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RSV Immunisation Pathfinder Programme, CUMH

Una Cahill, Assistant Director of Midwifery
November 2024

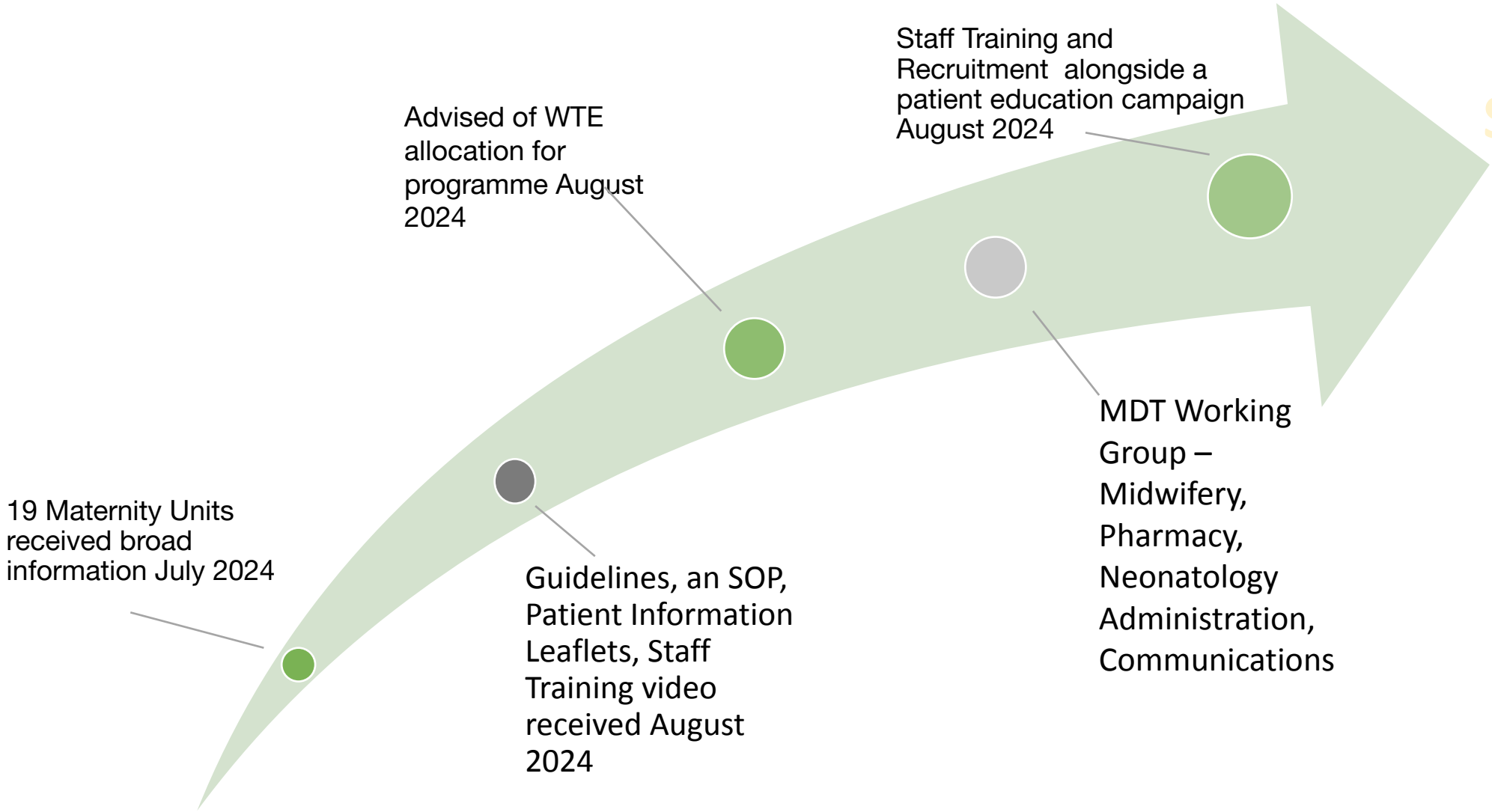
Introduction

The RSV Pathfinder Programme was announced by the Minister for Health Stephen Donnelly on June 18th 2024 for all babies born between September 1st 2024 and February 28th 2025.

As a pathfinder programme, this is a temporary measure based on the guidance from National Immunisation Advisory Committee while we await the outcome of the Health Technology Assessment currently being undertaken by HIQA.

The learnings from the pathfinder programme and the HTA will inform the development of a longer term programme/decision making in relation to RSV immunisation in Ireland.

Timelines


19 Maternity Units received broad information July 2024
Guidelines, an SOP, Patient Information Leaflets, Staff Training video received August 2024
Advised of WTE allocation for programme August 2024
MDT Working Group – Midwifery, Pharmacy, Neonatology Administration, Communications
Staff Training and Recruitment alongside a patient education campaign August 2024
September 1st 2024

Information for Parents

HSE

Protect your new born baby against Respiratory Syncytial Virus (RSV)

Protect your baby against RSV

You can now protect your new born baby against Respiratory Syncytial Virus (RSV).

What is RSV and why should I protect my baby against it?

RSV is a common virus that causes respiratory infections in young babies. Babies under three months old get sicker with RSV than older children.

Each winter in Ireland one in two new born babies will get RSV and many will need medical care from their GP or the emergency department of a children's hospital. Four out of a hundred new born babies are hospitalised due to RSV, with some babies needing special treatment in intensive care units.

Nirsevimab is the best way to protect your baby from RSV.

For more information from the HSE
www.hse.ie/RSV

To view patient information from the Europe Medicine Agency visit:
www.ema.europa.eu/en/medicines/human/EPAR/beyfortus

What is Nirsevimab?

- Nirsevimab is a new medicine that has been proven in large clinical trials to significantly reduce RSV associated hospitalisation amongst young infants showing an 80% reduction in hospital admissions.

- It is a monoclonal antibody. It works by binding the RSV fusion protein and prevents RSV entering the cells in your lungs. It is not a vaccine.

- Nirsevimab is given as a small 0.5 ml injection in the infant's right thigh muscle.

- Reported side effects are minor, generally limited to localised redness/swelling at the injection site.

So how does it work in CUMH?

- All women are advised of RSV immunisation with Nirsevimab in the antenatal period – AN Classes and Visits
- All parents are offered immunisation at least twice during their inpatient stay
  - 1st offer in Labour Ward or Theatre
  - 2nd offer on the Postnatal Wards
- If a baby requires SCBU/NICU admission Nirsevimab will be offered at an appropriate time prior to discharge.
- Babies born under the Homebirth Scheme are offered RSV immunisation and arrangements made for them to receive Nirsevimab in CUMH

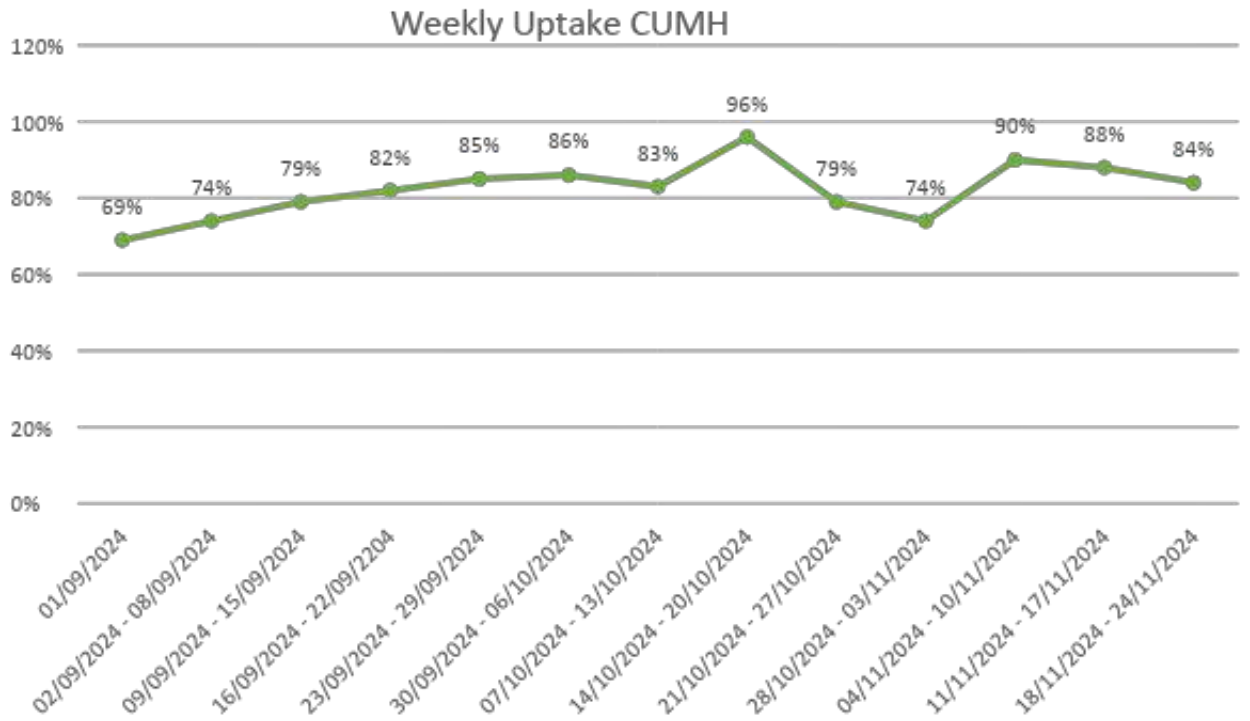
So how does it work in CUMH?

- Resource heavy in particular for Pharmacy and Midwifery/Nursing – WTE allocation for 2.8 Midwives/Nurses – Specified Purpose Contract for 8 months. No WTE allocation for Pharmacy.

- All parents are advised that they can only receive Nirsevimab for their baby while they are an inpatient, it is not available as an outpatient or with their GP/PHN.

So how are we doing?

- Since commencing on September 1st 2024



So how are we doing?

- Nationally:

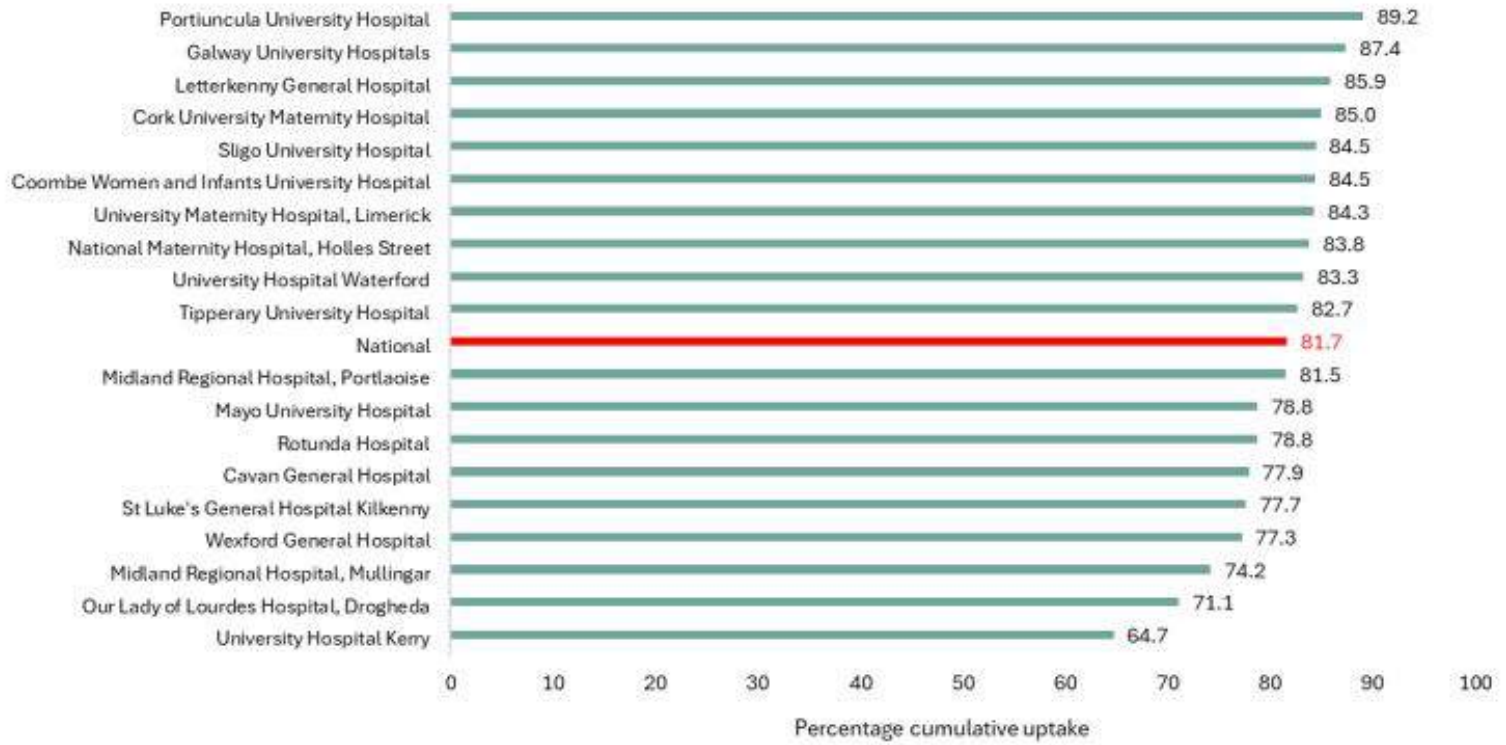


Figure 1: Percentage **cumulative** uptake by maternity hospitals for weeks 36 - 44 2024 (2 September – 3 November 2024)

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Women's & Infant's Postnatal Hub

Orlaith Spitere, A/CMMS Midwifery Led Services

Background

- Traditionally, postnatal care in Ireland is provided in busy postnatal wards that have increasing surgical and neonatal care profiles arising from increases in the rates of C-Sections and the increasing number of neonates being provided with complex transitional care in postnatal wards.

- On average, mothers and their babies spend 2-3 days on these wards post birth, with a number of mothers being discharged earlier to the care of the public health nursing services.

- In 2022, working in collaboration with stakeholders across the maternity networks and the Department of Health's Women's Health Taskforce, NWIHP approved funding for the establishment of five postnatal hubs.

- While all approved hubs will provide postnatal care within the community and out of the acute setting, there are some variances in the exact models of care being implemented.

Locations

- **Ballincollig Primary Care Centre -** "Well baby clinic" in collaboration with Ballincollig PHN's.
  Mondays 14.00-15.00 hours

- **Leap Health Centre -** Breastfeeding education and support.
  First Tuesday of every month 10.00-13.00 hours (appointment required)

- **St Mary's Primary Care Centre** - Gurranabraher
  Wednesdays 14.00-16.00 hours (drop in, no apt required).

- **Clonakilty Primary Care Centre**
  Fridays 12.00-14.00 hours (drop in).

Services Offered

The Women's & Infant's Hub is available to every woman who has given birth in the CUMH regardless of their mode of birth/risk status and is offered to women and their babies up to six weeks postpartum.

Women can access

- women's specialist physiotherapist,
- specialist perinatal mental health,
- birth reflections and specialist lactation support if required.

The Women's & Infant's Hub is not a substitute for medical care/input where known conditions exist outside of maternity services. Women and/or babies requiring medical input are referred to appropriate medical services as normal.

The concept of the Hub is to provide additional support to women and instil confidence in the transition to matrescence.

Statistics

Postnatal Hub	
Total No. of Patients Seen	225
Total No. of Encounters	284
Location of Appt	
St Marys	209
Leap	2
Clonakilty	81
Timeframe of Appt	
1-7 Days	3
8-14 Days	11
15-21 Days	3
22-29 Days	11
30+ Days	66
Reason for Referral	
Feeding Concerns	2
Breastfeeding Concerns	24
Other Concerns	3
Suspected Tongue Tie	3
Perineal Review	4
Wound Review	1
PMH	3
MH Support	49
Parentcraft	1
Referrals	
No. of Referrals to Physiotherapy	16
No. of Referrals to Lactation Consultants	3
No. of Referrals to Postnatal Hubs	101
No. of Referrals to BRS	183

Emerging Themes

- Feeding concerns
- Breastfeeding concerns
- Suspected tongue-tie
- Perineal review
- Wound review
- PMH
- Maternal support
- Parentcraft

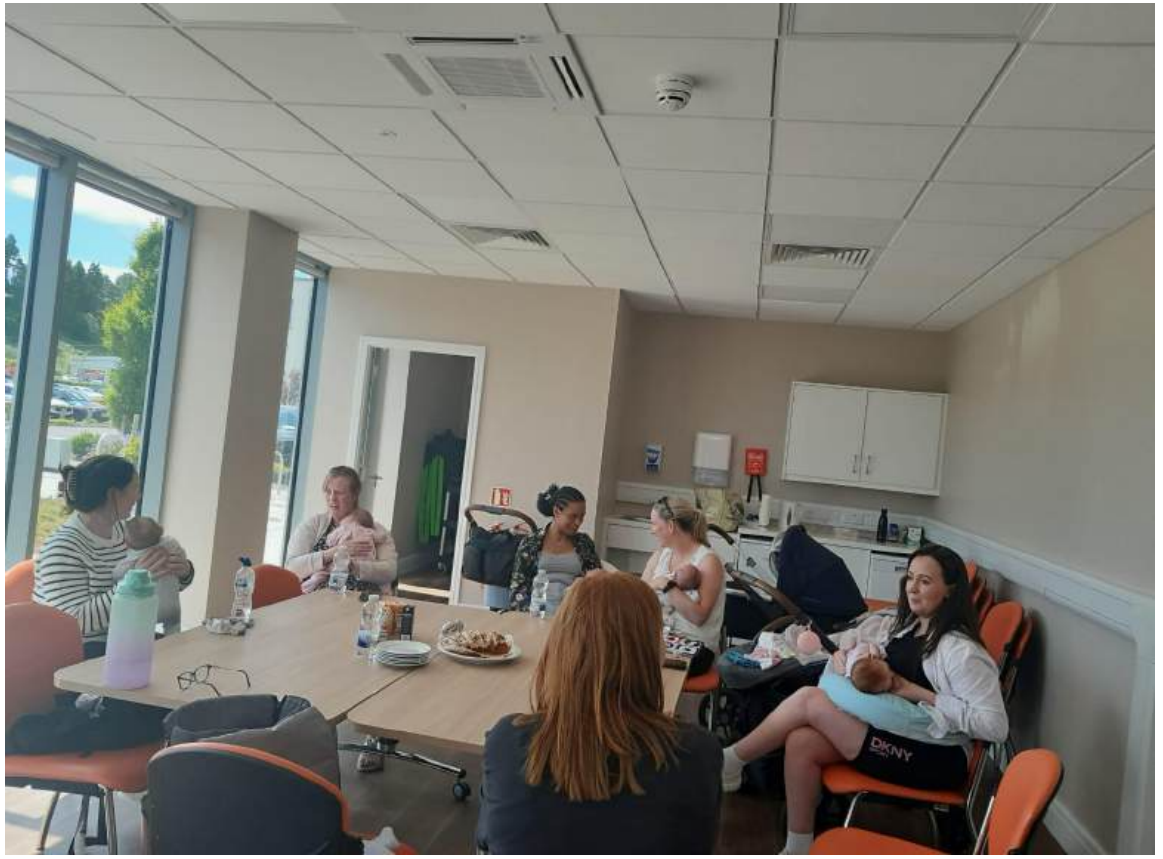
Challenges

- Securing adequate venues, larger rooms with access to a clinical room.
- Poor uptake in St Mary's Primary Care Centre - previously appointment based, changed to drop in, continue to have low numbers. Engagement with PHN's to encourage a collaborative approach. Women/families appear to be well supported in these areas?
- Geography of Cork, the gold standard to provide access for all women.

Feedback

Fiona from Clonakilty HUB said *"I have found it extremely welcoming and* ***a great way of connecting with new mums particularly as I am not from the Cork area*** *and only living here a short time. I have also found the hub* ***very educational*** *from a group perspective when different topics are discussed but also on a personal level where there has always been* ***an effort made to check in***"

Caroline from Clonakilty HUB said "*The* ***HSE midwifery service in cork should be so proud*** *that they had the foresight to create this hub. It has* ***helped me both mentally and physically and by helping me you were looking after my newborn***. *I know many women in the group have their own personal struggles including fertility struggles and some had very difficult pregnancies and they are also regular attendees hence I know it helps them also.* ***Many travel from Bandon and Enniskeane*** *for the support they are receiving at this group in Clonakilty".*



Contact Details

The Hub is a self referral, drop in service.

Birth Reflections – GP/PHN/Self referral CUMH.BirthReflection@HSE.IE

Women's physiotherapy cumh.physiotherapy@hse.ie

Specialist Perinatal Mental Health Support- **spmhs.cumh@hse.ie**
Phone:0214234335 Team Number 0874107081

ETH Midwife phone 8am-18.00pm-7/7 days.
0874563286

CUMH Homebirth Service – The Team

- Currently, 3 Self Employed Community Midwives SECMs: Elke Hasner, Mary Cronin & Caroline Corcoran (2 other midwives are available as 2nd midwives attending births)
- Designated Midwifery Officer DMO: Jo Delaney, Orlaith Spitere & Kate Lyons
- Liaison Consultant Obstetrician for Homebirths in CUMH is Dr Aenne Helps

- SECMs provide antenatal care, attend birth from 37-42 weeks & postnatal care for up to 14 days.
- Reviewed at Homebirth Clinic in CUMH & seen by Consultant Obstetrician

Registered home births in Ireland 2022

0.4%
of births occurred at home in 2022

In Ireland, 0.4% of all births occurred at home in 2022. There were 432 women who registered for a home birth with 218 women giving birth at home.

Average number of visits 6

The average number of **antepartum visits** by the community midwife to women registered for a home birth was six.

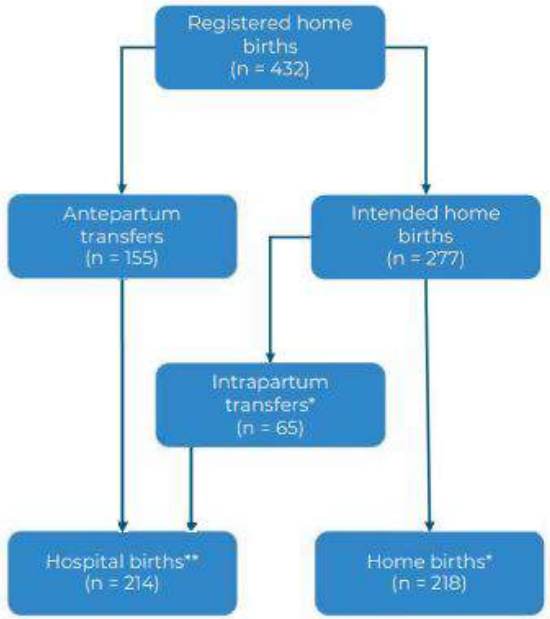
64%

Almost two-thirds of women who registered for a home birth in 2022 had a **previous birth**.

1-in-3

One in three women were transferred to a maternity hospital due to complications arising during the antepartum period, the most common reason being post-dates pregnancy.

Flow Diagram for home births 2022



Notes:

*Six women gave birth at home but required intrapartum transfers in the 3rd stage of labour.

**Born before arrival to the hospital and other type of births are included as hospital births (n = 11)

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Patient Safety First

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https://www.ucc.ie/en/npec/clinical-audits/registeredhomebirthsinireland/

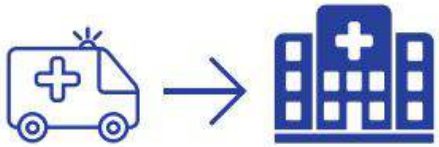
Registered home births in Ireland 2022

23km

The average distance from the woman's residence to the maternity unit was within 22.8km.

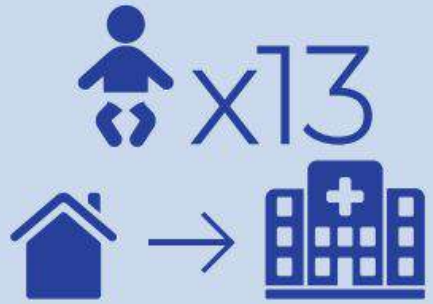
24%

Almost one quarter of women who began labouring at home were transferred to the maternity hospital in the intrapartum period, the majority during the first stage of labour (79%). The mean time for transfer was 28.1 minutes.



transfers (x3)

First time mothers were three times more likely to transfer during labour than women who had a previous birth (44% versus 15%).



x13

Thirteen of all infants who were born at home were transferred to a maternity hospital. The most common reason was to accompany their mother who required transfer (54%)

5 visits

On average, the women received five postpartum visits from the community midwife with the average day of discharge on day 12.

Intrapartum transfers

The most common reasons for transfer during labour were slow progress and maternal request for medical analgesia.

94%

On the day of discharge from the home birth service, 94% of women were breastfeeding exclusively.

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Patient Safety First

- At GP visits offer homebirth as another option for women with low risk pregnancies. Sign post CUMH Website or contact homebirth.south@hse.ie
- Shared model of care between woman, GP, SECM and CUMH.
- Liaise with National Ambulance Service
- Approximately 93% of women, who registered for a home birth, also registered with a GP. Only 35.9% of them received all their shared care from their GP. Where a GP was not able to provide antenatal care, they were also unlikely to be able to complete the examination of the newborn before 72 hours (NPEC 2022)

Successes:

- Women who use the service express high levels of satisfaction
- Job satisfaction of midwives
- Higher breastfeeding rates
- Continuity of Midwifery Care

Challenges:

- Grow the service - Offer homebirth as a real choice for more women
- Develop midwives in CUMH to be able to support homebirths
- Increase continuity models of care for women
- Demographic challenges
- GP Indemnity challenges
- Unmedically assisted birth “Free Birthing”

What service users say:

- High Maternal Satisfaction (HIQA, 2020) , Midwife-led, Free Service, Community provided, Evidence Based and offers a Continuity of care model (Caseload Midwifery).
- YSYS

"I would like to express my gratitude and admiration for the HSE homebirth service mentioned above. In my experience, this is a gold standard service that should be protected and preserved exactly as it is. It should also be advertised and promoted a lot more. It feels like a "best kept secret" which is such a pity as so many mothers and babies could hugely benefit from it if it was advertised and promoted more. The level of care that I experienced while I was under this scheme was honestly second to none and it became absolutely invaluable for a first time mother. The homebirth midwives are extremely experienced professionals and I have never met anyone so thoroughly dedicated to their profession. They really go above and beyond to provide the highest level of care possible for the women in their care"

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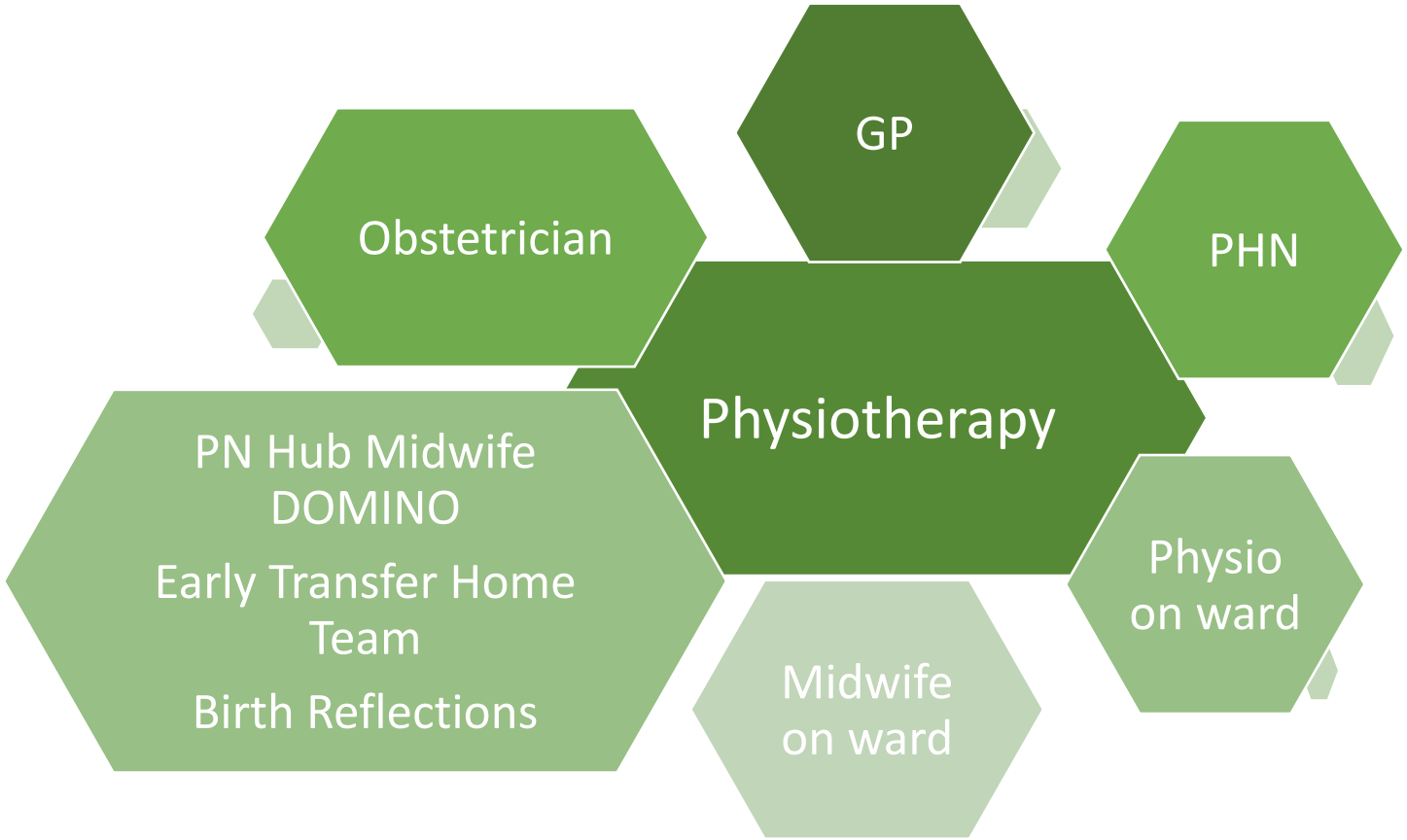
Women's & Infant's Hub Physiotherapy Services

Orla McCarthy, Clinical Specialist Physiotherapist in Pelvic Health

Physiotherapy Referral Pathway



Referral pathway & services for Postnatal Physiotherapy to Women's & Infant's Hub

MSK issues

Low Back Pain

PGP

DRAM

Carpal Tunnel Syndrome

Other MSK e.g. knee pain

Referrals accepted up to **6 weeks post partum / From 6 week check**

Gp/Midwife/PHN/Obstetrician refer via **email**

cumh.physiotherapy@hse.ie

Or via **referral letter** to Physio Dept.

Electronic Referral via MNCMS

Pelvic Floor Dysfunction

Urinary incontinence

Urinary urgency/voiding issues

Faecal incontinence/urgency

Pain with defecation / poor control of flatus

Perineal Pain

Pelvic Organ Prolapse

Dyspareunia

Coccydynia

Not seen in the 1st 6 weeks to allow healing

Referrals accepted up to **2 years post partum**

Treating Modalities

- Education and advice
- Bladder retraining
- PFM strengthening exercises
- PFM down training
- Manual techniques- trigger point release, joint mobilisation, MET's
- Trans perineal Dry needling
- Myofascial and visceral release techniques
- Correct provision of Maternity support belts.
- Dry needling
- Acupuncture

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HSE

New Virtual Education Class for Postnatal Women

Feedback

- *"Very **informative**. Really liked that the advice is from a **professional**, I can **trust** it. So much misinformation out there."*
- *"Liked that it was **online** as **time is limited** with new born."*
- *"Very **clear**, **easy to follow info**. Real time showing how to complete DRAM assessment."*
- *"Orla was **lovely** & made all the info very **accessible**"*
- *"**Clear**, concise information and when & **how to get referred to physio if issues**"*

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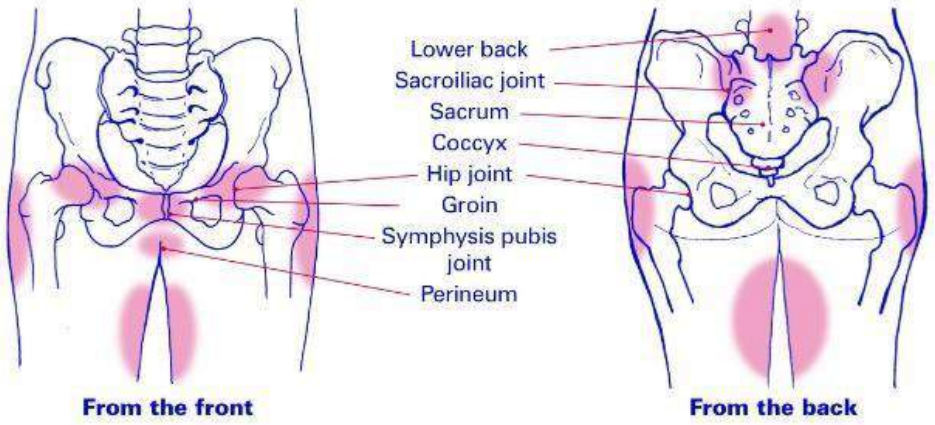
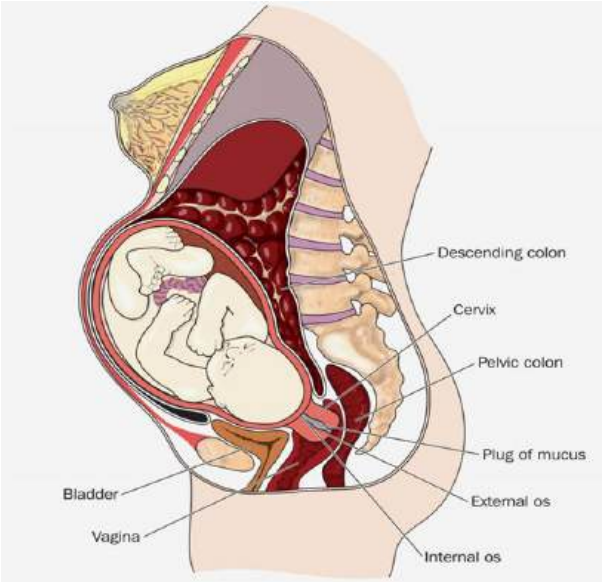
Managing Pregnancy Related Pelvic Girdle Pain (PGP)

Liz Barry, Deputy Physiotherapy Manager CUMH

What is PGP?

- PGP is a specific form of low back pain (LBP) that can occur separately or in conjunction with LBP
- It has been estimated that approximately 20–25% of all pregnant women suffer from PGP that is sufficiently serious to seek help from a health professional. Whereas up to 70% of women experience LBP at some point in their pregnancy.
- The pain distribution can vary but it can affect any of the following areas - **pubic bone**, groin or **hip/buttock** region. **Tailbone** pain or over **sacroiliac joints**





- 3 pelvic joints – PS, 2x SIJs
- Normally rigid, very little movement
- High levels of relaxin in 1st trimester and then high levels of oestrogen and progesterone creates laxity in the ligaments
- Asymmetry of joint mobility can create pain or dysfunction in the joints
- Core muscles – RA, TA under stretch, PFM in under load
- As pregnancy progresses increased load causes faster fatigue

Risk Factors

- Generalised joint hypermobility (GJH) – will tend to experience symptoms earlier in pregnancy – 1.5 times more likely in the 1st trimester
- If the woman has GJH and is overweight this increases the risk
- The more babies the lady with GJH the more risk she has of developing PGP
- Women with GJH have more severe pain earlier in pregnancy
- History of trauma to the area in the past e.g. Fall, RTA, sporting injury
- Physical job involving long periods of standing or heavy lifting
- Caring for young children

Typical Aggravating Factors

- Turning in bed
- Getting in & out of bed
- Walking
- Heavy work such as lifting, hoovering
- Going up stairs
- Standing on one leg
- Prolonged sitting
- Sitting to standing

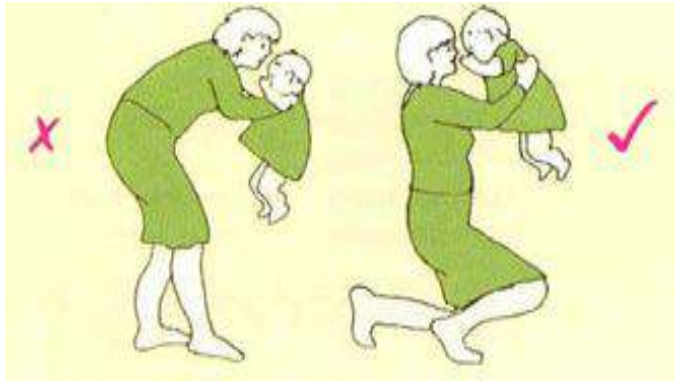
Typical Daily Pattern is usually worse as the day goes on, painful at night

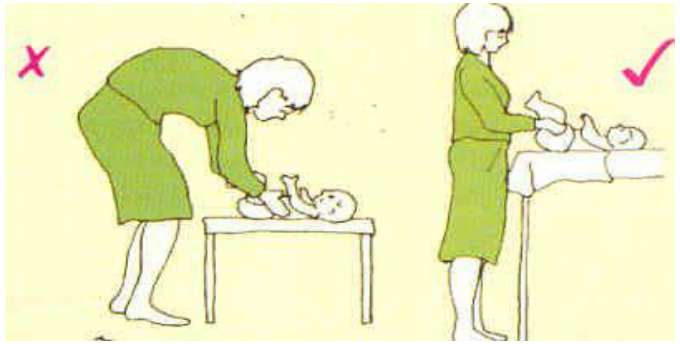
Management

Educating the woman is key – needs to become investigator of own symptoms

Needs to be managed during the pregnancy – no magic cure

Simple Changes

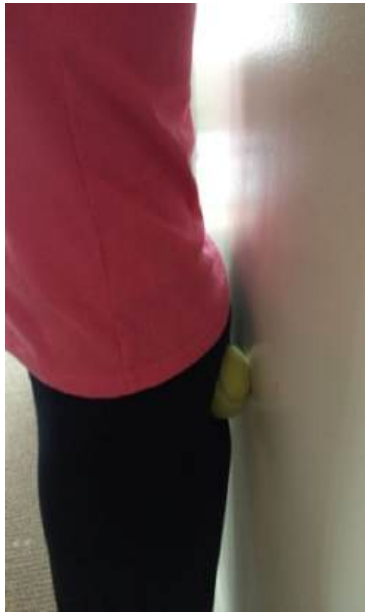




Use of Heat, Self Massage, Exercise

Hot water bottle with cover/heatpack

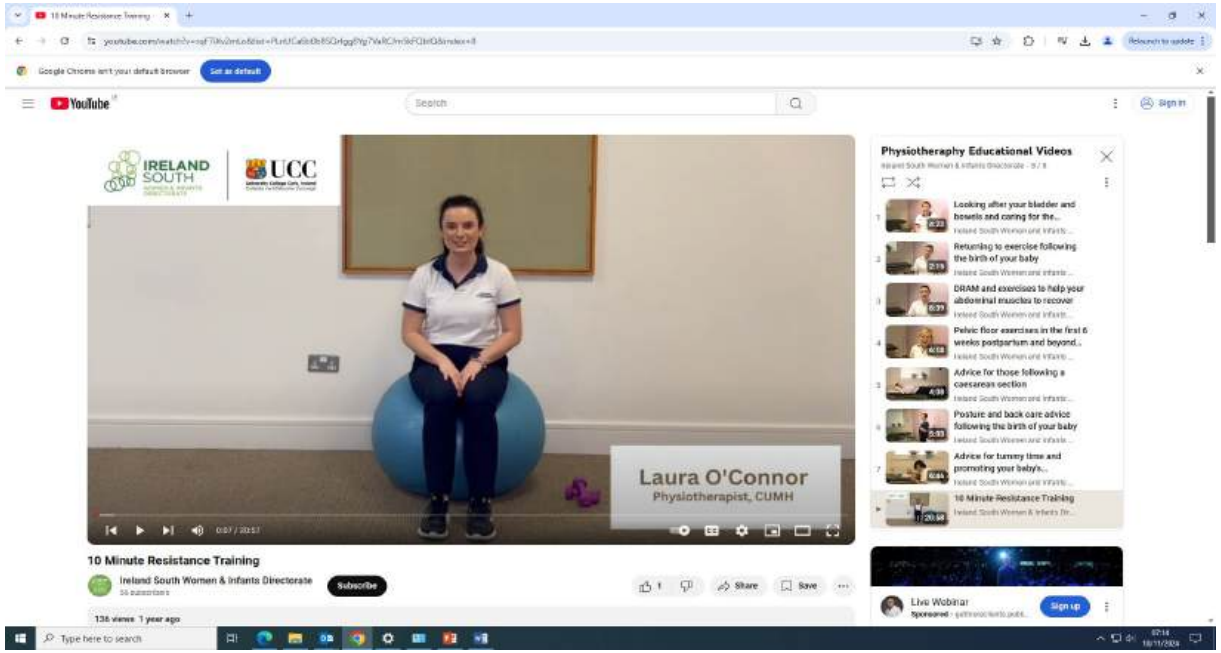
Tennis ball/spikey Ball (every 1-2 days)



Gym Ball/Swiss Ball

Stretches - Daily

Strength Training – 3 Times Per Week



https://irelandsouthwid.cumh.hse.ie/women-s-health/physiotherapy/

Also Antenatal Pilates, Aquanatal, Antenatal Yoga are all suitable

Cardiovascular Fitness

- Walking generally aggravates symptoms – but need to test limits
- Static bike – need to test – keep resistance low
- Swimming- FRONTCRAWL/BACK STROKE (Avoid backstroke in 3rd trimester)
- Walking in chest height water in a swimming pool
- Treading water deep end of pool - intervals

Belts/Abdominal Supports

Are they Helpful?

Active Straight Leg Raise Test is Key

Maternity Belts - Only Suitable for Standing/Walking

Serola Belt – Best for pubic bone/groin pain

Embrace Maternity Belt-
Best for Low back pain/hip pain or a combination of pubic and hip pain.

Abdominal Support

- Trial from 14-16 weeks onwards.
- Sit down and put it on like a skirt.
- Pull it up so that it covers the bump- up as far as bra strap.
- If they have reflux, nausea – sit above umbilicus
- If comfortable, wear the support all day
- If comfortable to wear for short periods only, wear it when on feet and active, remove while resting.
- Helps reduce low back pain, pubic and hip pain.
- Good if have a DRAM (separation of rectus abdominis)
- Can wear it post delivery for the first few weeks for tummy support

- **You can wear belt and abdominal support together**

Thank you for listening

- Our PGP booklet is available on our webpage, https://irelandsouthwid.cumh.hse.ie/women-s-health/physiotherapy/
- Referrals can be posted or emailed to us at cumh.physiotherapy@hse.ie
- Women in the 1st 2 trimesters are offered our online PGP class in the first instance – runs every **Tuesday 12-1.15pm**
- If no change despite doing the exercises and following the advice or if pain is not manageable they can contact the service **via email or (021) 4927448** to arrange a physiotherapy appointment at any point in the pregnancy. They don't need a new referral
- Women > 28-30/40 are offered a **face to face appointment** in order to ensure there are concerns about hip ROM for giving birth vaginally.

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Delivery Outcomes CUMH

Dr. Adriana Olaru, Labour Ward Lead Consultant Obstetrician & Gynaecologist

Delivery Characteristics CUMH June, July and August 2024

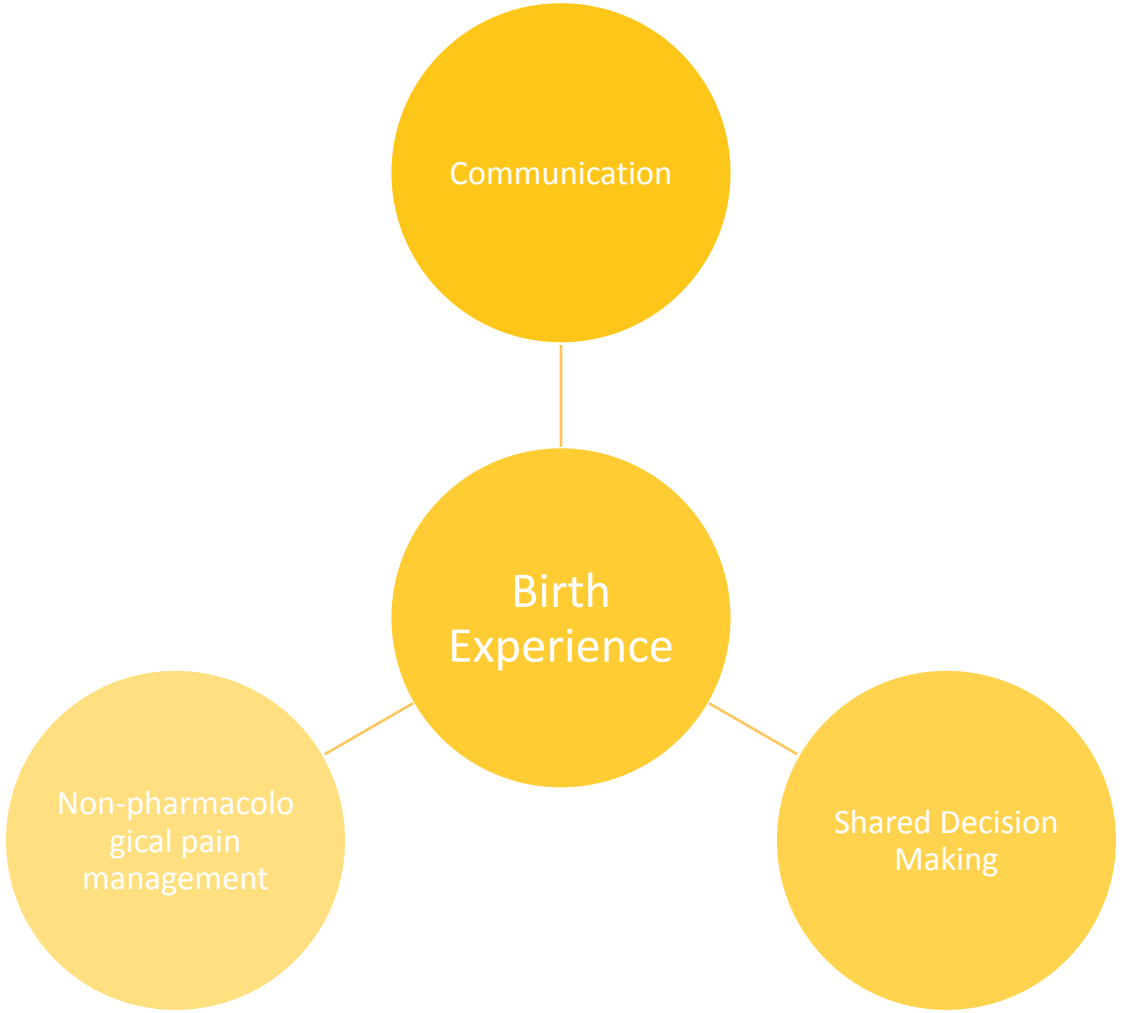
Delivery characteristics	CUMH
Births total for month	**1623**
Mothers delivered	1581
Nulliparous: n (%)	691 (44%)
Multiparous: n (%)	890 (56%)
Overall Vaginal deliveries	
Total Vaginal deliveries n (%)	**951 (60%)**
Spontaneous Vaginal deliveries n (%)	710 (45%)
Operative Vaginal deliveries n (%)	241 (15%)
Inductions of labour	
Inductions of labour (total): n (%)	**623 (39%)**
Inductions nulliparas : n (%)	333 (48%)
Inductions multiparas : n (%)	290 (33%)
Caesarean sections	
Caesarean delivery (Total): N (%)	**630 (40%)**
C-sections nulliparas: N (%)	285 (41%)
C-sections multiparas: N (%)	345 (39%)
Labour epidurals N	665
Perinatal death	
Stillbirths	5
Maternal deaths	0

Factors affecting Caesarean Section Rate

	CUMH Jan – Oct 24		
	# Births	# CS (%)	Contr. %
Group 1	724	90 (12.4%)	**1.7%**
Group 2a	1066	362 (34%)	**6.8%**
Group 2b	299	299 (100%)	**5.6%**
Group 3	789	11 (1.4%)	**0.2%**
Group 4	935	138 (14.7%)	**12.6%**
Group 5	940	817 (86.9%)	**15.3%**
Group 6	101	97 (95%)	**1.8%**
Group 7	85	82 (95.3%)	**1.5%**
Group 8	125	95 (74.2%)	**1.8%**
Group 9	33	33 (100%)	**0.6%**
Group 10	249	121 (48%)	**2.3%**
TOTAL	**5347**	**2146 (40.1%)**	

- CUMH CS rate is increased by IOL in nulliparous women (34% CS rate v 12.4% for SOL) and by elective repeat LSCS
- CUMH Induction Rate: 48% Nulliparous women, 33% multiparous women
- Affects length of stay, logistical challenges for busy maternity units, impacts future pregnancies

Birth Experience



Consequences of Increasing CS Rates

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Optimising caesarean section use 2

Short-term and long-term effects of caesarean section on the health of women and children

Jane Sandall, Rachel M Tribe, Lisa Avery, Glen Mola, Gerard HA Visser, Caroline SE Homer, Deena Gibbons, Niamh M Kelly, Holly Powell Kennedy, Hussein Kidanto, Paul Taylor, Marleen Temmerman

A caesarean section (CS) can be a life-saving intervention when medically indicated, but this procedure can also *Lancet* 2018; 392: 1349–57

- Increased risk of uterine rupture, abnormal placentation, ectopic pregnancy, stillbirth, and preterm birth
- Short-term neonatal risks: altered immune development, increased likelihood of allergy, atopy, asthma, reduced intestinal gut microbiome diversity.
- The persistence of these risks into later life is less well investigated, although an association between CS use and greater incidence of late childhood obesity and asthma are frequently reported.

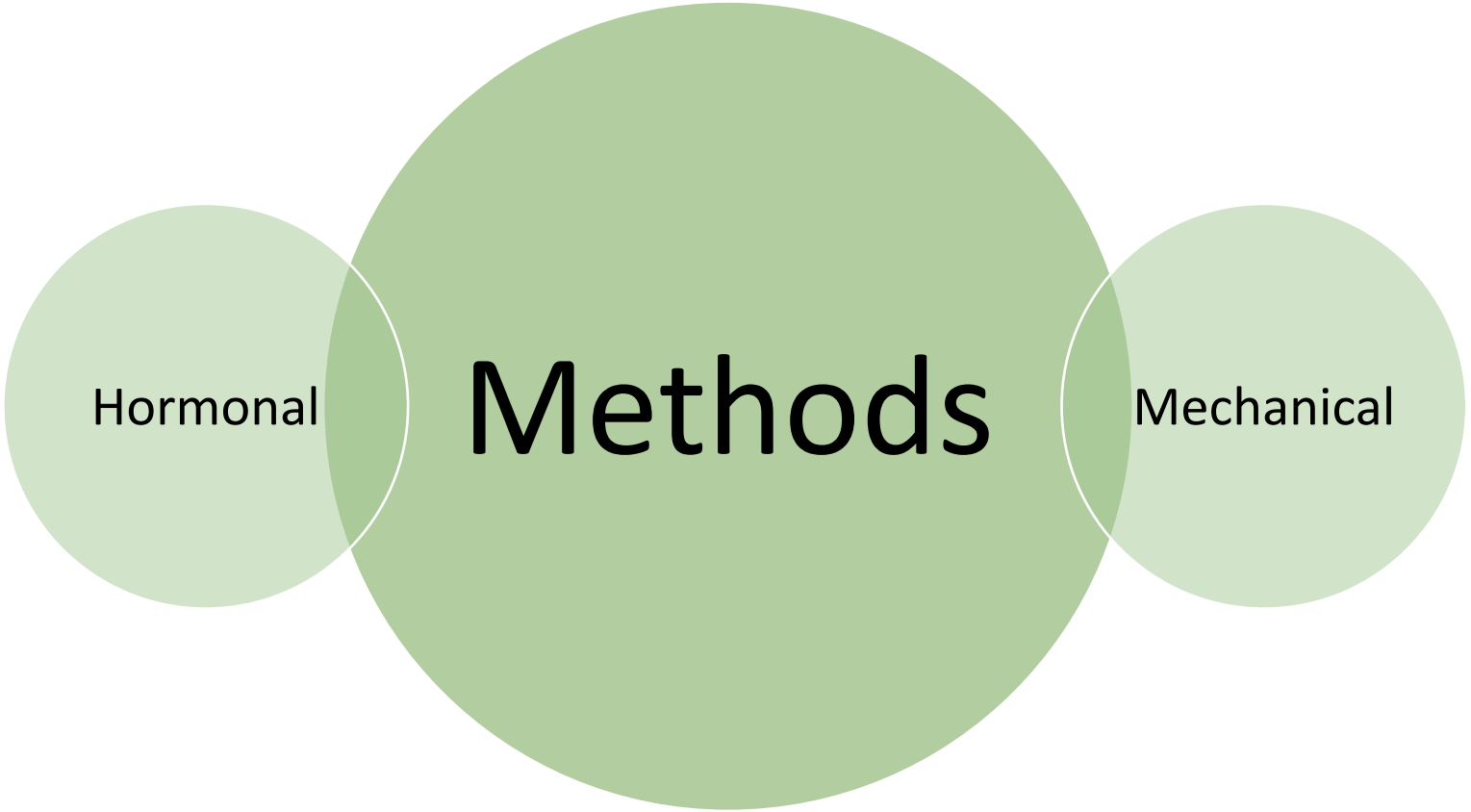
Induction of Labour

- Will impact place of birth, may affect duration of hospital stay, may increase need for pain relief, will increase number if vaginal examinations, increased level of fetal monitoring
- Can allow planning, scheduling of hospital resources and support
- Can accommodate preferences of pregnant woman
- Can help reduce pregnancy complications
- Shared decision making

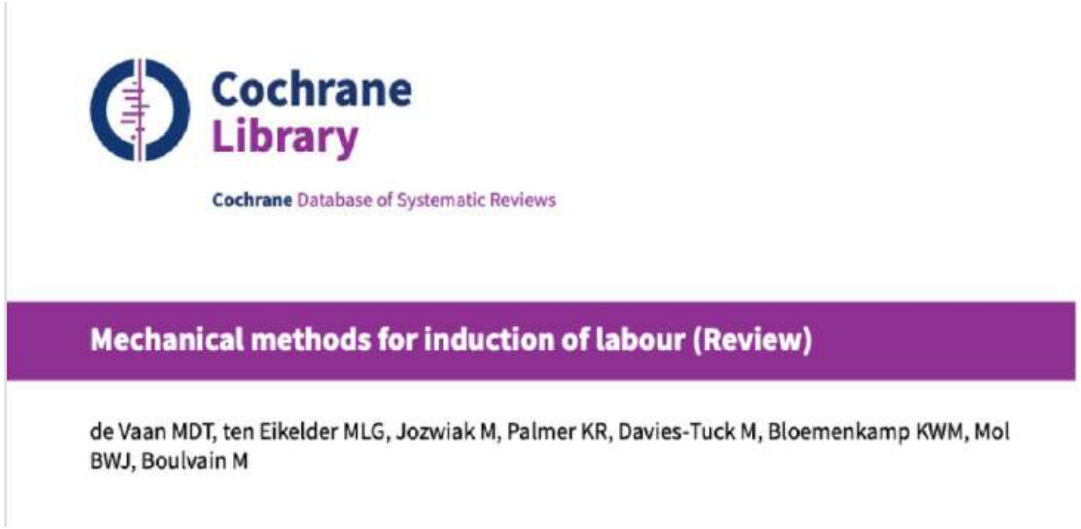
Indications for Induction of Labour

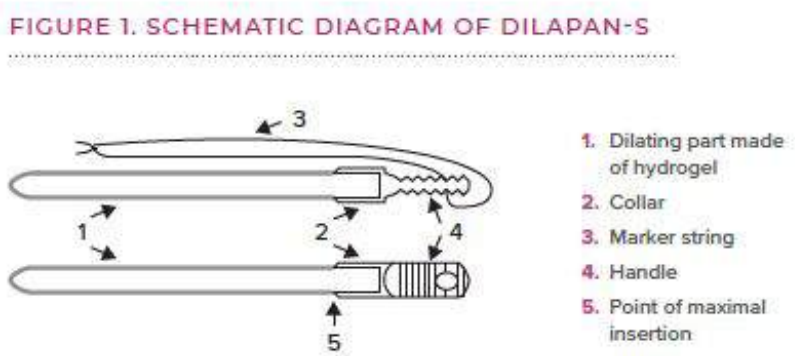
- Fetal
- Maternal/No medical reason
- Hypertensive condition in pregnancy
- Prolonged SROM
- Postdates (41 weeks)
- Post-term (42 weeks)

Methods of Induction of Labour



Mechanical Induction of Labour





- As effective as pharmacological methods
- Better safety profile
- Associated with less adverse events such as uterine hyperstimulation.
- No difference in rates of caesarean section

Outpatient Induction of Labour

- Cochrane Review 2020
- Home versus inpatient IOL with balloon catheter
- Home IOL may reduce the number of CS (RR 0.64, 95% CI 0.41 to 1.01, 2 studies, 159 women)
- Little or no difference for other primary outcomes
  - SVD (RR 1.04, 95% CI 0.54 to 1.98, 1 study, 48 women)
  - uterine hyperstimulation (RR 0.45, 95% CI 0.03 to 6.79, 1 study, 48 women)
  - NICU (RR 0.37, 95% CI 0.07 to 1.86, 2 studies, 159 babies)

Outpatient Induction of Labour

Outpatient elective induction of labour at 39 weeks' gestation (HOME INDUCTION): an open-label, randomised, controlled, phase III, non-inferiority trial

Sarah M. Nicholson,[a,b,*] Karen Flood,[a,b] Patrick Dicker,[b,c] Zara E. Molphy,[b] Orla T. Smith,[a,b] Corina I. Oprescu,[a] Eimear M. Wall,[a,b] Sara N. El Nimr,[a,b] Ita M. Shanahan,[a] Bernard J. Kennedy,[a] Ronan V. Daly,[a,b] Geraldine Gannon,[a] Claudia Looi,[a] Elena Fernandez,[a,d] and Fergal D. Malone[a,b]

- Assessed different methods of cervical ripening for elective IOL at in nulliparous women at 39 weeks' gestation in the outpatient setting
- For normal-risk women, outpatient cervical ripening is an effective and well-tolerated option
- Rates of CS: 25% in Dilapan group and 24% in Propess group
- Can minimise the time spent in hospital cervical ripening, allowing for better utilisation of hospital resources

Outpatient Induction of Labour

- Following the publication of these studies, CUMH has decided to introduce outpatient induction of labour using mechanical methods of induction
- As safe as inpatient induction of labour for normal risk women
- May reduce CS rate

Eligibility Criteria

- Wish to return home
- Normal risk, singleton, cephalic pregnancy
- Have no co-existing medical conditions or obstetric complications
- Have good social support
- Good understanding and ability to communicate in the English language
- Who have easy accessibility to CUMH
- Access to a telephone

Contraindications to Outpatient IOL

- Co-existing medical conditions e.g. renal disease, diabetes mellitus, hypertension
- Obstetric complications e.g. hypertensive disorders of pregnancy, obstetric cholestasis, gestational diabetes, small for gestational age, oligohydramnios
- History of scarred uterus
- Gestational age of 40 weeks + 10 days or less
- BMI of 35 or greater
- Maternal age greater than or equal to 40 years old
- Clinical suspicion or definite evidence of pre-existing fetal distress
- Fetal malpresentation
- Multiple gestation
- Women with a history of difficult/traumatic birth

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Thank You

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Gynaecology Service Update

Dr Mairead O'Riordan
Clinical Director, Cork University Maternity Hospital

November 2024

Gynaecology Services

Supra-regional	Regional	Other
• Urogynaecology (mesh) • Endometriosis • Fertility (AHR unit) • Complex menopause	• General Gynaecology • Oncology • PMB • COSAC • Colposcopy (Cervical Check) • Paediatric Gynaecology • Perineal Clinic • Ambulatory Gynaecology	• Physiotherapy • Nurse led services

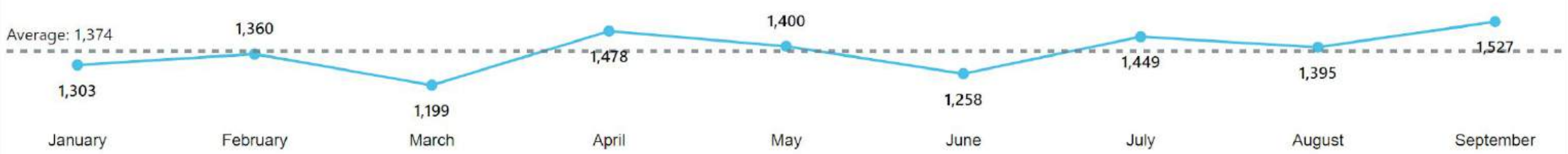
S/West OP Referrals 2019, 2022, 2023 & 2024 YTD

Select all | BGH | CUH | CUMH | MGH | UHK

Specialty: Gynaecology

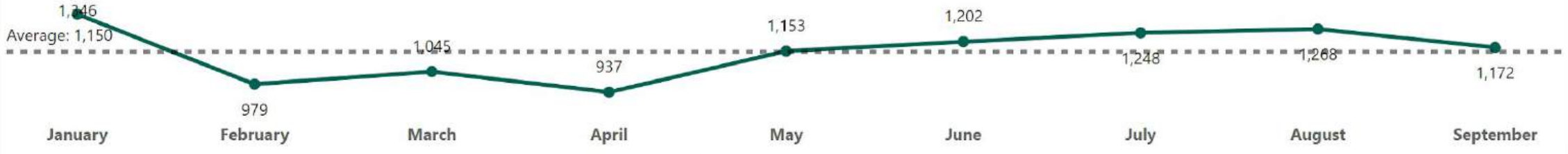
Months: Multiple selections

OP Referrals 2024 YTD



2024 YTD: 12,369

OP Referrals 2023



2023: 10,350

OP Referrals 2022

2022: 8,066

OP Referrals 2019

2019: 5,646

Data Source: OPD Scheduled Care Report Monthly Report

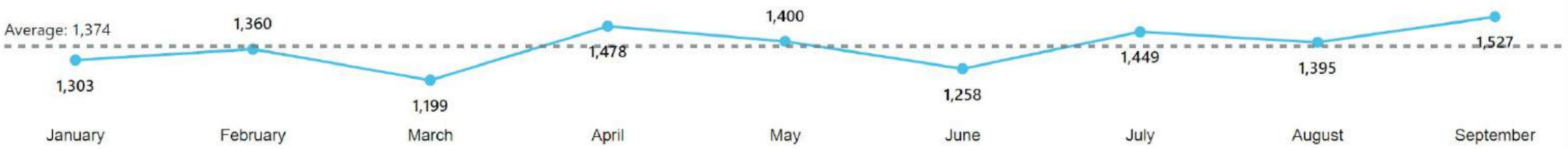
S/West OP Referrals 2019, 2022, 2023 & 2024 YTD

Select all | BGH | CUH | CUMH | MGH | UHK

Specialty: Gynaecology

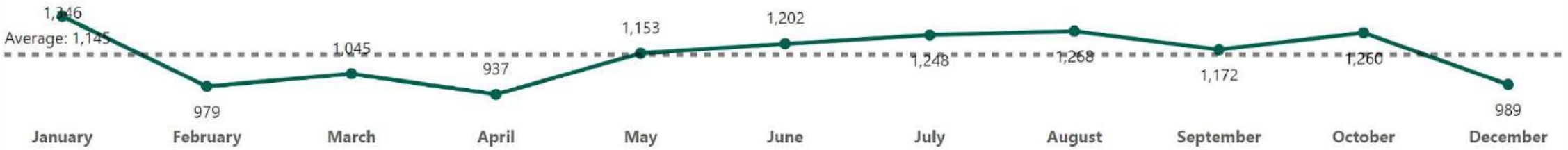
Months: All

OP Referrals 2024 YTD



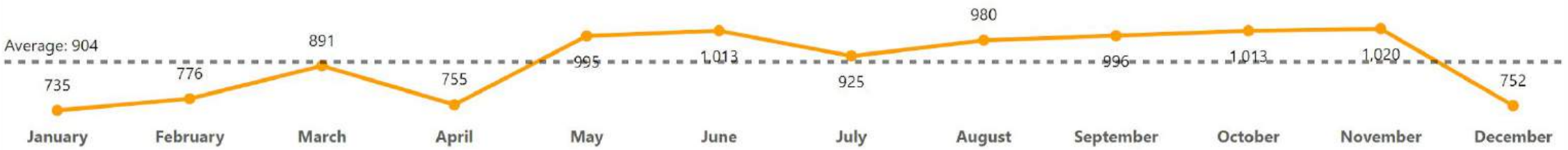
2024 YTD: 12,369

OP Referrals 2023



2023: 12,599

OP Referrals 2022



2022: 10,851

OP Referrals 2019

2019: 7,294

Data Source: OPD Scheduled Care Report Monthly Report

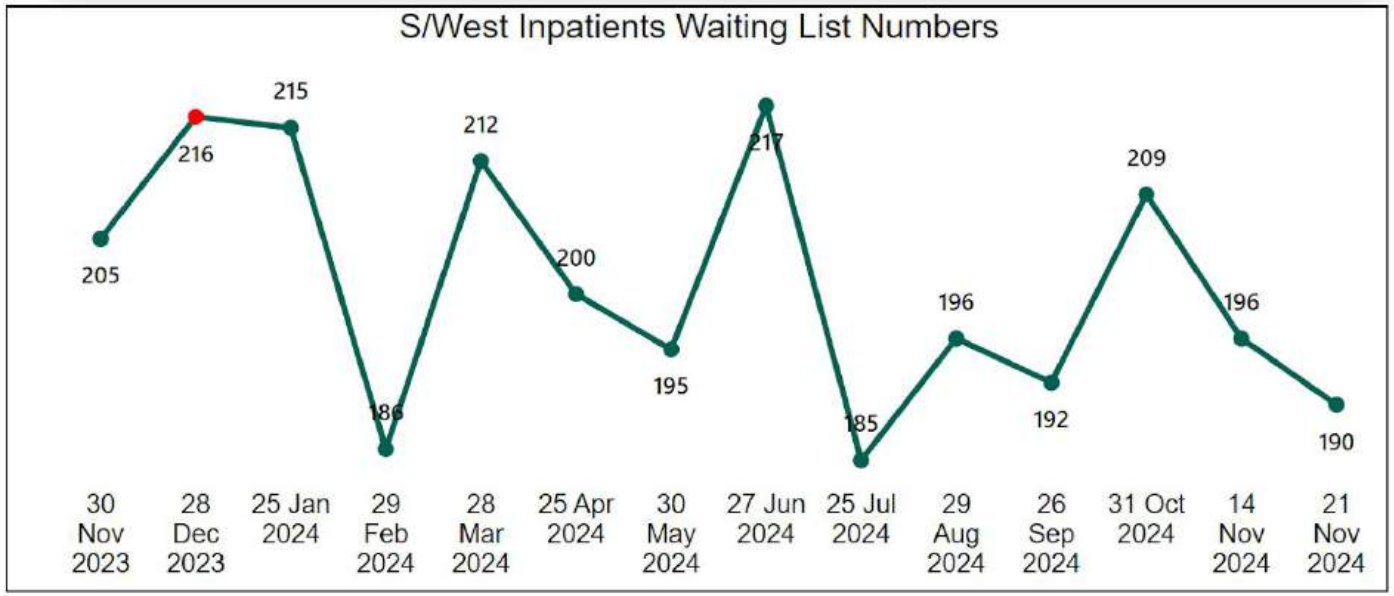
2024 Targets for Inpatient - 90% of patients to be treated within 9 months with 0 patients waiting >24mths

Select all | CUH | CUMH | MUH | SIVUH | UHK

Specialty: All

Adult/Child: Select all | Adult

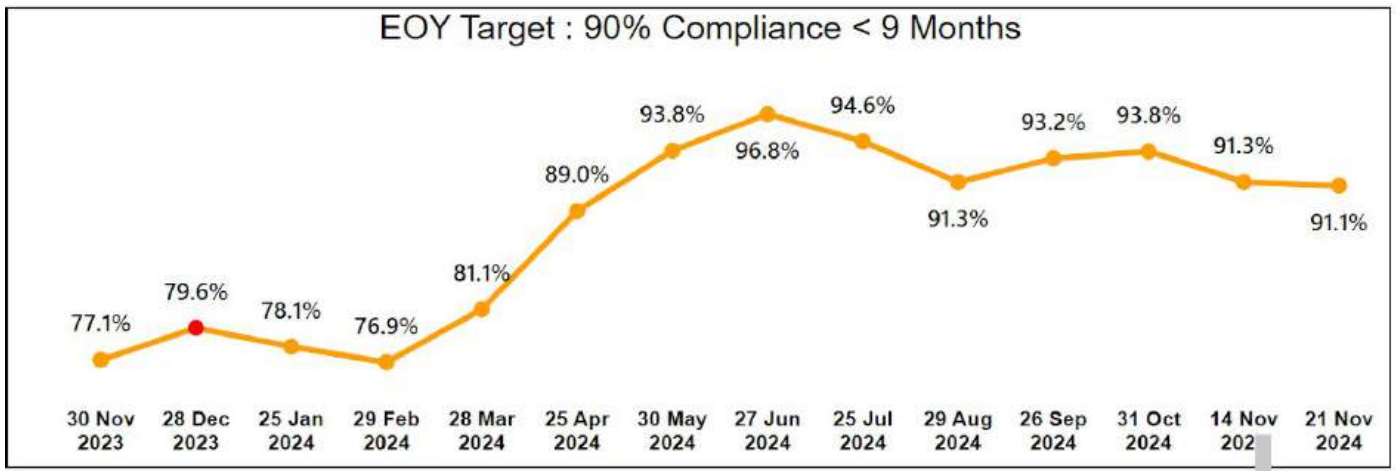
21 November 2024



Total Numbers Waiting Breakdown per hospital for total Inpatients waiting:

Hosp	Total Waiting	WoW
CUMH	190	-6
S/West	**190**	**-6**

Hosp	0-3 Mths	3-9 Mths	9-36 Mths	36-48 Mths	48 Mths +
CUMH	105	68	17		
S/West	**105**	**68**	**17**		



Total Inpatients
Patients Waiting 9+mths, 36+mths & 48+ mths

Hosp	This Week > 9 Mths	WoW >9Mths	90% Comp <9 mths	WoWs Comp <9 mths	This Week >36-48 Mths	WoW >36-48 mths	This Week >48 Mths	WoW >48 Mths
CUMH	17	0	91.1%	-0.27%				
S/West	**17**	**0**	**91.1%**	**-0.27%**				

Data Source: NTPF - IPDC Waiting List Weekly Comparison Report

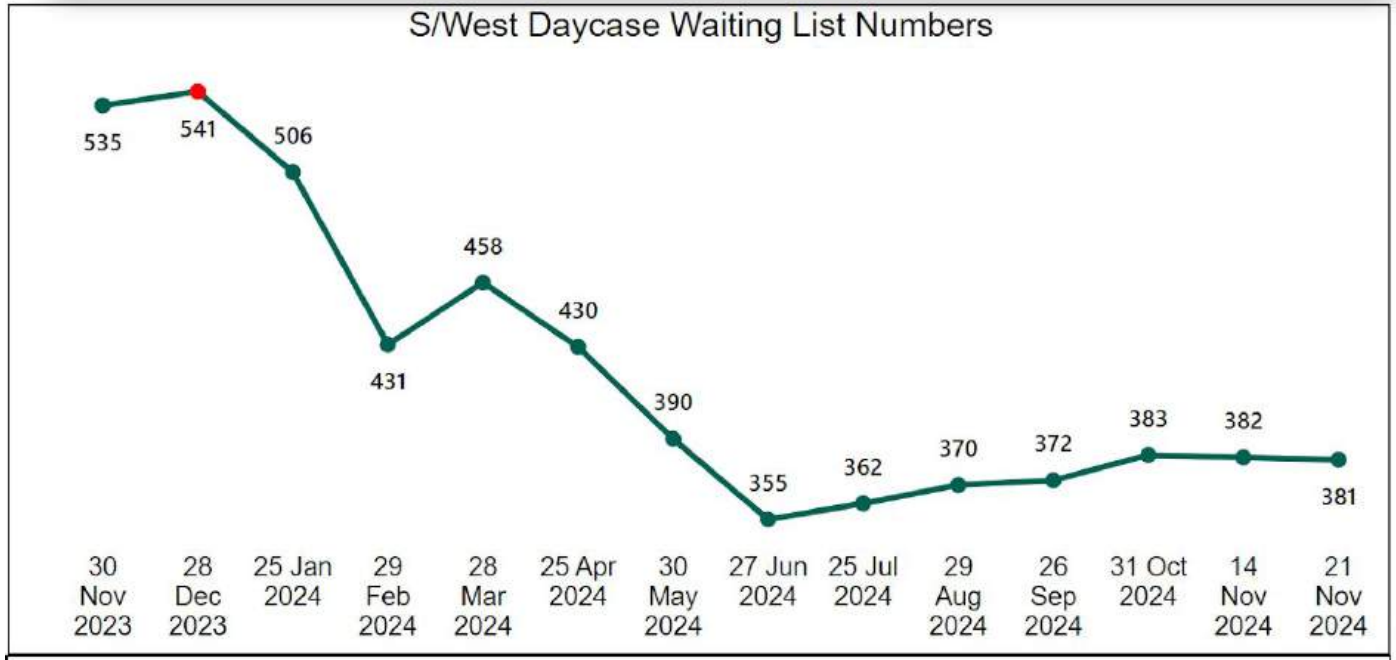
2024 Targets for Daycase - 90% of patients to be treated within 9 months with 0 patients waiting >24mths

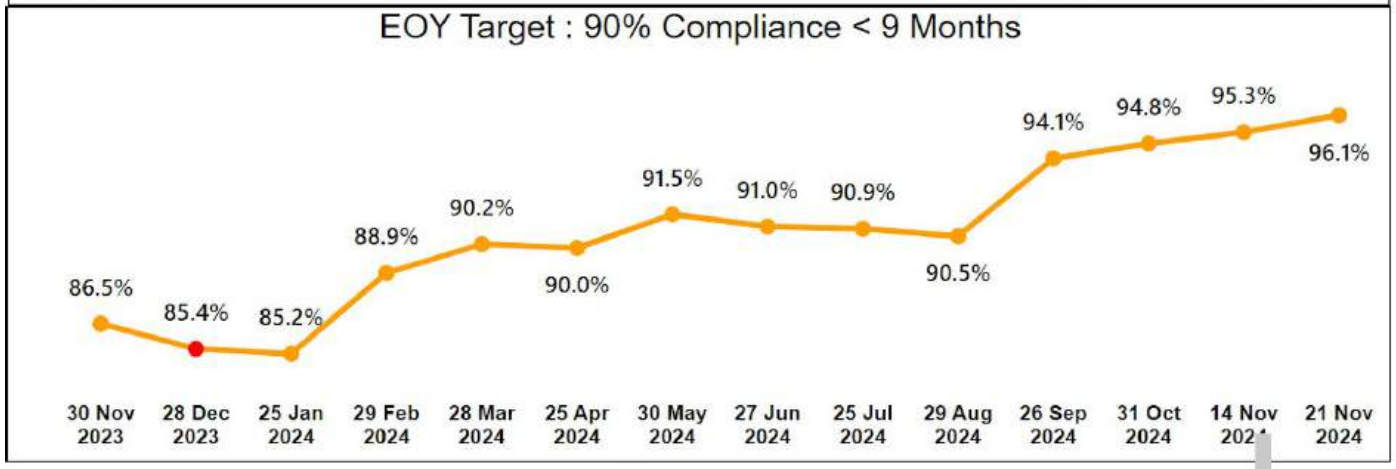
Select all | BGH | CUH | CUMH | MGH | MUH | SIVUH | UHK

Specialty: All

Adult/Child: Select all | Adult | Child

21 November 2024





Total Numbers Waiting Breakdown per hospital for total Daycase waiting:

Hosp	Total Waiting	WoW
CUMH	381	-1 ↓
S/West	**381**	**-1** ↓

Hosp	0-3 Mths	3-9 Mths	9-36 Mths	36-48 Mths	48 Mths +
CUMH	241	125	15		
S/West	**241**	**125**	**15**		

Total Daycase Patients Waiting 9+mths, 36+mths & 48+ mths:

Hosp	This Week > 9 Mths	WoW >9Mths	90% Comp <9 mths	WoW Comp <9 mths	This Week 36-48 Mths	WoW 36-48 mths	This Week >48 Mths	WoW >48 Mths
CUMH	15	-3 ↓	96.1%	0.78% ↑				
S/West	**15**	**-3** ↓	**96.1%**	**0.78%** ↑				

Data Source: NTPF - IPDC Waiting List Weekly Comparison Report


Opportunities
Challenges
Outreach & Integrated Care Pathways
Women's Health Hubs
Community Access to Diagnostics
Inappropriate Referrals/ Information Gaps
Low Complexity/Low Conversion
Growing Waiting Lists/Times
Increased referrals

Referral Management

Patient Pathways

Criteria to refer

- Fertility
- Complex menopause
- https://irelandsouthwid.cumh.hse.ie/gp-and-clinicians/pathways/ireland-south-gynaecology-care-pathways.pdf
- Need to decline referrals DNA rates

Internally redirected and therefore can be discharged directly
Conversion rate to theatre 5/1

Return appointment

- New to return ratio 1/0.8 (national target ½)
- Patient initiated review

Ultrasound

- Huge challenge
- No radiology department
- Nurse/midwife gynae scanning –crossover with obstetrics
- Driving referrals

Option 1 - GP Access to Community Diagnostics

- Provided by HSE approved private providers
- Undertaken by a CORU registered Radiographers and
- Read by Radiologists.

This Scheme includes access by GPs to the following relevant ultrasound scan types:

- US Pelvis
- US TV
- US Pelvis and TV
- US Abdomen Pelvis

Category	Description
Eligibility	*Any patient 16 years of age and over with a medical card, GP visit card or Health Amendment Act (HAA) card.*
Modalities	*Ultrasound*
Referral Guidelines	*Referrals for US should be submitted by Healthlink; for local initiatives listed in grey, please link with the listed providers to confirm specific referral guidelines*
Referral Content	*Referrals must include the following information in the free text box on the General Referral Form:* *Code 'GP Access to Community US' | CHO | County | 8-character Medical Card or GP Visit Card number or 7-character Health Amendment Act (HAA) card number | Modality | Part of the Body to be scanned (depending on type of scan being requested) | Urgent or Routine | Patient Mobile Number | Relevant clinical information including previous imaging and where this was done.*
Further Details	*Please refer to the 'FAQs' document for further information and eligibility requirements.*
Queries	*Please link with the listed providers to confirm specific referral guidelines.*

Option 2 - Acute Services Access to Community Diagnostics

The GP Access to Community Diagnostics Programme is offering an outsourcing scheme for acute services to request an ultrasound scan from HSE-approved private providers in the community at no cost.

The CUMH will redirect all GP referred patients to the relevant service provider.

CUMH/GP Collaborative Initiatives

GP Communication –

- GP Education & Information Evenings
- Website
- GP Liaison Funded role*
- CUMH/GP Clinic*

Patient Self-Management Supports –

- Social Media
- Online Classes
- Online videos
- Podcast
- Website

*tbc

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Q&A