Welcome to Cavan Maternity Unit and congratulations to your pregnancy. All our staff here at Cavan Maternity Unit strive to make your pregnancy, birth, and postnatal care a positive experience.

Mission Statement
We aim to ensure that the best quality maternity service is available in partnership with women and their families. Cavan Monaghan Hospital Group is committed to providing the relevant professional expertise needed to have a positive pregnancy, birth and postnatal experience.

The management team hope that your experience of the service is one of satisfaction and we are happy to accept your comments both positive and negative.

Dissatisfaction can be discussed at ward level with the ward manager and formal complaints may be put in writing to the hospital administrator and will be dealt with promptly following the complaints procedure.

We hope your experience is a happy one and that your needs are met at all times.

DISCLAIMER:
This brochure and contributions made herein have been carefully researched and are intended to act only as a guide for new parents. Independent medical advice should always be sought should you have concerns during, or after, your pregnancy. Whilst every effort has been made to ensure that the information contained in this brochure is accurate at the time of going to press, the publisher, maternity hospital, and the editor cannot take responsibility for inaccuracies or errors.

The opinions expressed in the various contributions are the personal opinions of the contributors and are not necessarily the views or opinions of the publishers, the hospital nor the editor. The material contained in this brochure is not intended to constitute medical advice and all problems of a medical nature must be referred to medical staff at the hospital or other qualified medical practitioners. Advertisements within the publication are not endorsed by the hospital or the publisher. Any claims made within the advertisements are not endorsed by the hospital or the publisher.
1. Intensive care and stabilisation prior to and from 30 weeks' gestation. Levels of care include: unplanned deliveries that occur prior to 30 weeks' gestation and for the isolation room. Care is provided for babies it is a separate unit with five cots and one situated at the end of the postnatal ward. The special care baby unit (SCBU) is education class or by phoning the visit this area as part of your antenatal area and assessment room. You can toilet and shower facility. Each room has a birthing area which space for partners if they wish to stay. for mums to sleep and an overnight visit TV. Within the room is a bed space where a birthing pool and an en suite area for use by labouring mums. The labour ward has four single rooms used for labour and birth. Each room is fully equipped for mother and baby and can be seen during your tour of the unit as part of your Parentcraft classes. The labour ward has one bathroom within the area for use by labouring mums. The midwifery-led unit is situated on a separate corridor within the maternity department. It has two single birthing rooms that are self-contained. Each room is furnished with a sitting area to relax and watch TV. Within the room is a bed space for mums to sleep and an overnight space for partners if they wish to stay. Each room has a birthing area which includes a birthing pool and an en suite toilet and shower facility. This department has a separate waiting area and assessment room. You can visit this area as part of your antenatal education class or by phoning the department to make arrangements. The special care baby unit (SCBU) is situated at the end of the postnatal ward. It is a separate unit with five cots and one isolation room. Care is provided for babies from 30 weeks' gestation and for the unplanned deliveries that occur prior to 30 weeks' gestation. Levels of care include: 1. Intensive care and stabilisation prior to and during transfer to tertiary neonatal units. 2. High dependency care and special care until discharge. The SCBU is a purpose-built department that opened in April 2009 and is designed to meet the needs of the baby and parents. The designated breast-feeding room provides a quite space for mothers to feed or express milk for their baby, and the hostel room provides overnight accommodation for the mother who needs to be close to her sick or growing baby. The early pregnancy room is situated within the department. It provides a scanning service by qualified ultrasonographers to mothers in early pregnancy that have a history of bleeding in this pregnancy, or a history of previous miscarriage. It operates a morning service from 9.00am to 11.30am, Monday to Friday. It is accessed by referral from the General Practitioner or Emergency Department. Out of hours, your scan will be arranged in the X-ray department, or the following morning in EPU. If you need admission to hospital prior to 20 weeks' gestation you will be admitted to the Gynae ward which is on Surgical one. Quiet Room This room is to facilitate parents and families who experience the loss of their baby, It is a quiet and peaceful environment where you can spend time with your baby. This room has recently been refurbished using money donated by parents and friends of the Special Care Baby Unit. Visiting Policy Visiting times are 6.30pm to 8.30pm daily. New mothers need to rest and patient satisfaction audits have shown that patients would like us to restrict visiting. Visiting restrictions are put in place in discussion with our Microbiologist. Studies have shown that reduced traffic in hospitals reduces the incidence of MRSA, thus creating a safer environment for our mothers and newborn babies. Partners can visit at any time between 9.00am and 9.00pm, or as arranged by the midwife in charge. Only siblings can visit at the designated visiting times. No more that two visitors per patient at any one time. We appreciate your co-operation with this policy. Useful Telephone Numbers Hospital Reception, (049) 436 1399 Labour Ward, (049) 437 6612 Antenatal/Postnatal Ward, (049) 437 6613 Midwifery-Led Unit, (049) 437 6059 Special Care Baby Unit, (049) 437 6323 Breastfeeding Specialist, (049) 437 6864 Out-Patient Department/Clinic Appointments, (049) 437 6901/6133/6130 Dr Syed Secretary, (049) 437 6911 Dr Aziz Secretary, (049) 437 6133 Dr Hussein Secretary, (049) 437 6130 Dr Essajee Secretary, (047) 38844 Early Pregnancy Unit, (049) 437 6060 Mobile Phones Please refrain from using mobile phones after 10.00pm in respect for others in your ward. The use of mobile phones is not permitted in SCBU or labour ward. Staff Structure Hospital Manager Hospital Administrator (Complaints Officer) Clinical Director Consultant Obstetricians Dr Syed Dr Aziz Dr Hussein Dr Essajee Obstetric Registrars Obstetric Junior Doctors Consultant Paediatricians Dr Finan Dr Van-der-Spek Dr Leahy Paediatric Registrars Paediatric Junior Doctors Nursing Director of Nursing and Midwifery Assistant Director of Midwifery CMM2 Department Managers in each area (uniform: navy with green trim): Antenatal Clinic Labour Ward Maternity Ward Midwifery-Led Unit Special Care Baby Unit CMM1 Shift manager (uniform: navy with white trim) Lactation Specialist (uniform: lilac shirt) Midwives (uniform: blue pin-stripe or ruby scrub top in Labour Ward)
General Information/Antenatal Care

Student Midwives (uniform: white tunic with purple and navy trim)
Student Nurses (uniform: white tunic with purple and navy trim)
Healthcare Assistants/Ward Attendants (uniform: purple tunic)
Catering Staff (uniform: white tunic)
Cleaning Staff (uniform: grey and black top)

Chaplaincy Service
The chaplaincy service is provided by chaplains from the Catholic Church and Church of Ireland and a Pastoral Care worker. Other denominations may be available on request. An oratory is located on the ground floor near the lift.

Security
Security staff are on duty 24 hours per day within the building and around the grounds of the hospital. A CCTV system is also in operation throughout the hospital and the hospital grounds. Women should note that all staff wear hospital identification badges and, if in doubt, please seek immediate verification.

Personal Property
Patients are advised not to bring items of value or large sums of money into hospital. The hospital cannot accept liability for items of value that are lost or stolen.

Smoking
The hospital is a smoke-free zone and smoking is not permitted within the building. There is a designated smoking area for patients across from the front door. Non-adherence will result in prosecution.

Car Parking
There are some free car parking spaces at the front of the hospital. When they are full parking will be beyond the barrier and will cost €3 at exit. In emergency situations you may set down at the ED door.

Cameras
Photographs cannot be taken without consent of the mother. Privacy and confidentiality must be observed at all times.

Antenatal Care

Maternity Care Options
Mothers and their partners may be unsure of their maternity care options. The following information has been compiled to help you choose the best option for you.

Midwifery-Led Care
(Shared care with your GP)
Midwifery care can be accessed by phoning directly on (049) 437 6059 or by referral from your GP.

Midwifery care is suitable for the majority of women with a healthy pregnancy, no risk factors and no previous obstetric problems. This is a free model of care. A team of experienced midwives provide care during the antenatal, birth, and postnatal periods, which includes early discharge from hospital and home visits by the midwives for up to seven days.

Your care will be as follows:
- Booking/pre-assessment visit: At this visit your midwife will record your medical history. This information will enable us to assess if you are eligible to attend for midwifery-led care. A full explanation of all procedures, consent obtained for blood tests and information leaflets is given. The midwife will take your blood and give you and your partner a tour of the unit. You will have a dating scan at this visit by a trained ultrasonographer in the Radiology Department. Further scans will be carried out only if clinically indicated.
- After the initial booking visit, your care is shared between your GP and the midwives. Normally, this involves monthly check-ups up to 28 weeks’ gestation, fortnightly visits between 28 and 36 weeks and weekly visits from 36 weeks to birth of baby.

Midwifery-Led Unit (MLU) care can provide the following:
- Flexible days and appointment times for antenatal checks, including Saturdays.
- Minimal waiting times (usually less than 15 minutes) and the opportunity to familiarise yourself with the midwives who will look after you in labour.
- Outreach antenatal clinics available in Monaghan on Wednesdays.

Antenatal class held on Saturdays from 10.00am to 3.00pm, so that your partner can attend if he wishes.

Pain relief options include breathing Entonox (gas and air), using birthing pool or Pethidine injection. Epidural pain relief is not provided in the unit. If, during the course of your labour, you wish to avail of epidural pain relief we will transfer your care to the consultant-led unit.

We aim to provide a homely, relaxed environment for labour and birth while reassuring you that in the event of any complications occurring for you or your baby, the services of the consultant-led unit are available.

Consultant-Led Care – Public Clinic
(Shared care with your GP)
If you choose this option you will be referred by your GP under one of the consultant obstetricians to the antenatal booking clinic. This is a free model of care for you.

Initially, you will attend the midwife for a pre-assessment visit, which involves a history taking that is entered on the computer system and a number of blood tests that you have consented to. All will be explained to you at the time. A scan date will then be arranged as well as an appointment for you to visit at the antenatal clinic to see the doctor and midwife. At the clinic visit you will see the consultant or a member of his obstetric medical team. (Outreach antenatal clinics are held weekly on the Monaghan site by two of the consultant obstetricians and some clients may choose to attend the consultant-led unit for their clinic appointments.)

Thereafter you will be requested to attend the clinic at approximately 28 weeks, 32 weeks, 36 weeks, 38 weeks and 39 weeks, or more frequently if required. The Anaesthetist will also review you if there is an indication. Between visits your care is shared with your GP.

During labour the midwife on duty will care for you and she may be mentoring a student midwife. If any problems arise during your labour with you or your baby a member of the team will be contacted and the consultant-on-call informed. You will be accommodated in a five-bed ward.
Antenatal Care

unless you require other needs due to your clinical condition.

Private Consultant-Led Care –
Private Clinic (Shared care with your GP)
Some women choose to attend a consultant obstetrician privately for their maternity care. This is a fee-paying model of care. At present there are four consultant obstetricians who provide private care and you can discuss the options with your general practitioner or midwife in the antenatal clinic.

Your chosen obstetrician (or his designated locum, if he is on leave) will deliver all your antenatal care when you attend for antenatal review. When you come into hospital under his care you will be cared for in labour by the midwife on duty who may be mentoring a student midwife. He will be involved in all decisions made relating to your care and will attend for your delivery. He will also provide any suturing you may require following delivery. You will be accommodated in a private or semi-private room as soon as one becomes available. If you are private to the consultant then you will also be charged for other services you require and for your accommodation in the hospital.

Parentcraft Education
Parentcraft classes are available to all pregnant mothers and their partners. The date to attend for your early pregnancy class and your set of classes will be given to you at the booking visit. The classes educate and provide knowledge of pregnancy, labour and the postnatal period. We promote women’s awareness of their pregnancy so they can make informed decisions around their plan of care for pregnancy, childbirth and the care of their newborn baby.

Parentcraft Co-ordinator
The Parentcraft Co-ordinator is a midwife responsible for planning the programme of class dates and times, and liaising with the multi-disciplinary team of midwives, lactation specialist and physiotherapists to deliver the classes. At your first booking visit to the hospital for pre-assessment, you will get the appropriate date to commence Parentcraft classes.

Parentcraft Co-ordinator,
Tel: (049) 436541

Early Pregnancy Class
This class is attended at 15 to 20 weeks of pregnancy. A midwife provides information and advice on diet and exercise in pregnancy, and the minor disorders of pregnancy. The physiotherapist will attend and cover topics that include exercise to encourage women to stay active in pregnancy, pelvic floor exercise and back care. The lactation specialist will discuss breastfeeding and aim to promote women’s awareness of breastfeeding.

If women experience problems at any stage during their pregnancy either in MLU or CLU, they can phone and speak to the midwife on duty for advice at any time. They can also attend their GP, who may refer them to the hospital for review, or they can also self-refer.

Antenatal Classes
The full course of antenatal classes to provide information on all aspects of pregnancy and childbirth involves attending four classes at weekly intervals. They are held on Mondays and Thursdays in Cavan and on Wednesdays in Monaghan.

| Class 1. | Signs of labour and pain relief options |
| Class 2. | Physio, relaxation exercises, breathing exercises and birth |
| Class 3. | Possible complications and information on baby feeding |
| Class 4. | Life with your new baby and tour of the unit |

Single day class held on a Saturday
These classes are organised at intervals throughout the year for mums and dads who cannot attend during the daytime. All the information from the four classes are delivered as one.

Multi-lingual class
We provide a class for non-Irish-speaking expectant parents in Polish and Russian. This class is delivered by one of our Polish midwives.

Breastfeeding class
This class is held once a month for women who want advice and support in preparation for breastfeeding their baby.

Postnatal Mother Care Classes
These classes are held on the postnatal ward after baby is born and are attended by mums and some dads. These classes are held on Mondays, Thursdays and Saturdays at 10.30am in the Parentcraft room. This class gives advice and guidance on maternal and baby care, as well as discharge advice on bathing, feeding, prevention of cot death, immunizations, registering your baby, PKU test, car safety, and early signs of detecting that your baby is unwell and what to do. The classes also give advice following Caesarean section and we are presently working on updating our Caesarean section guidelines and information given to these mothers. This is a very important class and all mothers are expected to attend and be fully aware of this information prior to discharge.

Aim of Parentcraft Classes
The aim of the classes is to inform and educate women and their partners about childbirth, to assist them to make informed choices, and to ensure a safe delivery for mother and baby, which is a positive experience of pregnancy, childbirth and the postnatal period.

Length of Stay
Your length of stay in hospital will depend on your situation and needs.
- Following normal delivery the average length of stay is 48 hours.
- Following Caesarean section or a complicated delivery the length of stay may be three to five days.
- If your baby is sick in the Special Care Baby Unit you may not be able to stay in a hospital bed. We may be able to facilitate you in the hostel room in SCBU if it is free.

Physiotherapy Service
The physiotherapy service provided to maternity patients involves antenatal care and postnatal care.
Antenatal Care

Antenatally, the physiotherapist will attend one of the antenatal classes, where she will provide information on pelvic floor exercises, posture, back care and general exercise, and will answer any questions you may have.

The physiotherapist may see you as an outpatient if you have a musculoskeletal problem, such as back pain or pelvic pain.

A physiotherapist attends the maternity ward from Monday to Friday. They attend the postnatal class where they give advice and exercises for new mothers – this includes comfort after delivery, activity in the first few weeks, pelvic floor and abdominal exercises and back care. They will also speak to women individually on the ward to give advice or answer any specific questions (e.g. post-Caesarean section, incontinence problems, back problems). The physiotherapist will refer you on for an outpatient appointment as required.

Healthy Pregnancy and Birth Experience Guide

Diary of Events in Pregnancy

So you are pregnant or planning a pregnancy. The following information is provided to help you guide you towards the preparation of a healthy pregnancy and birth experience.

Prenatal

It is advisable that all women who are planning a pregnancy take folic acid supplements in their diet at least three months pre-conceptually. However, if your pregnancy is unplanned it is advisable to start folic acid as soon as you think you are pregnant or you get a positive pregnancy test.

Early Pregnancy

Book into your GP as soon as possible and avail of the infant and maternity scheme that entitles you to free antenatal care that is shared with the hospital. Arrange a booking appointment with the hospital.

Useful numbers:

- Dr Aziz’s Secretary (Wendy): (049) 437 6133
- Dr Hussain’s Secretary (Linda): (049) 437 6130
- Dr Syed’s Secretary (Teresa): (049) 437 6133
- Dr Essajee’s Secretary (Theresa): (049) 437 6133
- Midwifery-Led Unit (Joanne): (049) 437 6331; Mobile: 087 979 9385

A booking appointment will be arranged for you with a midwife. This appointment will take approximately an hour and includes a detailed booking history of your general health and your family’s health. Booking bloods will be explained to you and taken if not already done by your GP.

This is the time that your body is creating new life and 12 completed weeks of pregnancy form everything that your baby needs for the rest of its life. It is completely understandable, therefore, to feel very tired at this stage in the pregnancy. It is important to honour your body’s request for rest and take any opportunity that you can to put your feet up.

This is also the time that you may experience ‘morning sickness’ at its worst. If you feel very sick you may need to consider changing your dietary habits. Eating small and often may be easier. Drink as much fluids as you can to help prevent dehydration. Foods that contain ginger can help and eating bland food may be easier. It is worth considering the use of travel sickness bands to help relieve the nausea. Remember that long periods of fasting may make you feel worse.

It is important from the beginning of your pregnancy that you exercise regularly. A good exercise programme can give you the strength and endurance you will need to carry the weight you gain during pregnancy and to handle the physical demands of labour.

It is important to eat well in pregnancy. Eating a balanced diet during pregnancy can help to protect the health of you and your baby.

16-18 Weeks

Commence taking iron. You should start to feel baby moving. It may just feel like bubbles or butterflies in your tummy at this stage. Your bump is starting to be visible and your trousers are getting tight on the waistband – time to go shopping!

20-28 Weeks

Energy levels are rising and you should now be feeling baby moving more definite. You will meet your caregiver in the hospital during this period. At each antenatal appointment, bring a urine sample for routine testing. Sourcing a pregnancy yoga class at this point is beneficial. This is not a service provided by the hospital at present.

32-36 Weeks

Visits to the hospital become more frequent. Your baby is now fully formed and is putting on weight. She is now about 42cm long and you will feel the baby actively move and kick, which is very normal.

36-40 Weeks

As baby continues to grow you will become more aware of its position. The position of the baby is important for when labour starts as ideal baby positioning can ensure a smooth flowing labour. The ideal way for your baby to lie is on its side with the baby’s face looking at your hip. You will experience your baby kicking on one side of your tummy only. If you feel your baby is kicking everywhere (particularly under your ribs) then your baby is probably lying on your back. If you experience the baby lying on your back, avoid sitting on a couch at all costs. The structure of the couch encourages you to lie tilted back and, as the heaviest part of baby will fall towards gravity, the back will turn towards yours. Sitting upright on a kitchen chair with your back well supported is the ideal at this stage.

The use of a pregnancy exercise ball is beneficial at this stage and it encourages you to increase the pelvic outlet and helps your baby's head to engage.

Continue with your daily exercise routine. Ensure that you hydrate well daily, as well hydrated bodies function much better when in labour. If you have attended pregnancy yoga or and education classes that cover breathing and relaxation techniques, this is an ideal time for you to rehearse them at home. Imagine your contractions and rehearse your breathing and focus in preparation for the big day.

Always remember that your contractions are your body’s way of helping you to have your baby. It will work much more efficiently if you co-operate with the process. Remain relaxed and focused and this will go a long way.
Labour/Postnatal Care

What to bring to hospital

For You
- Nightdress, pyjamas, dressing gown
- Slippers
- Toiletries
- Towels
- Disposable pants
- Maternity sanitary pads
- Nursing bra
- Nipple cream
- Breast pads
- Phone charger
- Hair dryer
- Remove all nail and toe varnish

For Baby
- Large hand towels x 2
- Babysgrow x 7 (front opening)
- Vests
- Hat and mittens
- Bibs

Going Home
- Loose, comfortable clothes
- Car seat
- All-in-one outfit for baby
- Warm blanket and hat for baby

At different stages of your pregnancy, you will be given information to assist you with making an informed choice regarding how to feed your baby. In the early days in hospital you will be given the necessary information and practical skills to help you get feeding off to a good start. This information and support will continue when you leave the hospital for as long as you need it.

Induction of Labour

This will occur as per the agreed regional guideline between 41 and 42 weeks’ gestation unless otherwise clinically indicated. This will be discussed with you by the consultant obstetrician and your informed consent obtained.

Vaginal Birth after Caesarian Section (VBAC)

This will be offered to you as an option to deliver your baby. This will be discussed with you by your consultant obstetrician in the antenatal clinic and you can make an informed decision.

Feeding Your Baby

How you choose to feed your baby is a very important decision that can affect your child’s health for years to come. Breast milk is the perfect first food and it adapts to meet your baby’s changing needs. Most babies need no other food or drink until they are six months old.

As a Baby-Friendly Accredited Hospital since April 2008, all the staff at Cavan Maternity Unit are committed to the promotion, protection and support of breastfeeding.

To help you make the decision on how to feed your baby you will have the opportunity to attend classes at different stages of your pregnancy. The first of these classes is the Early Pregnancy class, and at this class you will be given the opportunity to meet with the Clinical Midwife Specialist in Lactation and discuss any concerns you might have. The second of these classes are the Parentcraft classes, which will include a class on breastfeeding. In addition to these classes, there is a breastfeeding skills workshop that offers more specific information on breastfeeding and teaches the practical skills necessary to help get breastfeeding off to a good start.

Following the Arrival of your Baby

When your baby is born all mothers will be given the chance to provide skin-to-skin contact immediately following the birth. This will happen regardless of the way you birth. If mum or baby are not able to have skin to skin following the delivery due to medical complications, they will be given the opportunity to do so as soon as mother and baby are fit to do so. This has been shown to be very beneficial for both mother and baby as:
- It keeps your baby warm and calm.
- It helps regulate your baby’s breathing and heartbeat.
- It helps with the first breastfeed.

Even if you aren’t sure about how you are going to feed your baby this is a really good time to try breastfeeding and see what you think. Your midwife will be able to help show you how to attach your baby correctly to the breast.

The Early Days in Hospital

No matter how you choose to feed your baby you are encouraged to room-in with your baby. In other words mother and baby will stay together at all times except in special circumstances. Rooming in will help you get to know your baby more quickly.

It’s important to feed your baby whenever he or she seems hungry. The more often you feed your baby, the more breast milk is produced. This is known as baby-led or demand-feeding.

The longer you breastfeed your baby for, the better, but even breastfeeding for a short period is beneficial for your baby and you. The Department of Health and Children and the World Health Organisation
Labour/Postnatal Care

Labour/Postnatal Care

Classic Signs of Labour

Show: This can be described as a plug of mucous with the presence of blood in it. It becomes dislodged when the neck of the womb begins to soften in preparation of labour. While it does not necessarily mean that labour is starting, it does mean that some changes are occurring in your cervix. It is a good idea that you make sure your bag is packed in readiness for the hospital. Contractions: Contractions can vary from individual to individual but in the early part of labour these can take on a variety of different patterns. When your body starts to contract it is important that in the early stages you practise your breathing and relaxation. Stay active and well hydrated. The commencement of a pattern to your contractions is a good indication that you are on the way. The ideal is that there is a regular rhythm to your contractions.

Breaking of the waters: This occurs when the sterile waters that surround your baby in pregnancy are released. This may occur in the absence of contractions. If you feel your waters have gone at any stage it is advisable that you contact the maternity unit and let them know. They will bring you in and assess you.

Pain Relief in Labour

Pain relief will be discussed at your antenatal classes in more detail. Available in Cavan consultant services are pethidine, entonox, TENS and epidural. Available in midwifery-led services are pethidine, entonox, TENS and hydrotherapy.

Stages of Labour

For ease of definition, labour can be divided into three stages.

- The first stage: When contractions form a regular pattern and there is active dilatation of the cervix. Your midwife will clarify the dilation for you on admission to the hospital. This stage is complete when the cervix is fully open (10cm).
- The second stage: This starts as the baby begins to make its journey to the outside world. This stage ends when the baby is born.
- The third stage: From the birth of the baby to the delivery of the placenta (afterbirth).

Useful Contact Numbers and Websites

- Aileen Doyle, Clinical Midwife Specialist in Lactation, Tel: (049) 437 6864
- Medicare, for the rental of a hospital-grade breast pump. Tel: (01) 201 4900
- La Leche League of Ireland www.lalecheleagueireland.com
- Cuidiú – Irish Childbirth Trust www.cuidiu-ict.ie
- The Baby-Friendly Hospital Initiative in Ireland www.hphiie/babyfriendlyinitiative
- Classic Signs of Labour

- The second stage: This starts as the baby begins to make its journey to the outside world. This stage ends when the baby is born.
- The third stage: From the birth of the baby to the delivery of the placenta (afterbirth).

Postnatal Care

The Special Care Baby Unit (SCBU) in Cavan General Hospital is situated at the end of the postnatal ward in the maternity unit. This new unit was recently developed and constructed to replace our previous cramped accommodation and our new enhanced facilities enable the staff to care for the babies in a more comfortable environment which affords privacy and dignity to the families. This new facility was funded by the Health Service Executive with a significant contribution from donated funds. We are extremely grateful to those who have fundraised in the Cavan/ Monaghan area on behalf of SCBU. Their hard work and dedication is much appreciated.

- Three fully serviced intensive care cot spaces and three fully serviced high-dependency cot spaces, including one isolation space.
- A private and quiet room for mothers to feed and express milk for their babies and for parents to bond with their baby.
- A dedicated hostal room within SCBU where parents can stay overnight when needed.
- A small waiting area adjacent to SCBU.
- Climate-controlled air conditioning, which gives a more comfortable environment for staff, parents and babies.
- Enhanced hand washing facilities.
- Equipment cleaning and storage space.
- Office space.
- A seminar room for staff education and staff meetings.

The role of the SCBU is caring for all infants delivered who are sick or who have more than routine care requirements. There were over 440 admissions to the unit in 2009. The unit is staffed by experienced paediatric and neonatal nurses and midwives, and supported by specialist paediatric registrars and paediatric consultants that are available 24 hours a day.

The aims of the SCBU in Cavan General Hospital are to provide a high standard of holistic care for unwell and premature newborn infants and their families; to ensure all care is individualised and developmentally supportive for each infant so that they may achieve their maximum potential; and to provide support and education to parents and families by their inclusion and involvement in the care of their babies, and by facilitating communication with all team members.
Quality Initiatives

Women's Health Clinical Governance Committee
The Governance committee is a multidisciplinary group that meets on a regular basis (bi-monthly). It reviews issues that affect the quality and the risks within the service, highlights where there are deficiencies in the service, and is instrumental in creating effective change and improvements. This group includes hospital and nursing management, consultant obstetricians, ward managers and the risk advisor.

Risk management processes include risk assessment, incident reporting and system-based reviews, while risk registers for maternity and paediatric services provide assurance that quality, safety and risk management are governed and managed within the service. The Quality & Risk Department supports these processes and provides the maternity services with information for quality improvement initiatives.

Hygiene Co-ordinator Hygiene Audits
Hygiene is a high priority for all staff and ward managers. Bi-monthly hygiene audits of all departments are carried out and we constantly strive to ensure high levels of hygiene within the hospital. This creates a cleaner and safer environment for all mothers and babies. Our microbiologist continually monitors the incidence of infection and liaises closely with clinical staff to try and reduce the incidence of hospital-acquired infection and cross infection.

A strict hand washing policy is in place for all staff and ongoing hand washing audits are carried out for compliance. Patients and visitors are educated and encouraged in hand washing technique and the use of hygiene hand gel, which is available in all areas.

Consumer Involvement in the Service
In Cavan Maternity Unit we have an established consumer group who meet on a regular basis. The group was established to look at the service from a consumer’s viewpoint, giving them a voice in the future planning and improvements of the service. They will also bring issues on behalf of other service users resulting from their own experience of the service. These issues may need clarity or change in practice resulting in a more patient-centred quality service.

Regional Women's Health Clinical Network
This group was set up to monitor maternity services within Dublin’s Northeast region. It is made up of consumers, hospital management, consultant obstetricians, consultant paediatricians, midwifery managers and senior midwives from Drogheda and Cavan Maternity Units. The role of this group is to monitor quality of care in women’s health services and to plan for improvements in services across the region in a strategic way.

Annual Report
Cavan Maternity Unit’s first annual report to be compiled was for 2007. The report is now published annually and is available within the department. Contained in it are the statistics for the department.

Plans for the future are to have this information online, but this has not yet been achieved.

Maternity-Led Unit (MLU)
The Midwifery-Led Unit at Cavan Maternity Department opened in 2006. This service started out as a randomised trial, which is now complete. The purpose of the trial was to monitor some of the outcomes between the MLU and consultant-led care. The results of the study are now published and available. The department now provide care to low-risk women who meet the criteria that are set down in their evidence-based guidelines. This is one of two MLUs in the northeast providing a wider choice for women in childbirth.

Early Pregnancy Unit (EPU)
The early pregnancy scanning service first opened in 2009. This service provides scanning to women less than 14 to 16 weeks. Referral is by a GP or A&E.

Early Pregnancy Scanning

Health Organisation (WHO).

Maternity IT System
This is a computerised system used to collect and store data relating to each mother and baby using our maternity service. The information collected commences at the booking clinic and continues through the patient pathway to include antenatal admission, labour, postnatal period and admission of baby to the SCBU. On discharge the referral letter to the public health nurse and GP are automatically generated with all the relevant information. On discharge the patient is discharged on the system and the file is closed. Only HSE employees who have dedicated passwords have access to this confidential information.

The collection of data and statistics from the information system assists in the process of audit and identifies trends and risks, in line with best practice. This enables us to plan and create effective change and improvements within the service. It also assists in the collection of data and statistics for our annual report.

Baby-Friendly Hospital Initiative (BFHI)
Cavan maternity unit is a baby-friendly maternity unit, having achieved accreditation as Baby-Friendly Hospital Initiative (BFHI) unit in 2008. To obtain this standard we set up and adhered to the ten steps to successful breastfeeding as set down by the World Health Organisation (WHO).

− Rooming-in and demand-feeding your baby,
− Avoiding the use of soothers and artificial teats,
− Avoiding the use of supplementary feeds.

To retain this standard we are re-assessed every five years and carry out continual self-assessment and audits on the ten steps.

Electronic Infant Security System
In 2006 an electronic infant security system was installed in the maternity department. It is a comprehensive computerised security system for the protection of infants within the department against abduction. A special electronic tag is placed on the baby’s ankle soon after birth, which is deactivated and removed on discharge. The tag is electronically linked to the swipe system at the exit doors from the department.

The alarm system will automatically activate when any baby is taken near the door unless the tag has previously been deactivated by a member of staff.

Pastoral Care
The Pastoral Care team are available within the hospital and provide a 24-hour service for emergency situations, which includes the Maternity Department. We strive to meet the needs of all denominations and cultures and respect the needs and wishes of all our clients.