

UltraNews

eNewsletter of Ireland South Women & Infants Directorate



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A photograph of a healthcare worker, likely a nurse or doctor, wearing a light blue surgical mask and blue nitrile gloves. She is holding a syringe with a white plunger and a blue cap, looking at it intently. She is wearing a dark blue scrub top and a yellow lanyard with a green ID badge. The background is a blurred hospital setting.

THE BEGINNING OF THE END: COVID-19 VACCINE ROLL-OUT

Read more inside



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

The promise and protection of vaccines arrives

Few, if any periods over the course of modern history have tested our resilience and shaped our personal and professional lives the way 2020 has. As 2021 beckoned, the promise and protection of vaccines was the news we needed to hear. We are proud that staff in the directorate played a key part in administering the vaccine to the healthcare workforce at our hospitals. The camaraderie, teamwork and genuine optimism witnessed in these clinics represents all that is great about our hospitals and the people who work in them.

To further the fight against COVID-19, Ireland South Women & Infants Directorate is funding the training of 500 healthcare personnel on administering the vaccine safely. These trained healthcare workers will be crucial to the rollout of the vaccine in our communities.

While at the end of 2020 we were able to relax our visiting restrictions

and allow partners to attend the anatomy scan, a surge in COVID-19 infections and the national move to Level 5 meant we had to temporarily pause this on 11 January 2021 to protect our patients and staff. As all four maternity units in Ireland South Women & Infants Directorate share the campus and services with the general hospitals, it is important to align our visiting restrictions with these hospitals. We are preparing to be more flexible once restrictions ease and have been working on a new visitor scheduling app in CUMH which will allow us to recommence access for partners in a safe manner. We aim to roll this out across the directorate soon.

Cars branded with Ireland South and featuring individual hospital names are now turning heads on the roads in Cork, Kerry, Waterford and Tipperary. These cars are a clear indication of midwifery-led care and enhanced patient choice in line with

the Maternity Strategy. They are being used for Early Transfer Home and DOMINO services as well as community outreach services and more.

In STGH, midwifery led clinics are offering continuity of care for low-risk mothers where possible. One of the first mothers to benefit from this model of care not only had the same midwife throughout her pregnancy, but she was also transferred home within 24 hours of giving birth. We look forward to this becoming a more regular occurrence in all our hospitals.

In CUMH, the new smoking cessation service for pregnant women celebrated achieving 200 referrals – 83% of those who took up the service have stayed quit at the important 4-week milestone. A great result!

In UHW, we are delighted to welcome a new consultant obstetrician & gynaecologist Dr Mairéad Butler who started at the end of 2020 and returns to work in the hospital she was originally born in. Mairéad will focus on developing the pregnancy loss services in UHW with colleagues.

We're pleased to see audits on the patient experience reporting impressive results in UHK. Almost all patients attending the outpatient hysteroscopy clinic would recommend it to a friend.

I am delighted to announce that the MaternityONESouth project is back, with Kate Lyons in CUMH as the new dedicated project manager. This project is focused on making our maternity care as safe as possible through training and policies that are standardised and centralised. It's an exciting initiative that involves all four of our units collaborating and supporting one another and avoiding duplication of effort.

While the events of 2020 defined a year that will stay in our memories for a lifetime, we look forward to the prospect of 2021 being a year in which we can see each other in person again and share a handshake. Thank you again for your unrelenting commitment in the delivery of maternity, gynaecology and neonatal services in the challenging times we face. Now more than ever, it is a privilege to work alongside such purposeful and passionate people; we in turn remain privileged to provide care to the women, babies and families in Ireland South.

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



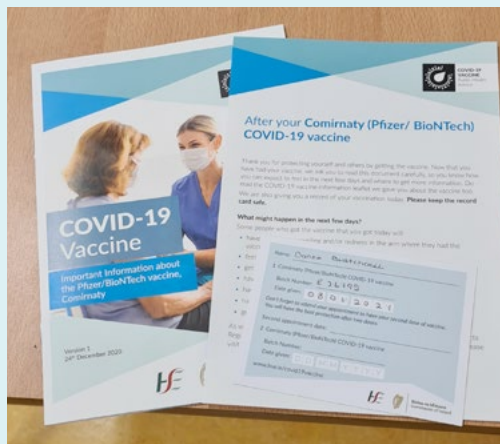
The beginning of the end: COVID-19 vaccine rollout in Ireland South

With most of 2020 marked by the coronavirus pandemic, we are all hoping that 2021 will be the year when COVID-19 vaccines help the world return to some semblance of normality. The rollout of the vaccine across the Ireland South Women & Infants Directorate involved a series of large-scale operations delivered in collaboration with colleagues at each hospital campus.

Sinéad Horgan, Assistant Director of Nursing and Flu Lead, SSWHG commented: *“The beginning of the end. No matter what site you were in across the South/South West Hospital Group, every person queueing for vaccine had the same look of their faces – a look of delight, excitement, relief and hope. It was so uplifting to see multidisciplinary staff across the Hospital Group to be so generous with their time and skills, to assist not only in the vaccine rollout in the acute hospitals, but also in the residential care facilities.”*



Pictured above: Sinéad Horgan, Assistant Director of Nursing and Flu Lead, SSWHG



Cork University Maternity Hospital: COVID-19 Vaccinators

The Ireland South Women & Infants Directorate made a decision to assist with the mass vaccination drive and provided close to 25 staff to the vaccination drive in our sister hospital Cork University Hospital. The administration of the first dose of COVID-19 vaccines took place from 30 December 2020, with second doses administered from 20 January 2021.

In total, CUMH peer vaccinators alongside CUH peer vaccinators provided 5,830 of the first dose of the COVID-19 vaccine to healthcare staff. It was great to see both CUH and CUMH collaborating to protect frontline staff in Cork.

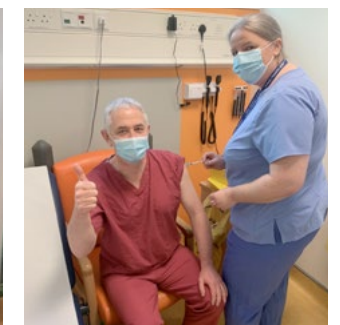
Sinéad Creedon, Infection Prevention and Control Clinical Nurse Specialist in CUMH who co-ordinated the scheduling of peer vaccinators from CUMH commented: *“We were able to quickly mobilise to support the COVID-19 vaccination efforts, as we had 25 staff trained as peer vaccinators since August 2020 for the flu vaccination drive. Peer vaccinators for the COVID-19 vaccine need similar training – Basic Life Support (BLS) training alongside Anaphylaxis training. In addition, they need training on the protocol that is specific to the particular vaccine being administered. This was the only*

additional training our CUMH vaccinators needed and all were more than willing to support the vaccination drive.”

Over 13 days in January alone, almost 6,000 vaccines were administered at the vaccination clinics in Seahorse Ward in CUH. Midwives and nurses from CUMH presented for duty at 07:30 each day and vaccinated right up to 18:00 each evening.

The successful roll out of vaccines to healthcare workers is in no small part to the hard work and dedication of staff at local hospital level.

Peer vaccinators who made themselves available from CUMH included Sinéad Creedon from IPC; Sheila Coghlan from ER; Mary Quaid, Kate Lyons and Niamh Spillane from Midwifery Management; Mary McSweeney, Ann Buckley, Catherine O’Sullivan, Mary Cullinane and Susan Vaughan from NNU; Helena Mulcahy, Isobel Scally and Siobhán Hayes from Labour Ward; Orla Attridge from 2 South; Avril Stannard, Cora Murphy and Breda Hayes from Practice Development; Barbara Hall and Adrienne Murphy from Outpatients Department and Karyn Walsh from Early Pregnancy Unit.



Above left: Sinéad Creedon, Infection Prevention and Control Clinical Nurse Specialist in CUMH. **Above centre:** The peer vaccination team from CUMH: Susan Vaughan, Ann Buckley, Mary Quaid, Mary McSweeney, Catherine O’Sullivan and Mary Cullinane. **Above right:** Professor John R. Higgins, Clinical Director Ireland South Women & Infants Directorate receives the COVID-19 vaccine

University Hospital Kerry: COVID-19 Vaccinators

Having completed the winter flu vaccination drive in UHK in 2020, the maternity services peer vaccination team were called upon again in early 2021. Although administration of Pfizer BioNTech vaccine required additional upskilling and training, it was a challenge that three members of the team in Kerry undertook without hesitation. Here's what they had to say.

Joann Malik cAMP Maternity Services seen below left giving Sandra O'Connor, DOM UHK her flu vaccination commented: *"It has been a pleasure to be involved in the COVID-19 vaccinations programme. The atmosphere throughout the campaign was one of excitement, a beginning to the end of this pandemic."*

Carrie Dillon, CMS Bereavement and Covid-19 Co-Ordinator Maternity Services commented: *"It is one of the good news stories of 2021, when UHK began the Pfizer BioNTech vaccine rollout at the beginning of January. I was so grateful to receive the vaccine*

and was privileged to be involved as a peer vaccinator in delivering a much needed boost to help get us through the abysmal third wave of this pandemic. The atmosphere radiated excitement and indeed an enormous sense of hope in leading the fight to protect our patients, families and colleagues."

Mairéad O'Sullivan A/CNM2 Infant Feeding Coordinator commented: *"It was lovely to start 2021 on such an historic note when vaccinations were rolled out across UHK on 7 January under Clinical Director Dr Niamh Feely, Consultant Anaesthetist. It was indeed a huge privilege to be part of such a fantastic historic event. Administering the roll out of the vaccine gave colleagues and their family members cause for extreme hope and joy for 2021. Personally, I felt it was a lovely area to work in where we felt fully supported and there was a huge sense of thanks from candidates who received the vaccine. Working as part of the vaccination team along with my own role was challenging at times but extremely rewarding."*



Above left: Joann Malik cAMP Maternity Services giving Sandra O'Connor, DOM UHK her flu vaccination. **Above centre:** Carrie Dillon, CMS Bereavement and Covid-19 Co-Ordinator Maternity Services. **Above right:** Mairéad O'Sullivan A/CNM2 Infant Feeding Coordinator

University Hospital Waterford: COVID-19 Vaccinators

A large team of trained and active peer vaccinators are the key to University Hospital Waterford's (UHW) successful flu vaccine rollout in 2020. The same team upskilled to become COVID-19 peer vaccinators in UHW in January 2021. Among them was UHW maternity services peer vaccinator Janet Murphy, Advanced Midwife Practitioner.

The chapel at University Hospital Waterford (UHW) was used as the vaccination centre for staff - this allowed for social distancing, vaccine stations, recovery area and access and exit planned and contained.

"It was a privilege to both receive the COVID-19 vaccine and to give it to colleagues in UHW in January 2021. A great way to start the new year, offering a sense of relief, gratitude and hope for the future."
Janet Murphy, Advanced Midwife Practitioner, UHW



Top: Janet Murphy, Advanced Midwife Practitioner, UHW. **Above and centre:** Peer vaccinators at the chapel in University Hospital Waterford. Picture: Patrick Browne

South Tipperary General Hospital: COVID-19 Vaccinators

A large multidisciplinary team of peer vaccinators in STGH powered through the vaccination of colleagues with the Pfizer BioNTech vaccine. Having achieved vaccination rates of over 70% for the flu vaccine in 2020, they were more than ready to roll out the COVID-19 vaccine. Up to 400 staff were vaccinated in a day, thanks to the efficient scheduling work of clerical staff, alongside the vaccinators themselves.

Both Siobhán Kavanagh (Midwife) and Mary O'Hanlon (CMM2, Colposcopy) returned from retirement to assist with the peer vaccination drive. STGH are so grateful for their continued service and commitment to helping colleagues and staff.

"Friday 8 January 2021 was a very historic day in STGH Clonmel with the arrival of the PfizerBioNTech COVID-19 Vaccines. It was greeted with huge emotion and applause. The vaccination team feels privileged and proud to help in keeping our colleagues safe and healthy, and to give hope of brighter days ahead and a better 2021. We continue with the vaccination of our colleagues and staff in the wider community. Stay safe everyone and keep up the great work."

Siobhán Kavanagh, Midwife STGH



Top: Siobhán Kavanagh, Midwife STGH (pictured here on her retirement day).

Above and centre: Peer vaccinators from STGH. Pictures: @SineadHorgan1 and @STGHnursing

Funding the COVID-19 fight: Ireland South mass vaccinator training drive

To help in the fight against COVID-19, Ireland South Women & Infants Directorate is funding and organising the training of hundreds of healthcare personnel in Kerry, Cork, Tipperary and Waterford to deliver the COVID-19 vaccine. Ireland South has already reached the target of 500 trained vaccinators and is continuing with the training drive for as long as there is demand for it.

Professor John R. Higgins, Clinical Director Ireland South Women & Infants Directorate has granted the funding for the initiative; Katie Bourke, Director of Midwifery CUMH is leading the training drive and Steve O'Connor, CUMH Finance Manager is managing and overseeing the operation. Additional trainers were sourced thanks to close collaboration between local hospitals, primary care, UCC, HSE Ambulance and the company, Critical Care Training.

The small army of vaccinators are crucial to the rollout of vaccinations in our community through hubs in the South and South West of Ireland. This rollout is being co-ordinated by Bridie O'Sullivan, Chief Director of Nursing/Midwifery, SSWHG.

Vaccinators, who must be clinical staff such as nursing/midwifery or medics, need to complete a number of training elements.

First, they need to complete the initial Basic Life Support (BLS) training online. Then they attend face-to-face vaccinator training at locations such as Brookfield Health Science Complex, University College Cork and hotels in Kerry, Waterford and Tipperary. These training sessions include a two-hour practical training for BLS as well as 1.5 hours of face-to-face training for anaphylaxis (severe allergic reaction). Following this, COVID-19 vaccine specific training (depending on the type of vaccine being administered) can be done on HSEland, the online training portal providing courses and learning resources for staff in the HSE.

Commenting on the initiative, Professor John R. Higgins, Clinical Director Ireland South Women & Infants Directorate said: *"Everyone needs to look after each other and help out in any way they can. This was one way that we could help and we were delighted to do so. It has been a major logistical exercise but the response from staff has just been incredible."*

If you are a doctor, midwife or nurse and are interested in attending these training sessions, please contact Fiona Barton from Critical Care Training on:

fiona@criticalcaretraining.ie.



Pictured left: Steve O'Connor, Finance Manager, Ireland South Women & Infants Directorate and Katie Bourke, Director of Midwifery, CUMH in the clinical skills laboratory in the School of Nursing and Midwifery

VISITOR SCHEDULING APP COMING TO CUMH

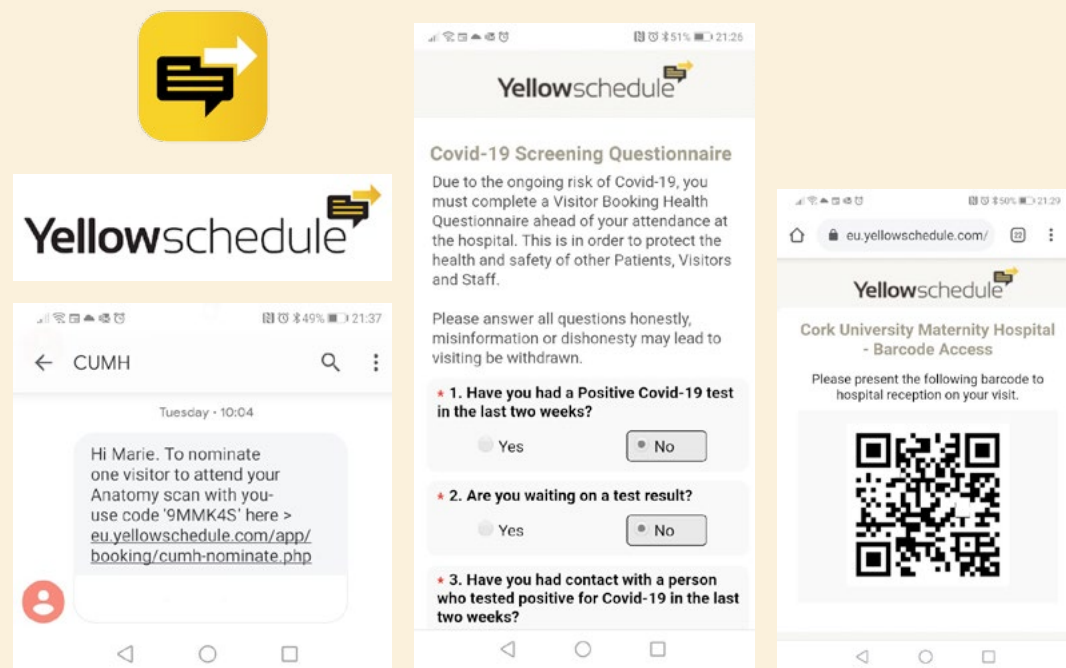
by Katie Bourke, Director of Midwifery CUMH and Miriam Lyons, Head of Operations Ireland South Women & Infants Directorate

To prepare us for the easing of visitor restrictions, we have been working on a new Visitor Scheduling App in CUMH that will allow inpatients to nominate a visitor who can book their preferred, available visiting time at the hospital. It will also allow partners to make a booking to attend the anatomy scan through the app. This means that there is an accurate single source of data to ensure rapid contact tracing if required and will allow us to recommence access for partners in a safe and controlled manner.

The benefit of an app also means that it reduces the administrative burden of scheduling visitors over the phone and conducting screening for COVID-19 in person. Nominated partners receive a bar code to enable fast track entry to the

hospital. This reduces the demands on resources at the hospital, reduces queuing and ensures a more efficient approach to partners being able to support their loved ones in a safe environment.

The app was developed by a Limerick based software company called Yellow Schedule who originally applied to the HIHI Healthcare Innovation Call to deliver safe visiting solutions to hospitals. This app was successfully introduced to South Infirmary Victoria University Hospital (SIVUH) last year. We are currently testing the solution in CUMH, fine tuning it for our needs and training staff in its deployment to ensure it is fit for purpose once launched. The aim is to roll it out across all maternity units in our directorate in due course.



Continuity of care in STGH: The gold standard

by Michele Frederick, Midwife, STGH



Pictured far left: Roberta Moloney holds baby Cillian with her husband Keith by her side. Pictured left: Roberta Moloney holding baby Cillian with sons Senan on left and Darragh on right

We are passionate about providing a woman-centred maternity service in South Tipperary General Hospital (STGH) in accordance with the Maternity Strategy. As a result, we have set up three midwife-led clinics, one in Clonmel, one in Thurles and one in Tipperary town, to offer women choice and community-based integrated care as close as possible to home.

Our midwifery led clinics offer the **supported care pathway** for normal-risk mothers and babies, where midwives lead and deliver care within a multidisciplinary framework. The gold standard is to offer continuity of care for our patients. Continuity of care is when a woman sees the same midwife throughout her pregnancy, including postnatally in hospital and at home. This helps to ensure safe care based on a relationship of mutual trust and respect and has been associated with a lower rate of interventions and increased satisfaction in childbirth.

The first woman to benefit from the continuity of care model is Roberta Moloney, who gave birth to her third son in early

2021. As her midwife, I cared for Roberta throughout her pregnancy, visited her after the birth on the postnatal ward and at home for her postnatal visit. Roberta as a low-risk mother had a straightforward vaginal birth and was discharged within 24 hours to return home with the new baby to her husband and two older sons. Speaking about the service, Roberta said: *"I'm so thrilled I chose midwife led care to support me throughout my pregnancy. For me, it meant continuity of care right throughout my pregnancy, home visits after the delivery and the icing on the cake was being able to go home after 24 hours. There's no place like home to rest and recover and being able to get back to my two older children as soon as possible was amazing."*

As a midwife, it's so rewarding to offer continuity of care, and while it can be challenging to deliver for a variety of reasons, we are aiming to offer continuity of carer where possible. We are also in the process of finalising our Early Transfer Home service in STGH and aim to have that up and running in the coming weeks and months to provide more choices for the women of Tipperary.

Beep beep - Ireland South fleet gets ready to roll

Glistening in white and green and proudly brandishing the brand, the fleet of Ireland South cars were distributed across the directorate in early 2021. First arriving in Cork University Maternity Hospital (CUMH) in the latter half of 2020, the cars were personally driven to the maternity units of University Hospital Kerry (UHK), University Hospital Waterford (UHW) and South Tipperary General Hospital (STGH) by Miriam Lyons, Head of Operations, Ireland South Women & Infants Directorate.

The cars are to support the provision of midwifery-led care in line with the maternity strategy that is “safe, standardised, of high-quality and offers

a better experience and more choice to women,” Maternity Strategy (2016).

Women who attend hospitals within the directorate are provided with an expert service as well as choice with regards to the type of care and birthing options available, such as Early Transfer Home and DOMINO services.

The stylish Hyundai i30 Fastback Estates are branded with Ireland South Women & Infants Directorate on the bonnet and sides, while also featuring the hospital name and HSE logo on the rear. The cars are also being used for community outreach where appropriate.



Pictured above: Sandra O'Connor, Director of Midwifery UHK; Dr Paul Hughes, Clinical Lead UHK; Joann Malik, Candidate Advanced Midwife Practitioner; and Fearghal Grimes, General Manager UHK

Pictured opposite top: CUMH: Ireland South branded car with CUMH team. **Opposite middle:** UHW: Dr Eddie O'Donnell, Clinical Lead UHW; Breda Crotty, A/DOM UHW; Paula Curtin, Director of Midwifery UHW; Janet Murphy, Advanced Midwife Practitioner, UHW. **Opposite lower left:** UHK: Joann Malik, Candidate Advanced Midwife Practitioner and Eimear Galvin, Community Midwife get ready to roll. **Opposite lower right:** STGH: Sinéad Heaney, Director of Midwifery STGH and Dr Vijay Hiremath, Clinical Lead STGH being handed the keys to the Ireland South car by Miriam Lyons, Head of Operations, Ireland South Women & Infants Directorate





Reflecting on a Covid year at CUMH: The impact on personal and professional lives

Adapted from an article in the Echo 23 Dec by Emma Connolly

Niamh Spillane has worked in Cork University Maternity Hospital for the past 12 years, and took on a new role, Clinical Midwife Manager 3 for Gynae Services and Pregnancy Loss, just as the global pandemic hit. This role saw her as line manager for a complex ward that deals with general gynaecological services, gynaecological cancers and also pregnancy loss.

Some weeks were busier than others and the first few months were very challenging as everyone – patients and staff, both personally and professionally, adapted to how they lived and worked.

Niamh is originally from Carrigtwohill and lives in the city. She has five grown up children in ages ranging from 34 to 23. Her family, and her wonderful colleagues, she said, got her through the past few months.

“We all had to do things differently. Our Clinical Director described it as a ‘marathon’ and said it would be long and hard, but our priority was to keep our staff and patients safe and that’s what we did. It was quite stressful, there was a huge amount of training involved but we adapted over the months. When it comes to pregnancy losses, the care is centred around tenderness and compassion. We worked on a case-by-case basis as you only get one chance to get it right.”

She often encounters mums-to-be arriving at the hospital’s screening tent on admission. *“Wearing masks can make it more difficult to reassure them, so it’s all about the eye contact and having a conversation, just a little word, to help them get to the next stage.”*

Elective surgery has resumed on the ward since July, and Niamh says they’ve done

tremendous work in reducing waiting lists. *“We had the longest waiting lists in the country back in 2017 – 4,700 people waiting for an appointment. Through a range of initiatives we got that down to just over 1,000 before Covid hit, which we were very proud of. Covid set us back but we’ve got it back to that figure again. We’re all working differently but staff are so relieved to be back to some sort of normality.”*

Pictured right: Niamh Spillane, Clinical Midwife Manager 3 – Gynae Services, CUMH



Drawing on Inner Strength

Having new mums asking if their baby’s grandparents can hold them when they get home was just so sad. That’s a memory of the past few months that will stay with Alex Campbell, Candidate Advanced Midwife Practitioner at CUMH. *“Midwives are all about supporting women anyway during what is a massive event for them. But I feel like I had some particularly touching moments this year with women. It’s normal to be nervous when having a baby, it’s a very emotional and powerful time regardless of Covid, and of course nobody wanted to come in the hospital alone. It was sad to see women wave goodbye to their families but everyone understood this was the safest thing for everyone. It was our job to instil confidence in them, and what will also stay with me is their inner strength.”*

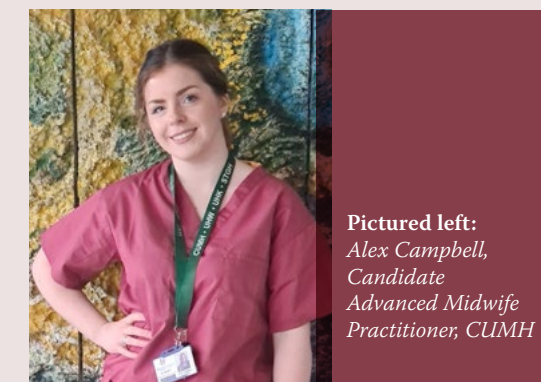
Just recently, restrictions in CUMH have relaxed to allow partners attend the 20-week scan, but the amount of time they can stay after the delivery is still limited.

“What I have noticed though is that in some cases this has resulted in partners being more present. They know they can make the phone calls to people afterwards so they’re more focused on what’s happening in the moment. We’re also seeing more partners having skin-to-skin contact with the baby straight away because they know they have limited time and that this is so beneficial.”

Personally, Alex, originally from Kerry, had concerns for her own parents over the past few months: *“I haven’t been home since February and I have found that quite tough. They did come up during the summer, and I hope to get home over Christmas again.”*

Getting the keys to her first house over lockdown was something more positive and helped keep her busy outside of work: *“An old friend of mine has moved back to Cork since Covid and is renting a room from me, one of the good things to come out of the past few months.”*

She’s feeling hopeful for 2021: *“The vaccine is a very promising development, even though we have a long way to go. Hopefully, that will mean things will be gentler on people and we can bring back some normality. As humans, we all love connection and we miss that, so hopefully there’ll be more of that next year.”*



Pictured left: Alex Campbell, Candidate Advanced Midwife Practitioner, CUMH



Pictured above: Dr Brian Walsh, Consultant Neonatologist, CUMH

The Feedback Loop: The MN-CMS Staff Engagement Group

Ireland's Maternal and Newborn Clinical Management System (MN-CMS) is the design and implementation of an electronic health record (EHR) for all women and babies in maternity services in Ireland. MN-CMS is one of the largest and most important ICT projects ever undertaken in Irish healthcare. Both CUMH and UHK currently have the MN-CMS system in place, with UHW and STGH in the pipeline.

We chat with Dr Brian Walsh, Consultant Neonatologist at CUMH and Chair of the MN-CMS Staff Engagement Group for Ireland South Women & Infants Directorate.

Why was the MN-CMS Staff Engagement Group set up?

While MN-CMS has a clearly defined governance structure locally and nationally, with administrators and representatives in each hospital, it's also important to have a local voice. The staff engagement group assists in gathering the thoughts of users into themes, that can be sent back to the MNCMS trainers and administrators, rather than

overwhelming our local administrators with lots of similar considerations.

The staff engagement group acts to bring together a wide range of different stakeholders to get as true a representation as possible, as to how individuals interact with the system. There are 27 of us in total, each representing a particular department, area, or ward. These local representatives gather feedback from the people in their area and also feed back to their area on developments in the pipeline. It's important that staff have a familiar, friendly face to raise concerns with and be informed of what is happening locally too.

Does the MN-CMS Staff Engagement Group have a particular focus?

While our remit is wide, the group is especially effective as a way to gather the niggly things that slow us down and frustrate us. These things tend to relate to usability rather than larger technical issues with the system but are still important to get right to ensure engagement.

We also find that the group is an effective way to communicate back to our staff on the things that MN-CMS are already dealing with, as a lot of things are going on in the background that people do not know about. For example, from a nutrition perspective, there were requests for growth charts for Down Syndrome and we discovered that MN-CMS have been working on this for over a year already, and we could feed that back to the team.

How often do you meet as a group?

We try to meet monthly to review the issues that have arisen. It's important to note that there are already structures in place for major issues. If users experience a technical problem, they still need to contact their local back office personnel.

Have you received much feedback to date through the group?

The MN-CMS Staff Engagement Group went live in early September 2020 so we're still relatively new. We had an initial surge in feedback and now we are steadily receiving feedback on a regular basis.

We are all still learning and the programme itself is continuously being developed. We all follow a certain process when using the system and some of us have figured out tricks to get things done – however, that doesn't always fit into the way the system was designed to work. So it's important to get feedback from people to try and standardise the ways of doing things that work well – this is especially important in relation to patient care.

It's often the little day-to-day things that annoy us that can make a big difference to our engagement with the system, and often it's just a case of education to iron out some of these issues.

What is the process for users to follow to give feedback through the group?

We want the ability to share feedback to be

as easy as possible – one size does not fit all so we have a variety of digital and print options available. The form is very short too, simply requesting a short outline of the issue experienced, and a suggestion on how it could be addressed. Currently, we send a monthly email reminder to all relevant staff with the feedback from attached. We also have printed copies on hand in each area and staff are free to hand it to their local representative or to me at any time.

A copy of the feedback template is also available on the CUMH sharedrive and we have recently set up a web version too via <http://mncmsfeedback.irelandsouthwid.ie/>

What is the impact of being part of a national system, in terms of getting changes implemented?

The MN-CMS governance structure can mean that it is slow to get changes implemented. The system is built for every maternity centre in the country, so every change is a national change that requires national agreement.

This can make individuals feel anonymous in the system. Therefore it's important to have a local voice for staff to raise issues. Not every issue raised will necessarily lead to a change, but having a local voice can reassure staff so that they know their voice is heard. It's also good to get affirmation that the issue you have raised is something other users have identified too. Lastly, we help to keep staff informed when these issues are still being worked on, and that they are not forgotten about as changes can take a long time to be implemented. This communication loop is helpful for everyone.





MaternityONESouth is back with Kate Lyons in the driving seat

Tell us about your new role as project manager for MaternityONESouth

I'm delighted to take on this new role as project manager for MaternityONESouth thanks to funding that has been provided by NMPDU for one year. I was originally a committee member so I am very familiar with this project that was started in 2019 by Katie Bourke, Director of Midwifery CUMH and Dervla Hogan, SSWHG Project Management Office Liaison.

As you may know, in MaternityONESouth the ONE stands for Obstetric and Neonatal Emergencies. The project was developed in response to the Health Information and Quality Authority (HIQA) published 'Guide to HIQA's monitoring programme against the National Standards for Safer Better Maternity Services, with a focus on obstetric emergencies'.

The purpose is to create a maternity network training strategy for obstetric emergencies and develop standardised

policies, procedures, protocols & guidelines (PPPGs) across the directorate, pool our resources and avoid duplication of effort. This really is a key benefit of being part of a maternity network like Ireland South Women & Infants Directorate.

We can all be forgiven if the purpose is a distant memory – the last MaternityONESouth meeting in March 2020 had to be cancelled as COVID-19 had arrived and since then we have all been living and working in strange times. Nevertheless, we can all be proud of our ability to continue to provide quality care under extremely difficult circumstances to women, babies and their families in Ireland South Women & Infants Directorate.

Remind us why MaternityONESouth is so important?

Ultimately it's all about improving care for mothers and babes in the case of obstetric emergencies. We all work as part of a multidisciplinary team, with nurses,

midwives, obstetricians, anaesthetist and neonatologists to name but a few. The relationships between disciplines improve the quality of care we provide to women and their babies and increase job satisfaction. Obstetric and neonatal emergencies are part of our job but they can cause stress and anxiety for staff and women/families. During emergencies, when teams work and communicate cohesively and collaboratively, the situation is less stressful for all involved and the outcomes are better for everyone.

In order for that to happen, we need training. Ongoing multidisciplinary training improves our performance and confidence in our ability to work as part of a team. Mandatory training schedules in BLS (Basic Life Support), NRP (Neonatal Resuscitation Programme) and PROMPT (Practical Obstetric Multi-Professional Training) will be implemented. MaternityONESouth is aiming to provide protected training time for staff which is appropriately resourced with backfill cover to ensure staff can identify and respond to obstetric and neonatal emergencies.

What will MaternityONESouth do for healthcare professionals in Ireland South?

- Accessible mandatory training schedules and courses in obstetric and neonatal emergencies for all clinical staff. This will improve confidence in identifying and treating women and their babies appropriately in these situations.
- Protected time to access training
- Policies, procedures, protocols & guidelines (PPPGs) which are standardised and evidence based in obstetric and neonatal emergencies
- The knowledge that women with antenatal risk factors in their pregnancies have been identified early and have access to care pathway to meet their needs.
- Accessible training records and other documents required for HIQA inspections.

What's planned for 2021?

I am contacting the original committee members of MaternityONESouth to see if they are still in a position to commit to the project. Some members have changed roles and are no longer available. This means that there will be opportunities for new member to join the committee and contribute to this critical project – the first true directorate wide project of its kind.

An enhanced Q-Pulse module has been purchased and work is underway with Health Care informed (HCI) Ireland and our local ICT Department to install this. Once fully implemented, all clinical staff will have access to their own training record on Q-Pulse to book courses and automatically see their profile updated when training has been attended. This will be especially useful for managers who will be able to easily audit staff training compliance within their departments. Policies, procedures and guidelines will be accessible on Q-Pulse too.

We will soon be developing a training schedule and there will be opportunities for clinicians to get involved in the facilitation of this training.

Why should you get involved / how do you get involved?

To summarise, this project aims to improve the safety and quality of the service we provide to women and their babies when emergencies occur, and to ensure all our staff have access to evidence-based up-to-date policies and training. Together we are stronger, and when we share resources and experiences we can all feel even more proud of the work we do.

If you are interested in hearing more or getting involved, please do not hesitate to contact me at kate.lyons1@hse.ie or call me on 087 781 8063 and I will be delighted to discuss the project with you. I look forward to working with you all!

Health and Social Care Profession staff numbers continue to grow

by Maria Leahy, Acting Manager of Social Work Services, CUH and representative HSCP member for Ireland South 2020/2021



Welcome Dr Mairéad Butler, Consultant Obstetrician & Gynaecologist at UHW

We are delighted to welcome a new consultant obstetrician & gynaecologist to University Hospital Waterford (UHW), Dr Mairéad Butler who started on 30 December 2020.

Originally from South Kilkenny, Mairéad went to school in the Sacred Heart in Ferrybank, Waterford before studying Medicine in University College Cork. After graduating in 2006, she gained experience both in Ireland in the Coombe, Dublin and as a Junior Registrar in CUMH in 2010/2011. Mairéad received her specialist training in Australia and was planning to take a 6 months break to travel around Europe before starting her first consultant position in UHW. COVID-19 put a stop to that plan but Mairéad still enjoyed the time off before starting her new role.

While she was introduced to the obstetrics specialty in the Mercy Hospital in Melbourne, Mairéad's decision to become an obstetrician

must have been strongly influenced by her family background. Mairéad's mother was a Clinical Midwife Specialist in Sonography in UHW for 20 years and her sister is also a Midwife – a CMS in Sonography too. She has always wanted to be a doctor and is now not only working in the hospital her mother used to work in, but also in the hospital she was originally born in.

Commenting on the new role, Dr Mairéad Butler said: *"I'm really excited to be in working as a consultant Obstetrician and Gynaecologist in University Hospital Waterford. While I look forward to supporting the team in all areas, I have a special interest in early pregnancy and pregnancy loss and hope to support Dr Azy Khalid in further developing the pregnancy loss services. Coming to work here really feels right. Given I was born here, I feel like I've gone full circle. It's a real privilege to serve the women and infants in the South East."*

We can never claim to have a world-class healthcare system without the support of Health and Social Care Professions (HSCPs). Ireland South Women & Infants Directorate are committed to continue to invest in HSCPs and grow our numbers in all relevant disciplines. A health and wellbeing approach is so important to ensure that babies get the best start in life and that mothers and families are supported and empowered.

The number and types of HSCPs in our directorate are illustrated in the table below. While a number of these professions are dedicated to maternity services, the majority provide services to both maternity service users as well as patients in the general hospital setting. We continue to push for dedicated staff for maternity, gynaecology and neonatology services and to look to NWIHP for funding by highlighting the gaps across our directorate.

While it will take some time to fully resource all professions to enable the

provision of an optimal service, we are making progress. By the Summer of 2021, we will see dedicated and whole-time posts in dietetic and social work services in all four units, expansion of the pharmacy services in CUMH and a new whole-time dedicated pharmacy post in UHW. One of the greatest demands on our maternity and gynaecology service is the need for physiotherapists and one of our next priorities is to have a whole-time physiotherapist in each location.



HSCP	CUMH	STGH	UHK	UHW	Total
Dietetics	3	0.7	0.1	0	3.8
Occupational Therapy	0.6	0	0	0	0.6
Pharmacy	2.6	0	0.5	0	3.1
Physiotherapy	5.75	0.4	0.6	0.5	7.25
Social Work	5.8	1	0	0.5	7.3
Speech & Language	1	0	0	0	1

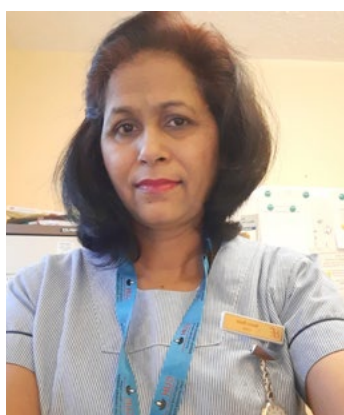
Table 1: HSCP numbers across Ireland South in February 2021

Pictured above: Maria Leahy, Acting Manager of Social Work Services, CUH and representative HSCP member for Maternity Directorate 2020/2021

Setting high standards: Ireland South Green Group

Dr Cathy Burke, Consultant Obstetrician and Gynaecologist at CUMH introduces the Ireland South Green Group

For more information contact cumh.greengroup@hse.ie



Far left: Dr Cathy Burke, Consultant Obstetrician and Gynaecologist CUMH and Ireland South Green Group Lead. **Left:** Renu Bala, CNM2 in Waste Management, member of Ireland South Green Group

Tell us a bit about what the Ireland South Green Group is hoping to achieve?

The Ireland South Green Group aims to work together with staff to reduce the carbon footprint of our hospitals. Working in maternity units where our next generation is born, we need to set a high standard in caring for the world the babies we help to deliver will grow up in. By minimising the amount of waste we produce, by recycling, and by using both energy and water efficiently, we can achieve a lot. All that is required is the right information and some motivation!

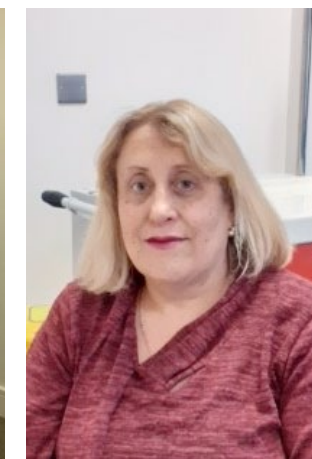
Who else is involved in the Green Group, and how do you become involved?

Any staff member can be part of our Green Group. You can become a Green Advocate in your work area. This involves making suggestions for

change to the Green Group committee, as well as helping colleagues to adopt green practices in your workplace. Our committee has representatives from STGH, UHK, UHW and CUMH maternity units and we meet every month to discuss changes and how to achieve them. If you are interested, please contact cumh.greengroup@hse.ie and you will be directed to your nearest Green Group member.

Why is it so important for healthcare industries to be interested in being green?

The healthcare industry unfortunately contributes to global warming and climate change. We need to learn how we can minimise the impact our work has on the environment. There are frameworks that we can work from such as the HSE Green Healthcare Programme. The Ireland South Green



Pictured above left: Katie Ryan, Gynaecology Secretary CUMH showing off the new bins in the gynae secretariat. By removing personal bins in this area and replacing them with larger bins, we will save over 1000 plastic bags annually in this area alone! **Pictured centre:** Barbara Hall, Green Advocate, Outpatients Department in CUMH. **Pictured above right:** Claire Delaney, Green Advocate CME CUMH

Group aims to tap into the available information and resources and with the help of staff in our maternity units, we can then make necessary changes.

What can we do in our day-to-day lives to improve our green credentials?

We all know of the 3 R's; "reduce, re-use, recycle" when it comes to waste. Following this advice is now more important than ever. Organisations

such as Repak have great online advice regarding recycling (<https://repak.ie/>). We can reduce environmental pollution by walking, cycling or using public transport for our journeys when possible. Choosing to eat less meat and more plant-based meals is both healthier and better for the environment. Change is difficult, but if each person makes some small changes, the cumulative effect is really big. And the next generations will thank us for it!



Far left: Helen Maher, Estates Manager, National Health Sustainability Office. **Left:** Dr Azy Khalid, Consultant Obstetrician and Gynaecologist, UHW

THE HOME-SCHOOLING / WORKING BALANCING ACT AS A FRONTLINE WORKER



It was incredibly difficult for many healthcare workers when schools closed again at the start of 2021 due to Level 5 restrictions. Those with young children had to balance coming into work with providing childcare and home-schooling at home.

We spoke to a selection of staff in our maternity units in Ireland South Women & Infants Directorate to see how they are coping.

Mairéad O’Sullivan,
Lactation Consultant,
University Hospital Kerry

Mairéad has four children, ranging in ages from 8 to 13 with three in primary and the eldest in secondary. Mairéad works 32 hours a week, taking 7 hours a week as parental leave.

“It’s been quite overwhelming and a headache to be honest,” she says. “My husband works in construction and while he could help out with the kids during the first lockdown as he was prevented from

working, he’s been allowed work this year and so he’s not around to share the load as much. Luckily, we’ve been able to create a bubble with my parents and a first cousin who is out of work due to the closure of the hotel industry, and so we’ve shared the childcare between us.”

Mairéad mostly manages the home-schooling herself for the children in primary. *“It’s quite a balancing act. They all have zoom calls at different times of the day so I often need to be there and so need to work around those. Home schooling is usually left to the evening time when I return at 6-8pm and can take a couple of*

hours. While they go to the same school, they all use different software from Aladdin to See Saw to Gmail to Hotmail – it’s too much for my parents to handle during the day. We have one laptop and had to borrow another from my grandparents. I also had to purchase two iPads at the start of the year which was expensive. Furthermore, I have to leave the teenager to his own devices online, which is not ideal but totally unavoidable.”

The re-opening of primary schools in March isn’t providing relief at the moment. *“My youngest went back to school this week but he’s still getting an hour of homework as it’s his communion year and they have a lot of religious preparation to catch up on. So he’s often working in the afternoons while the others are finished, which is creating agro at home.”*

The glimmer of light at the end of the tunnel will come in mid-April when her eldest returns to secondary. However, for five weeks he will have to stay at home while the others are in school. *“At 13, he’s too old to have my parents babysit him all day, so I’m not sure what to do with him yet, it’s a little stressful thinking about it.”*

Mairéad is very grateful for the flexibility that UHK maternity services have offered. *“I do my half day of admin work at home on Tuesdays, and while it may take a full day to actually get it done with the kids around, it still makes things more manageable, I’m very grateful for the support I have received and the flexibility of my shifts when required.”*

Maghela Coen, Midwife, South Tipperary General Hospital

Maghela has five children, three are in university in the UK and two are at home, including a 13 year-old in first year and an

almost 8 year-old in second class. Maghela works 30 hours a week with a night shift every five weeks.

“I found this lockdown with home-schooling easier than the first, when the children found it difficult to get into the mind-set of actually learning at home. We now have established a good routine during the week. The 13 year-old is more self-directed and has more Zoom calls and online classes so mainly needs help with her work after those.”

Maghela is lucky as her husband, who also works shifts, is usually able to work opposite shifts to her so can help with the home-schooling too. *“Between us we can cover most of the childcare and home-schooling. We’re in a bubble with my brother and sister-in-law so if we’re both working night shifts, one can stay over to mind the children.”*

“As I can share the load with my husband, I’ve actually enjoyed the time I’ve spent with the children – I have got to know their abilities and strengths better. I also have an understanding principal who has reassured us that schoolwork does not have to be done every day. That lightens the load too.”

Cathy Cronin, Midwife
Labour Ward, Cork University
Maternity Hospital

“It’s probably been the most stressful and toughest couple of months I can remember to date”, answers Cathy Cronin to the question, how have you found the start of the year both home-schooling and working?

Cathy has been a midwife for over 15 years and has five children from the ages of 2 to 8, with one in preschool and three in primary. She works 19.5 hours

a week doing the night shift. Cathy has struggled a lot as both her own mother and her mother-in-law are high risk and so cannot help at home. To make things even more challenging, her husband is a farmer and this time of the year is when he is most busy.

“We do have a young woman in our bubble who minds the children when I return from the night shift and need to sleep from 6.30am until 1pm. Once I get up, I do the home-schooling. As they’re very young and two are learning to read, they need one-to-one support so it can take at least four hours to get through it all.”

Like many who do not specialise in education, Cathy feels she wasn’t built for home-schooling and so, the reopening of primary schools in March is a huge relief.

“Since the schools opened, it’s been like a big weight has been lifted off my shoulders. I no longer dread the week ahead on a Sunday once the ping of email signals the return to the home-schooling week ahead. Things are going to get a bit easier.”

Maeve Murphy, Gynaecology Nurse, Maternity Services University Hospital Waterford

“I can’t wait for the schools to open,” says Maeve Murphy, a Gynaecology Nurse from UHW. Maeve has two children; a son aged 11 and a daughter, 13. *“I’m excited for them to get back to school and see their friends and get back to their norm.”*

“It’s been very hard on them being stuck indoors with the bad weather and without the outlet of being able to play sport with their friends or anything. It’s been quite intense at home as a result, as they only get to see us, their parents.”

Maeve works 27 hours a week and her husband works on the frontline too as a detective. As they are from Wexford, there is not the option of family close-by to help with the children. Luckily, they have been able to work opposite shifts to ensure one of them can oversee the children. *“We’re lucky that our work has been flexible to allow us to change our days and times to ensure we have cover at home.”*

“As they’re that little bit older, they don’t need too much handholding with the home-schooling. Getting them up in the morning and ensuring they are doing their work is the main focus. The monotony of it all is getting to them now and they really miss their friends. I had to be a lot more lenient with my son and allow him on the PlayStation mid-week which would never have happened during school term.”

The increase in gaming is a common feature in homes of parents with children of similar ages. With the structure gone, and the days long and the weather poor, it’s one of the few ways children can have fun and communicate with their friends. How easy it will be to reverse the trend once school starts remains to be seen.



Bereavement Standards: From Implementation to Oversight

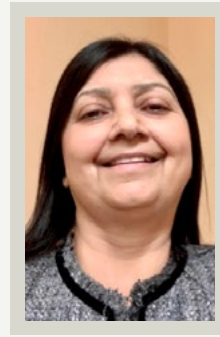
Friday, 19 February 2021 marked the end of four years of development and implementation of National Standards for Bereavement Care following Pregnancy Loss and Perinatal Death. Congratulations to Professor Keelin O’Donoghue, Consultant Obstetrician & Gynaecologist in CUMH in her role as National Implementation Lead for the Standards and Ríona Cotter, Midwife in Quality & Patient Safety, CUMH who led as Programme Manager.

We sincerely thank them for leading and advocating for perinatal bereavement care in Ireland. Both will continue to provide oversight to the ongoing development of the National Standards for Bereavement Care Following Pregnancy Loss and Perinatal Death in all 19 maternity units in Ireland.

Pictured above: Professor Keelin O’Donoghue, National Implementation Lead for the Standards and Ríona Cotter, Midwife, Programme Manager

UHK AUDITS: REVIEWING THE PATIENT EXPERIENCE

By Dr Savita Lalchandani, Consultant Obstetrician & Gynaecologist UHK



An audit of patient satisfaction in an outpatient hysteroscopy clinic setting

R. Roseingrave, S. Lalchandani Department of Obstetrics and Gynaecology, UHK. *Irish Medical Journal* 2021; Vol 114; No. 2; P262

Aims: We aimed to review experiences of women attending the outpatient hysteroscopy clinic (OHC) in University Hospital Kerry (UHK) across five months in 2017.

Methods: Data collection was prospective and on-site. Green-top Guideline No. 59: Best Practice in Outpatient Hysteroscopy, published by the Royal College of Obstetricians and Gynaecologists (RCOG), was the standard used for comparison. The questionnaire centred on the following themes: ease of getting to clinic; attendance at clinic; written information; recommendation to a friend or relative; pain; staff assessment and facility. Questions were either multiple choice, with the options of 'very good', 'good', 'fair' or 'poor', or yes/no. There was a visual analogue score for pain, and a space left for comments.

Results: There was a one hundred percent response rate (100%; 60/60). Six aspects of the service met the required standards, and five failed to meet the standards. Aspects that met the standards included convenience of service and staff assessment. The staff

met or excelled beyond the set standards on all aspects of care. Almost all of the women felt that the staff listened to them (96.5%; 58/60) and took enough time with them (98.5%; 59/60). Almost all of the women (98.5%; 59/60) felt that the staff explained what they wanted to know, gave good advice and were friendly and helpful. Most of the women (91.5%; 55/60) felt that the supportive material provided was adequate. The majority of women rated the facilities as neat and clean (85%; 51/60) and were satisfied with the level of privacy afforded (80%; 48/60). Those that fell below the standards included ease of locating the clinic and comfort while waiting.

Conclusion: Despite the majority reporting mild to moderate pain, **almost all the women (93.5%; 56/60) would recommend the clinic to a friend.** Changes have been instituted since the audit, including installation of new signage to direct women to the clinic. A re-audit questionnaire has been developed to review the service. Outpatient hysteroscopy is a convenient and acceptable experience for women attending our gynaecology services as it has significant patient benefits and cost savings. Benefits for women include reduced recovery time and faster return to work, as well as engagement with care.



An audit on outpatient hysteroscopy – cervical dilatation, failure rates and patient satisfaction

S Boyd and S Lalchandani Department of Obstetrics and Gynaecology, UHK. *Clin J Obstet Gynecol.* 2021; 4: 003-006.

Aims: To audit the use of cervical dilators, local anaesthetic, and failure rates in outpatients hysteroscopy over a two-year period in University Hospital Kerry. To review the experiences of women attending the outpatient hysteroscopy clinic (OHC) over a two-year period in University Hospital Kerry (UHK).

Methods: Retrospective data review was carried out. Green-top Guideline No. 59: Best Practice in Outpatient Hysteroscopy, published by the Royal College of Obstetricians and Gynaecologists (RCOG), was the standard used for comparison.

Results: Two hundred and twenty women were seen over a two-year period. The average age was 48. The most common complaint being of menorrhagia/irregular bleeding per vaginum. Local anaesthetic was used in just under one third of cases, of which half required cervical dilatation. Most women reported experiencing mild to moderate levels of discomfort, however, most would opt for an outpatient hysteroscopic procedure again if required.

Discussion/Conclusion: Outpatient hysteroscopy is a well-tolerated and safe procedure. Benefits of an outpatient hysteroscopy service include no requirement for formal theatre facilities; short periods of down time between patients; no requirement for day case/inpatient beds; reduced wait lists and overall cost; early diagnosis; continuity and reduction in the number of appointments and clinic visits. Suitability for outpatient hysteroscopy is not predictable based on parity of menopausal status. Women would elect to undergo outpatient hysteroscopy again if required and this is likely due to several reasons including convenience and lack of requirement for general anaesthetic.





Postgraduate Scholarship for Caroline O'Connor, Midwife CUMH

Congratulations to Caroline O'Connor, a research midwife at CUMH and INFANT for receipt of a Postgraduate Scholarship as part of the Irish Research Council's Government of Ireland programme of awards.

Caroline received her award for her project known as 'The MILESTONE study' which stands for MultiPLe pregnancy: An investigation of the riSk faCTors aNd outcomEs in the Republic of Ireland.

Caroline is one of 37 UCC researchers from all academic disciplines at University College Cork who also received a Postgraduate Scholarships or Postdoctoral Fellowship. She will undertake her funded PHD under

the supervision of Professor Keelin O'Donoghue at UCC/INFANT/CUMH and Dr Sara Leitao from NPEC.

All awardees were congratulated by Professor Anita Maguire, UCC Vice President for Research & Innovation:

"Funding from the IRC to our highly talented early career researchers can be career defining, by allowing them to pursue research into a very broad range of disciplines spanning the humanities, social sciences and STEM. Congratulations to all of the recipients, especially those in UCC," she said.



20th Annual Research Conference by UCC School of Nursing and Midwifery

By Rhona O'Connell, Lecturer in the School of Nursing and Midwifery

The UCC School of Nursing and Midwifery's 20th Annual Research Conference took place virtually on Thursday, 4 February 2021. This year's conference was called *International Year of the Nurse and Midwife: Responding to Crisis* and was very well attended with 181 attendees tuning in on the day.

The conference showcased research that relates to the significance of the first International year of the Nurse and Midwife in 2020, or to the unprecedented global pandemic and the response of Nursing and/or Midwifery to the unfolding crisis.

The highlight was the keynote address by Soo Downe OBE, Professor in Midwifery Studies, on the impact of COVID-19 on maternity care. Other maternity presentations included:

- Factors influencing women's perceptions of choice and control during pregnancy and birth: A cross-sectional study presented

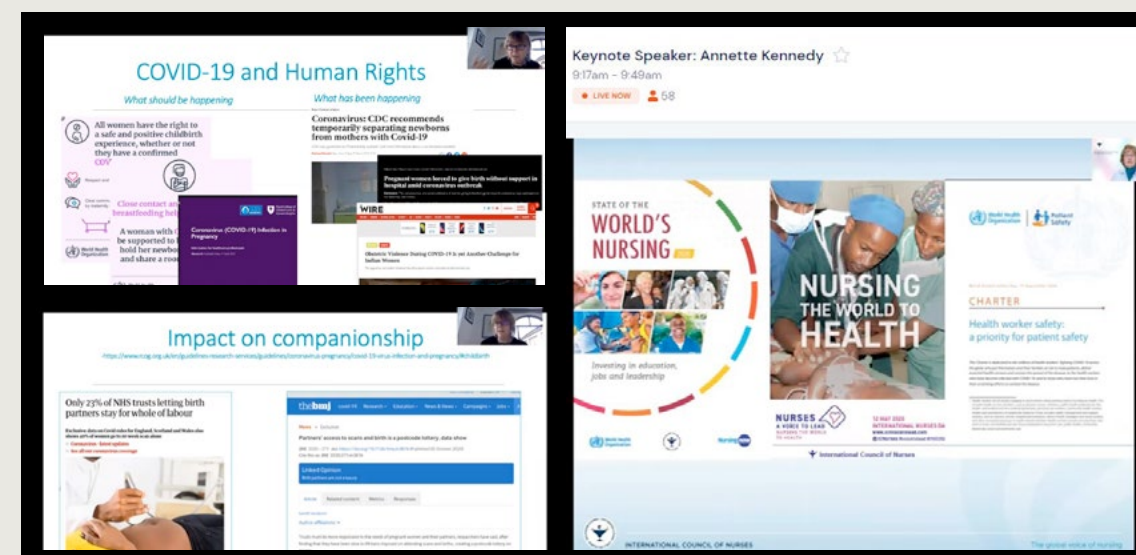
by: Roisin Bradley (PI Professor Patricia Leahy Warren).

- Breastfeeding in COVID times – hospital experience for women presented by Dr Margaret Murphy.
- The co-existence of paternal stress, anxiety, and depression symptoms during the early postnatal period, presented by Lloyd Philpott.

Posters included:

- Dr Malitha Monis 'Mentalizing possibilities' - A grounded theory of antenatal women's decision making of their birth choices in pregnancy following a previous Caesarean Section (CS)
- Elaine Healy - An exploratory study of the support needs of midwives in relation to perinatal mental health

The conference worked well in the online space, although attendees did miss out on networking opportunities.



INFANT: Novel Babyscreen app screens for early learning difficulties

By Tara O’Leary, INFANT Communications and Marketing

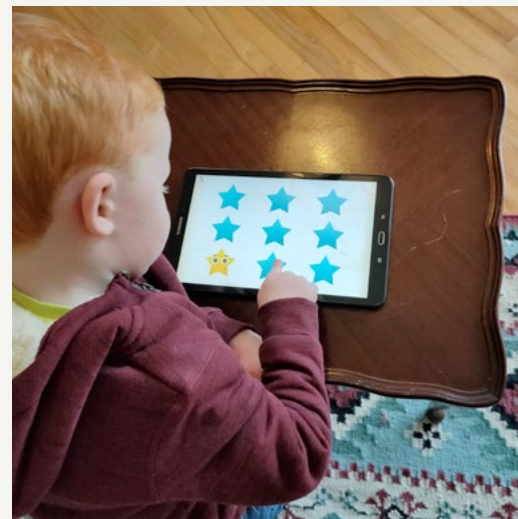
Researchers from the Infant Research Centre, UCC have shown that a 15 minute touchscreen tablet based assessment can screen young children for cognitive delay. Results published recently in the Archives of Disease in Childhood showed that young children aged 18-24 months completed the Babyscreen puzzle in a predictable way, with their scores increasing with age and correlating with their ability on formal testing. This application can be used to pick out those children at risk of cognitive delay and who should have referral for developmental assessment.

Traditionally cognitive testing in very young children is assessed based on their developmental progress and milestones reached. Tests such as Bayley’s Scales, (internationally recognised as the gold standard for assessment of cognitive development for infants from 1 to 42 months) were developed in the 1950s and were based on observation of children’s play and development.

Prof. Deirdre Murray, Professor of Paediatrics and Principal Investigator with INFANT Research Centre, UCC said that up to now it has been difficult to accurately assess infant development without the use of language to explain and to illicit responses from these young children across a number of tests. Testing memory, problem solving, processing of information

and cognitive ability to date has always required verbal interaction. This new technology can be deployed on a tablet interface and can accurately assess infant thinking skills without language, using technology to test and measure across key areas in just 15 minutes.

The INFANT Research Centre UCC, Science Foundation Ireland, Hello Games and the Health Research Board have all provided funding to develop this technology, which will be ready for use by general practitioners, paediatricians and psychologists mid-2021. The app has already been four years in development and has been piloted to test cognitive skills in trials with over 300 infants.



Pictured above: Sebastian Cunneen playing with the Babyscreen app



ASSERT UPDATE

by Professor Barry O’Reilly, Consultant Obstetrician and Gynaecologist

The ASSERT Centre in the College of Medicine and Health, UCC has been very busy over the last year, furthering our aim in improving patient safety and patient outcomes through the application of technology enhanced learning. Partnerships of note include:

CREW COVID-19 Remote Early Warning

We are excited about our partnership with Ballincollig based 8West Consulting in relation to the ongoing development of the CREW (COVID-19 Remote Early Warning) project. CREW was originally developed in 2020 and works by remotely identifying healthcare workers and medics who develop a temperature, a key symptom of COVID-19. Following a successful pilot, the HSE are interested in the potential of using technology in quarantine management, such as the monitoring the temperature and movements of travellers arriving in Ireland during the quarantine period.

Digital Health Living Lab

ASSERT has recently been designated with a charter as a Digital Health Living Lab by the HSE Digital Transformation Unit. Digital Health Living Labs provide test beds

to accelerate the co-creation and adoption of digital health solutions in Ireland. As part of this partnership, ASSERT will be coordinating a large project on remote patient monitoring covering various clinical themes, including antenatal care.

Fellowship

I am also delighted to welcome Dr Daniel Galvin, Specialist Registrar who recently joined ASSERT under a fellowship programme covering the digitisation of surgery – this will have an important future in healthcare training and distance learning. While mainly based at ASSERT, Daniel also spends time working in CUMH.



COVID-19 AND VACCINATION IN PREGNANCY

By Mei Yee Ng, SpR in Obstetrics and Gynaecology

Despite their proven benefits for pregnant women, clinicians still need to convince and encourage women to avail of vaccines such as whooping cough and flu vaccine as part of antenatal care. These two vaccines are safe in pregnancy and breastfeeding as they are inactive vaccines unlike the Measles, Mumps & Rubella (MMR) vaccine which is a live vaccine and so could only be given to women who are not immune to Rubella postnatally, even if they are breastfeeding.

When plans for the COVID-19 vaccine rollout turned into a reality at the end of 2020, there was much excitement and many questions. The initial recommendations that pregnant women should not be offered a COVID-19 vaccine was a cause for alarm for many - especially for pregnant healthcare workers as many viewed the vaccine as a beacon of hope in protecting themselves at work. The reason for this initial advisory is because the COVID-19 vaccines were developed using new methods that were so unlike previous vaccine design.

Other barriers in reviewing the evidence of the COVID-19 vaccine for the pregnant population were compounded as trials excluded women who were pregnant, breastfeeding or trying to conceive. This is not unusual in clinical trials. Regulatory authorities also recommend developmental and reproductive toxicology studies before enrolling pregnant women. Unfortunately, the race to develop the COVID-19 vaccine

was needed at such a speed that clinical trials precluded the inclusion of pregnant women. Thus, there was no data on its safety in pregnancy in humans. However, data of its effects in animal studies is available, which has been promising so far.

So, what do we make of the available evidence?

It is reassuring to know that based on how mRNA vaccines act locally (at the site of injection) and are rapidly degraded and removed by the lymphatic system, the likelihood of the vaccine reaching and crossing the placenta is believed to be low. There is also no reason to expect that mRNA vaccines will work differently in pregnancy. At the moment, there is not sufficient evidence to recommend **routine** use in pregnancy. This is subject to change as more evidence is obtained from ongoing prospective observational studies.

For now, this conundrum can be aided by the decision aid developed by the Institute of Obstetricians and Gynaecologists together with the Irish Medicines in Pregnancy Service (IMPS) at the Rotunda Hospital. The decision aid has been endorsed by the National Immunisation Advisory Committee (NIAC) and the National Women and Infants Health Programme (NWIHP). Pregnant women who are offered the COVID-19 vaccine can get it between 14 to 33 weeks. Women who are breastfeeding and trying to conceive are also not contraindicated from getting the COVID-19 vaccine.

I am pregnant
Should I get the COVID-19 vaccine?

Get the COVID-19 vaccine as soon as it is available to you **VS** **Wait until more information is available about the vaccine in pregnancy**

What are the positives of this option?

- The vaccine will reduce your risk of getting infected with COVID-19
- Other vaccines are recommended in pregnancy with good safety information
- Studies in animals do not indicate harmful effects from the vaccine in pregnancy
- You will not experience any side effects or other adverse effects from the vaccine

What are the negatives of this option?

- COVID-19 vaccines have not been studied in pregnancy and breastfeeding
- You may get some side-effects from getting the vaccine.
- You will still be at risk of getting COVID-19
- You will still be at risk of getting sick from COVID-19; this may lead to hospital admission or pre-term birth

You might consider this option if you:

- Have a medical condition
- Are a health or social care worker
- Have regular contact with people who don't wear masks
- Are 35 years or older
- Are overweight
- Are a smoker
- Are from a Black, Asian or other ethnic minority
- Live in crowded housing or an area with a high rate of COVID-19 infection
- Are not at higher risk of getting COVID-19
- Think getting the vaccine will make you very nervous
- Are more worried about the unknown risks of the vaccine compared with the risks of getting COVID-19
- Have had a severe allergic reaction to previous injected medicines

If you chose this option:

- Get the vaccine when you are between **14 WEEKS** and **33 WEEKS** pregnant.
- Take paracetamol if you develop a fever
- Continue to follow public health advice
- Only choose this option if you and the people you live with can follow current public health advice on:
 - wearing a mask
 - social distancing
 - working from home where possible

Think about your own personal risk of getting COVID-19
If your personal risk is high it might make sense for you to get the vaccine when you are pregnant

It is your choice whether or not you get the COVID-19 vaccine before, during or after pregnancy

CUMH virtual classes

by Lorna Sewell and Aisling Shinnick, Midwives CUMH

With face-to-face parent education classes paused, CUMH are now providing a variety of virtual antenatal, breastfeeding and nutrition classes to expectant and new mothers.

The antenatal classes were launched in January 2021, a lot later than planned due to technical challenges. As a result of high demand, we ask expectant mothers to wait until they are 32 weeks before booking into them. Now we are averaging 15 women per antenatal class, sometimes with partners too which we encourage. I am happy to say the class is very interactive with questions coming in throughout. Feedback too has been overwhelmingly positive. We are also pleased to announce that in the coming weeks CUMH will be offering antenatal classes for VBAC (Vaginal birth after C-section) and DOMINO that will be offered by the DOMINO team.

Our team of dieticians are offering nutrition in pregnancy classes for expectant mothers from 12 weeks up until 20 weeks gestation. CUMH Lactation Consultants Veronica Daly and Susan O'Driscoll are also now running antenatal breastfeeding classes on a weekly basis on Monday mornings for 2.5 hours, which are proving very popular.

"I found the classes excellent. Really learned a lot and feeling much more prepared for labour and post birth having done this. Thanks so much for all the info and answering my questions."

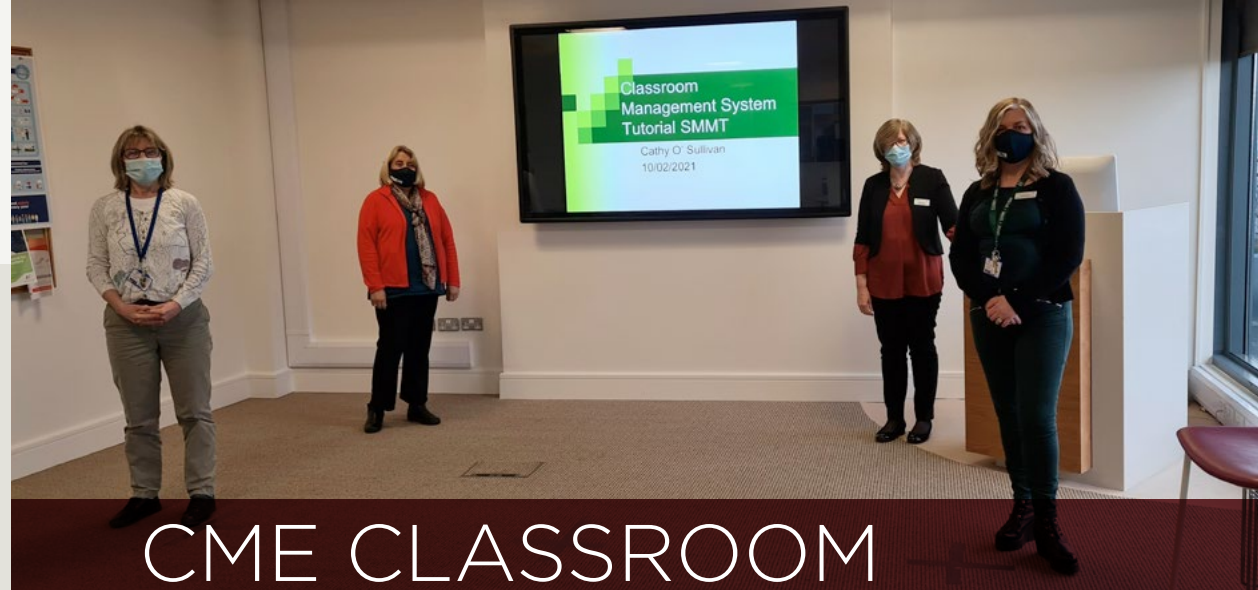
Julie

"As a first time mother during Covid, it has been hard to get this kind of knowledge as you are not mixing with friends, family and work colleagues who can pass on all their wisdom to you. There is only so much you can learn from books etc. I especially liked the personal antidotes shared by you both, the time taken to answer any questions we had and the specific info about CUMH. Thanks so much again."

Marie

"This is my third baby and I wondered if I needed this class but have walked away with several pages of new and updated information. On top of the information, it also acted as a reminder that 'I have got this' as even on your third, you question whether or not you will remember everything and if you have given enough time to preparing this time around. I would highly recommend it to all mums. I feel much stronger going into the last few weeks as a result of taking part in this online programme. Well done."

Rose



CME CLASSROOM UPGRADE IN CUMH

By Cathy O'Sullivan, Interim Director, Centre of Midwifery Education CUMH

The Centre of Midwifery Education (CME) are delighted to announce the arrival of new IT equipment in both CME classrooms in Cork University Maternity Hospital. Thanks to the directorate for funding this upgrade.

Each classroom has been fitted out with an extra-large 86-inch, HD screen and updated computer equipment to enhance the teaching and learning experience.

The setup facilitates 'Presenter View' which allows a presenter to view their presentation with speaker notes on a computer monitor while the audience views the notes-free presentation on the large 86-inch screen. In addition, it is possible to turn your mouse into a laser pointer to draw attention to something on a slide.

The CME team has found the new equipment both intuitive and dependable and it is improving the education experience, benefitting staff and patients alike.

Setting up the equipment was a collaborate effort involving CUH IT support team, the engineering team and the multidisciplinary team in the CME.

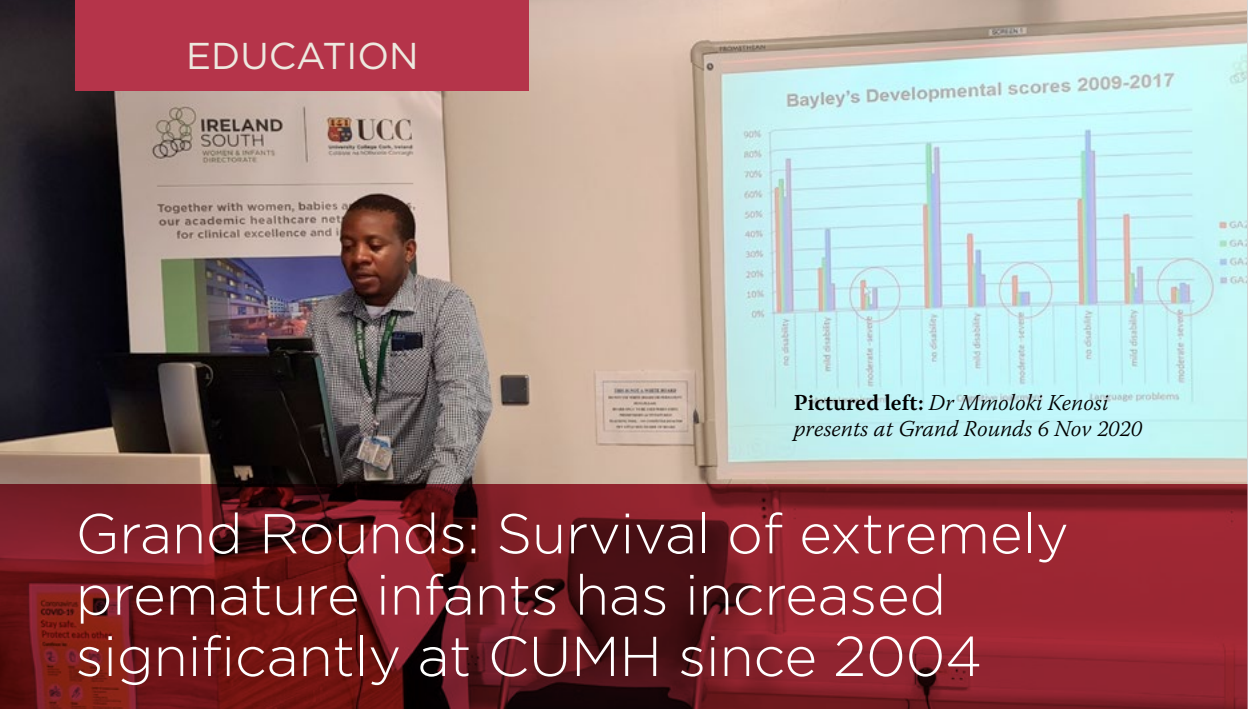
Everyone is welcome to use the equipment in the CME classrooms as long as you undertake basic training with the CME team beforehand. It is important to note that laptops cannot be plugged into the system, rather a USB or HSE login is required.

The CME team are available if you experience difficulty using the equipment.



Pictured above left: Veronica Daly, Lactation Consultant CUMH. **Pictured centre:** Aisling Shinnick, Midwife CUMH. **Pictured right:** Lorna Sewell Midwife CUMH

Pictured above: Annette Keating, Midwife Teacher CME; Claire Delaney, Administrator to the CME; Cathy O'Sullivan, Interim Director CME and Fionnuala Hunt, Midwifery Specialist Coordinator CME



Grand Rounds: Survival of extremely premature infants has increased significantly at CUMH since 2004

By Kenosi M, Cronin A, Murphy BP, O'Connell L, Dempsey EM. Neonatal Intensive Care Unit CUMH, Department of Paediatrics and Child Health, UCC

Background

Advancement in tertiary neonatal care means more and more small babies are being resuscitated at birth and offered neonatal intensive care. The extreme ages of viability are associated with a larger burden of morbidity and mortality. We retrospectively reviewed our own data at Cork University Maternity Hospital (CUMH) to describe our survival rates and neurodevelopment outcomes in babies born at extremes of viability between the years 2004 to 2019. Neurodevelopment outcome data is from the period 2009 to 2017, when we started collecting Bayley's infant development assessment scores.

Survival rates

We compared survival of babies from four different time periods; 2004 to 2007; 2008 to 2011; 2012 to 2014; 2015 to 2019, to reflect changes in practice over different time periods. Data is represented as percentages. See Figure 1 opposite.

Overall there has been an increase in survival rate across all gestations since the

year 2004. At 23 weeks, survival increased from 14%, 20%, 43% and 72% respectively across the 4 different time periods. At 24 weeks, the survival rates were 27%, 54%, 45% and 72% respectively. At 25 weeks, survival rates were 63%, 75%, 82%, 90% respectively. At 26 weeks, survival increase from 64% to 78%, to 85% and 84% respectively.

Comparison with our international peers (VON data)

VON is a network of hospitals across the globe that collectively report their outcome data and includes CUMH. Although overall CUMH mortality data is comparable to the VON data, there have been more infants surviving at CUMH from the years 2015 to 2019 across all gestations (see circled area).

Developmental outcomes

For the survivors, developmental outcomes are often assessed at 2 years corrected gestational age for each infant. At CUMH, we have been officially collecting this data using the Bayley Scale

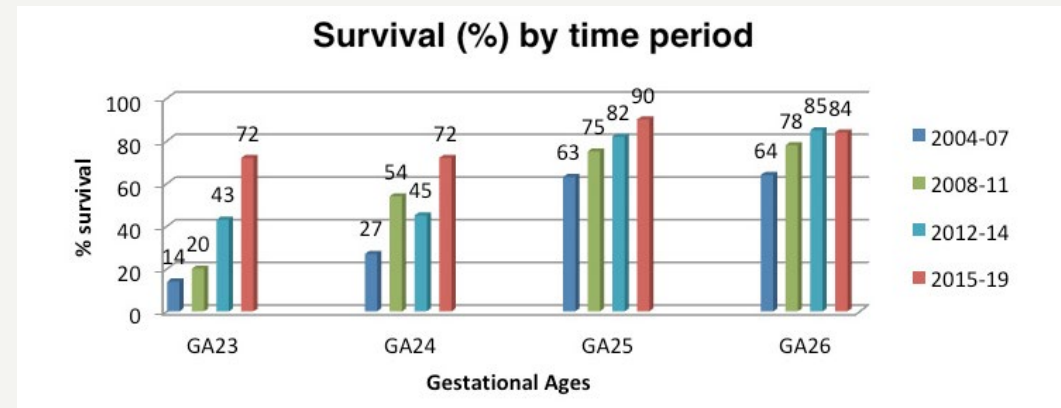


Figure 1: Graphical representation of survival by gestational ages and different time periods. Dark Blue 2004-07, Green 2008 to 2011, Light Blue 2012 to 2014 and Red 2015 to 2019.

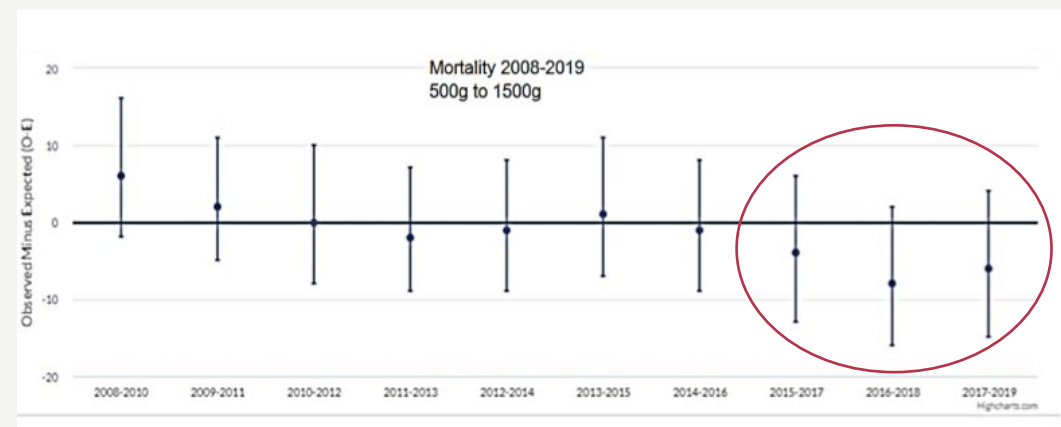


Figure 2: Horizontal solid line represents VON average, and dots represent CUMH data in comparison to VON average. Data represents all preterm gestations.

GA weeks	Cognitive	Language	Motor
23	50% (7/14)	50% (7/14)	62% (9/14)
24	80% (12/15)	73% (11/15)	66% (10/15)
25	84% (27/32)	80% (36/43)	69% (22/32)
26	78% (36/45)	73% (33/45)	76% (35/45)

Table 1: Normal 2 Years Bayley Developmental scores 2009-201. Bayley uses a composite score for each developmental domain and scores of > 85=normal outcome, 70-84=below average, and <70 =extremely low. In this table, we show only infants with a normal outcome at each gestation.

of Infant Development assessment since 2009. Table 1 (previous page) and Figure 3 (below) summarises the outcomes in different domains of development.

For surviving infants born at 23 weeks, 50% had a normal cognitive and language scores, 62% had normal motor scores. For infants born at 24 weeks gestation 80% had normal cognitive scores, 73% normal language scores, and 66% normal motor scores. At 25 weeks, over 80% had normal cognitive and language scores, and 69% had normal motor scores. At 26 weeks over 3/4 of infants had normal development across all the developmental domains. Figure 3

below shows all developmental scores for all the babies, and shows that our rates of moderate to severe disability in survivors was comparatively low across all gestations, with more infants having normal outcomes, and mild disability.

Conclusion

Survival of extremely premature infants has increased significantly at CUMH since 2004. Survival rate with normal neurodevelopment outcome are comparable with international standards, and reflect positive changes in attitude and practices in neonatal intensive care.

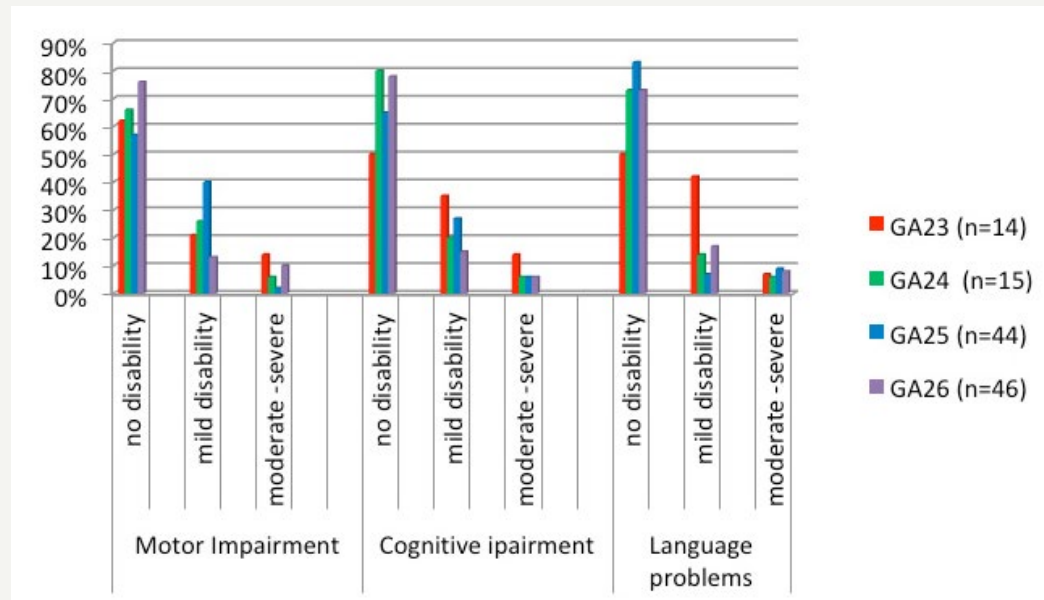
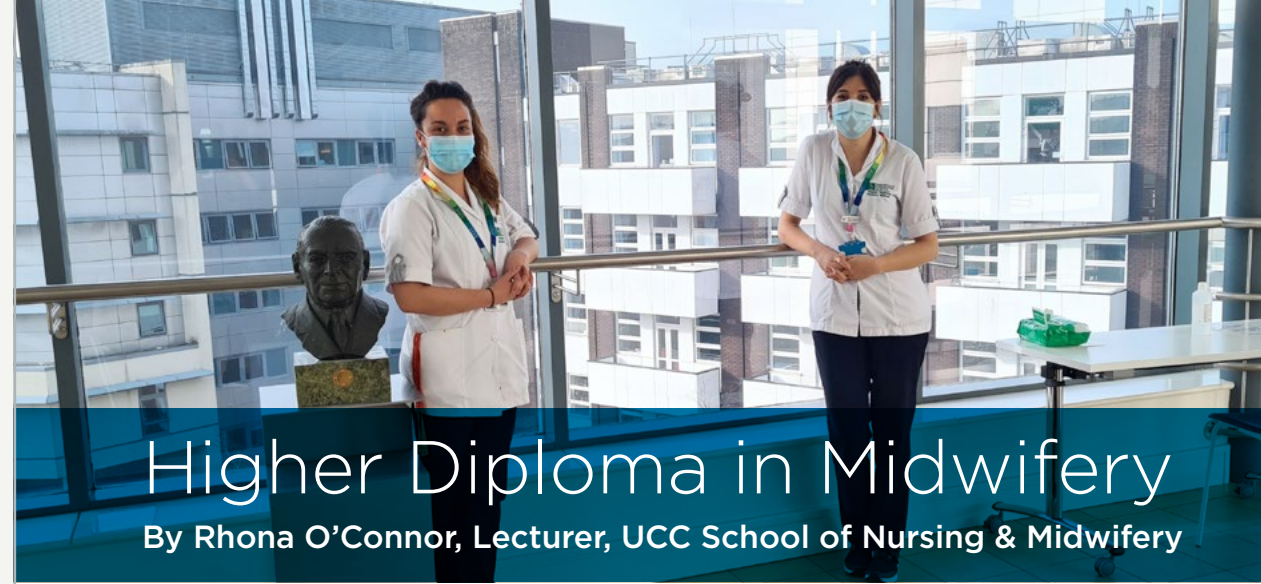


Figure 3: All Bayley scores from normal, mild disability, and moderate to severe disability.



Higher Diploma in Midwifery

By Rhona O'Connor, Lecturer, UCC School of Nursing & Midwifery

Hearty congratulations to our newest midwives, who successfully completed the Higher Diploma in Midwifery and will officially graduate in March 2021. We wish them all the best in their career and CUMH are delighted to have them as part of the team.

Pictured above: Sara Fulgencio and Maddalen Iturriagagoitia, two student midwives who will graduate with a Higher Diploma in Midwifery in March 2021

NUI Dr Henry Hutchinson Stewart Medical Scholarships

By Rhona O'Connor, Lecturer, UCC School of Nursing & Midwifery

The National University of Ireland, of which University College Cork is a constituent university, grant a number of scholarships each year. UCC's School of Nursing and Midwifery has had a remarkable record of success in the Dr Henry Hutchinson Stewart Medical Scholarships and Prizes over many years.

2020 is no exception with Niamh Enright being awarded 1st Prize Scholarship in Midwifery. In addition, Chloe Doyle received 1st prize Scholarship in Mental Health Nursing and Emma Cullen-Second Prize Scholarship in Mental Health Nursing. Congratulations to the students and their mentors. Well done.



Above: Niamh Enright, BSc Midwifery UCC



HIHI Healthcare Innovation Diploma Graduates

Kannan Natchimuthu, Senior Neonatal/Paediatric Occupational Therapist, CUMH

Kannan Natchimuthu is the first and only Occupational Therapist (OT) working fulltime in a Neonatal Unit (NNU) in Ireland and we are lucky to have him working in the NNU in CUMH.

Kannan is also the first member of staff in Ireland South Women & Infants Directorate to complete the HIHI Healthcare Innovation Diploma. He completed his diploma in September 2020, officially graduating in January 2021 to join a growing network of HIHI Healthcare Innovation Champions, qualified to lead and shape the direction of Irish healthcare innovation.

Kannan found the diploma fascinating and of huge benefit. *“It’s really inspiring and practical, you get to meet a lot of high-profile entrepreneurs - we even had a lecture from the Minister of Health, Stephen Donnelly who was happy to share his experience and ideas.”*

The HIHI Healthcare Innovation Diploma is a unique Level 9 NFQ HIHI/TCD Postgraduate Diploma that lasts one year with courses on a Friday and Saturday every 6 weeks. Kannan is hugely grateful to Ireland South for funding the cost of the diploma,

with students covering accommodation and travel to Trinity College Dublin themselves.

“The diploma highlights the importance of taking a multidisciplinary approach, and knowing the right people to talk to, to make an idea become a reality.”

“It helps you to see things differently and to consider the business point of view. I found the Health Economics module a real eye-opener as it helps you assess the long-term beneficial impact of an innovation in terms of quality-of-life years. Spending money on something that benefits a children’s service for example, will impact more people for longer. Ideas that focus on prevention and health promotion are of particular value as they will save money in the long run.”

Kannan is currently putting his training to good use and is collaborating with a colleague in Cork University Hospital on a waiting room app for patients. This real-time app will show patients in hospital waiting rooms how long they need to wait until their next appointment. He also has a couple of other ideas up his sleeve, but that’s another story...

Caitriona Heffernan, Senior Speech and Language Therapist, CUH

Caitriona Heffernan is another recent graduate of the HIHI Healthcare Innovation Diploma and another high potential change maker in Irish health. She was named one of the top 100 Professionals in Healthcare last year by Hospital Professional News due to her passion for improvement and innovation. Caitriona is also a member of the ‘CUH Improvers’ group to promote, support and celebrate quality improvement in the hospital.

“Throughout my career I have always been drawn to problem solving and finding creative ways in which to improve patient experiences and patient outcomes. Despite this internal drive, I found myself lacking in confidence around testing the viability of my ideas and structuring proposals to secure ‘buy in’ from essential stakeholders.”

“The Postgraduate Diploma in Healthcare Innovation has taught me how to objectively analyse the potential of an idea using structured frameworks, how to accurately define the problem to be solved and the importance of end user involvement. It has given me the opportunity to develop and practice my skills in pitching an idea persuasively and professionally to key decision makers. I feel that my skillset for innovation has expanded considerably through completing this course and I feel ready to apply my learning to the next innovation project.”

Caitriona would highly recommend the course to anyone who wants to be an agent of change within healthcare. *“The internal network of healthcare innovators in Ireland is rapidly growing and this is such an exciting time to get involved.”*

Caitriona will be embracing innovation fulltime in Ireland South Women & Infants Directorate in the near future via a one-year secondment as Innovation Programme Lead for CUMH. Her focus on innovation will also include involvement in external programmes as she will be on the HIHI Mentor Panel for the Spark Ignite Programme (see next article) and will also be a judge in the HIHI Design on the Frontline competition.



While Dr Colman Casey retires, the future of HHI remains bright



Dr Colman Casey retired as National Director of Health Innovation Hub Ireland (HHI) in January 2021, but not until he had secured funding for the hub to run for another five years.

HHI was originally established by the Department of Business, Enterprise and Innovation and the Department of Health, supported by Enterprise Ireland and the Health Service Executive (HSE) to drive collaboration between the health service and enterprise.

HHI has been a phenomenal success story in a short period of time, growing from its Cork base to now include offices in Galway and Dublin. The original idea of creating a hub in Cork to drive innovation in healthcare was led by Dr Colman Casey and Professor John R. Higgins back in 2011, following a meeting with government on the subject. They started a pilot in UCC, brought in CIT and partnered with a number of GPs and pharmacies to enable innovative products to have a test drive in healthcare settings.

The hub was well received in Cork and was acknowledged by government as an approach that would benefit healthcare in Ireland as a whole. As a result, tenders for a national healthcare innovation hub were set out and the Cork hub was awarded the national tender in 2015, with funding allocated for five years. The official launch of HHI took place in September 2016 and the network soon expanded to include NUIG with the Saolta Group and TCD with Dublin Midlands Hospital Group.

To date 71 projects have been launched into healthcare settings in Ireland. In 2020, in partnership with Enterprise Ireland, HHI launched a COVID-19 solutions portal to source solutions to the demands of the pandemic. Dr Casey pointed to the following as great examples of innovations that have been launched into maternity hospitals, with the help of Health Innovation Hub Ireland, both before and during the pandemic.



- **Bensons Workwear:** When the pandemic hit, this Cork-based clothing manufacturer, diversified its product in order to respond to COVID-19 and government requests and began manufacturing high quality medical garments. Bensons Healthcare now exists to produce disposable surgical gowns, disposable aprons, sterile surgical gowns and more. A great example of HHI enabling an Irish company to produce PPE to frontline staff, reducing Ireland's reliance on imports for these products.

- **Yellow Schedule:** This Limerick based software developer successfully launched its tech solution to safely and easily schedule hospital visits in South Infirmary Victoria Hospital (SIVUH) in October 2020, during the COVID-19 pandemic. The solution is to launch in Cork University Maternity Hospital (CUMH) in 2021 once restrictions ease.

- **3FiveTwo Healthcare:** In 2019, CUMH successfully piloted an online outpatient booking system delivered by this innovative Belfast company. The system allowed patients to choose their own appointment time from a list and led to the DNA rate reducing from 27% to 3% and had a positive impact on patient satisfaction.

- **ViClarity:** ViClarity completed a pilot test of their audit, risk and compliance reporting software in CUMH in 2018 with the help of HHI. The objective was to automate and streamline the process and collection of the national reporting requirements of the Maternity Patient Safety Statement (MPSS) and Irish Maternity Indicator System

(IMIS) metrics. The purpose was to improve efficiency, reduce clerical error and provide senior management with oversight of hospital activities. The pilot project was a directorate wide success, with all four sites supporting the use of the software program. The ViClarity software is in the process of being rolled out across Ireland South Women & Infants Directorate.

In mid-January 2021, Dr Colman Casey announced that funding for Phase 2 of HHI was approved by the Enterprise Ireland Board, securing HHI activities for the next 5 years. He stated: *"None of this would have been possible without a team of dedicated professionals who generously gave of their time and galvanised people to recognise and accept change. This team delivered for enterprise and healthcare and will continue to do so. This team was also prepared to roll up their sleeves in the middle of a health crisis in Ireland and put their minds to a plan for increasing Ireland's chances in providing better healthcare for our citizens in the future."*

Commenting on Dr Casey's retirement, Professor John R. Higgins, Clinical Director Ireland South Women & Infants Directorate and Principal Investigator of HHI said: *"It has been a privilege to work closely with Dr Colman Casey for over 10 years with a view to promoting and facilitating healthcare innovation within our Irish healthcare system. As Director of Healthcare Innovation Hub Ireland, Dr Casey has overseen significant and tangible innovation within Irish healthcare while also contributing to national business growth. We sincerely thank him and wish him a long and happy retirement."*



HSE-HIHI SPARK IGNITE INNOVATION COMPETITION

Open until 25 March!

Following the phenomenal success of last year's HIHI Spark Ignite competition, the HSE and the Health Innovation Hub Ireland are delighted to announce the launch of the HSE-HIHI Spark Ignite 2021 innovation competition.

The HSE-HIHI Spark Ignite 2021 is the only staff-facing, bottom up, innovation competition available to the 115,000+ HSE employees. Closing date is 25 March 2021.

HSE-HIHI Spark Ignite is open to all disciplines and departments nationally within the HSE. Its mission is to enable HSE staff to bring their ideas

for improvements towards reality. A national remit allows more opportunities for people to test their ideas and vie for funding.

Applications are simple and straight forward submitted via an online portal at www.hih.ie. Successful applicants will benefit from a bespoke healthcare focused innovation workshop delivered by experts to hone their idea and proceed to pitch for €3000.

For further information on the competition and how to apply, go to <https://hih.ie/engage/hihi-spark-ignite-2021/>.

The banner features the HSE logo, Health Innovation Hub Ireland logo, and the website www.hih.ie. It prominently displays 'Spark Ignite' in large, colorful letters. A red circle highlights the 'CLOSING DATE 25th March'. Logos for NDTIP, Office of the Nursing & Midwifery Services Director, and Health Social Care Professionals are also present. The bottom section has a dark background with the text 'big idea? HSE-HIHI Spark Ignite Competition 2021 Launching 15th February Open to all HSE staff'.

CUMH: Responding to the shadow pandemic

by Ann-Marie McCarthy, Social Work Team Leader and Domestic Violence Committee Chair, CUMH

It is almost one full year since COVID-19 came into our lives. Parallel to the lockdowns, the home schooling and banana bread baking, there is what the UN has called the 'shadow pandemic'.

This is the dramatic rise in cases of domestic violence (DV) as women and children have been locked down with their abusers and separated from their support networks. Women and families are under more stress than ever before. People have lost their jobs, been forced to work from home, children have been unable to go to school, sales of alcohol have soared and stress levels in households are at an all-time high.

The UN reported a 20% increase in domestic violence cases in 2020. In August 2020 Women's Aid Ireland reported a 43% increase in calls from the same period in 2019 and 71% increase in traffic to their website. In June 2020, Gardaí reported that nationally they received 25% more calls in 2020 than for the same period in 2019.

It is well documented that domestic violence can commence or escalate in pregnancy which is why we have a dedicated DV committee in CUMH that focuses on education, training, and policy to meet the needs of pregnant women experiencing domestic violence.





Coercive control is a type of emotional abuse used to achieve obedience and create fear



CUMH works closely with local services who also provide support for survivors of domestic violence

Domestic violence has increased as women suffer the consequences of being in lockdown with abusive partners



Pregnancy should be an exciting time unfortunately many pregnant women experience domestic abuse



The CUMH DV Committee and the Social Work Department recognised the need to change our ways of working during COVID-19. Our DV policy has been updated and women who have their booking assessment over the phone are screened in person at their next antenatal clinic appointment.

way to get staff from all different departments to really engage with the topic of domestic violence and make a verbal commitment to support any patient who is experiencing domestic violence. We also linked with all of the excellent domestic and sexual violence services in Cork city and county and they jumped at the chance to collaborate with us and be part of the video.

As part of the ‘16 Days of Action’ (an international campaign to end domestic violence) at the end of 2020, we developed a short video to include a wide range of staff to send a very important message to our patients. **We are still here. We will listen to you. We will believe you. We will support you.**

The video has been a great success as a creative way to reach and support our patients who may be experiencing domestic violence and send them the message that they are not alone and we are still here to help them.

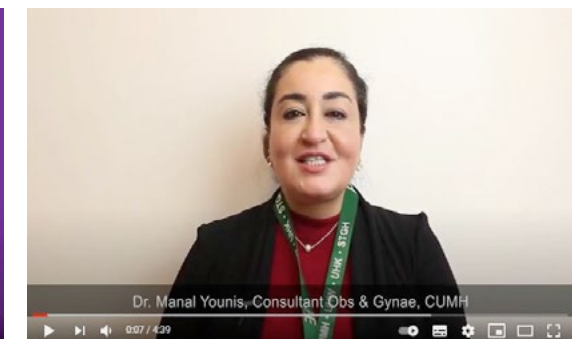
The video was shot by our UCC social work student Laura Bateman and put together by a digital designer who did the work ‘pro bono’. It was a fantastic

The video is accessible on the Ireland South Women & Infants Directorate YouTube channel or via the following link. www.youtube.com/watch?v=IQF_C5Tkp_g&t=1s



1 in 3 Women worldwide have experienced domestic violence

Gardaí have increased resources and they will offer you the information, support and protection you need





CUMH new smoking cessation service reaches 200 referrals

by Majella Phelan, Smoking Cessation Midwife, CUMH

National No Smoking Day 2021 coincides with Ash Wednesday in Ireland and this year it took place on 17 February. I'm delighted to say that our new smoking cessation service in CUMH had reached over 200 referrals by this date. This was thanks to the ongoing referrals through midwives and student midwives at a pregnant woman's initial booking visit, as well as through follow up visits. We also receive referrals via midwives on the antenatal wards, fetal assessment unit, bereavement and loss as well as consultant private rooms. Many thanks to all for their cooperation and support. We really are 'making every contact count' in antenatal care to support our patients to make healthier lifestyle choices.

For National No Smoking Day on 17 February, I welcomed the opportunity to promote our service on local radio in Cork and encourage pregnant women who want to give up smoking, to avail of our one-to-

one specialist and personalised service. We are delighted to report that 83% of those who took up the service are still quit at 4 weeks, a key milestone as once this target is reached, you are five times more likely to stay quit.

While there are many challenges to women giving up smoking, the pandemic is making it more difficult with many out of work and struggling with boredom and stress at home. As a result, the support we can offer them can really make a big difference. As we know, smoking during pregnancy is associated with significant health risks for both mother and baby. It is the one modifiable issue that directly affects the outcome of pregnancy and this is the reason why I am so passionate about this service.

The smoking cessation service in CUMH is a Tobacco Free Ireland project funded by Sláintecare on two sites: CUMH and The National Maternity Hospital, Dublin.



Connectacoach.org: Free coaching service for all frontline staff

Connect a Coach is a FREE coaching service offered to frontline and emergency services staff dealing with the COVID-19 pandemic in Ireland.

The team consists of highly experienced professional coaches that are volunteering to provide a safe, confidential space, where they listen and enable you to, exhale, de-stress, recharge, and feel more resourced for your life and work. Coaches are fully insured and members of coaching bodies adhering to principles of professional ethics.

“Connect a Coach gave me the tools to deal with stress, anxiety and panic. My self-care, relaxation, health and wellbeing all improved in the process.” (Healthcare worker)

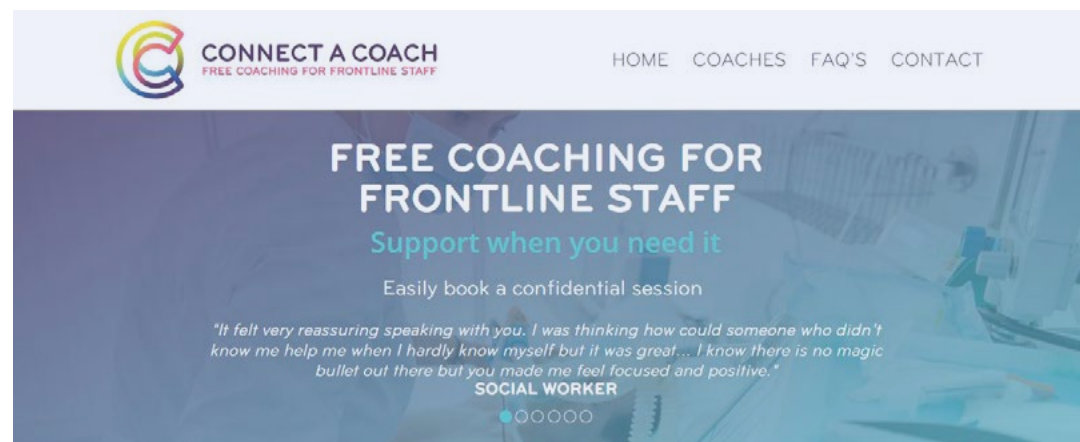
Set up in March 2020 by Aibhne Harrington, Master Certified Coach and Coach Trainer, and Karen Hayes, Associate Certified Coach, the service is now a year old and includes a wide range of coaching professionals including our very own Sinéad Creedon, Infection Prevention and Control Clinical Nurse Specialist in CUMH.

Sinéad is a trained applied psychological coach who offers strengths coaching as part

of her work. She coaches busy professionals who suffer burnout both at work and outside of work. She also coaches managers and leaders as well as frontline staff.

Coaching has many definitions but put simply, coaching is a process that aims to improve performance and focuses on the ‘here and now’ rather than on the distant past or future. An essential part of coaching is to help people to learn to silence that inner voice and enable the person to flourish. *Counselling* is closer to a therapeutic intervention. It focuses on the past, helping the individual to overcome barriers and issues from their past and move on.

Visit <https://connectacoach.org/> now to book your FREE session. When you select a coach, you are directed to a digital calendar where you can book a 45-minute slot for a virtual meeting with Zoom. There are a wide range of coaches available offering coaching between 7am and 9pm and coaches rotate every 8 weeks or so. Up to 4 sessions are available *entirely free of charge*. If you wish to continue coaching beyond the fourth session, you may engage with your coach separately.



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"It felt very reassuring speaking with you. I was thinking how could someone who didn't know me help me when I hardly know myself but it was great... I know there is no magic bullet out there but you made me feel focused and positive."
SOCIAL WORKER



From UHW to CUMH: Margaret retiring after 40 years ‘exceptional’ service

Adapted from an article in the Echo
14 January 2021 by Emma Connolly

Picture above by
Gerard McCarthy

Margaret O’Driscoll is hanging up her observation chart this year, and retiring after spending 27 years in the Neonatal Unit in the Erinville and 13 years in CUMH. In both hospitals she earned a special place in the hearts of the thousands of parents whose babies she cared so lovingly for.

She began her career in what is now University Hospital Waterford back in 1975, before training as a midwife in a hospital near Scotland and returning to her native Cork to embark on her career proper.

A mother of five children, ranging in ages from 36 to 27 (four of whom she had in four and a half years!), Margaret, lives in Kilbriretain in West Cork, and is married to Willie, a farmer.

The immense job satisfaction, despite the exhaustion, motivated her to always go that extra mile for the babies in her care. That sees her routinely give her phone number to parents when their babies are being discharged.

Among those forever indebted to Margaret are Elizabeth Nagle and



her partner Denis Buckley. There were complications during the birth of their daughter Eve last September, and they said Margaret was “amazing, absolutely phenomenal. She continually reassured us. And then last Christmas, when Denis was best man at a wedding, she came and minded Eve for us for a weekend so we could go, when she was only three months,” said Elizabeth.

The couple are so grateful for what Margaret and the neonatal team have done, that they’ve fundraised over €8,000 so far through various events, with an ultimate target of €10,000.

As she reflects on her career, she says with confidence that if she had her time back, she wouldn’t change a thing.

TRIBUTES POUR IN

A truly exceptional, compassionate and caring midwife who was instrumental in setting up the Neonatal Unit in CUMH. That’s how Lucille Bradfield, Clinical Midwife Manager 3, NNU CUMH, describes Margaret.

“Margaret has touched so many people over the years. She looks after parents and sometimes grandparents, along with the premature babies in her care, fully appreciating their trauma.”

“Her humanity and emotional intelligence is second to none and her caring touch lasts long after they leave the Neonatal Unit, as she keeps in touch with so many, visiting homes and being invited to special occasions as one of the family,” said Lucille.



“Margaret not only leaves her unforgettable stamp on parents, medical professionals too will fondly recall her teaching. Many of these junior doctors are now leading professors and consultants in their field, and all will remember Margaret O’Driscoll, the exceptional and knowledgeable neonatal nurse.”

Lucille said that Margaret would also be remembered as the nurse who sings to babies. *“She loves to sing and understands that parents go home a little happier knowing that someone talks and sings to their baby, as they are fed and cared for.”*

“Margaret has a wonderful pair of hands that not only expertly put IV drips into tiny veins, but also can design and create wedding dresses christening outfits and knit Aran jumpers and more. Her baking skills are also renowned, with her famous apple pie winning awards and always sought after in hospital cake sales.”

“She is truly selfless, compassionate and courageous – the one in a million that I

have had the pleasure to work with and learn from. We wish Margaret a long and happy retirement.”

Dr Brendan Murphy, Clinical Lead Neonatology CUMH added: *“Margaret is an exceptional Neonatal Nurse and her interest in the families in her care lasts long after they leave the Neonatal Unit. We wish her the very best in the next phase of her life.”*



(Note the Echo published this story on 23 December 2020 and posted it on their Facebook page, receiving 300 comments and over 100 shares).



Cork University Maternity Hospital



University Hospital Kerry



University Hospital Waterford



South Tipperary General Hospital

Have you got a story?

If you have a story for a future issue of **UltraNews** we would love to hear from you!

Please contact **Donna Burtchaell**,
Communications Project Manager on mobile
087 0962567 or email donna.burtchaell@ucc.ie

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



Seirbhís Sláinte
Níos Fearr
á Forbairt

Building a
Better Health
Service