

UltraNews

eNewsletter of Ireland South Women & Infants Directorate



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Welcome to the Summer edition of UltraNews, the Ireland South staff newsletter

IMPACT OF HSE CYBERATTACK AND COLLABORATION ACROSS OUR NETWORK

Welcome to the Summer 2021 edition of UltraNews, an issue dedicated to the extraordinary times we find ourselves in. At this stage, it appears trite to say we have experienced an unprecedented interruption to service delivery due to a coexisting pandemic and cyberattack.

However, what we can never say too often is how thankful we are for the unrelenting determination of our staff to innovate and find ways to get things done; how appreciative we are for your dedication to patients and to supporting one another; and how important it is to not take such work and dedication for granted, as we plan for the remainder of 2021 and beyond.

Once news of the cyberattack hit on 14 May 2021, contingency plans came into play and we adapted to the situation in hand; yet no plan

ever foresaw a situation where all IT systems would be down for weeks at a time. The impact of the cyberattack has seen us go back to basics – back to paper, phone and even fax at times, with limited equipment and resources available. Prior to the cyberattack we often faced difficult situations, such as giving people bad news or difficult diagnosis. However, the additional layer of not having the usual ‘go-to information’ to fully inform patients and decision making, has put these difficult situations into a different league. To say things have been pretty stressful is an understatement.

In **University Hospital Waterford (UHW)**, it is interesting to hear from Colette Cunningham, Senior Neonatal Intensive Care Nurse and learn how the unit continues to collaborate, despite the pandemic and cyberattack.

We congratulate our Clonmel colleagues in their hospital deservedly achieving university hospital status. **Tipperary University Hospital (TUH)** is the new name to use. We welcome Fiona Cheasty as the new Business Manager to TUH. Fiona started in April 2021 after nearly 20 years in UHW, and will be instrumental in supporting improvements and enhancements to service delivery in Clonmel.

We also welcome Caitriona Heffernan to the new role of Innovation Programme Lead for Ireland South Women & Infants Directorate. Caitriona will be working closely with the Health Innovation Hub of Ireland (HIHI) to introduce new products, technologies and innovative solutions that represent value to our patients, staff and the wider network.

University Hospital Kerry (UHK) have successfully opened community outreach clinics in Listowel, Killarney and Dingle enabling women to access care in the community in line with the 2016-2026 Maternity Strategy.

Congratulations to Professor Eugene Dempsey, Consultant Neonatologist in **Cork University Maternity Hospital (CUMH)** who was recently appointed to the first Chair in Neonatology in

Ireland thanks to a significant gift by a UCC alumnus, supporting clinical and research capacity at the INFANT centre.

As we head into the latter half of 2021, it is worth reminding ourselves that COVID-19 is far from over; we are still living through an historic pandemic and our efforts need to continue to be viewed as a marathon rather than a sprint. I remain immensely proud of all colleagues in our network as we continue to work with such a sense of purpose and togetherness. We are privileged to work together to provide care to the women, babies and families in our region.

John R. Higgins
*Clinical Director
Ireland South Women & Infants
Directorate
Professor of Obstetrics & Gynaecology*



Innovating in a crisis: Impact of HSE cyberattack on Ireland South

With healthcare services still reeling from the effects of COVID-19, the unthinkable happened. On 14 May 2021, a cyberattack brought, in the words of HSE CEO Paul Reid, “unimaginable strain, duress and extreme high risk” to the country’s health system.

The HSE responded by shutting down more than 85,000 computers nationwide to contain the attack, causing significant disruptions to services.

Across Ireland South Women & Infants Directorate, staff went into overdrive to ensure continuity of care. Ironically enough, Cork University Maternity Hospital (CUMH) and University Hospital Kerry (UHK) were impacted hardest due to being more digitally advanced, as electronic healthcare records for patients are managed via the Maternal and Newborn Clinical Management System (MN-CMS). While contingency plans were already in place, no contingency plan foresaw weeks of outage without tools to support care.

CUMH and UHK had to literally switch to a paperbased system overnight, so care and services could continue for women coming in to have their baby and for patients having surgery. Staff in all hospitals worked late nights and weekends to get on top of things, to get workarounds in place, rotas created and workflows confirmed. Mammoth tasks in extraordinarily short timeframes.

Professor John R. Higgins, Clinical Director Ireland South Women & Infants Directorate noted: *“Staff across Ireland South Women & Infants Directorate have shown amazing resilience in dealing with the HSE cyberattack while simultaneously dealing with the COVID-19 pandemic. They have demonstrated great creativity and have developed many innovative workarounds in order to continue to deliver the safest possible care in extraordinarily difficult circumstances. The increased stress and workload on staff has been significant and the return to a functioning IT system will bring additional stresses and risk before it brings a return to relative normality.”*

Dr Brendan Murphy, Clinical Lead Neonatology Ireland South Women & Infants Directorate, highlighted the huge multidisciplinary effort that has been required to keep things going:

“The willingness of staff right across the board to pull together and get systems in place to ensure continuity of patient care has been outstanding. Administration teams have been working around the clock, porters have been run ragged, clinical teams have been stretched as they continue to provide care while carrying great anxiety about risk areas outside of their control. It’s a true heroic effort by all.”

Here is a snapshot at how our maternity units and hospitals in Cork, Kerry, Waterford and Tipperary have been dealing with the situation.



IMPACT ON EMERGENCY DEPARTMENTS

Right across Ireland South, emergency departments remained open for all obstetric and gynaecological emergencies, but delays continued, as IT systems in the labs and radiology departments were effectively shut down.

In CUMH, scanning could continue as images could be backed up on the machines themselves, without the need to use the PAC system, which is usually used as the database archive for imaging.

IMPACT ON COVID-19 VACCINES FOR PREGNANT WOMEN

Luckily, CUMH had access to pre-existing lists of pregnant women based on gestation, as these had been put together and printed in advance of the cyberattack. These lists were used to contact thousands of expectant mothers individually and discuss the vaccine, with those in later gestations and in high risk groups prioritised. Approximately 350 - 400 calls were being made or received by CUMH staff on a daily basis!

UHK were able to access the medical dictation system T-PRO to generate lists. T-PRO is a newly adapted system that enables efficient dictation of letters and is used to support clinics, based on a cloud system. As names and numbers of pregnant women were available in this system, contact lists could be created for the vaccine. UHK also contacted local GPs to ensure they let pregnant women know they would be contacted and offered the vaccine.

In Tipperary University Hospital (TUH) and University Hospital Waterford (UHW), teams were put in place to go through patient records manually and contact women one-by-one in order of priority – a time-consuming but necessary exercise. Lists are then sent to the relevant vaccination centres each week, for follow-up. In general, uptake on the COVID-19 vaccine for pregnant women is estimated at between 40 – 50%, lower than expected.

Patients in all maternity units in Ireland South are also being directed to a specially designed website on COVID-19 and pregnancy, which also includes questions regarding the vaccine in easy-to-understand language: <https://coronavirus.irelandsouthwid.ie/>

IMPACT ON PATIENT RECORDS

The iPIMS (Integrated Patient Information Management System) ceased to work for all hospitals on 14 May 2021, which impacted access to patient demographic details including their MRN (Medical Record Number) and date of birth, as well as access to appointment schedules and patient pathways. This meant that all admissions, discharges and transfer details had to be manually recorded. Due to the volume of patients in CUMH, it was particularly challenging to create an accurate Excel template to capture patient details for backloading purposes, as well as having a census check on patients currently in the hospital to hand, important for emergency evacuation situations.



New patients and babies had to have contingency MRNs created and these will have to be merged back into iPIMS in due course. The iPIMS system started to come back online in all our maternity hospitals at the start of June, starting with designated PCs.

While all maternity hospitals in Ireland South were impacted by iPIMS, it was CUMH and UHK who were impacted the most by the shutdown of MN-CMS, leading to a lack of access to patient electronic healthcare records, including clinical histories.

The MN-CMS initially shut down on 14 May, moving to read only access at the end of May thanks to the immense efforts by support staff both locally and nationally. While the digital patient records were inaccessible, CUMH and UHK had to transfer overnight to a paper based system – an incredibly complex task given that staff were used to the digital system for many years. Women were asked to bring any medical documents they might have to appointments, helping staff add to the paper charts being created.

As TUH and UHW do not have MN-CMS in place and already operate on a paper-based system, these charts were accessible. Delays were experienced due to the slow return of lab results and reduced visibility of radiology reports.

IMPACT ON GYNAECOLOGY OUTPATIENTS

Due to reliance on electronic healthcare records in CUMH and UHK, patients experienced significant disruption as all non-urgent and routine gynaecology outpatient appointments were cancelled for the remainder of May and early June. It's particularly distressing for patients who must continue to wait for investigations, to see what may be wrong.

In UHW and TUH, despite initial delays, clinics could resume after approximately a week of cancellations, due to the existence of paper based patient records.

IMPACT ON OTHER CLINICS

All other outpatient appointments continued in Ireland South including antenatal and neonatology outpatient

appointments, despite the lack of vision on what patient was due to turn up. Innovative measures had to be employed. For example in the CUMH Neonatal unit, staff initially relied on the medical dictation system T-PRO to generate lists for clinics. They were also able to contact patients based on the available information and ask them questions regarding their medical histories to prepare for the appointments in advance. They also asked patients to share their GP details so that they too could be contacted for additional clinical history data, as this was no longer accessible when MN-CMS was down.

In TUH, as all clinics are based a distance away from where the paper patient charts are kept, a 'runner system' was put in place. Administration and maternity staff took it in turns to 'run' from the clinics to retrieve patient records as the patients turned up for their appointments – a manual but effective system that also increased steps and fitness levels!

Across the board clinical processes had to slow down to accommodate the time consuming workarounds that had to take place.

IMPACT ON RISK TO PATIENTS

In the absence of the usual IT systems, including no access to laboratory records, impaired access to timely diagnostic tests and in the case of CUMH and UHK, no access to clinical histories for a number of weeks – clinical risk significantly increased to patients. The risk of harm increased through the potential for inadvertent clinical error, delayed diagnosis and delayed treatment.

A paper-led system over a computer system poses additional risks to patient safety. For example, handwritten labels on blood samples adds potential risk to care. For hospitals that relied on MN-CMS, the return to paper also brought additional concerns. For example writing

prescriptions became a concern for pharmacists who had to take extra care to manually calculate the correct medication doses for infants. The possibility of human error creeping in was a constant worry, and so extra care needed to be taken to double and triple check everything to mitigate this risk.

Luckily, no adverse outcomes have been reported during the cyberattack to date. Having said that, new risks are emerging for patients due to appointments being deferred, as scheduled procedures can also become urgent.

IMPACT ON STAFF

The HSE cyberattack has not only had an enormous impact on the provision of health care to the public, it has also had an enormous impact on staff. The shutdown of important IT systems has brought significant additional workload and stress to a normal working day. As one midwife put it – "we've gone from Covid weary to cyber weary!"

CUMH and UHK hospitals had to introduce additional rigor to check for women's prior treatment in the absence of historical clinical data and to ensure workflows are in place for routine follow-ups. Extra time was taken to ask questions in order to get as accurate an history as possible and where possible, GPs are also contacted so data can be shared. Nevertheless, it's a real worry for staff to know that clinical error is greatly enhanced due to a lack of access to clinical notes and results.

With many staff already working in stressful environments, the cyberattack meant that they had to make decisions without the usual supports such as access to lab results and radiology imaging. This is particularly noteworthy in our neonatal units, where staff care for the most vulnerable - premature babies. They felt very exposed due to the increased

risk posed by working in a critical care environment without the usual important information to hand. With this safety net pulled out from under them, they had to make decisions on care while carrying with them an unshakeable anxiety on risk areas outside of their control.

Staff are also exhausted having had to deal with the pandemic for close to 18 months to date. The additional stresses placed on an already stretched workforce, where significant deficits exist, is a real concern.

IMPACT OF LACK OF ACCESS TO LAB RESULTS AND IMAGING

Again, hospitals with modern systems in place were the ones hardest hit by the cyberattack. Labs in Cork and Kerry faced unprecedented pressure from all clinical areas. Access to blood results was severely restricted until the start of June and access to imaging has been limited. In CUMH, a system of 'runners' was employed to bring results from the lab in CUH to CUMH in order to be sorted and clinically assessed. In UHK, staff had a limited view of ultrasound scans for the previous six months and also had limited access to lab results.

UHW and TUH did not experience as big an impact on access to lab results. Both maternity units could access historical results through the legacy APEX system, which acted as a localised back-up and duplicated records while not interfacing with HSE servers. As a result, UHW and TUH have been able to get access to lab results within a week of the cyberattack. UHW are particularly grateful for the unwavering support from their lab in prioritising and addressing maternity needs.

IMPACT ON THEATRE

In the first week following the cyberattack, CUMH continued with elective and urgent procedures, however, due to capacity and issues with access to the pathology lab, this was reviewed. In the last week in May in

CUMH, routine gynaecology cases were cancelled apart from urgent cases such as cancer and post-menopausal bleeding (PMB) cases. Up until early June, elective Caesarean sections and procedures relating to complications of miscarriage continued.

In CUMH and UHK, to mitigate risk in relation to patient surgeries, each patient was risk assessed based on limited information available in written theatre lists. Calls were also made to each patient and their GP to double check patient histories prior to surgery taking place.

In UHK, reduced gynaecology theatre lists went ahead as long as anaesthetics were happy to operate in the presence of limited information.

In TUH, theatre lists were cancelled the first week and have been returning gradually since then.

In UHW, theatre lists were deferred the first Monday following the attack and then managed to continue without disruption. Time critical urgent surgery continued throughout.

IMPACT ON COMMUNICATIONS

The cyberattack immediately halted digital communications in general. For example, communications were halted between GPs and PHNs (Public Health Nurses) and multidisciplinary teams in all hospitals. It wasn't just email that ceased to work, the HealthLink system which facilitates online referrals from GPs also stopped working. As a result, referrals need to be managed carefully and processes agreed with different groups to safely manage referrals throughout the system.

Digital communications in and out of each hospital also had to find effective workarounds. For example, maternity hospitals are obliged to register every birth. In the absence of digital systems, birth registrations returned to paper and fax.

Internally, the absence of email greatly impacted the ability to communicate efficiently. For example, in CUMH, as multidisciplinary teams could no longer share information via email, the imaging teams had to call consultants to discuss care, with imaging regularly shared via USB keys and memos shared via Whatsapp.

Access to printers was also impaired. Innovative workarounds had to be sought. For example, the CUMH Neonatal Unit not only had no access to printers, but also had no access to imaging – as a result iPads were used to take a screenshot of X-ray images as they took place, in order to have a photo available on the unit for clinical staff to access when needed.

In UHW, maternity staff were very grateful for the additional administrative support that was offered to support staff in tracking the movement of patients in and out of the service.

IMPACT ON HSE IT TEAMS

The CUH IT department was supported by UCC IT department, the Army and Cerner (team that support MN-CMS) to assist in getting computers back in operation. These teams had to go through each individual computer in CUMH to clean it of the virus.

In other maternity units in Ireland South, IT teams offered maternity services excellent support. Local IT teams in turn were supported by additional staff to help them with the immense task of clearing computers and laptops one-by-one.

It is worth noting that nationally, the HSE IT infrastructure consists of around 2,000 systems across thousands of separate locations. This is requiring painstakingly detailed on-the-ground work to restore and rebuild the network piece by piece.

HSE email systems started to come back online the first week in June.

IMPACT ON PAYROLL

Ensuring staff continued to get paid was a priority. Payroll teams had to work weekends to ensure people could still get paid despite the IT systems being down. For example in Cork, payroll staff need to collate printed excel sheets of hours worked and shifts covered and translate this into data that the external payroll company can act upon to ensure everyone gets paid on time.

Unfortunately, overtime, travel and subsistence was not paid at the start, but all outstanding payments are to be paid when systems are back up and running.



5 MAY 2021: INTERNATIONAL DAY OF THE MIDWIFE

Midwives and staff came together on International Day of the Midwife on 5 May 2021 to celebrate, acknowledge and thank the midwifery profession. To help decide on activities, we ran a survey asking midwives to choose their top three preferences for activities on the day. We had approximately 70 responses to the survey and the five activities that received the most votes were:

What should we do to celebrate 2021 Year of the Midwife and Nurse?	Votes
Celebratory refreshments	67%
Hamper/voucher prizes for a midwife raffle	62%
Media coverage on 5 May	54%
A 5k walk for IDM2021	49%
Certificate for babies born on 5 May	46%

To remind the public that Ireland South is made up of four different maternity units/hospitals, a tweet celebrating International Day of the Midwife featured a number of photos of midwives from each of our maternity hospitals/units in Cork, Kerry, Waterford and Tipperary.



Pictured above: Staff in UHK avail of a coffee and ice-cream for International Day of the Midwife and Nurse and celebrate with a specially designed cake

Celebratory refreshments

As celebratory refreshments were the top item voted for in the survey, all maternity hospitals/units in Ireland South celebrated International Day of the Midwife with goodies of different sorts, sponsored by Ireland South. In UHW, staff availed of specially created cupcakes served with refreshments on the wards. In CUMH and UHK, a coffee/ice cream van was on hand for staff who exchanged vouchers for their refreshments.

In TUH, staff availed of the lovely artisan coffee stall called Fodder, converted from a horsebox on the grounds of Hotel Minella. Staff arrived at the coffee stall following a walk along the river on the new Blue Way that runs from Cahir to Carrick-on-Suir and some even brought their children to the playground near-by too. Luckily enough, the sun was smiling down on everyone on the day and so many could enjoy the celebratory refreshments outside with colleagues.



Pictured above and left: Staff in CUMH enjoy the icecream and coffee on hand for International Day of the Midwife 5 May 2021



Pictured below: UHW staff celebrate International Day of the Midwife, 5 May 2021 with cupcakes, sweets and refreshments



Hamper/voucher prizes for a midwife raffle

Each maternity hospital arranged for a raffle to take place, with prizes including a number of €100 One4All vouchers donated by Ireland South, as well as a number of gifts offered by local businesses. Winner of €100 One4All vouchers included:

TUH: Sandra Hickey, Theatre Nurse
 UHK: Edel O'Sullivan, Midwife
 UHW: Isabella Beville, Midwife
 CUMH: Janet Baby Joseph, Midwife 2 South
 Therese Harding, ER
 Vicky Manning, Delivery Suite
 Mary Cullen, NNU

Pictured below: Prizes donated to CUMH from local Cork businesses including Bloom beauty, Candlemania, Incredible Edibles and Penneys in Wilton. Thanks to CUH Charity for sourcing these prizes



Certificate for babies born on 5 May 2021

We took inspiration from UHK's certificate for babies born on 5 May and created an Ireland South certificate with each hospital's name on it. These can now be used every year to be given to babies born on International Day of the Midwife on 5 May and signed by their midwife.



Midwife walks

UHK organised a lovely 5km forest walk in Glanageenty, known as a 'hidden gem' amenity situated between Tralee and Castleisland. Staff undertook the walk throughout the week to raise funds for Féileacáin, in loving memory of Mary Cotter.



Pictured above: UHK staff take part in the Glanageenty walk for IDM2021 while also raising funds for Féileacáin in loving memory of Mary Cotter



Tipp on the telly!

Pictured above: TUH staff take part in a walk along the Blue Way to raise funds for their Special Care Baby Unit, dressed in Call the Midwife costumes from the 1960s-set television drama

Staff at Tipperary University Hospital (TUH) in Clonmel marked the occasion by holding a walk along the Blue Way to raise funds for the facility's Special Care Baby Unit, dressed in 'Call the Midwife' costume from the 1960s-set television drama.

"Having a baby is such an important time in everybody's life and then for ourselves, we've got our own families at home and our own worries and concerns coming into the healthcare environment. But that's what teamwork is all about. The hospital has been really great and there's been lots of support across the services."

The fun spectacle was captured by RTÉ for the television news on 5 May 2021, which was a fantastic way to celebrate the midwives and raise the profile of the profession.

Dr Dora Butnaru, a registrar in obstetrics and gynaecology at TUH, said 5 May was about midwives and recognising their contribution: "They are the most important people in our service... so after this rough year we decided to give them a little bit of love. Why not? And it's for a good cause too – for our special baby care unit. And we're having a bit of fun!"

"It's to recognise midwifery within the healthcare system," said Sinéad Heaney, Director of Midwifery, TUH.

"The pandemic has highlighted the importance of midwifery to the care of women during their pregnancy and during labour... and we also wanted to bring a little bit of fun back into our lives at the moment."

As media coverage was high on the list of activities voted on by staff, we also arranged to have a full page feature in the Times on 5 May. After more than a year of the COVID-19 pandemic, it was time to acknowledge how the profession has had to adapt to the impact the virus is having on care and giving birth.

Sinéad said the last year and a quarter have been 'extremely tough' for all concerned, with the COVID-19 restrictions hanging over everything.



Ireland's midwives: 'It is scary. The pandemic is not the nicest time to be having a baby'

Adapted from an article by Sheila Wayman, *The Times*, 5 May 2021

No woman forgets her midwife. She might not recall the name, or even the face, but she will probably remember how that healthcare professional made her feel.

"We're with people when they are most vulnerable and when they are at their strongest. It's an amazing balance," says Naomi O'Donovan a 40-year-old midwife at Cork University Maternity Hospital (CUMH), where about 7,500 babies are born a year.

The role of midwives has been amplified during the pandemic, as they have had to cope both with safeguards against the coronavirus and the need to offer extra support to women coming in with heightened anxiety and without partners.

Hospitals not allowing partners to attend until the later stages of labour and then only remain for a short time after birth has had repercussions for staff as well as the couples themselves.

"Amongst all the handwashing, the masks and the PPE you still feel so vulnerable and conscious of every act you do in terms of reducing the risk of infection," says O'Donovan. "It's been so much on our minds." Yet, when with a woman labouring, "you do close the door on that and carry on doing what you have to do. It's so different but also very much the same."

Fear is a big barrier and these have been more anxious times, not only for expectant women but also those caring for them. The

threat of infection isn't new to midwives, she points out, "but the level of it was really overwhelming", particularly at the outset.

"We were worrying about what we were bringing in from home and what we were bringing home with us. You're worried about keeping the woman safe and you're worried about when you go home and get into the car 'did I clean my phone? Did I clean my glasses?' It has taken up a lot of mental space for everybody."

O'Donovan has recently joined the midwifery-led DOMINO team at CUMH, after seven years working in other roles there. The continuity of care that this system offers women having a normal pregnancy gives both sides a chance to get to know each other and facilitates an early discharge from hospital, with follow-up care at home.

"It's the absolute bones of being a midwife, so I love it," enthuses O'Donovan.

The value of building a trusted relationship is reflected, she believes, in statistics for the DOMINO caseload at the CUMH for 2020. They showed only 11 per cent of women ended up needing a Caesarean section and the breastfeeding initiation rate ranged between 80 and 90 per cent.

"That gave me a little sense of pride; through all this we have still helped women to maintain normality."

Physiological model

In recent decades, Ireland has had a very medicalised, obstetric approach to birth. Whereas the other approach is the physiological model, where midwives lead the way. It recognises that most women go through pregnancy, labour and birth as a normal physiological function and,

while they need healthcare support, only a minority need medical intervention.

The first National Maternity Strategy (2016-2026) highlighted the physiological model and yet, five years on, many aspects of that strategy have yet to be enacted. There are only two midwifery-led units in the Republic, and the one in Cavan recently came close to being subsumed into the hospital's consultant-led maternity services.

"We need people to see what we're worth," says O'Donovan. "I always get the sense that the women do appreciate our care; it's the policymakers who need to open their eyes to our virtues."

At her own hospital, at least, the CUH Charity is using International Day of the Midwife to thank midwives "for their strength during this very difficult time". One emerging positive has been the use of online consultations and education, both for parents and for staff in professional development.

As a result, the charity is trying to raise €10,000 for a "soundproof pod" at the CUMH to improve this facility. O'Donovan likes to think she and her colleagues meet women's high expectations of them. But she's not sure anybody can have a realistic expectation of giving birth, only hopes and aspirations, as there is no straight line when a baby is being born.

"It's all little curves and bumps in the road. No matter how well everything goes," she adds, "we still have a little hitch in our breath when we're waiting for these babies to come out and start crying."

Pictured top left: Midwife Naomi O'Donovan at Cork University Maternity Hospital. Photograph: Daragh McSweeney/Provision



Professional and personal lives collide in pandemic pregnancy

Adapted from an article by Sheila Wayman, The Irish Times, 5 May 2021

Neonatal nurse Sarah O'Callaghan has been on both the giving and receiving end of maternity care during the pandemic. She worked through the first 10 months of it, looking after premature babies at Cork University Maternity Hospital, before giving birth to her daughter, Emilia, there in January, at the height of the third wave.

Her latest pregnancy was very different from when she was expecting her twin boys, Theo and Ollie, who are now aged three. First time around was “full of joy” versus “so much uncertainty” when pregnant with Emilia at a time of heightened fear both inside and outside the hospital. As has been the case for most of the 50,000-plus women who have been pregnant in the past year, she had to go to scans alone.

In hindsight, she reckons it was a blessing they were both too busy as frontline workers – Cormac is a member of the Defence Forces – to sit down and worry. With childcare services closed, their main concern was to make sure they worked at opposite times, “one of us coming in the door from a 12-hour shift and one leaving to do one”.

Sarah loves her intense job in the CUMH's neonatal unit and normally “switches off” from her personal life the moment she walks into the hospital. But she will never forget one particular shift during the pandemic when her professional and personal sides collided.

She was 24 weeks into her pregnancy, just past the threshold for viability, and she was assigned to theatre for the emergency delivery of a baby at 24 weeks. The

consultant, knowing Sarah was pregnant, asked her how far on. When he heard she too was 24 weeks, he eyeballed her over his mask, asking “Are you sure you're okay to be here?”

“I said ‘Of course, I've done this for 10 years and I adore it.’” But she couldn't help “thinking I have a baby the exact same size in me at the moment”.

Extra PPE

In theatre that day there was “all the extra PPE, the extra vigilance, the extra concern on everybody's face: if this little baby gets Covid, it's game over. Everyone is just so worried for this precious, tiny little infant.”

But you're trying to balance all the precautions, she explains, with the fact that this is the mother's first baby, and they want to make this once-in-a-lifetime experience as good as it can be in the circumstances.

“Even in the pandemonium I was ‘Mum, have you got your phone?’ Dad couldn't make it on time in the emergency and rush.” Sarah wanted to ensure the mother got “those beautiful photos that she will never be able to get again”.

“Although that baby was born so premature, it was a lovely delivery, if you took the PPE out of the room and everyone's palpable nerves. She still got her lovely photos; she got to do a tiny bit of skin-to-skin. Everybody spoke really calmly and there was music in the background. We tried, in the middle of a pandemic, to give her her birth experience.”

When Sarah's time came, it was a scheduled Caesarean section as Emilia was in a breech position, just as her sons had been. Cormac, who had to wait in the car outside to be called in at the last minute, was terrified

his mobile phone might lose signal and he would miss his child coming into the world.

Partner's support

“The poor men have it very hard as well,” she says. Maternity staff have been under public scrutiny for restrictions on partners' attendance and, while she understands the upset, she says it makes midwives' lives easier too when a partner is there to support the woman. “It is in the staff's best interest to have that woman more settled and more confident.”

Sarah believes the increased emotional support role that midwives have had to take on has taken a toll. “I hate saying the word ‘burnout’ but people are exhausted. I think I was able to appreciate that when I was a patient up in the ward postnatally. The call bells were ringing more than ever before. You could hear first-time mums asking question after question as they had no one else to ask but that midwife.”

“Midwives are there to ‘be with woman,’ they are not psychologists,” she says. “You have got women who have been through a really rough time, a really isolating pregnancy. Their fear and anxiety are huge even before they enter the hospital doors to have their baby. They need those midwives more than ever.”

Naturally for Sarah, leaving CUMH with a healthy baby and her own good health after a post-birth sepsis scare, trumps everything that has happened over the past year.

“The pandemic will just be a tiny blip in our memory in years to come of her coming into the world. She's here forever.”

Pictured top left: Sarah O'Callaghan with her husband, Cormac, daughter Emilia (three months old) and three-year-old twins Theo and Ollie. Photograph: Daragh Mc Sweeney/ Provision



UCC 8th in the world for sustainability impact

University College Cork have ranked 8th out of 1,000 universities across the world in the Times Higher Education prestigious Impact Rankings.

The rankings place it as Ireland's leading university for its impact in working towards creating a sustainable future.

Over 1,000 universities across the world from 98 countries were analysed in these rankings, which examine universities against their commitment to sustainability at an institutional, local, national, regional and global level.

The rankings are a global table that assess universities against their progress towards the 17 United Nations Sustainable Development Goals.

The teaching, research, public engagement and stewardship of universities are assessed to ascertain

their alignment with the global challenges that our world faces.

Last year UCC were ranked 32nd but they have now moved to 8th overall and they finished in the top three in two categories, Responsible Consumption and Production and Life on Land.

"We are proud to be in the top ten universities in the world that are making an impact towards creating a sustainable future for our planet," commented Professor John O'Halloran, Interim President of UCC.

"Over a decade ago, and together with our students, we set this university on a path that could inspire and lead change. Our teaching, research and public engagement has been assessed as world class and we are proud to be Ireland's leading university making an impact towards a sustainable world."



University Hospital status for Tipperary University Hospital

Originally published on Tippfm.com on 20 May 2021

The elevation to University Hospital status for South Tipperary General is seen as a major boost for the facility.

The Clonmel hospital is partnered academically with UCC.

General manager of Tipperary University Hospital Maria Barry says the upgrade should make a difference when it comes to attracting and retaining staff.

"We are training a significant amount of students – a significant amount of the workforce of the future so I think it is only timely that the hospital in Clonmel is recognised as a University Hospital."

"It will add to the recruitment and retention of staff. I think people always want to work in those centres that are clearly linked with academic partners and while we're linked to UCC, we also have students coming from UL, WIT and UCD, so it's time that the hospital was recognised."



Welcome to Fiona Cheasty

Business Manager, Maternity Directorate, Tipperary University Hospital

Previous positions with this hospital

This is my first position in Tipperary University Hospital (TUH). I started in April 2021 and prior to my appointment, I worked for 19 years in University Hospital Waterford (UHW). During my lengthy time in UHW, I worked in a variety of roles including; Ward Clerk, Consultant Secretary, Admin Assistant, Deputy Porter Manager, Healthcare Records Manager and Switchboard/Clerical Payroll Manager. I also worked for a brief time, as Regional Employee Relations Advisor for the South East, based in Lacken, Kilkenny. I completed my Hons Degree in Human Resource Management in 2011 and obtained my Masters of Business in 2020. I completed both my degree and masters part-time whilst working full time. After I completed my Masters I honestly felt I would never study again - but now let's just say never say never!

Key role responsibilities

My role involves working closely with the Clinical Lead for maternity services in TUH, the General Manager and the Director of Midwifery. The role also encompasses building close working relationships with all main stakeholders throughout TUH. I participate in and lead project working groups and represent the department on committees and groups as required. I also work closely with the quality and safety office in TUH regarding serious incidents and identifying risks for escalating to the risk register. In my role, I need to understand internal and external factors that can affect service delivery, including both national and local issues. I suppose our most recent example of

this is the HSE cyberattack which has had a profound effect on all services.

What is your key focus over the next 3-6 months?

My primary focus when I started, was to get a feel for services as they currently exist, including the variation in staff grades/specialities. This has given me a better working knowledge as someone new to not only TUH, but also to maternity services. At the moment, my key focus is to drive the establishment of ambulatory gynaecology services in TUH. This is to be a consolidated services approach, providing a 'one stop-shop' service for women in terms of having all relevant tests/procedures carried out in one day.

I also aim to reconfigure our obstetrics and gynaecology clinic settings into one designated outpatients (OPD) area for women. There are also some practical changes I would like to make to our labour ward and maternity floor, with the focus on our patients and their comfort while an inpatient. I am dedicated to improving all aspects of our patient's journey through our services.

Can you give us three things on your 'bucket list'?

- I am a lifelong Manchester United supporter and prior to restrictions, my husband and I attended games 4-5 times per season. I hope to one day become a season ticket holder.
- Learn to speak Spanish.
- Learn how to play guitar!



Pictured above in CUMH. 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!)

Ireland South Green Group: First nine months

by Cathy Burke, Consultant Obstetrician and Gynaecologist

Ireland South Green Group was established in September 2020 with representation from all four maternity hospitals in the Ireland South Women & Infants Directorate. This group was formed because we believe it is important to provide strong leadership towards making the world a better place for the babies born in our maternity units to grow up in. Ireland South Green Group comprises 20 committee members and currently has over 30 Green Advocates, with this number expected to increase in the coming year.

An Energy Awareness Survey was carried out in CUMH towards the end of 2020. This demonstrated that 80% of staff thought that there was significant energy wastage at work, with lights and computers being left on as major issues. A Register of Opportunities is currently being established to make changes towards a more energy-efficient organisation.

It has been an energising first nine months for the Ireland South Green Group and we have identified so many things that can be changed for the better. We 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.

PAPER

- CUMH have moved from virgin paper to recycled paper for general use. We estimate 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 has also commenced.
- We are currently working to reduce wasted paper from printed maternity discharge summaries.

- We are working towards eliminating printed laboratory reports being sent to our outpatient departments and wards. These are unnecessary due to the laboratory results being automatically uploaded to the electronic healthcare record (EHR).
- Our consultant staff have cancelled subscriptions to non-essential medical publications.

PLASTIC

- Paper bags have replaced plastic bags initially used in the provision of staff masks in CUMH.
- Individual bins have been 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.
- To eliminate plastic water bottle use, new water dispensers have been installed in meeting rooms at CUMH and plastic water bottles will no longer be provided for hospital meetings.
- We have sourced shorter Entonox breathing circuits for use in the labour ward. We estimate that, once approved by hospital management, we will save 3km of plastic tubing annually. This amount of tubing would stretch between CUMH and Cork city centre!
- We have eliminated single-use plastic cups and cutlery from our coffee shop.
- We have proposed more 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.
- We are researching a move to recycled plastic bags for all waste disposal.
- Surplus plastic tubing in the ambulatory gynaecology clinic at CUMH is being sent to the operating theatre for use for anaesthetic suction machines.



WASTE

- Additional bins for general waste, recycling, compost and glass, together with appropriate signage have been procured throughout the hospital.
- A newly-purchased triple-compartment bin allows waste segregation correct disposal of our compostable coffee cups, lids and cutlery.
- Bin locations and placement comply with the EPA Waste Bin Provision and Placement guidance.
- A waste management standard operating procedure (SOP) has been 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 is circulated to staff via the hospital email system on an intermittent basis with regard to switching lights and electrical devices off after use.
- Stickers have been distributed to all departments as reminders to staff of the above when leaving their offices.
- We are exploring the possibility of solar panel installation on the rooftop of CUMH to provide a portion of our energy use from a sustainable source.

Communication with staff members is a very important aspect of our work. An introduction to the group has featured on the Spring 2021 edition of UltraNews and our work has also been the subject of a recent Grand Rounds presentation. We have generated a Green Group email in CUMH to which staff are encouraged to email suggestions for change. We will propose some permanent signage through the hospitals in relation to stairs usage and electricity and water reduction.

Ireland South plants trees to highlight climate change

Staff in the Ireland South Women & Infants Directorate, which includes the maternity units of University Hospital Kerry, Tipperary University Hospital, University Hospital Waterford and Cork University Maternity Hospital, gathered to perform tree planting ceremonies in the grounds of each hospital on Tuesday, 30 March 2021.

A native Irish Downy Birch tree was planted to highlight the importance of sustainable healthcare in each maternity hospital, as well as marking the recent establishment of the Ireland South Green Group. The group comprises of staff within the maternity network who have a strong interest in reducing the carbon footprint of their workplaces. This group was formed on the belief that maternity hospitals should provide strong leadership and a good example in making the world a better place for the babies born here to grow up in.

“Climate change and global warming are some of the most important issues of our time, and the healthcare sector contributes significantly” says Dr Cathy Burke, chairperson of Ireland South Green Group.



Pictured above: In Cork University Maternity Hospital Dr Cathy Burke with shovel in hand watched by Professor John R. Higgins, Clinical Director Ireland South Women & Infants Directorate and Ireland South Green Group staff

“Our maternity hospitals are the birthplaces of our future generations. We want to help create a better world for babies born in our maternities to grow up in. We aim to reduce our carbon footprint by reducing the amount of waste we produce, by recycling, and by reducing water and energy use in the workplace while maintaining our usual safe and high standards of care.”

“We have chosen the Downy Birch, a native Irish tree, to plant at our maternity hospitals. In Celtic mythology this tree was a symbol of birth and renewal, so it connects very well with our specialty of Obstetrics and Gynaecology. We hope that by the time these trees reach maturity, our hospitals will have been transformed into carbon-neutral workplaces”.

A video of the synchronized tree planting ceremonies was also created and shared on social channels. You can view it on the Ireland South Women & Infants Directorate YouTube channel.



Pictured above: In University Hospital Waterford, Paula Curtin, Director of Midwifery; Dr Eddie O'Donnell, Clinical Lead and Consultant Obstetrician & Gynaecologist; Janet Murphy, Advanced Midwife Practitioner; Maria Murtagh, Clinical Midwife Manager 3; Dr Azy Khalid, Consultant Obstetrician & Gynaecologist

OUTREACH MATERNITY CLINICS IN UHK

By Joann Malik, Candidate Advanced Midwife Practitioner and Eimear Galvin, Community Midwife UHK

The midwifery outreach clinics commenced in Listowel for the women of North Kerry and West Limerick on 22 March 2021. Since then, we have been successful in accessing locations for antenatal outreach clinics in Killarney and Dingle, commencing on 19 and 21 May respectively. The normal risk woman, who is within the supported care pathway of maternity care, fit the criteria for these clinics.

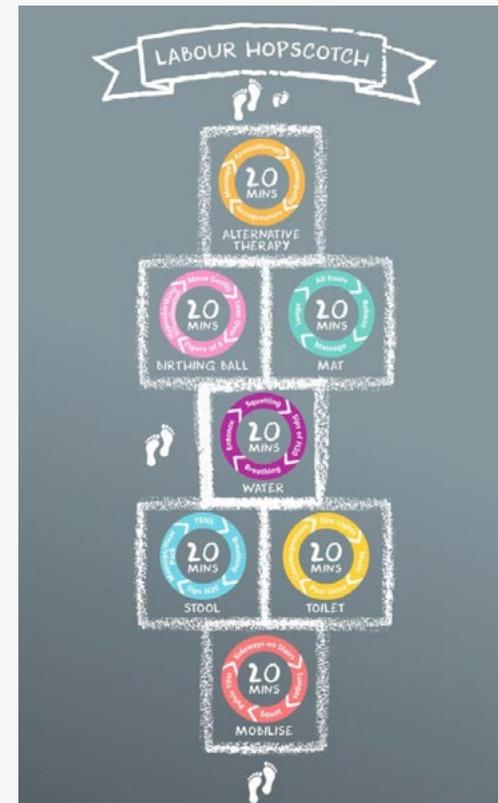
Cora Barrett an expectant mother attending the clinic says, *“It has taken such a weight off my shoulders, knowing that I can quickly come to Listowel for my appointment in a lovely environment and receive the same reassuring care from great midwives, as I would receive in Tralee.”*

The aim is to provide safe, appropriate care, according to the woman’s needs, in a location

close to their home and in line with the national maternity strategy. The benefits of this option are that women will generally meet the same midwife during the antenatal period, with more time dedicated at each visit and so providing continuity of care and carer. In Ireland, it is estimated that 60% of women have normal pregnancies. In view of these figures, increasing the amount of midwifery-led care services would ensure that the appropriate care is given to each woman. UHK Maternity Services is dedicated to implementing further community services in line with the national maternity strategy recommendations. These will include expanding the early transfer home service over 7 days to further streamline early discharge and also introducing DOMINO service at a later date.



Above left: Joann Malik, Candidate Advanced Midwife Practitioner and Eimear Galvin, Community Midwife get ready to visit Listowel outreach clinic. **Right:** Joann Malik, Candidate Advanced Midwife Practitioner with expectant mother Cora Barrett at the Listowel outreach clinic



Above right: Back: Norma Kissane, Shift Leader; Priscilla Lyons, CMM2; Sandra O'Connor, Director of Midwifery. Front: Carol Dineen, Staff midwife; Joann Malik, cAMP; Grace Guerin, Staff Midwife; Marina Moore, Staff Midwife

LABOUR HOPSCOTCH IN UHK

By Joann Malik, Candidate Advanced Midwife Practitioner



On 23 April 2021, the Labour Hopscotch station was installed in UHK Maternity Services. We are delighted to introduce this labour tool to promote optimal fetal positioning, resulting in a more positive birth experience.

Labour Hopscotch is a visual depiction of the steps women can undertake to remain active during labour. The process can start at home, where women start at the bottom of the hopscotch as they are more active and mobile. The 20-minute rotating steps include keeping mobile by walking sideways and lunging on a stairs, or sitting on a stool while being massaged by a birthing partner. As labour progresses, they advance towards baby’s footprints, a motivational image used to help women visualise and maintain focus during labour.

To enhance the promotion of Labour Hopscotch, we set up a quality improvement team with the specific aim of successfully implementing Labour Hopscotch to our service. Six team members have become champions of promoting the use of Labour Hopscotch at booking and all antenatal encounters, ensuring that every contact counts. This ensures women are informed that “training in pregnancy,” as stated by Sinead Thompson (creator of labour hopscotch), is necessary to prepare for birth.

So far, women have received this tool positively and we hope that it will become a normal part of antenatal and labour care in our service.



MaternityONESouth update

by Kate Lyons, Project Manager

Implementation of National Standards for Better Safer Healthcare in **O**bstetric and **N**eonatal **E**mergencies (**ONE**)



Cork University Maternity Hospital



University Hospital Waterford



Tipperary University Hospital



University Hospital Kerry

ONE approach

Purpose

Compliance: To ensure compliance with HIQA standards and readiness for HIQA inspections.

Better Service: To improve care for mothers and babies in the cases of Obstetric & Neonatal Emergencies.

Goals

Development and adoption of a standardised approach to Obstetric & Neonatal Emergencies (ONE) in Ireland South:

- ONE set of Policies, Procedures, Protocols and Guidelines (PPPGs) stored centrally.

FOUR maternity hospitals

- ONE care pathway for high risk women in the antenatal period.
- ONE digital training strategy for emergencies and enhanced skills/decision making.

Progress

Q-Pulse: As a key goal of the MaternityONESouth project is to centralise and facilitate easy access to staff training records and PPPGs across the four maternity hospital sites, we have engaged an external service provider, Health Care Informed (HCI), to assist with this development. HCI has specific expertise in the development and implementation of quality and safety management

information systems in healthcare organisations. We are working with HCI on the Development of a Quality Management Information System (QMIS) for the Group Maternity Services. The QMIS will utilise Q-Pulse quality management system software but will also include the following user friendly web services:

- PPG Library™ – a tool that allows users quickly and easily access policies, procedures and other documents that are stored in Q-Pulse.
- TrainScan™ – this allows users to book and record attendance at training by simply scanning their ID badge. Managers will have access to check compliance of their staff in line with mandatory training events.
- QualSIP™ – this is a business intelligence tool that allows users to view real-time analysis of policy and procedure activity and training compliance within the services. Relevant staff will be able to access trending reports and analysis via the Quality Safety Intelligence Portal (QualSIP).

The Key benefits of a Quality Management Information System (QMIS) utilising Q-Pulse are:

- Centralised Quality and Safety Management System.
- Centralised QMIS Governance.
- A framework for compliance with regulatory requirements.
- Utilise the data to identify emerging risks and opportunities.

The implementation is being overseen by the Project Team for this work-stream who include Kate Lyons, Katie Bourke, Miriam Lyons, Karen Mc Namara (all CUMH), Mary O'Donnell and Sinead Heaney (TUH), Mairin McElligott and Mary Stack Courtney (UHK), Linda O'Callaghan (UHW) and Pearse McLellan, (ICT Technical Services Manager (CUH)).

Antenatal Care Pathway: A CUMH working group is streamlining antenatal care pathways for women. Women will be offered the Supported Care, Assisted Care or Specialised Care pathway following risk assessment. As part of this group, Kate Lyons will develop the care pathway for women with complex pregnancies and antenatal risk factors that meets their needs.

PPPG's & Algorithms: Progress is underway to standardise the obstetric and neonatal emergency guidelines/ algorithms and protocols across the group.

Training: Kate Lyons, Project Manager and Caitriona Heffernan, Innovation Programme Lead are working on scheduling mandatory training for 800 staff in the directorate in obstetric and neonatal emergencies. Another key focus is the possibility of staff availing of an allocated protected week for training and the backfill cover that will be required to make this happen.

Planned actions

- The next project committee meeting is on 22 June.
- Project status update to Executive Management Committee (EMC) and presentation to senior managers & frontline managers when IT systems operational.
- Site visits to UHW, TUH and UHK.
- Work is ongoing to standardise the obstetric and neonatal emergency PPPGs and algorithms across the directorate. Feedback on development of PPPGs/Algorithms from Work-stream Leads in each site.
- Finalise process mapping for HCI in relation to process mapping for PPPG Development across the four sites.
- Complete gathering information for HCI from each hospital: Lists of departments, staff and PPPGs.
- Feedback from Dr Brendan Murphy on ownership for neonatal PPPGs.
- Antenatal Care Pathway working group to develop PPPG.
- Joye McKiernan from UCC is working on a national PPH PPPG and will feedback to the committee.

Communications

- MaternityONESouth to be put as a recurring item on meeting agendas for senior and junior midwives, consultants, Quality & Patient Safety Committee, SSWHG Ops meetings and Nursing and Midwifery Working Group meetings.
- Monthly project status updates to key stakeholders.
- MaternityONESouth to feature in UltraNews.



New Innovation Lead in Ireland South: Caitriona Heffernan

Ireland South Women & Infants Directorate is delighted to welcome Caitriona Heffernan as Innovation Programme Lead for Ireland South Women & Infants Directorate.

Caitriona Heffernan is the winner of the ‘Outstanding Graduate Award’ following her completion of the Post Graduate Diploma in Healthcare Innovation at Trinity College Dublin in 2019 and is seen to be a high potential change maker in Irish health, being named one of the top 100 Professionals in Healthcare last year by Hospital Professional News.

Based in Cork University Maternity Hospital (CUMH), the Innovation Programme Lead is the first role of its type in a HSE hospital in Ireland. Its primary aim is to support the vision of

creating an innovative healthcare system that implements new service models, products and technologies to support service delivery and improve outcomes for our patients.

“Healthcare innovation is a really dynamic space to work in and I’m so excited to be a part of it,” says Caitriona.

“I have worked as a Speech and Language Therapist in both the UK and Ireland for the past 17 years and while I’ve loved my clinical role, I’ve always been interested in broader scale service development - what could be achieved if we could fully optimise our resources and support our staff to create real solutions to the problems they encounter in their everyday work.”

As this is a new role both locally and nationally, Caitriona’s focus this year will be to establish the role and see how it can best add value within the existing ecosystem of the maternity hospital and other maternity units in Ireland South Women & Infants Directorate.

Caitriona added, “On a practical level, my two main areas of focus will be on ‘Innovation in and Innovation out’. In terms of ‘Innovation in’, I’ll be working closely with the Health Innovation Hub of Ireland (HIHI) to introduce to the hospital new products or technologies that represent value to our patients, staff and the wider organisation. The HIHI already have a well-established relationship with CUMH and have introduced service enhancing technologies such as the 3FiveTwo patient booking system and Yellow Schedule visiting app to the hospital over the past two years. Both pilots were really well received by staff and patients.”

“I’m particularly excited about working on the ‘Innovation out’ agenda. This will involve acting as a support for staff in assisting them to define and develop some of their great ideas into real actionable solutions to healthcare challenges. I believe passionately that the staff that work across the Health Service and particularly on the front line are a naturally innovative group. Staff on the

ground are no strangers to having to find ‘work arounds’ and clever ‘hacks’ to deliver better patient care and are generally brimming with ideas for how to make the health service work more effectively for their patients. I want to help cultivate that creativity and create more opportunities to develop those solutions.”

“I’m so excited to be taking up this role in CUMH and across the Ireland South Women & Infants Directorate. CUMH is already such vibrant and progressive space and this has been demonstrated so clearly through the response to the challenges presented by both the COVID-19 pandemic and the more recent cyber-attack. The reaction of the staff is a real testimony to their innately innovative nature and their ability to flex and bend to creatively solve complex problems while simultaneously delivering excellent clinical care.”

If you have an idea for an innovative solution to a healthcare problem – whether it be a glimmer of a thought or well-established idea for how you can add value to the service for your patients, colleagues, and the Irish Healthcare System, please contact Caitriona to discuss at:

caitriona.heffernan@hse.ie
or on 085 144 1758.



Professor Eugene Dempsey is the first ever Chair in Neonatology in Ireland

Professor Eugene Dempsey, Consultant Neonatologist in CUMH has been appointed to the Horgan Chair in Neonatology – named after UCC alumnus Daragh Horgan and his wife Anne who recently gave a million-euro donation to support the important research ongoing at the INFANT centre.

Led by Professor Geraldine Boylan, the INFANT centre is Ireland’s only dedicated research centre spanning maternal and child health. Commenting on the appointment, Mr Horgan said:

“Research into paediatric medicine generally is significantly underfunded and so supporting neonatal research at the INFANT centre is incredibly important. We are huge cheerleaders of Professor Boylan and her team and have helped the centre with our support for nearly seven years. Improving care for newborn or pre-term babies is vital: for their longer term outcomes, for the impact it has on their families, and on the cost to society as a whole. We are delighted that Professor Dempsey will become the new Chair of Neonatology – with his energy and expertise, we are sure that the team will press home this advantage in making INFANT a world leader in neonatology.”

Professor Eugene Dempsey, the new Horgan Chair in Neonatology, Infant Centre, UCC and

Consultant Neonatologist at CUMH, described his priorities for the new role:

“This new role represents an exciting opportunity to grow our world leading research programme in newborn care. Over the next 5 years we will continue to develop strong international collaborative links in newborn clinical trials. We will lead and partner in some of these exciting multinational trials all aiming to generate new knowledge and enhance patient outcome. These trials encompass many important aspects of clinical care including newborn stabilisation at delivery, studying antiseizure medication in full-term newborns and measuring brain oxygen levels non-invasively in preterm infants. We will continue to deliver high quality evidence based clinical care to our families.”

Professor John Higgins, Clinical Director of CUMH commented:

“CUMH is delighted to support the joint appointment of the first Chair in Neonatology in Ireland at UCC. The ability to unlock innovation potential from the health system and provide the best clinical care for mothers and newborns is driven by high calibre leadership that spans academic and clinical domains. This appointment is a strategic investment in clinical and research capacity and we congratulate Professor Dempsey and acknowledge the significant gift that made this possible.”



Collaboration continues in UHW NICU against all odds

It is fascinating to chat to Colette Cunningham, Senior Neonatal Intensive Care Nurse in University Hospital Waterford and discover how the unit continues to collaborate despite the pandemic and more recently, the HSE cyberattack.

Colette has always had a keen interest in evidence-based practices. She founded and presents the journal club in the Neonatal unit in UHW to focus on nursing strategies to influence evidence-based care. She also advocates regularly for the personal and professional development of the nursing team, ultimately to benefit the neonatal infants in their care.

“We have a small workforce in the Neonatal unit in UHW; from a total of 30, we have 6 on every day and every night. People are flat out busy in general so even finding one hour where the team can get together virtually to present and discuss journal club topics is always challenging and proved impossible during the pandemic. So, we developed a useful work-around. We took it in turns to cover a topic by creating a PPT with a voice-over recording. As presentations are kept concise at under 15 minutes, this can easily be sent by email for the wider team to watch in their own time. We then discuss via WhatsApp and whenever we meet in the unit.”

“It’s a super way to maintain the club and evidence-based practice in the nursing service. So far we have covered transcutaneous bilirubin monitoring, pain management, and our dietician has covered growth parameters. I am delighted to be able to keep it going, even if only every 4 to 6 weeks – it’s certainly better than postponing all collaboration until Covid is gone...whenever that may be...”

“We have continued to collaborate despite the HSE cyberattack too, instead of listening to a recorded presentation, we keep a hard copy in the journal club folder so that the team can read it during a free moment on shift, or can photocopy it and bring it home too.”

Colette also highlighted how the evidence discovered through the journal club can bring about positive changes to the practice.

“We are currently in the process of updating our policy with regards to hypoglycaemia management. We found that there was a wide variation in practice in our unit and the existing policy had some grey areas in it. So, we reviewed guidelines from around the world to generate consensus in terms of the latest guidance. We now have the bones of a policy document that is backed up by evidence and has been reviewed by a multidisciplinary team including Dr Aoife Carroll, Consultant Endocrinologist.”

Colette is very passionate about the need for education to be flexible and accessible.

“Education must evolve to accommodate people in all walks of life. Not everyone can take time out to physically attend a course during the day, but with electronic health education, more people can access education at a time that suits them.”

The importance of eHealth education is something Colette feels strongly about and led to her conducting a lot of research on the topic. She is currently undertaking a full-time employment based PhD Scholarship from the Irish Research Council (in conjunction with the RCSI). Her PhD research is titled ‘An eHealth educational intervention to improve kangaroo knowledge and support the self-efficacy of neonatal nurses’. She has also published a paper with the Journal of Neonatal Nursing titled ‘eHealth for neonatal nurse education despite COVID-19’ and was recently asked to present at an international neonatal nurse conference in March 2021, on ‘A reflection on how COVID-19 has affected a Level 2 NICU in the Republic of Ireland.’

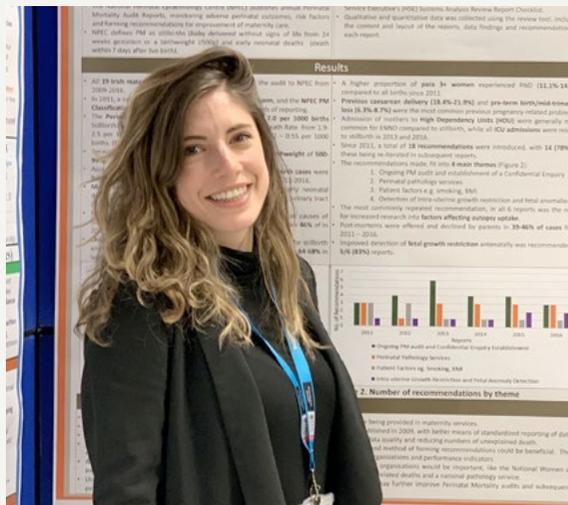
“I’m very proud to represent our small NICU in Waterford. I’m also really happy with all the research and all the progress. It can be a slog at times, but so worth it.”

Student Research Stories: Pregnancy Loss Research Group (PLRG)

by Keelin O'Donoghue, Head of PLRG and Consultant Obstetrician

Each year the Pregnancy Loss Research Group at CUMH are delighted to work with medical students from University College Cork who undertake specific research projects as part of the medicine curriculum. This research is produced with the aim of improving professional practice, clinical care and the wellbeing of bereaved parents in all areas of pregnancy loss. It has the added benefit of enhancing the student's appreciation of the importance of holistic care and the impact research can have on improving clinical care and healthcare services.

Below we share a variety of stories from fourth and final year Medical Students covering what they have been working on, why it has been useful and what they themselves have got out of it, during their time working with the PLRG. This year, the PLRG are delighted that work from this group of students is being presented at both national and international conferences and has already been published in peer-reviewed journals. If you are interested in participating in research with the PLRG, contact Professor O'Donoghue or any of her team at CUMH.



Arelene Gutman, Final Year Medical Student

Left: Arelene Gutman at the Atlantic Corridor Medical Student Research Conference (2019)

"I first began working with Professor O'Donoghue's research team in my second year of medical school for my final year research project. I was able to join Dr Aenne Helps in her work focused on Ireland's National Perinatal Epidemiology Centre (NPEC) perinatal mortality audit reports, including a review of all 9 published reports and an assessment of their use among NCHDs in maternity services. I have had the opportunity to present this work, titled 'Review of the Irish Perinatal Mortality

Audit Reports (2009-2017)' in multiple conferences and research days, including poster presentations in the Atlantic Corridor New Horizons Research Conference, the Atlantic Corridor Medical Student Research Conference and displayed at the most recent NPEC Study Day. I was able to give a presentation on this project at the JOGS 2020 Annual Meeting and will be presenting it at the Stillbirth Summit international conference in June of this year, as the only medical student presenter."

"Since beginning this project, I have developed a passion for perinatal mortality auditing and its implications in maternity care. I have also been able to work on additional relevant research with PLRG, including Dr Help's work 'National perinatal mortality audits and resultant initiatives in four countries: An international review' and initiated a systematic review of perinatal mortality auditing and implementation with the guidance and support of PLRG and Dr Sara Leitao entitled 'Perinatal Mortality Audits and Reporting of Perinatal Deaths:

Systematic Review' that has been submitted for publication."

"I will be pursuing a career in Obstetrics and Gynaecology next year as I enter a residency training program in the field in the U.S. I am very grateful for the opportunities I've gained to expand my medical education and research repertoire with PLRG, as well as the mentorship and support I received from Professor O'Donoghue and the team, throughout my time with the PLRG."



Eimear O'Shaughnessy, Final Year Medical Student

Left: Eimear O'Shaughnessy, Final Year Medical Student has been published in *Sexual & Reproductive Healthcare* and *BMJ: Sexual and Reproductive Health*

"Since joining PLRG in 2019 I have been involved in research relating to the newly introduced Termination of Pregnancy (TOP) service. This has led to the publication of two pieces of research, the first titled 'Termination of pregnancy: Staff knowledge and training' published in 'Sexual & Reproductive Healthcare', the second, a letter to the editor in the 'BMJ: Sexual and Reproductive Health' describing an audit of the first year of the early termination of pregnancy service in CUMH."

"Under the supervision of Professor O'Donoghue and Dr Sara Leitao, I have had the opportunity to present at conferences including JOGS and UCC's New Horizons, to present at training days and to publish my research. Although medical students are required to undertake undergraduate research, this work is not typically published so I am grateful to have been supported and encouraged to do so and believe this will benefit me when applying for further training."



Above: Peter Jackson, Fourth Year Medical Student undertaking a Master's in Public Health

Peter Jackson, Fourth Year Medical Student undertaking a Master's in Public Health

"I am currently undertaking a Masters in Public Health while on a year out from medical school at UCC. I have been very grateful to be working with the Pregnancy Loss Research Group for my master's thesis. The project for my thesis involves interviews with women and their partners who have experienced a fatal fetal anomaly/life-limiting condition. I hope this research will provide an insight into the care required to meet parents' needs during this time. For me, working on this project and with the PLRG has highlighted the need for exceptional, supportive and holistic care throughout the experience of pregnancy loss. My research skills have significantly benefited from the support of the PLRG and Professor O'Donoghue. All the members are generous with their time, knowledge, and expertise. Their work has emphasized to me the positive and meaningful impact research can have. I am looking forward to conducting future research with the PLRG in my coming years at UCC."



Above: Kristin Kelly, Third Year Medical Student has been published in European Journal of Obstetrics & Gynaecology and Reproductive Biology

Kristin Kelly, Third Year Medical Student

"My name is Kristin Kelly and I am a third year graduate entry medical student at UCC. I have worked on two separate projects with Professor O'Donoghue. The first project focused on the classification of stillbirths (based on gestational age or birth weight) of other countries compared to Ireland. From this research, I had a paper accepted to the European Journal of Obstetrics & Gynaecology and Reproductive Biology titled 'A review of stillbirth definitions: A rationale for change' and presented a poster at the New Horizon's Conference. The project I'm currently working on is focused on assessing women's knowledge and opinions of prenatal screening tests for fetal aneuploidies and what they would want out of a screening program. Working on these projects has allowed me to better understand some of the difficulties pregnant women face beyond the medical complications of pregnancy. I plan to incorporate this knowledge into my future medical practice to help develop a holistic view of my patients."

HRB Irish Network for Children's Clinical Trials (In4kids) led by Professor Geraldine Boylan, University College Cork



Ireland has one of the highest proportion of children in the EU. Despite this, for decades clinical trials of new therapies in children have been extremely limited. Most medicines prescribed for children and new-borns have never been tested in these populations, as the focus of pharmaceutical companies has been on obtaining marketing approval in adults. Medicines take years to reach the bedside in paediatric care. Therefore, to improve the health and well-being of future children, this needs to change.

This is an exciting time for paediatric care in Ireland, with the amalgamation of the three largest children's hospitals in Ireland to form Children's Health Ireland (CHI). At the same time, many well-established paediatric researchers working in centres throughout Ireland have recently been brought together to form the In4kids network. In4kids is the national hub for the European conect4children (c4c) network for research collaboration and clinical trials (<https://conect4children.org/>). In the first three years, the network will implement three, already funded, clinical studies due to begin recruitment in 2021.

In4kids will allow healthcare staff throughout Ireland to work together to develop a multidisciplinary network, with access and support for participation in national and international clinical trials. The network will develop educational and training resources for all healthcare staff involved in paediatric trials to ensure best practice. Our national young person's advisory group will allow well-informed children to provide input into the research priorities of the State.

The Network will work closely with CHI, established Clinical Research Facilities and the newly established Paediatric Academic Health Science Network. In4kids will build a sustainable Clinical Trial Network (CTN) of established paediatric researchers, fostering new research collaborations whilst cementing existing relationships. The Network will allow Irish children to access cutting edge therapies and medicines, through well-governed trials, conducted to the highest international standards.



PhD Research: Congratulations to Dr Nilima J Pandit

“Through my research journey, I recognised that mothers whose values are respected and whose self-efficacy beliefs and resilience-building skills are supported during this vulnerable time, can feel more empowered as life goes on.” Dr Nilima J Pandit

Dr Nilima J Pandit, MN-CMS System Administrator CUMH, recently completed her doctorate through UCC, in which she examines the relationship between mother’s social support, self-efficacy and resilience following stillbirth. She found that women who experienced the loss of an infant and had high levels

of support from family and health care professionals, had higher resilience and thus were better able to cope with their loss.

“I was inspired to conduct this study having been privy to the unique nature of a stillbirth experience. As a midwife,

I shared a mother’s journey in their labour, delivery and subsequent hospital stay. This provided me with insight into the stillbirth experience, informed by mothers’ emotions, their struggle, and their emergence as a parent of a stillborn baby.

“I started my doctorate to investigate the resilient nature of motherhood in women, assuming that the sorrow of stillbirth is never forgotten, but becomes the legacy of the baby who was born sleeping. The question is, what helps women cope with their loss? So I developed a new framework based on ¹Richardson’s metatheory of resilience, incorporating ²Cohen and Will’s theory of the stress-buffering effect of social support and ³Bandura’s theory of self-efficacy beliefs. Instead of proposing that resilience influences reduction in grief and distress, I suggested that social support and self-efficacy (mothers’ self-beliefs) help develop resilience mutually and individually in the stillbirth context to cope with grief and distress. This was the first time that action and coping self-beliefs elements (self-efficacy dimensions) were used to examine stillbirth.

“So the study aimed to examine the relationship between social support, self-efficacy and resilience via an international online survey method. You may wonder why I took this approach - what is new about social support, self-efficacy and resilience – they are related, so what? But sometimes the most common phenomena also need theoretical examination and objectivity

to prove practicality and usefulness. Therefore, this study was the most sensitive way to understand what helped mothers be resilient. The results identified that women who receive support following a stillbirth, could have self-belief and have higher resilience, which helps them cope with the death of their baby. The findings of this study are important for the person-centred approach in stillbirth care. If we can understand what these self-beliefs are and what contributed to their strength, we can offer support that enhances women’s self-efficacy and resilience. With this study, we can develop a screening tool to understand self-efficacy and resilience levels. We can help mothers sustain and enhance their self-beliefs with targeted interventions.

“Considering the unique relationship between a midwife and a mother who experiences stillbirth, this study complemented the previous knowledge on this topic. I recognised through the journey of this research, that mothers whose values are respected and whose self-efficacy beliefs and resilience- building skills are supported during this vulnerable time, can feel more empowered as life goes on. These empowered mothers may become crusaders of altruism and peer supporters in the stillbirth context. The study, therefore, acknowledges mothers’ resilience with their self-beliefs (self-efficacy) and their perception of social support in the stillbirth context.

For more information, contact:
nilima.pandit@hse.ie

¹ Bandura, A. (1994). Self-Efficacy. In V. S. Ramachandran (Ed.), *Encyclopaedia of human behaviour* (Vol. 4). New York: Academic Press.
² Cohen, S, & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98(2), 310–357.
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Celebrating outstanding nursing and midwifery

UCC School of Nursing and Midwifery Annual Achievement Awards

The School of Nursing and Midwifery Annual Achievement Awards acknowledges students and healthcare workers who have made broader societal contributions. The winners were selected based on their exemplary performance in the 2020/2021 academic year with Professor John O'Halloran interim UCC President introducing the award ceremony.

Commenting on the awards, Josephine Hegarty, Head of the School of Nursing and Midwifery said that COVID-19 has highlighted the importance of nurses and midwives as core front line workers.

"Our frontline health workers have inspired us all in these uncertain and difficult times and our nursing and midwifery students have shown great dedication and resilience," she said.

"While we cannot hold a physical awards ceremony, we are delighted to have a virtual awards ceremony celebrating outstanding nursing and midwifery students over the past year. The School is in the top 50 schools in the world according to the QS World University Subject Rankings for Nursing - we are very proud of this fact, this is testament to the combined efforts of students and staff."



Preceptor of the Year

Preceptor of the Year is presented to Margaret Kelleher, Midwife 4 South CUMH. Margaret was nominated by four midwifery students who said that *"she is kind and caring, Margaret always takes the time so engage with students and ensure that we are comfortable with our caseload. She is a wealth of knowledge and she shares this with students willingly and in a way that is easy to understand and at our level"*.

Margaret was also commended on her demonstration of excellence in all aspects of midwifery and for an ongoing commitment to prioritising excellence and leadership in the preceptorship role, which is so important to the students.

The Annual Awards took place virtually this year following the success of last year's online ceremony.

The Neonatal Resuscitation Programme (NRP)

By Breda Hayes, NRP Clinical Skills Facilitator & Coordinator CUMH

The Neonatal Resuscitation Provider programme (NRP- 7th Ed) is a mandatory training programme for those working with newborns or infants in clinical practice. NRP is one of the key training courses overseen by the shared project across our maternity network called the **'MaternityONESouth'** project (**'ONE'** stands for **O**bstetric and **N**eonatal **E**mergencies, and **'South'** reflects our place in the South/South West Hospital Group (SSWHG) and in the Ireland South Women & Infants Directorate).

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

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



Above: Breda Hayes, NRP Clinical Skills Facilitator & Coordinator (in middle) facilitates at an NRP training course

The course is offered in a half-day workshop here in CUMH as well as onsite in all our maternity units in Ireland South Women & Infants Directorate. It consists of NRP skills training, simulation and debriefing. NRP utilises a blended-learning approach, including online examination and computer based simulation exercises of case scenarios. Simulation focuses on developing effective teamwork and communication. In the past year it has been wonderful to welcome new NRP instructors on board.

Since January 2021, over **100 staff** have been trained or recertified in NRP in CUMH so far. Obvious barriers to smooth running of NRP in 2021 have been the COVID-19 pandemic which limits training numbers in classrooms. The HSE cyberattack has also added to the challenge, in particular communication about course and setting up of online learning. However, this is being overcome by visiting the wards in CUMH and advertising the courses via existing WhatsApp groups. While it is more time consuming and more manual overall, it is proving to be quite effective.

For further information, contact Breda Hayes, NRP Clinical Skills Facilitator & Coordinator, CUMH on 021 492 0641.



Above: Kate Lyons, NRP Instructor and Project Manager MaternityONESouth (on left) facilitates at an NRP training course



CUMH Practice Development Update

The Practice Development (PD) team in Cork University Maternity Hospital has been busy of late with many new members welcomed in 2021, as well as a lot of movement within the team itself.

Cora Murphy, Patricia O’Leary and Malitha Machado joined as Midwifery Clinical Placement Coordinators, Elizabeth Griffin joined as Midwifery Postgraduate Clinical Coordinator and Mary Prince moved into the role as Clinical Skills Facilitator, Theatre and Gynaecology. Claire Fox has also moved into the role as Midwifery Allocations Liaison Officer and Fionnuala Hunt who previously held Claire’s position, has moved to the Centre of Midwifery Education as Specialist Midwifery Tutor. Kate Lyons has taken a year out from being Clinical Skills Facilitator to become the Project Manager on the MaternityONESouth programme. As a result, Karen Mulhern has replaced her as Clinical Skills Facilitator on the Birthing Suite. Karen was previously Clinical Skills Facilitator on CUMH Wards. Finally, Karen Walsh has rejoined the PD team as Midwifery Clinical Placement Co-ordinator after her time in the Aislinn Suite as Acting CMM2.

Commenting on the new joiners, Fiona Kirby, Midwifery Practice Development Co-ordinator said: *“We’re delighted to welcome many new members to the Practice Development team and wish them every success in their roles. As a team we very much look forward to supporting and preparing the clinical areas for the forthcoming NMBI visit in December 2021.”*



Pictured top: Mary Prince, Clinical Skills Facilitator, Theatre and Gynaecology; Claire Fox, Midwifery Allocations Liaison Officer; Patricia O’Leary, Midwifery Placement Coordinator; Karen Mulhern, Clinical Skills Facilitator, Birthing Suite; Elizabeth Griffin, Midwifery Postgraduate Clinical Coordinator

Pictured above: Karen Walsh, Midwifery Clinical Placement Coordinator and Cora Murphy, Midwifery Clinical Placement Coordinator

Congratulations to MSc Midwifery graduates

by Dr Rhona O’Connell lecturer in the School of Nursing and Midwifery

Hats off to the three midwives who graduated with their MSc Midwifery on 15 March 2021. Congratulations to Lorna Sewell, Midwife from Cork University Maternity Hospital and Roberta Spillane, Acting Clinical Midwife Manager 2 and Noreen Preston-Ryan, Clinical Midwife Manager 2, both from Tipperary University Hospital. Well done all on their success in completing their Masters, despite the pandemic.



Far left and centre: Roberta Spillane, Acting CMM2 and Noreen Preston-Ryan, Clinical Midwife Manager 2 in TUH who graduated with a MSc Midwifery in 2021

Left: Lorna Sewell, Midwife from CUMH who graduated with a MSc Midwifery in 2021

First student nurse clinical placement in UHK

University Hospital Kerry (UHK) were delighted to welcome two first year student midwives from UCC on a clinical placement in UHK Maternity Service – the first ever to take place from UCC. Saoirse Horgan and Maud Kelly started their clinical placement on 1 May 2021.

While Cork University Maternity Hospital (CUMH), University Hospital Waterford (UHW) and Tipperary University Hospital (TUH) have all had student midwives from UCC on clinical placement, this took additional time to be rolled out in UHK. Sincere thanks to all who worked in the background to make this a reality.



Above: Saoirse Horgan, Student Midwife UHK; Sandra O’Connor, Director of Midwifery UHK; Maud Kelly, Student Midwife UHK

Vaccinating care homes in Cork

The process of vaccinating care homes is an important milestone in the battle against COVID-19. Older people living in care homes are most at risk of suffering serious consequences of COVID-19 and we have seen the grave effects the virus has had on this group.

Siobhán Hayes, Staff Midwife and Orla Attridge, Staff Nurse, both working on 2 South in Cork University Maternity Hospital took part in the vaccination of staff and residents in a number of care homes in North Cork in March and April 2021. Siobhán paid tribute to the dedication and efforts of nursing home staff to try and keep COVID-19 out of the care homes and keep residents safe:

“Nursing home staff would come into work extra early every day in order to adhere to the strict infection prevention and control practices, including use of personal protective equipment and regular asymptomatic testing. They are fearful of bringing the virus into the care homes

because of its devastating impact. As a result, they were so unbelievably relieved that we were vaccinating them and the residents, as that meant the deadly nature of the virus was being considerably reduced.”

The prospect of vaccinations gave both staff and residents a real lift. Orla Attridge commented on the emotional aspect of the vaccination programme:

“We were all really really moved at how emotional staff and patients were. Some even cried they were so happy. We too were so happy that we could offer them something that they cherished so much. It meant that they start to move on from that feeling of isolation, not being able to receive visits from family. It was so important to them.”

Following the vaccination programme, care homes have been able to move incrementally and safely towards personal visits, while also remaining vigilant and cautious about COVID-19.



Above: Siobhán Hayes, Staff Nurse 2 South in CUMH



Above: Orla Attridge, Staff Midwife 2 South in CUMH



Celebrating 10 years of screening babies to check for hearing loss in Ireland

April 26th 2021 marked ten years of The National Universal Newborn Hearing Screening Programme (UNHS) in Ireland provided by Northgate Public Services. The programme has screened over 545,000 babies and helps to identify children with hearing loss so they can be supported from their first steps of life.

Every year, around 90 of the 56,000 children born in the country will have a significant, permanent hearing impairment. Late identification can affect language and communication skills, creating longer-term risks for social and educational achievement. Early identification means the best outcomes for children can be achieved and comprehensive support and information can be provided to parents.

Before the start of Ireland’s hearing screening programme, children as old as five were presenting with hearing loss that wasn’t diagnosed at birth. Now 5,000 babies are screened every month and receive appropriate intervention within three months of birth and 827 babies with profound hearing loss have been identified since the scheme was launched.

Dr Gary Norman, National Clinical Lead for Audiology, HSE said, *“The programme has transformed the lives of many children born with deafness. The combination of HSE’s audiology with NPS’ newborn screening, means we have a highly effective and efficient national programme to ensure timely diagnosis of early hearing loss in infants.”*

Kangaroo Care Awareness Day

by Susan Vaughan, Neonatal Nurse, NICU CUMH

On 15 May 2021 we celebrated Kangaroo Care Awareness Day.

Kangaroo Care was first developed in 1970s in Columbia as a response to a shortage of caregivers and resources. Mothers were used as incubators to maintain their babies body temperatures, provide nutrition and appropriate stimulation. This led to reduced morbidity and mortality rates. Kangaroo Care is now the gold standard across the world in caring for babies in neonatal units.

Kangaroo Care is the practice of holding baby in an upright prone position, skin-to-skin against their parent's chest. The baby experiences their parent's heart sounds, rhythmic breathing and warmth, all of which offers security and gentle stimulation of the auditory, tactile,

vestibular and thermal sensory systems of the preterm.

Studies have shown that Kangaroo Care leads to a preterm baby that is more physiologically stable, has better temperature regulation, reduced oxygen requirements and better sleep which leads to positive effects on baby brain growth and development. For parents there are many proven benefits too. Parents feel calmer, more empowered and confident in caring for their baby; it supports bonding and reduction in the incidence of postnatal depression and posttraumatic stress disorders. For mothers it increases milk supply and triggers the production of maternal antibodies to help her baby fight infections. For the staff, babies are more stable and it increases job satisfaction too.



Far left: Neonatal nurses and NIDCAP professionals Anne Buckley, Susan Vaughan and Ann Flynn at back and AnneMarie Cronin, Neonatal Physio and NIDCAP professional at front



Left: Baby Ris, born at 23 weeks' gestation at 480 grams. She will be five in September 2021, and is doing really well



Above: CUMH staff come out to support Penneys staff as they start their first marathon for the CUMH Neonatal Unit

Left: Penneys Wilton staff start their epic fundraiser, walking a marathon a week in May 2021

Penneys raising Euros for CUMH Neonatal Unit

On 1 May 2021, Penneys in Wilton, Cork started their epic fundraising event, with staff doing a full marathon each week in May to raise funds for the unique Neonatal Family Sanctuary Project for mothers, babies and families at Cork University Maternity Hospital (CUMH).

As Penneys, Wilton is situated opposite CUMH, staff took time out to come outside and wave them on as they started on their epic journey.

By the end of May, Penneys staff had raised close to €6.5k to go towards the building of this special sanctuary located in the CUMH central garden, near the

Neonatal unit itself. The Sanctum is to be a dedicated space for parents and families with their baby receiving palliative care, or for a seriously ill mother to access within the central garden of CUMH. Stepping outside, away from the busy clinical critical care environment is important for families. They will be able to share a small glimpse of nature and see the sky in a place of quiet, solace and privacy.

This project has received support from different sources to date, including Apple who set up an internal fundraiser for staff to raise funds in September 2020.



Pictured above: Meghann Drake and her week-old baby Shea, at home in Millstreet, Cork. Picture: Dan Linehan

Born smoke-free: Meghann kicked the habit for good for little Shea

Adapted from an article by Helen O’Callaghan in the Examiner on 28 May 2021

It was pregnancy that really got Meghann Drake off the cigarettes. The 25-year-old from Millstreet, Co Cork, had her first baby, Shea, mid-May. “He’s absolutely flying, a happy little baby,” she says, adding that she and partner John are blessed Shea’s so quiet.

Meghann loves being a new mum and is really proud she’s managed what she always hoped – quit smoking during pregnancy. Supported by the Smoking Cessation Specialist Service at CUMH – a pilot programme – Meghann hasn’t smoked since the 11th week of pregnancy.

The first she heard of the programme was when smoking cessation midwife Majella Phelan contacted her after her first hospital appointment. “She said there’s help to quit. She’d help me. She eased me out of smoking instead of making me feel bad about it.”

Meghan, who began smoking at age 14, used to smoke a box a day, but as she got older managed to limit her habit to three daily cigarettes. “I’d smoke more if I was on a night out. I reduced a lot myself but I wasn’t able to fully give it up – it was always hanging around. I needed that extra bit of help to do it.”

When Majella explained the risks to her baby of continuing smoking – for example, premature birth, growth problems – Meghann realised it was now or never. “To see all the risks in black and white – how bad it is for the baby – you don’t want to be doing that to them.”

PREGNANCY IS A GAME CHANGER

Majella Phelan has had 350 pregnant women referred to her since she was appointed to her role last August 2020. Most are smokers wanting to quit, some recently quit and want to stay that way. “Pregnancy’s a game changer,” says Majella. “A baby’s the biggest incentive for quitting – research shows more women quit during pregnancy than at any other time in their lives.”

Smoking’s the one modifiable issue that directly affects pregnancy outcome, says Majella. “Smoking is associated with lots of complications and risks to pregnancy, affecting both mother and baby. It hugely affects growth. Some people associate low birth weight with an easy birth – it’s a malnourished baby with a good chance of ending up in the neonatal unit or being born pre-term.”

The Smoke Free Start programme’s a joint project between National Women & Infants Health Programme and Tobacco Free Ireland. Funded by Sláintecare Integration Fund, it’s running in the National Maternity Hospital, Holles Street, as well as CUMH.

“It’s a standard six-week treatment programme, that I tailor to each individual woman,” says Majella.

But because quitting can be hard to do, many women’s efforts don’t fit into a six-week timetable, so Majella gives these women more time. “It doesn’t always go according to plan. Women may need a few more sessions to set the quit date. They may need more support afterwards than four weeks.”

While some women decline the service, Majella assures them they can contact her at any stage. Most women who sign up know it’s unhealthy to smoke during pregnancy. “They feel guilty they’ve been smoking at all during pregnancy. I explain quitting’s always of benefit, no matter at what stage of pregnancy – but quitting before 16 weeks reduces risk of late complications to level of a non-smoker. Women find that very motivating.”

Majella confirms that 83% of the first cohort of women who participated in the programme were still not smoking four weeks after the quit date. And 77% of the second cohort were off cigarettes at that point. “Once you reach 28 days off cigarettes, you’re five times more likely to stay quit,” she says.

Meanwhile, Meghann doesn’t believe she’ll “crack and have one” – even if having a somewhat stressful day. “I thought I would once he was out, but I don’t want to. I’m disgusted by them now. When you’re pregnant you have a proper reason to quit. If you don’t do it then, you never will.”

World No Tobacco Day is on May 31 each year.

Joan O'Donovan retires after 42 years

The Neonatal Unit in Cork University Maternity Hospital (CUMH) bid farewell to Joan O'Donovan, CNM2 who retired on 10 March 2021 after a career spanning 42 years.

Known as gentle, kind and experienced, Joan is a person who has the right words for everyone. This is especially appreciated in stressful situations where her calm demeanour reassures both parents and colleagues alike. Her experience and approachability has benefitted many young students and parents are drawn to her, due to her gentle and kind ways.

Joan trained as a general nurse in the North Infirmary and caught the tiny baby bug in the Crumlin, when she was there doing her paediatrics training. Once she started working in the Neonatal unit, her young children always thought she would end up bringing one home, such was the love she spoke about the babies in her care!

A mother of four children, Joan spent her career in the Erinville and then the CUMH Neonatal Unit (NNU). She has found her long

career working with tiny premature babies as a very rewarding one, although she notes the mental struggles that both parents and staff go through as very challenging at times.

“Some are born at 23 weeks and they can be very sick and very vulnerable. You see the anguish of the parents and you become so attached yourself as you spend so many months with them, watching them grow and seeing them smile for the first time.”

Having recently built a new house, Joan is looking forward to spending time doing it up during her retirement. She is also a keen golfer in training and will be spending a lot of time perfecting the sport.

Joan acknowledged how hard the visiting restrictions have been on parents, with only one allowed to visit the NNU at any one time. It has meant that she spends even more time holding and feeding them, ensuring they receive all her love as well as expert clinical care needed to survive.



THE MOST COVETED AWARD OF 2020

Dr John Coulter, Consultant Obstetrician & Gynaecologist in CUMH was delighted to receive the coveted award for outstanding effort in 2020. The ‘Thanks for coming in’ award is the brainchild of Martin Higgins, a well known member of the theatre portering staff in CUMH. Martin personally presented the award to Dr Coulter.

While Martin is known to praise other consultant staff who also tend to turn up for work on a regular basis, it was Dr John Coulter who was the most deserving to receive an award to celebrate this outstanding effort of being available to theatre.

Speaking on the award Dr Coulter commented:

“I am so proud to receive this special award as it is akin to a people’s choice award – and it really means so much. There are so many others who have subsequently learned about this award and are trying desperately to put themselves in pole position for the 2021 accolade.”

There may be plans to extend the award across the Directorate by the end of 2021.

Pictured above: Dr John Coulter, Consultant Obstetrician & Gynaecologist, CUMH is the winner of the 2020 ‘Thanks for coming in’ Award



Stylish scrubs: the new Ireland South uniform



Ireland South Women & Infants Directorate recently launched a variety of stylish and flattering new uniforms in a range of colours customised to suit our needs. Colourful embroidery is used to feature the Ireland South logo on the sleeve, as well as the hospital name and department on the front.

The midwife uniform is a beautiful teal colour, the consultant one is a charcoal grey, administration is black and midwifery management is blue. The uniforms will be introduced to all Ireland South hospitals in due course, with CUMH being the first maternity hospital to adopt it to date.

Staff who have opted to wear them to date appear to be very happy with the comfort, style and fit. We hope you agree; our models show them off at their best!

Pictured: *In teal, Ann Buckley, Neonatal Unit; in charcoal grey, Dr Richard Horgan, Consultant Obstetrician & Gynaecologist; in black, Sinéad Dollery, Staff Officer; in blue, Valerie Dennehy, CMM2 Outpatients*



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 **Louise Riordan** on email Louise.Riordan@ucc.ie

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



Seirbhís Sláinte
Níos Fearr
á Forbairt

Building a
Better Health
Service