paul Hughes, Clinical Lead UHK, Consultant Obstetrician and Gynaecologist**

**Sandra O’Connor, Director of Midwifery, UHW**

“Our Maternity Directorate leads the way in the development of a clinically led network of maternity hospitals and units, collaborating and supporting one another and completely dedicated to the women and babies we serve. Our most proud achievement is our ‘no refusals’ policy, the first of its kind in the country, ensuring the safe movement of babies and patients in need of critical care. We remain committed to the highest standards of care, through our focus on integrating the three pillars of clinical service, education/training and research/innovation, using an academic healthcare model.”

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



**Pictured in CUMH:** Professor John R. Higgins, Maternity Directorate Clinical Director explains Maternity Directorate success to Paul Reid, CEO HSE



**Pictured in UHW:** Maria Leahy, HSCP representative for Maternity Directorate; Paula Curtin, Director of Midwifery, UHW; Olive Long, Director of Midwifery, CUMH; Professor John R. Higgins, Clinical Director Maternity Directorate; Dr Eddie O’Donnell, Clinical Lead UHW; Miriam Lyons, Business Manager CUMH; Sinéad Heaney, Director of Midwifery, STGH



**Pictured in STGH:** Miriam Lyons, Business Manager CUMH; Bernie Quinlan, Maternity Unit Secretary, STGH; Kay Ahearne, Midwife, STGH; Sinéad Heaney, Director of Midwifery, STGH; Marie Walsh, CMM1, STGH; Mary O’Donnell, CMM3, STGH; Professor Paul O’Regan, Consultant Physician, STGH; Mary Slater, Midwife, STGH; Professor John R. Higgins, Clinical Director Maternity Directorate; Olive Long, Director of Midwifery, CUMH



**Pictured in UHK:** Donna Burtchaell, Communications Project Manager; Dr Paul Hughes, Clinical Lead UHK; Kerry McAuliffe, Director of Nursing UHK; Sandra O’Connor, Director of Midwifery UHK

# Meet Sandra O'Connor – UKW's new Director of Midwifery

In June 2019 we were delighted to welcome Sandra O'Connor as the new, long-awaited Director of Midwifery to UHK. Sandra 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 live in West Limerick, close to the Kerry border. When I completed secondary school, I entered the nursing profession in University Hospital Limerick. During this period I worked in women's health and had a keen interest in health promotion. This inspired me to start my journey in the midwifery profession. I thoroughly enjoyed my training in the National Maternity Hospital, Holles Street, Dublin and now I have at least 20 years' experience in maternity services, with roles ranging from student, staff midwife, manager at ward level and now Director of Midwifery. My philosophy is that the woman's relationship with the midwife is central to the childbirth journey.

## What accomplishments are you proud of?

I have just completed a Master's of Science in Midwifery in the University of Limerick; my thesis was titled "An evaluation of three clinical leadership programmes (RCN, LEO and NLI) from the perspective of nurse leaders: A systematic review". My graduation is on this week (w/c 26 August 2019). It's a proud moment for me personally, professionally and especially for my family who have been very patient and supportive throughout the journey.

## What has been the greatest challenge in your career to date?

While completing my Master's in Midwifery, my greatest challenge was maintaining the right work/life balance – fitting in study alongside maintaining a high performance at work and also having enough time for my personal life.

## Who is your role model as a leader?

Barack Obama who served as the 44th president of the United States from 2009-2017. He was the first black president in the United States. He was an inspiration in the way he could reach out to the American people with his own story, bringing communities/cultures together for the one goal. I admired his belief in change and his ability to bring a nation together even in difficult times.

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

Believe in yourself and you will achieve your dreams.

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

If everything is a priority – nothing is a priority.

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

- Travel the world
- Run a marathon
- Write a book

## What would you like to achieve next?

As I am new in the role as Director of Midwifery I want to provide strong leadership and a voice for midwives and nurses in maternity services. I want to establish a centre of excellence, in partnership with the multidisciplinary team, for the women, infants and families within the catchment area of University Hospital Kerry.

Aligning services to the National Maternity Strategy will be a priority - to develop and implement the three different pathways of care - supported care, assisted care and specialised care.

# MIDWIFERY FORUM

by Bridie O'Sullivan, Chief Director of Nursing/Midwifery, SSWHG



**Pictured left:** Back row: Cathy O'Sullivan, Interim Director, Centre of Midwifery Education, CUMH; Dr Rhona O'Connell, School of Nursing and Midwifery, UCC; Olive Long, Director of Midwifery, CUMH; Sinead Horgan, Assistant Director of Nursing, SSWHG Surgical Site Surveillance Lead. Front row: Sinéad Heaney, Director or Midwifery, STGH; Bridie O'Sullivan, Chief Director of Nursing/Midwifery, SSWHG; Sandra O'Connor, Director or Midwifery, UHK. (Missing from the picture are Paula Curtin, DOM, UHW and Patricia Leahy Warren, UCC)

The Midwifery Forum exists to facilitate and improve evidence based midwifery care in the South/South West Hospital Group (SSWHG). The group promotes collaborative working practices in order to ensure the continuum of quality care for families. The Forum includes the Director of Midwifery from each maternity unit, representatives from University College Cork and Centre of Midwifery Education and the Chair is the Chief Director of Nursing and Midwifery SSWHG supported by a business manager. Since the establishment of the Forum in February 2015 notable progress has been made allowing individual units achieve outcomes not possible working alone.

Forum members are acutely focused on delivering midwifery care to the highest professional standard and share learning outcomes from quality improvement initiatives as well as adverse events/ incidents. Midwifery training and education is of key

importance and collaboration across the SSWHG allows staff to avail of opportunities across sites. Annual midwifery conferences and master classes have contributed to this and in addition provide the opportunity to showcase and celebrate some of the excellent work in our units.

Implementation of the National Standards for Safer Better Healthcare and the National Maternity Strategy (Creating a Better Future Together) is a priority for Directors of Midwifery to support safe, high quality maternity services and work is incrementally progressing in this regard. The Forum allows for dialogue on managing service challenges including the challenges with recruitment and sustaining a skilled and contented workforce.

Collegial support and teamwork is greatly valued by Forum members and enables a common understanding of shared goals.



## Annual Consultants Away Day

Since the Maternity Directorate was established in January 2017, CUMH and the maternity units of STGH, UHW and UHK have focused on developing strong clinical, learning and social links. A key date in the calendar has been the annual Consultants Away Day. The most recent was held on 31 May 2019 in Longueville House, Co. Cork. It is an excellent opportunity for consultants to meet with colleagues from all over the region, share successes and learnings and plan for the future.

**Pictured above:** Back Row: Dr Brian Walsh, Consultant Neonatologist, CUMH; Dr Dan McKenna, Consultant Obstetrician and Gynaecologist, CUMH; Dr Liam O'Connell, Consultant Neonatologist, CUMH; Professor Gene Dempsey, Consultant Neonatologist, CUMH; Dr Paul Hughes, Consultant Obstetrician and Gynaecologist, UHK

Front Row: Dr Moya McMennamin, Consultant Obstetrician and Gynaecologist, CUMH; Professor John R. Higgins, Clinical Director Maternity Directorate; Dr Karen McNamara, Consultant Obstetrician and Gynaecologist, CUMH; Dr Fergus McCarthy, Consultant Obstetrician and Gynaecologist, CUMH; Dr Eddie O'Donnell, Consultant Obstetrician and Gynaecologist, UHW; Dr John Stratton, Consultant Obstetrician and Gynaecologist, UHW; Professor Barry O'Reilly, Consultant Obstetrician and Gynaecologist, CUMH

# Launch of the Gynaecology Electronic Chart: CUMH becomes Ireland's first digital hospital

By Mary Mullins, Change and Transformation Lead, National Project Team, MN-CMS



Pictured above: CUMH staff at launch of Gynaecology Electronic Chart July 2019

Cork University Maternity Hospital (CUMH) is the first site in Ireland to extend the use of Maternal and Newborn Clinical Management System (MN-CMS) to include gynaecology care. The launch of the Gynaecology Electronic Chart on 28 July 2019 led to CUMH becoming Ireland's first fully digital hospital!

This clinical management system has enhanced care as it allows electronically recorded clinical information to be shared quickly and digitally with relevant providers of care. It also means better, safer healthcare as it supports improvements in care processes, monitors quality and safety of care delivery and reduces the possibility of errors.

Since the end of July, all women interacting

with CUMH for gynaecology services will have a complete, integrated electronic health record, benefitting over 18,000 patients who attend each year.

The CUMH local implementation team (LIT) includes dedicated representatives from clinical, administrative, bio-med and ICT staff and is led by the local MN-CMS Project Manager. In addition, the LIT is supported by the HSE National Project Team (NPT), National Back Office (NBO) and the Cerner team.

The three other sites that are currently using MN-CMS will also adopt the change in the coming months i.e. University Hospital Kerry (UHK), the Rotunda, and the National Maternity Hospital (NMH).

#### Patient care

Improved patient care as a result of better communication, supported decision making and effective planning of care

#### Documentation

More effective and efficient recording of information reflecting best standards in documentation

#### Key Benefits

The MN-CMS programme is a 'pathfinder' project that is internationally unique; no other country has implemented a national shared maternity EHR with the same levels of integration

#### Audit and research

Enhanced clinical audit and research locally as a result of better quality data

#### Business intelligence

Informed business intelligence that will drive local and national management decisions

"There is a great network of collaboration between CUMH, UHK, ROT & NMH as each site supports each other during the project development and with Go-Lives."

**Eileen Burke, Senior Project Manager, The Office of the Chief Information Officer**

"Thanks to the hard work and collaborative spirit of MN-CMS implementation team, the launch of Gynaecology electronic chart has made CUMH the first digital hospital in Ireland. MN-CMS is not a one-time event. It is an ongoing transformational process of clinical management with constant exchanges between users and the system. When we say "transformation," it means something totally new has flowered but something old may still remain as the foundation. The ongoing collaborative efforts of the team, alongside feedback from users will help us optimise the system for the benefit of our patients and staff."

**Nilima Pandit, MN-CMS System Administrator, CUMH**

"MN-CMS is not an ICT project that involves change, but a change project that involves ICT."

**Dr Brendan Murphy, Clinical Lead Neonatology, MN-CMS**



# Music therapy in neonatal care

by Catherine Sweeney-Brown, Music Therapist and 2019 Artist In Residence with the Waterford Healing Arts Trust (WHAT) at UHW

Infants born pre-term often arrive in a dramatic manner, through emergency interventions that involve a lot of visual, tactile and auditory stimulus. They are then cared for in noisy incubators, often on busy wards full of unpredictable sounds and these babies expend a lot of valuable energy trying to process these various sounds. Their whole bodies regularly enter startle responses which increase their heart-rate, destabilise their respiratory pattern and trigger involuntary movements.

## The music therapist

When a music therapist works with a baby in the neonatal setting they choose appropriate music - matching the baby's heartbeat and breath - and they alter their intervention in real time according to the baby's response. Generally the music offered is low in pitch with a regular, predictable rhythm, which helps to reduce the baby's heart-rate and lead to a slower and deeper respiratory pattern. If a baby is struggling to feed by breast or bottle, providing gentle rhythmic music that follows the pattern of their sucking reflex can help to establish and sustain their ability to feed for longer.

## Music therapy and parents of pre-term babies

For parents, music therapy can provide a gentle space in an otherwise clinical environment where they can interact with their baby in a nurturing way. Opportunities for bonding are more limited due to babies being ventilated or in incubators, and pre-term babies are unable to respond to their parents in the same way as those born full-term. Music therapy can facilitate parent's formation of positive attachments to their

babies through singing to them, or just experiencing live music with them and tuning into their responses.

## Music therapy and preterm babies

All babies in neonatal/special care have to undergo medical procedures such as having bloods taken, IV lines inserted etc. These experiences can be frightening and painful, especially when they are repeated frequently. They can have an impact on the babies' emotional and cognitive development, reducing their resilience and affecting their ability to form positive attachments. In these situations the music therapist can play live music that connects with the baby's crying, distracting and soothing them, and allowing them to integrate their pain experience in a less traumatic way. Having live music playing during procedures has the added advantage of relaxing the medical staff, which also has a positive impact on the baby.

Music therapy can have a profound effect on the physical, cognitive and emotional wellbeing of babies in neonatal care. As more therapists begin to work in this field, the potential benefits are being seen by staff and parents alike. As one mother, whose baby received several music therapy sessions during his two week stay in hospital put it: *"It's wonderful – it calms the baby and it calms the mother. I don't think music therapy should be optional, it should be compulsory! When there's music on the ward the staff are more relaxed, it's like everyone can breathe."*

For more information, contact Waterford Healing Arts on [what@hse.ie](mailto:what@hse.ie) or 051 842664.

Music therapy is a very new addition to neonatal care in Ireland and involves the clinical application of the elements of music to effect change. There have been several large-scale research studies around the world proving that music therapy intervention in Neonatal Intensive Care Units (NICUs) and Special Care Baby Units (SCBUs) leads to improved physical and cognitive outcomes for babies, and can reduce hospital stays by up to two weeks.

## Babies' experiences of sound

Along with touch, sound is the first stimulus that we respond to in-utero. Babies undergo their pre-natal development to a symphony of music: the steady rhythm of their mother's heartbeat and pulse, the ever-present sounds of her digestive system, the sound of her voice and the muffled sounds of voices and noises from outside the womb. The vast majority of these sounds are regular and predictable, and act as a soothing auditory background for the baby as it grows and develops.

From around 25 weeks gestation, a fetus will startle to noise, showing a clear dislike for loud or sudden sounds.



## PAUL REID VISITS CUMH

Paul Reid, CEO of the HSE was visiting hospitals in Cork on 18 July 2019 and was given a whirlwind tour of Cork University Maternity Hospital. It was a great opportunity to talk about how honoured and privileged we are in CUMH to lead the first Maternity Directorate in Ireland and to work with superb colleagues in UHW, STGH and UHK to provide care across our entire region. We emphasised to him our ongoing commitment to ensuring that the patient pathways of our Directorate are not damaged by any proposed health regions.

Paul visited the labour ward, where he met with theatre staff. He also commiserated with staff in 3 East over recent tragic events and visited the 5th floor where he signed the CUMH Visitor Book, the first person to do so.



# Implementation of National Standards for Bereavement Care following Pregnancy Loss and Perinatal Death

by **Rióna Cotter, Programme Manager Bereavement Standards**



**Pictured above:** *Dr Keelin O'Donoghue, National Implementation Lead for the Standards and Rióna Cotter, Midwife, Programme Manager*

The National Standards for Bereavement Care following Pregnancy Loss and Perinatal Death published in August 2016, clearly define the of high standards of compassionate and clinical care parents and families can expect to receive. The two year implementation programme to cover all 19 maternity units was completed in March 2019. Dr Keelin O'Donoghue, Consultant Obstetrician and Gynaecologist in CUMH was key in the role as National Implementation Lead for the Standards and Rióna Cotter, Midwife in Quality & Patient Safety, CUMH led as Programme Manager.

## National Implementation Group

The National Implementation Group (NIG) was made up of a multidisciplinary team of health care professionals who have experience and expertise in the area of pregnancy loss and perinatal death. There was a strong representation on the NIG from the Bereavement team in CUMH which is a testament to their expertise and dedication.

As part of the implementation programme a number of work streams and projects were undertaken. This is a snapshot of a few of the projects completed:

## Hospital visits and assessment

From May to August of 2017 all 19 maternity units were visited by Dr O'Donoghue and Rióna Cotter. An assessment was undertaken of each units bereavement care against the Standards. While we found good practices in each hospital, each hospital had areas that needed to be improved. We gave recommendations for this and asked for Quality Improvement Plans to address the recommendations.

## Pathways

Care pathways for different types of pregnancy loss, including on perinatal palliative care were written up for the NIG and the parents' forum to review. These pathways were published in April 2019.

## Staff education

Perinatal education standards and a staff support document for use in all maternity hospitals were developed and published in April 2019.

## Parent's forum

This forum, set up in 2017 in CUMH, comprised of parents who have experienced the different types of pregnancy loss. The purpose of this forum was to ensure that bereaved parents' opinions, based on their experiences of pregnancy loss, were represented in the implementation process.

## Bereavement Specialist Midwife/Nurse Network

Set up in 2017, the purpose of this network is to act as both a support and a professional network where experience and professional knowledge will be shared. The network continues to meet regularly following the completion of the implementation programme in March 2019.

### Bereavement Forum 2018 and 2019

To mark the halfway point of the implementation programme, the NIG hosted a Bereavement Forum in Croke Park Conference centre in April 2018. The Minister for Health, Simon Harris, TD gave the opening address to the 130 attendees. The attendees included those involved in bereavement care in each of the 19 maternity hospitals in the country, educators and members of the parent's forum. It was a chance for the NIG to share with the Forum the progress of the first year of implementation and the plans for the final, second year. Each maternity hospital was given the opportunity to showcase an area of bereavement care in their hospital that they were particularly proud of.

To mark the completion of the implementation programme, the NIG hosted a similar Bereavement Forum in University College Cork on 2 March 2019.

### Pregnancy and Infant Loss Ireland website

In April 2019, the "Pregnancy and Infant Loss Ireland" website was launched to support families grieving the loss of a baby. It is the *first-of-its-kind website for Ireland* and is proving to be a valuable resource for parents who experience pregnancy loss or perinatal death. It strives to provide accurate and accessible information on a sensitive and often stigmatised subject, shares the latest research into the causes of baby loss, promotes emotional well-being, and offers details on how to access the appropriate support services.

### Further development

Dr O'Donoghue and Ríona Cotter have been requested by The National Women and Infants Health Programme (NWIHP) to continue to develop the work that was undertaken during the implementation of these National Standards for an 18 month period, extending to December 2020.

An extensive programme of work has been agreed and includes:

- the development and roll out of education programmes for hospital staff
- to further develop the integration of the Standards documentation, including care pathways within MN-CMS
- running the National Bereavement Standards Oversight Group
- developing the "Pregnancy and Infant Loss Ireland" website further
- reviewing and updating the Standards documentation
- undertake a review of bereavement care in all of the 19 maternity hospitals in Ireland in 2020.



**Pictured Top:** National Implementation Group (NIG) including Anna Maria Verling, Stacey Power, Dr Keelin O'Donoghue, Dr Seosamh Ó Coigligh, Orla Jennings, Dr Brendan Fitzgerald, Ríona Cotter and Rev Daniel Nuzum; Marie Hunt

**Pictured Bottom:** With the National Women and Infants Health Programme (NWIHP), Dr Keelin O'Donoghue, Dr Peter Mc Kenna, Ríona Cotter, Kilian McGrane and Angela Dunne

# Bereavement services in the maternity unit in UHK

By Carrie Dillon, CMM2, Bereavement Support Midwife

The implementation plan of the HSE Standards of Bereavement Care for Pregnancy Loss and Perinatal Death included the need for a bereavement specialist midwife in each of the 19 maternity units.

Bereaved families have long received compassionate care through the bereavement services at University Hospital Kerry (UHK). My recent appointment as bereavement support midwife further enhances this, through the provision of a dedicated service to those who have suffered pregnancy loss or perinatal death.

In line with the recommendations in the standards for bereavement care nationally, we are currently engaging in a number of initiatives in UHK to improve our delivery of bereavement care. These include:

- The refurbishment of the 'quiet room,' which adds to the comfort and quiet space needed for our bereaved families.
- The establishment of a bereavement team and the setting up of a committee to manage the current burial plots with further plans made for a new plot.
- Organising our first Remembrance Service for Pregnancy Loss on 17 October 2019. There will be multidisciplinary involvement and we hope to grow and improve each year.

Having recently completed my master's thesis on the need for bereavement education for midwives and nurses working in the maternity unit, I concluded that bereavement education underpins midwives and nurses' knowledge and skills and is essential for promoting their confidence in delivering high quality bereavement care. This needs to be addressed both at local and national levels.

Maternity services is a unique and specialised area. Working with bereaved parents is also unique and is a humble privilege for all staff involved. Here in UHK we are determined to continue to strive to meet these standards and ensure our bereaved parents receive the highest quality bereavement care.



**Pictured:** Sandra O'Connor, Director of Midwifery, UHK with Carrie Dillon, CMM2, Bereavement Support Midwife, UHK

# Outpatient Booking Pilot - 3fivetwo

by Grainne O'Connell, Project Manager, UCC Academy DAC

Cork University Maternity Hospital are currently piloting an online outpatient booking system through the Health Innovation Hub Ireland. This exciting new option is being delivered by an innovative Belfast company called 3fivetwo Healthcare. The system is a new approach to outpatient booking in gynaecology in Ireland but has already proven to be effective in patient management in the NHS.

The pilot project kicked off in July and will run for 12 weeks. Patients are being offered the opportunity to select their preferred time and date of appointment from a range of options online. They can opt to receive a text message reminder of their appointment and/or an email with their appointment details.

To date, 170 patients have been given the option to use the online booking system. Early results show high patient engagement levels and a much reduced 'Do Not Attend' (DNA) rate. We will update you all in a forthcoming issue on the final results of the pilot.



**Pictured left:** Claire Kenny, A/Staff Officer CUMH; Rhonda Cullinane, Central Appointments CUMH; Niamh Henderson, Central Appointments CUMH; Raymond MacSorley, Patient Pathway Manager, 3fivetwo Healthcare; Sarah Rodgers, Contracts Manager 3fivetwo Healthcare; Dean Walker, Systems and Information Manager, 3fivetwo Healthcare

## Farewell to CUMH 2018/19 Doctors in Training

A farewell breakfast was held in CUMH in July 2019 to thank the leaving non-consultant hospital doctors (NCHDs) for their dedication and hard work over the past year. We wish them all the best in their future careers, whether that is continuing in CUMH, in another maternity hospital, in another speciality, or in primary care, or indeed in their travels and adventures further afield!

# Welcoming New Doctors to CUMH in 2019

The tradition of a welcome breakfast on the 5th floor corridor returned in July 2019 to mark the new non-consultant hospital doctors (NCHDs) joining CUMH.

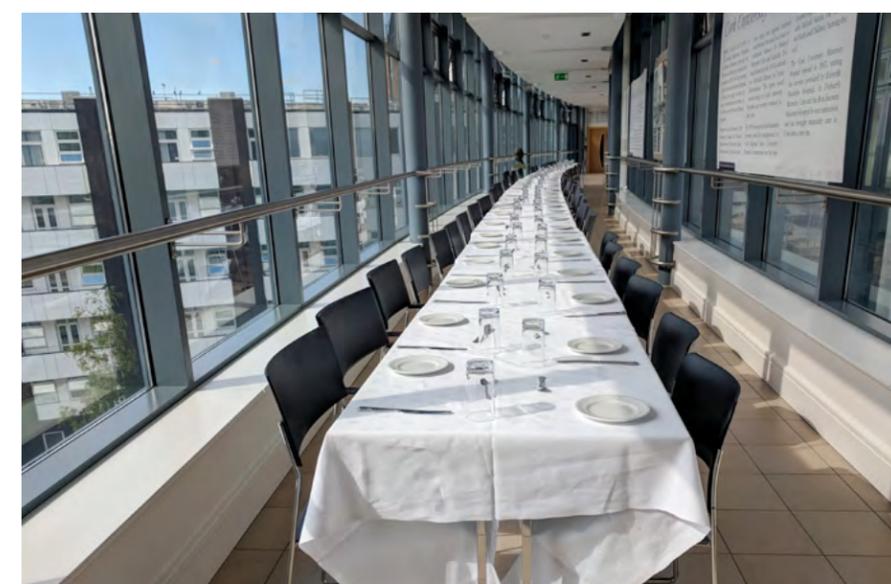
A fine spread was laid out on a long table that stretched along the glass corridors from the lifts to where the Department of Obstetrics & Gynaecology, UCC and the Centre for Midwifery Education is located.

Professor John R. Higgins, Clinical Director Maternity Directorate welcomed the new team alongside Olive Long, Director of Midwifery and Miriam Lyons, Business Manager, CUMH.

*“We’re always delighted to welcome our new team of doctors in training to CUMH. We look forward to working with them alongside our multidisciplinary team in the provision of care to the women and infants of our region.”*

A group photo was taken of the new NCHDs alongside the CUMH Maternity Directorate including Professor John R. Higgins, Clinical Director, Olive Long, Director of Midwifery and Miriam Lyons, Business Manager alongside a number of consultants and senior midwifery staff.

These group photos are now on display on the 5th floor corridor of CUMH.



# Research grant success: Study of the impact of dedicated recurrent miscarriage clinics



**Pictured above:** *Principal Investigator, Dr Keelin O'Donoghue with co-applicant, Dr Sarah Meaney (NPEC)*

**Principal Investigator: Dr Keelin O'Donoghue**

**Co-applicants: Dr Sarah Meaney (NPEC), Professor Declan Devane (NUIG), Professor Paddy Gillespie (NUIG), Professor Michael Turner (UCD)**

The Maternity Directorate provides care for a fifth of all women and babies in Ireland. The service provision is extremely substantial and critical to safe healthcare for mother and infants in our region.

Engaging in active research is key to maintaining the highest possible standards. It is the aim of the Maternity Directorate to highlight and celebrate research success. In particular the success of obtaining research grants which are so important and challenging to secure.

We wish to congratulate Dr Keelin O'Donoghue and colleagues in their recent success in the Health Research Board – Investigator Led Projects (HRB – ILP) 2019 with their submission: 'Study of the impact of dedicated recurrent miscarriage clinics in the Republic of Ireland'. This grant with overheads is worth €368k.

## Research summary:

Miscarriage is a public health issue that affects women all around the world. One out of four women will experience a first-trimester miscarriage in their reproductive life, while at least 1% of couples trying to conceive will experience three or more consecutive miscarriages, commonly defined as recurrent pregnancy loss (RPL). New international definitions of RPL include those who experience two consecutive pregnancy losses, which is over 6% of women. There is currently no national standard for the management of RPL in Ireland.

The aim of this project is to evaluate the services provided for those who experience RPL in the Republic of Ireland. In order to achieve this, five inter-related work packages have been developed. We aim to identify quantitative key performance indicators of care of RPL and audit current practices in Ireland, as well as study current management of RPL. We will undertake a national survey to examine the experience of people who have interacted with the maternity services following RPL and a qualitative study to evaluate experiences of relevant stakeholders who provide or engage with the relevant services. Finally, a health economic analysis will be undertaken to assess the relative merits and infer public preferences for resource allocation for RPL services.

The lived experiences of bereaved parents have much to contribute to developing the research agenda and clinical services in pregnancy loss. Establishing a culture of collaboration, support and mutual respect in the maternity services, requires scientists, clinicians, stakeholders and parents to be brought together so each can be informed by the other in the effort to improve care. Evaluation of current service provision for those who experience RPL, with patient and stakeholder experience included, will inform future developments and may see improved quality of care within the maternity services.

# Medical Scientist research projects in UHK

by Aoife Brosnan and Claire O'Reilly, Medical Scientists in UHK

Two medical scientists in UHK are conducting interesting research studies in the coming months. Aoife Brosnan and Claire O'Reilly tell us more below:



As a Medical Scientist in the Haematology Dept. in UHK, I am currently studying for my Master's in Biomedical Science. I intend to carry out a project here in UHK involving the development of an algorithm for the prediction of hypofibrinogenaemia in maternity patients, which impacts normal blood clotting.

In bleeding patients, it is crucial to maintain adequate fibrinogen levels, and early intervention using fibrinogen concentrate is recommended. The Clauss fibrinogen assay is not routinely performed on maternity patients in UHK. The coagulation analysers used in UHK have the capability to

perform a derived fibrinogen which is calculated from the prothrombin time (PT) result. I would like to investigate whether it is beneficial to perform a PT-derived fibrinogen on Coag screens from maternity patients, to alert the scientist to go on to perform a Clauss fibrinogen assay. Clinicians could be alerted to patient low fibrinogen levels and administer fibrinogen concentrate if necessary at an early stage.

The aim of the study is to:

- develop a normal range for the PT-derived fibrinogen for the Haematology lab in UHK.
- establish association between the PT-derived fibrinogen and the Clauss fibrinogen assay.
- create an algorithm for maternity patients at risk of bleeding using PT-derived fibrinogen and other coagulation screening tests.

I feel this project will be of great benefit to patients as they will receive the right treatment at an early stage to avoid unnecessary blood loss, as well as scientific and clinical staff.

For further information contact me, Aoife Brosnan in Haematology, UHK (066) 7184367 or email Aoife at [aoife.brosnan@hse.ie](mailto:aoife.brosnan@hse.ie)



As a Medical Scientist in the Blood Transfusion Dept. in UHK I am currently in the process of completing my Master's research project in Biomedical Science. The purpose of my project is to determine the feasibility of introducing targeted Routine Antenatal Anti-D Prophylaxis (RAADP) to UHK.

Currently in UHK, RAADP is provided to every RhD negative pregnant woman at 28-32 weeks gestation to cover 'silent' bleeds. Prophylaxis Anti-D is also offered following sensitising events from 12 weeks gestation onwards e.g. a bleed or fall. However approximately 40% of pregnant RhD negative women carry a RhD negative fetus. These women are not

at risk of RhD immunisation and may be unnecessarily exposed to a human plasma product. The discovery of cell-free fetal DNA in maternal plasma has led to the development of non-invasive methods to determine the fetal RhD genotype. It is now possible to determine the fetal RhD genotype from  $\geq 11$  weeks gestation and enable administration of targeted RAADP selectively to RhD negative women carrying a RhD positive fetus.

The aims of this study are as follows:

- A full in-house validation of the Free DNA Fetal Kit® RhD from the Institut de Biotechnologies Jacques Boy for its potential use in UHK
- Comparison of the cost associated with targeted RAADP to current practice in UHK.
- A full risk analysis of targeted RAADP.
- Compare the cost and risks associated with in house testing and referral to reference laboratory.

I feel that this project will be a great benefit to the 40% of RhD negative women who deliver RhD negative babies as it has the potential to reduce unnecessary exposure to human plasma products.

For further information contact me, Claire O'Reilly in Blood Transfusion, UHK on 066-7184366 or [clairel.oreilly@hse.ie](mailto:clairel.oreilly@hse.ie)

# World class trial of trans-perineal trigger point dry needling, a specialised physiotherapy technique to treat chronic pelvic pain

Study by S.Wiseman, S.O'Sullivan, O.O'Sullivan and E. Barry

by Shalini Wiseman, Senior Physiotherapist in Women's Health, CUMH



**Pictured above:** Dr Suzanne O'Sullivan, Consultant Urogynaecologist, CUMH; Shalini Wiseman, Senior Physiotherapist in Women's Health, CUMH

## Introduction

Chronic Pelvic Pain (CPP) consists of 10% of gynaecology referrals. For my master's, I conducted a research trial to evaluate the efficiency of trans-perineal dry needling with manual therapy as a treatment for non-cyclical CPP. Trans-perineal trigger point dry needling is a specialised, skilled intervention where a thin filiform needle is inserted intramuscularly along the pelvic floor muscles (PFM) in order to target the underlying myofascial trigger points and taut connective tissues for the management of pelvic floor pain symptoms.

I'm delighted this research has received international recognition. It was presented at the International Continence Society conference, Gothenburg 2019, and was also selected for oral presentation at the International Urogynecological Association (IUGA) conference, USA, 2019. I look forward to presenting it at Ground Rounds later this year.

## Background

The presence of myofascial trigger points in the pelvic floor muscles (PFM) is considered to be a cause for non-cyclical chronic pelvic pain (CPP) symptoms. Myofascial trigger point release and massage are considered as the standard treatment for trigger points in the muscle. Manual therapy studies on CPP required an average of ten treatments for up to 50% improvement in pain, with greater resolution achieved only with over 12 weeks of treatments.

In physiotherapy, dry needling is used in conjunction with manual therapy. Studies that integrated dry needling were reflective of clinical practices, and showed significant changes in pain with just one to four treatments of dry needling included with standard care. Based on this, this study hypothesised that a combined treatment approach of trans-perineal dry needling with manual therapy for the PFM could influence reduction in pain with fewer treatments.

## Objectives

To evaluate the treatment sessions required within the allocated ten treatments to effect improvement. The session where the participant ceased treatment due to resolution was considered the endpoint. The 0-10 Numeric Pain Rating Scale (NPRS) was evaluated pre-treatment, after the tenth treatment or earlier as per resolution.

Dyspareunia, bladder and musculoskeletal pain were evaluated as the secondary objective with the Female Sexual Function Index questionnaire (FSFI) and the International Pelvic Pain Questionnaire (IPPQ) pre-treatment and post-final treatment.

## Methods

This study analysed the pre-and post-treatment outcomes by intention to treat. The trial was conducted from March 2016 to March 2018. The gynaecology team referred 142 participants and 102 confirmed interest. They were allocated into: Group A-manual therapy (n=39); Group B-dry needling with manual therapy (n=40).

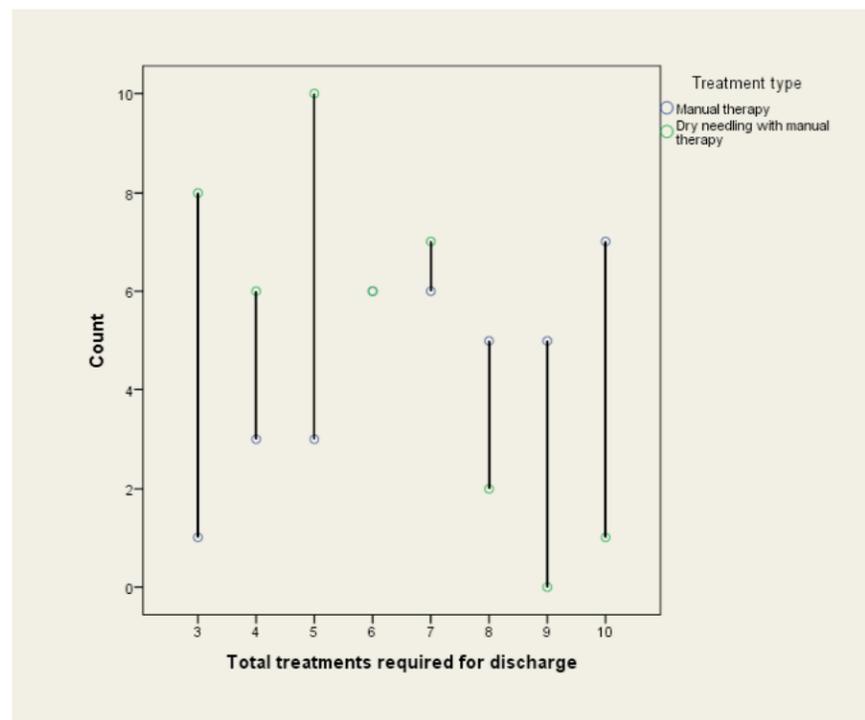


Figure 1: Treatments required within the allocated treatments

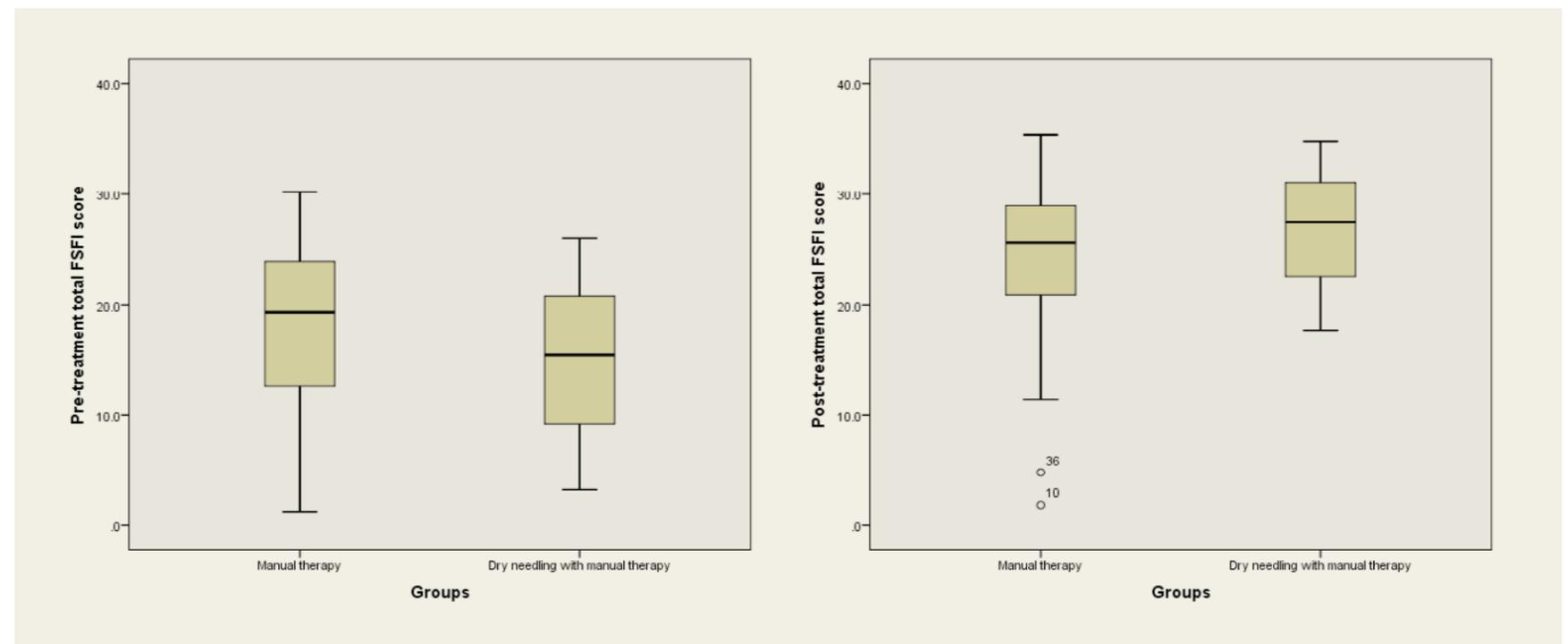


Figure 2: Pre-and post-treatment box-plot representation of FSFI score

**Discussion of results**

In group B, 20% required three treatments, and 2.5% needed ten treatments for resolution. In group A, 2.6% needed three and 23% required ten treatments (Figure 1). The requirement for fewer treatments could potentially be due to the direct deactivation of the hyperirritable intra-muscular restriction by needling.

This study assumed that modifying pain caused by pelvic floor hypertonicity could improve sexual function. Both groups had a meaningful change in the dyspareunia scores however, group B showed a statistically significant improvement on the FSFI ( $p=0.036$ ) (Figure 2) and the IPPQ dyspareunia variables ( $p=0.001$ ,  $p=0.007$  and  $p=0.008$ ).

Post-treatment FSFI dyspareunia domain improvement was noted for 64% ( $n=23/35$ ) in group A and 84% ( $n=31/37$ ) in group B. The therapeutic requirement to decrease dyspareunia needs decreasing hypertonicity, restoring

normal movement and functional accommodation in the PFM. While manual therapy can be applied to increase length and normalise muscle tone, distention without complete deactivation of the trigger points in the muscles could further increase sensitivity. This could explain the greater efficiency in combing trans-perineal dry needling with manual therapy.

**Conclusions**

While both treatments were effective, the dry needling group had greater clinically meaningful reduction in pain and dyspareunia achieved with fewer treatments compared to manual therapy.

For more information and references contact Shalini Wiseman on 086 1616236 or [shalini.wiseman@hse.ie](mailto:shalini.wiseman@hse.ie)



**Pictured above:** Dr Ali Khashan, Public Health and Epidemiology and INFANT Research Centre, UCC



## INFANT Study: Pre-eclampsia increases risk of end-stage kidney disease

by Caoimhe Byrne, PR & Communications, INFANT Research Centre

Women with pre-eclampsia during pregnancy are five times more likely to develop kidney failure later in life compared to women who don't develop pre-eclampsia during pregnancy, according to a new study. The study by Dr Ali Khashan, INFANT Research Centre, UCC and colleagues at the Karolinska Institute, Sweden and Liverpool University, UK, was published in PLOS Medicine last month.

“This research demonstrates that again, complicated pregnancies may have long-standing adverse effects on maternal health. Pre-eclampsia increases the risk of end-stage kidney disease in mothers; however, the risk remains small. Future research needs to focus on modifiable risk factors and how we may monitor and screen women after complicated pregnancies to reduce these long-term risks and improve long term health,” said Dr Khali Khashan, Public Health and Epidemiology and INFANT Research Centre, UCC.

As the prevalence of kidney disease has risen over recent years, it has become clear that more women have pre-dialysis kidney disease than men. Reproductive history, including the development of pre-eclampsia during pregnancy, has been hypothesized to play a role.

In the new study, researchers analysed data from the Swedish Medical Birth Register. Data of 1.3 million revealed that women who had pre-eclampsia in at least one pregnancy were nearly five times more likely to have end-stage kidney disease than women who had never had pre-eclampsia. The research team also found that the association was independent of other factors including maternal age and education, and diagnoses of renal disease or cardiovascular disease before pregnancy.

The new paper “*shows that pre-eclampsia is a sex-specific, independent risk factor for the subsequent development of ESKD,*” the authors say. “*However, it should be noted that the overall ESKD risk remains small. Whether screening or preventative strategies will reduce the risk of ESKD in women with adverse pregnancy outcomes is worthy of further investigation.*”

The study was partly funded by INFANT, the Strategic Research Programme in Diabetes at Karolinska Institute, the Stockholm County Council and the Swedish Kidney Foundation.

# The Anu Research Medal 2019



**Pictured above:** Professor John R. Higgins with 2019 Anu Research Medal winner, Dr Irene Gorman

The Anu Research Medal is an honour that recognises exceptional research focused on the mother and the unborn baby. This prestigious medal has been awarded since 2005 by the Anu Research Centre, located in the UCC Department of Obstetrics and Gynaecology.

At the end of each academic year, doctors in training present their research at the annual Anu Research meeting. Consultants vote on the best presentation and the winner receives the renowned Anu Research Medal.

Irene Gorman beat 7 other entrants with her research titled 'Outcome at the extreme of viability: A single centre experience.' Professor John R. Higgins presented Irene with the Anu Medal 2019 on 21 June 2019.

*"Congratulations to Irene Gorman on her standout research and winning the highly prized Anu Research Medal 2019. This is a great scientific and social opportunity for us to get together and celebrate the research activity of our trainees and meet with colleagues from all over the region."*

**John R. Higgins, Professor of Obstetrics and Gynaecology at UCC and Clinical Director Maternity Directorate**

The Anu Research Centre is comprised of the National Perinatal Epidemiology Centre (NPEC), the Pregnancy Loss Research Group and The Centre for Research and Innovation in Gynaecological Surgery.

# Anu Undergraduate Gold and Scholar Medals in Obstetrics and Gynaecology



Final medical year students who have shown exceptional merit are celebrated at the Department of Obstetrics and Gynaecology in University College Cork (UCC).

Aoife Mabelson was awarded the Anu Undergraduate Gold Medal in Obstetrics and Gynaecology on receiving top marks in the oral examination. Wanyi Kee won the Anu Undergraduate Scholar Medal in Obstetrics and Gynaecology on receiving top marks in the written examination. 2019 is the second year that such medals have been awarded.

John R. Higgins, Professor of Obstetrics and Gynaecology at UCC and Clinical Director Maternity Directorate praised the exceptional students on their achievements: *“Excellence is celebrated at the Department of Obstetrics and Gynaecology and each year we are delighted to award the prestigious gold and scholar Anu undergraduate medals to exceptional final medical students. Congratulations to Aoife Mabelson and Wanyi Kee on their outstanding results.”*

**Pictured left:** John R. Higgins, Professor of Obstetrics and Gynaecology at UCC; Aoife Mabelson, winner of Anu Undergraduate Gold Medal; Mary Morrison, Undergraduate Administrator, Dept. of Obstetrics & Gynaecology; Wanyi Kee winner of Undergraduate Scholar Medal in Obstetrics & Gynaecology



Photo credit: Domnick Walsh

## Former Anu Gold Medal winner 2018 wins Rose of Tralee 2019!

As a final medical year student in 2018, Sinéad Flanagan won the first Anu Undergraduate Gold Medal in Obstetrics and Gynaecology last year. Sinéad has now gone on to win the 2019 Rose of Tralee as the Limerick Rose. Originally from Adare, Sinéad qualified as a physiotherapist at University of Limerick and studied medicine at University College Cork. She is currently working as a junior doctor in Mallow and is aiming to specialise in infectious diseases.

# #RoarCork - Workshop for Midwives in SSWHG

Making maternity care the best it can be and constructive ways to address some of the issues causing distress in maternity care was the spirit of the SSWHG Workshop for midwives held in UCC Brookfield Science building on 24 May 2019.

Presentations by Soo Downe OBE, Professor in Midwifery Studies and Sheena Byrom, OBE, Consultant Midwife called for humanisation of maternity care, and how kindness, compassion and respect really matter. Their key messages from the day are echoed in their book collaboration 'The Roar Behind the Silence' which has taken them to places as far as India, Australia and New Zealand as well as Europe. Their content included constructive criticism of maternity care, a reflection on where we are today and the need to listen to women and what they really value and need.

For anyone that missed it, here are some of the key takeaways:

- The conversation is shifting around the world and is now not only focusing on what women want and need from a basic physiological and safety standpoint (eg a healthy pregnancy, treating risks) to the more psychological and self-fulfilment needs (eg positive labour and motherhood experience, maternal self-esteem, confidence, autonomy).
- Need to embrace humanising birth (credit to the amazing work and leadership of Lesley Page). This recognises the wider significance of birth, a move from depersonalised care to human rights respectful care, from a focus on risk and reducing mortality and morbidity to optimal health and wellbeing.

- Rather than polarising birth with medicalisation and caesareans on one side and natural birth on the other, we need to focus on the relationship between the woman and her midwife – that is the most important thing.
- Midwives need to take time to make relationships with colleagues and patients. Support and nurture junior doctors in the ways of women-centred birth as they will be the consultant obstetricians of the future. Positive human relationships have a positive effect on the body that can save human lives.
- Importance of collaborating. Bring student midwives and medical students together, bring labour ward managers and obstetricians together to focus on what matters the most – the wellbeing of the mothers in our care.
- The power of meaningful positive feedback to encourage the right behaviour, shift attitudes and inspire change. Be vocal. Thank and authentically praise colleagues for doing a good job, for being inspiring, for making a difference. Do it publically, as it can trigger copycat behaviour and inspire positivity.
- Need to embrace evidence but also to question it to see if it's relevant. Need for constructive analysis before generalising the findings for your setting – e.g. ARRIVE Trial (A Randomized Trial of Induction Versus Expectant Management) Grobman et al 2018 had 73% of women 'opt out' from the study which impacts conclusions.
- Women are increasingly speaking out about traumatic birth experiences. While medical intervention plays a part, what it's really pointing to is the need for compassionate care.





- Listening to women can teach you lots about what makes positive experiences – it can often be the small things like positions and what maternity staff say and how it makes them feel.
- To combat the often toxic media coverage, consider watching the Pampers “Thank you midwife” Advert by Saatchi & Saatchi in 2017 <http://saatchi.co.uk/en-gb/work/pampers-thank-you-midwife/>
- Think about the physiology of birth. Adrenaline inducing environments versus oxytocin inducing environment. Encourage service user input into the birthing environment.
- Need to challenge the belief that technical solutions are always the best and look at the evidence (e.g. Brocklehurst et al 2018). Losing the patient behind layers of monitors and over reliance on a machine that goes ‘ping’ was immortalised in the satirical sketch by Monty Pyton in the 1980s. How far have we moved on?
- Many studies show that continuity of care provided by a small team of midwives lead to better outcomes, not only a more satisfying birth experience but also

- fewer adverse maternal and neonatal outcomes (such as episiotomies or premature birth) . Yet most women don’t receive continuity of care.
- The importance of peer to peer support - ‘Just get women talking’ (Proust 2013). - was powerful in terms of the positive outcomes for women and birth (e.g. antenatal care, better diet) but also longer term effects on women’s self-confidence and gender equality. While the study was in a low income setting, it has relevance for western settings too.
- Sometimes we need to be activists to make change happen, to step outside our comfort zone, speak up for what we believe in and be true to ourselves.
- Find your tribe, build your community – find the people who can help you.
- We have a responsibility to push to make things happen as next generation will benefit from this.
- **Ireland’s Maternity strategy is a great step forward in improving maternity services. While change is slow and funding is proving elusive, it**

**is an important stepping stone and the focus on a woman’s wellbeing is brilliant. Securing the money to fund it is a key area we should all ‘roar’ about... !**

Professor Soo Downe and Sheena Byrom have also recently released a new book, ‘Squaring the Circle’ which links with the themes of the day for anyone who may have missed it or who wants to hear them again. <https://youtu.be/Qy5RTDuHdvs>



# Maternity Directorate Grand Rounds 2019/2020

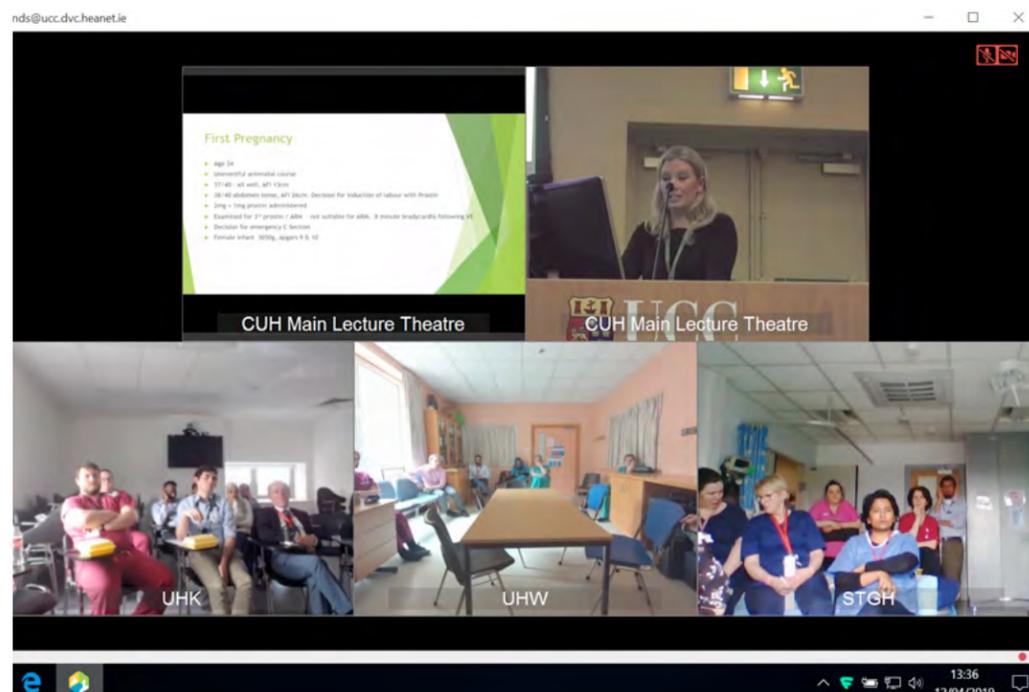
For the new academic year Grand Rounds will start on Friday, 20 September 2019. As before, presentations take place in the main auditorium in Cork University Hospital. The maternity units of UHK, UHW and STGH will also take turns to broadcast a presentation directly from their location.

A reminder: the format for Ground Rounds is as follows:

- Short presentation on a topic: 20 minutes
- Critical appraisal of a journal/research article: 5-10 minutes
- Discussion on a key visual for learning purposes: 5-10 minutes

All clinical staff are encouraged to make time to attend to keep up-to-date with cutting-edge research and evolving areas of clinical practice.

Professor John R. Higgins, Clinical Director Maternity Directorate says: *“Grand Rounds is an essential component of the week and we encourage all clinical staff to make time to attend. Having looked at all options, Friday lunchtimes is the most suitable given availability in all maternity units. We now have the confidence to replan long term diaries to ensure Grand Rounds fits into our Friday schedules.”*



Grand Rounds 2019: Department of Obstetrics & Gynaecology  
CUH Lecture Theatre, Fridays 1-2pm

DATE	TOPIC/PRESENTING TEAM	PRESENTER/S
20	Team Monday <i>Grand Rounds meetings updates</i>	Professor John Higgins
27	<b>NO SESSION - STUDY DAY</b>	
4 OCT 2019	Midwifery	
11	Health and Social Care Professionals	Confirmed -Shalini Wiseman, Physiotherapy
18	Team Thursday	Confirmed - OPEN DISCLOSURE CKT
25	UHW	Confirmed
01 NOV 2019	Neonatology	
08	UHK	Confirmed
15	Team Monday	
22	STGH	To be confirmed
29	<b>NO SESSION - STUDY DAY</b>	
06 DEC 2019	Team Wednesday	
13	Team Tuesday	
20	Midwifery	
28	<b>NO SESSION - CHRISTMAS BREAK</b>	

## INSTRUCTIONS RE. CHANGES TO SCHEDULE

- Each team has been allocated dates to December 2019
- Individual teams have responsibility for arranging topics & speakers for the allocated dates
- If date/topic swaps need to be made, teams **MUST** arrange with each other
- Confirm changes by email with Ruth Devenney on [ruth.devenney@ucc.ie](mailto:ruth.devenney@ucc.ie)
- Unless notified, it will be assumed the topic, team & date allocated on the schedule is confirmed

Attendance records will be kept & can be accessed for CME by Ruth Devenney, Postgraduate Education Co-ordinator, Department of Obstetrics & Gynaecology, UCC ([ruth.devenney@ucc.ie](mailto:ruth.devenney@ucc.ie))



# The Neonatal Resuscitation Programme (NRP)

By Breda Hayes, NRP Clinical Skills Facilitator & Coordinator CUMH



The Neonatal Resuscitation Provider programme (NRP-7th Ed) is a mandatory training programme for those working with newborns or infants in clinical practice. NRP is one of the key training courses overseen by the shared project across our maternity network called the 'MaternityONESouth' project (with 'ONE' standing for Obstetric and Neonatal Emergencies, and 'South' reflecting our place in the South/South West Hospital Group (SSWHG)).

NRP recertification is required every two years. Midwives, nurses, neonatal doctors and paramedics currently attend, leading to a good multidisciplinary skill mix at each course. The programme is currently coordinated by myself Breda Hayes in CUMH, and the clinical lead for the programme is Dr Liam O'Connell, Neonatology Consultant, CUMH.

The NRP program was developed by the American Heart Association and the American Academy of Paediatrics. The aim is to teach an evidence based approach to newborn care and to use a structured methodology and teamwork approach at the time of birth to provide the best outcomes for the newborn infant.

The course is offered in a half-day workshop here in CUMH as well as onsite in all our maternity units in the SSWHG. It consists of NRP skills training, simulation and debriefing. NRP utilises a blended-learning approach, including online examination and computer based simulation exercises of case scenarios (ESIMS). Simulation focuses on developing effective teamwork and communication.

The 7th edition NRP format requires learners to successfully complete the online examination (part 1) before attending part 2 of the programme in the classroom.

Printed verification of the online examination must be presented to the NRP Coordinator prior to the practical course commencement.

On the day of the course in CUMH, there is one instructor to every five participants, allowing for clear demonstration and practice of the practical skills required. At the end of the course, participants are asked to demonstrate all skills in the appropriate sequence, and to show how they would deal with problems in resuscitation, in a mock delivery situation or "Megacode" (i.e. a real life drill scenario).

Since January 2019, **163 people** have been trained or recertified in NRP in CUMH alone. A new series of courses are planned for July to December 2019. This training depends on the cooperation and support of our wonderful and enthusiastic team of NRP Instructors from CUMH Practice Development team, Paramedics, UCC Midwifery Lecturers, Centre of Midwifery Education, CUMH and Neonatology, who give endlessly of their time and are critical to the delivery of this course to the highest standards.

As standardisation of policies is a key project goal of the 'MaternityONESouth' project, we have been progressing well with ensuring we are utilising international guidelines (AHA/AAP) for NRP and how they are implemented in each of the 4 units in CUMH, UHW, STGH and UHK.

For further information contact Breda Hayes, NRP Clinical Skills Facilitator & Coordinator, CUMH on [breda.hayes2@hse.ie](mailto:breda.hayes2@hse.ie) or 021 492 0641.





# PROMPT Skill and Drills in Maternity Services UHK

By Laura Sweeney, CMM2/Shift Leader, UHK

PROMPT (Practical Obstetric Multi-Professional Training) is a recognised evidenced based training package for obstetric emergencies that embraces a multidisciplinary approach. PROMPT is one of the key training courses overseen by the shared project across our maternity network called the 'MaternityONESouth' project focusing on obstetric and neonatal emergencies.

To enhance the roll out of this vital PROMPT training for all team members, we had to rethink how the course is delivered. In addition to staff attending the valuable, bi-annual training in CUMH, PROMPT training is now provided on a weekly basis in UHK. By attending monthly, a staff member can complete the recommended eight modules to complete their PROMPT certification.

In July 2019, we held our inaugural multidisciplinary team skill drill on postpartum haemorrhage (PPH), attended by both midwifery and obstetric staff and facilitated by myself, Laura Sweeney, CMM2/Shift Leader and Dr Magid Abubakar, Consultant Obstetrician and Gynaecologist.

The theme for July was PPH. Staff were

encouraged to revisit hospital policy on the management of PPH and to review the PROMPT3 method of skill drill using a patient actor. Midwives Margaret Long and Anne Sparks had the honour of being the patient actors in our first two skill drills. They put their acting skills to the test and proved very proficient for the cause!

The sewing skills of Mairead Griffin, A/CMM2 MN-CMS were on show when I requested her help in manufacturing the 'magic pants'. True to form, Mairead rose to the challenge and the magic pants proved very successful while providing a source of great entertainment (and of course education!).

August was shoulder dystocia month and again, staff were encouraged to revisit local policy and the PROMPT3 theory. The 'acting team' were given a break and the newly purchased Prompt-Flex birthing simulator model was called into action. Lively discussion and food for thought followed each skill drill.

The skill drills have proven very successful and have given the staff the opportunity to avail of each other's knowledge and skills, while also keeping

up to date with current evidence based practice and local policy.

The aim, going forward, is to have a different theme each month and to hold a drill each Tuesday at 10am. The occasional impromptu drill is also a possibility at staff request, or if the occasion arises and we have a quiet period.

I'd like to take this opportunity to thank all the staff (especially the patient actors!) for their ongoing support and encouragement in getting the skill drills up and running. This is a very positive quality improvement initiative and a step forward for the development within maternity services in UHK, not only for the multidisciplinary team, but more significantly for the mothers and infants in our care.

**Obstetrical Emergencies Training**  
**Weekly Drills Prompt Principles 2019**

July	PPH Drill
Aug	Shoulder Dystocia
September	Cord Prolapse
October	Breech
November	Uterine Inversion
December	PET

Every Tuesday 10.00am - 11.00am  
 Venue: Ardfern Ward

# New partnership with Vodafone Ireland make ASSERT the first 5G connected telemedicine and medical robotics training centre in the world



In August 2019, the strategic partnership was announced between Vodafone Ireland and the ASSERT Centre (Application of the Science of Simulation to Education, Research and Medical Technology) in University College Cork (UCC). This makes ASSERT the first 5G connected telemedicine and medical robotics training centre in the world.

The ASSERT Centre at UCC enables clinicians, industry and academics across a broad spectrum of healthcare research, to design, develop, deploy and trial innovative and disruptive healthcare solutions, in a simulated healthcare environment that deliver real world solutions for healthcare problems in the developed and developing world.

The ASSERT Centre showcases real-time monitoring, telemedicine, and robotic surgery, integrated with wearable IoMT-based devices. This provides a consolidated ecosystem that truly digitizes healthcare to provide personalised, precise, predictive, participatory and timely healthcare that benefits patients, their care-givers, healthcare professionals and healthcare providers.

The ground-breaking 5G announcement is set to revolutionise healthcare delivery across Ireland and the world, with ASSERT in Cork to become a Vodafone 5G global centre of IOT excellence for healthcare and end-to-end solution development.

**Professor Barry O'Reilly, Director of ASSERT, Clinical Professor of Obstetrics and Gynaecology, said:**

*"I am delighted to announce this strategic partnership. Anne O'Leary and her team from Vodafone have embraced the importance of this type of technology in healthcare innovation. 5G will revolutionize medicine with rapid connectivity of the Internet of Medical Things (IoMT). From advanced wearable technologies that will facilitate the care of patients at home, to immediate connectivity of new diagnostic technologies like handheld smartphone connected ultrasound between point of care and hospital specialists (e.g. at a road traffic accident and the emergency department) to remote robotic surgery. The ASSERT/ Vodafone strategic partnership will create a Global 5G incubator for the MedTech sector to test new technologies, assess 5G functionality and roll out to clinical trials providing that bridge between clinicians, research, innovation and the MedTech industry."*

**Pictured left:** Professor Barry O'Reilly, Director of ASSERT at University College Cork, Clinical Professor of Obstetrics and Gynaecology; and Anne O'Leary, CEO of Vodafone Ireland in the ASSERT Surgical Skills Lab



## Urogynaecology training at CUMH

Thank you and congratulations to Dr Fadi Salameh for completing his subspecialty training in urogynaecology and welcome to Dr Florin Constantin from Switzerland who is just commencing this subspecialty training program.

The Urogynaecology Department in CUMH is one of few centres in Europe, and the only one in Ireland, to be accredited by the European Board of Obstetrics and Gynaecology for subspecialty training in urogynaecology. Earlier this year, it was granted reaccreditation for five more years.

Under the supervision of world-class urogynaecologists Professor Barry O'Reilly, Dr Suzanne O'Sullivan, and Dr Orfhlaith O'Sullivan, the program combines clinical, teaching and research elements of urogynaecology in addition to highly specialised training in pelvic floor and robotic surgery.

**Pictured top:** Dr Fadi Salameh (far right) at a urology surgical masterclass held at ASSERT with Professor Harry Vervest; Professor Eckhard Petri; Professor Barry O'Reilly and Dr Orfhlaith O'Sullivan

**Pictured left:** Dr Florin Constantin, urogynaecology subspecialty trainee at CUMH with Dr Suzanne O'Sullivan, Consultant Urogynaecologist, CUMH



### An Invitation to Remember...

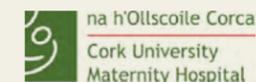
A Service of Remembrance  
will be held

By Cork University Maternity Hospital

On Friday 11<sup>th</sup> October 2019 at 7.30pm

In the Sacred Heart Church, Western Road, Cork

All who have experienced pregnancy or infant loss are  
welcome to attend



# CUMH Medication Safety Committee

by Joan Ryan, Chief Pharmacist Maternity Services

The CUMH Medication Safety Committee was established in May 2017, to promote best practice in medication safety at Cork University Maternity Hospital (CUMH). The committee has representation from obstetrics & gynaecology, neonatology, anaesthetics, pharmacy, MN-CMS, nursing & midwifery, and quality & patient safety. Dr Nóirín Russell is Chair, Dr Liam O’Connell, Vice-Chair, and I act as Secretary.

We meet every two months and very much welcome front line staff, so please let us know if you are interested in joining the committee. We are also delighted to receive medication safety suggestions and feedback from staff.

Here is some of what we have been doing over the last two years.

## Drug Storage Audits

We have identified drug storage as a key component of medication safety and undertook audits in March and December 2018.

Medication Storage Metric	Compliance March 2018	Compliance December 2018
Registered midwife/nurse in possession of keys for Medicinal Product Storage.	86%	86%
All Medicinal products are stored in a locked cupboard.	71%	86%
All Medication Trolleys are locked and secured.	100%	100%
MDA Drug Cupboard locked and MDA keys held by designated midwife/nurse.	100%	100%
MDA key separate from other medication keys.	50%	66%
Medication Storage Fridges clean and tidy.	100%	100%
Insulin Storage Box on ward for In-Use Insulin.	100%	100%
Emergency Trolleys are tag-locked.	50%	83%

Extract from CUMH Drug Storage Audit results

The committee would like to thank everyone for their co-operation with the audits and commends staff on the high standards observed with improvements from baseline achieved.

## Theatre and anaesthetics

Following on from the Theatre Drug Storage Audit, we are working with anaesthetics, theatre nurse management and the pharmacy department, to introduce pre-filled medication syringes. This initiative will support best practice in the management of anaesthetic and emergency medication syringes in our theatres.

## HAMs and SALADs

**High Alert Medications (HAMs)** are drugs that cause significant patient harm when used in error.

HAMs include oxytocin, misoprostol, mifepristone, and methotrexate, as well as potassium and insulin.

**Potassium:** Concentrated KCl ampoules are lethal if inadvertently administered neat. In conjunction with the pharmacy department, we have removed KCl ampoules from all adult clinical areas in CUMH and introduced ready-made potassium infusions in line with international best practice on the safe administration of intravenous potassium.

**Insulin:** All wards have been supplied with a red insulin storage box and education has been provided on best practice in the storage and management of ‘in-use’ insulin.





*Pictured at a CUMH Medical Safety Committee meeting: Katie Bourke, ADOM; Claire Everard, Evidence Based Clinical Care Coordinator; Dr Nóirín Russell, Consultant Obstetrician & Gynaecologist; Raymy O'Flynn, Intern Pharmacist; Sarah Fenton, Antimicrobial Pharmacist; Dr Liam O'Connell, Consultant Neonatologist; Dr Dan Mullane, Consultant Anaesthetist; and Joan Ryan, Chief Pharmacist, CUMH*

### Sound-Alike Look-Alike Drugs (SALADs)

have names that sound and/or look like other drug names. This can potentially lead to medication incidents. Many of the oral liquids we use in the neonatal unit look very similar. Pharmacy and neonatal unit staff work closely to ensure their safe storage and use.



The committee is focused on risk reduction strategies to ensure we prescribe, administer and store HAMS and SALADs in the safest possible way in CUMH and we are also working on a local policy.

### Electronic prescribing

All gynaecology, maternity and neonatal patients attending CUMH now have an electronic health record (EHR) with all medications prescribed electronically. We work closely with the CUMH Clinical Informatics Pharmacist to optimise safe medication prescribing and administration on the EHR.

### Intravenous drug libraries

CUMH has adult and neonatal intravenous (IV) drug libraries which standardise practices for 'smart pump' infusion administration. Medication Safety Committee members review and verify drug details for the IV libraries.

### Incident and near miss reporting

We support a 'no-blame' culture for medication incident reporting and advocate that learning from incidents is shared with staff. Please submit a **Medication Incident Report Form** to the local line manager.

Reporting near misses is very useful: a near miss is a "serious error that has the potential to cause an adverse event but fails to do so because of chance, or because it is intercepted". Reviewing such reports allows us to suggest measures to prevent such incidents happening again.



## Cork Cleft Lip and Palate Service seek referrals

By Sally O'Toole, Speech and Language Therapist, CUH

Cleft lip and palate affects about 1 in 700 babies born in Ireland every year. It is the fourth most common birth defect that happens during pregnancy. The causes for cleft lip and/or palate are not yet fully understood although much research is being undertaken. During weeks 5-12 of pregnancy, the baby's face and palate (roof of mouth) form. They form in two halves and then join together into one. If the two halves do not join together, the baby is born with a cleft. The type of surgery and the number of operations very much depends on the type and severity of the cleft. Clefts of the lip are generally repaired between 3 and 4 months. Cleft of the palate is generally repaired at about 9-12 months of age.

### Cleft Lip and Palate Service in CUH

The Cleft Lip and Palate (CLP) service in Cork University Hospital has been established since the 1970's. It was originally set up by Tricia Diamond (retired Speech and Language Therapist Manager) and Dr Tom O'Connor (retired Consultant Plastic Surgeon) and has evolved to include specialists from many disciplines who work together to provide this service:

- Plastic Surgery
- Speech and Language Therapy
- Clinic Co-ordinator
- ENT

- Dentistry
- Orthodontics
- Maxillofacial Surgery
- Social Work / Counsellor
- Clinical Photography

The team have an established care pathway, ensuring appropriate timing of assessments and interventions from birth through to 21 years of age.

The CLP service in CUH is one of four nationally. It is the only service for the southern region of the country. The Cork CLP service is particularly unique with both maternity (CUMH) and paediatric (CUH) sites co-located on the same campus. This facilitates review of newborn babies within the first 24 hours of birth for critical early feeding support. Babies born in the Maternity Directorate outside of Cork are provided with essential specialised bottles and followed up within days of discharge from hospital.

The CLP service is currently led by Dr Eoin O'Broin, Consultant Plastic Surgeon. The service welcomes referrals, both antenatally and following birth, from neonatology services in Cork University Maternity Hospital (CUMH), South Tipperary General Hospital (STGH), University Hospital Kerry (UHK), and University Hospital Waterford (UHW).



**Pictured above:** Members of the Cork Cleft Lip and Palate Service Team: Christine Sheehan, Clinic Co-ordinator; Peter O'Sullivan, Consultant Ear Nose & Throat (ENT) Surgeon; Fiona Graham, Paediatric Dentist; Eoin O'Broin, Cleft Surgeon/ Consultant Plastic Surgeon and Tomas Tyner, Clinical Photographer

For further information regarding referrals, please contact Christine Sheehan, Cleft Lip and Palate Co-ordinator, on 021 492 2880 / 087 700 7796.



# Upside Down: Great resource for siblings of a child with Down Syndrome

We were delighted to welcome the Hanley family to Cork University Maternity Hospital (CUMH) on 20 July 2019 for a tour of the hospital and to talk about *Upside Down: The story of my brother James*, written by Liadh Hanley. Liadh came with her brother James, star of the book, along with her parents Kevin and Kay and sister Eimear. Liadh wrote this book as part of her transition year in school to share her experiences of having a brother with Down

Syndrome. The book aims to teach children how to help, encourage and respect those with Down Syndrome. They hope to publish this book and share widely across the HSE.

The book is currently on the CUMH website in the Publications section and can be made available to expectant parents and staff of children with Down Syndrome. It is also available on the Down Syndrome Ireland website under Publications and Resources.



**Pictured left:** Front Row: The Hanley Family: Kevin, Kay, Liadh, James and Eimear. Back row: Dr Mairead O’Riordan, CUMH; Professor John R. Higgins, Clinical Director, Maternity Directorate; Margaret O’Driscoll, Neonatal Nurse, CUMH; Aenne Helps, Clinical Research Fellow, CUMH; Dr Jennifer Enright, CUMH

# Brian Hogan, Porter CUMH: A taste of Hollywood

Brian Hogan, the hugely popular porter in CUMH is also a top class actor with a proven track record. Having had roles on stage, on TV, and in musicals, his taste for it increases the more he does it.

*“I enjoyed acting in primary school but left it until my late 20s before doing a John B. Keane play in Youghal, and then I really fell in love and started to take acting seriously.”* he said.

He trained in acting in The Gaiety in Dublin and also undertook evening courses in Cork in both stage and film. Brian made his TV debut in Fair City in 2010 as a conman Vince, who goes on a date arranged over the internet with Sorcha Furlong, who plays the popular Orla Molloy. It doesn’t end well.

Brian was nominated in 2012 as best supporting actor at the RTÉ All-Ireland Drama Festival and in 2015, he went on to win the overall prize as part of The Palace Players’ cast in the great comedy by Tom Murphy, called ‘Conversations on a Homecoming.’

Brian has also taken part in plays through his UCC contacts. In 2017 he took part in a play called ‘The Inheritance’ in the Cork Arts Theatre

performed by the UCC Players. More recently in 2019 he was invited by the Lee Valley Players to play the part of Sam Golden in their original musical called ‘The Blarney Stone’ - with Hollywood legend Patrick Bergin in the lead role.

You can next see Brian on stage in the Aula Maxima, UCC on 11/12 November 2019 in the UCC Players’ production of Agatha Christie’s classic ‘Murder on the Nile.’

Describing why he’s drawn to acting so much, Brian said *“I love getting lost in a character and living someone else’s life through your own experiences. There’s no right or wrong, you’re just constantly learning.”*



**Pictured:** Patrick Bergin with Brian Hogan backstage after *The Blarney* musical, Cork



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 **18 October 2019**