

Cork University Maternity Hospital

Part of Ireland South Women and Infants Directorate

**University
Hospital
Kerry**

**Tipperary
University
Hospital**

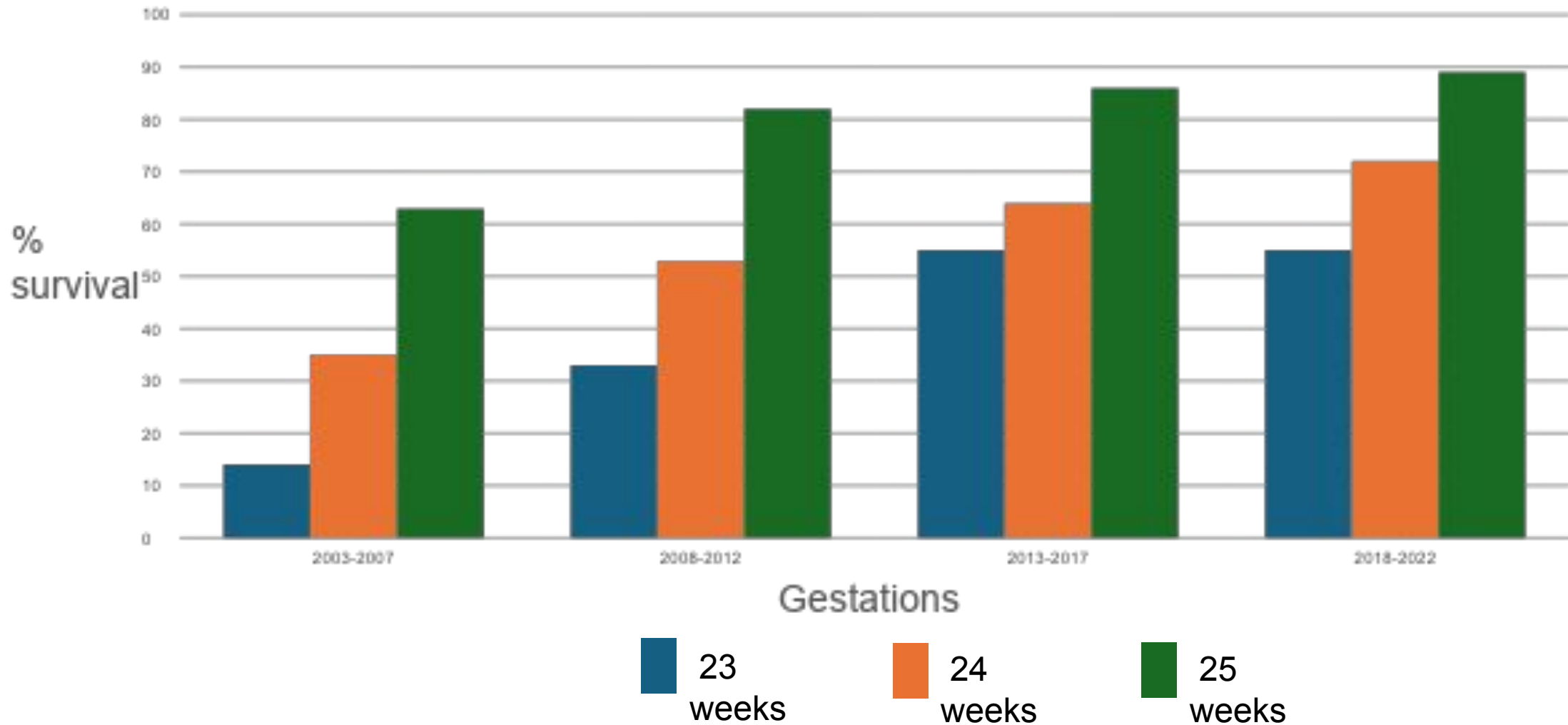
**University
Hospital
Waterford**



Neonatal Intensive Care Outcomes in 2025

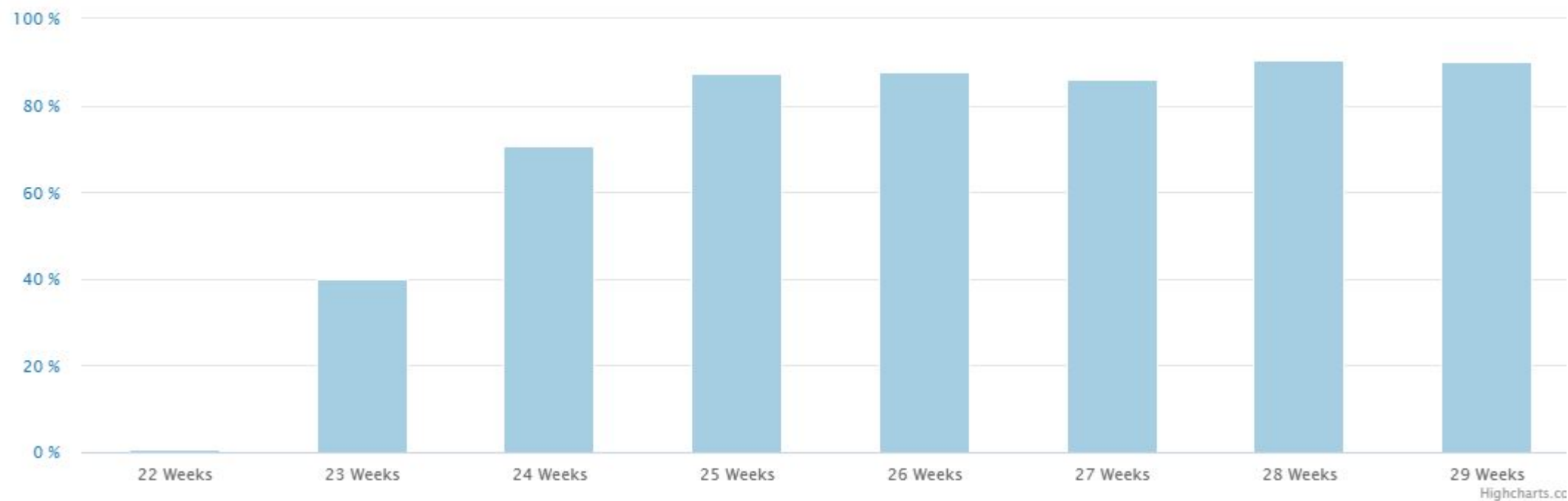
Dr Peter Filan
Clinical Lead, Neonatology, CUMH

Survival trends at CUMH 2003-2022



CUMH survival after premature birth 2019 - 2024

Center 536, 2019-2024
Survival
22-29 Weeks By GA Week



Outcome for babies born alive between 22 & 26 weeks' gestation†

Survival

In babies who receive intensive treatment

● Died ● Survived

Severe disability

In survivors**

● Severe disability
● No severe disability**

22
weeks

7 in 10 babies die

[51 to 79%]*



3 in 10 babies survive



1 in 3 babies has severe disability

[24 to 43%]

2 in 3 do not**

23
weeks

6 in 10 babies die

[56 to 68%]*



4 in 10 babies survive



1 in 4 babies has severe disability

[16 to 33%]

3 in 4 do not**

24
weeks

4 in 10 babies die

[35 to 45%]*



6 in 10 babies survive



1 in 7 babies has severe disability

[11 to 24%]

6 in 7 do not**

25
weeks

3 in 10 babies die

[22 to 30%]*



7 in 10 babies survive



1 in 7 babies has severe disability

[10 to 21%]

6 in 7 do not**

26
weeks

2 in 10 babies die

[15 to 21%]*



8 in 10 babies survive



1 in 10 babies has severe disability

[6 to 14%]

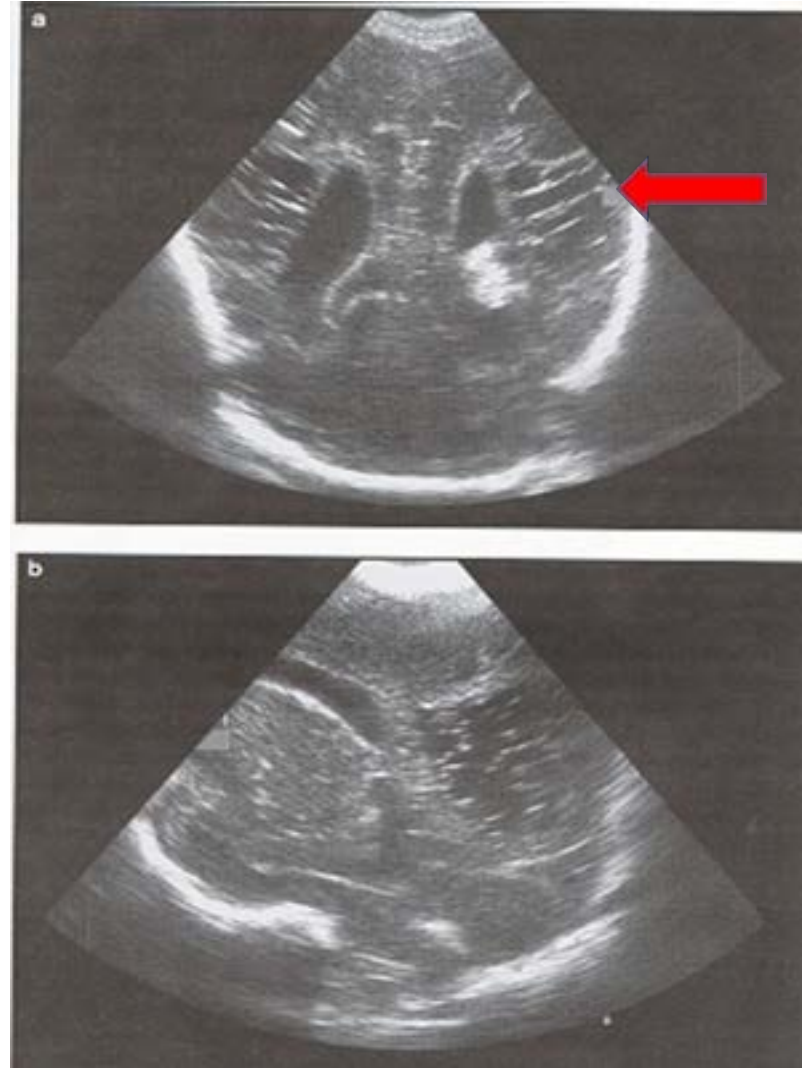
9 in 10 do not**



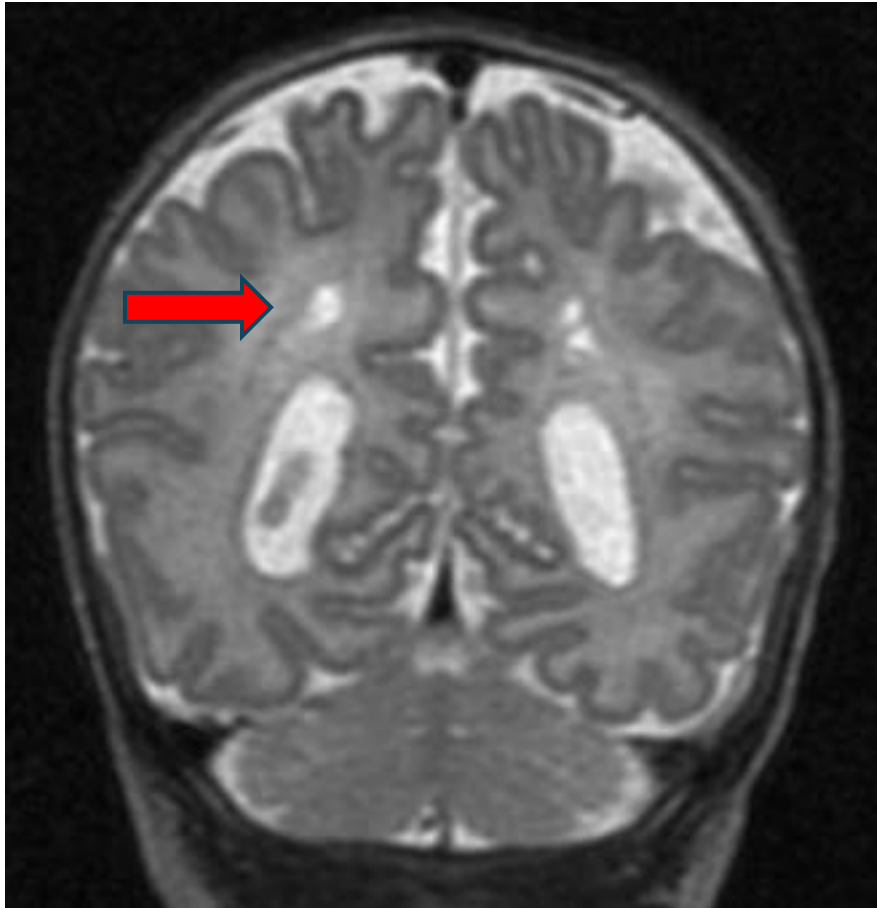
Grade 4 IVH



Bilateral cystic PVL



Cystic PVL



Brain volume growth



24 weeks gestation

Bayleys developmental scales outcome 2010-2021

2 year outcome Bayley scale (N=38)	Cognitive %	Language %	Motor %	Overall %
Normal (score ≥ 85)	71	68	63	55
Mild (score 70-84)	16	16	13	18
Moderate –severe (score <70 or CP0)	13	16	21	26

(N=71)	Overall %
Death or Moderate –severe (<70 or CP)	51

23 weeks gestation survivors

Bayleys developmental scales outcome
2010-2021

2 year outcome Bayley scale (N=27)	Cognitive %	Language %	Motor %	Overall %
Normal (score ≥ 85)	59	52	55	41
Mild (score 70-84)	22	37	30	37
Moderate –severe (score <70 or CP)	19	11	15	22

N=52	Overall %
Death or moderate severe disability	56

Therapeutic hypothermia

(72 hours at core temp 33.5)

Infants at risk of moderate – severe HIE



Criteria for cooling

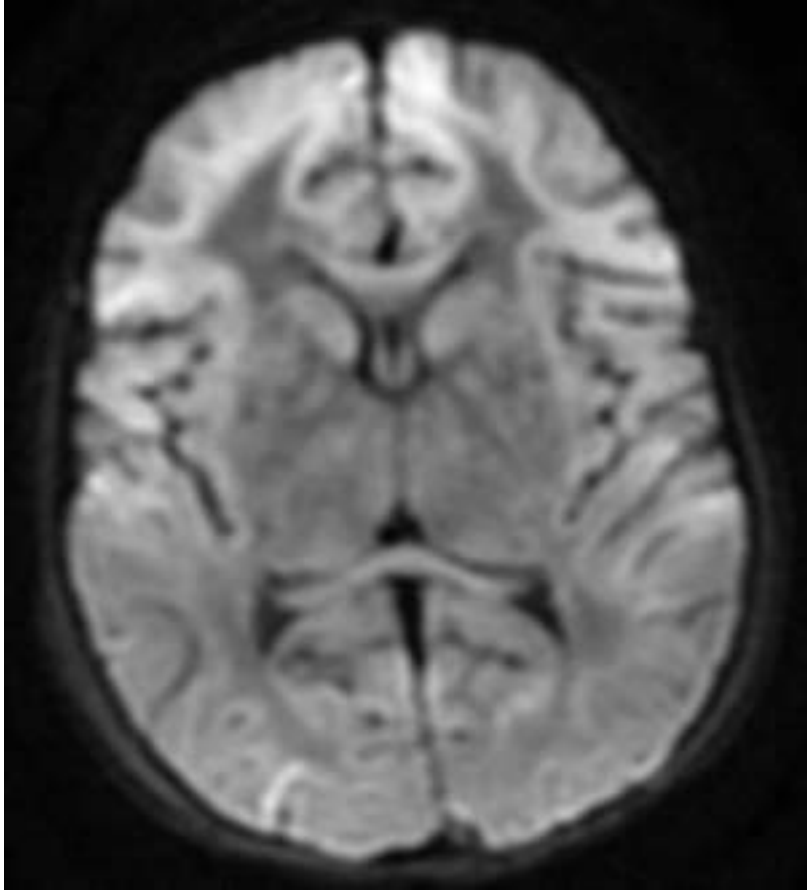
- Term (>36 weeks)
- Cord pH <7.0
- Apgar ≤ 5 at 10 mins
- Prolonged resuscitation

And

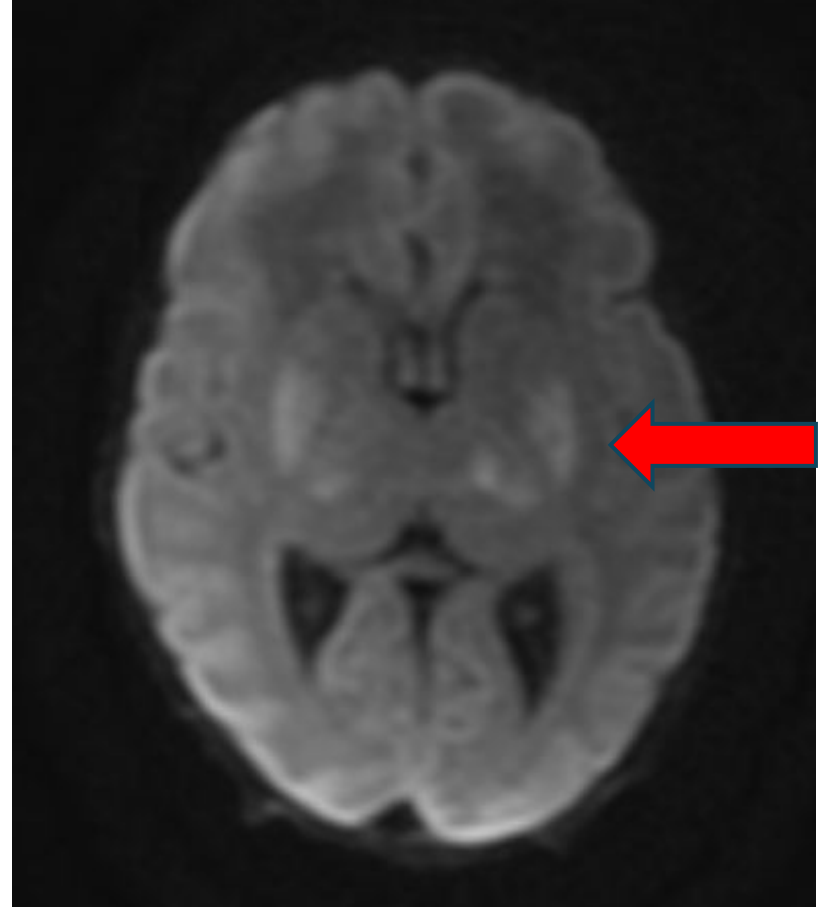
- Develop abnormal clinical neurology (lethargy, hypotonia, abnormal posture)

Approx 1-2 /1000 births

Global ischaemia



Bilateral basal ganglia thalamic ishaemia





2016 -2020

- 357 infants cooled nationally
- 70 per year
- Mortality 43 (12%)
- Less seizures

Motor outcome	N=85
Mean (SD)	98 (15.6)
Normal (>90)	79%
Mild- moderate (70-89)	16%
Severe (≤ 69)	5%

Cognitive outcome	N=85
Mean (SD)	100 (15)
Normal (>90)	71%
Mild- moderate (70-89)	12 %
Severe (≤ 69)	2%

Normal MRI, EEG improves quickly, no seizures



Thank You





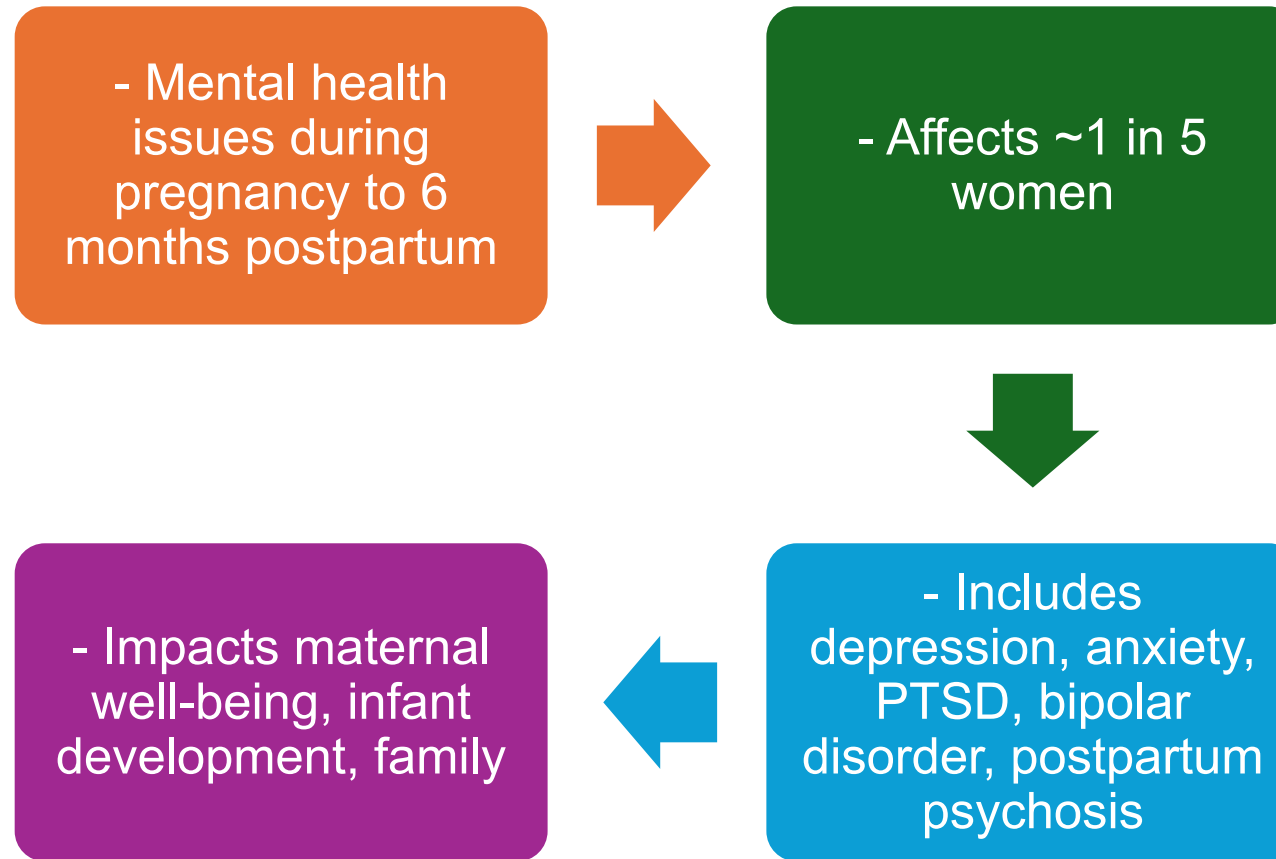
Specialist Perinatal Mental Health Service

Enhancing Collaborative Care for Maternal Mental Health
Deirdre Muller Neff
Consultant Perinatal Psychiatrist
Cork University Maternity Hospital

Overview

- Update on current service provision
- Challenges for the service
- Solutions and short term adaptations to best meet the needs of service users and referring clinicians
- Dr Freda Wynne, SPMHS Senior Clinical Psychologist – update on service interventions/birth trauma clinic

Understanding Perinatal Mental Health



Importance of Specialist Services



- Tailored care for complex needs

- Multidisciplinary approach

- Early intervention improves outcomes

- Collaboration with GPs, obstetricians, and community services

Overview of SPMHS at CUMH

- Team: Consultant Psychiatrists,
Psychologist, Midwives, Nurses, OT,
Admin



- Services: Assessments, therapies,
medication, parenting support

Referral Criteria

- ❖ Women 18+, pregnant or ≤ 6 months postpartum
- ❖ Conditions: Bipolar, schizophrenia, severe depression, postpartum psychosis, birth-related PTSD, pre-conceptual medication counselling/advice
- ❖ Referrals from GPs, obstetricians, midwives, CMHTs, private psychiatrists, dietetics, physio, MSW
- ❖ All referrals triaged (apart from PCC, 2nd opinions, SMI)

Current Challenges Due to Staff Shortages



Significant staff deficits over the last 2 years



Reduced interdisciplinary working and interdisciplinary expertise (SW)



Concerns re clinical risk

Proposal for a GP Consultation 'Warm Line'



- Direct GP access to perinatal psychiatrists



- Timely advice, better collaboration, fewer unnecessary referrals



- Phone line during work hours, usage guidelines, effectiveness review

Contact Information and Resources



- Phone: 021 423 4335



- Email: SPMHS.CUMH@hse.ie



- Hours: Mon–Thu 8-4, Fri 8-3



- Resources: HSE website, patient leaflets

Conclusion

- Perinatal MH is crucial for maternal/child health



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graph TD; A["- Perinatal MH is crucial for maternal/child health"] --> B["- SPMHS = specialized, multidisciplinary care"]; B --> C["- GPs = key in early ID and referral"]; C --> D["- Staff support and warm line needed"];
```

- SPMHS = specialized, multidisciplinary care

- GPs = key in early ID and referral

- Staff support and warm line needed

- My details:
- Deirdre.mullerneff@hse.ie
- Contact number: 0879638965



Birth Trauma Clinic SPMHS Groups

Dr. Freda Wynne

Senior Clinical Psychologist

Specialist Perinatal Mental Health Service CUMH

freda.wynne@hse.ie



What is birth trauma?

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‘.....births, whether preterm or full term, which are physically traumatic (e.g. instrumental/assisted deliveries or EMCS, severe perineal tears, PPH) and births that are experienced as traumatic, even when the delivery is obstetrically straight forward.’ (NICE, 2014)

‘a woman’s experience of interactions and/or events directly related to childbirth that caused overwhelming distressing emotions and reactions; leading to short and/or long-term negative impacts on a woman’s health and wellbeing.’ (Leinweber et al., 2022.)



Midwifery
Volume 113, October 2022, 103419



A survey of perceived traumatic birth experiences in an Irish maternity sample – prevalence, risk factors and follow up

Ursula Nagle ^a  , Sean Naughton ^a , Susan Ayers ^b, Sharon Cooley ^c,
Richard M Duffy ^a, Pelin Dikmen-Yildiz ^d

- Irish context- 18% (Nagle, et al. 2022)
- 3-4% may develop PTSD (Oikmen-Vidiz et al., 2017)
- 20-30% of women may have symptoms of trauma which do not meet the diagnostic criteria.



Presentation

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- Believed they or their baby would die
- Distress
- Panic attacks
- Anger
- Negative cognitions
- Flashbacks
- Nightmares
- Dissociation
- Reports of feeling abandoned



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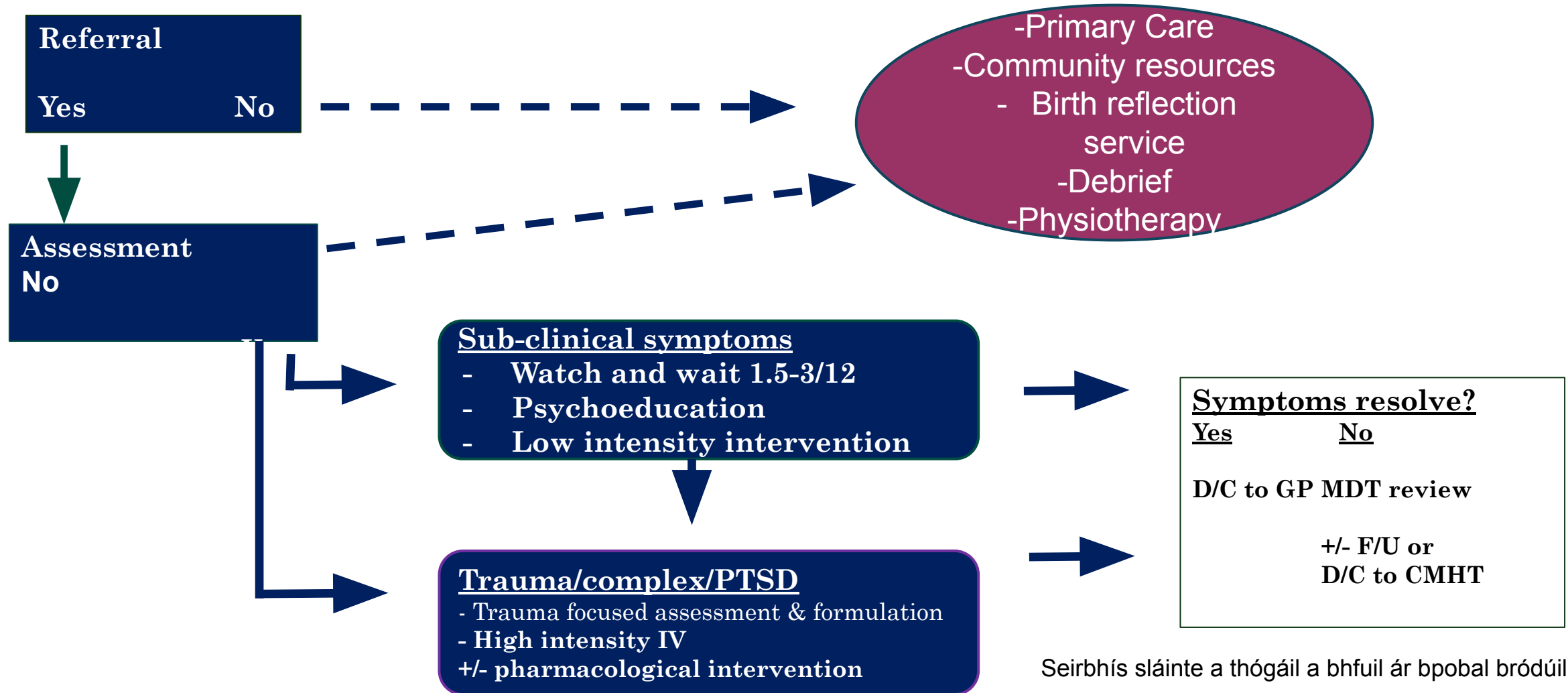


- Associated with PN mental health problems including anxiety, depression, complex grief, PTSD (Alcorn et al., 2010)
- Avoidance of future pregnancy, fear of childbirth (secondary tokophobia), request for ELCS, avoidance of services (Elmir et al., 2010; Gerkin & O'Hara, 2014)
- Difficulties with bonding and attachment (O'Hara et al., 2013), relationship difficulties (Fenech, 2014)
- Difficulties initiating or continuing breastfeeding (Garthus-Niegel et al., 2017)
- Impaired relationships with other children (Gerkin & O'Hara, 2014)
- Father's and birth partners (Butterworth, 2023).



SPMHS perinatal trauma clinic

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- Time & normalisation of feelings
- Psychoeducation
- Grounding techniques; Intentional distraction
- Mindfulness/breathing (apps, mindful activities/movement)
- Writing down birth story
- Drawing/painting experiences
- Talk to friends and family/support network
- Self care strategies (exercise; eating well; sleep)
- Contacts for necessary supports





Post birth wellbeing booklet

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Birth trauma & CB- PTSD information sheets

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Looking after your mental health in the early weeks after a traumatic birth

Catherine Green and Ellen Craig

A traumatic birth can feel like an emotional shock. Birth was not 'meant' to be this way so it can feel understandably hard to make sense of what has happened or how you are feeling. This can be doubly difficult when you add in the pressure of trying to get on and care for your new baby, recover physically or navigate other people's opinions and feelings. All of this takes immense energy and especially so after trauma.

You are not alone - at least 25% of women and birthing people report their birth as traumatic, usually because some aspect of their experience left them feeling intensely afraid, helpless or out of control. A proportion of birth partners will also report birth as traumatic. Every person reacts to trauma in their own way and what felt traumatic to one person may not feel that way to another. It is certainly not for other people to judge what was or wasn't traumatic for you. What matters most is your individual experiences and what they meant to you personally.

You are not alone – 25% of women experience birth as traumatic

This handout will describe some common reactions to birth trauma and how to look after your emotional wellbeing in the early weeks after birth. Although the feelings can take some time to die down most people will recover naturally after a stressful event and the tips described here are designed to help that. Some people may need additional psychological support if there are persisting difficulties. If you have been struggling with any of the issues outlined below for a month or longer after birth please see the section at the end for details of what help is available.

This handout is yours to keep so feel free to highlight, underline or make notes on it. People sometimes find that thinking or reading about trauma can remind them of their own traumatic experiences. It may be helpful to read this handout at a pace that feels manageable to you or with the support of someone else.



Understanding Post Traumatic Stress Disorder after Birth

Catherine Green and Ellen Craig

Research shows that at least 25% of women report their birth as traumatic. Post Traumatic Stress Disorder (PTSD) is one consequence of trauma and affects 1 in 25 women and birthing parents after birth. For these women some aspect of their experience meant they felt extremely fearful, helpless or out of control. So if you are reading this know that you are not alone. Every person reacts to trauma in their own way and what felt traumatic to one person may not feel that way to another. It is certainly not for other people to judge what was or wasn't traumatic for you. What matters most is your individual experiences and what they meant to you personally.

A traumatic birth is an emotional shock - it was not meant to be this way, it can shake your sense of safety, your confidence in yourself as a parent and your trust in others. It can feel understandably hard to make sense of what has happened and how you are feeling especially if you add in the pressure of caring for a new baby. It is completely normal to experience all kinds of thoughts, feeling and sensations after birth trauma. They can feel confusing and scary but they do not mean that you are going mad, losing control, or a bad parent in any way. You are simply doing your best to manage the impact of a very tough experience, perhaps whilst also being sleep deprived, working out feeding your baby, adjusting to being a new parent or manage the challenges of pregnancy. All of this can naturally make the processing of traumatic experiences more difficult.

Remember: it is your individual birth experience that matters

This handout will describe some common reactions to birth trauma, how people cope with birth trauma, and the help available. This handout is yours to keep so feel free to highlight, underline or make notes on it. People often find that thinking or reading about trauma can remind them of their own traumatic experiences. It may be helpful to read this handout at a pace that feels manageable to you or with the support of someone else.

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- Ask about birth experience & adjustment to parenthood/bonding
- Assess mental health
- Screening scale - City Birth Trauma Scale (Ayers 2018)

City Birth Trauma Scale

This questionnaire asks about your experience during the birth of your most recent baby. It asks about potentially traumatic events during the immediately after the labour and birth, and whether you are experiencing symptoms that are reported by some women after birth. Please complete each question by checking or marking "N" (the number that best describes your experience).

During the birth or immediately afterwards:

Did you believe you or your baby would be seriously injured?

Did you believe you or your baby would die?

The next questions ask about symptoms that you might have experienced. Please complete each by checking or marking "N" (the number that best describes how often this has been true in the last week).

	Never	Once	A few times	2 or 3 times	4 or more times
1. Repeated unwanted memories of the birth or your experience					
2. Bad dreams or nightmares about the birth					
3. Hypersensitivity to the birth and/or anything that reminded you of the birth					
4. Finding it hard to relax or concentrate after the birth					
5. Finding it hard to concentrate about the birth					
6. Finding it hard to think about the birth					
7. Finding it hard to think about the birth					
8. Finding it hard to think about the birth					
9. Finding it hard to think about the birth					
10. Finding it hard to think about the birth					
11. Finding it hard to think about the birth					
12. Finding it hard to think about the birth					
13. Finding it hard to think about the birth					
14. Finding it hard to think about the birth					
15. Finding it hard to think about the birth					
16. Finding it hard to think about the birth					
17. Finding it hard to think about the birth					
18. Finding it hard to think about the birth					
19. Finding it hard to think about the birth					
20. Finding it hard to think about the birth					

City Birth Trauma Scale (Partner version)

This questionnaire asks about your experience of your partner's labour and birth, and whether you are experiencing symptoms that are reported by some people after birth. Please answer the following questions about the birth of your most recent baby and tick the response closest to your experience.

What date was your baby born?

During the labour, birth and immediately afterwards:

Did you believe you or your baby would be seriously injured?

Did you believe you or your baby would die?

The next questions ask about symptoms you might have experienced. Please indicate how often you have experienced the following symptoms (in the last week).

	Not at all	Once	2 or 3	4 or more
1. Repeated unwanted memories of the birth or your experience				
2. Bad dreams or nightmares about the birth				
3. Hypersensitivity to the birth and/or anything that reminded you of the birth				
4. Finding it hard to relax or concentrate after the birth				
5. Finding it hard to concentrate about the birth				
6. Finding it hard to think about the birth				
7. Finding it hard to think about the birth				
8. Finding it hard to think about the birth				
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16. Finding it hard to think about the birth				
17. Finding it hard to think about the birth				
18. Finding it hard to think about the birth				
19. Finding it hard to think about the birth				
20. Finding it hard to think about the birth				



CB-PTSD: evidence based interventions

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- Psychological interventions: trauma focussed CBT, Eye movement desensitisation and reprocessing (EMDR) (NICE, 2014; 2018)
- Medication- venlafaxine, paroxetine, sertraline (NICE 2014; 2018)

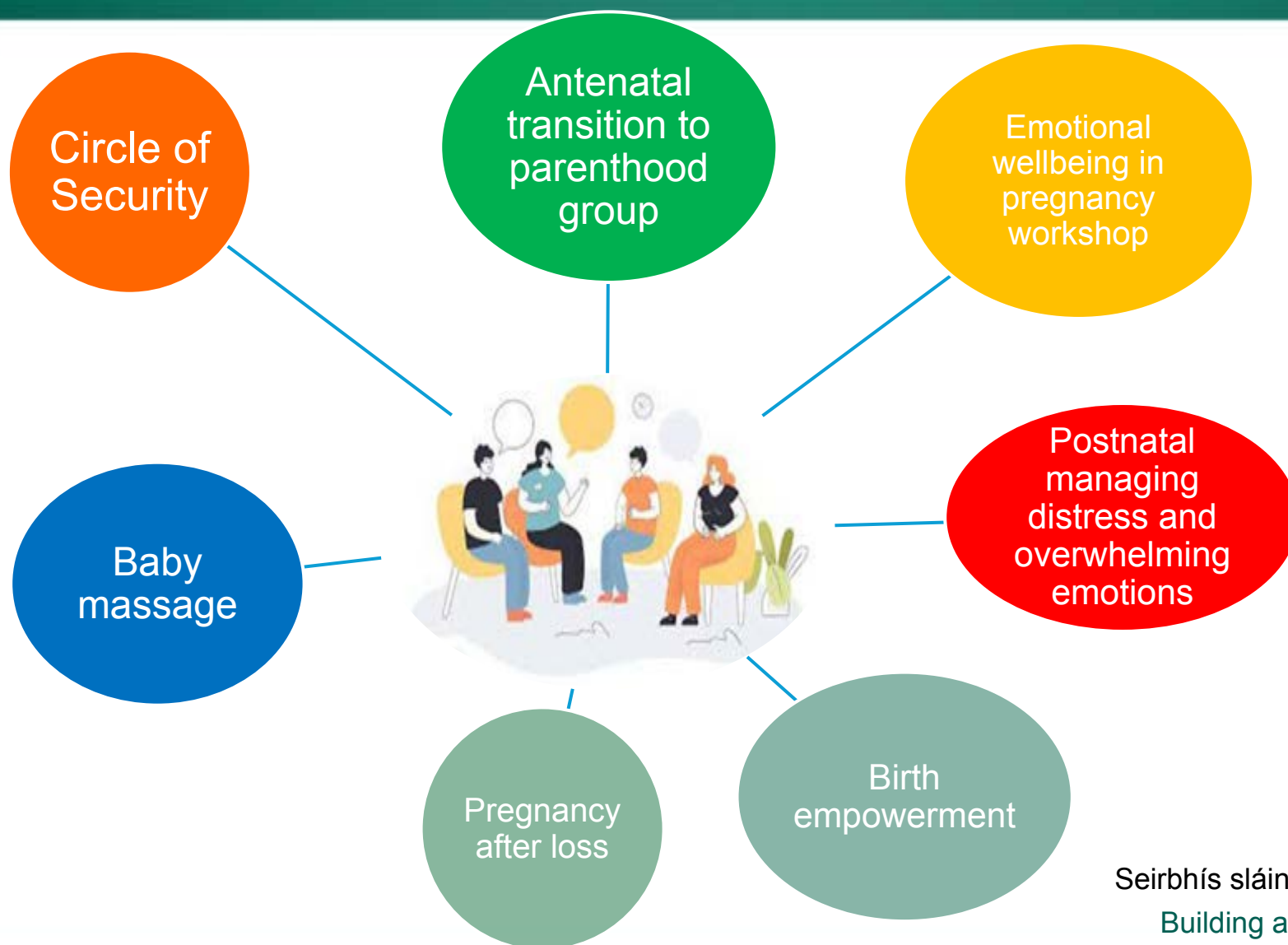


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Group interventions

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Thank You!



Complex Menopause Service Update

Dr Maire Cleary

Team Update

❖ CUMH Kinsale Road Clinic

❖ Dr Máire Cleary, Dr. Micheline McCarthy, Dr. Paula Stanley, CNM2 Rachel Guerin

-expanding team

Referrals

2024

Total referrals : 534

- 69% accepted,
- 31% declined

Current Waitlist

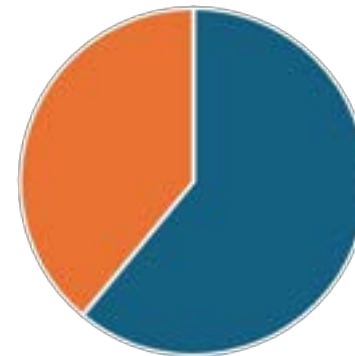
383 02/05/2025

2025

Referrals to date 146 (02/05/25)

- 73% accepted
- 22% declined
- 5% pending

Follow ups



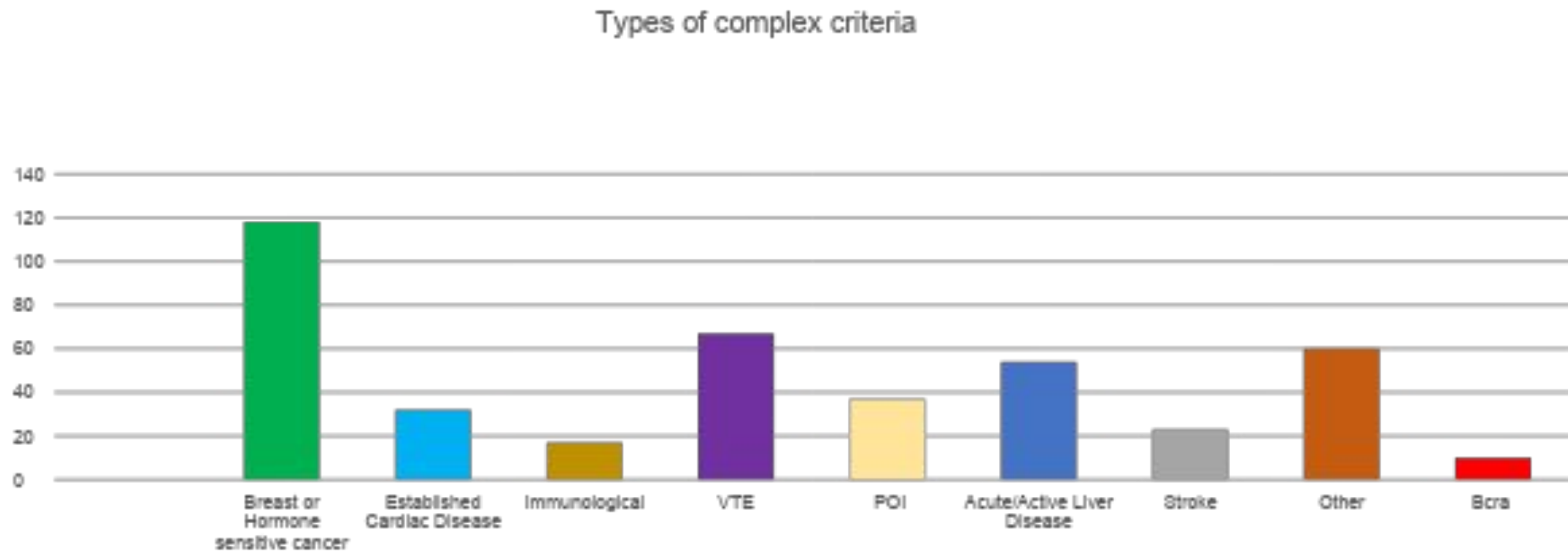
■ in person ■ virtual

Referral Criteria

- Established Cardiovascular Disease
- Stroke & TIA
- Venous thromboembolic events
- Breast or hormone sensitive cancers
- Immunological Diseases
- Active Liver Disease
- Primary Ovarian insufficiency (POI- Menopause or ovarian insufficiency under the age of 40)
- Certain genetic mutations such as BRCA and Lynch syndrome



Types of complex criteria seen in 2024

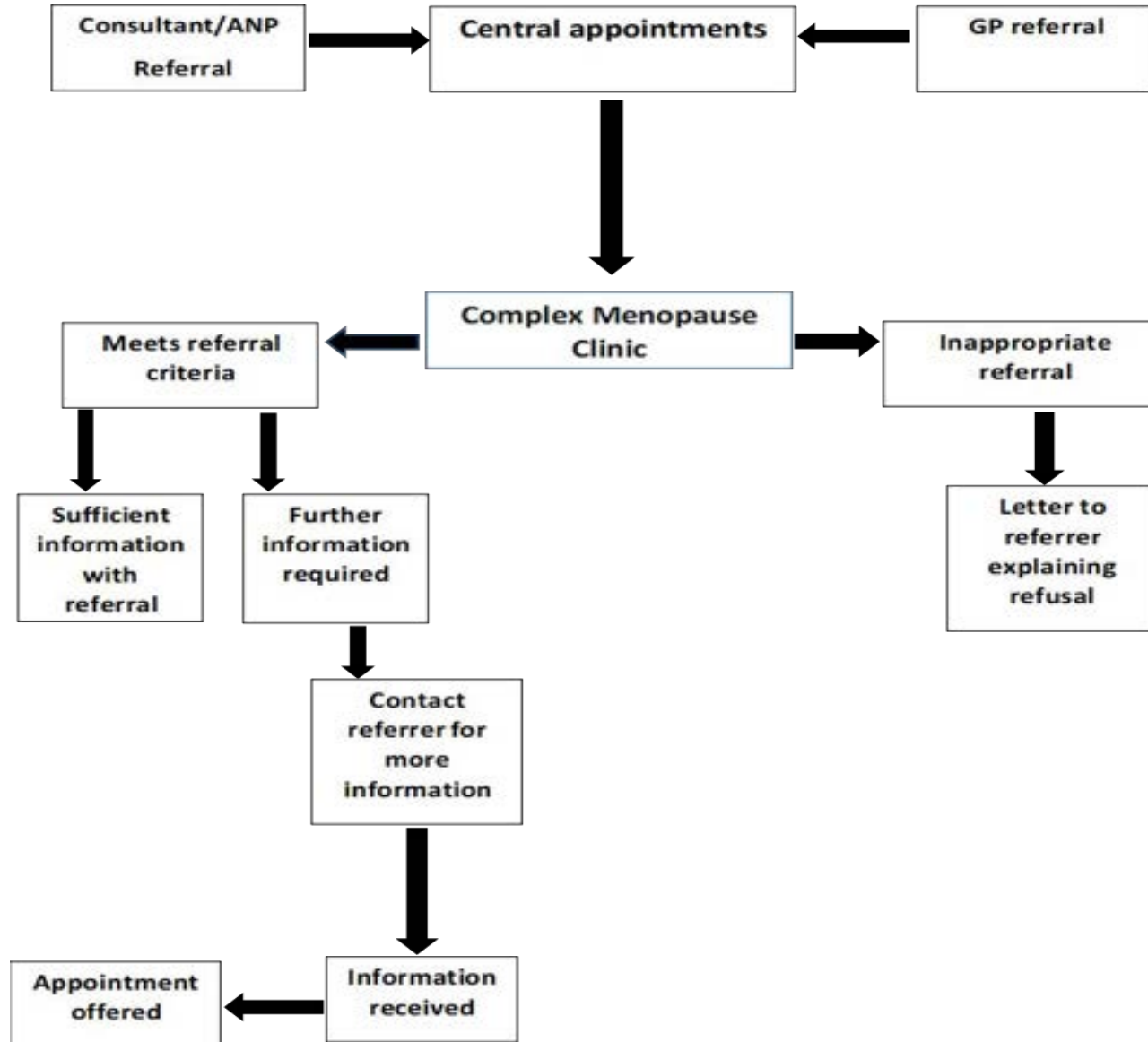


Age profile

Min	Max	Mean
19	79	49.33

Other (examples): **Cancers** e.g. melanoma, colon cancer, lymphoma, desmoid tumours; **neurological** e.g. epilepsy, hemiplegic migraine, stiff person syndrome, Isaac’s syndrome **haematological** e.g. thrombocytosis, anti-phospholipid syndrome; **Vascular** e.g. artery dissection, AV malformations, caveromas **Breast** e.g. phylloides tumour, breast hyperplasia CKD **High-risk gene conditions** (ATM gene, Lynch, BCRA, BRIP), **Renal** e.g. CKD, renal transplant, polycystic kidney disease

Complex Menopause clinic referral pathway



INFORMATION

- Will influence management and treatment
- Specialist letter(s) detailing diagnosis/treatments/histology, e.g. Oncology, Cardiology, Haematology, Hepatology, Neurology etc.
- Recent relevant blood results, e.g. FBC, lipids, liver, thyroid, HbA1C etc.
- Any investigations relevant to their diagnosis, e.g. thrombophilia screen, CT coronary calcium score, etc.
- Email: CUMH.ComplexMeno@hse.ie

BREAST CANCER

- 1 in 8 of women who live to their 80s
- Small additional duration-dependent risk of breast cancer with HRT
 - 3-7 additional cases per 1000 women after 5 years
 - increasing to 12 additional cases after 10 years of use
- Little difference use of HRT vs lifestyle factors

FAMILY HX OF BREAST CANCER

- Higher than population risk
- Due to a genetic predisposition
- Benefits and Risks of HRT should be considered when coming to a shared decision.
- Counsel Patient

FAMILY HX OF BREAST CANCER

The BMS recommends

- avoiding HRT as a 1st line option in **high-risk** cases with a **confirmed** genetic abnormality
- low to moderate risk may use HRT
 - once they have been counselled
 - are aware of the small increased risk incurred by HRT and that this may potentially be additive to their underlying baseline risk.

NICE GUIDELINES FOR REFERRAL TO A BREAST FAMILY HISTORY SERVICE	
Checklist for referrals	
1.	A breast cancer gene has been identified in a family (e.g. BRCA1, BRCA2, PALB2, ATM, CHEK2 etc.)
2.	One 1st degree relative aged under 40 at diagnosis with breast cancer
3.	Two relatives affected by breast cancer on the same side of the family (Two 1st degree relatives or One 1 st degree and one 2 nd degree relatives)
4.	One relative with breast cancer and one relative with ovarian cancer on the same side of the family
5.	One 1st degree relative with bilateral breast cancer
6.	Three 1st or 2nd degree relatives on the same side of the family diagnosed with breast cancer
7.	A male relative with breast cancer
8.	Ashkenazi Jewish Ancestry with family history of breast cancer
9.	Sarcoma in relative under 45yrs with family history of breast cancer
10.	Complicated patterns of multiple cancers diagnosed at young age
11.	Glioma or childhood adrenal cortical carcinomas

In conclusion, a family history of breast cancer in itself should not be considered a contraindication to HRT use once the patient has been counselled as above. If a combined HRT regimen is being used, then a progestogen with possible lower breast risk than older synthetic progestogens should be considered, such as micronized progesterone or dydrogesterone. the ongoing use of HRT should be discussed on an annual basis and the patient informed of the duration-dependent breast cancer risk.

Studies have not demonstrated an increased risk of breast cancer with vaginal estrogen therapy and it can be used without restriction in someone with a family history of breast cancer.

Behavioural changes which can reduce breast cancer risk should also be discussed such as the benefits of a Mediterranean style diet, regular exercise, reducing alcohol intake, stopping smoking, and weight loss if overweight.

Further useful information can be obtained in the ICGP Quick Reference Guide on Management of Menopause and the Tools for Clinicians Section of the BMS website. I hope this is of assistance in the management of your patient

FAMILY HX OF BREAST CANCER

- Progestogen with possible lower breast risk
 - micronized progesterone or dydrogesterone.
- Annual basis assessment and the patient informed of the duration-dependent breast cancer risk
- Vaginal estrogen therapy
 - can be used without restriction
- Mediterranean style diet, regular exercise, reducing alcohol intake, stopping smoking, and weight loss if overweight.

Complex Menopause Clinic

- Email: CUMH.ComplexMeno@hse.ie





***Women are the architects of
change, lets build a future where
equality thrives***





Breastfeeding GP Infosheet

Dr Teesha Fitzgerald, GP

Sheila Lucey, Advanced Nurse Practitioner Infant Feeding, HSE South West

Rachel Knox, Child Health Programme Development officer HSE South West

Background

- **Cork Kerry Regional Integrated Infant Feeding Working Group commenced 2023;** GP rep, GP Practice nurse, DPHN, PHN, Maternity Director, Lactation Consultant, Dietitians, Health Promotion, Le Leche League...
- Aims: Support implementation of HSE Breastfeeding Action Plan & Policies and Improve and support breastfeeding knowledge and integration among all HCPs for the benefit of families
- Outputs: Breastfeeding Support Groups, National Breastfeeding Week, Staff Education, Formula Feeding, GP Infosheet



Celebrating National Breastfeeding Week -
The Cork & Kerry Integrated Infant Feeding Committee
invite all staff to join our Online Education on:

**"The Role of the Multidisciplinary Team
Supporting Breastfeeding
from Bump to Baby & Beyond"**

Date: Thursday 3rd October
Time: 09.00 - 16.00
Venue: Online

BOOK NOW

To Book:
Login to www.hse.ie
Select Course Catalogue (top of page)
Select the ONMSD Catalogue
Select the CME CUMH Catalogue.
Find Programme title to Enrol.

For further information
contact@mary.oconnor3@hse.ie



South Eastern Regional Maternity
Thames Valley University
Centre for Maternal Education
Cork University Maternity Hospital



**NATIONAL
BREASTFEEDING WEEK
EVENTS** October 1st-7th

From Bump to Baby & Beyond!
Free Breastfeeding Events in Cork and Kerry.
For Mums & Dads, expecting parents, grandparents
and all carers of babies and toddlers.

DAY 1: MONDAY 1 OCT
10am-12pm Online: Returning to Work & Breastfeeding: Making it Easier from 10am-12pm. [Click here to book](#)

DAY 2: TUESDAY 2 OCT
10am-12pm Online: Breastfeeding: Making it Easier from 10am-12pm. [Click here to book](#)

DAY 3: WEDNESDAY 3 OCT
10am-12pm Online: Breastfeeding: Making it Easier from 10am-12pm. [Click here to book](#)

DAY 4: THURSDAY 4 OCT
10am-12pm Online: Breastfeeding: Making it Easier from 10am-12pm. [Click here to book](#)

DAY 5: FRIDAY 5 OCT
10am-12pm Online: Breastfeeding: Making it Easier from 10am-12pm. [Click here to book](#)

DAY 6: SATURDAY 6 OCT
10am-12pm Online: Breastfeeding: Making it Easier from 10am-12pm. [Click here to book](#)

DAY 7: SUNDAY 7 OCT
10am-12pm Online: Breastfeeding: Making it Easier from 10am-12pm. [Click here to book](#)

ONLINE ANYTIME
Breastfeeding: Making it Easier from 10am-12pm. [Click here to book](#)

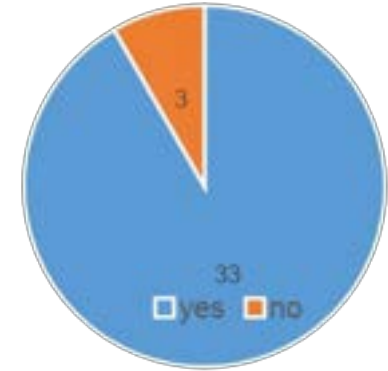
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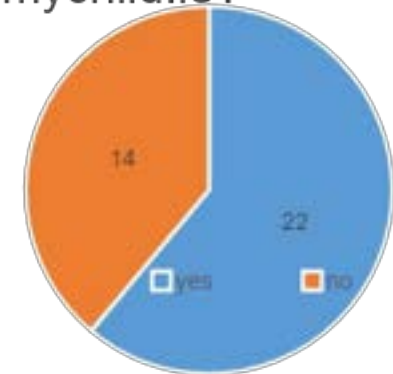
Breastfeeding GP Infosheet

- We know breastfeeding parents want consistent trusted advice from all professionals they meet
- GPs have multiple planned points of contact (Antenatal, 2wk, 6wk, Immunisations, Concerns)
- GP rep on working group identified knowledge gap
- Findings reflected a need for up-to-date breastfeeding info to support practice
- Concise one page infosheet is the best design to meet GP unique needs
- Developed by Sub-Group including Cork based GP, Lactation Specialist ANP & Child Health programme Development Officer

Do you actively promote breastfeeding antenatally?



Have you heard of or do you use the website mychild.ie?



Breastfeeding - resource for GPs

- GPs have a role in promoting and supporting breastfeeding for better outcomes for mother and baby
- Interactive user friendly one pager for GPs with trusted info and live links, always up-to-date
- Trusted resource for GP & for Parent
- Developed and governed by the Cork Kerry Regional Infant Feeding Working Group

BREASTFEEDING
Advice and Resources for GPs and other Healthcare Professionals

WHY BREASTFEEDING?
Your body cleverly detects what your baby needs from your breastmilk, making special antibodies to protect your baby. Fostering lifelong health and creating an unbreakable bond from the start.

RECOMMEND ATTENDING A LOCAL BREASTFEEDING SUPPORT GROUP
Standard advice is to recommend an expecting Mum attend a breastfeeding support group to see how others are doing and the supports available.

ANTENATAL HARVESTING COLOSTRUM
• Why? An insurance policy for feeding baby in the first days as there might be a delay in milk production at birth.
• Helps avoid supplementation with a bottle.
• A little goes a long way: 2.5mls is a full feed on day 1.

4TH TRIMESTER ADVICE
• It is normal biological behaviour of a new born baby to want to be held by parents in-between feeds.
• Baby can have symptoms of reflux but by 12 weeks it will pass.
• Suggest HSE perinatal self-care workbook for Mum.

EARLY FEEDING ISSUES
'Any breast is better than no breast'
It's normal for new mums to wonder if they have enough supply. At 2 weeks old babies belly is the size of an apricot only needing 60-90mls. Overfeeding can be misdiagnosed as reflux. Overfeeding symptoms: Baby arches/stiffens with ones, gulping/coughing during feeds, frequently spitting up, above expected weight gain.

STOMACH CAPACITY

MASTITIS
Click here for HSE management factsheet.
• Self-help measures first line of treatment. Continue breastfeeding, ice breast, Avoid heat and deep massage. Consider NSAID.
• Ultrasound therapy very effective for reducing inflammation and congestion - available in CUMH and West Cork. Mum can self refer to lactation consultant CUMH by calling 021 492 0500.
• Antibiotics last call, if above measures ineffective. Continue Breastfeeding.

CRACKED NIPPLES
89% caused by incorrect latch. PHN/Midwife/Lactation Consultant can help. Free HSE laser therapy treatment CUMH & West Cork. Mum self-refer to lactation consultant CUMH 021 492 0500.

ORAL THRUSH
Treat mother & baby simultaneously. Treatment: Daktarin Gel for baby. Daktarin Cream for breast. 7-10 days. Apply pea sized amount on your finger and rub into the babies' mouth.

WEANING TO SOLIDS
Breastmilk remains valuable to baby in conjunction with solids up to 2yrs old and beyond. Mychild.ie weaning

STOPPING / CESSATION OF BREASTFEEDING
Stopping safely is key. Abrupt is not safe for Mum. Drop One BF in 24hr period over 4 days before proceeding to another drop. No need for follow-on formula is the message endorsed by HSE.

BREASTFEEDING REPOSITORY OF INFO FOR HEALTHCARE PROFESSIONALS

Version 10/11/24 created by Infant Feeding Working Group. Contact Rachel.Brown@hse.ie



<https://publuu.com/flip-book/376708/1559974>

BREASTFEEDING

Advice and Resources for GPs and other Healthcare Professionals

WHY BREASTFEEDING?
Your body cleverly detects what your baby needs from your breastmilk, making special antibodies to protect your baby. Fostering lifelong health and creating an unbreakable bond from the start.

RECOMMEND ATTENDING A LOCAL BREASTFEEDING SUPPORT GROUP
Standard advice is to recommend an expecting Mum attend a breastfeeding support group to see how others are doing and the supports available.

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MEDICATION
Most medications are compatible with breastfeeding - [Click here to check Lactmed](#)

STOPPING / CESSATION OF BREASTFEEDING
Stopping safely is key. Abrupt is not safe for Mum. Drop One BF in 24hr period over 4 days before proceeding to another drop. **No need for follow-on formula** is the message endorsed by HSE.

BREASTFEEDING REPOSITORY OF INFO FOR HEALTHCARE PROFESSIONALS

Stomach Capacity

mychild.ie

Perinatal Self-care Workbook

Version 08/11/04 created by Infant Feeding Working Group. Contact factsheet@hse.ie

- + Designed as a practical solution for practitioners
- + Antenatal appointments have one liners for GPs to pass on evidence based information and advice
- + Making it easier for you to find the information you need to give parents the information they need
- + Always up to date
- + Lists access to specialised services e.g. laser therapy



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Lactation Consultants / Infant Feeding Specialists Cork & Kerry

- **South Lee:** Catherine Buckley, Catherine.Buckley@hse.ie 087 6486425
- **North Cork:** Mary King MaryM.King@hse.ie 086 7871850
- **West Cork:** Sheila Lucey Sheila.Lucey1@hse.ie 087 6635924
- **North Lee:** Contact Catriona.ryan3@hse.ie – Currently no IFS in post
- **Kerry:** Helen Sheehy HelenM.Sheehy1@hse.ie 086 7871444

Case study examples

Quotes from practising GPs;

“The visual on the size of stomach is good”

“Learnt a few tips that I didn’t know”

“Helpful to have it on the desktop”



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Quick Question

Can you see this resource being helpful in practice?

Join at menti.com | use code 2132 8456



Thank You

Presented by Dr Teesha Fitzgerald, drteeshafitzgerald@gmail.com
GP

Sheila Lucey, Sheila.lucey1@hse.ie
Advanced Nurse Practitioner Infant Feeding, HSE South West

Rachel Knox, rachel.knox@hse.ie
Child Health Programme Development officer HSE South West

Additional Useful Resources

Staff Information on Formula/Bottle Feeding

May 2025



Education for staff:

1. **Nutrition Reference Pack Training covers formula feeding**
2. **HSEland National infant feeding/breastfeeding eLearning unit 4**
The programme has 4 units which must be completed in sequence.
The aim of unit 4 is to enable you to advise parents who choose not to breastfeed on the safe and appropriate use of infant formula and vitamin D supplementation.

Introduction to Breastfeeding	1 hour
Supporting Early Breastfeeding	1 hour
On-going Breastfeeding Support	1 hour
Formula Feeding	1 hour

Signposting for Parents

1. **MyChild.ie Bottle Feeding Landing page;**

How to give a bottle, Types of Formula, Preparing formula, Equipment, Adding a bottle, Vomiting after a feed, deciding to bottle feed etc.

<https://www2.hse.ie/babies-children/bottle-feeding/>

2. **MyChild.ie Step by Step guide to preparing a bottle;**

<https://www2.hse.ie/babies-children/bottle-feeding/preparing-baby-formula/>

3. **FSAI Advice** (also available on mychild.ie);

<https://www.fsai.ie/consumer-advice/healthy-eating/bottle-feeding-safely>

3. **Household Well Water Advice;**

<https://www.epa.ie/environment-and-you/drinking-water/household>



Working within the Code, HSE policy on marketing of breast milk substitutes

<https://www.hse.ie/eng/about/who/hse/healthwellbeing/our-priority-programmes/child-health-and-wellbeing/breastfeeding-healthy-childhood-programme/policies-and-guidelines-breastfeeding/breastfeeding-code-staff-guide.pdf>

eBook for Staff, Healthy Habits for Children



<https://publuu.com/flip-book/376708/980620>

eBook for Parents/Carers, Healthy Habits for Children

- Easy to share with parents
- Easy for parents to come back to
- Parents say they came across useful information they weren't yet looking for



<https://publuu.com/flip-book/376708/1514740>



Infant Mental Health eBook for Staff

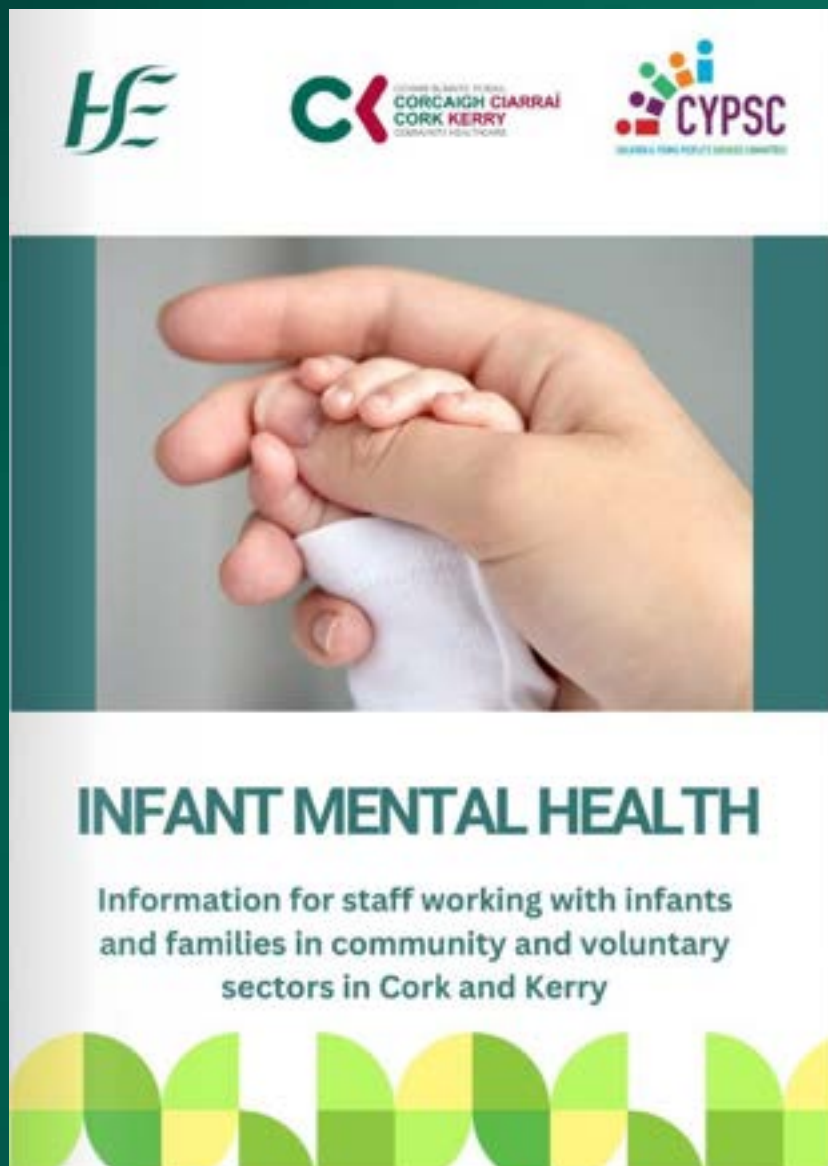


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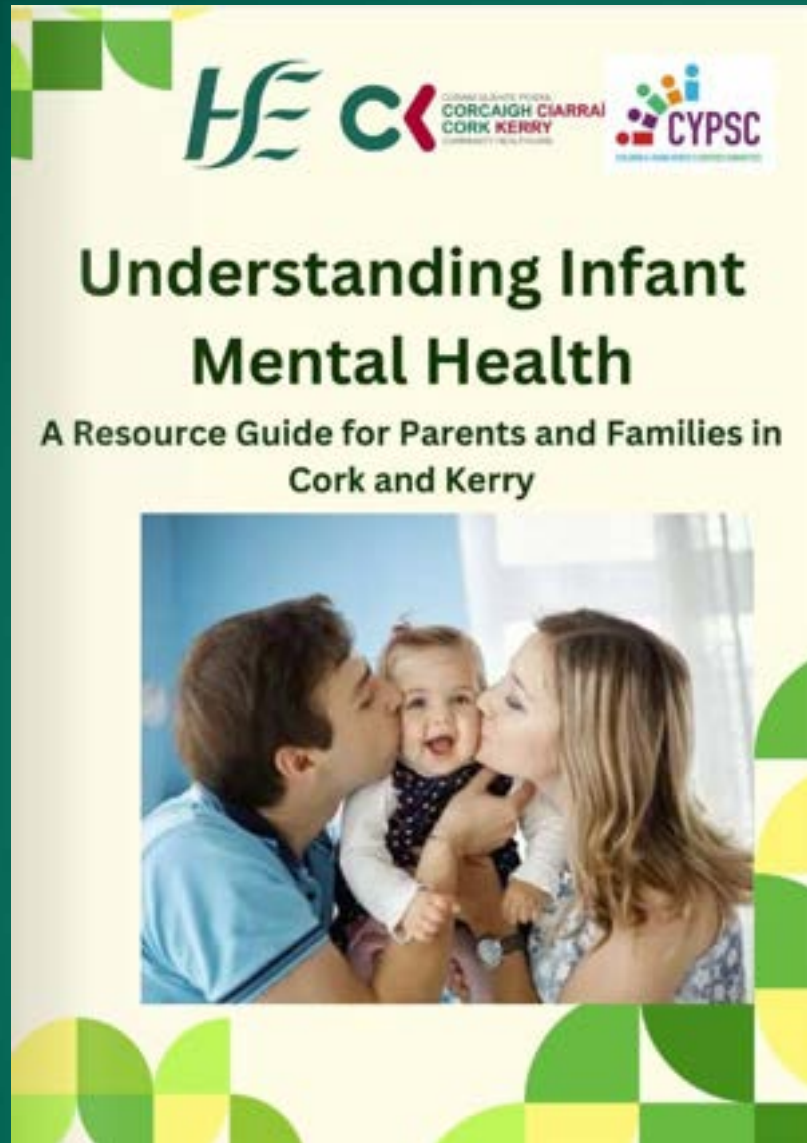
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Infant Mental Health eBook for Parents and Families



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Cork University Maternity Hospital

Part of Ireland South Women and Infants Directorate

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Hospital
Kerry**

**Tipperary
University
Hospital**

**University
Hospital
Waterford**