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The National Maternity Hospital,
Holles Street

Annual Report 2002
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Governors’ Report
Deputy Chairman’s Report

I have pleasure in presenting the report on the hospital for the twelve months ended 31st December 2002.

This report outlines the main activities of the hospital during a year which saw a further increase in the number of mothers delivered. During the year, 8,022 women gave birth to 8,162 infants – this is the first time since 1983 where the number of mothers delivered exceeded 8,000. It was also a year which saw a significant increase in the number of refugee/asylum seekers delivering at the hospital.

The hospital’s budgetary performance during 2002 is set out in detail in the report of the Finance and General Purposes Committee. There was an accumulated surplus of €787k carried forward at the year end, due to an insurance rebate of €1.5m following the introduction of the Clinical Indemnity Scheme in mid-year.

This hospital, like all hospitals, has a need for capital funding. Whilst the current funding continues to be tight, the complete absence of minor capital funding, again in 2002, leaves the hospital in a situation where urgent repairs on our infrastructure and equipment replacement cannot be undertaken. The non-availability of minor capital funding in 2001 and 2002 is a matter of extreme concern and has the potential to undermine seriously the capacity of the hospital to maintain key services at agreed levels.

It is important for the hospital to secure an adequate baseline funding which recognises the full reimbursement of all nationally agreed pay awards and additional non-pay expenditures over which the hospital has no control.

On the wider development front, I regret to record that the hospital did not progress its development aspirations during 2002. The failure to proceed with a development, identified in 1998 as being necessary, is the most significant issue facing the hospital at present. There is a serious shortage of space in an environment where activity is escalating, patient expectations are rising, and health and safety issues are increasing.

The development of the hospital was included in the National Development Plan and, without some scheme to improve and expand our facilities, it will be necessary to re-assess the level of activity currently undertaken.

The Joint Standing Committee of the three maternity hospitals continued to meet monthly during the year and many common issues continue to be discussed and action taken on a joint basis. Joint work on laboratory accreditation and IT projects continued during the year. The shortage of midwives continues to be considered by the Committee with each of the hospitals continuing to recruit from overseas. The future supply of qualified midwives needs to be secured and existing arrangements for the training of midwives needs to be reviewed.

Dr John Strange, Governor and past Master (1984 – 1990) died during the year. His passing was a sad loss for the hospital as his commitment in his various roles as Governor, Executive Committee member and Master knew no bounds. He will be missed by his many friends and colleagues at the hospital.

As in other years, I would like to thank especially the Master - Dr. Declan Keane, the Matron - Ms. Maeve Dwyer, and the Secretary/Manager – Mr. Michael Lenihan for another trojan effort. It is their leadership that ensures a similar effort from everyone else. We are totally dependant on them to give the same level of commitment for the current year. Doubtless they will.

I would also like, on behalf of the Board of Governors, to thank all members of staff for their continuing dedication and excellent work during the year. It is through their dedication and excellence that the hospital continues to enjoy its reputation in this country and worldwide.

J. Brian Day
Deputy Chairman
Executive Committee Report

At the Annual General Meeting the outgoing members of the Executive Committee, with the exception of Dr D O’Keeffe, were proposed and seconded and were elected as ordinary members of the Executive Committee for the coming year.

New Governors
There were no new Governors elected by the Executive Committee during the year.

Staff Appointments
Dr Maíra O’Donovan was appointed Assistant Master. Ms Noreen O’Callaghan was appointed Clinical Pharmacist. Ms Clara Nolan, Senior Radiographer and Ms Siobhán Hollingsworth, Gynae Nurse Co-Ordinator. Aine Hutchinson and Ms Joan Jones were appointed Medical Social Workers and Ms Joan Heffernan took up a job sharing post as Clinical Risk Manager. Mr Lauri Cryan was appointed as Assistant HR Manager; Trudy Caffrey was appointed Health and Safety Officer.

Promotions during the year included Ms Ann Delany to the new post of Clinical Practice Development Co-Ordinator. Ms Majella Flanagan as Bereavement Liaison Officer and Ms Rosin Moriaty as Information Officer. Ciara Macken was promoted to a CMA2 in Anaesthetics / Recovery and Kathleen O’Sullivan promoted to a CMA2 in Antenatal Education.

A special occasion occurred in November 2002 when Marie Fahy, HR Manager celebrated the 40th Anniversary of her commencement with the hospital.

Staff Retirements
The following staff retired during the year. Ms Ann French and Ms Mary Gunning, both members of the Household staff. We wish them a very happy retirement.

Developments during 2002
Once again scope for undertaking developments during the year was severely curtailed by the continuing absence of minor capital funding from the Eastern Regional Health Authority. During the year our catering facilities were inspected by the Environmental Health Officer from the ERHA. Extensive refurbishment/upgrading were identified and €180k was allocated to have this work undertaken. The planning and procurement process commenced late in 2002 and work will proceed in 2003.

Charter Day
We had a very good attendance at Charter Day which was held on the 24th January 2002 and was hosted by Dr & Mrs Keane to whom we are most grateful.

Hospital Awards and Certificates
The John F. Cunningham Medal was awarded to Dr. Sinead Fitzpatrick. The A. Edward Smith Medal was not awarded. The Kieran O’Driscoll prize was presented to Mr Donal Brennan. The Royal College of Surgeons/National Maternity Hospital Medal was awarded to Mr Andy Young. Medals were also presented to student midwives as follows: The Hospital Gold Medal was presented to Ms Colette Treacy. The Elizabeth O’Farrell Medal was presented to Ms Barbara Cathcart. Matron’s Award was presented to Ms Elizabeth Collender and Ms Nicola Molloy. The Student Neonatal Nursing Medal was not presented due to a change in the programme, which is now conducted in the RCSI, and no candidate had completed the course.

Hospital Finances
As can be seen from the report of the Finance & General Purposes Committee a deficit of €660k was carried into the year. At year end the hospital had a surplus of €787K which is entirely due to an insurance rebate of €1.5m which arose with the introduction of the C.I.S. in midyear.

Hospital Development
In my report for 2001, I recorded that an Options Appraisal Report in respect of the development of this hospital was submitted to the ERHA on the 5th November 2001.

Regrettably, I have to report that no further progress has been made in 2002. The recommendation of a move to the site of St Vincent’s University Hospital seems to be lacking favour with the ERHA and the Department of Health & Children. The downturn in the economy has curtailed public capital spending and the planning and procurement process commenced late in 2002 and work will proceed in 2003.

Medical
Between the years 2001 and 2002, there was an increase of 6.8% over the 2001 running costs.

Payroll costs accounted for 69% of the gross expenditure and non-pay costs for the remaining 31%, this being a shift from last year (2001, 65%: 35%) back towards the previous levels. Income for the year increased to €5,742K, being 13.9% of gross expenditure. The gross expenditure was funded by an ERHA allocation of €40,562K and patient and other income of €5,742K.

The Finance and General Purposes Committee continued its role in monitoring the Hospitals Finances on a monthly basis. Once again, this role was particularly important with regard to meeting the Financial and service level targets agreed with the ERHA.

During the year, major cost pressures were experienced in the areas of medical and surgical supplies, drugs, infrastructural issues, recruitment and also additional costs associated in dealing with and increasingly diverse patient population.

One of the main issues during the year was the introduction of the Clinical Indemnity Scheme by the Department of Health. This resulted in an insurance rebate negotiated post-year-end amounting to €150,080. This enabled the Hospital to record a surplus for the year of €139,200 which would have been a deficit of €108,000 except for the rebate.

Financially the year was difficult but due to the rebate the hospital carries forward and accumulated surplus of €787K into 2003. This surplus will be fully required in the context of the 2003 financial situation and particularly with regards to current urgent infrastructural needs.
Board of Governors

Governors Ex-Officio
Dr Desmond Connell (Archbishop of Dublin - Chairman)
Councillor Dermot Lacey (Lord Mayor - Vice Chairman)
Dr Declan Keane (Master)
Very Rev. Bernard Brady (Parish Priest of the Parish of Haddington Road)
Monsignor Peter Briscoe (Parish Priest of the Parish of Sandyford)
Rev. A O’Neill (Administrator of the Parish of St. Andrew, Westland Row)

Nominated by the Minister for Health & Children
Ms Nuala Fennell
Ms Patricia O’Shea

Nominated by Dublin Corporation
Councillor Kevin Humphreys
Councillor Garry Keegan

Governors Elected
1941 * Mr Patrick A Duggan
1951 * Mr Patrick J. Brennan
1952 Mrs Joan Duff
1953 Mr Gerard Landor
1953 Mr Patrick McGrath (deceased, Jan. 2002)
1954 * Professor D. K. O’Donovan
1956 * Mrs Eithne Conolly
1956 * Dr Jack G. Gallagher
1956 * Mrs Bridget Malone
1957 Dr Garret Fitzgerald T.D.
1957 * Mrs Sheila Geoghegan
1958 Dr Deirdre Pepper
1959 * Professor Sheamus Dundon
1959 * Professor E O’Dayer
1961 * Mrs Sheila Dundon (deceased, Oct. 2002)
1962 * Mr Alex J Spain
1963 * Mrs Robina O’Driscoll
1964 * Mr Patrick J Spain
1967 * Mrs Katrina McGuire
1968 * Mr Joseph Derek Davy
1968 * Professor Eoin O’Malley
1969 * Professor Kieran O’Driscoll
1969 * Dr Alan O’Grady
1970 * Mrs Emer Meagher
1971 * Mrs Alice Finlay
1971 * Mrs E O’Malley
1972 * Mr Desmond McGuane
1974 * Dr Joseph Alvey
1974 * Mr S. P. Boland
1974 * Mrs Kitty Conroy
1975 * Mrs Mary Ensor
1975 * Mr Donal S. McAleese
1976 * Professor Enda Hession
1976 * Dr Declan Meagher
1976 * Mrs Rosaleen Lynch
1977 * Mrs Laura MacDonald
1978 * Mrs Una Crowley
1979 * Dr Brendan Murphy
1980 * Dr John R McCarthy
1980 * Dr Niall O’Brien
1981 * Mr J. Brian Davy (Deputy Chairman)
1983 * Mrs Maureen Spain
1983 * Mr Neil V McCarr
1983 * Mrs Judith Meagher
1983 * Professor Sean Blake
1984 * Dr Dermot MacDonald
1984 * Mrs Stephanie Stronge
1985 * Very Rev. Thomas O’Keefe
1985 * Dr J. T. Gallagher
1985 * Dr. Reginald Jackson
1985 * Mr Edward Bourke
1986 * Mrs Maeve Hayes
1986 * Mr Gabriel Hogan
1986 * Mrs Monica Owens
1986 * Dr Joseph Stanley
1987 * Professor Paddy Masterson
1989 * Mrs Anne Davy
1990 * Senator C Hederman
1990 * Mrs Margaret Anderson
1990 * Mrs Kathleen O’Grady
1991 * Dr John Stronge
1991 * Dr John F. Murphy
1992 * Dr Frances Boylan
1992 * Mr Kevin Mays (Honorary Secretary)
1995 * Mr Peter Sutherland
1995 * Dr Declan O’Keeffe
1995 * Professor Colm O’Herlihy
1996 * Mr William Johnston
1997 * Dr Peter Boylan
1998 * Mrs J Keane
1998 * Mrs A Murphy
1998 * Mr Nial Fennelly
1998 * Mr Frank Downey (Honorary Treasurer)
1998 * Mr Anthony Garry
1998 * Mr C O’Brien
2000 * Mr John Spain
2000 * Dr F Gorman
2001 * Mrs Helen Moe
2001 * Mrs Yvonne McEvoy
2001 * Mrs Jane Collins
2001 * Ms Alexandra Spain
2001 * Mrs Margo McParland
2001 * Mrs Catherine Altman
2001 * Dr John Murphy, Paed.

Executive Committee Members
Mrs Margaret Anderson
Dr. Peter Boylan,
Dr. Desmond Connell, (Archbishop of Dublin, Chairman)
Mrs Una Crowley
Mr Brian Davy, (Deputy Chairman)
Mr Frank Downey (Honorary Treasurer)
Ms Nuala Fennell
Dr. Jack Gallagher
Mr Anthony Garry
Dr Freda Gorman
Senator Carmencita Hederman
Mr Gabriel Hogan
Councillor Kevin Humphreys
Mr William Johnston
Dr Declan Keane (Master)
Councillor Garry Keegan
Lord Mayor of Dublin, (Vice Chairman) Cllr. Dermot Lacey (from July 2002)
Ms Rosaleen Lynch
Mr Kevin Mays, (Honorary Secretary)
Dr John F. Murphy
Mrs Monica Owens
Mrs Kathleen O’Grady
Prof. Colm O’Herlihy
Dr Declan O’Keeffe (resigned, May 2002)
Rev. Arthur O’Neill, Administrator, Parish of St. Andrew’s
Mrs Patricia O’Shea
Mr Alex Spain
House Committee

Dr. D. Keane (Master)
Mrs. Anne Murphy (Chairperson)
Mrs. Margaret Anderson
Mrs. Una Crowley
Mrs. Ann Davy
Mrs. Carmencita Hederman
Mrs. Rosaleen Lynch
Mrs. Judith Meagher
Mr. Helen Moe
Mrs. Kathleen O'Grady
Mrs. Monica Owens
Mrs. Maureen Spain

Finance & General Purposes Committee

Dr. Declan Keane (Master)
Mr. J. B. Davy (Deputy Chairman)
Mr. Kevin Mays (Honorary Secretary)
Mr. Frank Downey (Honorary Treasurer)
Mrs. Kathleen O'Grady

Law Advisors
Beauchamps Solicitors, Dollard House, Wellington Quay, Dublin 2

Bankers
The Bank of Ireland, 2 College Green, Dublin 2

Auditors
PriceWaterhouse Coopers, Chartered Accountants, George's Quay, Dublin 2

Engineers
Varming Mulcahy Reilly Associates, Tramway House, 32 Dartry Road, Dublin 6

Architects
Scott, Tallon & Walker, 19 Merrion Square, Dublin 2

Quantity Surveyors
Leonard and Williams, 32 Nassau Street, Dublin 2

Professional Advisors

Resident and Visiting Medical Staff

Master:
Dr. Declan Keane, M.D., M.R.C.P.I., M.R.C.O.G.

Department of Obstetrics and Gynaecology
Dr. Peter Boylan, M.B., M.A.O., F.R.C.P.I., F.R.C.O.G.
Dr. Michael Foley, M.B., M.A.O., F.R.C.P.I., F.R.C.O.G.
Dr. Peter Lenehan, M.B., F.R.C.P.I., F.R.C.S.I., M.R.C.O.G.
Dr. Peter McParland, M.D., M.R.C.O.G., M.R.C.P.I.
Dr. John F. Murphy, M.D., F.R.C.P.I., F.R.C.O.G.
Dr. Mary Wingfield, M.D., M.R.C.O.G.

Department of Obstetrics and Gynaecology, University College Dublin:
Professor Colm O'Herlihy, M.D., F.R.C.P.I., F.R.C.O.G., F.R.A.C.O.G.

Department of Obstetrics and Gynaecology, Royal College of Surgeons:
Dr. Orla Sheil, M.D., F.R.C.O.G., F.R.C.P.I.

Assistants to the Master
Dr. Michael O'Connell, M.B., B.Ch., B.A.O., D.Ch., M.R.C.O.G.
Dr. Maura O'Donnovan, L.R.C.P.I., L.R.C.P.I., MB, BCh, BAO (Hons.), M.R.C.O.G., M.R.C.P.I.

Department of Pathology and Laboratory Medicine
Director: Dr. Peter Kelehan, M.B., M.Sc., F.R.C. Path.
Dr. David Gibbons, M.B., F.C.A.P.,
Dr. Eoghan Mooney, M.B., M.R.C.P.I., M.R.C.Path.
Dr. Karen Murphy, M.B., M.R.C.P.I., M.R.C.Path. (Haematology)

Department of Paediatrics and Neonatology:
Director: Dr. John F. Murphy, M.D., M.R.C.P.I.
Dr. Wimfired Gorman, B.Sc., F.R.C.P.I., F.A.A.P.
Dr. Anne Twomey, M.D., M.R.C.P.I., F.A.A.P.
Honorary Consulting Staff

**Physician:**
Professor Murris X. Fitzgerald, M.D., F.R.C.P.I., F.R.C.P.

**Surgeons:**
Professor Niall O’Higgins, M.Ch., F.R.C.S., F.R.C.S.I.
Mr T.V. Kearney, B.S., M.Ch., F.R.C.S.I., F.R.C.S.Ed., F.A.C.S.
Mr Enda McDermott, M.Ch., F.R.C.S.I.
Mr Martin Corbally, M.B., B.Ch., B.A.O., M.Ch., F.R.C.S.I., F.R.C.S. (Paed. Surg.)
Mr F. Quinn, M.B., F.R.C.S.I.

**Oto-Rhino-Laryngologist:**
Mr Alex Blayney, M.Ch., F.R.C.S., F.R.C.S.I.

**Urological Surgeons:**
Mr David Mulvin, M.Ch., F.R.C.S.I.
Mr David Quinlan, F.R.C.S.I.

**Consultant in Genitourinary Medicine:**
Dr Fiona Mulcahy, M.D., F.R.C.P.I.

**Gastroenterologist:**
Dr John Clone, M.B., Ph.D., F.R.C.P.I.

**Orthopaedic Surgeon:**
Mr Frank McManus, F.R.C.P.I.

**Dermatologist:**
Vacant

**Radiotherapist:**
Dr Michael Monarty, M.D., F.R.C.P.I., F.R.C.R.

**Paediatric Cardiologists:**
Dr Desmond F. Duff, M.B., F.R.C.P.I., F.A.A.P., D.C.H.
Dr Paul Oslizlok, M.B., F.R.C.P.I., D.C.H.

**General and Colorectal:**
Dr P. Ronan O’Connell, M.D., F.R.C.S.I.
Paramedical Staff

Biochemist
Austin Bourke, B.Sc.

Pharmacists
Dorothy McCormack, B.Sc. Pharm, M.P.S.I.
Helen Kearns, B.Sc.Phrarm, M.P.S.I.

Clinical Pharmacist
Noreen O’Callaghan, C.Sc.Phrarm, M.P.S.I.

Medical Social Workers:
Loretto Reilly, Head Medical Social Worker, B.Soc.Sc., C.Q.S.W.
Meg Fitzgerald, B.Soc.Sc., C.Q.S.W.
Niamh Milliken, B.A. Soc Policy, Dip. S.W., M.A. Applied Soc. Studies
Joan Jones, B.Soc.Sc, N.Q.S.W.

Radiographers:
Mary Corkery, D.C.R.
Roma English, D.C.R.

Chief Medical Scientist:
Robin Farquharson, F.I.M.L.S.

Physiotherapists:
Mairead McElligott, M.I.S.C.P., M.C.S.P.
Judith Nalty, B.Sc.Physio.

Psychosexual Counsellor:
Terry Purcell

Dietician:
Pauline Gibney, M.I.N.D.I.

Clinical Risk Manager:
Grainne McCarthy (JS), H.Dip. Healthcare Risk Management
Joan Heffernan (JS), RSCN, RGN, H.Dip. Quality in Healthcare

Senior Administration Staff

Secretary Manager
Michael Lenihan, Dip. H.A.

Financial Controller
Rohan Gavin B.B. S. (Hons), ACA

IT Manager
Ann O’Connor

Assistant Human Resources Manager
Lauri Cryan, MIMI, MCPPD

General Services Manager
Terry Thompson, Dip.HSM, Dip. SCM

Purchasing and Supplies Manager
Gerry Adams Dip.BM, CPPB, MIBPM

Facilities Engineering Manager
Neil Farrington

Patient Services Manager:
Sheila Broughan, Dip. H.A.

Information Officer
Ruiss Moriarty, B.A. (Mod) I.C.T.

Paramedical Staff / Senior Administration Staff
The year 2002 was the busiest on record in the hospital since 1983. The midwives and nurses are to be commended for their commitment and professionalism in coping with increased numbers of mothers and babies.

Intensive National and International recruitment efforts continued throughout the year in the Philippines, India, Germany, Austria and Scotland. We recruited 15 foreign midwives and nurses in 2002, which has had a very positive impact on staffing levels throughout the hospital. We now have 16 nationalities employed as nurses and midwives. This reflects the changes in our wider society and the multi-cultural clientele attending the hospital.

Twenty nine student midwives were awarded Higher Diploma in Midwifery from University College Dublin on successful completion of the midwifery training programme. The midwifery tutors once again worked extremely hard to accommodate the extra theory time for student midwives which has increased their workload considerably. The Return to Midwifery Practice course was held again during the year and ten midwives successfully completed the programme.

The extension of our community service into Early Transfer Home has continued to benefit mothers and babies attending the hospital. Four community midwives (2.5 WTE) provide community midwifery services for women in community care areas 1, 2 & 3 of the Eastern Regional Health Authority. The midwives hold antenatal clinics in St. Michaels Hospital, Dunlaoghaire and the women who attend those clinics have the opportunity to return home within twenty four hours of a normal birth to be cared for by the community midwives they already know for up to five days. This service has considerable benefit for mothers and babies and also for the hospital in terms of reduction of pressure on postnatal beds.

During the year many midwives and nurses continued to study for Diploma and Degree programmes. The hospital is very grateful to the Eastern Regional Health Authority and the Department of Health and Children for generous funding for the continuing professional education of midwives and nurses.

Another very significant person in neonatal nursing in the hospital resigned during the year. Rosemary Roy worked in the neonatal unit for many years, laterally as a Clinical Midwife Manager 2. Rosemary made a very significant contribution to the development of the neonatal unit and was greatly valued as a teacher by her students and colleagues. After Rosemary attended the ICM Congress in Vancouver some years ago she instigated our now annual Service of Remembrance. We will miss Rosemary’s good humour, maturity and clinical excellence. We all wish her a
Neonatal Department

Unit 8 was very busy in 2002. The Unit provides a large number of services to babies born in the hospital and many others born nationally.

The total number of admissions to Unit 8 was 1064 infants. This represents a 16% increase on the corresponding figure for 2001. Much of this increase relates to the sickest and most vulnerable infants. Babies whose birthweight is under 1500g ... in 2002. This change over time is indicative of increased centralisation of high-risk infants and their services.

This change in the demographics of our patients and the workload that they represent has not been reflected in a commensurate increase in medical, nursing and paramedical staff. The Neonatal Sub-Committee of the Faculty of Paediatrics is presently examining the future manpower services required in Neonatology. The development of Neonatal Nurse Practitioners is long overdue. It represents one way in which the present neonatal nursing crisis can be overcome.

During the year, Unit 8 was actively involved in research. The Unit presented 4 papers at the European Perinatal Society in Oslo June 2002. Dr. Adrienne Foran delivered papers at the Paediatric Neurology Meeting, Washington October 2002 The Unit had 2 papers at the British Association of Perinatal Medicine in Reading, September 2002. The Unit was also well represented at the Irish Perinatal Society and Irish Paediatric Society meetings.

In 2002 Unit 8 received a high profile in a 4 part television series about Unit 8. The one-hour episodes were broadcast on RTE One between March 19th and April 9th. The series was well received and attracted a large nationwide audience. The cameras went inside Unit 8 and recorded how parents, staff and the tiny infants cope with the daily battle ... in providing care to ill newborns. It brought out the message that despite our best efforts some babies fare badly.

The National Neonatal Transport has become increasingly busy. Unit 8 shares this service with the Rotunda and Coombe hospitals. In the period March 2001-march 2002 a total of 174 critically ill newborn infants were transported. Babies were collected from 22 hospitals all over the country. The service is a major undertaking. A doctor and a nurse travels in a specially equipped neonatal ambulance. The journey time and stabilisation of the infant at the referring hospital means that the crew is often away for the whole day. Presently the service operates 7 days a week between 9am and 5 pm. There is pressure being mounted by referring hospitals to have it extended to a 24-hour facility. This, however, would require a substantial increase in funding and personnel.

The Specialist Registrar (SPR) Training Programme in Neonatology is now well established, each year 3 SPRs are taken on for training. This has necessitated an increase in the training and teaching undertaken by the consultant staff, the new ‘buzz word’ is mentoring. It is the process by which role models counsel and guide trainees. It is essential to the success of all training endeavours.
In service training has become essential for all our staff. In a workforce with a large turnover there are bound to be varying levels of skill and experience. Practical training programmes are needed to ensure that there is a universal high standard. Common Protocols and Guidelines are helpful in the formation of best practice. Unit 8 now has a 2-volume book of guidelines covering all day-to-day care of newborn infants. The Unit continues to hold weekly meetings at which new protocols are designed and old ones are revised.

The long-term follow up of very Low birthweight infants (<1500g) is another important activity being undertaken by the Unit. All infants are being recalled for a detailed examination and assessment at age 2 years. To date a total of 250 children have been fully assessed. The findings are very helpful for individual parents and their children. The data is invaluable in determining how these vulnerable infants fare over time. It highlights the specific and unique problems that they encounter. Based on our observations, proactive measures can be instituted to modify learning and educational obstacles. Unit 8 is now a member of the working party on ‘Research on Early developmental Care for Premature Babies in Neonatal Intensive Care Units’.

The number of infants born to refugee mothers remains high. Some of them are among the sickest infants that we had to treat over the past year. Culture and language barriers make communication more difficult. These mothers have immense personal problems and require substantial social worker involvement.

Another big problem is the number of infants born to narcotic abusing mothers. These infants suffer severe drug withdrawal symptoms after birth. The features include agitation, sweating, jittery movements, excessive crying and poor feeding. They require narcotic replacement and may take as long as 2 months to recover from the withdrawal effects.

Unit 8 was very busy in 2002. It continues to carry a heavy burden of work and responsibility for babies born in the hospital and many of those born elsewhere. It is a specialty requiring large numbers of skilled individuals and skilled technology. Better results will require more investment.

Dr. John F.A. Murphy, Consultant Neonatologist

Breastfeeding Support Services

Breastfeeding Support Services continue to develop with the drop in clinic on Friday mornings being well attended, and the service extended to mothers attending the routine baby clinic, Mon-Fri. We welcome all mothers to avail of the service before and after the birth of their babies, with infant feeding concerns.

Education for Staff continues with five Breastfeeding Management Courses completed in 2002. Tutorials also given to various staff groups ranging from short orientation sessions to most staff, to the 3 day Breastfeeding Management Course, for midwives, nurses and local Public Health Nurses.

Audit Of Patient Consultation

<table>
<thead>
<tr>
<th></th>
<th>2002</th>
<th>2001</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Consultations</td>
<td>1029</td>
<td>977</td>
<td>756</td>
</tr>
<tr>
<td>Total return visits</td>
<td>41</td>
<td>37</td>
<td>62</td>
</tr>
<tr>
<td>Total new clinic referrals</td>
<td>162</td>
<td>191</td>
<td>257</td>
</tr>
<tr>
<td>Total phone contacts</td>
<td>1467</td>
<td>1143</td>
<td>629</td>
</tr>
<tr>
<td>Follow-up complex cases</td>
<td>46</td>
<td>41</td>
<td>42</td>
</tr>
</tbody>
</table>

Follow up cases:

- Weight issues loss/gain/static: 46, 29, 23
- Sore nipples: 26, 1, 1
- Sore breasts mastitis: 9, 3, 3
- Thrush: 7, 1, 3
- Engorgement: 3
- “Feeding pattern”: 35, 2, 1
- Prematurity: 6, 0, 3
- Jaundice: 6, 0, 2
- General Support: 9, 2, 4
- Other (incl.- over-supply / relactation): 7, 3, 2

Total: 162, 41, 42

Early discharge and awareness of the service accounts for the case profile in 2002.

The Breastfeeding Initiative Team met 7 times in 2002. Projects completed included the breastfeeding Cassette / Tape – Breastfeeding – a gift for life.

“The Baby Friendly Hospital Initiative” award continues to be pursued. Following and Assessment in November, unfortunately we did not receive an overall pass and a renewal of the Certificate of Commitment was given for 2002. We hope to apply again in 2003.

Hospital Breastfeeding:

<table>
<thead>
<tr>
<th></th>
<th>2002</th>
<th>2001</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiation</td>
<td>4351</td>
<td>- (58%)</td>
<td>- (55%)</td>
</tr>
<tr>
<td>Discharge</td>
<td>4136</td>
<td>- (55%)</td>
<td>- (52%)</td>
</tr>
</tbody>
</table>

Nicola Clarke
Clinical Midwife Specialist – Lactation
Community Midwifery Service

The National Maternity Hospital’s Community Midwifery Programme continued successfully for another year, offering a hospital outreach Homebirth and ‘Domino’ service to women with low-risk pregnancies. Most of our clients are now self-recruiting having heard about the service through the media, relations and friends. The evaluation is expected to be launched March 2003. This project is a midwife-managed service.

Domino (DOMicilary care IN and Out) women have all their antenatal care provided by the team of eight midwives in our own clinic room in the hospital, in a midwives clinic in Ballinteer, or now in a new clinic in St. Michael’s Hospital, Dun Laoghaire. These women have a planned low-intervention hospital birth and are discharged 6-12 hrs later with postnatal care for 5-8 days in their own homes.

Homebirth
The homebirth service increased over the last year. We found that there was a dramatic decrease in the transfer of homebirths to hospital care for first time mothers, compared to last year. In Holland where 60% of the population opts for homebirth, 65% of the first time mothers transfer to hospital. The team feels competent and confident in the service we offer with an excellent back-up support by the hospital, ambulance and gardai.

The women in our care understand and sign a consent form for Homebirth and are aware of the reasons for transfer to hospital care. This year we added a paediatric physical examination to the consent form, so women are encouraged to have the baby checked. They feel confident in the knowledge that transfer means they become ‘domino’ and are looked after by the same team of midwives they know. They also can take early discharge 6 hours post-delivery.

The future
The future looks bright for home and Domino births. We have changed the emphasis of the service from natural childbirth, to midwifery led care. We do feel that natural childbirth, Homebirth and women’s choice is the way of the future.

Gynaecological Cancer Service
The main aim of the national cancer strategy (1996) is the provision of the highest quality, patient focused and integrated cancer service in this country. The Cancer Nurse Co-ordinator posts were sought to further develop and co-ordinate the cancer services and to implement the cancer strategy.

The Cancer Nurse Co-ordinators central function is to improve the co-ordination of cancer care through liaison with other professionals involved in the patients care both within the hospital and the community. The key functions are to provide information, support and advice, advocacy and to facilitate communication to cancer patients and their families/carers. Working as part as the multi-disciplinary team is paramount.

Siobhan Hollingsworth
Gynaecological Cancer Co-Ordinator

<table>
<thead>
<tr>
<th>Booked for Homebirth</th>
<th>Primigravidae</th>
<th>15</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Multigravidae</td>
<td>21</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Delivered at home</th>
<th>Primigravidae</th>
<th>11 (74%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Multigravidae</td>
<td>16 (77%)</td>
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</table>

<table>
<thead>
<tr>
<th>Domino</th>
<th>Primigravidae</th>
<th>125 (47%)</th>
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<tbody>
<tr>
<td></td>
<td>Multigravidae</td>
<td>84 (67.2%)</td>
</tr>
<tr>
<td></td>
<td>Normal Delivery</td>
<td>15 (12%)</td>
</tr>
<tr>
<td></td>
<td>Ventouse</td>
<td>8 (6.4%)</td>
</tr>
<tr>
<td></td>
<td>Forceps</td>
<td>18 (14.4%)</td>
</tr>
</tbody>
</table>

| Total booked | 311 |
| Total delivered | 263 |

| Multigravidae | 138 |
| Normal delivery | 1312 (95%) |
| Instrumental delivery | 3 (2.1%) |
| L.S.C.S | 4 (2.9%) |

Siobhan Hollingsworth
Gynaecological Cancer Co-Ordinator

The hospital has now commenced and early transfer home programme, which will allow straightforward women to go home 48 hrs post delivery. This will relieve the bed crisis in the hospital but more importantly will also offer quality postnatal midwifery care to women and their families in the comfort of their own home.

Margaret Hanahoe
Co-Ordinator, Community Midwifery Team
Clinical Support Services Reports

Antenatal Education Department

Antenatal classes are carried out as a team effort with midwives, physiotherapists and dieticians. They play an enormous role in alleviating the fears and anxieties associated with pregnancy and delivery.

There is a great demand for classes here at the hospital, particularly for couples classes. There are thirteen courses running each week, some of which include partners with two classes in the evening at 5.30pm. In 2002, there was a total of 108 courses consisting of seven classes with an attendance rate of 50%.

The course of classes covers all aspects of labour in detail and mothers are educated in the technique of breathing and relaxation. There are also refresher classes for multigravidae and one class a month for mothers who have had a previous caesarean birth. There is also one class every two months for mothers expecting twins or triplets. Mothers and their partners are also taken on a one to one basis if it is necessary.

We also provide postnatal baby classes and are involved in the education of midwifery students, medical students and registrars.

It is very beneficial to us to visit mothers post delivery, their feedback is very informative. It also guides us in the future planning of courses so they will meet with our consumer’s satisfaction.

Margaret Fanagan
Antenatal Education Department

Bereavement Liaison

The position of Bereavement Liaison Officer is a new role in the hospital and involves close communication with many hospital departments including Wards, Chaplaincy, Social Work, Pathology and Medical Records. Contact is also maintained with funeral directors, counsellors, Miscarriage Association, ISANDS and Bereavement Liaison Officers in other institutions.

The Bereavement Committee was set up in May 2002. This committee meets every 4-6 weeks to discuss bereavement issues arising in the hospital. Policies, procedures and guidelines are continuously monitored and adjusted to ensure the best possible service for hospital patients.

A Policy and Procedure Committee has been set up to examine guidelines for dealing with all aspects of bereavement in all areas of the hospital. All units dealing with bereavement are represented and it is hoped that a booklet with shortly be produced outlining in detail how bereavement issues are to be handled.

The Bereavement Database has been modified to record all losses within the hospital. Information for the year 2002 has been inputted and data for 2001 is ongoing. Current data will be inputted on an on-going basis and will facilitate prompt, accurate response to patient queries. The comprehensive data will be audited regularly and may be used for research purposes.

Education Sessions are held with each new intake of Midwives and NCHDS, to clarify the procedures in the hospital regarding all aspects of loss and to ensure that all staff have a clear understanding of the processes involved. The feedback has been very positive.

A Book of Remembrance is now in place and displayed in a specially designed cabinet in the hospital Oratory. All perinatal deaths are carefully recorded in calligraphy on dated pages. Parents may at any time view the page recording their baby’s death and this has been a great source of comfort to them.

Majella Flanagan
Bereavement Liaison Officer

Chaplaincy Department

The Chaplaincy Department is staffed by one full-time chaplain, Sr. Eliza Hopkins and one part-time chaplain Sr. Cecelia Foley. The parishes of Westland Row and City Quay undertake an on-call service for nights and weekends.

Church of Ireland Clergy and ministers of other denominations visit the hospital regularly and on request. Our Oratory is on the first floor at the top of the main stairs. Everyone is welcome to visit there for quiet moments of relaxation and prayer. Mass is celebrated on Sundays and Holy Days.

The Chaplains offer all patients, relatives and staff the spiritual support of their faith tradition. Chaplaincy is both a pastoral ministry of the churches and an integral and necessary part of the whole healing process. There is a service of commitment to patients, their families and the staff of the hospital, embracing both a sacramental and pastoral-counselling ministry. In this way the chaplain is seen as complementing the work of other hospital personnel in the common task of providing a service of total patient care.

The pastoral care of patients after early and late pregnancy loss takes up much of the Chaplain’s time. Every effort is made to ensure that the parents and family are given the time, space and support they need to express their grief and loss in a healthy and healing way.

In this time of distress parents are encouraged to express their feelings in whatever way they can; name their baby; save mementoes; see and hold their baby; involve other children (if any) and plan the funeral. Time is also given to explaining support groups, discussing the grief process and suggesting appropriate follow-up. The wishes of the parents are facilitated in every way possible. In all of the above the Chaplain works closely with other members of staff.

The Remembrance Service was held in November 2002 in St. Andrews Church Westland Row, was a great success again this year. The attendance was higher than usual and the event was very well supported by hospital staff members whose help was invaluable. Feedback from parents was very good, confirming our belief that this is a very worthwhile exercise.

The Bereavement Liaison Officer will continue to function as an advocate for parents, ensuring their voice can be heard within the system, and will provide parents with information and access to the services and support they require in dealing with their loss. As this is a new and developing position, I would like to thank all my colleagues within the hospital for their continuing support.

Margaret Fanagan
Antenatal Education Department

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The Remembrance Service was held in November for the parents whose babies died before or around the time of birth. This took place in the Church of St. Andrew Westland Row. It was a very healing and meaningful experience for
The year 2002 was again a busy year for Clinical Engineering. It saw a smaller increase in workload than in the previous year. This was due primarily to some problematic equipment being replaced and improvements in the in-house service scheduling.

With Clinical Engineering’s commitment to assisting in research, 2002 saw the implementation of a system to monitor fetal heart rate directly after delivery and retrieve this data for analysis. This was part of the ongoing neonatal heart rate study.

2002 also saw the introduction of new volumetric infusion devices into delivery ward to replace the obsolete units. These new devices had been selected in the previous years extensive trial. This introduction was the first of new equipment to use the department’s new acceptance testing and logging procedures that are an integral part of the department’s new document management system. We also saw the introduction of the Sensormedics High Frequency Oscillator into the N.I.C.U. and as such Clinical Engineering had a significant role to play in the education and training of nursing and clinical staff in its use and application.

2002 saw the department’s continued support of the National Neonatal Transport system, and we have been actively involved in the design of a nitric oxide delivery system for use during transport.

One of the other main areas of Clinical Engineering involvement has always been with training. 2002 saw the training role provided to staff increase. Training from volumetric infusion courses for new staff to high frequency oscillation talks to the N.I.C.U. staff.

Karl Bergin,
PCET, Dept. Of Clinical Engineering

Sr Eliza Hopkins
Chaplain

The year 2002 saw a huge increase in the number of refugees and asylum seekers attending the hospital. Responding to the different cultural needs presented and the fact that many of them have not been integrated into their own local parishes has presented new and challenging situations for this department.

We are now in the process of making the mortuary chapel more welcoming and hospitable. A wall-to-wall carpet has been laid, the double couch for the parents is in place and curtains are on the way. Further down the road we plan to get air conditioning installed and the windows double-glazed to eliminate noise from the street.

Sincere thanks to Fr. Arthur O’Neill and Fr. Paul St. John for their commitment to the Chaplaincy Services in the hospital. The support and encouragement of all the Staff and Management is deeply valued. The very valuable contribution given voluntarily by Ms. Patricia Hennessy to Pastoral Care is acknowledged and greatly appreciated.

Sr Eliza Hopkins
Chaplain

During the year the number of parents requesting Baptism for their babies increased, as did the number of funeral services conducted. More and more parents who experience loss through miscarriage are aware of the spiritual and emotional benefits of the celebrating their baby’s life and death and this is ritualised in the form of a “Naming Service”.

The large number of parents and families who attended. A special cabinet was designed and made to accommodate the Memorial Book and this was placed in the Hospital Oratory on the 1st. November, Feast of all the Saints. The names of the babies who died in this hospital will be written in the book with the parent’s permission.

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Department of Clinical Nutrition and Dietetics Annual Report 2002

The Department of Clinical Nutrition and Dietetics consists of 2 separate dietetic specialties. One part-time dietician (Pauline Gibney) specialising in maternal and women’s health.

One neonatal dietician (Roberta McCarthy) who is full-time since January 2002 in the Neonatal Department.

Neonatal Nutrition and Dietetics
Referrals are accepted to review and follow-up, as in-patients and / or out-patients, infants for whom there is any concern regarding nutrition. These include premature and low birth weight infants, infants with feeding intolerances and allergies, infants whose growth is faltering and any other infants for whom there is a nutritional / dietetic concern. Follow-up involves liaising with other staff members, parents / carers and local services etc. The role also includes developing evidence-based guidelines for best practice and acting as a resource of information regarding neonatal nutrition.

Maternal / Women’s Health
Diabetes
The Dietetic clinic is held on Friday mornings. The clinic provides a service to diabetic patients who become pregnant and to those who develop gestational diabetes during the course of the pregnancy. In-patient care is also provided for those who require admission to the hospital.

Antenatal Education
Dietetic advice is given to women in the antenatal classes. An initial class focuses on healthy eating during pregnancy. Towards the end of pregnancy families are given advice on infant feeding. The hospital encourages breastfeeding and the dietician is part of the team supporting this.

Specific conditions which require dietetic input include obesity, polycystic ovarian syndrome, amenorrhea as a result of excessive weight loss, urinary or faecal incontinence and endometriosis.

Education
The dieticians are involved in helping with the education of medical, midwifery and dietetic students.

Occupational Health Department
The Occupational Health Department is a small and unique department within the National Maternity Hospital. Its main purpose is to promote the health and welfare of the staff of this institution. The staff are our patients or “clients”. 2002 saw the Occupational Health team strive to provide a continuously improved service. The aims are to deliver a top quality service in terms of standards within our field, accessibility, availability, to reach out to staff concerns regarding their health and safety, and to work with staff and Management to find solutions to issues that arise.

Services provided:
Pre-placement health assessments: This core duty has responded well to the changes in recruitment practices. There is now a smooth system of processing medical assessments performed in the home country of emigrant staff and assessed here in the National Maternity Hospital. The total number of assessments decreased by 7% over 2001 but still equal to those for 2000.

Physician assessments: The Physician saw approximately 160 staff members. Staff members are generally referred by Management or can self refer. The assessment is carried out with a general medical evaluation, MRSAscreening, pregnancy risk assessments and support to staff in times of difficulty either at work or home.

Occupational injuries:
Sharps related injuries totalled 47 in 2002, which is an increase of 1 over 2001. In addition to the management of the injuries Sr. Nancy O’Neill investigates each and every sharp related injury to identify the cause and where possible to put in place control measures to prevent a repeat of similar injuries. The Occupational Health Department has looked at a safer phlebotomy system and this will be introduced in 2003.

Vaccination clinics:
446 attendances were recorded to the Hepatitis B clinic this year. All staff receive written notification of their immune status when the programme is completed. In addition, the Varicella vaccination programme was commenced in 2002, which is offered to all non-immune staff.

Flu vaccination programme: was once again offered during the autumn to all staff. A disappointing uptake was recorded with only 15.3% of staff availing of the vaccine.

Health Promotion: Activities included National No Smoking Day, National Healthy Eating Week and Hospital Challenge Day. Sr Nancy O’Neill presented a poster at the tenth International Conference of Health Promoting Hospital in Bratislava in May 2002. The title of the study was “Immune Status Assessment - a comparison between Irish and Foreign-National Healthcare workers”. As a result of this study the Varicella Vaccination Programme was commenced.

Staff support: Continues to be co-ordinated by the Occupational Health Department. In addition to our own in-house service we have also continued our links with an outside Psychotherapy/counselling service.

Both Dr. Sheelagh O’Brien and Sr. Nancy O’Neill continue to contribute to the Infection Control Committee and the Manual Handling Training programme. We appreciate the support given to the Department by staff at all levels in doing our job during 2002.
Pathology and Laboratory Medicine

The number of specimens received in the laboratory in 2002 was 123,994 - an increase of 9.3% on the previous year. This increase was the highest recorded in over ten years and has contributed to additional pressure on the lack of space in the laboratory. I alluded to these difficulties, particularly in Biochemistry, Haematology, Blood Group Serology and the Post Mortem/Mortuary facilities in previous reports. I regret to report that no further progress has been made to alleviate this problem.

On the other hand I am happy to report that financial resources were made available during the year to enable the department to embark on phase one of a three year development plan to improve the laboratory information system. This progress is to be welcomed and it is hoped this plan will continue to be funded in order to complete phase two and three this year and next.

Replacement of ageing equipment and the introduction of new technology has now become a priority. With the hospital population continuing to increase, the additional demand on laboratory resources will necessitate reassessment of the capability and efficiency of such equipment. Automation of the blood group serology process in particular, is long overdue. International blood transfusion science expert opinion strongly recommends this conversion.

Physiotherapy Department

The department had another busy year in 2002. We saw 2,400 adult patients requiring 4,127 treatments and 279 babies requiring 783 treatments - (5% increase on 2001). The department is staffed by two full time senior physiotherapists, Jill Andrews (Manager), Judith Nalty and two senior physiotherapists job sharing, Theresa Fitzmaurice and Lesley Anne Ross. Emma Casey helps us at weekends. We were ably assisted by our locums, Martha Kennedy Love and Sarah Galvin.

Physiotherapy Services for in patients provide -
(a) Ante and post natal treatments on wards for specific conditions.
(b) Assessment and treatment for patients post caesarean section.
(c) Pre & postoperative treatment in gynaecological unit.
(d) Paediatric physiotherapy in the neo natal unit and on postnatal wards.
(e) Post natal exercise classes.

Physiotherapy Services for out patients provide -
(a) Physiotherapy input into antenatal classes for Primigravida and Multigravida women and partners.

Drug Information

Drug information queries are handled by the pharmacy. These arise at ward level or from the clinics. We frequently get telephone queries from the public and other health care professionals. This reflects the difficulties experienced by allied professions in sourcing information on drug use in pregnancy and breastfeeding. Queries regarding drugs and doses for use in neonates are also common.

Lecturing

The chief pharmacist participates in lecturing to the midwifery staff on Breastfeeding and Drug Administration and also sits on the committee for Drugs and Therapeutics and Infection Control.

A chief pharmacist, a clinical pharmacist, a part-time pharmacist and a full time technician staff the pharmacy department. This year we welcomed Ms Noreen O Callaghan to the staff as clinical pharmacist to the Special Care Baby unit.

Robin Farquharson
Chief Technologist

Pharmacy Department

The pharmacy department has had another busy year providing a range of services.

Inpatient and Outpatient Services

The pharmacy dispenses to wards on a daily basis. Outpatient and staff dispensing services are also provided. Procuring products and maintaining continuity of supply is increasingly difficult as drug companies merge and decrease their product range. We continue to develop links with community based services to ensure continuity of care for our patients after discharge.

Chemotherapy

Nineteen patients were treated with chemotherapy primarily for ovarian cancer.

Neo-Natal Services

The Neo-Natal Unit continued to be busy. The pharmacy staff are actively involved in stock control and chart review thus ensuring that policies are implemented. Provision of protocols and drug information is an important function of pharmacists as treatments become more complex in this group.

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Dorothy Mc Cormack
Chief Pharmacist

Dr. Ruth Friel, Director of the National Haemovigilance Programme.

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(e) Post natal exercise classes.

Physiotherapy Services for out patients provide -
(a) Physiotherapy input into antenatal classes for Primigravida and Multigravida women and partners.
Pregnancy Yoga Classes

Yoga is now part of the antenatal education programme. It provides a holistic form of therapy for pregnancy and childbirth. Many women come to yoga during pregnancy for the first time, looking for a way to stay strong and healthy. Yoga teaches them how to focus inside themselves rather than what is happening around them. This is achieved by proper breath awareness focusing on the exhalation. The breath is also used as a tool to help strengthen the control of the mind over the body. Through co-ordinated stretching the body is strengthened and improves stamina for labour. A deep relaxation and visualisation at the end of the class helps to develop a greater sense of strength, peace and security around the whole process of giving birth. Whatever happens during labour and delivery, even if complications arise, practising yoga throughout pregnancy is the best way to prepare for a speedy recovery and return to normal. The classes are now running four years. There are 4 classes weekly, 1 early morning, 2 lunchtime and 1 evening class. Each course is 8 weeks and booking is essential. Postnatally a qualitative and quantitative questionnaire is sent to all attendees with very positive results.

I believe yoga reveals the transformative powers of pregnancy and is the catalyst by which we build a firmer, healthier future for our children- ‘from within’.

Carmel Flaherty
Midwife/ Yoga instructor

Radiology Department

The Department of Paediatric Radiology was established in 1984 with the appointment of a Paediatric Radiologist. The department has developed over the years and now provides a range of services to the hospital’s paediatric patients but recently with the development of gynaecology in the hospital, the demand for an adult service has increased. As a result, an adult Radiologist was appointed and commenced in May 1999.

A total of 3641 radiographic examinations and 3082 ultrasound examinations were performed in 2002.

Services provided for Paediatric Patients

- General radiographic examinations on all neonates admitted to the Intensive Care Unit and the Nursery and to all babies attending out-patient clinics. The majority of this work is portable radiography.
- Fluoroscopic Gastrointestinal Contrast studies on all babies admitted to the hospital and attending out-patient clinics.
- Micturating Cystogram studies on all infants attending the hospital.
- The service of an up-to-date ultrasound machine with full colour doppler capability is provided to in-patients and out-patients attending the hospital. Again the majority of these studies are portable examinations.
- Ultrasound examinations on infants at risk for congenital dislocation of the hip has replaced the hip radiograph in our department and is available to patients of the hospital.

Services provided for Adult Patients

- General elective and emergency radiographic examinations on all adult patients.
- Intravenous Urograms and selected Fluoroscopic Gastrointestinal Contrast studies as required.
- Elective out patient Hysterosalpingography.
- Limited ultrasound service. Referrals are currently limited to all patients referred by National Maternity Hospital Consultants. The types of examinations are limited to upper abdominal examinations and transabdominal and transvaginal pelvic examinations. Emergency ultrasounds (including Doppler ultrasound) are performed at St. Vincent’s University Hospital.
- Elective and emergency CT examinations via the Department of Radiology, St. Vincent’s University Hospital.
- MR examinations via the Department of Radiology, St. Vincent’s Private Hospital. Examinations include MR staging of cervical cancer and uterine cancer, MR characterisation of ovarian masses and MR Urography.
- Interventional radiology procedures via the Department of Radiology, St. Vincent’s University Hospital. Procedures include emergency nephrostomy and abscess drainage.

Radiographic Studies

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</tr>
<tr>
<td>Infants</td>
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</tr>
<tr>
<td>Adults</td>
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Social Work Department

The Social Work Department offers a personal social service based on a holistic approach to patients and their families. This is provided in conjunction with other colleagues in the Hospital. In 2002 the Social Work Department met with 1607 individuals and family members.

The Social Work Department is staffed by the Head Medical Social Worker and four Medical Social Workers. The temporary appointment of the fourth social worker in 2002 was in response to the increased demands in the numbers of asylum seekers and refugees attending the Hospital. There is a full-time and part-time administrator giving clerical and administrative support to the Department. A new Senior Practitioner Post was implemented. Meg Fitzgerald, Senior Practitioner has now left the Department. Her contribution to the Department is appreciated and good wishes to her in her new post. Ruth Byrne and Aine Hutchinson joined the Department.

In child protection work the social workers work with parents and liaise with Community Care colleagues. This is informed by the Children First guidelines.

The social workers work in liaison with the chaplaincy and the new Bereavement Liaison Office, doctors/nurses and pathology staff in offering a service to bereaved parents. Social workers are aware of the need for an ongoing support services for patients and their partners who have experienced death of a child. There is contact with ISANDS and the Miscarriage Association and bereavement support agencies.

The Head Medical Social Worker attends the Hospital Bereavement Committee. The Department was involved in the organisation of the Memorial Service with other staff members.

The Social Work Department provides ongoing counselling and support in the area of teenage pregnancies, counselling for non-marital parent, crisis pregnancy, addiction, domestic violence and mental health. The demands in the tracing and reuniting of birth parents and their children continue. There was one reunion of a birth parent and her child in 2002.

Support and counselling is offered in the area of pre and post HIV testing. The policy of routine testing for parents has resulted in positive results for people who have not considered themselves at risk. This has been traumatic for some women. We liaise with medical staff and with other colleagues in St. James’s Hospital. Joan Jones Medical Social Worker represents the department in the HIV counsellors group.

Niamh Milliken, Medical Social Worker continues to offer a support service for parents and their babies on Unit 8, Special Care Baby Unit.

The Department is involved in the consolidating of guidelines in practice for relevant areas.

The Social Work Department is building up a database of services and regularly invite other professionals from different agencies to Team Meetings to inform us of their services.

The Social Work Department was involved with the Women’s Health Unit and Ursula Brennan in the organisation of a Post Natal Support Group. Regrettably this was not sustainable, as women did not avail of the group.

The social workers as part of their education role give lectures to medical and nursing students. A presentation was made to the Clinical Conference on the issue of Domestic Violence. This was done jointly by Loretto Reilly, Head Medical Social Worker and Ursula Byrne, Midwifery Tutor.

The Social Work Department hosts an inter-agency meeting with members of other maternity Hospitals, representatives from Eastern Regional Health Authority and the Department of Justice on a bi-monthly basis.

The Department also continues to provide information on a wide range of subjects, welfare entitlements and referral to outside agencies.

The Social Work Department liaised with the Children First trainers in Community Care and there were five sessions organised for all staff on the implementation of the Children First guidelines.

The Head Medical Social Worker is a representative on the Council of Treoir. (Federation of Services for Unmarried parents and their children).

Our secretary, Nicole Adams has worked with Roisin Moriarty in setting up a computer database for statistical purposes.

In the latter half of 2002 it is regrettable that the service for patients on infertility treatment ceased. It is hoped that this can be addressed in the coming year.

In this challenging time for the Social Work Department I would like to express my thanks to the Social Work Team and our administrators for their consistent commitment and service to the patients who attend the Department. Thanks also the other members of the Hospital with whom we work.

Loretto Reilly
Head Medical Social Worker

<table>
<thead>
<tr>
<th>Ultrasound Studies</th>
<th>1082 examinations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants</td>
<td>2240 (986 hip studies)</td>
</tr>
<tr>
<td>Adults</td>
<td>842</td>
</tr>
<tr>
<td>Total Examinations for 2002</td>
<td>6723</td>
</tr>
</tbody>
</table>

Included in the above examinations are:

- Infant Micturating Cystograms | 17
- Infant Barium Series | 55
- Intravenous Urograms | 10
- Hysterosalpingograms | 49
- Adult Cystograms | 3

Dr. Veronica Donoghue,  
Consultant Paediatric Radiologist

Dr. Risteard O’Laoide,  
Consultant Radiologist

Ms. Mary Corkery & Ms. Roma English  
Senior Radiographers
Medical Education Reports

Royal College of Surgeons in Ireland

Undergraduate students from the Royal College of Surgeons attended the National Maternity Hospital for their eight week rotation in Obstetrics, Gynaecology and Neonatology between in January/February and November/December 2002. Twelve students in each group attended. Again, the students have responded very well to their time in the hospital.

The teaching programme is co-ordinated by Dr Orla Sheil, (Obstetrics and Gynaecology) and Dr John Murphy (Neonatology). Staff from all areas of the hospital take part in the programme. However, the significant contribution of the R.C.S.I lecturers, Dr Usha Bohra (Obstetrics and Gynaecology) - January/February 2002 and Dr. Soha Said - November / December 2002 (Obstetrics and Gynaecology) and Dr Muireann Ni Chroinin (Neonatology) - January / February 2002 and Drs Paul McNally and Aisile Waters - November / December 2002 (Neonatology) is much appreciated.

All students who attend the hospital passed the final obstetrics and gynaecology exam with 50% achieving honours grades and two students achieving first class honours. One student, Mr. Ande Yeung, was awarded the National Maternity Hospital medal for achieving the highest marks amongst the students who attended the National Maternity Hospital, in their final obstetrics and gynaecology exam at the R.C.S.I. This excellent performance reflects the enthusiasm of all those taking part in the teaching programme for which I am very grateful.

The analysis of the data for the randomised control trial in admission cardiotocography was completed, submitted and accepted for publication by the Lancet. Dr. Bohra presented research on decision to delivery intervals at the Irish Perinatal Society.

It was still not possible to increase the number of students from the R.C.S.I attending the National Maternity Hospital. However, endeavours continue in this regard along with efforts to provide the full six months R.C.S.I teaching programme.

Dr Orla Sheil

University College Dublin, Department of Obstetrics and Gynaecology

Undergraduate students attend the hospital for a period of eight weeks during their final year. The Programme is co-ordinated with university lectures to provide a comprehensive grounding in all aspects of reproductive medicine.

The John F. Cunningham medal is awarded annually to the student who graduates with the highest first class honours mark in Obstetrics and Gynaecology together with overall honours in the final examination. The Kieran O’Driscol prize is also awarded each year to the student who attains first place in the subject.

Professor Colm O’Herlihy

General Support Services Reports

Arts Office Report

George Sharp’s, “Boy and Bear,” (1864) hanging on the 1st floor, duly appeared in Ireland’s Painters 1600 - 1940. Shortly after more exposure was given to it in the Irish Arts Review as it happened to be the artist’s bicentenary year; this particular painting is a fine work by this little known artist.

A patient made contact with me as she was writing a biography of nurse Elizabeth O’Farrell as part of her research into women involved in the Easter Rising. She had heard there was a plaque somewhere in the hospital in her memory. Indeed there is, on a staircase, erected in 1968 and furthermore I could inform her that a medal in her name is given every year.

When Sinead McCools book is published these details will be included and the NMH will once more appear in print with a historical connection.

We received a few works of art and kind words about the existing art environment from a number of happy families and we have also been able to acquire a few pieces for the newly decorated Gynae Clinic.

The children’s exhibition from the National Gallery has finally arrived and is installed on the ground floor corridors. New lights will be added shortly. By waiting this long we are now able to have it for at least two years. Which makes it all worthwhile.

I know we still have a sculpture “resting” in the yard, but with a bit of luck a technician from IMMA will help us out in the near future and it will be moved indoors.

Tove Flanagan
Arts Officer
Backcare and Ergonomics Programme

This programme has been running in the hospital since November, 1993 starting with 2 trainers and now we are up to 8 trainers. Our team includes both midwives and physiotherapists.

The midwives include: Carmel Flaherty, Nancy O’Neill, Mairead Greene, Ciara Macken and Geraldine Canny. The physiotherapists include: Jill Andrews, Judith Nally and Teresa Fitzmaurice.

We run both full patient and non-patient lifting and handling courses. All categories of staff are obliged to do this training with a refresher after three years.

I pleased to say we a huge bulk of the staff trained at this stage and are running courses monthly for new staff members and refresher staff.

We have purchased mechanical aids e.g. rollarboards, sliding sheets and a hoist to protect staff from injury. We endeavour to improve best practice at all times.

Catering

The Catering Department had a particularly busy year in 2002.

Our commitment to maintaining the highest standards and service, was shatterd by the report from the Environmental Health Officer, which led to the total withdrawal of all cold food services to patients and staff, due to the lack of adequate refrigeration storage, and suitable trolleys for distribution of food to patients.

However, Mr Lenihan, Secretary Manager, requested approval of Capital Grant towards the upgrade of the Catering Department. The Eastern Regional Health Authority granted funding late in 2002 for which we are very grateful. The necessary Procurement processes have commenced and normal services will be restored in 2003.

Works will involve the complete refurbishment of the Catering Department, in compliance with HACCP, and the EC Hygiene of Foodstuff Regulations 2000.

On the positive side during the year, Patricia Kennedy an Assistant Catering Officer joined the team. Patricia’s main responsibilities are in the area of food Hygiene and the implementation of HACCP (Hazard Analysis Critical Control Point). She has gained her experience in the Coombe Women’s Hospital and St. Luke’s and is a welcome addition to the team.

I would like to thank all the Catering Staff for their work and support and my manager colleagues Neil Farrington and Gerry Adams for their assistance during this difficult period.

Margaret King
Catering Manager

Casemix Programme

The Irish Casemix Programme is a national programme in the acute hospital sector and has been used by the DOHC in funding part of those hospitals allocations for about 10 years.

The DOHC has now included the three Dublin Maternity Hospitals within the National Casemix Program for funding purposes and have indicated that it is their intention that part of the Hospitals funding will be allocated through the Casemix Program commencing in 2004 based on activity and costs for 2002.

Casemix is the Comparison of Activity and Costs between hospitals by measuring individual hospital output. This data is then used to compare the average costs for each type of case to the average costs of all other Hospitals in the group for the same case.

Casemix combines two areas of Hospital activity (HIPE) and costs (Specialty costing).

HIPE (Hospital Inpatient Enquiry)

HIPE deals with the coding and classification of the Hospitals activity using internationally designed and recognised coding models and has been in use in this hospital for some years now. The source data for HIPE is the patient chart.

Inpatient, Day case and Outpatient episodes are all currently treated differently in Casemix and therefore it is important to separately identify them and classify them accordingly.

Specialty Costing:

Specialty costing involves a process of analysing and reallocating Hospital costs firstly to individual departments within the hospital and then further analysis to allocate the costs to the individual specialities (and eventually to individual procedures within Casemix).

This area of cost allocation requires substantial detailed work and liaising with many departments to assess the analysis of their provision of service to each of the specialities.

The success of Casemix is dependent upon the participation and cooperation of many staff including clinicians, nurses, and paramedical and coding staff.

Funding will be based on the quality of the data that we provide and the Hospital attaches great emphasis and importance to both the HIPE/Specialty Costing Program.

National Maternity Hospital Casemix Group

The group consists of representatives from Finance, HIPE, IT, Patient Services, Medical personnel and also representatives from the Casemix and Specialty costing units in the DOHC.

This group has already commenced its work in assessing workloads and costing them appropriately.

All departments continued co-operation is essential to the ability of the Hospital to successfully compete for funding within the Casemix budget Program.

Tommy Hayden
Management Accountant

National Maternity Hospital Report 2002
Facilities Engineering Department Reports

The Facilities Engineering Department comprises of Clinical Engineering, Environmental and Engineering Departments. The prime responsibility of the department is to maintain the fabric and structure of the hospital buildings together with the mechanical, electrical and equipment services contained within. Such services include Power, Light, Heating, Water, Medical Gases, Drainage, Lifts, Waste, Energy, Electro-Medical devices, Environmental Management and Emissions. As one can imagine such services have very demanding requirements and are essential in order to sustain a modern hospital environment in which patients can be treated effectively.

I would like to take this opportunity to thank the staff and Managers of the Facilities Engineering Department for their hard work and assistance during the year and look forward to the challenges of a new year. I would also take this opportunity to thank the staff of associated departments within the hospital for their assistance and support during 2002. I would also like to thank the many third party companies who contribute to the on-going works within the National Maternity Hospital for their help and assistance.

Neil Farrington  
Facilities Engineering Manager

Engineering

In 2002 the Engineering department responds to requisitions for works covering plumbing, electrical, mechanical and carpentry services among others. Workloads have increased again this year by 6%. This increase in works may be attributed to the aging fabric and structure of the building, a rise in staff and patient expectation and the number of patients attending the hospital. Including Planned Preventative Maintenance calls (PPM) the number of works responded to exceed the 19,000 mark in December 2002.

2002 saw an ambitious program of works undertaken. Projects such as the refurbishment of the Menzies Wing & Gynaec Clinic refurbishment among others were completed. The department was heavily involved in strategy planning and concept developments in line with development control plan needs (DCP) on site at the hospital. We undertook a maintenance survey of all wards, units and departments, the results of which were tabulated and submitted for approval budget 2003.

Frederick Byrne  
Engineering Supervisor

Environmental Management

The Environmental Management section of the Facilities Engineering Department is responsible for the implementation of an Environmental Management System including areas such as waste management, energy management, water consumption and discharges to drain management, pollution to atmosphere, land management and contamination. The development of an environmental policy, procedures & instructions, training, information and awareness, communication, data records, etc. are part of the day-to-day running of the Environmental Management section of the Facilities Engineering Dept.

The objectives are to decrease as far as is reasonably practicable, the adverse effects of the environmental impacts the NMH has on its environment.

Co-operation of all Staff Members is necessary to implement an effective Environmental Management System. As a leading hospital in terms of Environmental Management, the National Maternity Hospital published an article in the Irish Medical Journal, entitled “The Road to a Greener Hospital” (S. Duputié, N. Farrington, March 2002) and participated in the “Environmental Management Seminar for Hospitals” organised by Dun Laoghaire - Rathdown County Council in November 2002.

Waste Management

Costs of waste disposal have risen significantly in 2002: the cost of disposal of healthcare non-risk waste, general healthcare risk waste and special healthcare risk waste have increased of respectively of 64%, 34% and 204%.

Emphasis was made on training and communication, with special waste information communicated to all Staff Members during the Repak National Recycling Week (30/09 to 04/10/2002).

Figures breakdown for waste disposal and recycling for the year 2002

<table>
<thead>
<tr>
<th>Waste type</th>
<th>Quantity disposed of (recycled) 2002</th>
<th>Quantity disposed of (recycled) 2001</th>
<th>% of increase decrease in 2001 compare to 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare non-risk waste</td>
<td>210 tons</td>
<td>208 tons</td>
<td>1%</td>
</tr>
<tr>
<td>Clear glass recycling</td>
<td>3,4 tons</td>
<td>4,5 tons</td>
<td>-24%</td>
</tr>
<tr>
<td>Cooking oil</td>
<td>200 L</td>
<td>Not recycled</td>
<td></td>
</tr>
<tr>
<td>General healthcare risk waste</td>
<td>96 tons</td>
<td>82 tons</td>
<td>+17%</td>
</tr>
<tr>
<td>Special healthcare risk waste*</td>
<td>3,200 Kg</td>
<td>324 Kg</td>
<td>+888%</td>
</tr>
<tr>
<td>Liquid/ solid chemical waste</td>
<td>2,040 L</td>
<td>1,970 L</td>
<td>+3.5%</td>
</tr>
<tr>
<td>Electric and electronic waste</td>
<td>2,118 Kg</td>
<td>767 Kg</td>
<td>+176%</td>
</tr>
<tr>
<td>Batteries</td>
<td>165 Kg</td>
<td>No collection</td>
<td></td>
</tr>
<tr>
<td>Fluorescent tubes and waste containing mercury</td>
<td>134 Kg</td>
<td>151 Kg</td>
<td>-11%</td>
</tr>
</tbody>
</table>

* Special waste disposal were undertaken for the Laboratory Department, explaining the large increase of production of special healthcare risk waste in 2002.

Recycling will take a more predominant part in the National Maternity Hospital’s waste management in the future.

Energy Management and Indirect Emissions to Atmosphere.

In 2002, the NMH used 3,540,000 kWh of electricity (3,576,000 kWh in 2001, -1%), indirectly producing 1,008 tons of CO2 equivalent (Global Warming Potential GWP, taking account of the 3 major greenhouse gases, CO2, CH4 and N2O – based on fuel oil).

The consumption of natural gas was 134,000 kWh (140,000 kWh in 2001, -4.2%), leading to the indirect production of approximately 26 tons of CO2 equivalent (GWP).

From the 23rd to the 27th of September took place the Energy Awareness Week. Information was given to all Staff Members via emails and the environmental notice boards, on how to save energy within the hospital, but also at home. Information was given on themes such as efficient lighting, efficient water heating, how to choose electrical appliances, how to save energy in the kitchen, etc.

Information was also provided to all Staff Members during winter months re the Winter Demand Reduction Incentive (WDRi) installed by the ESB.

Water consumption.

The water consumption figures for 2002 indicates an average of 20,300 m3, based on the NMH own readings (22,000 m3 in 2001, -7.7%), equivalent to a consumption of approximately 220 L/ bed/ day.

Following the over-estimation of water consumption for the past number of years (See NMH Annual Report 2001), a substantial rebate was allocated to the National Maternity Hospital in 2002.

Severine Duputié  
Environmental & Greencode Officer
General Services Department

The General Services Manager is responsible for the provision and development of all Support Services. Areas of responsibility include Portering, Household, Security, Health & Safety, Car Parking, Laundry, Communications and Waste Management, etc.

Early in 2001, following a review of our Catering Department by the ERHA a detailed submission for funding was made. This funding was necessary in order to comply with an Environmental Health Officer's recommendations and for the implementation of the Hospitals HACCP systems and procedures.

In the absence of funding the Hospital proceeded and appointed an additional Assistant Catering Officer for the development and implementation of the Hospitals HACCP programme. However, during 2002 Equipment/infrastructure failures and further visits from the Environmental Health Officer led to the total withdrawal of all salad service for Patients and Staff.

Our persistent requests for funding eventually paid off late in 2002 when we received confirmation that 381,000 Euro was being made available for these essential works.

Upgrading our catering facilities is a major project. Works will involve the complete refurbishment of all Ward Kitchens, the Staff Canteen, the Main Kitchen and the replacement and introduction of various catering equipment. However, all stakeholders are delighted to receive this funding and will work closely together to ensure that maximum benefit is derived from this long-awaited funding.

As we all know, Security is an important consideration for all Hospitals and perhaps more so for Maternity Hospitals who have the additional responsibility for the newborn. Bearing this in mind the National Maternity Hospital is constantly monitoring, reviewing and were possible improving security systems and procedures. Some developments in 2002 include the following.

Last year saw the introduction of the first phase of the staff ID / Access control system - new digitally created staff ID badges were produced and issued to all Staff. The next phase, which involved the locking of designated access controlled doors, began this year with the fitting of magnetic locks and long-range hands free proximity readers to a number of locations. This system is unique in offering hands free operation - doors can be unlocked by staff wearing their ID badge without having to remove or swipe their card.

All staff now need to have their ID Badge with them in order to gain access around the building - from a security point of view this ensures that staff are easily identified and access around the hospital is controlled.

To facilitate monitoring of contract security officer patrols - frequency and locations called to - the hospital has installed a security clocking system. Reports are generated and monitored on an ongoing basis. System enhancements such as the extension of the number and location of clocking points will be considered next year.

Minimising the risk of infant abduction is always a key consideration for a maternity hospital - in this regard various systems and procedures are in place.

The baby tagging system which locks doors and alarms if there is an attempt to bring an infant out of restricted areas has been a major asset in reducing the risk. To improve the management of the system an event logger printer was installed to provide feedback on any activations. This information is used to identify and minimise unnecessary activations of the system. Reports are now generated weekly and issued directly to the in-charge of each Matron and Assistant Matron.

This year saw the expansion of our commitment to Health and Safety with the appointment of the Hospital's first full-time Health and Safety Officer.

Initially a full review and where appropriate an update of the various health and safety policies was undertaken. In addition various individual Health and safety issues were investigated and the annual fire lectures were given for all staff. Next year will see the continued development of proactive Health and safety policies, operational reviews and programmes that will assist us in minimising risk for everyone.

The management of the hospitals rented accommodation still featured as part of General Services. However, there has been some stabilisation in the numbers of staff needing to be accommodated and as such it is not envisaged that this service will be expanding in the near future.

As part of our developments to ensure consistency of standards the Household Department are continuing to implement more systemised procedures, more training and improved supervision for the various Household tasks.

The current Laundry services contract will cost the Hospital in excess of One Million Euro. Bearing this in mind, work on a stock use and monitoring database system has been undertaken to facilitate the efficient management of the Laundry Services.

It is envisaged that year on year and week on week stock quantity use and cost comparisons will be available on a timely basis to facilitate proactive management and efficient cost control for this service.

I would like to take this opportunity to thank everyone involved in the provision of Support Services for their continued hard work and dedication throughout 2002.

Tony Thompson
General Services Manager
Portering Services

The year 2002 was another busy year for the portering staff of the hospital. There are 20 members of the portering staff catering to the needs of all areas including Delivery Ward, Theatre, Laboratory, Stores and Supplies, and of course, the Front Hall which for many patients/visitors is the first point of contact with the hospital. During 2002 the reception/front hall area was refurbished. This very welcome ‘face-lift’ further enhances the initial impression of the hospital.

On a lighter note, it was another successful year at the annual golf classic, when a team made up of portering staff, came in seventh place!! We hope to improve on this on 29th May 2003.

As in previous years, we will in 2003, in conjunction with all other departments in the hospital, continued to provide an efficient, courteous and friendly to patients, visitors and staff.

Ken Ray
Portering Services Officer

Telecommunications

The work at the switchboard continued in much the same way during the year. The most noticeable change is the large increase in the use of mobile phones, for both incoming and outgoing calls.

We have acquired about ten extra bleeps and several extensions so the introduction of at PC will be most welcome, and we can discard all the lists and memos on which we rely at present.

I would like to thank my colleagues as always for the efficient and cheerful service they provide.

Ms Kitty O’Connor
Senior Telephonist

Human Resources Department

Human Resources (HR) took a big step forward in 2002 with the launch of the computerised time & attendance (Clockwise) and HR (Source HR) software systems. The launch of these systems involved a great deal of planning, co-operation and teamwork from a large number of staff in many departments. The successful launch of the systems was only achieved through this partnership approach and I would like to take this opportunity to thank everyone who played their part over the last 12 months.

Having Clockwise and Source HR allows for more efficient recording and transfer of information throughout the Hospital e.g. weekly staff clock-ins can now be sent directly and electronically to the payroll computer system. Staff who clock-in will also be able to check their holiday balances from the clock-in readers.

From the various management reports produced by these systems the Hospital can see what areas need more attention and investment from a human resources perspective.

2002 also saw the development of the Hospital’s job vacancies website page. All vacancies are posted onto the site and have a job description attached for potential applicants.

Trudy Caffrey
Health and Safety Officer

Health and Safety

Health and Safety is becoming ever more important, apart from the moral obligation to safeguard the safety and health of people at work, the law requires it. The level of awareness of safety and health issues throughout the hospital is increasing. The Hospital appointed the first full-time Health and Safety Officer in July.

On going risk assessments are carried out throughout the hospital, staff are asked to contribute to these risk assessments by filling in the risk assessment sheets at the back of the Safety Statement folder, through this identification process the hospital will become a safer place for all staff, patients and visitors.

Fire training for all staff began again in October and sessions are ongoing. The focus of European Safety at Work Week in October was tackling stress.

The Hospital is working on the Smoke Free Hospital Policy as part of the National Health Promoting Hospitals Network Smoke Free Hospital Network Initiative. The patient’s designated smoking area was moved outside to the smoking facility in the car park. Smoking cessation literature was made widely available throughout the hospital for staff and patients.

Thanks to Paddy McAuley, Hospital Health and Safety Representative and Michele Amoruso Laboratory Health and Safety Representative for their time spent improving Health and Safety in the Hospital.

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Housekeeping

The year 2003 was yet another a busy year housekeeping department for the department and the Household Staff took pride in maintaining a high standard of cleanliness throughout the hospital.

I would like to congratulate Jolanta on the birth of her baby boy.

A new computer clocking system was introduced to the department which is a new challenge for the housekeepers, but I am sure in the future will prove beneficial.

Welcome to all new staff members who joined us this year; I am sure they will be an asset to the team. Also, thank you for the services of Ann French and Mary Gunning who retired during 2002.

Finally I would like to thank my assistants Mary Nolan and Patricia Mc Greevey. And all of the household staff for there help and support throughout the year.

Ann Hanley
Household Service Manager

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Trudy Caffrey
Health and Safety Officer
The National Maternity Hospital | Report 2002

Information Technology Department

The year 2002 was a difficult one when the demand for services from the department increased considerably. These increases are due to the large turnover of staff experienced by the hospital, and the number of new services that are being offered.

There is great credit is due to the entire IT team for maintaining an excellent level of service under pressure throughout the year. I would like to take this opportunity to thank all my colleagues in the other departments for the good working relationships we have enjoyed.

The IT developments in the hospital for the year 2002 included the following:

**PAS Enhancements and development:**
The PAS system was implemented originally in 1995. Continuing development and review of the system is ongoing with a view to replacing it in 3 to 5 years. In the meantime, work is ongoing in co-operation with the Patient Services Department in reviewing outputs from the system originally designed in 1995.

**Extension of Reporting facilities on PAS:** Business Objects report writer that has been in use with Obstetric activity was expanded to include reporting on PAS. This was a large undertaking as the reports had to be redefined, redeveloped and tested. Reporting facilities for the hospital will be greatly enhanced because of this.

**HIPE:** There were many developments in HIPE this year as the case mix programme, which involves the hospital being funded based on activity is due to commence in 2004. The HIPE staff were part of a joint steering committee to prepare for this event. The HIPE department participated in a pilot with the ERSI where the use of ICD 10 examined with a view to introducing it. Whereas the pilot was favourable there is no definite plans for the change over. Coding of outpatient Colposcopy procedures commenced during the year.

**Time and Attendance:** The T&A system went live in 2002. This project is running in cooperation with the HR department.

**Internet and email facilities:** were upgraded during the year. The hospital implemented Microsoft exchange and improved its Internet facilities by introducing a leased line. The Email/Internet policy was formally launched and Super Scout software implemented to monitor Internet activity.

**Laboratory:** IT facilities in the laboratory were enhanced this year as many of their older hardware items were replaced in line with the Laboratory 3 year plan. Additional software licenses were purchased for the Woodard Laboratory System.

**Network and Hardware Upgrade:** The network infrastructure in the hospital was expanded during the year to accommodate new users and departments. Capacity in the main cabinet areas is stretched once again due to space constraints caused by network additions and server acquisition.

Computer equipment which was purchased more than four to five years ago was replaced as part of the strategy to replace any PCs over 4 years old.

Ann O’Connor
IT Manager

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Information Officer

Information and knowledge is a key organisational resource. One of the biggest stumbling blocks to management of all hospitals is the conversion of the large quantity of data collected to meaningful information.

With this in mind, the Information Officer’s role involves:

- Extracting and analysing information to assist management decisions and to highlight changing / emerging trends
- Coordinating hospital statistical returns to ERHA, Department of Health and Parliamentary questions as they arise.
- Developing the use of statistical methodology, data interpretation and data presentation skills among relevant hospital personnel.
- Developing and designing internal information systems in conjunction with relevant hospital stakeholders.
- Providing a central point of contact for the collection and dissemination of key hospital data.

As of 2002, each Dublin Maternity Hospital now has an Information Officer. As a group they work together to improve data integrity and enable greater inter-hospital information comparability.

This role involves working closely with the IT and Patient Services Departments along with all medical and nursing staff of the hospital. The plan set out aims to improve the information structure within the hospital through more comparable collection, validation and dissemination of information. This in turn will allow the hospital to have access to knowledge fundamental to best use of resources in service planning and management.

Róisín Moriarty
Information Officer

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The National Maternity Hospital Report 2002

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Expenditure, particularly in surgical products, continues to grow and the growth in 2002 over 2001 has been unprecedented. Cost increase has been driven largely by the changing nature of hospital activity together with increased product usage. Price increase contributes to cost increase to a lesser scale. New measures have been put in place in order to control expenditure for the current year. The NMH financial system software is also being developed to provide more meaningful expenditure reporting.

All in all, the primary objective of the Purchasing & Supplies Department is to service all its users and customers well - to buy the Right Goods, from the Right Suppliers at the Right Time in the Right Quantities and at the Right Price. In a nutshell, the business of the Department is to provide maximum service with minimum risk.

I would like to thank all the staff who work so hard in the ever changing purchasing & supplies environment for their commitment and dedication in “getting the job done”

Gerry Adams
Purchasing & Supplies Manager

Medical Records Department

With the increase in attendance and the number of births in 2002, the Medical Records Department has maintained it’s efficient and high standard of administrative support throughout our Birth Registration, Central Dictation, Chart Retrieval, General Medical Records and Satellite Clinics Sections.

In 2002 there was a 17% increase in the number of written requests to the Department, 755 in total. This figure represents a massive 32% rise over 2 years in requests for copies of Hospital Records and general queries.

The Automated File Management System and the scanned Delivery Ward Registers have provided a more accurate and efficient method of storing and retrieving files within the Department. We are continuously exploring new file management systems such as optical disc storage and digital imaging. The pros and cons of Electronic Patient Records have also been researched with a visit to the Irish Prison Services, where Electronic Records have been initially introduced in some of their Prisons.

In August we attended the 10th European Health Records Conference in Trinity College, the first one to be held in Ireland. This four day conference gave an extensive insight into the future of Medical Records. Electronic Patient Records were top of the agenda with examples of how well they are working in Sweden and USA. The workshops demonstrated new ideas and views in Medical Record Management from delegates from Europe, USA, Australia and Asia. The Irish delegates agreed that an all-Ireland Medical Records Forum and working group should be established in the near future.

A Committee was set up to introduce a new Paediatric Chart for all babies born in the Hospital. It is expected that this chart will be in operation in 2003.

Finally I would like to thank all the Medical Records Team for their dedication and support and look forward to another challenging year.

Alan McNamara
Medical Records Manager

Purchasing and Supplies

Time flies - it doesn’t seem long since I put pen to paper for the last annual report!

The Purchasing & Supplies Department is busier than ever. We are continuing to build on initiatives established over the past few years, both at National Maternity Hospital and Dublin Maternity Hospital Group level. Joint supply contracts arising from various European tendering competitions continue to happen as a matter of routine. The software system used to support the tendering processes has been upgraded to a window based environment in the latter part of the year. This allows us more flexibility in our reporting requirements.

We have developed a supplier performance management program across the 14 Provisions suppliers to the three hospitals. A supplier performance measurement program has also been developed for all other suppliers to the National Maternity Hospital ie Medical, Surgical, Stationery, Printing, Household etc. and has been welcomed by the market. Each supplier wants to “be the best” and the performance criteria set by the hospital generates competition amongst competitors in the market place. It has been agreed to role out this initiative to the Rotunda and Coombe hospitals in the current year and so enhance contract performance standards.

In preparation for the next Medical / Surgical products contract, a product catalogue is being developed jointly amongst the three hospitals. The NMH current product list will form the basis for this development. This will enhance reporting and processing and when developed fully will enable meaningful usage & cost comparison of product across the hospital group.

On a more local level, we have completed the customisation of ward requisitions and these are now proving to be more user friendly. An updated stock product list is being issued to Wards / Departments on a quarterly basis.

Expenditure, particularly in surgical products, continues to grow and the growth in 2002 over 2001 has been unprecedented. Cost increase has been driven largely by the changing nature of hospital activity together with increased product usage. Price increase contributes to cost increase to a lesser scale. New measures have been put in place in order to control expenditure for the current year. The NMH financial system software is also being developed to provide more meaningful expenditure reporting.

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Gerry Adams
Purchasing & Supplies Manager

Patient Services Department/Freedom of Information

The Patient Services Department continues to manage and develop:

• Administrative support staff assigned to Medical Records, Admissions, Outpatients and Clinical Departments.

• Patient services areas within the hospital.

• A patient services focus for the hospital with particular emphasis on communications and improving patient facilities.

• The requirements of the Freedom of Information Act.

• Improved standards of records management in the hospital.

Sheila Broughan
Patient Services Manager

Medical Records Department

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Gerry Adams
Purchasing & Supplies Manager
Cumulative Figures
Extracts from the Hospital’s Income and Expenditure Account for the Year ended 31 December 2002

<table>
<thead>
<tr>
<th></th>
<th>2002</th>
<th>2001</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>€’000</td>
<td>€’000</td>
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<tr>
<td>Deficit brought forward</td>
<td>-605</td>
<td>-78</td>
</tr>
<tr>
<td>Surplus/(Deficit) transferred from Income and Expenditure</td>
<td>1,392</td>
<td>-527</td>
</tr>
<tr>
<td>Surplus/(Deficit) carried forward</td>
<td>787</td>
<td>-605</td>
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</tbody>
</table>

Balance Sheet
Extracts from the Hospital’s Balance Sheet as at 31 December 2002

<table>
<thead>
<tr>
<th></th>
<th>2002</th>
<th>2001</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>€’000</td>
<td>€’000</td>
</tr>
<tr>
<td>Fixed Assets</td>
<td>149,324</td>
<td>115,853</td>
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<tr>
<td>Current Assets</td>
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<tr>
<td>Stock</td>
<td>426</td>
<td>472</td>
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<tr>
<td>Debtors</td>
<td>8,141</td>
<td>7,427</td>
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<tr>
<td></td>
<td>8,567</td>
<td>5,248</td>
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<tr>
<td>Non Current Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trust Fund Loan</td>
<td>3,158</td>
<td>2,723</td>
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<tr>
<td>Creditors</td>
<td>4,580</td>
<td>5,737</td>
</tr>
<tr>
<td></td>
<td>7,738</td>
<td>8,460</td>
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<tr>
<td>Net Current Liabilities</td>
<td>829</td>
<td>-561</td>
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<tr>
<td>Non Current Liabilities</td>
<td>-282</td>
<td>-282</td>
</tr>
<tr>
<td>Net Assets</td>
<td>149,871</td>
<td>115,010</td>
</tr>
<tr>
<td>Represented by:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capitalisation Account</td>
<td>149,042</td>
<td>115,573</td>
</tr>
<tr>
<td>Accumulated Deficit</td>
<td>787</td>
<td>-605</td>
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<tr>
<td>Other funds</td>
<td>42</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>149,871</td>
<td>115,010</td>
</tr>
</tbody>
</table>
## Statistics for the National Maternity Hospital

### Operations Statistics

<table>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Operations</td>
<td>1196</td>
<td>1155</td>
<td>1350</td>
<td>1409</td>
<td>1329</td>
<td>1534</td>
<td>1562</td>
<td>1671</td>
<td>1775</td>
<td></td>
</tr>
<tr>
<td>Minor Operations</td>
<td>2369</td>
<td>2535</td>
<td>2722</td>
<td>2570</td>
<td>2462</td>
<td>2492</td>
<td>2472</td>
<td>1972</td>
<td>1808</td>
<td>1885</td>
</tr>
</tbody>
</table>

### Mothers Delivered Statistics

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<tr>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mothers Delivered (of babies 500g or more)</td>
<td>6277</td>
<td>6244</td>
<td>6616</td>
<td>7173</td>
<td>7556</td>
<td>7817</td>
<td>7537</td>
<td>7743</td>
<td>7980</td>
<td>8022</td>
</tr>
<tr>
<td>Of Which Primigravida</td>
<td>2564</td>
<td>2567</td>
<td>2744</td>
<td>3212</td>
<td>3369</td>
<td>3599</td>
<td>3501</td>
<td>3441</td>
<td>3557</td>
<td>3876</td>
</tr>
<tr>
<td>Of Which Multigravida</td>
<td>3713</td>
<td>3677</td>
<td>3872</td>
<td>3961</td>
<td>4187</td>
<td>4218</td>
<td>4036</td>
<td>4282</td>
<td>4423</td>
<td>4146</td>
</tr>
</tbody>
</table>

### Babies Born Statistics (Babies 500g or More)

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Babies (&gt;=500g or more)</td>
<td>6378</td>
<td>6321</td>
<td>6718</td>
<td>7275</td>
<td>7682</td>
<td>7951</td>
<td>7659</td>
<td>7841</td>
<td>8142</td>
<td>8162</td>
</tr>
</tbody>
</table>

### Community Midwives Deliveries

| Year | 1999 | 2000 | 2001 | 2002 |
|------|------|------|------|
| Total Deliveries | 73 | 167 | 235 | 263 |
| Community Midwives | 73 | 167 | 235 | 263 |
Attendance at Emergency Services

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>3014</td>
<td>3185</td>
<td>3388</td>
<td>4019</td>
<td>4108</td>
<td>3772</td>
<td>3718</td>
<td>3534</td>
<td>3935</td>
<td>4237</td>
</tr>
<tr>
<td>Babies</td>
<td>790</td>
<td>770</td>
<td>772</td>
<td>856</td>
<td>874</td>
<td>962</td>
<td>803</td>
<td>750</td>
<td>547</td>
<td>608</td>
</tr>
</tbody>
</table>

Inpatient and Day Case Admissions

<table>
<thead>
<tr>
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<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Obstetrics</td>
<td>9016</td>
<td>9154</td>
<td>9861</td>
<td>10688</td>
<td>10842</td>
<td>11762</td>
<td>11253</td>
<td>11660</td>
<td>11882</td>
<td>12515</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>2079</td>
<td>2143</td>
<td>2578</td>
<td>2518</td>
<td>2402</td>
<td>2107</td>
<td>2319</td>
<td>1714</td>
<td>1812</td>
<td>1752</td>
</tr>
<tr>
<td>Neonatal</td>
<td>1097</td>
<td>1000</td>
<td>962</td>
<td>1019</td>
<td>999</td>
<td>1064</td>
<td>930</td>
<td>851</td>
<td>872</td>
<td>1064</td>
</tr>
<tr>
<td>Total Inpatient and Daycase Admissions</td>
<td>12192</td>
<td>12297</td>
<td>13401</td>
<td>14225</td>
<td>14243</td>
<td>14933</td>
<td>14502</td>
<td>14225</td>
<td>14566</td>
<td>15331</td>
</tr>
</tbody>
</table>

Admissions for 2002 by Specialty

- Obstetric: 82%
- Gynaecology: 11%
- Paediatric: 7%
- Fetal Assessment: 0%

Outpatient Attendances for 2002

- Obstetric: 51%
- Gynaecology: 29%
- Paediatric: 14%
- Fetal Assessment: 6%