Cavan Monaghan Hospital Group
Maternity Services

Annual Report 2014

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Medical Staff

Consultant Obstetricians
Dr Murtaza Essajee (Lead)
Dr Salah Aziz
Dr Azhar Syed
Dr Ahmed Hussain

Consultant Paediatricians
Dr Alan Finan (Clinical Director)
Dr Ann Leahy
Dr Nick Van der Spek
Dr. Asad Rahman

Consultant Anaesthetists
Dr. Rory Page
Dr. Mughees
Dr. Khalid
Dr. Van Haaster

Obstetric Registrars
Dr. Fazil Ayotunde
Dr. Rukhsana Majeed
Dr. Olusoia Orefuwa
Dr. Rupanjali Kundu
Dr. Irina Samachis
Dr Abdelmoneim Khalifa

Paediatric Registrars
Dr. Daragh Finn(SpR)
Dr. Olufemi Akinlabi
Dr. Syed Mujeeb
Dr Muhammad W Khan
Dr. Adeyemi Adgboyega
Dr Khalid M.S Khalill

Anaesthetic Registrars
Dr. Ihsan Butt
Dr. Ivan Krupa
Dr Zsusanna Antal
Dr Adelina Ionescu (SHO)

Obstetric SHO's
Dr Catherine Finnegan
Dr. Kalsum Khan
Dr Iftikhar Hussain
Dr Svetlana Goncearuc
Dr Noor Ali
Dr Armina Javaid
Dr Armina Javaid
Dr Ana Valent

Paediatric SHO's
Dr Natalie Burke
Dr Maeve Walsh
Dr R.Goonewardena
Dr Peter O'Reilly
Dr Zubair Ali Memon

Consultant Pathologists
Dr. Miriam Griffin
Dr Deborah Condell
Dr Anne Fortune

Consultant Radiologists
Dr. Gerry Boyle
Dr. Val Gough
Dr Michael Slattery
Dr Angela Mortimer
Dr Osama Ezwawah

Midwifery / Nursing Staff

Director of Nursing/Midwifery
Assistant Director Midwifery

Maura Coyle Meade
Margaret Mulvany

CMM2
Mary Flora
Mary Reilly
Ann Arnott
Oona Donnelly
Evelyn Mc Adam

CMM1
Michelle Walsh
Veronica Farrelly
Olive Mc Keague
Evelyn Trenier
Michelle Rose(0.5)

CPC
Michelle Rose(0.5)

MIS Administrator
Karen Malocca

Clinical Midwife Specialist
Aileen Doyle
Martina Barry

Parentcraft Co-ordinator
Rosaleen Clarke

Service Vision

TO PROVIDE A WOMAN CENTERED, QUALITY SERVICE WHICH IS SAFE, ACCESSIBLE AND SUSTAINABLE"

PHILOSOPHY OF CARE

We believe that quality care, wherever provided, is central to the future of the Nation.

Recognising that each woman has different needs and expectations, we endeavour to provide, through informed choice, individualized care throughout pregnancy, childbirth and the postnatal period.

We provide maternity care based on relevant research, which is as flexible as possible within the limits of safety.

Our overall aim is to provide a service, which enables transition to motherhood with a sense of independence, achievement and self-fulfillment, and promotes integration of the baby into the family.

INTRODUCTION TO MATERNITY ANNUAL REPORT

I wish to acknowledge the work and cooperation of all involved in the development of the 8th Annual Report for Maternity Services, Cavan & Monaghan Hospital.

I would like firstly to thank each and every member of staff across the two hospitals for their contribution to the care of women either in pregnancy, or with gynaecological problems, and for their support in 2014. I particularly wish to thank my consultant colleagues, not only in Obstetrics, but also in the critically important specialties of Anaesthetics, Paediatrics, Surgery and Medicine who work hand in hand with us: we are wholly reliant on the NICU, and the adult ICU and High Dependency Unit, to be in position to deliver patient services.

Major maternal morbidity has always been an occasional but significant feature of obstetric practice, and multidisciplinary input from other specialties but especially from our anaesthetic colleagues is critical.

The crucial support given to us by all the other medical and auxiliary services has to be highly commended and recognized.

The total number of births in 2014 was 1,771. This represents a 10% reduction from the previous year 2013 where a total of 1,890 registered births were recorded. The caesarean section rate was 31.6% compared to 31.1% in 2013. We remain slightly above the national average and this will be a focus for us in the coming years.

2014 has been a trying time for the whole department with all the negative press publicity and I would like to personally commend and admire the dedication and commitment of all the medical, nursing and midwifery staff for maintaining such high standards of care under such pressure.

We continue to provide an excellent service and the entire senior medical and midwifery team are proud of every single one of you.

Murtaza Essajee
Consultant Obstetrician/Gynaecologist

Statistical Summary for Year 2014

In 2014 the total number of mothers delivered of babies ≥ 500 gms was (in the Consultant Led Unit and in the Midwifery Led Unit).

1. Total Mothers Attending 2014

Mothers who have delivered babies weighing ≥ 500 gms or ≥24 weeks gestation	**1751**
Mothers who have delivered babies weighing <500 gms. (including miscarriages) (<14 weeks per EPAU)	**468**
Ectopic pregnancies	**13**
Total Mothers	**2232**

2. Maternal Deaths 2014 **0**

3. Births 2014

Singletons	1731
Twins	40
Triplets	0
Total Infants delivered weighing 500 grams or more	**1771**

4. Obstetric Outcome (%) 2014

Spontaneous Vaginal Delivery	987	56.3%
Caesarean Section	553	31.58%
Ventouse	173	9.88%
Forceps	38	2.17%
Total	**1751**	
Induction Rate	463	%

Statistical Summary for Year 2014

5. Perinatal Deaths ≥ 500gms 2014

Stillbirths	7
Early Neonatal Deaths	3
Late neonatal Deaths	1
Congenital anomalies	3

6. Perinatal Mortality Rates ≥ 500g 2014

Overall perinatal mortality rate per 1000 births	5.7
Perinatal mortality rate corrected for lethal congenital anomalies	3.9
Perinatal mortality rate including late neonatal deaths	6.2

7. Maternal Age of Women 2014

	Nulliparous*	**Parous***	**Totals**
14 - 20 yrs	35	4	39
20 – 25 yrs	128	77	205
25 – 30 yrs	185	260	445
30 – 35 yrs	188	481	669
35 – 40 yrs	62	292	354
40+ yrs	7	32	39

*nulliparous and parous refer to the maternal status at booking or at first presentation to the hospital;
nulliparous = never having delivered an infant ≥ 500g;
parous = having delivered at least one infant ≥ 500g.

Statistical Summary for Year 2014

8. Parity 2014

	Nulliparous*	Parous*	%
Para 0	605		34.5%
Para 1		600	34.2%
Para 2 – 4		528	30.1%
Para 5+		18	1.02%

9. Mothers Nationality 2014

	Totals	%
Ireland	1407	80.3%
Britain	34	1.9%
EU Europe	229	13%
Non EU Europe	11	0.62%
African	29	1.65%
Asia	30	1.7%
Others	11	0.62%
Total	1751	

10. Birth Weight 2014

	Nulliparous	Parous	Totals
<500gms	0	0	0
500 – 999	2	0	2
1,000 – 1,499	4	3	7
1,500 – 1,999	3	12	15
2,000 – 2,499	39	36	75
2,500 – 2,999	85	99	184
3,000 – 3,499	211	325	536
3,500 – 3,999	194	434	628
4,000 – 4,499	68	206	274
4,500 – 4,999	10	35	45
≥5,000	1	4	5

Statistical Summary for Year 2014

11. Gestational Age 2014

	Nulliparous	Parous	Totals
<26	1	1	2
26 – 29 weeks	2	2	4
30 – 33 weeks	5	9	14
34 – 36 weeks	35	38	73
37 – 40 weeks	378	854	1232
41+ weeks	184	242	426

12. Perineal Trauma after Vaginal Delivery 2014

	Nulliparous	Parous	Total
Total Vaginal Deliveries			1198
Episiotomy Total (SVD) (Instrumental)	 57 126	 66 47	296
4th Degree (SVD) (Instrumental)	 0 1	 3 0	4
3rd Degree Total (SVD) (Instrumental)	 12 7	 3 2	24
2nd Degree	195	307	502
First Degree	32	162	194
Intact	74	292	366
Blank	2	0	2

Statistical Summary for Year 2014

13. Booked Prior to Delivery

Booked	1744
Unbooked	7

14. Induction of Labour

	Nulliparous	**Parous**	**Total**
Induced	211	252	463

15. Fetal Heart Monitoring in Labour

	Total
Continuous External CTG	1569
Hand held Doppler	153
Auscultation (Pinards)	5
None *(as per record on MIS)*	20
Fetal Scalp Electrode	4
Other	0

16. Cord pH 2014

	Total
Yes	700
No	1043
Not recorded	28

Statistical Summary for Year 2014

17. H.I.E.

Hypoxic Ischaemic Encephalopathy: Grade II and III	**2**

18. Severe Maternal Morbidity

	Total
Transfusions > 5 units	4
Emergency hysterectomy	1
ICU/HDU transfer	14
Level 1 or 2 care on Delivery Suite	

19. Delivery Mode following One Previous Caesarean Section

	Delivery Type				**Total**
	SVD	**Forceps**	**Vacuum**	**C/ Section**	
Prev. C/S	61	4	12	208	285

VBAC rate = 27%

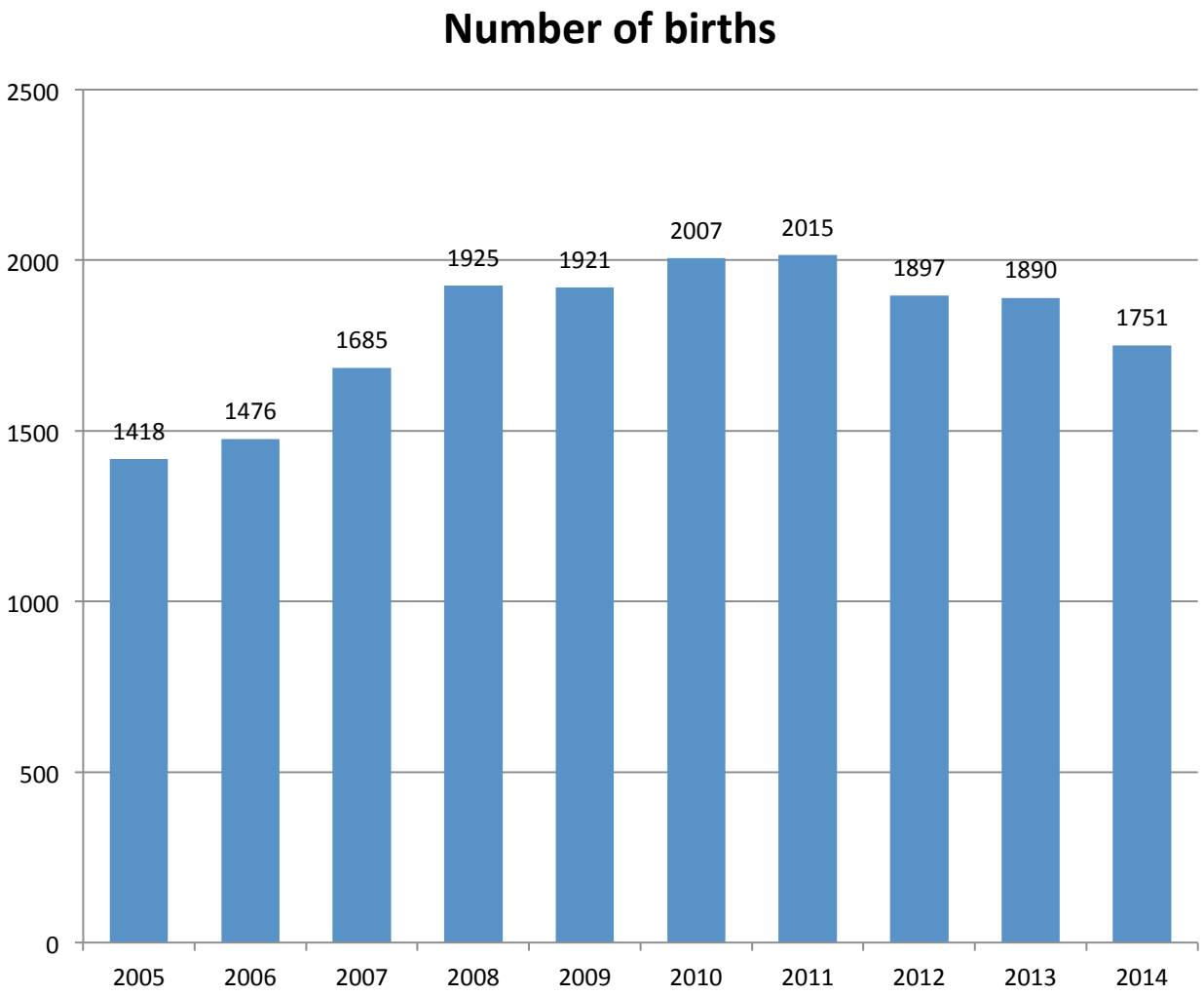
Robson Classification Groups for Year 2014

Group Description	Group C/S Rate	%
1. Nulliparous women with a single cephalic pregnancy, at or greater than 37 weeks gestation in spontaneous labour	45/294	15.3%
2. Nulliparous women with a single cephalic pregnancy, at or greater than 37 weeks gestation who either were *Induced* *C.S. before labour*	70/205 33/33	34% 100%
Multiparous (excl.prev.CS) single cephalic, ≥37 weeks in spontaneous labour	14/470	2.97%
Multiparous (excl previous C.S.) single cephalic ≥ 37 weeks *Induced* *C.S. before labour*	15/250 33/33	6% 100%
All multiparous women with at least one previous C.S. and a single cephalic pregnancy greater or equal to 37 weeks gestation 1 Previous Caesarean Section ≥ 1 Previous Caesarean Section	183/258 36/36	70.9% 100%
All Nulliparous Women with a single breech pregnancy	35/36	96.7%
All Multiparous Breeches (incl. previous C.S.)	39/39	100%
All multiple pregnancies (incl. previous C.S.)	16/20	80%
All abnormal lies (incl.prev.C.S.)	9/9	100%
. All single cephalic <36 week completed (including prev. C.S.)	25/68	36.36.7%

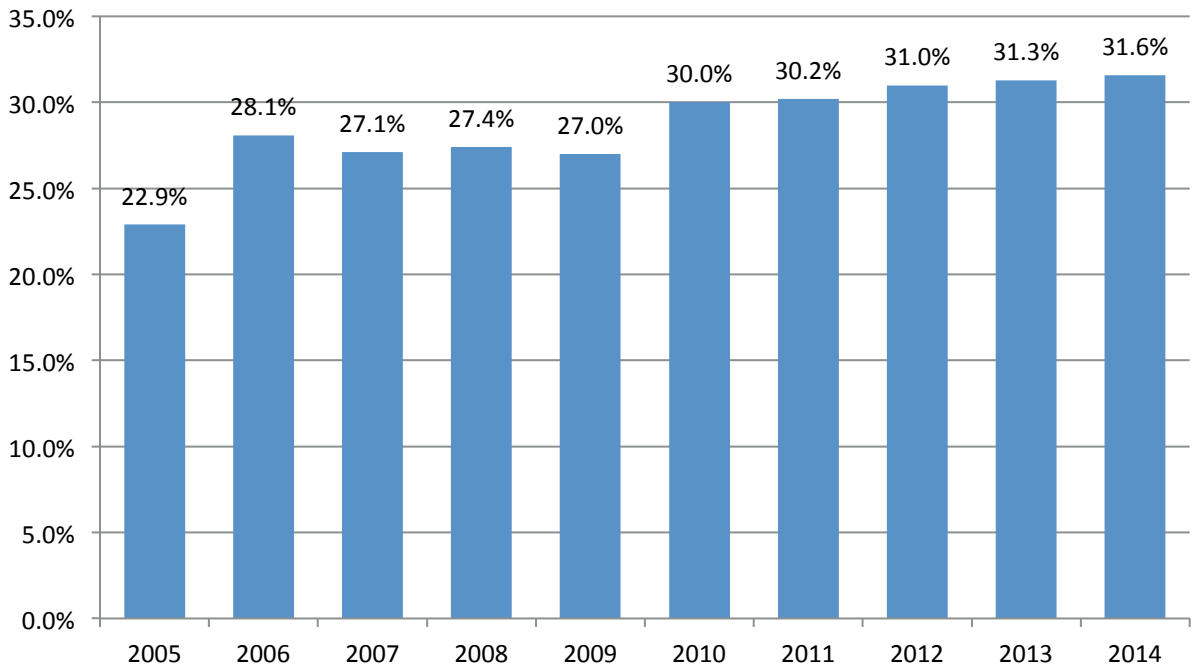
COMPARISONS AND TRENDS SINCE 2005

The following graphs depict the trends related to the total number of births within the maternity unit (including the Midwifery Led Unit):

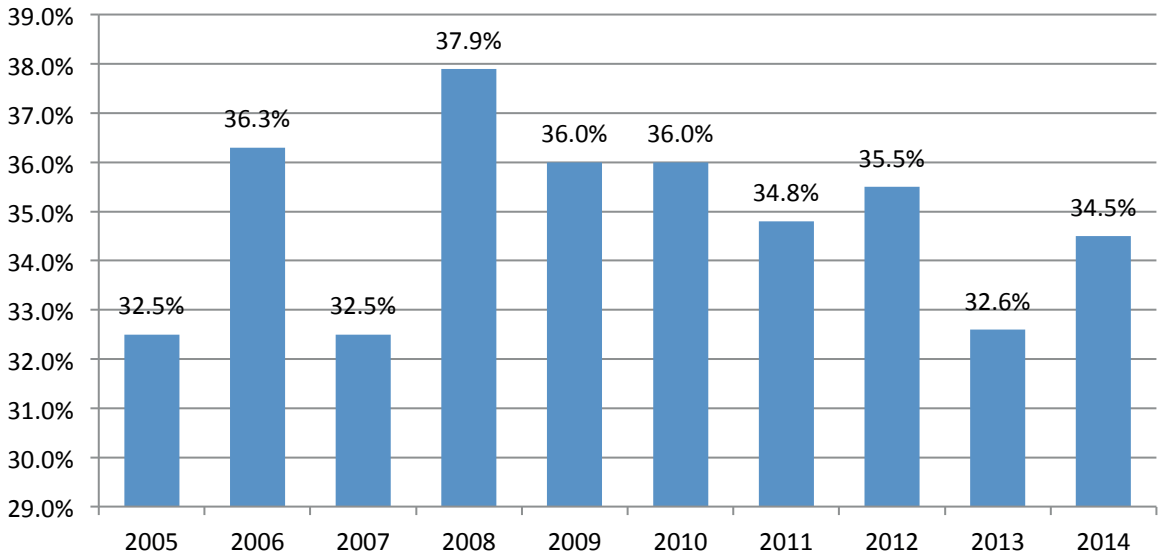
Number of Mothers Delivered



Lower Segment C/Section Rate



Percentage of Primigravids (%)



Still Births 2014.

Case No.	Maternal age	Parity at booking	Gestation at delivery	Method of delivery	Birth weight	Autopsy	Diagnosis
1	29	1+0	40+4	SVD	4280g	yes	Meconium aspiration. Macroscomic baby . Sub-acute ischemia and or fetal maternal haemorrhage.
2	36	1+0	41+1	SVD	3220g	yes	Probable umbilical cord compression and placental hypoplasia.
3	29	3+3	32+5	C/S	2700g	yes	Intrapartum death due to acute or old retroplacental haemorrhage.
4	32	1+1	37+2	SVD	2490	Consent not obtained.	Unexplained
5	36	0+0	27+3/40	SVD	870g	yes	Hypercoiling of umbilical cord causing intrauterine hypoxia..
6	25	1+0	23+2	SVD	1610g	yes	Trisomy 21
7	42	0+0	26+6	SVD	500g	yes	Twin Pregnancy Probable twin to twin transfusion Syndrome

Department of Neonatology

In 2014 the number of babies delivered by the Cavan Monaghan Hospital Maternity Service was 1771, which represents a 10% reduction in activity from 2013. This reduction reflects the trend nationally. The number of admissions to the Special Care Baby Unit was 338, similar to 2013. The total bed days used in SCBU in 2014 was 1807 which represents an 18% increase in activity from 2013. The HSE Dublin North East Neonatal Network, established in July 2012, continued to function well in 2014. The Network facilitates the centralisation of care for all infants less than 27 weeks gestation to The Rotunda, while Drogheda takes infants between 27 and 30 weeks gestation from Cavan. Transfers are conducted in-utero whenever possible. An audit of activity across the Network for the first 18 months has confirmed that it is functioning very well and there has been a very significant reduction in the number of extremely low birth weight infants born outside of the tertiary centre through expeditious in-utero transfer. Two Neonatal Network multidisciplinary meetings were hosted during the year which is a valuable focus for sharing ideas on quality improvement. In 2015 the Network's focus will be on continued work on standardizing care through the development of common shared clinical guidelines across the Network.

During 2014 the HSE DNE Women & Children's Directorate, in partnership with The Rotunda Hospital have continued their efforts to establish a regional perinatal pathology service, based in a renovated mortuary facility in The Rotunda and a regional 2nd trimester fetal anatomy scanning service. Both of these developments will take some time to put into place but will significantly improve the service provided.

All of the staff would like to thank the large number of families and community groups that supported the unit throughout the year.

The senior medical and nursing staff would like to take the opportunity to acknowledge the hard work and commitment demonstrated consistently by all of our midwifery and neonatal nursing staff during the year.

Yearly Admissions to the Special Care Baby Unit:

Calendar Year	Total No. of Admissions
2005	290
2006	377
2007	394
2008	443
2009	429
2010	351
2011	352
2012	350
2013	331
2014	338

Activity Statistics for the Special Care Baby Unit in 2014

Total number of admissions		338
Number of baby days		1807
Average number of babies per day		5.3
Level 1 (ICU) days*		12
Level 2 (High Dependancy) plus Level 3 (Special Care) days		1795
Ventilator days (including CPAP)		75
Number of babies ventilated		12
TPN days		8
Babies transferred out		20
Receiving Hospitals	OLOL	2
	OLCH, Crumlin	7
	TCUH, Temple Street	1
	NMH, Holles Street	1
	Coombe Hospital	0
	Rotunda	9
Babies transferred in		16
Transferring Hospitals	Rotunda	9
	OLOL	2
	TCUH, Temple Street	0
	NMH, Holles Street	3
	Coombe Hospital	1
	OLCH, Crumlin	1

Neonatal Deaths

	Gest	Gender	Birth Weight	PM performed	Age at time of Death	Microbiology	Placenta	Genetics	Cause of Death
1	40	M	3340g	No	15 Days	Negative	Normal	Normal	Congenital Heart Disease
2	41	M	3640g	Yes	18 Hours	Negative	Vasa Praevia	Normal	Perinatal Asphyxia
3	33	F	1950g	No	7 Hours	Negative	Not examined	Trisomy 13	Patau's Syndrome Congenital heart Disease
4	36	M	1800g	Yes	1 Hour	Negative	Normal	Chromosome 22q.11 deletion	Di George Syndrome Pulmonary Hypoplasia

Dr Alan Finan Consultant Paediatrician
& Clinical Director, Women's and Children's Services

EARLY PREGNANCY ASSESSMENT UNIT 2014

Statistics

- Number of attendances at EPAU = 2062
- Number of miscarriages diagnosed = 468
- Number of ectopics diagnosed =11

Cavan and Monaghan Hospital Group have a dedicated Early Pregnancy Assessment Unit service established in July 2007.

The EPAU is a gynaecological service led by Consultant Dr Syed. Our team consists of a Nurse Specialist, Sonographer and a Registrar.
We are committed to providing coordinated assessment, scanning, diagnosis and management planning for women who experience complications up to 14 weeks in early pregnancy.
We deliver care with kindness, understanding, clear information and sensitive language. This can make a real difference with how women/couples cope with early pregnancy loss.

Women who experience complications in early pregnancy deserve to have specialist one-to-one support and choices in managing their care. This we strive to achieve in the early pregnancy unit at Cavan General Hospital.

Suzanne Mc Mullen

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EPAU Nurse Manager.

ANTENATAL CLINICS CAVAN/MONAGHAN 2014

Ante-natal clinics are held cross-site between Cavan and Monaghan hospitals on a once weekly basis.

Pre-assessment booking clinics are provided on both sites. These clinics are facilitated by Midwives for the purpose of taking a full medical history, obtaining the required antenatal blood samples and discussion with the woman about her choice of care within the overall service.

Dating scans are provided for the majority of patients within the main hospital ultrasound scanning departments to confirm the exact gestational age of the pregnancy and provide the expected date of delivery. This service began in October 2011. In December 2011, the NIMIS system went live in Cavan General Hospital/Monaghan General Hospital which has enhanced the early availability of USS reports.

Health promotion involves discussion with the woman regarding breastfeeding, the importance of a healthy diet, exercise and the risks associated with smoking, alcohol and drug abuse.

Parentcraft classes are offered and recommended. These classes are provided on both hospital sites.

Interpreter service is provided for women who are foreign nationals and who have difficulty with communication

Anaesthetic pre-assessment is arranged for women whose health needs require this service.

Breast feeding promotion is provided in later clinics by the presence of the Clinical Midwifery Specialist who meets with the women around the 28 - 30 week visit to further promote breast feeding, it's benefits and inform them of the National breast feeding policy.

ANTENATAL CLINICS CAVAN/MONAGHAN

Consultant Led Clinics

4 Consultant - led clinics are held weekly. (3 in Cavan and 1 in Monaghan). The Consultant is present in every clinic and is responsible for the patients booked under his care. Each patient will see the Consultant at least once during her pregnancy. If the pregnancy progresses normally the Consultants team will provide ongoing care. High risk pregnancies may be seen by the Consultant at a number of other appointments.

During these clinic visits, care plans are put in place through discussion with the patient regarding her care during the antenatal phase and her mode of delivery.

Activity 2014

Total Bookings = 1799
Bookings in Cavan = 1385
Bookings in Monaghan = 414

Anaesthetic Pre-assessment Clinic

This clinic is held weekly and caters for patients whose health needs and medical history indicates a consultation with the Anaesthetist in a calm clinical environment. A defined referral criteria is adhered to. This service has proved successful and beneficial to the patients and the Obstetrical / Anaesthetic departments.

Additional activity within the clinics includes Phlebotomy services, screening for Gestational Diabetes which involves almost 50% of the patients attending the antenatal clinic service on both sites. Any woman with an abnormal Glucose tolerance Test is referred to Drogheda for assessment by the Endocrinologist in conjunction with the Drogheda Obstetrical team. If insulin therapy is required the woman will remain under their care for the duration of her pregnancy and delivery.

Women who are diagnosed with Hepatitis B and C are referred to the Hepatology units in either the Mater or St. James hospitals but their antenatal care and delivery will continue in Cavan General Hospital.

Women with HIV are referred to the Guide clinic in St. James hospital. Antenatal care and delivery will continue in Cavan General Hospital. Follow up care is arranged in the Rainbow clinic for the baby in Crumlin.

Implementation of New National Guidelines.

With the introduction of the New National guidelines the following have been incorporated into the Ante Natal Clinic.

1. Irish Maternity Early Warning system (IMEWS)
2. Rapid Risk Assessment Tool for VTE in Pregnancy.
3. Twin Pregnancy.
4. Domestic Violence.

Mary Flora
CMM2

Breastfeeding Support Services 2014

The Clinical Midwife Specialist in Lactations role is to coordinate the Baby Friendly Hospital Initiative in the Hospital. This initiative aims to inform all pregnant women of the benefits of breastfeeding and to support breastfeeding mothers following birth by ensuring that all staff who come into contact with the mother have the knowledge and skills to help her successfully breastfeed. The initiative is evidenced based and is endorsed by the world Health Organisation and UNICEF and has been adopted worldwide to help increase the initiation and duration of breastfeeding.

The Lactation team informs pregnant women about breastfeeding at the Ante natal clinics so that they can make informed choices about method of infant feeding. We also provide post natal support on the wards and after discharge.

We are responsible for all staff education and training relating to breastfeeding in the hospital. We also audit our practices regularly to ensure that we are providing optimal support for our mothers and babies.

The service complements the other services provided by the maternity unit and is central to supporting breastfeeding mothers.

Year	2006	2007	2008	2009	2010	2011	2012	2013	2014
Initiation Rate	49%	52%	56%	58%	58%	54%	58%	58%	57%
Discharge Rate	42%	46%	48%	51%	48%	47%	48%	49%	48%
Mixed Feeding Rate	2%	2.5%	4%	3%	4%	4%	4%	3%	5%

Education and Training for Healthcare Professionals

Courses	No in 2014	No of staff attended
Breastfeeding Refresher Course (1Day)	2	19
Medical Staff Training (1hour)	4	34
Ancillary Staff Training (half hour)	1	5

Courses	No of classes	No of Women Attended
Breastfeeding preparation class	12	112
Early Pregnancy class	6	25
Breastfeeding class in post natal ward.	156	316

Number of women seen in the following areas during 2014

Hospital

	Average per	Total for year
Pregnant women in the Antenatal clinic	64	768
Breastfeeding mothers in the postnatal ward.	92	1103
Mothers with babies in SCBU unit	14	171
Referrals from A/E or Paediatric ward.	4	43

Community.

	Average per month	Total for year
Breastfeeding mothers attending the drop in clinic.	3	40
Phone Helpline	37	449

New developments / initiatives during 2014

- Work on implementation of skin to skin contact for mothers and their infants in theatre following delivery by Caesarean section continued during 2014. This step was audited between May and June the results of which were encouraging and showed an increase of 50 % in the number of mothers receiving skin contact in theatre after Caesarean section since 2012.

- The lactation team participated in the quality and safety awards which take place annually in the hospital and were awarded 1st prize in the section for local improvement based on national priorities and policies.

- Sustaining improvements in pain management post lower Segment Caesarean Sections (LSCS) in the Maternity Department. Intrathecal Morphine Sulphate was introduced in 2013 to standardise care, improve drowsiness and pain and improve the mother's ability to care for her baby.

  The CNS in pain management coordinated the audit assisted by the lactation specialists and anaesthetists.
  Audit findings revealed that since the introduction of Intrathecal Morphine Sulphate 90 % of mothers felt that pain did not interfere with breastfeeding their babies. This compares to 87% of mothers who thought that pain affected their ability to breastfeed their babies in 2011.

Challenges during 2014

The breastfeeding rates remain relatively unchanged since 2009 with 57 % to 58% of mothers starting to breastfeed at birth and 48% going home breastfeeding.
The role of the lactation support team is to promote breastfeeding and aim to increase the breastfeeding rate, and reduce the number of mothers who stop breastfeeding before leaving hospital.
In an effort to address reasons why women stop breastfeeding before discharge, a survey was carried out on all mothers who stopped breastfeeding before leaving hospital for I month in 2014.
The main challenges among those who stopped all breastfeeding before hospital discharge were in relation to latching issues attributed to sore nipples as a result of a tongue-tie, inverted nipples and engorgement. Other latching issues were attributed to reluctance by the baby to latch or inability to maintain latch for effective milk transfer
The audit also highlighted that at least 61% of the mothers ceased breastfeeding during the night-time and 39% during the day.

Since the quality review the visiting times for the maternity unit were subsequently assessed for suitability with feedback sought from the maternity staff as to whether visiting should be restricted. Visiting now is restricted to evening time only on week days, with day and evening visiting at week-ends. Restricted visiting will help to foster rest for new mothers and improve mothers' ability to cope with night-time feeding. The unit is committed to ensuring quality care through regular audits and detailed action plans to promptly address any standards that fall below standards.

Martina Barry/ Aileen Doyle

CMS Lactation.

Parentcraft Education 2014

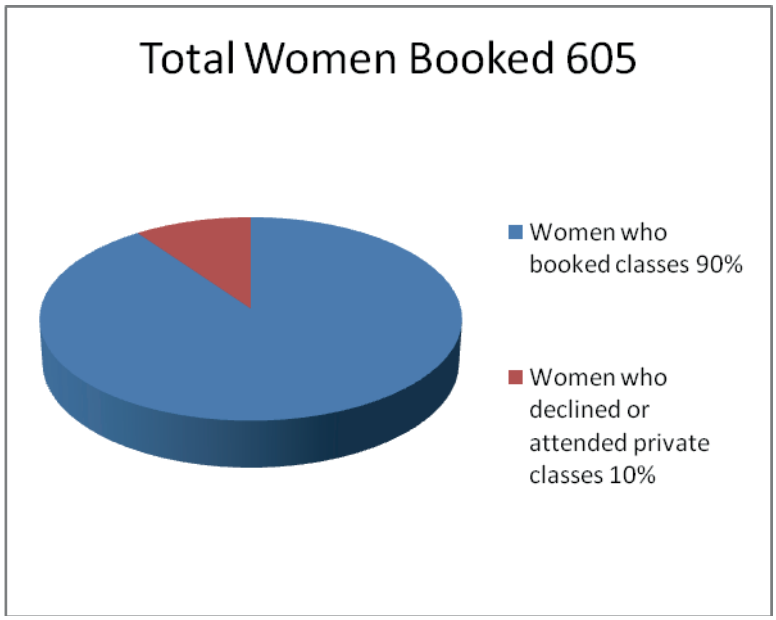
The aim of the parent-craft programme is to educate mothers about their pregnancy, labour, delivery and post-natal experience. This programme of education is co-ordinated and run by midwives working within maternity services. The one day class is held in the Primary Care Centre, Drumalee, Cavan and in St. Davnet's, Monaghan.

The schedule of classes provided is as follows:

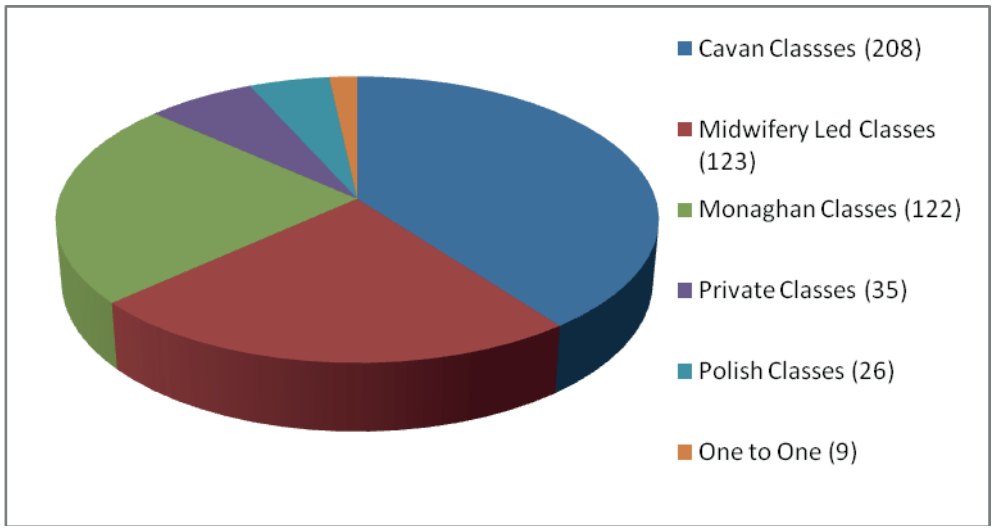
Monday & Thursday 10.00am to 16.00pm in Cavan
3 classes per month
Wednesday 10.00 to 16pm in Monaghan
1 class every 6 weeks
Polish class 16.00 to 20.00pm in Cavan
1 class every 6 – 8 weeks
Midwifery Led Unit 10.00am to 16.00pm in Cavan
1 class every 4 – 5 weeks
Postnatal classes held on the Post-natal ward
Monday, Wednesday and Friday at 10.30am

Statistics for Cavan/Monaghan 2014

Antenatal class**: Primigravidae**
Total women booked to attend Cavan/Monaghan**: 605**



Total women who attended classes**: 523** (86% attendance)



All women who attend Cavan/Monaghan Maternity services are invited to attend classes. Women who are attending other hospitals to have their baby but living in the area are also welcome to attend. All classes are free of charge.

Rosaleen Clarke
Parent-craft Co-ordinator

Smoking Cessation Service

"Smoking during pregnancy is an important cause of ill health for both mother and foetus. Besides increasing the mother's risk for potentially serious complications, smoking during pregnancy is the largest preventable cause of foetal and infant ill health and death" (Royal College of Physicians 2000 Nicotine Addiction in Britain. London: Royal College of Physicians).

The WHO (2000) states that the use of tobacco is the single most preventable risk for death in the western world.
The Smoking Cessation service in Cavan Monaghan Hospital Group is committed to encouraging best practice in the area of Smoking Cessation education and support to women and their partners. The service also proves Bord Altranais approved Brief Intervention training for members of staff in the department, a number of staff have availed of this training.

It is standard procedure in the Cavan Monaghan maternity service when women are booking into antenatal clinics or the midwifery led unit to have their smoking status recorded and are offered a referral to the nurse-led Smoking Cessation Service. This service offers women and their partners (and other family members) one-to-one or group support. The following aspects are explored: (This list is not exhaustive and clinical decisions may influence order and / or content):

- Smoking Cessation Methods
- Passive smoking
- Health consequences of smoking
- Relapse prevention
- Stages of change
- Relaxation techniques
- Carbon monoxide monitoring
- Coping with withdrawal symptoms/cravings
- Tips for quitting
- Benefits of quitting
- Addiction
- Stress awareness/management
- Weight management
- Smoke Free Homes

Support is tailored to meet the client's need in relation to the content, duration and number of sessions. If possible women, their partners or any other family members are seen when attending clinics, while multidisciplinary and self referrals are also accepted. A smoking cessation link nurse works in the Maternity Unit, her role is to assist the CNS in improving communication on relevant subjects to promote and maintain evidence based practice.

The Cavan Monaghan Hospital Group is members of the European Network of Smoke Free hospitals and has been awarded Silver Level Status. Cavan Monaghan Hospitals and all HSE buildings in the Cavan Monaghan Area have a smoke free campus policy since 1st November 2013.
2 Midwifes attended brief intervention training in 2014.

Stats for 2014
Out of 617 clients seen by the service in Cavan General 14 pregnant women were referred to the service.

4 seen in Maternity Unit post Delivery
3 were pregnant
1 post natal
4 set a quit date
4 relapsed at 2 weeks

Ante Natal Clinic Referrals
10 pregnant women seen
6 set a quit date
2 not contactable at 2 weeks
4 set a quit date relapsed at 2 weeks

The Smoking Cessation service is available on both sites. In Cavan General Hospital the service is available Monday to Thursday 9am to 5pm. Appointments can also be arranged out of hours.
Monaghan Hospital provides the service Monday to Wednesday 8.30am to 4:30pm and Thursday (am).

Mary Gaffney,
Smoking Cessation Specialist

Carmel Mc Guignan,
Smoking Cessation Specialist

Department of Midwifery

The philosophy of Midwifery within Cavan/Monaghan Hospital continues to focus on ensuring that midwifery care is provided in partnership with women, their partners and their families.
We promote informed choice to all women and provide holistic individualized care based on the best available evidence. This is achieved through leadership and support within midwifery practice with ongoing investment in education and personal development of our midwives to enable us to deliver best practice.

In 2014 a total of 1751 mothers gave birth to a total of 1771 babies.
A total of 1630 births in Consultant led unit and 121 births in Midwifery led unit.
Two of the CNM/CMM acting posts were progressed to substantive posts and 6WTE Staff Midwife posts were recruited on fixed term contract bases replacing vacant posts.

Achievements in 2014.

- 100% of staff trained in Hand Hygiene with ongoing weekly hand hygiene audits preformed throughout the department. Two staff trained as local Hand Hygiene auditors and audit results displayed at ward level.
- National audit of IMEWS observation chart and action plan which included staff education and re- audit as part of Metrics.
- Roll out of Metrics across the department.
- Ongoing roll out of National programme guidelines.
- Update of maternity services web site and the introduction of MLU facebook page.
- Patient information review resulting in revised information leaflets on VBAC,IOL,and Sepses.
- Ongoing in-service education to include PROMPT, K2 and NRP mandatory training.
- Midwifery staff continue to provide leadership, innovation and commitment to personal development
- Rotation of Midwives to maintain skills, job satisfaction and enhance teamwork.
- Team building event for Midwifery team facilitated off site by independent facilitator which resulted in positive support for the Midwifery team in these challenging times of Midwifery and Obstetric care.
- Ongoing support and perceptorship for our student colleagues BSc Midwifery programme supported by DKIT.
- Audit projects were carried out within the department supported by the audit facilitator and the practice development team.
- Collection of data for the national quality assurance programme.
- Two staff representatives on the national group configuring the NM CMS system.

Challenges for 2015

- Provide and maintain a safe and quality service to all mothers and babies in a caring and woman centered setting.
- Embrace the changes and challenges of working with the new structure of the RCSI hospital group.

Margaret Mulvany
Assistant Director of Midwifery

Midwifery Led Unit

This year 2014 marked the tenth anniversary of Midwifery Led Care for low risk pregnant women in Cavan General Hospital. The Midwifery led service is delivered by a Midwifery Manager and a team of 6 midwives. It is governed by a multidisciplinary team which includes risk management under Women's and Children's Services. The care provided in MLU is based on the philosophy that pregnancy and childbirth is a normal physiological process. The model of care is delivered in line with ratified guidelines, which were developed by a multidisciplinary Regional Guideline group and are due to be updated in 2015. These guidelines are based on the most recent available evidence based practice. Antenatal care is shared with the General Practitioners, and postnatal care is continued in the community for up to 5 days. This year saw the revamping of the HSE maternity services website page to include information leaflets for women. The Midwifery led Unit facebook page continues to go from strength to strength. We continue to offer the choice of MLU care to low risk women in line with national recommendations.

Booking Statistics 2014	
Number booked to Hospital	1799 (↓139)
Number eligible for MLU	756 (↓81)
Number booked to MLU	312 (↓15)

Activity Levels 2014	
Number of Deliveries in MLU	121
Number MLU booked women who delivered in CLU	159
Number BBA	6
Total Number Planned MLU deliveries	**280**

Mode of Delivery for Women Booked for MLU Care based on "Intention to Treat"	
SVD	214
Instrumental	27
Caesarean Section	40
Total	**280**
Antenatal Transfers	
Reason for Transfer	**Number**
Induction of Labour	30
Prolonged Rupture of Membranes >24hrs	8
Breech Presentation @ 37 weeks gestation	5
Small for Dates	2
Group B Streptococcus	3
Pregnancy Induced Hypertension	3
Reduced Fetal Movements	5

APH, Low Lying Placenta	10
PPROM	4
Maternal request	9
Premature labour	3
Abnormal Scan	44
Other: Itch (6), infection (7), abnormal GTT (1), malpresentation (6), RTA (1), anomaly (2)Large for dates(1)	23
Total Antenatal Transfers	**160**
Intrapartum Transfers	
Reason for Transfer	**Number**
FTP in 1st stage	9
Meconium Stained Liquor	9
Epidural Request	4
FTP in 2nd stage	6
Fetal Heart Irregularities	3
Retained Placenta	3
Other (high head),PV bleeding, Vasapraevia in labour	4
Total Intrapartum Transfers	**38**
Postpartum Transfers	
3rd, 4th degree tears	3
Other (urinary retention)	1
Total Postpartum Transfers	**4**

Mary Reilly

Cmm2 Midwifery Led Unit

Pastoral Care Report

As has been the practice over the last number of years the pastoral care department has been involved in the maternity services of the hospital. We do believe that our role is vital to the children that are born, to the families and the staff of the unit. However we have being involved in the more demanding area of care for still birth and neo natal death.

Vast improvements have been made in this area over the last 10 years. The development of the quiet room for parents to be with their children who have died is a great benefit to the families. The cuddle cot concept means that parents can be with their child for much longer, which is a help in part, for the bereavement process to begin.

Families appreciate the care and love that is shown to them in this loss and it is always remembered when we meet them at the service of remembrance in the pastoral centre every October.
In recalling this event we would like to pay particular attention to Louise Dempsey who is involved in the care of the bereaved families and in the coordination of the service of remembrance. The work that she is doing is vital and links in with the pastoral care approach.

We do believe that support should be given to staff who deal with families in this situation as it is a traumatic situation. The pastoral care team does their best but a more focused support for staff is something that hopefully comes about in the future.

We are still waiting for approval for a lay chaplain to help us in this area and we are hopeful that will be a reality in time to come.

Pastoral care encompasses all religious beliefs and creeds and respects that everyone has voice in relation to the care that is given to them. We are the listening ear. We are non judgmental in our approach and will support children, families and staff in the joys and sorrows that we meet on the wards in the day to day encounter. With this in mind we are thankful for the support that management and staff give us and we hope that we make some difference in some small way.

Mark, Gerry and Martin

Pastoral care

Department of Anaesthesia

One thousand seven hundred and fifty one (1751) births were registered in 2014 in Cavan General Hospital. As compared to last year one hundred and fifty four (154) fewer babies were delivered in 2014.
Although the number of deliveries was less this year but epidural demand remains high. Five hundred and forty two patients received epidural analgesia for their labour pains. This represents more than 40 % of all Consultant Lead Unit (CLU) obstetrics patients.

Maternal Epidural Analgesia Service (MEAS):

The Maternal Epidural Analgesia Service is a 24 hours, 7 days a week service. 542 patients received either a Combined Spinal Epidural (CSE) or a low dose epidural infusion for their pain relief; this resulted in an epidural rate of 40.2%. The majority of patients are satisfied with the service. There were 5 patients who required a blood patch following Post Dural Puncture Headache (PDPH). This incidence (0.92%) of blood patch is lower than the international standards (1%-2%).

Post Caesarean Section pain relief:

The majority of mothers received intra-thecal morphine for their pain relief after caesarean section as compared to Patient Controlled Analgesia (PCA) in 2014.Our departmental audit indicates that most mothers have very satisfactory pain relief after caesarean section with intra-thecal morphine.

Anaesthesia Service for Operative Deliveries:

	Numbers	Percentage
Total Caesarean Section	551	32.0%
General Anaesthesia	30	5.4%
Epidural Anaesthesia	93	16.9%
Epidural Anaesthesia → General Anaesthesia	09	9.6%
Spinal Anaesthesia	428	77.7%
Spinal Anaesthesia → General Anaesthesia	11	2.5%
Emergency C/S (Grade I – III)	272	49.3%
Elective C/S (Grade IV)	279	50.7%

The total number of Caesarean Sections for 2014 were 551, resulting in a Caesarean Section rate of 32.0%. Of these:

- 30 (5.4%) were performed under GA
- 93 (16.9%) were performed under Epidural
- 428 (77.7%) were performed under Spinal

20 (3.6%) of 521 patients who receive either epidural or Spinal anesthesia required GA following the incomplete / patchy spinal – epidural block.

Audit suggest that 30 (5.4%) patients received general anaesthesia due to obstetric urgency such as cord prolapse, APH, foetal bradycardia and low foetal blood Ph. Spina- bifida, lumbarspine surgery and patients preference were other reasons for general anaesthesia.

Of the total 551 Caesarean sections, 272 (49.3%) were (grade I – III) emergency cases and 279 (50.7%) were elective (grade IV) cases.

In addition to the anaesthesia support already described:

- 180 ERPCs (Evacuation of retained products of conception) were carried out in operating theatre under GA.
- 30 patients required manual removal of placenta in operating theatre, 25 (83.4%) were carried out in regional block.
- 28 patients needed suturing of 3rd / 4th degree tear in operating theater, 19 (67.8%) was done in regional block.
- 5 patients required blood patch for PDPH (0.92%).

The on call anaesthetic team attended theatre on 4occasions where Caesarean Section was potentially pending but resulted in instrumental delivery.

Critical Care:

Fifteen patients required admission to our intensive care unit for level 2 and 3 care. Many of them had invasive monitoring during their stay in ICU (level 3 care) with eventual discharge.

Pre – Anaesthetic Assessment Clinic:

230 patients were scheduled for pre-anaesthetic assessment of which 196 patients (85.2%) attended the clinic. In this clinic their medical conditions were assessed and analgesia techniques during labour were discussed and planned. 51 patients did not attend the clinic.

Clinical audit and Academia:

The Department of Anaesthesia is actively involved in carrying out clinical audits which helps to improve quality of care. Maternal Epidural Analgesia Service (MEAS), pain relief after caesarean section and success rate of regional analgesia for operative delivery are audited yearly and presented at different forums.

Academic activity during the year included the department being actively involved in development of operating theatre recovery room staff teaching and training. In conjunction with Obstetric Department, the Department of Anaesthesia is successfully running PROMPT course 4 times a year.

The Department of Anaesthesia is also active in governance strategies with multi disciplinary meetings for quality improvement and development.

Summary:

- The anaesthesia department plays an integral role in the provision of maternity services. Little over 50% of obstetric patients needed anaesthetic input in 2014.
- It has fully embraced the importance of audit and quality improvement.
- The department supports its earlier involvement in complex pregnancies with the provision of high risk pregnancy assessment clinic.

Dr.Muhammad Khalid
Consultant Anaesthetist

Department of Pathology Report

The Pathology Laboratory provides a routine histology service for Maternity together with a very comprehensive range of blood testing and microbiological analysis. Blood Transfusion offers a comprehensive range of tests plus a wide range of blood products essential in emergencies. Consultant advice is available in Histology, Microbiology, Haematology, Biochemistry and Blood Transfusion.
The laboratory is INAB accredited TO iso15189

The following are the number of Histological samples performed in the laboratory that are Maternity related.

1. Placentas 84
2. Products of Conception 28
3. Currettings 34

Biochemistry Samples	6039
Haematology	10879
Coagulation	742
Microbiology	4582
Transfusion Samples	6408
Red Cell Units Issued	108
Platelets Issued	2
Fibrinogen Issued	4
Octaplas Issued	14
External Samples	2098

We continue to strive to meet all the demands of our users and in 2014 we broadened our Ward Look Up services so that more patients results are available immediately to users at ward level once they have been validated in the laboratory.

Perinatal Post-Mortem

There were 6 post-mortem examinations performed on stillborn babies and 2 examinations on babies who had a neonatal death. This represents a perinatal post-mortem rate of 73%. We are grateful to Dr John Gillan, Dr Peter Kelehan and the Laboratory Staff, Cavan Hospital for supporting this important service.

Brian O'Malley
Laboratory Manager

Nutrition & Dietetics Report

The Department of Nutrition & Dietetics continues to provide a limited service to the Maternity & Neonatal Unit.

It is well recognised that pregnancy is an ideal time for dietary education as pregnant women are generally motivated and receptive to advice. Appropriate and timely dietetic intervention can influence the short term and long-term costs of patient care in many areas of the maternity services. It is of particular benefit in nutritionally vulnerable clients – e.g. teenage pregnancy where the nutritional demands of pregnancy are in addition to the specific nutritional requirements of the teenage years. It can also reduce clinical risk in high-risk maternity patients.

Dietary counselling resulting in dietary modification and improved patient compliance can:
Influence blood sugar control and reduce the need for insulin use in gestational diabetes
Reduce the number of hospital admissions for those with hyperemesis gravidarum
Improve rate of wound healing in the case of wound infections
Improve overall quality of the pregnancy experience, resulting in long term health benefits for both mother and infant.

High priority neonates in the Special Care Baby Unit are seen by the Paediatric Dietitian, a service which is being provided as part of the general Paediatric Dietetic Service. The Paediatric Dietitian Rebecca McCaughey was on maternity leave from September 2014 & was replaced by Lorraine Tackney Dietitian.

Owing to caseload demands there have been no new services introduced in 2014.
We were pleased to continue to contribute to meetings convened by Dr. Alan Finan with a view to developing the service for patients with Gestational Diabetes.

Unfortunately the needs of women using the maternity service in CMHG are not being met at present from a Nutrition & Dietetic point of view, as there is no specific time allocation to the unit and only very high priority patients are seen.

The area of greatest concern at present is for women who develop diabetes in pregnancy/gestational diabetes. Urgent review of the provision of dietetic services within the maternity services in CMHG is required if overall patient clinical risk is to be managed. Appropriate clinical nutrition intervention is essential to prevent/ reduce the use of insulin and the cost of ongoing consultant led clinic visits for women with gestational diabetes**.** This is particularly important with the increased prevalence in gestational diabetes resulting from the introduction of the *Guidelines for the management of pre-gestational diabetes mellitus from preconception to the postnatal period* (HSE, 2010). The guidelines have also been further revised (Draft form) and recommend screening for Gestational Diabetes for all patients with a BMI of > 25kg/m^2. Lack of dietary advice for these patients poses clinical risk.
We would continue to recommend that access and availability of dietetic services be considered when planning maternity care services

Bernadette Mallon
Dietetic Manager

Women's Health Physiotherapy Service

Cavan/Monaghan Physiotherapy Department provides a dedicated physiotherapy service in the area of women's health. This includes the treatment of continence problems (urinary and faecal), pelvic girdle pain and other pregnancy related conditions.

The Women's Health (WH) physiotherapy service in Cavan General is provided by 0.5 WTE Senior Physiotherapist and a 0.8 staff grade physiotherapist who is on a yearly rotation.

The physiotherapist attends the maternity ward from 11-12, Mon- Fri. During this time, patients are seen on an individual basis and given advice, exercises and treatment as required. We also attend a postnatal class on Mon, Wed and Fri's at 10.30 where information given includes pelvic floor exercises, core exercises, back care and general activity.

We provide ante-natal advice and education to women via the ante-natal and early pregnancy classes in both Cavan and Monaghan.

We also provide out-patient physiotherapy at various sites in Cavan and Monaghan.

Last year just over 250 antenatal patients attended outpatient physiotherapy. The majority of these patients had pelvic girdle or low back pain.

Post-natally, we provide follow up for all patients who have had third or fourth degree tears. We also review any patients who have reported continence problems and wish to attend as an out-patient.

Developments in 2014

- Courses attended on Diastasis of Rectus Abdominus (DRA) advanced manual therapy of pelvic floor and ano-rectal dysfunction.
- New continence and DRA assessment forms introduced.

Activity Levels – 2014

Classes

Class Type	No. of classes	No. of patients	No. of patients 2014
Postnatal	137	633	704
Ante-Natal - Cavan	43	293	309
Ante-Natal - Monaghan	6	56	90
Early Pregnancy - Cavan	5	24	48

Activity Levels – 2014

Maternity Ward

	No. of patients -2014	No of patients -2013
Consultant Referrals	186	132
Once-off PN visits	503	681
Total	**689**	**813**
No referred for out-patient physiotherapy	107	104

Jenny Dunne
Senior Physiotherapist
Women's Health

Department of Quality, Safety & Risk Management

Introduction

In 2014, a robust and integrated quality, safety and risk management structure remained a corporate objective of the Senior Management Team thus ensuring the public, the HSE and external regulators that quality, safety and risk management was being governed and managed at all levels. The Clinical Governance Structure for Women's Health supports clear accountability arrangements. Accountability is recognised as a fundamental building block to good clinical governance, bringing clarity to the service identifying responsibilities of individuals and teams for the delivery of safe, high quality cost-effective care. The Governance framework incorporates the management of Incidents, complaints, undertaking audit and satisfaction surveys, providing report recommendations updates and maintaining risk registers.

Governance Framework

The Women's Health Clinical Governance Committee met on six occasions during 2014 (27th March, 24th April, 19th June, 11th September, 6th November and 4th December). The Chairperson of the Committee is the Clinical Lead for Obstetrics & Gynaecology Services. He is supported in this role by the Clinical Director for Women & Children's Services, the Maternity Services Manger and Midwifery Managers in conjunction with the wider Hospital Management team.

Incident Reporting

All incidents reported are logged onto the Clinical Indemnity Scheme NIMS System (National Incident Management System, formally STARSWeb) and a high level analysis of incidents is provided at each Women's Health Clinical Governance Committee.

Graph 1 Maternity Incidents Reported 2010 – 2014

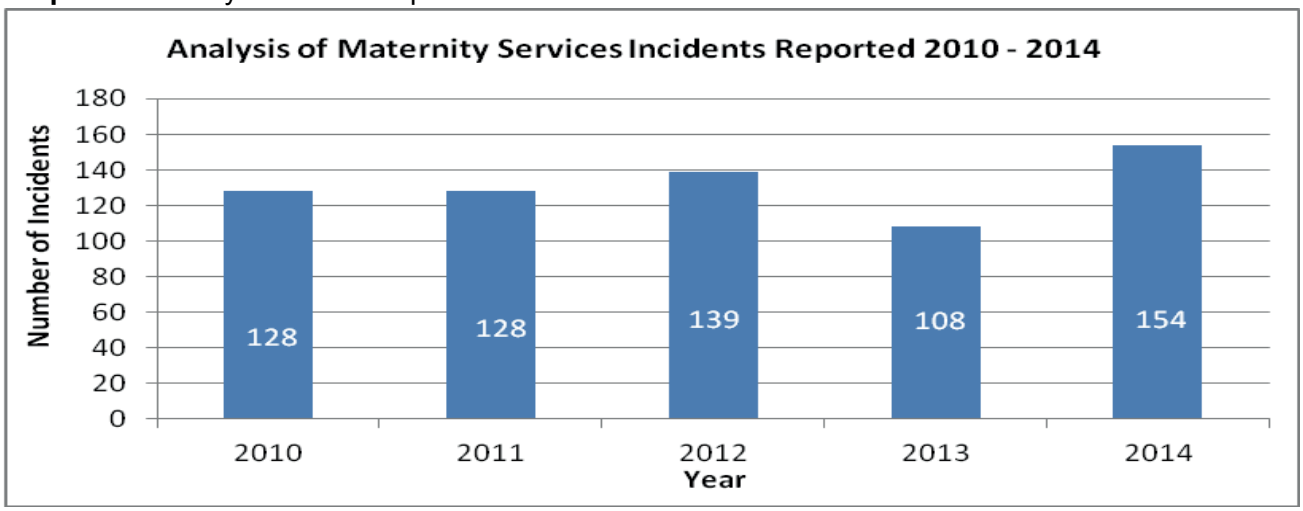


Table 1 Breakdown of Maternity Incidents Reported 2014

CIS Incidents Reported	High		Moderate		Low		Total
	Incident	Near-Miss	Incident	Near-Miss	Incident	Near-Miss	
Absconsion	0	0	1	0	0	0	1
Blood transfusion incident	0	0	0	0	0	1	1
Diagnosis incident	0	0	7	0	1	0	8
Equipment/Device Incident	0	0	2	0	2	1	5
Medication incident	0	0	5	0	2	0	7
Peri-natal	6 *	0	68	0	3	0	77
Identification/Records/ Documentation Incident	0	0	11	2	2	0	15
Slips/Trips/Falls	0	0	4	0	1	0	5
Staffing Deficits	0	0	1	8	0	0	9
Treatment incident	0	0	14	3	4	0	21
Unplanned events	0	0	3	0	1	0	4
Violence/Harrassment/Aggression/ Abuse	0	0	1	0	0	0	1
TOTAL	**6 ***	**0**	**117**	**13**	**16**	**2**	**154**
OVERALL TOTAL	**6***		**130**		**18**		**154**

*** Point 1**

The six 'High Red' Reported Incidents relates to 2 specific Incidents reported in 2014.

- Incident 1 - 3 incident forms were completed by staff members relating to 'Unexpected Neonatal Death'.
- Incident 2 - 3 incident forms were completed by staff members; 2 IR Forms related to 'Unexpected Neonatal Death' and 1 IR Form related to a 'Post Partum Haemorrhage'.

Table 2 Breakdown of Peri-Natal Incident Types Reported 2014

Peri-Natal Incidents Reported	High		Moderate		Low		Total
	Incident	Near-Miss	Incident	Near-Miss	Incident	Near-Miss	
Apgar <5@1, 7@5, cord BE <12, pH<7.2	0	0	2	0	0	0	2
Birth injury incl instrument injury	0	0	1	0	0	0	1
Complic -> transfer to OR post 2nd stage	0	0	2	0	0	0	2
Clinical problems with epidurals	0	0	1	0	0	0	1
Cerebral irritability/neo-natal seizure	0	0	1	0	0	0	1
Cord prolapse	0	0	1	0	0	0	1
Eclamptic Fit /Severe PET	0	0	1	0	0	0	1
Episiotomy incident (incl breakdown of perineum)	0	0	1	0	0	0	1
Meconium aspiration	0	0	2	0	0	0	2
Neonatal transfer to another hosp/HDU	0	0	1	0	0	0	1
Peri-natal - Other	0	0	8	0	3	0	11
Perineal tear (3rd & 4th degree) (incl breakdown of perineum)	0	0	18	0	0	0	18
Peurperal infection	0	0	1	0	0	0	1
Post-partum haemorrhage	1*	0	16	0	0	0	17
Shoulder Dystocia	0	0	7	0	0	0	7

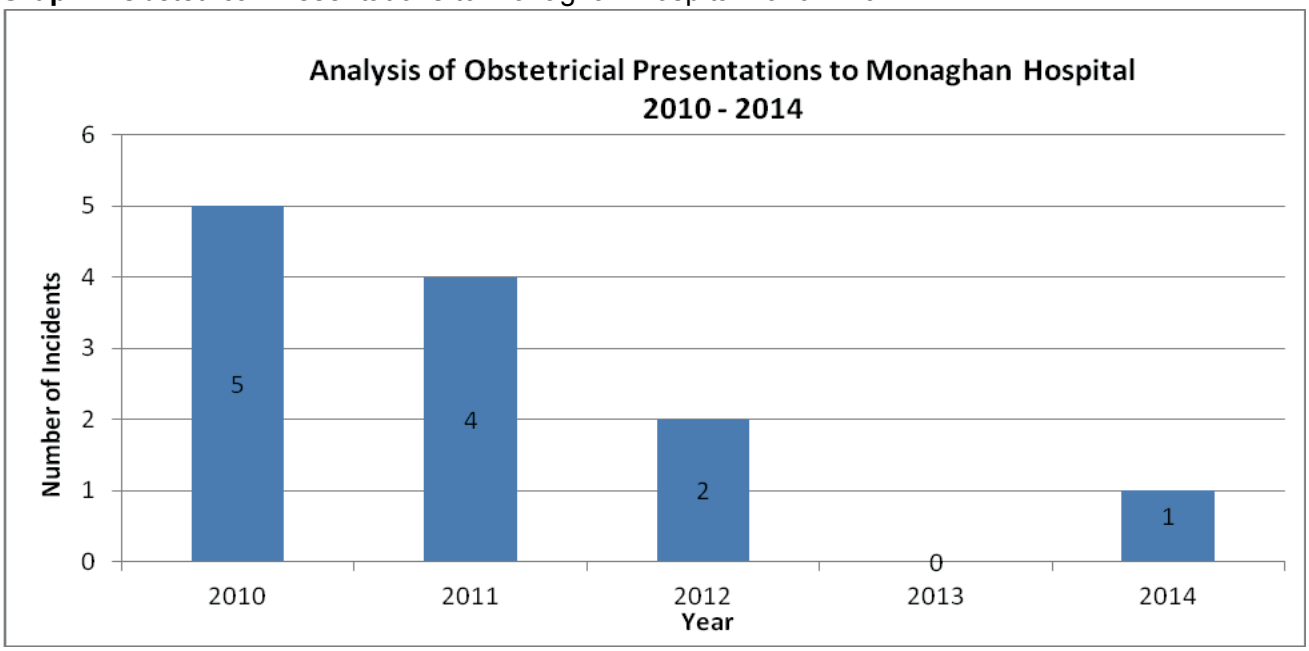
Stillbirth	0	0	2	0	0	0	2
Unexpected transfer to SCBU/NICU	0	0	1	0	0	0	1
Unexpected Neonatal Death	5 *	0	0	0	0	0	5
Urinary Retention	0	0	2	0	0	0	2
TOTAL	**6***	**0**	**68**	**0**	**3**	**0**	**77**
OVERALL TOTAL	**6***		**68**		**3**		**77**

* Please refer to Point 1 above.

The highest Peri-Natal Incident type reported was "Perineal tear (3rd & 4th degree)". There were 18 incidents reported in 2014 (there were 18 also reported in 2013). All 18 incidents reported in 2014 were reported as 'Moderate Incidents' which included:

- 1 incident relating to a 4th degree tear,
- 16 incidents relating to 3rd degree tears and
- 1 incident which did not specify if it was a 3rd or 4th degree tear.

Graph 2 Obstetrical Presentations to Monaghan Hospital 2010 – 2014



Case Reviews

There was 1 External Review completed in 2014 (which commenced in 2011). Three External Reviews commenced in 2014. There were 6 recommendations arising from the External Review completed in 2014.

Complaints

There were 10 complaints received relating to Maternity Services in 2014. There were 31 recommendations arising from complaints completed in 2014. The main trends identified in the 10 complaints received were:

- Access (1)
- Clinical Judgement (1)
- Communication (1)

- Privacy, Dignity & Respect (1)
- Quality of Care (1)
- Treatment/ Service Delivery (5)

Report Recommendations

The Department of Quality & Patient Safety maintains a database of all recommendations arising from all case reviews since 2002 to include relevant regional and national reports. The implementation of recommendations is managed through the existing governance framework with Recommendations being a standing item at all governance Committees. In 2014, the following Maternity Services recommendations were added to the Master Database:

- 31 recommendations arising from Complaints;
- 6 recommendations arising from an External Review;
- 53 recommendations from a National Report (HSE Midland Regional Hospital Portlaoise Perinatal Deaths-Feb 14)

Thus, there were 90 recommendations relating to Maternity Services added to the Report Recommendations Master Database in 2014.

Women's Health Risk Register

The principal vehicle for managing and communicating risk at all levels is the "Risk Register" which allows a repository of risk information to be maintained. The risk register provides managers with a high level overview of the services' risk status at a particular point in time and becomes a dynamic tool for the monitoring of actions to be taken to mitigate risk. The Women's Health Risk Register was developed in 2009 against the HSE (2009) "Developing and Populating a Risk Register Best Practice Guidance". The Risk Register remains a standing item on the Women's Health Clinical Governance Committee agenda.

Maternity Satisfaction Survey

This survey which was completed in the first quarter of 2014 consisted of a total of 70 questions. It included all aspects of care with questions on antenatal care and antenatal admission, care in labour, care in the postnatal period, and care when a baby was admitted to the Special Care Baby unit baby, as well as operational issues and overall satisfaction with room for comments.

At the end of the questionnaire we included some information about consumer involvement in the service and gave mothers the opportunity to put their name forward if they wished to join the Birth matters group.

The questionnaire was posted out to 150 consecutive mothers who were six weeks post-partum and had delivered on the Cavan/Monaghan site MLU or CLU. 50 of the 150 questionnaires were completed and returned in the prepaid envelope. A cover letter was sent with the questionnaire explaining the process and thanking the mothers for their time.

Results were all mainly Good or Excellent. Areas for improvement identified included:

- 12% felt antenatal care was average- with several comments re the waiting time in the antenatal clinic
- 22% of women were not given information on support groups when going home
- 75% of mothers with a baby admitted to SCBU were not explained the benefits of kangaroo (skin to skin) care

The maternity unit decided to switch over to a generic shorter questionnaire after this survey was completed and now have results of patient satisfaction questionnaires for each month for 2014. The results of these are very positive and the area for improvement is the quantity of food provided. The issues raised in the Survey will be discussed and addressed through the Women's Health Clinical Governance Committee.

Planned Activity for 2015

The quality, safety and risk agenda will continue to be driven during the year ahead with the ongoing guidance of the Quality and Safety Executive Committee and supported by the Department of Quality & Patient Safety, Senior Management and Lead Clinicians. The following is planned for 2015:

- Incident Reporting Education Sessions planned locally in conjunction with the State Claims Agency.
- Open Disclosure Train the Trainer Sessions are planned locally following attendance at National sessions.
- System Analysis Training planned nationally in conjunction with the National Incident Management & Learning Team
- Consent Training planned locally.
- Preparation of Depositions and attending the Coroner's Court Training planned locally.
- Implementation of the new National Incident Management System and rollout of new Incident Report Forms.
- Ongoing review of PPPG (Policy, Procedure, Protocol & Guidelines) submissions by the PPPG Sub-Group.

Mairead Twohig
Quality & Patient Safety Manager

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive