

# UltraNews

eNewsletter of Ireland South Women & Infants Directorate



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

I am pleased to introduce the latest edition of UltraNews, filled with updates about the work and progress across Ireland South Women & Infants Directorate.

Spring has arrived, and although numbers are high, there is cautious optimism that we are coming to the end of the latest COVID-19 wave. I am incredibly proud of our staff, who, throughout the pandemic, have risen to the challenge time and time again in extraordinary circumstances and who continue to deliver safe services to our patients.

In February, I was delighted to attend the launch of the 2022 Health Innovation Hub Ireland (HIHI) “20 healthtech innovations to watch in 2022”. The showcase was a snapshot of 20 of Ireland’s inspiring healthtech innovations. An Taoiseach, Mr Micheál Martin TD, who was also at the launch, remarked that supporting Ireland’s highly innovative indigenous

companies is imperative in growing our economy and delivering jobs for our future. It is incredible that through HIHI, the 20 companies showcased have already demonstrated impact in healthcare.

Well done to everyone at the Urogynaecology clinic who moved to a new location at The Lee Clinic, Cork, to expand its services for women’s health in our region. The clinic provides a range of services, including assessment and management of all urogynaecological and pelvic health dysfunction. Collaborating with our colleagues in Physiotherapy, Colorectal and Urology means a holistic service to women is delivered.

In UHW, the neurodevelopmental physiotherapy service in the neonatal unit led by Deirdre Purcell has been described as ‘invaluable in improving outcomes for those born too soon’ by parents and staff

in a recent survey. While there have been huge advances in both neonatal and obstetric care over the past 20 years, with an increasing survival rate of extremely premature infants admitted to the Neonatal Intensive Care Units, there are increasing requests for neonatal physiotherapists to identify and assess infants at risk of morbidity and begin early intervention. Thanks to Deirdre and the team for empowering parents and staff with a peer mentoring programme and the guidance of an individualised positioning programme.

Developing services in UHK has been strong on the agenda throughout 2021 and into 2022. Máiréad O’Sullivan, Infant Feeding Coordinator and Mary O’Connor, Midwifery Tutor (now CME Director in CUMH), provided many staff education Sessions throughout the year, running 5 x 6 Hour Refresher Programmes and a 20 Hour Breastfeeding Management Programme. In addition, thanks to the recent purchase of a new LLT machine supplied through the National Equipment Funding in Support of Breastfeeding, UHK will be able to offer Low Light Laser Therapy for inflammatory conditions of the breast. This will be an excellent and welcome service for patients attending the unit.

Lastly, in response to the Ukrainian Humanitarian Crisis, our maternity units across Ireland South are working to care for women who arrive here from Ukraine, requiring support and care during pregnancy.

This devastating, unjustified war is being felt all over the world. We stand in solidarity with our Ukrainian colleagues on the frontline who have gone from one healthcare crisis to another. They remain in our thoughts at this time.

Thank you to each of you for your continued hard work and dedication to our patients and their families.

I hope that you enjoy reading UltraNews.

**John R. Higgins**

*Clinical Director, Ireland South Women & Infants Directorate  
South/Southwest Hospital Group  
Professor of Obstetrics and Gynaecology,  
University College Cork*

# Ireland South responds to Ukrainian Humanitarian Crisis



In response to the Ukrainian Humanitarian Crisis, our maternity units across Ireland South are working to care for women who arrive here from Ukraine, requiring support and care during pregnancy.

CUMH has established a dedicated team of obstetricians and midwives supported by translators and a social work team. At the clinic, which takes place every Friday morning, regardless of gestation, patients will be booked, scanned and given a clear care plan for their ongoing care. If patients have a good level of English and social support, they have the option to attend outreach or low-risk clinics if they are in a more convenient location for them. However, for patients requiring additional language support or obstetric care, CUMH will facilitate their ongoing care.

It is critical that we rapidly establish contact between maternity services and women who need care as soon

as they arrive. Pregnant women fleeing violence face innumerable challenges, given their unique health status. Many of these women have left their partners and loved ones behind. Thanks to Olena Lapovets, Staff Midwife at CUMH who is originally from Ukraine, for supporting the initiative by reaching out to the Ukrainian community in Cork directly and providing them with information and support.

As we prepare to celebrate this year's theme of '100 years of progress' on International Day of the Midwife 2022, reports from Ukraine indicate women are giving birth in makeshift shelters in basements and subway stations. Equipment, facilities and qualified healthcare workers are scarce. We offer solidarity to our colleagues in Ukraine working in unimaginable circumstances, and across Ireland South, we will ensure we support those who have been displaced at this time.

## UROGYNAECOLOGY DEPARTMENT, LEE CLINIC, CORK

By Ann Humphreys, cANP Urogynaecology and Women's Health, Cork University Maternity Hospital



The Urogynaecology clinic recently moved to a new location, The Lee Clinic, to expand its services for Women's health in South-west Ireland, with the first clinic held here on November 18th 2021. We provide a range of services for women all over South-west region. We specialise in Gynaecology and Urogynaecology services led by Consultants in Obstetrician and Gynaecology, Professor Barry O'Reilly, Ms Orfhlaith O'Sullivan, and Dr Suzanne O'Sullivan. Our service provides assessments and management of all Urogynaecological and pelvic health dysfunction. In addition, we collaborate with our colleagues in Physiotherapy, Colorectal and Urology to deliver a holistic service to women.

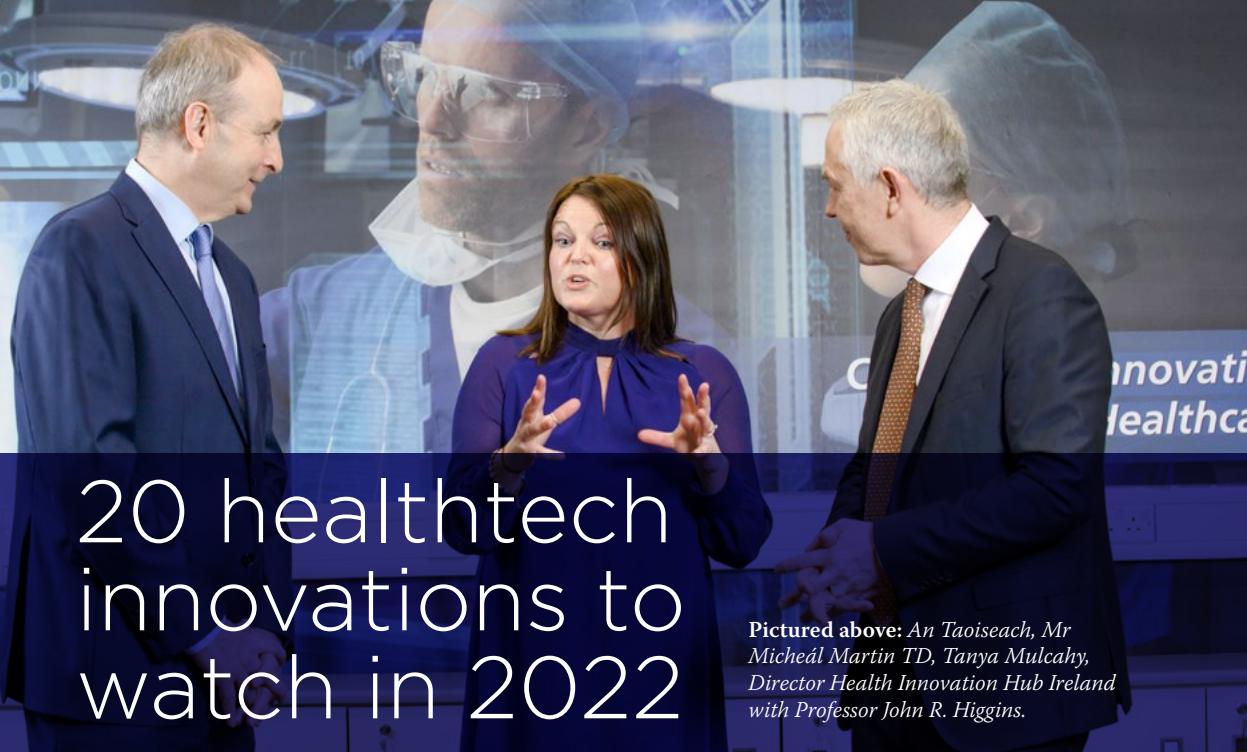
We have a number of nurse-led clinics which include Continence, Pessary, Urodynamics, Perineal assessment, and Painful Bladder. We will also be commencing Fertility Clinics here in the coming weeks.

Clinics are organised by our medical secretaries, who ensure patients are seen within the appropriate timeframes. The staff here at the CUMH Lee Road Clinic

are diligent, helpful and very professional in their approach to dealing with patients on a day-to-day basis.

All of our patients are referred from their GP or consultant referrals to the Urogynaecology consultants who triage their referrals and assign the appropriate services depending on the symptoms the patient is experiencing. We are delighted to offer services to women to help with these often-debilitating symptoms. These women can often be left housebound and suffering from anxiety and depression, straining relationships or not pursuing relationships. We use a multi-disciplinary approach to get each woman on the best individualised treatment plan that can help women get back to a better quality of life. It is important to note that while incontinence and other urogynaecological symptoms may be common, they shouldn't be the norm. There are many things we can do to help alleviate these distressing symptoms.

Our clinics provide a safe, non-judgmental place for women of ages and backgrounds to voice their concerns and collaborate with their health care providers.



## 20 healthtech innovations to watch in 2022

An Taoiseach, Mr Micheál Martin TD, launches Health Innovation Hub Ireland's healthtech innovation showcase

On Thursday, February 24th 2022, the Health Innovation Hub Ireland (HIHI) launched "20 healthtech innovations to watch in 2022". This showcase is a snapshot of 20 of Ireland's inspiring healthtech innovations.

<https://hih.ie/downloads/HIHI-Innovation-Showcase-eBrochure.pdf>

Applying these home-grown innovations in healthcare leads to better patient outcomes, efficiencies, and a supported healthcare system. These projects have been delivered through HIHI in Irish healthcare sites nationally - in HSE acute, primary, and community sites, private healthcare, pharmacies and GP practices and directly to the public. HIHI provides a vital link between Irish companies and leading health professionals and clinicians

to pilot and test these innovative solutions, an essential step on their innovation journey to ultimately improve the health and the lives of people

Speaking at the event, An Taoiseach, Mr Micheál Martin TD said: *"Supporting Ireland's highly innovative indigenous companies is imperative in growing our economy and delivering jobs for our future. Health Innovation Hub Ireland plays an important role in our start-up ecosystem, enabling clinical access and delivering clinical pilots of innovative healthcare products. Last week we the government announced a €90 million fund to support Irish start-ups and I'm delighted to see this showcase of strong Irish healthcare companies who, in working with Health Innovation Hub Ireland, have already demonstrated potential."*

Professor John Higgins commented: *"Having An Taoiseach, Mr Micheál Martin, here today shows how critical innovation is to reforming the healthcare system. Through HIHI, the 20 companies showcased have already demonstrated impact and value in healthcare. They have availed of the unique HIHI innovation pathway for companies seeking pilot or validation studies in an Irish healthcare setting."*

The "Healthtech Innovations to Watch" features 10 HIHI clinical pilots – Ostoform, MY OT&Me, Zendra Health, Wellola, Hygiene Audits, Syncrophi, ViClarity, Hibergene Diagnostics, Dental Tech Group, Salasso and Yellow Schedule. The clinical product evaluations spotlighted include Gasgon Medical, PacSana, Novus Diagnostics, Symphysis, Think Biosolution, MedDeus, xwave, Feeltect, PPR Healthcare. The showcase companies and their innovative products and solutions can be found on this link: <https://hih.ie/downloads/HIHI-Innovation-Showcase-eBrochure.pdf>

Dr Tanya Mulcahy – Director Health Innovation Hub Ireland, explained the role of the health tech innovation sector: 'There is a real buzz in the health technology innovation sector in Ireland today, with new ideas and start-ups being developed throughout the country. It is imperative that these companies are supported at the critical stages of their product development to access our healthcare system and engage with clinical experts. Through our strong collaboration with the HSE, and Enterprise Ireland and our academic base in UCC, NUIG, MTU and TCD, we make it easier and faster for these companies to develop their products. We are immensely proud of the companies we've chosen for our showcase; in working with these companies, we have seen the value they bring to healthcare and Ireland.'

Health Innovation Hub Ireland (HIHI) supports and guides Ireland's healthcare innovation industry. Over the past five years, HIHI has supported more than 400 healthtech companies, guiding their innovation journey, providing clinical assessment and feedback and delivering pilot studies of their products in healthcare. Driving healthcare innovation is in the hub's DNA as it works with emerging and growing Irish companies. Those who succeed will impact healthcare outcomes, export their products, create jobs and improve patient care.

HIHI continues to assist new innovators, start-ups and SME's helping ensure that Ireland is a world leader in the delivery of healthcare and the development of innovative healthtech. HIHI is looking to the future, further seeking new products and solutions and has just launched the **HIHI Open Call 2022 and is now seeking applications from companies with market-ready healthcare solutions who are ready to pilot in healthcare**. The Call closes on March 7th, and application details are available on <https://hih.ie/engage/open-call/>

By working with HIHI, companies are supported through their innovation journey and are in a stronger position to leverage investment and future sales.





## Practice Enhancement for Exclusive Breastfeeding (PEEB)

By Máiréad O'Sullivan A/CNM2  
Infant Feeding Coordinator, UHK

The PEEB research study is a Health Research Board, HSE and NMPDU South/South-West funded project, launched in October 2021. It is widely recognised that rates of exclusive breastfeeding in Ireland are the lowest in Europe. The project aims to enhance the implementation of evidence-based practice for exclusive breastfeeding throughout the woman's pregnancy journey until three months post-partum, across hospital and community settings.

All staff working at participating sites, University Hospital Kerry, Oakpark Medical Centre Tralee, Deenagh Medical Practice Killarney, and the Public Health Nursing services were invited to complete an initial baseline survey. This assessed existing staff breastfeeding knowledge and attitudes, breastfeeding policy, and environmental challenges. Women and partners were also recruited to participate in the research at their booking appointments. In addition, all

disciplines of staff, including health and allied health, administration, portering and catering at participating sites, have been invited to attend Work-Based Learning Groups (WBLGs) on a monthly basis. Those attending the WBLGs communicate within their internal groups to instigate internal and sustainable change at their respective sites.

The study is a two-year project, with all staff in UHK embracing the project enthusiastically. Project co-Principle Investigators are Professor Patricia Leahy-Warren, School of Nursing and Midwifery at UCC and Ms Sandra O'Connor, Director of Midwifery at UHK. UHK links for the project are Ms Liz Cogan and Ms Máiréad O'Sullivan.



## NPEC Study Day “Clinical Audit: From recommendation to implementation” takes place virtually

By Emma White, Research Assistant, National Perinatal Epidemiology Centre (NPEC), Department of Obstetrics and Gynaecology, UCC

A Review of Stillbirth definitions; a rationale for change Kristin Kelly

Demographic changes in primiparae of Irish ethnicity through the years 2000 – 2020 Anam Shah

Documentation and Causal Factors of Perinatal Deaths in Mayo University Hospital: A Perinatal Audit Cheryl Chun

Evaluation of the opinion of women on prenatal screening tests for fetal trisomy Kristin Kelly

PREGNAN

Identifying the Lactation Suppo

Facilitators and barriers to seeking and engaging with antenatal care in high income countries: a meta synthesis Tamara Escanuela Sanchez

Identifying the Educational Needs of Midwives Providing Lactation Support for Women Experiencing Pregnancy Loss from 16 Weeks Gestation Lorna Sweeney

Implementation of the national Postpartum Hemorrhage Clinical Guideline Bernadette Toolan

Major Postpartum Haemorrhage: The Management Pathway Sie Ong Ting

The NPEC study day took place virtually on Friday, 21st January 2022. The day's theme was "Clinical Audit: From recommendation to Implementation". Despite some technical issues initially, it proved to be a very successful day.

It was very well received by all attendees, and we got some very positive feedback afterwards. Professor Tim Draycott gave a fascinating talk on "Reducing Avoidable Harm Through Safe, Personalised Maternity Care". Charlotte Beven, Patient Representative & Senior Advisor, SANDS, spoke about her perspective as a parent, which added a personal dimension to the day. A student, Rachel Murphy, presented and impressed many with her talk on "Second cycle audit of the recognition and response to primary postpartum haemorrhage at Mayo University Hospital, Ireland". Angela Dunne, National Lead Midwife Women and Infants Health

Programme HSE, and her colleagues Clare Kennedy & Alex Campbell presented as a team on "Recommendation to Implementation Audit and Follow Up". These were a few of the speakers on the day, highlighting the variety of talks that gave a holistic approach to the study day.

We also invited people to submit abstracts and posters, which were displayed in our virtual poster gallery.

Feedback from attendees included "Well selected topics. It was good to learn about how to avoid risk, implementing audit findings and bereavement standards and the nationwide audit. Good day of learning." And "A very good NPEC study day as always. Thank you to all the speaker and organisers." We look forward to hopefully returning to a face-to-face study day and meeting everyone in 2023.

# Specialist Lactation Support UHK

By Mairead O'Sullivan CNM2 Infant Feeding Coordinator UHK



Pictured above: CMM3 Mary Stack Courtney with Infant Feeding Coordinator IBCLC Máiréad O'Sullivan and CMM1 PNW / IBCLC Seona O'Toole on receiving the new Therapeutic Ultrasound and Low Light Laser Therapy Machines in UHK.

## Developing services in UHK has been strong on the agenda throughout 2021.

Máiréad O'Sullivan Infant Feeding Coordinator and Mary O'Connor Midwifery Tutor CNME provided many staff education Sessions throughout the year, running 5 x 6 Hr Refresher Programmes and a 20 Hour Breastfeeding Management Programme. Máiréad has also run several wards-based short-staff workshops on hand expression, using nipple shields and expressing via a double electric pump. In addition, throughout the year, she has facilitated fortnightly virtual Antenatal

Breastfeeding Preparation Classes, with approximately 15 service users and their partners in attendance at each class. This has led to increased enthusiasm by staff within the maternity services, with many going through additional lactation training in order to complete the IBCLE (International Board-Certified Lactation Consultants Examination). Congratulations to the most recent qualified IBCLC's in UHK, Paediatric Neonatal Nurse Liz Cogan and staff Midwife Jennifer Fitzgerald; having additional IBCLC's amongst the teams has helped ensure additional support for staff and new mothers.

Infant Feeding Committee met several times throughout the year and organised virtual staff celebrations around World Breastfeeding and National Breastfeeding Weeks. The aim of 2021 within UHK was centred on education to increase breastfeeding exclusivity at the point of discharge.

In 2020 exclusive Breastfeeding at the point of discharge was 19%. Due to hard work, dedication and support in 2021, the discharge rate had increased dramatically to 30%. Education for staff and service users was a huge part of this. The introduction of an Antenatal Colostrum Harvesting Policy and early-hand expression of colostrum has been noted to have reduced the need for artificial supplementation within these early days in instances where additional feed was required or separation occurred. Colostrum has become the preference in most cases. Well done to all on the initiative.

In March 2021, Mairead and Seona O'Toole CMM1 / IBCLC undertook additional specialist training on the treatment of Inflammatory Conditions of the Lactating Breast. This training has enabled them to provide therapeutic Ultrasound treatment for inflammatory conditions of the breast, including blocked ducts, engorgement and mastitis. UHK Maternity Services is the first to have IBCLC's providing this service, which is offered to those inpatients that require it, by either Mairead or Seona and at the weekly postnatal Infant

feeding Clinic. This training has also enabled Mairead and Seona to learn about Photobiomodulation / Low Light Laser Therapy (LLLT) for inflamed/excoriated/ cracked nipples and explore its potential use within UHK. The recent National Equipment Funding in Support of Breastfeeding, which was made available to all maternity Hospitals, has seen part of its allocation in UHK used to Purchase the Low Light Laser Machine to provide this service. Both Mairead and Seona are eager to use this equipment to relieve these extreme cases of nipple soreness. PPPG for implementation of this service is currently under development with the hope of being rolled out in 2022.

International Celebration Day for IBCLC took place on the 2nd of March. The team celebrated the event in recognition of all the support IBCLC's have provided to the clinical setting in UHK.





Pictured left:  
Anne Buckley, a  
neonatal nurse in  
Cork University  
Maternity Hospital,  
was nominated for  
the Pure Foundation  
Fund by the parents  
of a baby she cared  
for in 2020.

## CORK NURSE WINS PRESTIGIOUS PRIZE

Article featured in The Echo, Wed, 09 Feb, 2022

A Cork nurse has been awarded a prestigious prize for patient care. Anne Buckley was presented with an award from the WaterWipes Pure Foundation Fund for her “beyond incredible” work as a neonatal nurse. Ms Buckley was nominated for caring for a newborn baby named Nell, who weighed just 660g at birth. The baby girl was born in Cork University Maternity Hospital (CUMH) in June 2020 at 24 weeks and spent four months in the hospital’s neonatal ward. The baby’s parents put Ms Buckley forward for the award based not only on her work ethic but also on her kindness and compassion, which they said often got them through incredibly tough days.

*“It’s a huge honour for my colleagues and me as we work as a team,”* Ms Buckley said of her win. *“I am deeply honoured Ela would go to the trouble of nominating me when she is so busy with her new baby Nell and chuffed to have made a good impression in what was a difficult time for them as a family.”*

As part of the award, WaterWipes will donate €2,500 to CUMH, which Ms

Buckley said will benefit the babies on the wards and their families. The Pure Foundation Fund was launched in 2020 to celebrate the achievements of neonatal nurses and midwives in Ireland.

Ms Buckley was one of three nurses to be honoured this year nationwide. *“We were delighted to launch the second Pure Foundation Fund in 2021, to celebrate the dedication of our healthcare heroes who have provided beyond incredible care for expectant or new parents and their babies.”*

*“We were thrilled to see such fantastic and remarkable entries,”* said Ailbhe O’Brien of WaterWipes.

*“Stories of those nominated included devoted nurses, midwives and public health nurses, including Anne Buckley, who supported parents throughout the pandemic, helping with difficult births, homebirths, and upping the ante to take care of unwell babies and struggling parents during a particularly difficult year for the world.”*

# World Prematurity Day 2021

## 15th November

By Mairead O’Sullivan,  
A/CNM2 Infant Feeding Coordinator UHK



Emly Ward Neonatal Unit, University Hospital Kerry, celebrated World Prematurity Day for the first time on the 15th of November. The day was marked with a physical celebration held on the unit coordinated and organised by nursing and midwifery staff and CMM’s on Emly Ward.

Staff took some time out to enjoy a beautiful cake at a Tea Party whilst the neonatal unit was decorated in a sea of Purple Balloons. Babies on the unit were presented with certificates in celebration of the day.

The unit recently received a new order of reclining Breastfeeding friendly chairs, which have received great feedback from service users on Emly. Pictures of the day’s celebration were shared on UHK’s Twitter & Facebook pages.

Whilst 2021 was the first celebration marking the event in UHK, it certainly won’t be the last, with staff already planning what to do for November 2022.





## Meet Orla Redmond - Recently Qualified as Nurse Hysteroscopist

My name is Orla Redmond, and I have recently qualified as a Nurse hysteroscopist from Bradford University. Bradford University provided the world's first Advanced Practice Hysteroscopy Module and is accredited by the British Society Gynaecological Endoscopy (BSGE). At CUMH, Professor John Higgins, Clinical Director, Ms Katie Bourke, Director of Midwifery, and Dr Cathy Burke, Hysteroscopy Lead Clinician, have always strongly endorsed the provision of specialised care and education to an advanced level required by nurses and midwives to practice hysteroscopy independently. It was hugely beneficial to me to be mentored by Dr Burke, who, while providing

a watchful eye and guiding hand, gave me a wealth of information and experience throughout my training. I was also supported by Noelle Gill and Ann Humphreys, both dedicated and experienced Nurse Hysteroscopists. As a result, I feel privileged to be able to develop a career pathway whilst maintaining direct patient contact.

Outpatient hysteroscopy should be offered to all women with abnormal uterine bleeding. It is a safe, successful and well-tolerated procedure, and its diagnostic accuracy is comparable to that of day-case hysteroscopy. It facilitates the diagnosis of disease and pathologies and offers possibilities for contemporaneous

treatment, and it should be offered as a first-line treatment. However, it is an invasive and potentially painful technique, and from the outset, it is important to provide women with the option of general or regional anaesthesia. The pathway of referral is either directly from GP services or gynaecology outpatient clinics. Women with postmenopausal bleeding are seen urgently and have a scan, hysteroscopy, endometrial sampling, and diagnosis within six weeks. All patients are informed of their results by letter, phone call or face to face consultation if there is a diagnosis of cancer.

Outpatient or Ambulatory hysteroscopy is safe, effective, and economically viable. It has less impact socially and economically, both on the health service and personally for the woman. With the current level of investment at CUMH, we can now provide a 5-day service in elegantly refurbished rooms. Currently, one room is operational, and we see up to 38 women a week—we aim to double this capacity when a second treatment room is operational with appropriate staffing levels.

My current role is to carry out diagnostic hysteroscopy, i.e., diagnosing polyps, fibroids, and uterine anomalies. I also remove small polyps and perform insertion and retrieval of Intra Uterine Devices (IUD) such as Mirena and copper coils. Our aim is to avoid return visits where possible and 'see and treat' pathologies as they present. The covering consultant or the advanced nurse hysteroscopist, Noelle Gill, undertakes operative procedures such as polypectomies, resection of small fibroids, endometrial ablations, division of adhesions and uterine synechiae and uterine septae.

Every evening we review the following day's list to organise, prioritise and evaluate our workload and ensure the availability of staff and equipment for the safe and efficient running of the clinic.

Patients receive information leaflets at a clinic appointment or are sent by post before their appointment. Women are advised to take standard analgesia one hour prior to the procedure, and that fasting is unnecessary. They must have someone available to bring them home.

Every woman is interviewed pre-procedure, their medical history is taken, and they are informed that they can stop the procedure at any stage if it is too difficult to bear. This importantly gives an element of control to our patients and reduces anxiety, ultimately increasing the possibility of a successful outcome. Full-informed written consent is always obtained, and a negative urinary HGC is required for pre-menopausal women. Three staff members are present throughout the procedure; this is a minimum requirement, with one member designated as the "Vocal Local", whose purpose is to reassure, encourage and act as a patient advocate throughout. This role is vital as it helps the patient to remain calm and relaxed, thereby optimising her experience.

In a retrospective study carried out by Dr Clare Crowley, SM Noelle Gill and Dr M Geisler, evaluating patient satisfaction and acceptance demonstrated high patient satisfaction and low complication rates. Nurse Hysteroscopists performed more procedures, providing an effective and safe service.

In conclusion, I would like to say that I am excited about the future of our department here at CUMH. I look forward to expanding my role and facilitating site visits for those wishing to set up their own service. I would hope to be a valued resource and support to future students undertaking the hysteroscopy course.



# CYCLE TO WORK SCHEME 2022

Applications for the Cycle to Work Scheme for 2022 are being accepted from employees in the HSE South West (Cork/Kerry). The Cycle to Work Scheme is a tax incentive encouraging employees to cycle to and from work. Under the scheme, employers pay for bicycles and bicycle equipment for their employees. The employee pays their employer back through a salary-sacrifice arrangement. The employee is not liable for tax, PRSI or Universal Social Charge on their repayments. The scheme covers bicycles and equipment up to the value of €1,250 from approved suppliers. You can use the scheme once in any 4-year period. The €1,250 limit applies to the bicycle as well as safety equipment.

You can spend more than the limit, but any amount above €1,250 gets treated as a **benefit-in-kind** income tax charge.

## How to pay for the bicycle and equipment?

The HSE pays for the bicycle and equipment and sets up a salary-sacrifice arrangement. This cannot be for more than 12 months. You select the equipment you wish to buy from an **approved supplier**. The supplier invoices the HSE directly.

Once payment is processed, the supplier will contact you to arrange the bicycle and equipment collection. The tax exemption does not apply if you pay for the bicycle and equipment. Your employer must pay

for the bicycle. The bicycle and equipment must be purchased at the same time from one supplier.

Repayment for the bicycle and equipment gets deducted from your gross salary. This is your salary before income tax, PRSI, pension levies or Universal Social Charge gets deducted. These deductions can be made weekly, fortnightly or monthly. This depends on your salary payment arrangement. The purchase agreement cannot get cancelled once the equipment has been purchased.

The closing date for applications to the scheme is Friday 30th September 2022. Applications received after this date will not be processed.

Please follow the link [www.hse.ie/eng/staff/benefitsservices/Cycle\\_to\\_Work\\_Scheme/](http://www.hse.ie/eng/staff/benefitsservices/Cycle_to_Work_Scheme/) to download a copy of the application form, the application procedure for the scheme and the list of bicycle suppliers.

All queries regarding the Cycle to Work Scheme are to be addressed to Ms Therese McCarthy:

Tel: 021-4923638 (ext. 23638)  
Email: [Therese.McCarthy1@hse.ie](mailto:Therese.McCarthy1@hse.ie)  
Address: Cycle to Work Scheme,  
HSE South, Reception, Aras Slainte,  
Wilton Road, Cork.

## MEET JIM LYNCH, NEW MEMBER OF THE MAINTENANCE TEAM FOR CUMH

My name is Jim Lynch, and I joined the CUMH in October 2021. I work in the Maintenance Department of the CUMH and across the hospital grounds.

My responsibilities are to ensure the grounds around the hospital are clean and safe for visitors and staff alike and ensure there are no trip or slip hazards within the hospital and the grounds. In addition, I maintain the garden inside the hospital and keep it clean and tidy.

I work with other maintenance staff members under the supervision and instruction of PJ Murphy and Owen Dunlea to help keep things running as smoothly as possible within and outside of the maternity hospital. In the few months that I have worked here, the staff I have encountered have been extremely helpful and courteous to me.



I enjoy reading crime and mystery thrillers by authors such as James Patterson and Patricia Cornwell and doing crossword puzzles in my spare time. When I get the chance, I go river fishing and spend time with my grandchildren, who have you exhausted in no time.



# Pharmacist Alana Dineen Highlights the Importance of Vitamin D

Pictured left: Alana Dineen, Clinical Pharmacist.

This article draws attention to the important work of Alana Dineen, Clinical Pharmacist who developed CUH "Guidelines for the Management of Vitamin D Deficiency in Adults".

Alana's guidelines are directed towards management of the adult inpatient population. However, her work is relevant to all of us regarding the importance of Vitamin D and its relationship to our overall health and wellbeing.

Studies in Ireland have shown that low vitamin D status and vitamin D deficiency are widespread in the population of Ireland.

## Why is vitamin D important?

Vitamin D, 'the sunshine vitamin', is essential for bone health and preventing osteoporosis through supporting calcium absorption. It is also known for assisting muscle strength. In addition, your immune system requires the support of vitamin D to help fight off invading bacteria and viruses. Furthermore, there is growing evidence that inadequate levels of vitamin D have been associated with many diseases, including psychiatric, respiratory, and cardiovascular disorders. For example:

- The Irish Longitudinal Study on Ageing (TILDA) at Trinity College Dublin found that people over the age of 50 years are 75% more likely to experience depression if their Vitamin D levels are low. The study demonstrates that Vitamin D deficiency is associated with a significant increase in the likelihood of developing depression in later life.

## What are the rates of deficiency in Ireland?<sup>2</sup>

- The following figures illustrate the extent of vitamin D deficiency across age groups in Ireland:
  - 47% of 18–39-year-olds
  - 35% of 50–59-year-olds
  - 64% of over 80-year-olds
  - ≥ 67% of Nursing Home Residents
  - 93% in dark-skinned Irish BAME communities.
- In a recent Galway paper of 17,590 patients, vitamin D deficiency was highest in:
  - Rural dwellers compared to urban
  - Males.
- In a large ongoing study of vitamin D levels from patients at St. Vincent's hospital (1993-present), levels of deficiency have fallen from a high of 47.6% to 22% in 2016,

although 47% of patients still sampled with a deficient level.

## How do we get vitamin D?

The natural way of addressing deficiency is through the exposure of the skin to sunlight, more specifically, through ultraviolet (UVB) rays. Vitamin D deficiency can also be addressed through diet in limited amounts and supplementation. Ireland is so far north geographically that there is not enough sunlight between November and March for the body to produce the amount of vitamin D needed to prevent deficiency.

Lifestyle factors such as longer hours working indoors and less time spent outdoors may also impact the ability to achieve sufficient sun exposure. However, it is important to avoid risking sunburn during the warmer months. The association of sun exposure with skin cancer is a factor that must also be considered.

## What happens if I don't get enough vitamin D?

Symptoms of vitamin D deficiency are vague\* but can include the following:

- Muscle weakness
- Muscle pain
- Waddling gait
- Irritability
- Bone/joint tenderness.

*\*As these symptoms could potentially overlap with other conditions, please contact your healthcare provider if you experience any of the above or have concerns.*

## What are some of the dietary sources of vitamin D?

Dietary sources are limited. Sources include:

- Oily fish, e.g. trout, sardines, mackerel
- Eggs
- Fortified cereals and milk
- Mushrooms.

## Who is at risk of vitamin D deficiency?

Some people are more at risk of vitamin D deficiency than others. Some examples are:

- Those who have a lack of sunlight exposure due to skin concealing garments
- Potentially those working long hours indoors
- Dark-skinned ethnic groups
- Coeliac disease
- Obesity
- Inflammatory bowel disease
- Older adults (>65 years) and/or housebound
- Pregnant women and breastfeeding mothers
- Those with a significant risk of osteoporosis, such as a vegan diet or menopause.

## Do I need to have a blood test?

Testing is not recommended in asymptomatic healthy people. Dietary and lifestyle advice is first-line. However, people in the 'at risk' groups may require testing. It is best to discuss this with your healthcare provider if there are any concerns.

Pharmacists have an important role in promoting and counselling patients on the need for adequate vitamin D intake and the implications of taking too much. There are many different forms, strengths and brands of vitamin D supplements available over-the-counter (OTC) from community pharmacies. With so many options, it can be hard to know which is the most suitable.

The exact vitamin D needs of different population groups should be assessed before advice on supplements can be given. Each dose should be tailored for an individuals' needs considering current medical conditions, medication, OTC supplementation and diet. Speak with your community pharmacist for further guidance on the most suitable dose and preparation for you.



# GREENING CORK

Article from Health Matters, Winter Edition

**Pictured above:** Some members of the Ireland South Green Group: Dr Liam O'Connell, Consultant Neonatologist; Margaret Cotter, Staff Officer; Dr Cathy Burke, Consultant Obstetrician & Gynaecologist; Dr Laura Linehan, SpR; Pamela Lyons, Staff Officer; Claire Delaney, CME Administrator; Claire Everard, Quality and Patient Safety Manager. In front, Theo Linehan, son of Laura Linehan (and a symbol of our future generation!)

## Staff in the Ireland South Women and Infants Directorate are hoping they can reduce the carbon footprint of their hospitals by working together.

"Working in maternity units where our next generation is born, we need to set a high standard in caring for the world the babies we help to deliver will grow up in," explained Dr Cathy Burke, consultant obstetrician, Cork University Maternity Hospital (CUMH), who is the Ireland South Green Group Lead.

"By minimising the amount of waste, we produce, recycling, and using both energy and water efficiently, we can achieve a lot. All that is required is the right information and some motivation." Ireland South Green Group was established in September 2020 with representation from all four maternity hospitals in the Ireland South Women & Infants Directorate. It comprises 20

committee members and currently has over 30 Green Advocates, with this number expected to increase in the coming year.

It has been an energising first nine months for the Ireland South Green Group, and they have identified so many things that can change for the better. They plan to continue to get the basics right in 2021 and will advance more ambitious plans in the years ahead. Here are a few of the key achievements in relation to CUMH.

### DID YOU KNOW?

BY REMOVING PERSONAL BINS IN THE CUMH GYNAE SECRETARIAT AND REPLACING THEM WITH LARGER BINS, THE HOSPITAL WILL SAVE OVER 1000 PLASTIC BAGS ANNUALLY IN THIS AREA ALONE.

### PAPER

- CUMH moved to recycled paper for general use. It is estimated this will save 300 trees from being felled annually, an area of forest the size of Páirc Uí Chaoimh!
- Double-sided printing of all GP communications commenced.
- Working to reduce wasted paper from printed maternity discharge summaries.
- Working towards eliminating printed laboratory reports being sent to our outpatient departments and wards. These are unnecessary because the laboratory results are automatically uploaded to the electronic healthcare record (EHR).
- Consultant staff cancelled subscriptions to non-essential medical publications.

### PLASTIC

- Paper bags replaced plastic bags initially used in the provision of staff masks in CUMH.
- Individual bins were removed from two of our secretarial offices and replaced by large bins, a change which is estimated will save around 1500 plastic bin bags annually.
- New water dispensers were installed in meeting rooms at CUMH. Plastic water bottles will no longer be provided for hospital meetings.
- Shorter Entonox breathing circuits for use in the labour ward. Once approved by hospital management, it is estimated that it will save 3km of plastic tubing annually. This amount of tubing would stretch between CUMH and Cork city centre!
- Elimination of single-use plastic cups and cutlery from coffee shop.
- Proposed new centralised waste disposal for all non-clinical areas which will greatly reduce the large amount of plastic waste coming from bin bags in these areas.

- Researching a move to recycled plastic bags for all waste disposals.
- Surplus plastic tubing in the ambulatory gynaecology clinic at CUMH is being sent to the operating theatre for use in anaesthetic suction machines.

### WASTE

- Additional bins for general waste, recycling, compost and glass, and appropriate signage have been procured throughout the hospital.
- A newly purchased triple-compartment bin allows waste segregation to correct the disposal of compostable coffee cups, lid, and cutlery.
- Bin locations and placement comply with the EPA Waste Bin Provision and Placement guidance.
- A waste management standard operating procedure (SOP) was generated for CUMH and awaits approval from the policy, procedures, and guidelines group.
- Waste disposal education will be provided in clinical areas in the coming months, and best-practice waste segregation will be phased in over the coming months.

### ENERGY

- Messaging circulated to staff via the hospital email system on an intermittent basis with regard to switching lights and electrical devices off after use.
- Stickers were distributed to all departments as reminders to staff of the above when leaving their offices.
- Exploring the possibility of solar panel installation on the rooftop of CUMH to provide a portion of our energy use from a sustainable source.

For more information contact:  
[cumh greengroup@hse.ie](mailto:cumh greengroup@hse.ie)

# New physiotherapy service 'is invaluable in improving outcomes for those born too soon'

Article Health Matters, Winter edition



**Pictured above:** Senior neonatal physiotherapist Deirdre Purcell (UHW) holding a gel cushion in her left hand, which staff in the Neonatal Unit use to help prevent head shape malformations in preterm infants. In her right hand, she is holding a 'prone plus' positioning aid which is used to position babies on their tummies.

There have been huge advances in both neonatal and obstetric care over the past 20 years, with an increasing survival rate of extremely premature infants admitted to the Neonatal Intensive Care Units. However, these highly vulnerable infants are at risk of developmental sequelae, and there are increasing requests for neonatal physiotherapists to identify and assess infants at risk of morbidity and begin early intervention.

In May 2020, senior physiotherapist Deirdre Purcell spearheaded a service development project to establish a neurodevelopmental physiotherapy service in the University Hospital Waterford (UHW) Neonatal Unit. This unit has 17 cot spaces between Neonatal ICU and the stepdown Special Care Baby Unit.

"The role of the physiotherapist in the Neonatal Unit is to assess the infants and provide advice on positioning and

handling as appropriate. With early and timely physiotherapy assessment and treatment, these babies can start preventative therapeutic interventions immediately to address the problems associated with an immature nervous system," explained Deirdre.

"Any specific neuro-developmental problems highlighted can then be addressed to optimise the potential for recovery demonstrated in young babies, in order to improve their functional outcomes in later childhood."

Previous benchmarking results found that 91% of neonatal units in the UK had a full-time senior physiotherapist, reflecting the complexity and highly specialised skills that this work entails. The Model of Care for Neonatal Services in Ireland was developed in 2015 and outlined that a level 2 NICU, such as the unit in UHW, should have access to a senior physiotherapist.

Deirdre's six-month pilot project demonstrated a 90% increase in referrals. All infants born at or under 34 weeks gestation were assessed and given individualised handling and positioning programme. The service allowed for in-depth assessment, multiple treatment sessions, parent education, nursing staff education, discharge planning and liaison with community services ensuring a smooth transition from acute to community services.

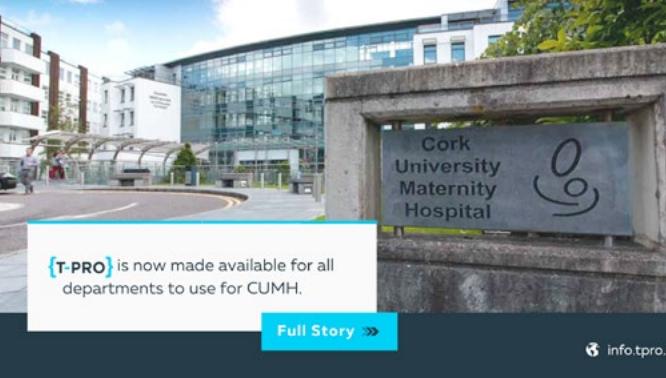
The introduction of a weekly MDT ward round has led to the formalisation of in-patient referral criteria, generation of referrals and community discharge pathways. Deirdre submitted the results of her six-month pilot project and developed a business case to the

General Manager. As a result, she successfully secured a permanent physiotherapy position at NNU.

She set up a peer mentoring programme by building a rapport with colleagues in Level 2 and Level 3 centres across the country. She has also researched positioning aids and has implemented new aids for improving alignment. For example, when lying on their tummies and a gel cushion to help prevent head shape malformations.

Feedback from parents and staff on the unit was very positive, with 100% satisfaction. Parents felt more empowered to take ownership, and staff felt more confident with the guidance of an individualised positioning programme. All participants in the feedback questionnaire reported the new physiotherapy service 'to be invaluable in improving outcomes for those born too soon.'





T-PRO is now made available for all departments to use for CUMH.

[Full Story >>](#)

## T-Pro is available to all departments at CUMH

T-Pro is a global leader in clinical documentation improvement software, digitally transforming 600+ healthcare organisations across Ireland, the UK, Australia and New Zealand with over 85,000 active users. Their cloud-based solutions enable workflows for efficient and accurate speech recognition, medical transcription, messaging and coding. We facilitate a patient-centred solution by making it easy for clinicians to capture the patient narrative and deliver information when it is needed most – at the point of care.

It has been almost a year since Cork University Maternity Hospital launched T-Pro and we're excited that T-Pro is now made available for all departments to use.

Back in February 2021 a pilot project began with Professor Higgins and his team. After a successful pilot period, the decision was taken to make T-Pro available to the wider clinical teams.

Since then, T-Pro has worked closely with the hospital administration team and have rolled it out to all clinical teams and departments. CUMH staff gave their feedback allowing T-Pro to define the challenges and overcome them with tailored solutions to optimise the current workflows with AI-powered speech technology.

With T-Pro, the document turnaround times have decreased significantly. Having conducted a Time & Motion study Alison Fahy, Hospital Administrator commented: 'Before T-Pro, our turnaround time was 3 days and now it's 2 hours! The benefits of using Speech Recognition & Digital

*Dictation by T-Pro have optimised our workflows, saved time and reduced costs.'*

Mark Gilmartin, COO of T-Pro commented: 'Despite COVID disruption and a cyberattack, the project in CUMH has been a great success and was delivered on time. The hospital administration team and clinicians have been a pleasure to work with and we are looking forward to delivering further efficiencies with the next phases over the coming months.'

For future developments and later phases in the project, we will roll out T-Pro Connect - electronic clinical documentation distribution. Hospital correspondence can be signed off electronically and be with the patient's GP immediately sent via HealthLink.

There are also plans for T-Pro to integrate with Cerner, saving on printing and scanning. With a paperless process in place, this will ultimately save time and reduce the hospital's annual administration & postage costs by at least €24,000 a year. We hope to roll out into the other units in the directorate in the near future.

### Interested to know more about T-Pro?

T-Pro offers on-demand support to all users, where you can reach out to our team by logging a query via their [help-centre](#). T-Pro also offers off-site & on-site training sessions. If you need further assistance, please don't hesitate to reach out.

Website: [info.tpro.io](http://info.tpro.io)  
Email: [support@tpro.io](mailto:support@tpro.io)



## Ice cream and Coffee Wednesday at CUMH

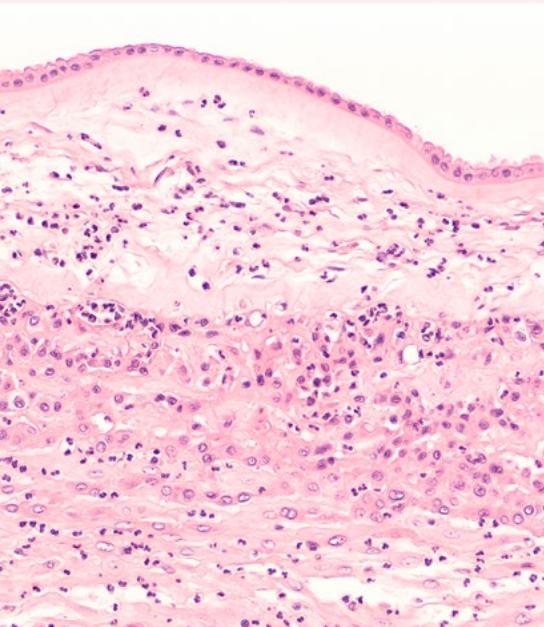
Department heads across the CUMH distributed ice cream and coffee vouchers for six weeks across January and February 2022. The hugely popular ice cream and coffee truck delighted staff on Wednesdays between 11 a.m. – 4 p.m. Staff braved the elements to pick up their well-deserved treats, putting a smile on people's faces at the inviting blue and cream van.



Pictured top: Gillian Walsh & Eimear Quaid.  
Above left: Johanna Berjstrom & Jenny Olsen.  
Above: Tiji Thomas, Aoife McGrath & Dona Abraham. Left: Mei Oluoan, Grace Etac & Bianco Guango.

# Work on SARS-CoV-2 Placentitis

By Professor Keelin O'Donoghue



**Above:** Professor Keelin O'Donoghue, Principal Investigator, INFANT Research Centre, Department of Obstetrics & Gynaecology, University College Cork, Consultant Obstetrician & MFM Sub-Specialist, Cork University Maternity Hospital.

Research led by Dr Brendan Fitzgerald and Professor Louise Burke at CUH with Professor Keelin O'Donoghue was published in the prestigious Archives of Pathology & Laboratory Medicine by the College of American Pathologists in January 2022.

<https://meridian.allenpress.com/aplm/article/doi/10.5858/arpa.2021-0586-SA/476783/Fetal-deaths-in-Ireland-due-to-SARS-CoV-2>

This research has led the world's knowledge about the risks to pregnant women associated with COVID-19 and the importance of vaccination.

These findings, which arose from an initial cluster of six cases of stillbirth and one case of second trimester miscarriage caused by SARS-CoV2 placentitis in early 2021, was shared by the RCPI

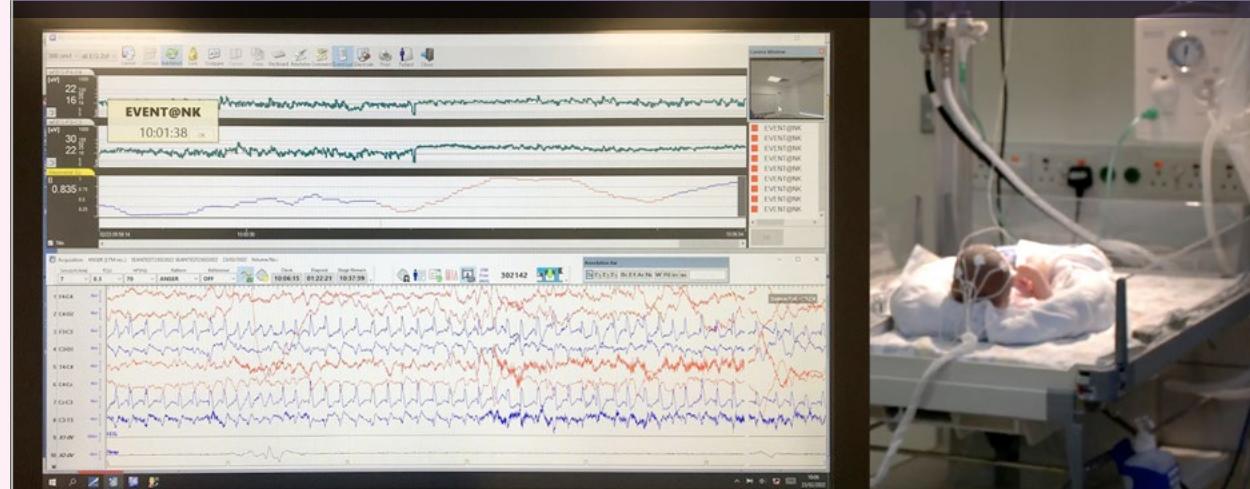
Faculty of Pathology and the Institute of Obstetricians and Gynaecologists through the Royal College of Physicians of Ireland and informed the recommendations by the National Immunisation Advisory Committee for COVID-19 vaccination pregnant women in April 2021.

<https://www.rcpi.ie/news/releases/covid-placentitis-statement-from-the-rcpi-faculty-of-pathology-and-the-institute-of-obstetricians-and-gynaecologists/>

Professor O'Donoghue has authored updates to national COVID-19 in pregnancy guidance which the RCPI and HSE-Library have published.

<https://rcpi-live-cdn.s3.amazonaws.com/wp-content/uploads/2022/01/Stillbirth-Fetal-Wellbeing-and-SARS-CoV-2-120122.pdf>

# INFANT Research Centre Celebrates Two Milestone Achievements



**Above:** The ANSeR Algorithm in use at the cot side in the Neonatal Intensive Care Unit.

The INFANT Research Centre has celebrated two significant achievements in recent months. In late 2021, INFANT's ANSeR neonatal seizure detection algorithm was launched, in partnership with Nihon Kohden, on EEG machines at Cork University Maternity Hospital, representing the rollout of the EEG trending software product across Europe. Having already been installed on Nihon Kohden EEG machines in Japan, this represents a significant step in the global rollout of the product.

Developed by INFANT Principal Investigators Professor Liam Marnane, Professor Geraldine Boylan and Dr Gordon Lightbody, the ANSeR algorithm represents a breakthrough in biomedical engineering, as this is the first time that a machine-learning algorithm has been developed for the neonatal population.

More recently, INFANT's Neurobell project, headed by INFANT Lead Investigator, Dr Mark O'Sullivan, was awarded funding by Enterprise Ireland to commercialise a medical device that could transform how clinicians can detect newborn brain injuries. [Read more about the Neurobell project.](#)



**Above:** Dr Mark O'Sullivan.

# Meet Dr Emily O'Connor, PhD student with INFANT and NPEC at UCC



Pictured above: Dr Emily O'Connor.

Emily is pursuing a PhD in the area of perinatal medicine with INFANT and NPEC at UCC. Her background includes previous work as a Specialist Registrar in obstetrics and gynaecology with the Royal College of Physicians in Ireland (RCPI). Emily is extremely passionate about improving our maternity and perinatal services and improving the experience of parents who use those services.

Emily's planned thesis is titled: Structured Evaluation and Implementation of a National Perinatal Mortality Review Tool for Ireland. Her research is funded by Féileacáin, the Stillbirth and Neonatal Death Association of Ireland.

Perinatal deaths encompass babies who die before they are born (stillbirth), during labour or delivery (intrapartum death) or after birth (neonatal death). The Irish

perinatal mortality rate has remained stable over the last ten years but has not decreased over this period. Emily's work aims to standardise the way reviews of perinatal deaths occur by developing and implementing a national perinatal mortality audit tool for all perinatal deaths occurring in every maternity unit across Ireland. A major focus of this work is the involvement of bereaved parents in the review process. This research aims to offer a more inclusive, transparent process for parents who have experienced the loss of their baby.

Emily is conducting this research with the Pregnancy Loss Research Group based at INFANT and the NPEC. Her supervisors are Professor Keelin O'Donoghue (INFANT), Professor Richard Greene (NPEC) and Dr Sara Leitao (NPEC).



## Home from Home with water immersion facilities – University Hospital Kerry

By Mairin McElligott, Project Lead Maternity Services, University Hospital Kerry

Our vision is to provide an environment where women can labour and birth in a low technology setting. In Maternity Services at University Hospital Kerry (UHK), we have designed and developed a Home-from-Home room to facilitate water immersion in labour and low technological support to promote physiological birth.

This modern Home-from-Home room provides an environment that moves away from the clinical setting whilst still providing a safe environment for normal risk women to birth their babies. Maternity Services UHK is delighted to announce that this service is available for women booked to have their babies in Kerry in 2022.



## TippUH successfully rolls out Q Pulse Training

By Mary O'Donnell, Maternity Services, TipUH

I have been involved in the rollout of Q Pulse in Tipp UH since September 2021, working closely with Project Lead Kate Lyons in CUMH. After months of delays due to the COVID-19 pandemic, training was finally delivered remotely via web conference, using a presentation and live demonstration. It was successfully rolled out on the 31st of March, finishing on the 22nd of April, and I am delighted to report that there has been excellent uptake by all staff in Tipp UH.

The addition of the ISWID (Ireland South Women and

Infants Directorate) icon to the current Hospital Q Pulse system allows Maternity Staff to access the HCI web-based knowledge portal and the ISWID PPPG Library, Train Scan, and Training Portal. Also, Managers can access Training Analysis, Qualsip and Quality Control.

Q-Pulse is a system that can be used for formal document management by Practice Development Co-ordinators. A key benefit is easy access to hospital PPGs alongside maternity policies. In TippUH, we are delighted to have the system



# The Ambulatory Hysteroscopy Clinic

By Noelle Gill, c/Advanced Nurse Practitioner - Ambulatory Women's Health, CUMH



Pictured above: Noelle Gill, c/Advanced Nurse Practitioner- Ambulatory Women's Health.

Despite the pandemic, the ambulatory hysteroscopy clinic has seen significant growth and development over the last two years.

The ambulatory hysteroscopy began in 2007 as a small service running one session per week and performing five diagnostic procedures. Since then, we have moved location a number of times and are now able to offer both diagnostic and operative procedures to up to 40

women per week. In October 2021, An Taoiseach, Micheál Martin, officially opened our new dedicated ambulatory hysteroscopy suite.

"I qualified as a nurse hysteroscopist in 2016, and in September 2020, with the support of midwifery management and the consultants involved in ambulatory hysteroscopy, I began the advanced nurse practitioner course.

The ANP course is two years in duration, and it will enable me to work at a higher level in a specialised area. Upon completing this course, I will have gained a master's degree in nursing, the ability to prescribe medication and learn new and advanced skills that will allow me to practice independently and manage my caseload in this specialised area.

The practical learning aspect involved attending other relevant specialised areas that can help enhance our learning, such as ultrasound, other specialised gynae clinics and physiotherapy.

My new role has seen me expand to the interpretation of biopsy results, progressing from diagnostic procedures to operative procedures such as removing polyps or fibroids from inside the womb and performing other minor procedures such as removing vulval skin tags and taking vulval biopsies to diagnose skin conditions.

My aim when I qualify is to run my own clinic where I can see, manage and treat patients. Then, refer them to other specialities if required or discharge them back to their GPs with a plan of care.

Outpatient hysteroscopy is now the preferred method of choice for the investigation of abnormal uterine bleeding.

With advances in healthcare, the ambulatory hysteroscopy clinic now has the facilities to offer operative procedures and the ability to provide 'see and treat' appointments. This reduces the woman's need to return for further appointments.

As a candidate ANP in hysteroscopy and women's health, my day involves- history taking, performing diagnostic hysteroscopies and endometrial biopsies, operative procedures such as endometrial polypectomies and myomectomies, endometrial ablation, inserting and removing difficult IUCDs, e.g. Mirenas and either discharging patients or making a future plan of care.

Women can be referred to this clinic directly from their GP, other gynae clinics, or different specialities.

The women that attend like the outpatient service as it reduces their time in hospital and away from work and family. On the whole, they can return to work the following day. This clinic also helps to reduce the number of cases going to theatre, and with the introduction of more nurse hysteroscopists coming into this service, it will help to free up Consultants who were historically the primary provider of this service.

Our main focus is on improving the health of patients as efficiently as possible".





## Hypnobirthing – University Hospital Kerry (UHK)

By Community Midwives Maternity Services UHK –  
Joann Malik candidate Advanced Midwife Practitioner,  
Hazel O’Leary Clinical Midwife Manager 2 & Eimear  
Galvin Community Midwife.

Hypnobirthing promotes an easier, more comfortable birth by supporting relaxation techniques, visualisation and breathing methods to help a woman cope with the birthing experience.

These techniques are practised antenatally to help the woman prepare for the upcoming birth and encourage her to release any associated fears or anxiety around the birthing process. The birth companion develops confidence in their ability to support the labouring woman whilst learning the hypnobirthing techniques at the same time.

Women who have practised this have felt more empowered and enabled to face their birthing journey with positivity and confidence.



Above: Joann Malik – Candidate Advanced Midwife Practitioner (cAMP).

## Maternity Services - University Hospital Kerry Study Day

By Mairin McElligott, Project Lead Maternity Services, University Hospital Kerry

Maternity Services University Hospital Kerry is delighted to announce the inaugural “Managing Diabetes & Endocrine disorders in Pregnancy: a Multidisciplinary Approach” study day on 24 February 2022. The study day had diverse topics and distinguished speakers in attendance:

- Diabetes in Pregnancy, Pre-existing diabetes by Dr Christine Newman (Clinical lecturer NUIG, SprR Endocrinology)
- Care of the newborn baby post-delivery by Dr Daniel Onyekwere (Paediatric Consultant)
- The management of thyroid disorders in pregnancy by Dr Higgins (Consultant Physician and Endocrinologist)
- Role of Registered Advanced Midwife Practitioner by Yvonne Moloney (Advanced Nurse Midwife Practitioner)
- Diabetes in Pregnancy: The Obstetricians View by Dr Taiwo Adedayo



Above (l-r): Shane Flynn - (Diabetes Nurse); Mairead Brosnahan - (Candidate Advanced Nurse Practitioner in Diabetes); Maire Nolan – (Clinical Nurse Specialist Diabetes); Dr Shingil Bati - (Consultant Obstetrician & Gynaecologist); Dr Higgins – (Consultant Physician and Endocrinologist).

Obstetric Registrar) & Dr Shingil Bati (Consultant Obstetrician & Gynaecologist)

- Care of the woman in labour with diabetes by Yvonne Moloney (Advanced Nurse Midwife Practitioner)
- Overview of Diabetes, GDM diagnosis and management by Marie Nolan (Clinical Nurse Specialist Diabetes)
- Update on technology in Diabetes care by Mairead Brosnahan (Candidate Advanced Nurse Practitioner in Diabetes)
- Medication Safety with insulin therapy by Emma O’Flaherty (Senior Clinical informatics Pharmacist)

This study day experienced excellent attendance; Maternity Services wishes to thank the speakers and those members of staff who attended. We look forward to many more of these study days in the future.



Above (l-r): Mairead Brosnahan - (Candidate Advanced Nurse Practitioner in Diabetes); Maire Nolan – (Clinical Nurse Specialist Diabetes); Dr Shingil Bati - (Consultant Obstetrician & Gynaecologist); Dr Nosheen Iram - (Registrar Obstetrics & Gynaecology); Dr Daniel Onyekwere – (Clinical Lead/Consultant Paediatrician).



# EARLY TRANSFER HOME SCHEME (ETHS)

By Monica O'Regan,  
Clinical Midwife Manager  
3 Midwifery Led Services  
and Alex Campbell, CaMP  
Maternity Services CUMH

*Left: CUMH ETH Midwives Leonne Jackson and Aideen O'Donovan.*

The Early Transfer Home Scheme (ETHS) commenced in Cork University Maternity Hospital in December 2021 and involves **the transfer of care of eligible postnatal mothers and babies living within a designated geographical radius of the hospital to their home setting. Transfer home happens after a minimum of 24 hours' hospital stay following the baby's birth.** On transfer, care is undertaken by the ETHS midwifery staff and public health nursing staff up to 7 days post-birth.

The scheme aims to provide holistic, evidence-based postnatal care within a continuity model of care. The ETHS midwife uses professional judgment in determining the number and timing of home visits required per the agreed schedules for vaginal and caesarean births, recognising that care plans may change as the postnatal period progresses. The ETHS midwife will refer the woman or baby to the appropriate service if issues arise beyond the ETHS scope. The ETHS facilitates a smooth transfer of postnatal care for the mother and baby to the Public Health Nurse.

The National Maternity Strategy 'Creating a Better Future Together' (2016) identifies

three levels of care for women progressing through the maternity system, depending on their level of risk. The Supported Care Pathway provides the framework for postnatal care in the community for women and babies considered to be at normal risk. The strategy suggests that midwives provide this care within a multi-disciplinary framework.

The ethos of midwifery care is to work in partnership with women. The philosophy of care embraces regional, national and international policies which emphasise woman-centred care. International frameworks note that experience of care is as important as clinical care provision in achieving the desired person-centred outcomes (WHO 2015, Tunçalp et al. 2015). Pregnancy, labour, birth, and the postnatal period are healthy and profound experiences in women's lives (Nursing and Midwifery Board of Ireland, NMBI 2015). Acknowledging that birth is a normal physiological process, ETHS midwives seek to recognise, respect, and safeguard normal processes during normal pregnancy, birth, and postnatal.

Childbirth is recognised as a life-changing event for the whole family rather than an

isolated clinical episode. It aims to ensure the mother and the child's safety and promote a positive birth experience for all (WHO 2018, NICE 2019). The woman is respected as the primary decision-maker, and midwives assist her in this process by providing accurate and unbiased information on which to base informed choices.

## ELIGIBILITY FOR ACCEPTANCE ONTO ETHS:

### Mother

- Normal postnatal period with no complications
- No intrapartum or postpartum complication that is likely to require further treatment
- Multiple births can be considered on a case by case basis if all other criteria met
- The mother has a documented normal iMEWS Score
- The mother is mobile (with adequate pain relief)
- The mother must have voided urine
- The midwife has completed a full postnatal examination of the mother
- A breastfeed must be facilitated or formula feed given
- The mother should have adequate skills to care for the baby, e.g. nappy changing and umbilical cord care
- Administration of anti-D if required (administration as per local hospital arrangements) and rubella status ascertained
- Follow-up appointments/arrangements made
- Awareness of when problems may arise in the first 24hrs with her/baby and who to contact until the midwife visits the next day
- The mother lives within a 15km radius of the hospital
- Transfer procedure completed by the midwife on the ward
- GP and PHN are informed of discharge to ETHS team as per local arrangements.

### Baby

- Newborn examination completed and satisfactory
- > 37+0 weeks gestation, >2500g
- No known risk factors for hypoglycaemia (e.g. infant of a mother with gestational diabetes mellitus)
- No known risk factors for sepsis (e.g. PROM)
- Temperature: axillary 36.6°C to 37.2°C stable
- Normal respiratory rate: 40 – 60 breaths/min
- Normal newborn oxygen Saturation Test (PPG-CUH-Mat-41)
- First breastfeed completed or artificial feed given
- Voided urine and opened bowels
- Given Vitamin K (as per local hospital policy)
- Follow up vaccines arranged –as required
- Metabolic screening arranged (NBSS)
- Newborn hearing check completed or appointment arranged for same
- Any individual follow-up arrangements organised (e.g. hip checks)
- Arrangements made for mother and baby to be seen at home within 24 hours
- Baby can be transferred to the ETHS if awaiting the results of a Beutler test. The baby should continue on Wysoy (as per protocol) until the mother is informed of the result of Beutler by ETHS midwifery staff.

97 postnatal home visits have been carried out since the scheme commenced in December 2021, with reported increased satisfaction both by women and staff. ETHS midwives seek to maximise the benefits of continuity of care and carer throughout the postnatal period (Forster et al. 2016), with the expectation that better postnatal experiences will be the outcome of the ETHS.



# Innovation Programme Update

By Caitriona Heffernan, Innovation Programme Lead, Cork University Maternity Hospital

## Celebrating our innovation champions at Ireland South

It's been a busy quarter for the Innovation programme, with a heavy emphasis on supporting and recognising our innovation early adopters across the Directorate. In this edition of Ultra News, you will meet our innovation champions from the Directorate. They are currently undertaking formal studies in healthcare innovation through the Certificate in Healthcare Innovation and the Post Graduate Diploma in Healthcare Innovation at Trinity College Dublin. Our colleagues are learning so much about the road from innovation concept to implementation and their passion and vision for change inspires me. You will also get a brief overview of the inaugural Ireland South WID Innovation Awards winners. We were delighted to receive a high volume of applications and get a flavour of the live innovation activity across the Directorate.

## Winners of Ireland South Women and Infant's Directorate Inaugural Innovation Awards

The Innovation Programme at Ireland South WID is delighted to announce the first Annual Innovation Awards Competition results. A prize fund of €5,000 was sponsored by The National Spark Innovation Programme with a top prize of €3,000 and

two additional prizes of €1,000 awarded to projects from across the Directorate.

The funds awarded to the successful applicants will be made available through the Innovation Office at CUMH to develop their winning project further or to develop another innovative idea within their team. Funds may be used to validate their innovative ideas, design or develop prototypes, build their solution or seek the support of essential skill sets external to the organisation. It is envisaged that these funds will remove the often small but difficult barriers to funding that teams can sometimes encounter in the early stage of project development.

**Winners: €3,000 Dr Ann-Marie Brennan, Ms. Jennifer Wilkinson, Ms. Sarah Fenton and Dr Brendan Murphy, Cork University Maternity Hospital**  
**Project Title: Next Generation of Preterm Nutrition: Standardising Care and Improving Outcomes.**

Appropriate nutrition during the first weeks of life is essential for preterm infants' healthy growth and neurological development. However, despite significant multidisciplinary team input, meeting the nutritional needs of these infants has remained a problem. Parenteral Nutrition

(PN) used to support the preterm infant's transition onto full milk feeds (~first ten days of life) has traditionally been based on 'best guess' and was not evidence-based. This resulted in unintended adverse effects and safety concerns from under and over-nutrition delivery.

Over the past number of years, the team have designed a novel nutrition modelling technique to address this problem. The nutrition system adapts and responds to each infant's changing needs along their nutritional journey, streamlining clinical care from a complex, individualised process to a standardised, smarter, safer, simpler system for infants, parents and staff.

Dr Brennan has indicated that the team will use the funds from this award to move to the next stage of the project, which will create an app/digital platform for the new Parenteral Nutrition (PN) System. This will be developed to support staff clinical decision-making using the tool. The monies will likely fund the initial design of the app/digital platform to replace the PN System's current paper-based protocol and other supportive material. This project is a great example of innovation with a broad scale impact and can be adopted nationally and internationally to benefit thousands of preterm infants and their families.

**€1,000 Ms Claire Bulfin, Lactation Consultant**  
**Hospital: University Hospital Waterford**  
**Project Title: Innovating Breastfeeding Antenatal Education**

Like most services across the Directorate, the Covid-19 pandemic saw the need for the Lactation Support team to transition its services to an online platform. This involved the development of one-hour virtual education sessions for mothers and one-to-one online masterclasses with the Lactation

Consultant. In addition to transitioning to an unfamiliar platform to deliver services, the Lactation Support team at UHW have gone a step further and has reimagined how lactation support can be provided outside of the hospital environment for the longer term. Their team have partnered with Waterford Library services to offer breastfeeding support in the library setting. Mothers get the opportunity to talk together and practice the skill of breastfeeding using model babies and model breasts. Parking is free, access is near to the motorway and users are offered library membership which sets up their families to access early literacy programmes provided by the library. This innovation is such a great example of how reimagining services and developing services remotely to the hospital environment can have broader unintended educational and societal impact.

**€1,000 Ms. Marie Nolan (CNS Diabetes), Dr Tom Higgins (Consultant Endocrinologist), Dr Magid Abubakar (Consultant Obstetrician and Gynaecologist), Dr Paul Hughes (Clinical Lead/Consultant Obstetrician & Gynaecologist) and Ms. Emma Flaherty (Senior Clinical Informatics Pharmacist)**  
**Hospital: University Hospital Kerry**  
**Project title: Developing virtual maternity diabetes and thyroid clinics**

In response to the Covid 19 pandemic, the maternity endocrinology services at UHK are forced to think creatively about how they might manage pregnant women with diabetes and thyroid issues. Their response saw the introduction of weekly virtual medical and antenatal clinics via an online platform. The team responded to the demands of remote monitoring by providing the women using their service with blood glucose monitors by post and providing online education to train

the women in their use. Blood glucose levels were then recorded and sent to the managing team via a dedicated maternal diabetes email address. This was reviewed asynchronously by the Consultant and the CNS in Diabetes and the appropriate plan of care was decided and communicated. The new management pathway has been so successful and positively received by both staff and users that it has become a standard pathway of care at UHK.

This project is an excellent example of a change in practice necessitated by the pandemic that has shown sufficient value

## **Deirdre Moriarty, MN-CMS Training Co-ordinator for the SSWHG, based in CUMH**



### **Tell me a bit about your role?**

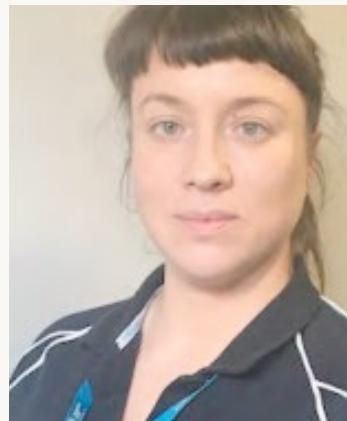
I'm responsible for ensuring all new staff are trained in how to use the Electronic Health Record, and I also give optimisation to existing users.

In addition to training, I create and update Quick Reference Guides as required, maintain training databases and collaborate with national and other local trainers to develop additional training materials.

I also assist with Bed Management as part of my CMM3 role.

to be considered as the preferred model of care for the longer term. This project also demonstrates the potential for providing safe care for our patients outside of the hospital environment and in their own homes.

**If you have an idea for a new product, service or way of working that you feel would add value to patients and/or staff and would like to explore it further, please get in touch with Caitriona, Innovation Programme Lead at Ireland South Women and Infants Directorate. Email: [caitriona.heffernan@hse.ie](mailto:caitriona.heffernan@hse.ie) or 085 1441758.**



## **Mairin McElligott, Project Lead for Maternity Services, University Hospital Kerry**

### **Tell me a little bit about your role?**

As Project Lead for Maternity Services University Hospital Kerry, I have been involved in a number of internal and national projects, including Neonatal Refurbishment, Home from Home, Community Maternity Antenatal Clinics, Early Transfer Home Service, Community Postnatal Infant Feeding Clinics, Multi-functional Printers, Video Conferencing, Antenatal Shared Care Messaging via Healthlink, Women's Health Service project and I also had the pleasure of being Project Manager for the MN-CMS Gynaecology Project.

### **Why did you decide to study innovation?**

Following the completion of my MSc in Healthcare Informatics, my interest in the role and benefits of Information Communication Technology (ICT) in the healthcare sector increased. My interest evolved further with the innovative solutions that the healthcare sector responded with to multiple complex issues brought about by the pandemic and cyber-attack. Therefore, I embraced the opportunity to further develop my knowledge and skillset by enrolling on the Post Graduate Healthcare Innovation course at Trinity College Dublin.

### **What is the biggest lesson you've learned about innovation during your studies?**

Innovation requires ideas, actions and a team approach for success in ascertaining solutions to complex problems and developing skills sets like Design Thinking, Creative Confidence, Lean thinking, and creating a T-shape profile, to mention a few.

### **Tell me a little bit about the final project you plan on completing as part of your studies?**

My project idea is still being finalised. I hope to explore the area of Clinical Shift Change Over-communication, Interdepartmental communication and Interdisciplinary communication. Examining the options regarding how this information is captured and recorded and the potential benefits of innovation on this process for all key stakeholders direct and indirect.



## Susan Vaughan, Senior Staff Nurse/ Midwife working in NICU in CUMH

### Tell me a little bit about your role.

As a neonatal nurse, I care for and manage preterm and ill newborn babies from 23 weeks gestation to post-term. This can include those needing intensive care nursing, respiratory support, therapeutic hypothermia, special care, management of life-limiting conditions and palliative care. A major part of my role is the care, education and emotional support of parents and their families in the NNU.

### Why did you become interested in studying innovation?

I wanted to access the skills and tools to develop innovative practices within my own area, especially in the area of Developmental care and family integrated care within the NNU.

### What is the biggest lesson you've learned about innovation during your studies?

I am still learning!! This course has taken me completely outside of my comfort zone but is worth it. I am working with

people outside my own profession and speciality area, but this has shown me the value of different viewpoints and the importance of teamwork.

### Tell me a little bit about the final project you plan on completing as part of your studies?

I am still developing my final project, but the main focus will be on incorporating Family integrated care and embedding the practice of Developmental care within my unit and across the HSE South. Part of my final project is already coming to fruition as I have just been appointed as an acting Nurse Specialist in Developmental Care, the first such role in Ireland. Doing the Diploma in Healthcare Innovation has given me the tools to develop this role.



## Orla McCarthy, Senior Physiotherapist in Women's Health & Continence based at Cork University Maternity Hospital

### Tell me a little bit about your role.

As a Women's Health Physiotherapist, my caseload can be quite varied and usually involves managing a caseload of both Obstetrics and Gynaecology. I provide assessment and treatment to women who are experiencing continence issues, perineal pain due to perineal trauma, pelvic organ prolapse and dyspareunia. I also treat women who are experiencing Pelvic Girdle Pain (PGP) and musculoskeletal issues during their pregnancy.

### Why did you become interested in studying Innovation?

I have always been interested in looking at the pattern in which we deliver care to our patients and seeking creative solutions. Resources and staffing issues are integral to working in a large healthcare organisation. It is essential that frontline workers are encouraged and supported to actively create innovative solutions. So when I became aware of the Diploma in Healthcare Innovation at Trinity College Dublin and read through the modules, I was very interested to learn more. It is a unique course, an exciting hybrid combining business strategy and healthcare. I was honoured to receive a Scholarship to study Healthcare Innovation, and it reflects the value CUMH places on Innovation.

### What is the biggest lesson you've learned about Innovation during your studies?

One of the main lessons I have learned from studying Innovation is the value of empathy mapping and adopting a design thinking approach, keeping our service users at the forefront. As healthcare professionals, we sometimes assume we know what is best for our patients and come up with 'solutions' without considering their experience. I am interested in utilising these skills to improve the patient's journey as they navigate through our maternity healthcare system.

### Tell me about the final project you plan on completing as part of your studies?

I am considering several projects and have yet to finalise what I will work on. I aim to improve the process by which our service operates, ultimately improving patient access and enhancing the work we do as physiotherapists. One area I will explore is in relation to expanding the treatment options available when managing patients with Pelvic Girdle Pain. Setting up an antenatal hydrotherapy class that our physiotherapists can refer to directly will reduce the pressure on our resources and improve patient outcomes. This will have a knock-on effect on our waiting list times across the departments.



## Fiona Joyce, Acting Senior Physiotherapist in Women's Health working in CUMH

### Tell me a little bit about your role?

As an acting Senior Physiotherapist, I have a varied caseload, including treating antenatal and postnatal women with musculoskeletal issues and postnatal and urogynaec women with pelvic floor muscle dysfunction. Occasionally I may also see some paediatrics. I work mainly in outpatients, but I also cover the inpatient wards once a week.

### Why did you become interested in studying innovation?

As my job is very clinical and hands-on with patients, I never gave much of my time to service development or innovation. So this course appealed to me as it sounded like an excellent introduction to the world of innovation and entrepreneurship, something I knew very little about but was keen to do more of.

### What is the biggest lesson you've learned about innovation during your studies?

I have learned that anyone can be an innovator. It isn't always about creating or inventing something new. It can be as simple as improving an existing product or service. I also found it interesting to learn that you are more creative when you aren't under time pressure.

### Tell me a little bit about the final project you plan on completing as part of your studies?

The final project that I have planned for the Certificate is to improve the appointment booking system for the physiotherapy outpatient department. Currently, our DNA (Did Not Attend) rate is very high as patients have difficulty contacting the physiotherapy department to cancel or reschedule their appointments. Sometimes the patients report not receiving the appointment letter or forgetting about their appointment. I would plan to design an application that would be available 24/7 to enable patients to cancel or reschedule appointments so that the appointment slots can then be offered to someone else. This application would also have an appointment reminder notification to reduce the number of DNAs from people forgetting. One of the toughest challenges in getting this project up and running would be securing the funding to develop such an application. I may start with a cheaper solution such as a website and trial that first to see its impact on DNA rates.



## FAREWELL TO DR MAEBH HORGAN, CHIEF RESIDENT

In December 2021, Dr Maebh Horgan was recognised for her role as Chief Resident, Ireland South Women and Infants Directorate. Dr Horgan was appointed to the position in July 2021 before departing in December on maternity leave. The Chief Resident role was established in 2018 to lead the NCHDs (Non-Consultant Hospital Doctors), overseeing the roster system and representing colleagues over the course of the year.

Before Dr Horgan's departure, she was presented with some tokens of appreciation from the CUMH leadership team. Professor John R. Higgins, Clinical Director, Ireland South Women and Infants Directorate, Miriam Lyons, General Manager Head of Operations, CUMH and Gráinne Moloney, Business Manager, CUMH presented Dr Horgan with a commemorative medal to honour her hard work throughout the COVID-19

pandemic and 'Born in Cork' to remind her of her time spent in the 'real capital' before returning to Dublin. We wish Dr Horgan all the best for the future, and we hope to see her again soon.





## Midwife in the making 2022 meets with the President of Ireland

**Pictured above:** Jess Sheahan, Health Care Assistant in Maternity Services University Hospital Kerry speaking to the President of Ireland Michael D. Higgins.

It was a great privilege for Jess Sheahan (Health Care Assistant in Maternity Services University Hospital Kerry) to be invited to the President's reception for St. Patrick's Day. Jess was over the moon when she received the emailed invitation to represent future Midwives from Ireland South Women and Infants Directorate.

The reception was held to recognise and acknowledge all the heroic work our frontline Nurses, Midwives and Carers have done in the last two years. It was a wonderful setting in Aras on St. Patrick's Day, and it was much appreciated by all who attended.

"To meet the President was so humbling, and I feel so privileged," Jess says. Working alongside her colleagues has inspired her to undertake midwifery training in 2022. She wished to thank Sandra O'Connor (Director of Midwifery), Mary Stack Courtney (Clinical Midwife Manager 3) and her Midwifery/Nursing colleagues for their support and belief in her.

President Michael D. Higgins gave the opening address at the reception:

"Tá áthas orm agus ar Sabina fáilte a chur romhaibh go léir ag Áras an Uachtaráin agus muid ag ceiliúradh ár Lá Náisiúnta,

Lá Fhéile Pádraig, Patrún Naomh Pádraig Éarlamh na hÉireann.

Sabina and I are delighted to welcome you all here today to Áras an Uachtaráin as we celebrate our National Day – St. Patrick's Day – the feast day of our patron Saint, Patrick.

St. Patrick's Day is an important occasion for Irish people around the world as we come together as one global family to celebrate our shared culture and heritage, and to reflect on the life of St Patrick – himself a migrant like so many other Irish.

It is also a day when Sabina and I welcome here to the Áras, in order that we might celebrate together this significant day and the values embodied in the life of St. Patrick, groups of citizens who have impacted generously on our society. Those values are, of course, the values of solidarity, friendship and concern for his fellow citizen, values that I know are a driving force in the lives and careers of those who join us here today.

Indeed, this year we are delighted to welcome representatives of a profession whose work and contribution throughout the Coronavirus pandemic has been extraordinary. The past two years have highlighted the remarkable and vital impact that nurses, midwives, carers and indeed all those who work

in the healthcare sector have on our society.

In 2020, at the very outset of the Pandemic, the first event in Áras an Uachtaráin to be cancelled was our St Patrick's Day Reception intended to mark the Year of the Nurse and Midwife. It is a great if belated pleasure to now have the opportunity to honour that commitment, and to meet with you all here today.

I am delighted that representatives from the Nursing and Midwifery Board of Ireland are among those in attendance at this event. Sabina and I have, for a number of years, hosted an annual 'Latch On' morning at Áras an Uachtaráin as part of National Breastfeeding Week, to which we invite up to 100 breastfeeding mothers and their babies.

We welcomed, last month, the significant and important report from the World Health Organisation and UNICEF examining how marketing influences decisions on infant formula. We have long been concerned about the enduring repercussions of a sustained marketing campaign throughout the earlier part of the twentieth century aimed at promoting formula feeding. This seminal report, the largest of its kind to date, with data from 8,500 women across eight countries, will, we greatly hope, assist the dissemination of

honest and factual information around the benefits of breastfeeding and a reversal of the damaging consequences of a marketing practice guided by industry interests.

You, of course, have done significant work to encourage and support more women to breastfeed their babies and to create an environment where the healthy development of our children is not endangered by the economic goals of large international industries, or by cynical and aggressive advertising and promotions, aimed at young mothers and peddling nutritionally inaccurate information. May I take this opportunity to thank you for that generous work.

I also thank all of our nurses here today, and those who work directly with our patients and keep our institutions healthy, for the values of courage and compassion they have demonstrated time and time again throughout the unprecedented challenge of Covid-19. Your professionalism and great dedication has been critical in helping us to meet that challenge, and you are so deserving of our gratitude and appreciation. Some of you may have been called on to play a very visible role in our hospitals, battling at the front line through our struggle against Covid. Others amongst you may have been less visible but have played an equally altruistic and critical role during

this challenging time, putting your health and lives at risk as you cared for others.

That spirit of compassion and care continues to lie at the core of the nursing profession, despite the rapidly evolving role of nurses in the Irish healthcare system in recent times. Yours is a role that has grown and developed, and you are now charged with responsibilities and the making of complicated clinical decisions that were once the strict preserve of doctors. Once viewed inaccurately as assistants to medical professionals, nurses today are recognised as healthcare professionals in their own right. The qualifying pathway you must follow, the scope of policies and practices to which you must adhere, the structures within which you work, and the principles of care which guide that work have all changed quite dramatically in recent decades.

Today, nursing is a profession which plays a critical role in the implementation of patient-centred care and the delivery of effective primary care services. There are many specialised areas of nursing which you can pursue, and a wide variety of nursing programmes, further degrees and certifications required as you continue to follow your chosen vocation. Indeed, the World Health Organisation has cited Ireland as an important example of how nurses and midwives can help

expand access to health services, while also reducing the work burden on primary care doctors, leading to better delivery on patient needs. That is an endorsement of which you can all be very proud.

Technological and scientific advances, and the changing health needs of our citizens, have also brought significant change to the role of nurses in our healthcare settings. With such advancements come complex ethical questions, dilemmas, and decisions. You are therefore required to work in increasingly multifaceted environments, while continuing to put patient care at the centre of all you do.

While the role of nursing may have changed considerably, the instinct that prompts those to enter this profession remains unchanged. That great spirit of compassion that has always lain at its heart remains, and will always be, I hope, one of its most important attributes.

As we come together on this day of celebration, I am so delighted to have the opportunity to pay tribute to you for the dedication and commitment you continue to bring to your vital work in our constantly changing and evolving society. I have no doubt, as we begin to take tentative steps towards

a post-pandemic world, that your role will once again evolve and adapt to that different world. I also have no doubt that you will rise to those new challenges with the generosity of spirit and great sense of solidarity that defines all you do.

Mar fhocal scoir is mian liom mo bhúiochas a ghabháil libh ar fad as teacht anseo inniu, agus guím beannachtaí na Féile Pádraig oraibh ar fad.

May I conclude by thanking you all for coming here today and wishing you a very happy St. Patrick's Day.

Finally, I would like to thank all those who have made today such a special experience and enabled us to once more have such a celebratory experience in Áras an Uachtaráin on our national Saint's Day. I thank members of Jiggy for the beautiful music performed today, as well as Mary Beth Taylor who will be performing Sean-nós dancing later, and harpist Denise Kelly, as well as our first-aiders, and the staff here at the Áras who have all worked so hard to make today a success.

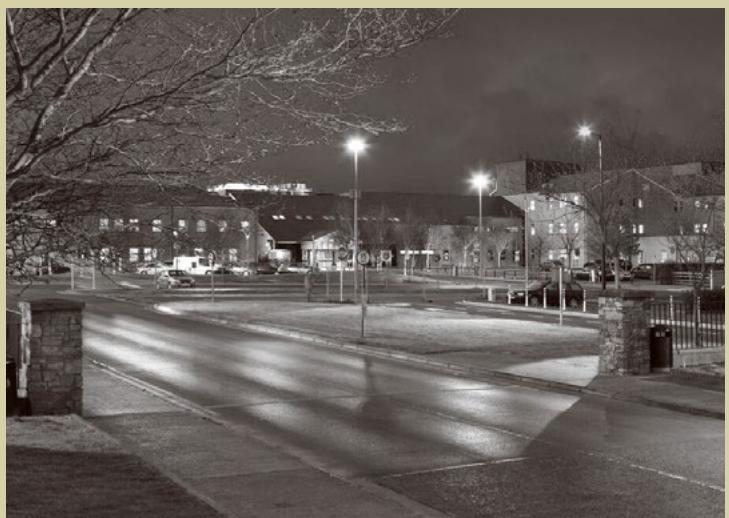
Go raibh míle maith agaibh go léir"



Cork University Maternity Hospital



University Hospital Kerry



University Hospital Waterford



Tipperary University 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 **Elaine Harrington**  
on email: [eharrington@ucc.ie](mailto:eharrington@ucc.ie)

Articles for inclusion in the next newsletter must  
be submitted no later than **12th July 2022**.

**IRELAND  
SOUTH**  
WOMEN & INFANTS  
DIRECTORATE

**UCC**  
University College Cork, Ireland  
Coláiste na hOllscoile Corcaigh

