The National Maternity Hospital,
Holles Street

Annual Report 2003

Photographs by Denis Towell and Mark Griffen
Project Managed for the National Maternity Hospital by Róisín Moriarty, Information Officer
Design and Print by Printcomp Ltd: 497 8511
“Some of the kind donations to Holles Street during 2003”
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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 2003.

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, 8,255 women gave birth to 8,378 infants – an increase of 2.9% over 2002. It was also a year which saw a continuing increase in the number of non-nationals delivering at the hospital - an increase of 17.9% over 2002.

The hospital’s budgetary performance during 2003 is set out in detail in the report of the Finance & General Purposes Committee. There was an accumulated deficit of €7k at year end.

In my report for 2002, I emphasised both a short term and long term development strategy for the hospital. These strategies have been prepared and are currently with the Minister for Health & Children.

The urgent need to implement these strategies is emphasised when one examines the demographics of the Dublin region and its environs. The 2002 census indicates that 1.4m people live in the region of Dublin, Kildare and Wicklow. Whereas the population of Dublin city has grown quite slowly (3%) over the last 5 years, the population of Leinster, excluding the city, is growing very rapidly - 20% during the same period. There are 260,000 women between the age of 15 and 44 living in Dublin, Kildare and Wicklow and of this group the biggest sub group is between 25 and 29. There is no doubt that the pressures on maternity services in Dublin will continue to escalate over the coming years. Whilst annual operating budgets continue to be a limiting factor, the fundamental problem facing this hospital is space. The implementation of our development strategies is an absolute necessity if we are to continue to deal with current activity levels.

The Joint Standing Committee of the three Dublin 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. In addition, opportunities for conjoint working between the maternity hospitals continue to be explored. The future supply of qualified midwives needs to be secured and arrangements for the training of midwives needs to be reviewed. In this regard, the supply over the next few years is expected to be problematical due to the absence of newly qualified nurses coming out of the general hospitals.

As in other years I wish to thank the Master for his huge commitment to the hospital during the year. The year 2004 will be Dr Declan Keane’s last full year as Master in harness, a year when 2 or 3 major issues will need to be addressed, not least the Development issue and the change to Enterprise Liability. This latter issue has created a high level of concern among the hospital consultants and a satisfactory resolution is critical, both for the doctors and the hospital.

I also wish to thank the Matron, Maeve Dwyer who completed her last full year as Matron of the hospital. The position of Matron is complex and very demanding and Maeve embraced the challenges with skill, endeavour and good humour. Thankfully, Maeve will continue to be of service to the hospital and its patients in her new appointment.

The National Maternity Hospital is a large and vital organisation affecting many families in the greater Dublin area. To this end the roles of the key administrators are very important, particularly when those roles are so ably handled by Secretary/Manager, Michael Lenihan and Financial Controller, Ronan Gavin. Thank you both for your dedication and expertise during another year.

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 Davy
Deputy Chairman
The year 2003 saw a further increase in obstetrical activity on previous years. 8,255 women gave birth to 8,378 infants and this was a 3% increase on deliveries compared to 2002. Again, a high proportion of these patients, 46% were primigravidae and these patients as stated in previous years represent a much greater strain on the resources of the hospital.

The perinatal mortality rate for the year was 9.6 per thousand corrected to 7 per thousand when one excludes congenital malformations. These figures were thankfully lower than the previous year and in keeping with previous years of my Mastership.

It is worth pointing out that a large number of these deaths occurred in patients who were either unbooked, late bookers or in-utero transfers from other hospitals.

The hospital’s Caesarean section rate was 16% which was a slight increase on the previous year. Although it remains low by national and international standards, one must remain concerned at the increasing rise in Caesarean sections, particularly in the elective Caesarean section rate.

On the gynaecological front there were over 9,340 women seen at our gynaecological clinics during the year with many attending in the sub-speciality areas. There was no closure of our gynaecological theatres during the year and in fact we saw an increase in gynaecological activity with 589 gynaecological majors performed as opposed to 520 in the previous year.

The Special Care Baby Unit was busy with 1,062 admissions to the Unit. Thirty three of these were referrals from other Units after the baby had been delivered elsewhere.

Once again, despite the increase in deliveries there has been no increase in Consultant expansion at the hospital. This now remains a grave cause of concern particularly in the light of the recent Comhairle report showing how poorly staffed the ERHA East Coast Area is compared with our Northern and South-Western Areas. The reality of the situation is that based on these numbers of 8,000 deliveries, this hospital requires 16 Obstetrical Consultants, probably 5-6 Anaesthetists and 5 Paediatric Neonatologists. It is likely with the increasing emphasis being placed on Risk Management with the introduction of Enterprise Liability that Consultant expansion will have to occur, even more so in the light of the introduction of a 58 hour NCHD working week on August 1st, 2004.

Even allowing for Consultant expansion and increased funding the infrastructure of the hospital does not allow us the ability to cope with 8,000 mothers. The need for a radical move to a General Hospital site is more acute than ever and hopefully will remain the main focus of this hospital in 2004.

Finally, I would like to thank all the staff of the hospital for their efforts during what was again a very busy and stressful year.

Declan Keane, MD., FRCPI., FRCOG.
Master
Executive Committee Report

At the Annual General Meeting the outgoing members of the Executive Committee were proposed and seconded and were elected as ordinary members of the Executive Committee for the coming year.

New Governors
The following were elected as new Governors during the year: Mr Niall Doyle, Ms Lydia Ensor and Ms Sara Appleby.

Staff Appointments
Ms Sinead Curran was appointed dietician during the year and Ms Christina Lynam was appointed Senior Pharmacist. Ms Paula O’Hara was appointed Salaries and Creditors Supervisor. Ms Máire Matthews took up a job sharing post as Medical Social Worker. Ms Denise O’Brien was appointed Midwifery Tutor, Ms Roisin McCormack, Ms Sinead Thompson, Niamh Morrissey and Ms Kate Casey were appointed as Community Midwives. Ms Lucille Sheehy was appointed Clinical Skills Facilitator and Bridget O’Brien as Neonatal Resuscitation Officer, Ms Teresa Sexton was appointed Infection Control Officer. Promotions during the year included Ms Mary Moran to the post of Midwifery Manager, Fetal Assessment Unit.

Staff Retirements
The following staff retired during the year after many years service. Ms May Glavey, Clinical Midwifery Manager, Theatre; Ms Lys Duff, Manager, Baby Clinic, Ms Ann Farrell, Sister in Charge, Unit 4; and Ms Maria Glansford and Ms Geraldine Canny, Senior Midwifery Sisters. Ms Pauline Gibney, Dietician, Ms Terry Purcell, Psychosexual Counsellor and Ms Jill Rawlings, Medical Scientist also retired after many years service to the hospital. We wish them all a very happy retirement.

Developments During 2003
A substantial programme was undertaken during 2003 with the aid of capital allocations by the ERHA and the use of an insurance refund in respect of 2002.

The main projects undertaken included the following: Refurbishment of hospital kitchen, canteen and outlying ward pantries Replacement of hospital heating plant originally installed in the mid 1930s. Upgrading of patient bathrooms, Asbestos Review, Merrion Wing Upgrade, Electrical Services Review, Fire Precautions Review.

In addition, both new and replacement equipment was provided in the operating theatres, delivery, laboratory and NICU.

Charter Day
We had a very good attendance at Charter Day which was held on the 30th January 2003 and was hosted by Dr & Mrs Keane to whom we are most grateful.

Hospital Awards & Certificates
The John F. Cunningham Medal was awarded to Dr Donal J. Brennan. The A Edward Smith Medal was awarded to Ms Maryanne Garvie. The Kieran O’Driscoll Prize was presented to Ms Naomi Campbell. The Royal College of Surgeons/National Maternity Hospital Medal was awarded to Mr Declan McGuone.

Medals were also presented to student midwives as follows: The Hospital Gold Medal was presented to Ms Caitriona Barry. The Elizabeth O’Farrell Medal was presented to Ms Ciara Butler. Matron’s Award was presented to Ms Esther Groarke and Ms Brenda Fahy.

Hospital Finances
As can be seen from the report of the Finance & General Purposes Committee an accumulated deficit of €7k was carried into the year. Gross expenditure for the year was €46,003k and this represents an increase of 2.4% over 2002.

Hospital Development
One of the fundamental problems facing this hospital is the continuing escalation in the number of mothers being delivered in an environment that continues to be sub-optimal. In 1998, the hospital engaged with the Department of Health & Children with a view to improving and extending the facilities in the hospital. The number of deliveries at that time was approximately 7,500 per annum. The number has now escalated to 8,255 in 2003.

A Project Team was established in 1998 and a Development Brief was completed in 2000 which confirmed that the
The spatial requirement of the hospital was 23,000 m² – practically double the size of the existing hospital. Following the completion of the Brief, the Department of Health & Children requested that an options appraisal be carried out and this was submitted through the ERHA in November 2002. It has been agreed by all parties concerned that the best long-term option for development is to re-locate to the site of St. Vincent University Hospital. We are currently awaiting a date for a meeting with the Minister for Health & Children and the re-location is crucial to the long term development of the hospital.

In the short-term, approximately 7 years, we have to provide additional accommodation on the existing site if we are to continue operating at current levels of activity. The situation has deteriorated rapidly in recent years with escalating activity levels, an increase in acuity and patient expectations and we are now operating in an environment that is not acceptable to patients and staff.

A request for funding (8 million Euro) has been submitted to address the major difficulties we are currently facing. It is imperative that this funding is immediately made available to enable us to fast track solutions in the short-term.

Dublin Maternity Hospitals Joint Standing Committee

The Committee, under the Chairmanship of Dr Miriam Hederman O’Brien, continued to meet on a monthly basis during the year. Issues of common interest continue to be pursued.

Conclusion

The Executive Committee wish to thank Mr Kevin Mays who served as Honorary Secretary to the Board of Governors since August 1992. He retired as Honorary Secretary at the AGM in May 2003. However, he has continued on as a member of the Executive Committee where his wise advice and counsel continues to be appreciated.

The Executive Committee has great pleasure in acknowledging the work and co-operation they received from all categories of staff: medical, paramedical, midwifery, administration, catering, maintenance, portering and household.

Gabriel Hogan
Honorary Secretary
Finance and General Purposes Committee Report

Gross expenditure for the year was €46,003k and this represents an increase of 2.4% over 2002. This increase is relatively small when consideration is taken of the significant levels of pay awards and also the increased spend on major maintenance projects during the year and the continued high levels of activity. The year-end position was an accumulated deficit of €7k.

Payroll costs accounted for 72% of the gross expenditure and non-pay costs for the remaining 28% this being a shift from last years levels of 69%: 31%. Income for the year increased to €7,256k being 15.8% of gross expenditure. The gross expenditure was funded by an allocation from the ERHA of €37,953k, incomes of €7,256k and surpluses carried forward from 2002 of €787k.

The Finance & General Purposes Committee continued in its main role of monitoring the Hospitals resources on a monthly basis. This role is essential to enable the Hospital to meet its targets in relations to Finances, staff numbers and service levels as agreed in our Provider Plan with the ERHA.

During the year, due to the insurance rebate and resulting surplus from 2002, the Hospital had some funding to deal with a number of once-off urgent issues. Phases 1 & 2 of upgrading the heating system were completed at a cost of over €1.2million with the assistance of grants from Sustainable Energy Ireland and the ERHA. In addition the catering department was renovated and re-equipped to modern standards. Urgent replacement of medical equipment needs were also addressed in a number of areas as was the issue of bathroom accommodations in ward areas. Whilst these were welcome developments this was sadly a once off opportunity and unless there is significant capital investment in equipment and infrastructure in the near future the Hospital will be faced with even more difficult times ahead.

During the year cost pressures were experienced in most areas. Medicines & medical surgical supplies continue to be significant cost drivers due to the increased activity levels, increased patient diversity and the introduction of new treatments. During the year there has been significant pressure on the staffing budget mainly due to increasing pressure from the ERHA for the Hospital to maintain our numbers within an ‘approved ceiling’ set by the ERHA.

While the year was relatively successful from a financial perspective the activity levels and infrastructural issues continue unresolved. These, combined with a lack of ongoing significant capital investment, and a less favourable overall financial position indicate that the Committee and the Hospital face a difficult year in 2004.
The year 2003 was again a difficult and challenging year for the hospital operationally. Activity levels, both in-patients and day cases increased over 2002. Gross expenditure for the year was €46,003k which represents an increase of 2.4% over 2002. This increase is relatively small when consideration is taken of the significant levels of pay awards and also increased spend on major maintenance projects during the year. The various operational difficulties, staff deficits and escalating activity levels continue to be communicated to the ERHA and, by extension, to the Department of Health & Children on a monthly basis.

Whilst funding was available for capital uses through an insurance refund from 2002, it is a matter of some concern that capital funds continue to be unavailable for the replacement of medical and non medical equipment and urgent maintenance works. The non availability of such funding has the potential to undermine seriously the capacity of the hospital to maintain key services at agreed levels.

The implementation of the development strategies submitted to the ERHA /Department of Health & Children is urgently needed, to enable the hospital cope with the activity levels presenting and to fast track solutions in the short term. The position on this important matter is clearly set out in the Executive Committee Report.

Recruitment and retention of staff continues to be one of the main challenges facing hospitals and the National Maternity Hospital is no exception. Recruitment from abroad continued during the year and at year-end we had 134 staff from as far afield as India, Ethiopia, Australia and Nigeria. The hospital has continued to develop its Occupational Health Department and a variety of health screening, immunisation services are now available to staff. This year also saw the introduction of a Dignity at Work Project which promotes the rights of all staff in the hospital to be treated with dignity and respect at all times. Awareness training sessions for staff has commenced and will be continued into the future. Enhanced induction processes for new staff were introduced and a staff handbook was circulated to all staff. The hospital is moving on from the more traditional role played by Personnel Departments in the past and I am anxious to continue the development of this service which ultimately is for the benefit of the hospital and its staff.

Increasingly business processes within the hospital are becoming more dependant on IT development. Management at all levels within the hospital are realising the significant impact that IT systems is having on their individual areas of responsibility and on the hospital as a whole. When computers were first introduced into the hospital in 1995 there were seven PC’s in total in the hospital, today the number of PC’s on desks is in excess of 175. E-mail is now widely used as a communication tool both within the hospital and externally.

The hospital continued to develop its information systems during 2003. Projects included the procurement and implementation of the Mediscan Information and Imaging System for Colposcopy and Oncology, implementation of phase 1 of the laboratory three-year development plan and the upgrading of the network infrastructure.

The National Maternity Hospital is participating in the Irish Health Services’ Acute Hospital Accreditation Scheme. This scheme encompasses all departments of the National Maternity Hospital and centres on how the hospital services are experienced by women and babies (and their families) – from the time of their referral to the hospital through to, and including, their discharge.

The Irish Health Services Acute Hospitals’ Accreditation Board (IHSAB) Accreditation Scheme is a development process involving self-assessment and external peer review. It is used by acute hospitals to assess their level of performance in relation to established acute care standards and to implement methods to improve the way they deliver their service continuously. The focus of Accreditation is on safety for patients/clients, staff, other users of the service and the public, within a continuous quality improvement framework.
In the National Maternity Hospital, engaging in the accreditation process will help us identify our strengths in the way we provide our service, and also our opportunities for improvement. Through the work of the self-assessment teams, there will be better understanding of the systems we use to deliver our services, ready access to the information that guides our service, and greater knowledge of who needs to be involved in the delivery / development of services. With the knowledge and information gained we can address short and longer-term plans to develop our service continuously, improve our performance and use resources to meet needs more effectively, in short, to provide an ever improving standard of care for our patients and the community we serve.

Two major projects were undertaken during the summer of 2003, the hospital kitchen and canteen were totally refurbished and re-equipped and the hospital heating system was replaced. Both projects required precision planning as they had to be undertaken simultaneously during the summer season. I would like to acknowledge the tremendous work of Neil Farrington, Facilities Engineering Manager and his team for completing both projects on time. I would also like to acknowledge and thank Margaret King, Catering Manager, Ms Ann Hanley, Head of Housekeeping and their respective teams for continuing to provide an excellent service to both patients and staff in difficult circumstances.

I would like to thank my administrative colleagues for their support and effort during the year in an environment where the need for information gets greater and the deadlines get shorter.

Finally, I would like to thank all the staff of the hospital for their continuing dedication to the hospital in increasing difficult circumstances.

Michael Lenihan
Secretary Manager
# Board of Governors

## Governors Ex-Officio
- Dr Desmond Connell (Archbishop of Dublin – Chairman)
- Councillor Royston Brady (Lord Mayor – Vice Chairman)
- Dr Declan Keane (Master)
- Very Rev. Patrick Finn (Parish Priest of the Parish of Haddington Road)
- The Rt. Rev. Monsignor Peter Briscoe (Parish Priest of the Parish of Sandymount)
- 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

<table>
<thead>
<tr>
<th>Year</th>
<th>Governor</th>
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<td>1941</td>
<td>* Mr Patrick A Duggan</td>
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<td>1951</td>
<td>* Mr Patrick J. Brennan</td>
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<td>1952</td>
<td>Mrs Joan Duff</td>
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<td>1953</td>
<td>Mr Gerard Lardner</td>
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<td>1956</td>
<td>* Mrs Eithne Coyle</td>
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<td>1956</td>
<td>* Dr Jack G. Gallagher</td>
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<td>1956</td>
<td>* Mrs Bridget Malone</td>
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<td>1957</td>
<td>Dr Garret Fitzgerald T.D.</td>
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<td>1957</td>
<td>* Mrs Sheila Geoghegan</td>
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<td>1958</td>
<td>Dr Deirdre Pepper</td>
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<td>1959</td>
<td>* Professor Sheamus Dundon</td>
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<td>1959</td>
<td>* Professor E O’Dwyer</td>
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<td>1962</td>
<td>* Mr Alex J Spain</td>
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<td>1963</td>
<td>* Mrs Robina O’Driscoll</td>
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<td>1964</td>
<td>* Mr Patrick J Spain</td>
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<td>1967</td>
<td>* Mrs Katriona Maguire</td>
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<td>1968</td>
<td>* Mr Joseph Derek Davy</td>
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<td>1968</td>
<td>* Professor Eoin O’Malley</td>
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<td>1969</td>
<td>* Professor Kieran O’Driscoll</td>
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<td>* Dr Alan O’Grady</td>
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<td>* Mrs Emer Meagher</td>
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<td>* Mrs Alice Finlay</td>
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<td>1971</td>
<td>* Mrs E O’Malley</td>
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<td>1972</td>
<td>* Mr Desmond McGuane (deceased, 2003)</td>
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<td>1974</td>
<td>* Dr Desmond Alvey</td>
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<td>* Mr S. P. Boland</td>
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<td>* Mrs Kitty Conroy</td>
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<td>* Mrs Mary Ensor</td>
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<td>* Mr Donal S. McAleese</td>
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<td>1976</td>
<td>* Professor Enda Hession</td>
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<td>* Dr Declan Meagher</td>
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<td>* Mrs Rosaleen Lynch</td>
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<td>* Mrs Laura MacDonald</td>
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<td>* Dr Brendan Murphy</td>
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<td>* Dr John R McCarthy</td>
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<td>1980</td>
<td>* Dr Niall O’Brien</td>
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<td>1981</td>
<td>* Mr J. Brian Davy (Deputy Chairman)</td>
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<td>1983</td>
<td>* Mrs Maureen Spain</td>
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<td>* Mr Neil V McCann</td>
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<td>* Mrs Judith Meagher</td>
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<td>* Professor Sean McCann</td>
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<td>* Dr Dermot MacDonald</td>
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<td>* Mrs Stephanie Stronge</td>
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<td>1985</td>
<td>* Very Rev. Thomas O’Keefe</td>
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<td>* Dr J. T. Gallagher</td>
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<td>* Dr. Reginald Jackson</td>
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<td>* Mr Edward Bourke</td>
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<td>1986</td>
<td>* Mrs Maeve Hayes</td>
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<td>1986</td>
<td>* Mr Gabriel Hogan (Honorary Secretary)</td>
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<td>1986</td>
<td>* Mrs Monica Owens</td>
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<td>1987</td>
<td>* Dr Joseph Stanley</td>
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<td>* Professor Paddy Masterson</td>
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<td>1989</td>
<td>* Mrs Anne Davy</td>
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<td>* Senator C Hederman</td>
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<td>* Mrs Margaret Anderson</td>
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<td>* Mrs Kathleen O’Grady</td>
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<td>* Dr John F. Murphy</td>
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<td>1992</td>
<td>* Dr Frances Meagher</td>
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<td>* Mr Kevin Mays</td>
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<td>1995</td>
<td>* Mr Peter Sutherland</td>
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<td>1995</td>
<td>* Professor Colm O’Herlihy</td>
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<td>1996</td>
<td>* Mr William Johnston</td>
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<td>1997</td>
<td>* Dr Peter Boylan</td>
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Executive Committee Members

Mrs Catherine Altman
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)
Mr Niall Doyle
Mrs Nuala Fennell
Dr Jack Gallagher
Dr Freda Gorman
Senator Carmencita Hederman
Mr Gabriel Hogan (Honorary Secretary from May 2003)
Councillor Kevin Humphreys
Mr William Johnston
Dr Declan Keane (Master)
Councillor Garry Keegan
Lord Mayor of Dublin, (Vice Chairman), Cllr. Royston Brady
Mrs Rosaleen Lynch
Mr Kevin Mays (Honorary Secretary up to April 2003)
Dr John F. Murphy
Mrs Monica Owens
Mrs Kathleen O’Grady
Prof. Colm O’Herlihy
Rev. Arthur O’Neill, Administrator, Parish of St. Andrew’s
Mrs Patricia O’Shea
Mr Alex Spain

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
Dr John Murphy, Paeds
2003 * Mr Niall Doyle
2003 * Mrs Sara Appleby
2003 * Ms Lydia Ensor
House Committee
Dr Declan Keane (Master)
Mrs Anne Murphy (Chairperson)
Mrs Monica Owens
Mrs Ann Davy
Mrs Una Crowley
Mrs Judith Meagher
Mrs Maureen Spain
Mrs Margaret Anderson
Mrs Kathleen O’Grady
Mrs Carmencita Hederman
Mrs Rosaleen Lynch
Mrs Helen Moe

Ethics Committee
Dr Declan Keane, Master
Dr Peter Boylan, Chairman
Ms Maev Dwyer, Matron
Dr John Murphy (Paeds.)
Sr Marion O’Neill
Prof. Desmond Fitzgerald
Ms Fiona Duffy, Solicitor
Fr Paul Tighe
Sr Ann McMahon

Finance & General Purposes Committee
Dr Declan Keane (Master)
Mr J. Brian Davy (Deputy Chairman)
Mr Gabriel Hogan (Honorary Secretary)
Mr Frank Downey (Honorary Treasurer)
Mrs Kathleen O‘Grady
Professional Advisors

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, Georges 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

Resident and Visiting Medical Staff

Master:
Dr Declan Keane, M.D., F.R.C.P.I, F.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 John Coulter, M.B., B.Ch., N.U.I., F.R.C.S.I., M.R.C.O.G.

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

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

Department of Anaesthetics:
Director: Dr Kevin T. McKeating, M.B., B.Ch., F.F.A.R.C.S.I.
Dr James D. O’Keefe, M.B., B.Ch., F.F.A.R.C.S.I.
Respiratory Physician:
Dr Walter McNicholas, M.D., F.R.C.P.I., F.R.C.P. (C), F.C.C.P.

Cardiovascular Medicine:
Dr Desmond Fitzgerald, F.R.C.P.I.

Psychiatrist:

Diabetic Physician/Endocrinologist:
Dr Richard Firth, B.Sc., F.R.C.P.I., D.A.B.I.M. (Endo-Metab.)
Dr Brendan Kinsley, M.B., M.R.C.P.I.

Ophthalmologist:
Dr Michael O’Keefe, M.B., F.R.C.S.E.

Reproductive Endocrinologist:
Professor David A. Powell, M.D., F.R.C.P.I.

Physician in Chemotherapeutic Medicine:
Dr David Fennelly, M.B., B.Ch., B.A.O., L.R.C.S.I., M.R.C.P.I.

Department of Radiology:
Dr Brigid V. Donoghue, M.B., D.M.R.D. (London), F.R.C.R.
Dr Risteard O’Laoide, B.A., M.B., B.Ch., B.A.O.

Renal/Metabolic Physician:
Dr Alan Watson, M.D., F.R.C.P.I., F.A.C.P., F.R.C.P.

Honorary Consulting Staff

Physician:
Professor Muiris 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. Keaveney, B.Sc., 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 Crowe, M.B., Ph.D., F.R.C.P.I.

2003 Medical Staff.
Orthopaedic Surgeon:
Mr Frank McManus, F.R.C.P.I.

Dermatologist:
Dr Frank Powell, F.R.C.P.I., F.R.C.P.Edin.

Radiotherapist:
Dr Michael Moriarty, 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 Colorectol:
Dr P. Ronan O'Connell, M.D., F.R.C.S.I.

Paediatric Neurologists:
Professor J. McMenamin, M.B., F.R.C.P.I.
Dr Bryan Lynch, M.B., B.Ch., B.A.O., F.A.A.P.
Dr David Webb, M.B., B.A.O., B.Ch., M.R.C.P.I., M.D., F.R.C.P.C.H.

Neurologists:
Dr Janice Redmond, M.T., M.D., F.R.C.P.I., F.A.C.P., D.A.B.

Paediatric Infectious Diseases:
Dr Karina Butler, M.B., F.R.C.P.I.

Infectious Diseases:
Dr Colm Bergin M.B., F.R.C.P.I., M.R.C.P.(UK)

Clinical Geneticist:
Dr William Reardon, M.D., M.R.C.P.I., D.Ch., F.R.C.P.C.H., F.R.C.P. (London)

Senior Midwifery Staff

Matron:
Maeve Dwyer, MSc., R.G.N., FFFN (RCSI)

Assistants to the Matron:
Mary Brosnan, MSc, R.G.N., R.M.
Mary F. Moore, R.G.N., R.M., NDip, H.C. Risk Mgmt
Rosa Mugan, RSCN, R.G.N., R.M.
Mary Purcell, R.G.N., R.M., FFN (RCSI)

Night Superintendents:
Denise Patterson, R.G.N., R.M.
Josephine Reilly-Griffin, R.G.N., R.M.

Clinical Practice Development Co-Ordinator:
Ann Delany, R.G.N., R.M.

Senior Midwifery Tutor:
Cora McComish, MTD, R.G.N., R.M.

Midwifery Tutors:
Sandra Atkinson, BNS, R.G.N., R.M., RNT
Ursula Byrne, MSc, BNS, R.G.N., R.M., RNT, HDip Health Care Risk Management
Gertie Cull, R.G.N., R.M., FFN RCSI
Barbara Lloyd, MSc, BSc, R.G.N., R.M., HDip, RNT
Anne McMahon, MA, HDipEd, R.M., ADM
Denise O'Brien, MSc, BNS, R.G.N., R.M., RNT

Clinical Instructor (Neonatology):  
Clare McCormick, R.G.N., R.M.

Clinical Manager 3:  
Geraldine Duffy, BSc (Hons), R.G.N., R.M., RNC, ANNP
Kathryn Mcquillan, R.G.N., R.M.
Mary Moran, R.G.N., R.M., HDDI
Ann Rath BSc Nursing Mgmt RGN, RM, (Acting Up From Feb 2003)

Theatre Superintendent:
Mairead Hever, R.G.N.

Clinical Managers 2:
Sr. Myra Radcliff, R.G.N., R.M. Outpatients
Sr. Mairead Green, R.G.N., R.M. Department
Sr. Phil Maguire, R.G.N., R.M. Gynaecological Department
Sr. Lys Duff, R.G.N., R.M. Gynaecological Department CNM1
(Senior Midwifery Staff)
Sr. Elizabeth Cotter, R.G.N., R.M., HDMU
Sr. Ann Fleming, R.G.N., R.M.
Sr. Valerie Kinsella, R.G.N., R.M., HDDI
Sr. Betty Murphy, R.G.N., R.M., HDDI
Sr. Catherine Callinan, R.G.N., R.M.
Sr. Mary J. O’Brien, R.G.N., R.M.
Sr. Noreen Daly, R.G.N., R.M.
Sr. Mary Byrne, R.G.N., R.M.
Sr. Marion O’Neill, R.G.N., R.M.
Sr. Margaret Fanagan, R.G.N., R.M., Dip HA
Sr. K O’Sullivan R.G.N., R.M.
Sr. Ann Calnan, BSc Nursing Mgmt R.G.N., R.M.
Sr. Niamh Dougan, R.G.N., R.M.
Sr. Tina Murphy, BNS., R.G.N., R.M.
Sr. Brid O’Dea, R.G.N., R.M.
Sr. Clare O’Dwyer, R.G.N., R.M., H Dip. HC Risk Mgt
Sr. Ann Rath, BSc Nursing Mgmt R.G.N., R.M.
Sr. Mary O’Connor, R.G.N., R.M.
Sr. Marie O’Neill, BA., R.P. N., R.G.N., R.M.
Sr. Ciara Macken, R.G.N., R.M.
Sr. Maggie Bree, R.G.N., R.M.
Sr. May Glavey, R.G.N., R.M.
Sr. Karen Sherlock
Sr. Ann Farrell, R.G.N., R.M.
Sr. Noreen Lynam, R.G.N., R.M.
Sr. Geraldine Maguire, R.G.N., R.M.
Sr. Breda Coronella, R.G.N., R.M.
Sr. Phyllis Doughty, R.G.N., R.M.
Sr. Sara Duff, Rock, R.G.N., R.M.
Sr. Florrie Fee, R.G.N., R.M.
Sr. Kathy Mulligan, R.G.N., R.M.
Sr. Maria O’Connell, R.G.N., R.M.
Sr. Hilda Wall, R.G.N., R.M.
Sr. Joan Ward, R.G.N., R.M., IBCLC

Clinical Midwife Specialist (Diabetes):
Mary Coffey, R.G.N., R.M., H.Dip.

Clinical Midwife Specialist (Lactation):
Nicola Clarke, M.Sc. R.S.C.N., R.G.N., R.M., IBCLC, FFNM, RCSI

Clinical Midwife Specialist (Oncology):
Kay Hand, MSc (Hons), R.G.N., R.M., H.Dip.

Clinical Midwife/Nurse Specialists (Urodynamics):
Mary Jacob, B.Sc, R.G.N., R.M., R.S.C.N.

Clinical Midwife/Specialists (Sonography):
Helen McMahon, R.G.N., R.M.

Gynaecological Cancer Nurse Co-Ordinator:
Siobhan Hollingsworth R.G.N., H.Dip Gen Nursing, H.Dip Palliative Nursing

Community Midwives:
Coordinator: Margaret Hanahoe R.G.N., R.M.
Carmel Cunnie, R.G.N., R.M. (Until 22/6/03)
Kate Casey, R.G.N., R.M.
Ann Marie Slaney, R.G.N., R.M. (Until 23/3/03)
Clodagh Manning, R.G.N., R.M., IBCLC
Róisín McCormack, R.G.N., R.M.
Teresa McCrery, R.G.N., R.M.
Niamh Morrissey, R.G.N., R.M.
Denise Byrne, R.G.N., R.M. (Until 22/6/03)
Sinead Thompson, R.G.N., R.M.

Haemovigilance Officer:
Bridget Carew, R.G.N., R.M., HDip HC Risk Mgt. HDip Quality in Healthcare

Occupational Health Sister:

Clinical Skills Facilitator:
Lucille Sheehy, R.G.N., R.M.

Neonatal Resuscitation Officer:

Infection Control Officer:
Teresa Sexton, R.G.N., R.M., HDip Infection Control
Paramedical Staff

**Biochemist:**
Austin Bourke, B.Sc.

**Pharmacists:**
Dorothy McCormack, B.Sc Pharm, M.P.S.I.
Helen Kearns, B.Sc Pharm, M.P.S.I.
Christina Lynham, B.Sc. Pharm, M.P.S.I.

**Clinical Pharmacist:**
Noreen O’Callaghan, C.Sc.Pharm, M.P.S.I.

**Medical Social Workers:**
Loretto Reilly, Head Medical Social Worker, 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.
Maire Mathews, B.Soc.Sc., C.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.
Theresa Fitzmaurice, M.I.S.C.P., M.C.S.P.

**Psychosexual Counsellor:**
Meg Fitzgerald, B.Soc.Sc., C.Q.S.W.

**Dieticians:**
Roberta McCarthy, BSchHumNut DipDiet MINDI
Sinead Curran, BSchHumNut DipDiet MINDI

**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:**
Ronan Gavin B.B.S. (Hons), ACA

**IT Manager:**
Ann O’Connor

**Human Resources Manager:**
Marie Fahy, Dip HA, CIPD

**Assistant Human Resources Manager:**
Lauri Cryan, MMII, MCIPD.

**General Services Manager:**
Tony Thompson, Dip.HSM, Dip. SCM

**Purchasing and Supplies Manager:**
Gerry Adams Dip.BM, CPPB, MIIPMM

**Facilities Engineering Manager:**
Neil Farrington

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

**Information Officer:**
Roisin Moriarty, B.A. (Mod) I.C.T.
Management

Declan Keane
Master

Maeve Dwyer
Matron

Michael Lenihan
Secretary Manager

New Staff for 2003

Sinead Curran
Senior Dietitian
Obstetrics & Gynaecology

Meg Fitzgerald
Psychosexual Counsellor

Denise O'Brien
Midwifery Tutor

Bridget O'Brien
CMM2 Neonatal
Resuscitation Officer

Paula O'Hara
Salaries & Creditors
Supervisor

Teresa Sexton
Infection Control
Officer

Lucille Sheehy
CMM2 Clinical Skills
Facilitator

Maire Mathews
Medical Social Worker

Other new appointments for 2003 include: Roisin McCormack, Niamh Morrissey, Sinead Thompson and Kate Casey all new Community CMM2’s, Christiana Lynham, Senior Pharmacist and Mary Moran Midwifery Manager in Fetal Assessment.

New Governors in 2003

Niall Doyle

Lydia Enor

Sara Appleby was also appointed a new governor in 2003.
Medical and Midwifery Reports

Matron's Report

It is with some sadness that I write my last report as the Matron of the National Maternity Hospital after over twelve years in such a fulfilling and challenging role. So much has changed since I crossed the hospital threshold on 1st January 1992. Economic developments and the altered demographic profile of our city have had a huge impact on our institution. The increasingly multicultural population we serve, the demands placed on our excellent staff by rising birth rates and new bio-technological advances require us to be continually learning and adapting our thinking and practices.

The midwifery and nursing staff of the hospital have always demonstrated a wonderful capacity to cope with long periods of extremely busy activity, whether they are working with the maternity clients, the gynaecological patients or the sick neonates in our care. Their coping abilities have been stretched to capacity on many occasions over the past year. They continue to demonstrate the utmost professionalism and commitment. I am most grateful to each of them. In particular I want to thank the clinical midwifery managers, especially the ward and department heads, the night superintendents and of course, my four assistant matrons. I am delighted to report that the intensive recruitment process we continued over the past two years is finally bearing fruit. We have managed to achieve our full midwifery complement at the end of the year and our turnover rates for midwifery and nursing staff are considerably reduced for the first time since 1999.

The student midwives also deserve a special mention in my last report. Many new mothers comment so favourably on the student midwives, remembering the support and reassurance gained when the students provide one to one care in the Delivery Ward. We were delighted to see that thirty one student midwives were awarded the Higher Diploma in Midwifery from University College Dublin on completion of their midwifery training programme. Most returned to join the midwifery staff gaining valuable experience in our busy hospital. The midwifery tutors deserve great credit for helping the student midwives achieve their potential and attain their qualifications at the end of such a demanding educational programme. The popular ‘return to midwifery’ course was held in the summer allowing ten midwives the opportunity to return to practice.

Our community midwifery service continued to make news this year with the visit of the Minister for Health and Children, Mr Michéal Martin to the fourth birthday party of the community midwifery homebirth and domino programme and the launch of the evaluation document prepared by Dr Harold Brenner on behalf of the EHB (now known as the ERHA). The occasion was made more memorable by the presence of many of the mothers and babies who were cared for by the community midwives throughout the last four years.

The Early Transfer team has also continued to provide an excellent service to women and babies going home early and they have increased their clientele by over 50% in the past year, becoming well established as a very valuable aspect of our community midwifery support.

The National Maternity Hospital
Annual Report 2003

Maeve Dwyer
Matron
During the year several very familiar faces retired from the midwifery staff. Sr. Ann Farrell retired in March, following many years as the sister in Delivery Ward and then Unit 4, where she cared for countless gynaecology patients who were so grateful for her professionalism and compassion. Her colleagues and friends in the hospital wish her a long and happy retirement. Mrs. Ann Glansford retired in May after many years working in all areas of the hospital, latterly in the outpatient services and will be missed by so many people who worked with her over the years.

Several staff who have been with us for many years moved on to other roles. Sr. Ursula Byrne resigned to work as Education Officer in An Bord Altranais. Whilst we regret her departure following over fifteen years working tirelessly as a midwifery and neonatal nursing tutor, we are delighted to know that someone with Ursula’s capabilities is working with An Bord Altranais advising on midwifery and nursing. Sr. Nicola Clarke was recently awarded a Fellowship of the Faculty of Nursing and Midwifery from the Royal College of Surgeons of Ireland. Many other midwives and nurses deserve much credit for achieving Diplomas, Primary and Masters Degrees whilst working hard in their full or part-time roles in the hospital. We are grateful to the Eastern Regional Health Authority for their assistance in funding for continuing education and hope this financial support will continue in the future.

I wish to thank each and every member of the staff in the hospital for their tireless efforts on behalf of the mothers and babies in our care and for their support to me over 12 years as Matron. I wish my successor Ms Mary Boyd my very best wishes as she takes over this role and reassure her that her job will be made easier by the excellent team around her.

Finally I would like to thank Dr Peter Boylan and Dr Declan Keane for being such supportive colleagues (6 years each!). In good times and challenging times they have always provided leadership for the staff, both clinical and non clinical. I must thank Michael Lenihan for guiding me and the midwifery staff safely through the maze of new administrative developments in the health services.

I owe a great debt of gratitude to Mr Brian Davy, Deputy Chairman, the Executive Committee, the Finance and General Purposes Committee, and the House Committee. None of the changes or improvements in the hospital during my watch could have come about without their involvement and support. I wish the National Maternity Hospital all the very best in the future, whether in Dublin 2 or Dublin 4!

Maeve Dwyer
Matron
Neonatal Department

The neonatal department as ever carries a huge workload. Its staff is responsible for caring for all ill newborn infants born in the hospital. It acts as a regional centre for other units as well as caring for infants who are booked to deliver in the National Maternity Hospital. Some of the sickest babies are transferred either antenatally in utero from smaller units from around the country or postnatally if the babies are born prematurely or they are critically ill.

The number of babies born in the hospital has increased from 6,292 in 1994 to 8378 in 2003. As well as a 33% increase in the number of infants born, the complexity of illnesses has greatly increased. This results from the fact that expectations for the tiniest infants are increasing exponentially and place additional burdens on the neonatal department.

In addition, a large number of non-national mothers from all over the world now deliver here and bring with them new and complex illnesses with which we must grapple.

The Neonatal Intensive Care and Special Care Baby Unit had 1062 admissions during 2003. The principal reasons for admission to the neonatal unit include: prematurity, breathing difficulties and malformations. 96 of these infants weighed less than 1500 grams (3lbs) and required prolonged intensive care as a result of their small size and the complications of prematurity.

Increasingly, infants who have malformations are having these diagnosed antenatally by the Fetal Medicine Department and the Neonatal Medical and Nursing staff have a role in antenatal counselling of families regarding the postnatal problems anticipated. Many parents who anticipate having a baby with either a malformation or a preterm infant will visit the neonatal department antenatally and will meet with the nursing and medical staff.

Thus the staff not only cares for ill newborn infants but also have a role in antenatal and postnatal counselling of parents.

Fortunately the majority of babies born in the hospital is healthy and never need to visit the neonatal unit. However, each of these infants needs to be examined by a doctor and the nursing staff has an important role in ensuring that all the appropriate care is given, and that parents are familiar with the care of their infant. The increasingly early discharge of mothers combined with the increasing multiplicity of the potential problems that patients from many foreign countries have, has made appropriate care of the healthy infant extremely challenging. Babies who are discharged early are at risk of severe jaundice or severe weight loss if breast feeding is not adequately established. Good community services are essential if catastrophes are to be avoided. The Early Transfer Home Team does an excellent job in the areas they serve; however, it is not possible for them to see infants outside their catchment area.

The Baby Clinic is a very important service. It sees all babies who have spent time in the neonatal department back for at least one follow-up visit. Infants who were very low birth weight are followed up until two years of age and have a comprehensive evaluation at that time, which includes neurological examination and physiological assessment. Hearing and vision assessments are carried out during their first two years of age.

Other infants who have had neonatal seizures will also be followed up at least until one year of age. The baby clinic also sees a large number of infants who come in with concerns about feeding, vomiting and other difficulties. Some of these babies may be in fact critically ill and may require urgent readmission.

The staff of the neonatal department includes three consultants, each of whom has a responsibility to another children’s hospital as well as to this hospital.

There are three Specialist Registrars in Paediatrics, each of whom spends a year in the hospital. There are three other Registrars and five Senior House Officers. Staff also includes a Neonatal Dietician, Pharmacist and a part-time psychologist. The Neonatal nursing staff is essential team members. Without their skills and dedication to a difficult job, we could not run the Neonatal Unit.

During 2003 we appointed a full-time Neonatal Resuscitation Officer from among the nurses. As resuscitation is more likely to be needed in the immediate newborn period than at any other time during life, our new Neonatal Resuscitation Officer, Breege O’Brien, has a crucial role in ensuring that all medical and nursing staff working within the hospital are entirely proficient in resuscitation and that all equipment is entirely up to date and in good working order. We have also employed an Information Technology Officer, Fionnuala Byrne, who has a very important role in collating the department’s statistics and defining our workload. Important also is the support of our secretarial staff.
The neonatal department has an important commitment to the National Neonatal Transport Service, which is staffed by the Coombe, Rotunda and this hospital. We are responsible for all neonatal transports on one out of three weeks and during our on-call weeks a nurse and a doctor are available at all times for transport. Infants who are transported by the neonatal intensive care team are usually critically ill. A dedicated ambulance with a specially trained driver and two specially trained staff with appropriate equipment leave the hospital within one hour of a call and travel as often as far as Kerry to collect and return a critically ill infant either to this hospital or to one of the children's hospitals. This is extremely difficult work. Since the year 2000, we have been seeking the appointment of a fourth consultant who would have a major responsibility for supervising this service and for doing some of the more difficult transports. Unfortunately we have to date not been successful in having this post sanctioned.

On-going education is very important. We have eleven non-consultant hospital doctors, all of whom are trainees. We have three Specialist Registrars who are enrolled in a formal five-year paediatric training programme supervised by The Royal College of Physicians. The majority of our Senior House Officers are involved in a two year training programme, which will enable them to obtain their general professional training certificate.

In 2003, two of our nurses have enrolled in a Neonatal Nurse Practitioner Training Programme in Southampton. The clinical modules are in this hospital and this involves additional teaching responsibilities for the consultants and the senior nursing staff. It is anticipated that when the two nurses have completed their training, that they will be employed in the hospital initially as Clinical Nurse Specialists with a view to ultimately have them employed as Advanced Nurse Practitioners.

Students from the Royal College of Surgeons of Ireland and the University College Dublin attend the hospital and for at least 8 months of the year we have a student group rotating through the neonatal department.

The presence of such a large number of postgraduate and undergraduate trainees results in a large and on-going teaching commitment, for our department.

We have been well represented at national and international meetings last year. There were eight presentations from the department at the Irish Perinatal Society Meetings held in March and in October.

One of these research papers was done on conjunction with the department of microbiology of the Institute of Technology in Tallaght and was awarded the prize for the best scientific paper in October 2003. A number of these presentations have been accepted for publication. The consultants have been invited to speak both nationally and internationally at a variety of meetings during the year.

A number of groups have done some very successful fundraising on behalf on the neonatal Unit during the year. We appreciate their generosity. Funds raised were substantial and have enabled us to purchase equipment which has been very valuable in enabling us to provide intensive care to vulnerable infants.

Our main concern going forward is our critical shortage of skilled staff at medical and nursing levels. The Neonatal Department has prepared a developmental plan looking at the requirements for the next 5 years. Our most urgent requirement is the appointment of an additional Consultant Neonatologist and Advanced Nurse Practitioners.

This detailed development plan has been discussed by the Hospital Executive and has been submitted to the ERHA, but to date no progress has been made with the appointment of additional staff. This situation must be rectified in 2004 if we are to deliver a service that is safe for babies, families and for the staff themselves who are under serious and ongoing pressure.

Dr. Winifred Gorman
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 the 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.

Due to the increase in service demand the breastfeeding support midwife’s role was extended in April, to a job sharing post and we welcome Lorraine O’Hagan Staff midwife - I.B.C.L.C. as part of the team.

Education for Staff continues with 250 hours of education commitments completed in 2003. Tutorials also given to various staff groups, ranging from short orientation sessions to most staff, to the 3 day Breastfeeding Management Course, for all midwives, nurses and local Public Health Nurses which was held in April and Oct. ‘03.

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<td>Total Consultations (clinics/wards)</td>
<td>1395</td>
<td>1029</td>
<td>977</td>
<td>756</td>
<td>664</td>
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<td>Total return visits</td>
<td>40</td>
<td>41</td>
<td>37</td>
<td>62</td>
<td>126</td>
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<tr>
<td>Total new clinic referrals</td>
<td>166</td>
<td>162</td>
<td>191</td>
<td>257</td>
<td>266</td>
</tr>
<tr>
<td>Total phone contacts</td>
<td>1674</td>
<td>1467</td>
<td>1143</td>
<td>629</td>
<td>609</td>
</tr>
<tr>
<td>Follow-up complex cases</td>
<td>48</td>
<td>46</td>
<td>41</td>
<td>42</td>
<td>57</td>
</tr>
</tbody>
</table>

**Clinic Case load review:**

- Weight issues (loss/gain/static): 62, 46, 29, 23, 24
- Sore nipples: 8, 26, 1, 1, 3
- Sore breasts: 12, 9, 3, 3, 6
- Mastitis: 3, 7, 1, 3, 8
- Thrush: 2, 3
- Engorgement: 38, 35, 2, 1, 6
- "Feeding pattern": 8, 6, 0, 3, 7
- Prematurity: 4, 6, 0, 2, 2
- Jaundice: 16, 9, 2, 4, 0
- General Support (incl. over-supply / relactation): 7, 7, 3, 2, 2
- Antenatal concerns: 6, 8
- Total: 166, 162, 41, 42, 57


"The Baby Friendly Hospital Initiative" award continues to be pursued. A renewal of the Certificate of Commitment, was given for 2003. We hope to apply again in 2004.

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</tr>
</thead>
<tbody>
<tr>
<td>Initiation: (excl/partial)</td>
<td>4662</td>
<td>(60%)</td>
<td>(58%)</td>
<td>(-55%)</td>
<td>(-54%)</td>
</tr>
<tr>
<td>Discharge:</td>
<td>4388</td>
<td>(56%)</td>
<td>(55%)</td>
<td>(-52%)</td>
<td>(-50%)</td>
</tr>
</tbody>
</table>

Nicola Clarke
CMS - Lactation
Community Midwifery Service

The National Maternity Hospital’s Community Midwifery Programme has been successfully running for five years, offering a hospital outreach Homebirth and ‘domino’ service to women with low-risk pregnancies. Most of our clients self-refer having heard about the service through the media, relations and friends. Minister Michael Martin launched the evaluation report in March 2003, in association with our 4th anniversary. It was a very successful day and the minister spoke highly and fully supported the work of the team and the hospital on its midwifery-led service.

The team feels competent and confident in the homebirth service we offer with an excellent back-up support by the hospital, ambulance and gardai. The women feel confident in the knowledge that transfer means they become ‘domino’ and are looked after by the same team of midwives they know. They can take early discharge 6 hours post-delivery and are seen by the team of community midwives for 7-10 days.

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 the estimated date of delivery was added to the consent form so no confusion arose about induction date.

The primagravida homebirth rate was low this year as 3 women transferred to independent midwives at term.

| Booked for Homebirth | Primigravida | 5 |
| Delivered at home | Primigravida | 1 |
| Multigravida | 22 |
| Multigravida | 19 |

Overall Births

| Total births | 284 |
| Normal births | 243 (85.6%) |
| L.S.C.S. | 16 (5.6%) |
| Instrumental births | 25 (8.8%) |

Domino

| Total booked | 305 |
| Total delivered | 264 |

Primigravida

| Normal Delivery | 79 (71%) |
| Ventouse | 14 (13%) |
| Forceps | 6 (5%) |
| L.S.C.S. | 12 (11%) |

Multigravida

| Normal delivery | 144 (94.2%) |
| Instrumental delivery | 5 (3.2%) |
| LSCS | 4 (2.6%) |

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.

By December 2003 the team has changed by 80%. The service is now part of the hospital budget and continues to go from strength to strength.

Margaret Hanahoe
Co-Ordinator, Community Midwifery Team
Gynaecological Cancer Services

The main aim of the Cancer Strategy (1996) is the provision of the highest quality, patient-focused and integrated cancer service within the Country. The Cancer Nurse Co-ordinators posts were sought to further develop and co-ordinate the cancer services and to implement the cancer strategy.

My main function is to improve the co-ordination of cancer care through the liaison with other professionals involved in the patients' care both within the hospital and community, including: clinical nurse specialist, consultants, wards, dietician, social-workers, gynae clinic, pathology, Gp, home care services and many more.

Our service aims to play an enormous role in alleviating the fears and anxieties associated with a cancer diagnosis. The key functions include: providing information, offering support and advice, patient advocate and to facilitate communication between the patient and family and all involved in their care.

The post also involves liaising with St Vincent's University Hospital. Throughout 2003 the service continued to develop seeing approximately 135 new cancer patients diagnosed for the region.

Siobhan Hollingsworth
Gynae Cancer Nurse Co-Ordinator
NMH and SVUH
Clinical Support Services Reports

Antenatal Education Department

Antenatal education plays an enormous role in alleviating the fears and anxieties associated with pregnancy and delivery. It helps mothers and their partners to understand the physiology of childbirth and the appropriate interventions that may be necessary during the process. Classes are carried out as a team effort with the specialist knowledge and skills of the midwife, physiotherapist and dietician.

The demand is great for classes held here in the hospital particularly for couples classes. Each week, we run thirteen courses, some include partners, with two classes in the evening at 5.30pm. In 2003, there was a total of 106 courses consisting of seven classes with an attendance rate of 54%.

The course of classes covers all aspects of labour in detail and mothers are educated in the technique of breathing and relaxing. 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 necessary.

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

We find it very beneficial to have the opportunity to visit mothers post delivery, feedback is very informative. It helps to assess their level of satisfaction with the courses and also with future planning of courses. We strive to meet our consumer’s needs.

Ms. Margaret Fanagan,
Clinical Midwife Manager 2,
Antenatal Education Department.

Chaplaincy Department

The National Maternity Hospital prides itself in its holistic approach to the treatment of its patients. This approach is evident in all departments. Here in the Chaplaincy Department we strive to bring spiritual support and care into the patient’s experience of the hospital. To this end the Chaplaincy Department has available clergy and ministers for all the denominations.

One full-time chaplain, Sr. Eliza Hopkins and one part-time chaplain Sr. Cecilia Foley staff the Chaplaincy Department. When neither of these are available the priests of the parishes of Westland Row and City Quay are on call. Other denominations can be catered for on request.

The support of the Chaplaincy embraces parents, family and friends in the celebration or the sadness that may accompany a stay in hospital. Both sacramental and spiritual support are readily available. This support is available to all the staff of the hospital and is seen as complimenting the support structures of the other departments.

While much joy and happiness accompanies the birth of a child, the great emptiness that is present in the loss of a baby through miscarriage or stillbirth is something that the chaplaincy endeavours to address. Much of the chaplains time is taken up insuring that the time, space and support both spiritual and practical is available for the grieving parents to express their grief and loss in a healing way.
The necessity for the parents to bond with their lost child and the spiritual and emotional benefits of celebrating their babies life and death in the form of a naming service is now more widely known and understood. The involvement of the family both immediate and extended and a chance to allow others to experience the loss of the parents cannot be overemphasised. All of this reinforces the positive memories from so sad a loss.

Information is also available for ongoing spiritual support. To this end a Remembrance Service is held in November each year to recall the short lives of some of our babies and to remember the major impact these short lives have had on so many. This service is attended by the parents, their families, and staff from all departments. The attendance at St. Andrew's Church Westland Row of a congregation of over eight hundred last November shows the importance that so many attach to this commemorative event. The Remembrance Book on view in the hospital oratory is an ever present reminder to the memory of these little ones.

Over the last year the different cultural needs of the multiethnic society that we now live in has put new demands on the department. The need for a sympathetic sensitive response to the various cultural needs means that the Chaplain has had to seek advice in the planning and carrying out of its ministry. It is interesting to note that the language barrier is very often the least of the difficulties that have to be overcome. Many of these people have not integrated into their local parishes and their first experience of pastoral care is here in the hospital. In this regard I would like to thank the staff who have been so willing to refer parents to the Chaplaincy Department. I would like also to take this opportunity to thank those who have been supportive to the chaplains in this regard. While it would be impossible to name everyone the support and encouragement of management and staff is greatly valued and appreciated.

My grateful thanks to Fr. Arthur O'Neill and Fr. Paul St. John for their availability and support over the last year.

Sr Eliza Hopkins
Chaplain
Clinical Engineering Department

The year 2003 was a successful year in replacement of outdated equipment. We received charity funding for two new SLE High Frequency Oscillators, for which the hospital and Unit 8 in particular are very grateful. The hospital also were able to raise funding to complete the replacement of the older model syringe devices and patient monitors in Unit 8 and as such we can confidently move forward on a strong technological basis in the N.I.C.U.

2003 also saw the purchase of replacement PCA devices for recovery and subsequent use around the hospital and are currently awaiting the go ahead from the head of anaesthetics for their introduction. This will be a very beneficial change as the old devices have seen significant use over their extensive life time and from a user and patient perspective are approximately five heavier and bulkier than the new devices.

The department continued its support of the National Neonatal Transport system, which due to its continued success is looking to extend its hours of service.

Again one of the other main areas of Clinical Engineering involvement has been with training and as such 2003 saw a continued training role increase in line with available resources. This is a key area that in conjunction with new Irish Medicine Board regulations we would hope to expand.

Karl Bergin,
PCET
Dept. Of Clinical Engineering

Fiona & Paul McArdle with Dr. Gorman and one of the four Incubators they donated to the NICU. Fiona and Paul organised ‘Ava’s Ball’ which raised over €100,000 for Unit 8.
Clinical Nutrition and Dietetics

The Department of Clinical Nutrition and Dietetics consists of 2 separate dietetic posts.
- One part-time dietetic post specialises in Women’s Health. This position was covered by Pauline Gibney who retired in April after 25 years service to the hospital. Pauline established the dietetic service at the National Maternity Hospital and contributed enormously both to the hospital and to the profession of Nutrition and Dietetics during her time here. She is very much missed as a member of staff and we wish her the all best for her retirement. Sinéad Curran joined the hospital staff in April and now covers this post, also on a part-time basis.
- In addition, there is a full-time paediatric dietician, Roberta McCarthy, who provides a service to the Neonatal Department.

Paediatric Nutrition and Dietetics
Referrals were accepted to review and follow-up, as in-patients and / or out-patients, babies for whom there was any concern regarding nutrition. These included premature and low birth weight babies, babies whose growth was faltering and babies with feeding intolerances and allergies. Time was also spent developing evidence-based guidelines for best practice on several topics including enteral feeding and common feeding problems. Information sheets on various feeding issues were also developed for parents / carers.

In the past year the number of patients seen has grown steadily with a breakdown of the number of patient contacts as follows:

<table>
<thead>
<tr>
<th>January-December 2003</th>
<th>New</th>
<th>Review</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-patients</td>
<td>560</td>
<td>4469</td>
<td>5029</td>
</tr>
<tr>
<td>Out-patients</td>
<td>63</td>
<td>608</td>
<td>671</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>623</td>
<td>5077</td>
<td>5700</td>
</tr>
</tbody>
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Roberta McCarthy
Senior Paediatric Dietitian, M.I.N.D.I.

Women’s Health: Antenatal Education, Obstetrics & Gynaecology

Antenatal Education
Dietetic advice was available to all women attending The National Maternity Hospital for their antenatal classes. An initial class focuses on healthy eating during pregnancy. Towards the end of pregnancy, families are given advice on infant feeding, also in a group setting. Individual advice on dietary issues during or pre-dating pregnancy was given on an outpatient basis by appointment e.g. advice on coeliac disease, known food allergy or vegetarian diet during pregnancy. The hospital encourages breastfeeding and the dietitian is part of the team supporting this on an ongoing basis.

Women’s Health
Specific conditions for which outpatient referrals were received included: obesity, polycystic ovary syndrome, amenorrhea due to underweight, endometriosis, and urinary or faecal incontinence. Advice on weight management as an aspect of sub-fertility was the majority out-patient dietetic intervention from May- December 2003.

Inpatient referrals were varied, ranging from requests for advice on diet to assist with blood glucose regulation during pregnancy, to advice on high protein / high calorie and modified consistency diets for Gynae-Oncology patients, weight management, general healthy eating, hyperemesis and enteral feeding.
Information leaflets and diet sheets were developed and an appointment confirmation policy established to minimise the cancellation/missed appointment rate. A referral form has been developed and will be introduced in 2004.

A telephone query service has been provided on Wednesday afternoons. This is currently under review.

### May-December 2003

<table>
<thead>
<tr>
<th></th>
<th>New</th>
<th>Review</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatients</td>
<td>68</td>
<td>38</td>
<td>106</td>
</tr>
<tr>
<td>Outpatients</td>
<td>56</td>
<td>80</td>
<td>136</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>124</td>
<td>118</td>
<td>242</td>
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### Diabetes

The Diabetes clinic is held on Friday mornings. It provides a service to women with diabetes who become pregnant and to those who develop Gestational Diabetes during the course of their pregnancy. All women attending the clinic with Type 1 Diabetes, Gestational Diabetes or with raised blood sugars need dietetic advice. Women with other endocrine disorders, such as Diabetes Insipidus or Thyroid disease were also advised via this clinic. Dietary advice is reviewed as required throughout the pregnancy to ensure nutritional adequacy, appropriate weight gain and to assist with blood glucose control. Of the new patient contacts, 13% were for advice on diet and Type 1 Diabetes, 81% G.D.M. or one raised blood sugar and 6% of those seen had another endocrine disorder.

### May-December 2003

<table>
<thead>
<tr>
<th></th>
<th>New</th>
<th>Review</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>160</td>
<td>80</td>
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</tbody>
</table>

In-patient care was also provided for those women who required admission to the hospital, generally for regulation of blood sugars involving commencement or adjustment of an insulin regimen.

New diet and information sheets were designed and developed for Gestational Diabetes, Existing Type 1 Diabetes, New Type 1 Diabetes and Raised Blood Sugars.

### Sinead Curran

Senior Dietitian, MINDI
Antenatal Education, Obstetrics & Gynaecology

### Education, Policies & Protocols.

Both dietitians act as a resource for information regarding neonatal and maternal nutrition and have been involved in the education of medical, midwifery and dietetic students. In addition, both dietitians are involved in developing policies and protocols regarding best practice in their specialist areas at local and at national level.
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”. 2003 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 performed in 2003 were 144.

Physician assessments: The Physician saw approximately 137 staff members. Staff members are generally referred by Management or can self refer. The assessment is carried out with full respect of medical confidentiality. No personal medical information is relayed to Management without expressed consent of the individual employee. In addition approximately 782 staff members were seen by the Occupational Health Sister, Nancy O’Neill in the department during the year, dealing with issues such as occupational injuries, sickness/absence assessments, immune status assessments and vaccinations, MRSA screening, pregnancy risk assessments and support to staff in times of difficulty either at work or home.

Occupational injuries: Sharps related injuries totalled 45 in 2003, which is a decrease of 2 over 2002. 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.

Vaccination clinics: 403 attendances were recorded to the Hepatitis B clinic this year. All staff receive written notification of their immune status when the programme is completed.

Flu vaccination programme: was once again offered during the autumn to all staff. 23% of staff availed of the vaccine which was an increase of 8% from 2002.

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 eleventh International Conference of Health Promoting Hospital in Florence in May 2003. The title of the study was “Cultural Diversity, One Hospitals Experience”.

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.

Sr. Nancy O’Neill continued to contribute to the Infection Control Committee and the Manual Handling Training programme. Both Sr. Nancy O’Neill and Dr. O’Brien appreciate the support given to the Department by staff at all levels in doing our job during 2003.
Pathology and Laboratory Medicine

The Pathology Department received 124,423 specimens in 2003. This represented a marginal increase of 0.7% on the previous year.

The lack of space in Biochemistry, Haematology & Blood Group Serology continues to cause significant difficulties for the staff. This deficit was first reported five years ago and is still of major concern to Pathology management. Further discussions took place with the hospital Engineering Department in the autumn to try and resolve this. Various options designed to remedy this deficit are still being debated.

The lack of facilities in the post-mortem room reached such a level of concern during the year that a decision was made in September to cease conducting post-mortem's there. Management is grateful to St. Vincent’s Hospital for the use of their post-mortem facilities to allow the service to continue.

The main Biochemistry analyser was successfully replaced during the year. The new instrument will give the department additional flexibility with regard to the service being provided. The replacement of the main Haematology analyzer was also studied carefully and is anticipated that the current instrument could be replaced early next year. Planned automation of the Blood Group Serology process was alluded to in last year’s report. No progress has been achieved with this proposal.

As reported in 2002, we were able to proceed with phase one of a three year development plan to update the laboratory information system. I regret to report that phase two, planned for this year, had to be postponed as financial resources were not forthcoming.

Preparation for accreditation is on-going with continued cooperation with the Departments’ of Pathology of the Rotunda and Coombe Women’s Hospitals. It is planned to seek CPA inspection in 2005.

2003 saw an increase in our level of compliance with the standards for safe transfusion practices. Necessary changes at hospital level are continuing, and we are compliant with best practice in safe blood administration procedures.

Continuous measurement of compliance against best transfusion standards is ongoing, and the valuable information gained from analysis of incidents provides the platform for improvements. Our participation in National Blood Audits monitor blood transfusion practices against the National Blood Users Group (NBUG) publications such as “A GUIDELINE FOR TRANSFUSION OF RED BLOOD CELLS IN SURGICAL PATIENTS” and “A GUIDELINE FOR THE USE OF BLOOD AND BLOOD COMPONENTS IN THE MANAGEMENT OF MASSIVE HAEOMORRHAGE”.

The most recent NBUG publication for “Guidelines for the Administration of Blood and Blood Components” will provide the basis for changing from our current guidelines based on British Committee for Standards in Haematology (BCSH). “The administration of blood and blood components and the management of transfused patients”. The new EU Directive 2002/98/EC governing blood transfusion gives Haemovigilance a firm legislative basis within the EU, and removes discretionary elements currently present.

Finally, I would like to thank all Pathology staff for their efforts and enthusiasm in ensuring the provision of a service of the highest standard throughout the year. I also acknowledge once again the goodwill and courtesy of all other departments in the hospital in their contact with the laboratory.

Robin Farquharson
Chief Medical Scientist
Physiotherapy Department

The department had another busy year in 2003. We saw 2,558 new adult patients and 182 new babies. 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 with evening classes and at the weekends. We were ably assisted by our locum, Leah Bryans.

Physiotherapy Services for inpatients provide -
(a) Ante and postnatal treatments on wards for specific conditions.
(b) Assessment and treatment for patients post caesarean section.
(c) Pre- and postoperative treatment in gynaecological unit.
(d) Paediatric physiotherapy in the newborn unit and on postnatal wards.
(e) Postnatal exercise classes x 3 per week.

Physiotherapy Services for outpatients provide -
(a) Physiotherapy input into antenatal classes for Primigravida and Multigravida women and partners.
(b) Ante- and postnatal physiotherapy treatments for musculoskeletal problems.
(c) Assessment and treatment for urinary and faecal incontinence.
(d) Paediatric physiotherapy in baby clinic.
(e) Courses for parents on baby massage.

Pharmacy Department

The Pharmacy Department provides a range of services which have developed over the years. Reflecting the high workload within the hospital we continued to be busy.

Inpatient and Outpatient Services.
The pharmacy provides a dispensing service for inpatients on a daily basis. Outpatient and staff dispensing services are also provided. Procuring products is increasingly difficult as drug companies merge and decrease their product range.

Chemotherapy.
A total of 16 patients were treated with chemotherapy primarily for ovarian cancer.

Neo-Natal Services.
The Neonatal Unit continued to be busy. The pharmacy staff are actively involved in stock control, chart review and in ensuring that drug protocols and policies are implemented.

Drug Information.
Drug information queries are handled by the pharmacy. These arise at ward level, from the Clinics, from other health care professionals and the general public. Sourcing information on drug use in pregnancy and lactation continues to be a challenge.

Lecturing.
The chief pharmacist participates in the lecture series to the midwifery staff on Drug Administration and Breastfeeding. She also actively participates in the Drugs and Therapeutics Committee providing up-to-date information on drug usage and expenditure. She also attends Infection Control meetings.

A chief pharmacist, a clinical pharmacist, two job-sharing pharmacists and a part-time Technician staff the pharmacy. This year we welcomed Ms. Christina Lynam to the staff as a job-sharing pharmacist.

Dorothy McCormack
Chief Pharmacist.
**Physiotherapy Input into Educational Programmes**
Clinical training to UCD physiotherapy students and project supervision for TCD students.

Physiotherapy input into lecture program for student midwives, medical students from UCD and RSCI and clinical care conference unit 8.

**Continuing Professional Development**
The staff chose to attend a number of physiotherapy courses relevant to the work of the department.

*Jill Andrews*
Physiotherapy Manager

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**Pregnancy Yoga Classes**
The yoga classes continue to grow and we are now into our fifth year. Because of increased demand we have reduced the course length to six weeks. We run four classes weekly. One early morning class, two lunchtime classes and one evening class. Many women continue with extra courses particularly if they commence yoga early in pregnancy. They like the discipline of practicing in a group class as many find it hard to find time for regular home practice. The women are given handouts containing information on good posture, safe stretching exercises, breathing techniques and the role of the breath for labour, positions for labour e.g. forward standing, sitting, kneeling on all fours etc, plus the use of the Ball. Emphasis is put on pelvic floor exercises and perineal massage.

Some short period is set aside at the end of the course where questions and queries are answered. Relaxation and visualisation techniques are offered which help improve sleep and enhance positive feelings about their pregnancy.

Holistic pregnancy books are recommended which empower and encourage women at this important stage of life.

The questionnaires are faithfully returned with very positive results, and many continue their yoga practice postnatally. The student midwives attend the classes when in clinical block which is very useful as it helps give them an insight as to the woman’s needs, the positions she might want to adapt and to assist with breathing techniques.

With yoga I feel the woman can learn to develop all her body’s resources to deal with the instinctive experience of childbirth.

*Carmel Flaherty*
Midwife/ Yoga instructor

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*Clinical Support Services Reports*
Reflexology and Relaxation

It is recognised that Reflexology and Relaxation are a valuable option in many health care settings. (Benson 1988).

Relaxation

In 1995 as stress levels among Patients/Clients and staff was increasing, Hospital Management introduced a complementary therapy option. Relaxation classes were offered to staff for 15 minutes on one day per week. Attendance varies from 8 – 25 people. Feedback is very positive from regular attenders.

Reflexology

Certain categories of women attending the Hospital were offered reflexology as an option of care together with Medical Treatment. Many Midwives/Therapists were interested in being involved in providing a Complementary Therapy Service and the Director of Midwifery selected a Team of six Midwives.

Selection of Clients/Patients

Referrals were from:
- Consultants, Midwives, Counsellors
- Social Workers Psychiatrist

Reasons for Referral

Patients/Clients suffering from
- Hyperemesis Gravidarum
- Hypertension, Endometriosis,
- Pre-menstrual tension, Depression, Infertility, Insomnia, and Stress Related Problems

Initially the course consists of six to eight treatments and following these treatments then the Patients/Clients is referred back to their Consultant. Many patients are referred for Counselling following reflexology. A Health Profile is completed before and after the course of treatment.

A personal evaluation is completed at the end of the course e.g. feedback from Patients/Clients has been extremely positive and demands for therapies are increasing.

As a Health Promotion concept, Reflexology and Relaxation enhances the overall well-being of patients and staff at the National Maternity Hospital.

Gertie Cull
Midwife

The National Maternity Hospital
Annual Report 2003
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 3020 radiographic examinations and 3079 ultrasound examinations were performed in 2003.

Services provided for Paediatric Patients
1. 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.

2. Fluroscopic Gastrointestinal Contrast studies on all babies admitted to the hospital and attending out-patient clinics.

3. Micturating Cystogram studies on all infants attending the hospital.

4. 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.

5. 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
1. General elective and emergency radiographic examinations on all adult patients.

2. Intravenous Urograms and selected Fluroscopic Gastrointestinal Contrast studies as required.

3. Elective out patient Hysterosalpingography.

4. 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.

5. Elective and emergency CT examinations via the Department of Radiology, St. Vincent’s University Hospital.


7. Interventional radiology procedures via the Department of Radiology, St. Vincent’s University Hospital. Procedures include emergency nephrostomy and abscess drainage.
Ultrasound Studies

3079 Examinations
Infants 2177 (935 hip studies)
Adults 902

Total Examinations For 2003 6099

Included in the above Examinations are:

- Infant Micturating Cystograms 12
- Infant Barium Series 33
- Intravenous Urograms 3
- Hysterosalpingograms 62
- Adult Cystograms 2

Dr. Veronica Donoghue,
Consultant Paediatric Radiologist

Dr. Risteard O’Laoide,
Consultant Radiologist

Ms. Mary Corkery & Ms. Roma English
Senior Radiographers

Social Work Department

The Social Work Department offers a service to patients and their families. A priority service is given to those with child welfare issues and parents whose baby has died or is ill. A support service is available while parents and babies are patients of the Hospital and following discharge we link them with the necessary outside services in the community.

The Department is staffed by a Head Medical Social Worker, four Medical Social Workers and a Department Secretary and part time assistant. The temporary appointment of the fourth Medical Social Worker continued in 2003 to support the Departments work with asylum seekers and refugees attending the Hospital. Niamh Milliken was appointed Senior Practitioner and Máire Matthews joined the Department.

In 2003 the Social Work Department had contact with 1,272 patients. 46.9% (597) were Irish and 42.1% (535) were non-nationals. Nationality was not recorded in 140 cases (11.0%)

Child Care

There were three children placed from the Hospital into foster care by the Health Board. There was a court order taken in one case. The Medical Social Workers continue to work in close liaison with the social workers in community care in child protection cases.
Teenagers
During the year 156 young persons under the age of 18 years had contact with the Department. Counselling and support was offered to those with crisis pregnancy or addiction, domestic violence or mental health issues.

Search and Reunion
There was one reunion of an adult child and his birth family in 2003. There are currently 7 people who have indicated they wish to trace their birth parent(s) awaiting a service.

Asylum seekers and refugees
Involvement with refugees and asylum seekers is an important part of the work of the Department. Many asylum seekers have multi-factoral needs and issues which require addressing.

The Department continues to host the inter-agency meeting of other maternity hospitals, staff members of the Eastern Regional Health Authority and the Department of Justice, Equality and Law Reform on a bi-monthly basis.

Bereavement
Bereavement support was offered to parents in 131 cases. The Department’s work in close liaison with the Chaplaincy and the Bereavement Liaison Officer. Social workers continued to work with the multidisciplinary team in offering support to parents. Contact was also maintained with bereavement support agencies such as ISANDS (Irish Stillbirth & Neonatal Death Society) and the Miscarriage Association.

The Department was involved in the organisation of the Memorial Service with the Chaplaincy Department and other Hospital staff.

Training and Development
Members of the Department had the benefit of in-service training in bereavement counselling and in a programme on multi-faith awareness.

Social workers as part of their educational role continue to give lectures to medical and nursing students.

The Department continues to build up information on available support services and this year invited professionals from different agencies to update us on their services e.g. Cherish and SPIRASI -

Linen Guild
The ongoing support of the Linen Guild to the work of the Department is very much appreciated by staff and by extension the patients of the hospital.

Loretto Reilly
Head Medical Social Worker
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 2003. 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 Soha Said (Obstetrics and Gynaecology) and Dr. Cathy Burke (Obstetrics and Gynaecology) is much appreciated.

All students who attend the hospital passed the final obstetrics and gynaecology exam with three students achieving first class honours. One student, Mr. Declan McGuone, 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.

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

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’Driscoll 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

The sculpture YOU was finally moved indoors to an alcove beside the Master’s office and a few more spotlights were added to the track in the ceiling. The reception has been mixed but that in itself is a good thing as far as I am concerned as it means it is being noticed!

We had a donation of a large picture in April and it is now in the Midwife’s Sitting room.

During the Watercolours Society Yearly Exhibition I bought 3 fine pieces that now adorn Unit 4.

For the Canteen I got an original print and restored 2 existing watercolours that have been favourably received.

The Arts council asked to use Holles Street as the place for the Minister for Arts to launch two arts and health publications. Maeve Dwyer, as ever interested in the Arts, readily agreed. Minister John O’Donoghue, TD launched the publications in the Midwife’s Sitting room in November, emphasizing his belief that the health sector provides a rich and rewarding environment for artists to work in. The Chairman of the ERHA paid tribute to the collaboration between the artist and the staff and clients of the services who took part. The Minister took the opportunity to remind all parties present of the Third International Arts and Health Conference from June 25 – 27, 2004, to be held in Dublin Castle. About 45 people attended the launch.

Recently I renewed the lease on 5 pictures from Paintings in Hospitals for another 2 years, exchanging 2 of them in the process.

Another few offices have also got artworks during the year as I make my way through the building.

Tove Flanagan
Arts Officer
Backcare and Ergonomics Programme

The back care and ergonomics team had another busy year. We ran a total of twenty courses in 2003. 10 full patient lifting and handling and 10 non-patient L&H courses. We had 3 new orientation groups. All staff are obliged to attend the training with a refresher course after three years.

Unfortunately due to work demands the Physiotherapy Dept. were unable to contribute to the running of the classes in 2003. This left the midwives Carmel Flaherty, Nancy O’Neill, Mairead Greene and Ciara Macken to run the classes. I would like to take this opportunity to thank Nancy O’Neill who is leaving soon for all her help and contribution to the programme.

We continue to improve best practice at all times with follow up on risk assessments in all departments.

Carmel Flaherty
Midwife

Catering

2003 was a particularly busy year. A major refurbishment and high spec equipping programme was undertaken in the Catering Dept. During that time (16 weeks) the Catering staff worked from porta-cabins in the courtyard. The catering staff took on this relocation of their department with great enthusiasm and it was due to their flexibility and team spirit that the service was a great success.

This programme was necessary to comply with the food regulations 1998 & 2000. As a result of these regulations it is now a legal requirement for all Catering Establishments to have an effective HACCP System in place. The FSAI (Food Safety Authority of Ireland) Mission Statement is to protect consumers health by ensuring that food consumed and produced in this State meets the Highest Standard of Safety and Hygiene.

The team would like to acknowledge all the support received from the Board of Governors and all other Departments during the refurbishment period.

Among the functions that were catered for was the retirement party for Pauline Gibney, Dietician. Pauline was a great asset to the Catering Dept. We would like to wish her well on her retirement.

We welcomed three new staff members, Ruth O’Regan, Damien Frayne and Deirdre Ellis.

The Catering Staff participated in various courses during the year and are aware of the importance of training and development.

I would like to congratulate Ludmilla, Helen and Karen on their Nuptials during the year.

Finally I would like to thank the team for their help and support and in particular for delivering a Catering Service under extremely difficult conditions during the refurbishing period.

Margaret King
Catering Manager
Casemix Programme

The National Maternity Hospital, together with the other 2 Dublin maternity hospitals were incorporated into the National Casemix Programme, for funding purposes by the DOHC during 2003.

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. The more cost efficient hospitals will benefit within the Casemix budget funding programme whilst those who are less than cost effective by comparison with others, will lose out.

Within the hospital a Casemix Steering Group was established consisting of representatives from Hipe, IT, Information, Patient Services, Finance and Medical departments. This group met on regular occasions during the year and procedures were formulated to deal with the processes necessary to gather the information and enable the completion of the Hospitals Casemix submission to the DOHC.

By its nature 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. It is vitally important that all patient care episodes are coded at clinician level in order that they will be captured in HIPE. The demands on the HIPE department are ever changing and increasing and the personnel involved are to be congratulated on delivering a difficult task in what is effectively the cornerstone of the Casemix programme.

Indeed next year the DOHC are proposing to introduce an entirely new coding model and I have no doubt this will prove to be challenging and interesting times for Belinda and her team. We wish them well and any support which can be given by the maintenance of more robust coding of patient care episodes will I am sure be much appreciated.

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.

Each and every relevant department within the hospital contributed significantly to the provision of information which enabled the task to be completed. Congratulations to all who so willingly provided the required information. It is particularly appreciated knowing the daily demand that is on everyone with his or her own work routine.

Casemix allocation.
Congratulations. The National Maternity Hospital, in its first year in the Casemix programme was a winner. We had a financial gain of €25,000 and it is earnestly hoped that this trend can continue and be bettered in the future. As always funding will be based on the quality of the data that we provide and the Hospital continues to attach great emphasis and importance to the HIPE/Specialty Costing Program and to which the cooperation of all is essential.

Thanks to All.

Tommy Hayden
Management Accountant
Facilities Engineering Department

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 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 Department

In 2003 the Engineering department responds to requisitions for works covering plumbing, electrical, mechanical and carpentry services among others. Workloads have increased again this year. 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.

2003 saw an ambitious program of works undertaken. Projects such as the refurbishment of the patient bathrooms, 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 development and implementation of the Hospital’s Environmental Management System. This includes development of procedures, training, information and awareness, communication, data records, etc. in the following areas: waste management, energy management, water consumption and discharges to drain management, pollution to atmosphere, land management and contamination.

The objectives are to decrease as far as is reasonably practicable, the negatives impacts the hospital has on its environment.

Co-operation of all Staff Members is necessary to implement an effective Environmental Management System.

In March 2003, the National Maternity Hospital organised a one-day conference at the RDS, Dublin, alongside the Irish Water, Waste and Environment and the Irish Recycling and Waste Management exhibitions. This “Environmental Management for Hospitals” conference welcomed the participation of lecturers from the EPA, the Department of Health and Children, Sterile Technologies Ireland, Sustainable Energy Ireland, City of Dublin Energy Management Agency, Dublin City Council Central Laboratory, and FactorTen Resource Management / Property and Environment Forum Executive. The conference had a huge success and gathered more than 120 people.

Frederick Byrne
Engineering Supervisor

Refurbished bathroom on Unit 10
In 2003, the National Maternity Hospital increased yet again its number of waste streams, when starting in November, the segregation and recycling of paper/shredded confidential paper, cardboard, plastic bottles, cans and plastic wrapping.

All waste standard operating procedures (SOP) and the Hospital’s environmental policy, all approved by the management of the hospital, are available to all via the intranet on the hospital.

The NMH organised a clean-up day on the 25th of April 2003, and participated in the National Recycling week which took place in October (29th September - 5th of October 2003.

Figures breakdown for waste disposal and recycling for the year 2003:

<table>
<thead>
<tr>
<th>Waste type</th>
<th>Quantity disposed of/ recycled 2003</th>
<th>Quantity disposed of/ recycled 2002</th>
<th>% of increase? decrease in 2003, compare to 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare non-risk waste</td>
<td>208 tons</td>
<td>210 tons</td>
<td>-1%</td>
</tr>
<tr>
<td>Clear glass recycling</td>
<td>1.7 tons</td>
<td>3.4 tons</td>
<td>-100%</td>
</tr>
<tr>
<td>Cooking oil</td>
<td>600 L</td>
<td>200 L</td>
<td>+67%</td>
</tr>
<tr>
<td>Ink cartridges</td>
<td>148 units</td>
<td>No collection</td>
<td></td>
</tr>
<tr>
<td>Paper/cardboard/plastic bottles/cans/plastic wrapping</td>
<td>13,200L</td>
<td>No segregation</td>
<td></td>
</tr>
<tr>
<td>Building skip waste</td>
<td>37.4 tons</td>
<td>No value</td>
<td></td>
</tr>
<tr>
<td>Healthcare risk waste / Hazardous waste</td>
<td>92 tons</td>
<td>96 tons</td>
<td>-4%</td>
</tr>
<tr>
<td>General healthcare risk waste</td>
<td>3,332 Kg</td>
<td>3,200 Kg</td>
<td>+4%</td>
</tr>
<tr>
<td>Liquid/solid chemical waste</td>
<td>1,850 L</td>
<td>2,040 L</td>
<td>-10%</td>
</tr>
<tr>
<td>Electric and electronic waste</td>
<td>1,972 Kg</td>
<td>2,118 Kg</td>
<td>-7%</td>
</tr>
<tr>
<td>Batteries</td>
<td>85 Kg</td>
<td>165 Kg</td>
<td>-94%</td>
</tr>
<tr>
<td>Fluorescent tubes and waste containing mercury</td>
<td>98 Kg</td>
<td>134 Kg</td>
<td>-37%</td>
</tr>
<tr>
<td>Fridges</td>
<td>16 units</td>
<td>6 units</td>
<td>+63%</td>
</tr>
</tbody>
</table>

Waste management
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Figures breakdown for waste disposal and recycling for the year 2003:

Energy management and indirect emissions to atmosphere
In 2003, the NMH used 3,907,118 kWh of electricity (3,540,000 kWh in 2002, +10%), indirectly producing 1,112 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 778,573 kWh (134,000 kWh in 2002, +481%), indirectly producing 156 tons of CO₂ equivalent. This important increase is due to the change of hospital water heating system from electricity to natural gas, in October 2003.

For the second year in a row, the hospital participated in the Energy Awareness Week (21st – 27th of September 2003) and the Winter Demand Reduction Incentive (WDRI).

Water consumption
The NMH readings would indicate an approximate consumption equivalent to last year: 19,265 m³ (20,300 m³ in 2002, based on NMH own readings, -5%), equivalent to an approximate consumption of 210 m³/bed/day (220 m³ in 2002). The NMH still encounters difficulties re water consumption and estimation of consumption by Dublin City Council.

Discharges to drain
Discharges to drain monitoring were conducted in 2003, in accordance with the Hospital’s discharges to drain licence. Tests include BOD, COD, detergents, oils, fats and greases, pH, temperature, suspended solids, VOC and semi-VOC, etc. Tests results were forwarded to Dublin City Council as per licence requirements.

Severine Duputie
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, Catering, Household, Security, Health & Safety, Car Parking, Laundry, Communications and Waste Management etc.

In 2003 funding was made available for the refurbishment of the Catering Department. The Refurbishment of the catering department was a huge undertaking which apart from the general refurbishment of the fabric of the building necessitated the complete replacement of the majority of the catering equipment. After considerable effort and hard work by all involved the Main Catering Kitchen and Canteen were completely refurbished. The Staff and Management of the Catering and Household Departments are to be commended for the extra effort they contributed to the operation which ensured continuation of services while works were in progress. We now have a completely refurbished Catering Kitchen and Canteen – only leaving Ward Kitchens requiring refurbishment for 2004

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.

As part on ongoing security enhancements additional Personal Attack call buttons were installed in the basement of the Nurses Home. This provides a direct alarm facility monitored by the Front Hall for all Staff using the changing facilities in the basement.

In order to maximise use of our resources a number of additional clocking points were installed throughout the hospital and the Security Officer was directed to continuously patrol the hospital and grounds. With the aide of our computerised clocking system we continue to closely monitor and control these patrols again assuring maximum cover is provided from existing resources.

In 2003 we upgraded the CCTV system and expanded the digital recording storage facility and upgraded some of the key cameras. The ability to obtain Quality CCTV images is an essential requirement to assist the Gardai in following up serious incidents.

The activations of the Baby tagging system continued to be monitored in 2003. In-order to assist in reducing false activations of the system reports on activity were generated and issued to Hospital and Nursing Management. In addition to issuing these activity reports proposals were submitted outlining a number of suggestions that would assist in curtailing the frequency of alarm activations if adopted.

A review and where appropriate an update of the various Health and Safety policies was undertaken in 2003. 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 together with appropriate training 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.

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. Ann Hanley, Head Housekeeper and her Assistants Patricia and Mary and their Staff continued to provide an excellent service in an increasingly busy and demanding environment.

The Laundry services continued to provide a seamless service to our increasingly busy Hospital providing quality linen on a timely basis to satisfy the requirements of patients and staff.

Our Hospital's telephone communications hub the switch remained busy with callers still showing a preference for using the pleasant and efficient service provided by Kitty O'Connor and her colleagues in the Switch.

The Portering Service under the direction of our very pleasant Portering Services Manager Ken Ray continued to provide an excellent service to the hospital in 2003. Works are continuing in the development and implementation of systemised procedures to ensure consistency of quality and efficiency in the delivery of all Portering services.

The Health Service continues to develop and evolve at an increasingly faster pace with the various initiatives under The Health service reform programme beginning to make an impact at ground / front line level. The Benchmarking, Sustaining Progress and the Parallel Benchmarking agreements have given Management and Staff an opportunity to embrace real team and partnership approaches to flexible modern patient focused methods of service delivery. Progress with Support staff has been excellent and I would like to take this opportunity to thank all support services staff for the cooperation and enthusiasm in positively embracing this fundamental shift in approach to service delivery.

An increasingly demanding and discerning client expecting quality service and value for money coupled with the general health service reform has heightened the necessity to operate and develop quality assurance initiatives in our service delivery throughout the Hospital. To this end the NMH has signed up for Accreditation through the Irish Health Services Accreditation Board. Bearing in mind that it is the path to accreditation wherein self assessment and development of best practice service provision that yields dividends as much as the final recognition of being accredited I am pleased to note that Support Services have already began ground work to ensure systemised procedures with inbuilt control mechanisms are in place to facilitate our progression on the road to accreditation.

Finally 2004 promises to be a demanding but exciting year for the development of support service provision in the health service and 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 2003 and commitment to service developments for 2004.

Tony Thompson
General Services Manager
**Housekeeping**

The housekeeping department is responsible for the cleaning of the entire hospital.

We employ a staff of sixty. The household staff are employed in a variety of areas within the hospital, wards theatre, and special care baby unit. We also provide a twenty-four hour cover in Delivery Ward.

Most staff will spend the largest proportion of their time on cleaning duties, but they also serve meals to patients. We try to carry out the cleaning program without disrupting the health facility services.

Continuously we review our practices and procedures relating to the standard of services provided. The supervisors are participation in training and supervisors development, which will be passed on in a program for the household staff.

Congratulations to Jekaterina Timofejeva on the birth of her baby son.

I would like to thank Mary and Trish my assistants for their support throughout the year also the household staff for their hard work and corporation.

**Ann Hanley**  
**Household Service Manager**

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**Laundry Department**

The Laundry Department is one of the smallest departments in the N.M.H. We dealt with over One Million pieces of linen in 2003. Over 630,000 pieces of clean linen was delivered to the hospital and distributed to the various departments. Over a period of time all this linen had to be collected and returned to Celtic Linen Ltd. and Express Dry Cleaners.

With the week on week, month on month and year on year stock use system we can give each department a record of the linen they have used and the cost.

The Laundry Department has developed into a most effective, efficient, cost control and reliable department for the hospital. It is proactive in changing to meet the highest standards that are demanded by both the public and the hospital.

The Laundry services contract is up for tendering in 2004 and the Laundry Department will ensure that they continue to maintain the high standard that every one has come to expect from it.

I would like to take this opportunity to thank Stephen Tone (Laundry Porter), Nursing Staff and all other Staff for their co-operation and help over the last year in helping the Laundry Department reach its objectives and goals in providing an Effective, Efficient and Proactive Laundry Services for the National Maternity Hospital.

**Mr. Patrick McAuley**  
**Laundry Services Manager**

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**Portering Services**

The year 2003 was another busy year for the National Maternity Hospital and subsequently the porters of the hospital. The 20 members of the portering staff carry out a variety of tasks throughout the numerous areas of the hospital, including Delivery Ward, Theatre, the Laboratories, and many more. I would like to take this opportunity to welcome two new porters, James Brien and Thomas Hogan. I hope they will be very happy while working here.

During the year a new CCTV system became operational and this has proved to be of great benefit to both patients and staff as an additional security measure.

Again, as in previous years the porters entered a team in the hospitals annual golf classic and were happy to be placed. We hope to do better this year on 27th May.

We look forward to the challenges of 2004 and aim to provide the best possible service to the patients and staff of the NMH.

**Ken Ray**  
**Portering Services Officer**
Telecommunications

2003 was another very busy year throughout the hospital and this was reflected in the work at the switchboard.

The clinics were particularly busy and even with DDI (Direct Dial), calls return to the switchboard every 30 seconds until they are answered. The central booking office uses an automatic queuing system which is more efficient.

The demand for bleeps has been particularly high with approximately twenty extra provided this year.

Extensions are continually being added, and some relocated as offices are moved around.

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

Ms Kitty O’Connor
Senior Telephonist

Human Resources Department

For the Human Resources Department 2003 saw a continuation of ongoing developments from 2002 and the commencement of some new initiatives.

The rolling out of the new computerised software systems i.e. time and attendance (Clockwise) and HR (Source HR) continued during the year with more departments receiving training.

Clockwise and Source HR allows for more efficient recording and transfer of information throughout the Hospital e.g. weekly staff clock-ins are now sent directly and electronically to the payroll department. Also all staff can now check their holiday balances from the clock-in scanners in the basement and on the fourth floor.

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.

2003 also saw the start of the Dignity at Work project. The aim of the initiative was to promote the rights of all staff in the Hospital to be treated with dignity and respect at all times. It began with the launch of the new policy in July and was followed up with awareness training sessions for staff. By December 180 members of staff had attended the half day training. Further awareness sessions have been arranged during 2004.

During the closing months of the year the Hospital began preliminary work on a new management development programme involving over forty managers/supervisors and ward sisters. The aim of the project is to work with the managers in exploring ways of developing their skill base in the Hospital. This programme will continue over the following 12-24 months.

Finally I would like to take this opportunity to show my gratitude by thanking all the staff on the HR team for their continued contribution and loyalty throughout the year.

Marie Fahy
Human Resources Manager
Information Department

Information and knowledge is a key organisational resource. As Information Officer, I work closely with IT and Patient Services Departments along with admin and medical staff in the hospital. The prime areas of my role are:

- Extracting and analysing information from hospital information systems to assist management decisions and to highlight changing / emerging trends
- Co-ordinating ERHA and DoHC Activity returns and Parliamentary Questions as they arise
- Producing internal hospital activity reports
- Publication of the hospitals annual report and annual clinical report
- Developing and designing internal information systems in conjunction with relevant hospital stakeholders
- Providing an information service for the dissemination of hospital information internally and also providing information to external agencies e.g. Media, other hospitals/medical agencies.

In 2003, developments include:

Development of Hospital Intranet and Internet Websites:
In conjunction with the IT department, a project was commenced with the department of Computer Science in Trinity College to develop the hospitals Internet and Intranet web sites. As part of their final year thesis’ John Paul Finnegan and Ross Allen are re-designing the hospitals web sites, this project will be completed and the new sites going live in 2004.

Joint Maternity Information Projects:
A number of projects were undertaken across the three Dublin maternity hospitals (NMH, Coombe and Rotunda) these include:

- A Data Verification project is currently being undertaken across the three maternity hospitals. This project looks at how we capture core information in each hospital, and ensuring it is cross comparable and accurate.
- A Geocoding Project was also undertaken with the Health Information Unit of the ERHA. This project will look at the catchment of each of the hospitals delivery population. This project will tie in with census information allowing analysis of census and clinical information. It is hoped that this can be used to identify crucial developmental statistics.

- Involvement in a project to agree Common Clinical Data Definitions across the three maternity hospitals. Arising from this, a set of core information tables were agreed by the three masters and published in each of the annual clinical reports in 2003. This facilitated easier inter-hospital comparability of clinical activity.

As Information Officer I also work closely with Fionnuala Byrne who was appointed Neonatal Systems Officer in 2003. Fionnuala’s role involves the verification and standardisation of all neonatal information captured in the Neonatal Unit. Fionnuala is also responsible for the collection and submission of data to the Vermont Oxford Database (VOD). The VOD is a world wide network that allows anonymised clinical data to be compared with other institutions to improve effectiveness and efficiency of medical care for newborn infants. Fionnuala has also been involved in the development of a ‘Follow Up Database’. This database will be used follow the developmental progress of infants born less than 1500 grammes.

Róisín Moriarty
Information Officer
Information Technology Department

When computers were first introduced into the hospital in 1995 there were seven PCs in total in the hospital, today the number of PCs on desks is in excess of 175. Email is now widely used as a communication tool both within the hospital and externally. During the year we successfully made use of video conferencing technology to meet with companies outside Ireland. The hospital faces challenges and risks associated with maintaining a high level IT support so that we can keep abreast of emerging clinical and communication technologies.

The hospital continued to develop its information systems during 2003. Projects included the procurement and implementation of the Mediscan Information and Imaging System for Colposcopy and Oncology; this is the only system of its kind in Ireland or the UK. This project was lead by the National Maternity Hospital on behalf of five Dublin hospitals. The hospital implemented software to allow automatic transfer of PKU files from Temple Street hospital, this system is similar to the one implemented in the lab which allows the transfer of files from the Virus Reference Lab. Implementation of phase 1 of the laboratory three year development plan took place. The network infrastructure was upgraded equipment was replaced to improve network performance to 1gb speeds. Review of the Patient Administration System happens on an annual basis when possible this year printouts including front sheet, delivery summary print outs and labels were updated.

We commenced a project to comply with new GRO directives, i.e. collecting PPS and other information in line with the new Civil Registration and modernisation programme, which includes sending birth details for registration to the GRO offices electronically via the government VPN. A project with Trinity College was commenced where students doing their final exams in IT took on the redevelopment of the Internet and Intranet site of the hospital. This project will be completed in 2004 and will offer tremendous opportunities for the hospital to exploit the use of an Intranet site.

Four excellent dedicated and hardworking people staff the IT department. I would like to take this opportunity to thank them for their efforts and loyalty during the year.

We work very closely with all other departments in the hospital. I would like to thank my colleagues in the other departments and look forward to maintaining the excellent working relationships we already enjoy.

The hospital IT department has very strong links with the IT departments in the other two maternity hospitals. We work in partnership when possible. All three now have the same Patient Administration System and are jointly working on the Civil Registration Project.

Ann O’Connor
IT 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**

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**Medical Records Department**

With an increase in deliveries and other clinical services the Medical Records Department has maintained its effective administrative support throughout our Chart Retrieval, Birth Registration, Satellite Clinics and Central Dictation areas.

2003 saw the Department receive 850 written requests for information. These requests ranged from general queries to full copies of Medical Charts by Patients, G.P.’s and other Hospitals. This was an increase of 14% from the previous year.

The new Paediatric Chart has been formatted and signed off by the Committee. Every baby born in the Hospital from now on will have their own chart created.

The success of scanning the Delivery Ward Registers and our automated management system has led to further research into scanning of records and optical disc storage. We are undertaking a pilot scheme in scanning a section of our Gynaecological Records onto disc and also onto microfilm. The Medical Records Department is continuously looking at different document managing systems with the ongoing publicity about Electronic Patient Records.

We are currently exploring our options in relation to the secondary storage of our archived Medical Records. New premises have been viewed and a decision is expected in the New Year. This will be in line with the high standard and efficient quality of service guaranteed as part of our Department’s policies and procedures.

I would like to thank all the Medical Records Team for their hard work and dedication and look forward to another rewarding year.

**Alan McNamara**  
**Medical Records Manager**
Purchasing and Supplies

This year was again a very busy year for the Purchasing & Supplies Department with various initiatives gaining momentum.

Our upgraded tendering software, used across the three Dublin Maternity Hospitals, is significantly more user friendly than the system package used heretofore. Data presentation has been greatly improved as has the reporting functionality. Reports can now be sent to remote locations electronically and downloaded onto A4 paper size as required - a significant improvement on the sprocket type A3 music-rule size. The need, however, for the continuous production of paper reports has diminished since all reports can be accessed easily on screen. Information data can be imported and exported to and from the system electronically thus saving on time and minimising error. This development was profiled in the Sunday Business Post earlier in the year.

The Maternity Group's product catalogue in respect of medical & surgical products, under development during the past twelve months, is now virtually complete. An enormous amount of work went into this project and the benefits are emerging through the €15M Surgical tender competition now underway. In time, all products purchased by the three Dublin maternity hospitals will be cross-referenced to the point where we will be able to examine and analyse expenditure on a like for like basis. No matter what hospital you examine, one of the recognized major difficulties in product analysis is the actual definition and specification of the product and this causes endless problems for the supplier, buyer and user alike.

Formal supplier measurement has been ongoing over the past year and significant improvements have been made in maintaining a very healthy supply chain relationship with our suppliers in the market. A very odd supplier falls foul of meeting the hospitals expectations and we have been quick to address and rectify any shortcomings over the table. Suppliers welcome this challenge and feedback and a number have incorporated some of our measurement criteria into their internal procedures. A number have used our performance reports when seeking to expand their agency lines or compete for other tender competitions.

The hospital's Purchasing & Supplies Department has featured in the Institute of Purchasing & Materials Management international magazine during the year. This medium gives us the opportunity of profiling our Department, what we do, how we do it and detailing our future plans and aspirations.

As mentioned earlier, the production of paper reports in the tendering function has diminished due to the implementation of improved computer technology. The concept of the “paperless office” has been bandied about for years with great interest but without any uptake. I believe that suitable technology is now available to realise this concept in the main and the Purchasing & Supplies Department will be actively pursuing this avenue in the coming year or so. It should be possible to develop practically our requisitioning function on-line and therefore dispense with the many thousand requisition forms used in the hospital annually. I look forward to the cooperation of user departments in working with us as this initiative unfolds.

As this report is being written, we are working hard to maximise the benefit in selecting the most suitable products / vendors from the current surgical tender competition through a process of cost analysis and product evaluation. I wish to thank all the clinicians and users involved in the evaluation processes for their input, dedication and commitment.

At the end of the day, the primary objective of the Purchasing & Supplies department in the hospital is to meet our customers expectations by buying well, by providing what is wanted when it is wanted and by delivering a supplies service with a smile. We do encourage and welcome feedback - whether good or bad - and I am always available to discuss any aspect of the service that users may wish to bring to my attention.

Finally, I would like to add that the Purchasing & Supplies service would be non-existent without the full commitment from staff here and I would like to take this opportunity to thank all the staff in this department for their hard work and dedication in achieving the bottom line.

Gerry Adams
Purchasing & Supplies Manager
## Income and Expenditure

Extracts from the Hospital's Income and Expenditure Account for the Year Ended 31 December 2003

<table>
<thead>
<tr>
<th></th>
<th>2003 (€'000)</th>
<th>2002 (€'000)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ordinary Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>1,620</td>
<td>1,399</td>
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<tr>
<td>Treatment Charges</td>
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<td>4,347</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>7,256</strong></td>
<td><strong>5,746</strong></td>
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<tr>
<td><strong>Ordinary Expenditure - Pay</strong></td>
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<td></td>
</tr>
<tr>
<td>Medical NCHD's</td>
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<td>Consultants</td>
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<td>Nursing</td>
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<td>Para-Medical</td>
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<tr>
<td>Housekeeping</td>
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<tr>
<td>Catering</td>
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<td>744</td>
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<td>Porters</td>
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<td>Maintenance</td>
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<td>Administration</td>
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<td>Pensions</td>
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<td>VHSS Lump Sums</td>
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<tr>
<td>VHSS Refunds</td>
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<td>62</td>
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<td><strong>Total</strong></td>
<td><strong>33,033</strong></td>
<td><strong>31,178</strong></td>
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<tr>
<td><strong>Ordinary Expenditure - Non Pay</strong></td>
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</tr>
<tr>
<td>Medicines, Blood &amp; Gases</td>
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<td>1,518</td>
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<tr>
<td>Laboratory Expenses</td>
<td>808</td>
<td>737</td>
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<tr>
<td>Medical and Surgical Appliances</td>
<td>2,857</td>
<td>2,440</td>
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<td>X-Ray Expenses</td>
<td>36</td>
<td>71</td>
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<td>Provisions</td>
<td>463</td>
<td>412</td>
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<td>Heat, Power and Light</td>
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<td>267</td>
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<td>Cleaning and Washing</td>
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<td>550</td>
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<tr>
<td>Furniture, Hardware and Crockery</td>
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<td>90</td>
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<td>Bedding and Clothing</td>
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<td>72</td>
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<td>Maintenance</td>
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<td>492</td>
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<td>Transport and Travel</td>
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<td>184</td>
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<td>Finance</td>
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<td>Education, Training</td>
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<td>406</td>
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<td>Computer Expenses</td>
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<td>707</td>
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<td>Miscellaneous</td>
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<td>1,029</td>
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<td><strong>Total</strong></td>
<td><strong>12,970</strong></td>
<td><strong>13,738</strong></td>
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<tr>
<td><strong>Surplus/(Deficit) for Year</strong></td>
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<tr>
<td>Excess of Expenditure over income</td>
<td>38,747</td>
<td>39,170</td>
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<tr>
<td>Less : Annual Allocation</td>
<td>37,953</td>
<td>40,562</td>
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<tr>
<td><strong>Surplus/(Deficit)</strong></td>
<td><strong>-794</strong></td>
<td><strong>1,392</strong></td>
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</table>
### Cumulative Figures

Extracts from the Hospitals Income and Expenditure Account For the Year Ended 31 December 2003

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>€ ‘000</td>
<td>€ ‘000</td>
</tr>
<tr>
<td>Surplus/(Deficit) Brought Forward</td>
<td>787</td>
<td>-605</td>
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<tr>
<td>Surplus/(Deficit) transferred from Income &amp; Expenditure</td>
<td>-794</td>
<td>1,392</td>
</tr>
<tr>
<td>Surplus/(Deficit) Carried Forward</td>
<td>-7</td>
<td>787</td>
</tr>
</tbody>
</table>

### Balance Sheet

Extracts from the Hospitals Balance Sheet as at 31 December 2003

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>€ ‘000</td>
<td>€ ‘000</td>
<td>€ ‘000</td>
<td>€ ‘000</td>
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<tr>
<td>Fixed Assets</td>
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<tr>
<td></td>
<td>63,322</td>
<td>62,320</td>
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<tr>
<td>Current Assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stock</td>
<td>518</td>
<td>426</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debtors</td>
<td>6,596</td>
<td>8,141</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7,114</td>
<td>8,567</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Liabilities</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Bank Overdraft</td>
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<td>3,158</td>
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<tr>
<td>Creditors</td>
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<td>4,580</td>
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<tr>
<td></td>
<td>7,079</td>
<td>7,738</td>
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<tr>
<td>Net Current Assets</td>
<td>35</td>
<td>829</td>
<td></td>
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<tr>
<td>Non Current Liabilities</td>
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<td></td>
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<tr>
<td>Trust Fund Loan</td>
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<td>-282</td>
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<tr>
<td>Net Assets</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>63,075</td>
<td>62,867</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Represented By :</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Capitalisation Account</td>
<td>63,040</td>
<td>62,038</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accumulated Surplus/(Deficit)</td>
<td>-7</td>
<td>787</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Funds</td>
<td>42</td>
<td>42</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>63,075</td>
<td>62,867</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Statistics for the National Maternity Hospital

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Primip</td>
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<td>2744</td>
<td>3212</td>
<td>3336</td>
<td>3572</td>
<td>3469</td>
<td>3427</td>
<td>3551</td>
<td>3646</td>
<td>3747</td>
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<tr>
<td>Multip</td>
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<td>3872</td>
<td>3961</td>
<td>4210</td>
<td>4242</td>
<td>4065</td>
<td>4295</td>
<td>4429</td>
<td>4376</td>
<td>4508</td>
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<td>Total</td>
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<td>6616</td>
<td>7173</td>
<td>7546</td>
<td>7814</td>
<td>7534</td>
<td>7722</td>
<td>7980</td>
<td>8022</td>
<td>8255</td>
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</table>

Mothers Delivered

Community Midwives Deliveries
### Accounts and Statistics

#### Fetal Assessment Attendances

<table>
<thead>
<tr>
<th>Year</th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Fetal Assessment Attendances</td>
<td>17316</td>
<td>18034</td>
<td>17192</td>
<td>17784</td>
<td>19224</td>
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</table>

#### Emergency Room Attendances

<table>
<thead>
<tr>
<th>Department</th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obstetric/Gynaecology</td>
<td>3718</td>
<td>3534</td>
<td>3935</td>
<td>4237</td>
<td>4306</td>
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<tr>
<td>Paediatric</td>
<td>803</td>
<td>750</td>
<td>547</td>
<td>608</td>
<td>741</td>
</tr>
<tr>
<td>Total</td>
<td>4521</td>
<td>4284</td>
<td>4482</td>
<td>4845</td>
<td>5047</td>
</tr>
</tbody>
</table>
The National Maternity Hospital
Annual Report 2003

<table>
<thead>
<tr>
<th>Theatre Activity</th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Operations</td>
<td>1534</td>
<td>1562</td>
<td>1671</td>
<td>1775</td>
<td>1921</td>
</tr>
<tr>
<td>Minor Operations</td>
<td>2472</td>
<td>1972</td>
<td>1808</td>
<td>1885</td>
<td>1782</td>
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<tr>
<td>Total</td>
<td>4006</td>
<td>3534</td>
<td>3479</td>
<td>3660</td>
<td>3703</td>
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</tbody>
</table>

**Major Operations**

![Graph showing Major Operations from 1999 to 2003]

<table>
<thead>
<tr>
<th>Inpatient Discharges</th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obstetric</td>
<td>11596</td>
<td>11878</td>
<td>12113</td>
<td>12621</td>
<td>12986</td>
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<tr>
<td>Gynaecology</td>
<td>1406</td>
<td>1122</td>
<td>1380</td>
<td>1303</td>
<td>1195</td>
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<tr>
<td>Paediatrics</td>
<td>934</td>
<td>854</td>
<td>917</td>
<td>1061</td>
<td>1067</td>
</tr>
<tr>
<td>Total</td>
<td>13936</td>
<td>13854</td>
<td>14410</td>
<td>14985</td>
<td>15248</td>
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</tbody>
</table>

**Inpatient Discharges**

![Graph showing Inpatient Discharges from 1999 to 2003]
### Accounts and Statistics

#### Outpatient Activity

<table>
<thead>
<tr>
<th>Year</th>
<th>Obstetrics</th>
<th>Gynaecology</th>
<th>Neonatal</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>38280</td>
<td>9267</td>
<td>4173</td>
<td>51720</td>
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<tr>
<td>2000</td>
<td>36079</td>
<td>9064</td>
<td>4305</td>
<td>49448</td>
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<tr>
<td>2001</td>
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<td>45585</td>
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<tr>
<td>2002</td>
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<td>9278</td>
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<td>48400</td>
</tr>
<tr>
<td>2003</td>
<td>36271</td>
<td>9341</td>
<td>4335</td>
<td>49947</td>
</tr>
</tbody>
</table>

Note: Naas Clinic Activity included in 1999, 2000 & Jan - June 2001 attendances

#### Overall Average Length of Stay

<table>
<thead>
<tr>
<th>Year</th>
<th>Obstetrics</th>
<th>Gynaecology</th>
<th>Paediatrics</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>3.06</td>
<td>3.39</td>
<td>11.37</td>
<td>3.65</td>
</tr>
<tr>
<td>2000</td>
<td>2.92</td>
<td>3.35</td>
<td>12.10</td>
<td>3.52</td>
</tr>
<tr>
<td>2001</td>
<td>2.89</td>
<td>3.12</td>
<td>10.38</td>
<td>3.39</td>
</tr>
<tr>
<td>2002</td>
<td>2.80</td>
<td>2.95</td>
<td>9.68</td>
<td>3.30</td>
</tr>
<tr>
<td>2003</td>
<td>2.69</td>
<td>2.98</td>
<td>9.10</td>
<td>3.16</td>
</tr>
</tbody>
</table>

#### Out Patient Attendances

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>51720</td>
</tr>
<tr>
<td>2000</td>
<td>49448</td>
</tr>
<tr>
<td>2001</td>
<td>45585</td>
</tr>
<tr>
<td>2002</td>
<td>48400</td>
</tr>
<tr>
<td>2003</td>
<td>49947</td>
</tr>
</tbody>
</table>
2003: Inpatient and Daycase Admissions by Specialty

- Obstetric: 83%
- Gynaecology: 7%
- Paediatric: 10%