The
National Maternity Hospital,
Holles Street

Annual Report 1997
The National Maternity Hospital, Holles Street

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Outpatients Department – Sr. Myra Radcliffe
The National Maternity Hospital 1998
Hospital Co-ordinator: Sheila Broughan
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Postnatal Unit 11
Deputy Chairman’s Report

I have pleasure in presenting the report on the hospital for the twelve months ended 31 December 1997.

This is my first report since taking over from Alex Spain as Deputy Chairman in August 1997. Alex held the post since 1980 and over that period of 17 years gave superb service to the hospital and never failed to answer the numerous calls of duty. I only hope I can carry forward his initiatives and to try to help this hospital to provide the highest level of care in circumstances that are so demanding.

I welcome the new Master Elect, Dr. Declan Keane to the hospital who takes up his post on the 1 January, 1998. Dr. Keane comes to the hospital from the John Radcliffe Hospital in Oxford where he had been a Consultant in Obstetrics and Gynaecology since completing his term as Assistant Master in 1995.

The year marked the end of Dr. Peter Boylan’s Mastership and I would like to thank him for his leadership over the past seven years during which time the hospital experienced a significant increase in activity. The Executive Committee express their appreciation of his input and many achievements including the appointment of the current Matron and Secretary/Manager, the development of the Merrion Wing and his focus on communication and openness.

During the year the three Dublin Maternity Hospitals engaged Mr. David Kennedy to prepare a Strategic Review Report which addresses the role of the hospitals in the organisation and the delivery of services in the Dublin region. The report, presented to the Department of Health in December, is primarily concerned with the totality of the services provided by the three hospitals in the greater Dublin area including their national tertiary care responsibilities. Its focus is on the development of these services for the future in a coherent and planned manner and, in particular, on the implications of the establishment of the new Eastern Regional Health Authority with consequent changes in the funding arrangements for public patients.

Once again, activity levels at the hospital increased over the previous year. The number of mothers delivered was 7556, an increase of 5.4% over 1996 and 21% since 1994. Activity levels have reached proportions that are not sustainable within the present infrastructure of the hospital.

The need to develop the hospital has to be addressed with the Department of Health as a matter of priority in 1998.

I would 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 world wide.

J. Brian Davy
Deputy Chairman.

Executive Committee Report

Executive Committee

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 Rev. A. O’Neill replaced The Rev. J. Fitzpatrick on the Executive Committee as Administrator of the Parish of St. Andrew, Westland Row. Dr. Peter Boylan was elected as A Governor under clause 13 of the Bye Laws.

Staff Appointments

Dr. Grainne Flannelly and Dr. Mary Wingfield were appointed as Consultant Obstetrician/Gynaecologists. Ms. Rosa Mogan was appointed as Assistant Matron. Ms. Jan Brett and Ms. Mary Corkery were appointed as job share Senior Radiographers. Dr. Valerie Donnelly was appointed as Assistant Master.
Management of Labour Course – Senior Registrars/Midwives

New Appointments

Jan Brett
Senior Radiographer

Mary Corkery
Senior Radiographer

Dr. Valerie Donnelly

Dr. Grainne Flannelly

New Appointments

Rosa Mugan
Assistant Matron

Dr. Mary Wingfield

Dr. Peter Bodan

Rev. A. O’Neill

New Governors
Staff Retirements


Developments during 1997

Improvements to the hospital continued in 1997 with a dedicated day chemotherapy facility being provided in Unit 4. Work commenced on the expansion of the Delivery Ward during the latter part of the year. The computerisation of the laboratory was started and a pneumatic tube system distribution system was installed to facilitate the delivery of specimens to the laboratory.

Charter Day

We had a very good attendance at Charter Day which was held on the 30th. January 1997 and was hosted by Dr. and Mrs. Boylan to whom we are most grateful.

Hospital Awards and Certificates

Certificates were presented to nurses who successfully completed the Special and Intensive Care of the New-born Course.

The John F. Cunningham Medal was awarded to Dr. Niall Sheehy. The A. Edward Smith Medal was not awarded. The Kieran O’Driscoll prize was presented to Mr. Brendan Doyle. The Royal College of Surgeons Medal was awarded to Dr. Mary Browne.

Hospital Finances

As can be seen from the report of the Finance and General Purposes Committee a deficit of £37,998 was incurred during the year. This deficit reflects, once again, the significant increase in activity during the year.

Health & Safety

The development of departmental safety statements continued during 1997. Ms. Carmel Flaherty was appointed as a part time (80%) Health and Safety Officer and she organised many courses for staff together with regular inspections with a view to reducing accidents.

Conclusion

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.

Kevin Mays
Honorary Secretary

Dr. Peter McParland, Sr. Elizabeth Cotter-Fetal Assessment Unit
Non Pay Expenditure - 1996

- Medical Consumables: (38.9%)
- Hotel Costs: (12.8%)
- Maintenance & Upkeep: (8.9%)
- Insurance, Office & Training: (5.3%)
- Miscellaneous: (34.1%)

Non Pay Expenditure - 1997

- Medical Consumables: (41.5%)
- Hotel Costs: (12.1%)
- Maintenance & Upkeep: (6.7%)
- Insurance, Office & Training: (5.8%)
- Miscellaneous: (33.8%)

Pay Expenditure - 1996

- Consultants and NCHD's: (47.0%)
- Nursing: (17.3%)
- Paramedical: (5.9%)
- Support Services: (13.5%)
- Administration: (6.7%)
- Pensions & Lump Sums: (7.7%)

Pay Expenditure - 1997

- Consultants and NCHD's: (47.3%)
- Nursing: (17.3%)
- Paramedical: (6.6%)
- Support Services: (12.4%)
- Administration: (7.8%)
- Pensions & Lump Sums: (8.5%)
The Finance and General Purposes Committee continued its monthly review of the hospital accounts. The increase in activity levels at the hospital impacted on the hospitals finances and resulted in a deficit for the year of £37,998 despite additional funding being provided by the Department of Health for specific items.

Gross expenditure was £1,798,131 and this represents an increase of 13% over the 1996 running costs. Payroll costs accounted for 71% of the gross expenditure and non-pay expenditure accounted for 29% of gross expenditure giving a similar pattern to previous years. Income for the year increased to £2,960,133 being 16% of gross expenditure for the year. Gross expenditure was funded by the Department of Health allocation of £14,985,000 and patient and other income of £2,960,133. The deficit of £37,998 increased the deficit carried forward to £211,615.

Developments
The development of the HIPE system continued and funding for a new financial system has been sought from the Department of Health.

### Comparison of Expenditure

<table>
<thead>
<tr>
<th>Year</th>
<th>Gross Expenditure</th>
<th>Patient Income</th>
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<td>17.983</td>
<td>2.960</td>
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<tr>
<td>1996</td>
<td>15.956</td>
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<td>2.150</td>
</tr>
<tr>
<td>1992</td>
<td>12.957</td>
<td>1.721</td>
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J. Brian Davy
Honorary Treasurer
Secretary/Manager
Michael Lenihan, Dip. H.A.

Accountant
Ronan Gavin B.B.S.(Hons) A.C.A.

House Committee
Mrs. A. Davy
Dr. P. Boylan (Master)
Mrs. M. Owens
Mrs. J. D'Arcy
Mrs. L. MacDonald
Mrs. U. Crowley
Mrs. K. Conroy
Mrs. J. Meagher
Mrs. M. Spain
Mrs. M. Anderson
Mrs. K. O'Grady
Mrs. K. Maguire
Mrs. M. Ensor

Professionals Advisers

Law Advisers
Gerard, Scallan and O'Brien,
69-71 St. Stephen's Green, Dublin 2.

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

Auditors
Coopers & Lybrand, Chartered Accountants,
George's Quay, Dublin 2.

Engineers
Varming Mulcahy Reilly Associates,
Landscape House, Landscape Road, Dublin 14.

Architects
William H. Byrne & Son,
20 Suffolk Street, Dublin 2.
Quantity Surveyors
Leonard and Williams,
32 Nassau Street, Dublin 2.

Health & Safety
Fire Safety Consultants Ltd.,
Rathdrum, Co. Wicklow.

Board of Governors

Governors ex-officio
Dr. Desmond Connell (Archbishop of Dublin - Chairman)
Mr. John Stafford (Lord Mayor - Vice Chairman)
Dr. Peter Boylan (Master)

Ver Rev. Bernard Brady (Parish Priest of the Parish of Haddington Road)

Very Rev. Brian Power (Parish Priest of the Parish of Sandymount)

Rev. John Fitzpatrick (Administrator of the Parish of St. Andrew, Westland Row - Replaced by Rev. A. O'Neill in August '97)

Nominated by the Minister For Health
Ms Nuala Fennell
Ms Patricia O'Shea

Nominated by Dublin Corporation
Councillor J. Doyle
Councillor M. Mooney

Governors Elected
1937 Mrs T. J. Gilmartin
1937 Mrs A. Murnaghan
* 1941 Patrick A. Duggan
* 1944 Dr. Mary Greene
* 1951 P. J. Brennan
1952 Mrs Frank Duff
1953 Gerard Lardner, SC
1953 Patrick McGrath
*Prof. D. K. O'Donovan
* 1954 John Woods
* 1956 Mrs. E. Coyle
* 1956 Dr. J. G. Gallagher
* 1956 Mrs. J. Malone
* 1956 Dermot O'Reilly-Hyland
1957 Dr. Garret Fitzgerald, TD
* 1957 Mrs. S. Geoghegan
* 1957 Mrs T. P. O'Riordan
1958 Mrs S. O'Sullivan
1858 Dr Deirdre Pepper
*1959 Prof. Sheamus P. Dundon
*1959 Prof. E. O'Dwyer
*1961 Mrs S. deValera
1961 Prof. T. Murphy (deceased 1997)
*1961 Mrs S. Dundon
*1961 Patrick Kelly
*1962 Alex J. Spain (Deputy Chairman)
*1963 Mrs K. O'Driscoll
*1963 Mrs T.D. Hanratty
*1964 Mrs Robert W.R. Johnston
*1964 Patrick J. Spain
*1967 Sean O'Sullivan
*1967 Mrs Conor P. Maguire
*1968 Joseph Derek Davy
*1968 Prof. Eoin O'Malley
*1969 Prof. Kieran O'Driscoll
*1969 Dr Alan O'Grady
*1969 Francis A.J. Duff, FRCSI, MCh
*1970 Mrs D. Meagher
*1971 Mrs P.A. Duggan
*1971 Mrs T.A. Finlay
*1971 Mrs E. O'Malley
*1972 Desmond McGuane
*1974 Dr Joseph Alvey
*1974 S.P. Boland
*1974 Mrs. Coleman Conroy
*1975 Mrs M. Ensor
*1975 John M. Lepere
*1975 Donal S. Mc Alcese
*1976 Prof. Enda Hession
*1976 Dr. Declan Meagher
*1976 John F. Meagher
*1976 Mrs L. Lynch
*1977 Mrs D. W. MacDonald
*1978 Mrs N. Crowley
*1979 Dr Brendan Murphy
*1980 Dr John R. McCarthy
*1980 Dr Niall O'Brien
*1981 J. Brian Davy (Honorary Treasurer)
*1983 Mrs A.J. Spain
*1983 Mrs J D'Arcy
*1983 Patrick Moriarty (deceased 1997)
*1983 Neill McCann
*1983 Mrs J. Meagher
*1983 Prof. S. Blake
*1984 Dr D. W. MacDonald
*1984 Mrs J.M. Stronge
*1985 Rev. Thomas O'Keeffe
*1985 Dr J.T. Gallagher
*1985 Dr R.J. Jackson
*1985 Edward Bourke
*1986 Mrs M. Hayes
*1986 Gabriel Hogan
*1986 Mrs M. Owens
*1986 Dr J. Stanley
*1987 Prof. P. Masterson
*1989 Mrs A. Davy
*1990 Mrs M. Anderson
*1990 Mrs K. O'Grady
*1990 Mrs C. Hederman
*1991 Dr J. Stronge
*1991 Dr J.F. Murphy
*1992 Dr F. Boylan
*1992 Mr Kevin Mays (Honorary Secretary)
*1995 Mr Peter Sutherland
*1995 Professor C. O’Herlihy
*1996 William Johnston
*1997 Dr. P. Boylan

* Denotes life governor
Kathryn MacQuillan - Overseeing Developments to Delivery Unit

A Peaceful Moment in the Delivery Unit
Master's Report

There was a significant increase of 5.5 per cent in the numbers of babies born in the hospital in 1997; 7,682 babies were born during the year. There was a 5 per cent increase in first-time mothers who now make up 45 per cent of all mothers delivered at the hospital. The past 4 years witnessed a 21 per cent increase in the numbers of babies born and a remarkable 30 per cent increase in first-time mothers. The increase in the proportion of first-time mothers is a reflection of declining family size in the community served. The number of first-time mothers, 3,367 (45%) was the largest in the hospital's history. The liberalisation of the epidural policy - in 1997 69% of first-time mothers received an epidural in labour - has compounded the effect of the increased numbers of first-time mothers. Allied to increased expectations, these changes have placed a significant strain on the hospital and the midwifery staff in particular.

One mother died during the year, she had been transferred, in a comatose condition from another hospital at 25 weeks gestation, was delivered by Caesarean section following stabilisation and then transferred to the intensive care unit of a general hospital where she unfortunately died. The cause of death was a brain haemorrhage. Ninety nine babies who weighed at least 500g were either stillborn or died within four weeks of birth. This gave a perinatal mortality rate of 12.8 per thousand, and a corrected (congenital malformations excluded) mortality rate 9.1 per thousand. Expressed another way this means that 99 per cent of babies who weighed at least 500g at birth and were normally formed survived.

The incidence of Caesarean section was 10.8 per cent, similar to the previous year's figure.

On the gynaecological side 3,607 operations were performed. One hundred and thirteen women attended for treatment of Gynaecological cancer. Many of these women are referred from hospitals around the country, a tribute to the standard of care given by all involved. The gynaecological cancer unit is the largest in the country.

The Department of Neonatal Medicine was also extremely busy: the details are presented on page 14 of this report. It is interesting to note that 25 babies were transferred from other hospitals, again a tribute to the national reputation of the hospital.

All other areas in the hospital continued to be very busy. There were 16,331 assessments performed in the Fetal Assessment Unit with more than 110 referrals for assessment from other hospitals, 665 antenatal classes were given by the Antenatal Education Department. More than 291,240 tests were performed in the Department of Pathology and there were 2,902 women reviewed in the Colposcopy Service.

University College Dublin and the Royal College of Surgeons in Ireland continued their teaching activities at undergraduate level and the Active Management of Labour courses continued successfully. The neonatal and paediatric courses also continued. A new relationship with University College Dublin has been initiated by the School of Midwifery and this will significantly enhance the educational experience for the pupil midwives, although it also resulted in a reduction of pupil midwives on the wards.

Two new Consultants were appointed during the year. Drs. Mary Wingfield and Grainne Flannelly were appointed to replace Drs. Joseph Stanley and John Stronge, who gave many years dedicated service to the hospital. We wish them well in their retirement. In June my successor as Master, Dr. Declan Keane, was elected and also appointed Consultant. Dr. Keane comes to the hospital from the John Radcliffe Hospital in Oxford, England, where he had been a Consultant in Obstetrics and Gynaecology since completing his term as Assistant Master in 1995.

The year on year increase in numbers of women attending the hospital continued through the whole of 1997 and there is no prospect of this continued increase either diminishing or stopping. The increase is particularly marked among women expecting their first baby, a group who require more resources from the hospital due to their longer duration of labour, higher rate of Caesarean section resulting in longer bed stay, and they also require much more midwifery input after the birth to establish breast feeding and help with care of the newborn baby. The increase in numbers of women attending the hospital is partly a reflection of the economic boom, but primarily due to demographic features in the population served by the hospital. These demographic features were predictable, and predicted to the Department of Health by the hospital during discussions over the past several years. The increase in numbers had a serious impact on all areas of the hospital, but particularly on staff members in the front line of providing patient care. The midwifery staff were especially affected by the increased workload. Pressure on postnatal accommodaton meant that considerable numbers of women eligible for private accommodation in the Merrion Wing were placed, by necessity, in public wards, thereby aggravating the over crowding which public patients were experiencing and diluting the ability of the midwives to deliver high quality care. Refusal to permit an expansion of the Merrion Wing was difficult to reconcile with an announcement from the V.H.I. that they were recruiting 1,000 new
members each week. Over the past several years discussions have been held with the Department of Health to discuss the difficulties the hospital has in coping with the continued increase in numbers. To date the response from the Department of Health has been disappointing. There is an urgent need to expand the hospital's facilities and improve staffing ratios if the hospital is to continue treating the ever increasing numbers of women who wish to attend.

Despite difficulties during the year, all members of staff, but particularly the midwifery staff, responded to the increased workload in magnificent fashion. The success of the enterprise depends upon the hard work of all categories of staff and I deeply appreciate the support of everyone towards achieving a common aim.

I wish my successor, Dr. Keane, every success in his term as Master, he has the support of the most able workforce available.

**Dr. Peter Boylan**
**Master.**

### Neo-natal medicine

The hospital in 1997 had the highest number of births (7682) since 1985. A total of 999 infants were admitted to the neonatal unit of whom (25) were transferred from regional hospitals. Approximately 50 per cent of infants were preterm, of whom (118) required assisted ventilation. High frequency ventilation is now routine and also many infants benefited from nitric oxide inhalation. The standard of neonatal nursing care is without equal and postgraduate nurse training continues and this progress has continued to contribute graduates to neonatal units throughout the country.

Nurse practitioner training is now very much on the agenda and hopefully this higher level of training will be established in the near future. We have also been privileged to have had the assistance of first class trainee Paediatricians in the past and this continues to be so. The majority of Registrars now hold MRCPI degree.

The recent development of the Bio-engineering Department has been of immense help with respect to management of hi-tech equipment. There is a continuous demand for up-to-date and new equipment to generate the highest standards of care and the advent of new incubators in 1997 was welcome. We are extremely grateful to those parents who have, through their endeavours, raised significant sums of money for the unit. The intensive care area has been refurbished in recent years, however the isolation area urgently requires upgrading. It is an eyesore to all concerned.

The care of the newborn embraces virtually every area of the hospital to include theatre, delivery ward, postnatal wards and out-patient department and the responsibility for same is directed by 3 Consultants Paediatricians assisted by trainee Paediatricians. Approximately 5,000 infants are seen in the out-patient clinics during the year to include a Consultant based development clinic which oversees the development of very low birth weight infants and infants at risk of neurological problems.

The aim for the future is to continue development of intensive care and to assist where possible the transfer of ill newborns from regional units and to provide optimum care for them. It is envisaged that in the near future the Department of Health will provide an ambulance service specifically to cater for sick newborns. Parents demand and should receive the best care for their sick infants.

**Dr. N.O’Brien**
**Director Unit 8.**
Anaesthesia

The overall incidence of regional anaesthesia in labour continued to rise and for the first time reached 50%. In first time mothers the rate was 69% and in others was 36%. In patients having delivery by Caesarean Section, I am pleased to record a significant delivery rate under regional anaesthesia of 82% with only 18% having general anaesthesia. There are many advantages to this mode of anaesthesia for Caesarean delivery and the technique is considered to be the factor in contributing to the reduction in maternal mortality from anaesthetic causes.

157 patients attended the anaesthetic assessment clinic. This clinic is for gynaecological patients as well as obstetric patients. Approximately 2/3 of patients were obstetric and 1/3 gynaecology. The clinic was held 37 times during the year.

There were 52 attendances at the pain clinic with 27 new patients and 25 returns. The pain clinic was held on 10 occasions.

Dr. Breda O'Kelly presented a paper at The European Society of Anaesthesia in London on "New modalities of treating peri-partum haemorrhage."

The hospital supported the launch of a booklet "Relief in Pain in Labour" which is sub titled "an information booklet for the pregnant patient". It attempts to answer a series of frequently asked questions by patients and was compiled by Dr. Gallagher.

Dr. Edward Gallagher. Anaesthetist
Medical Staff

Master

Peter Boylan, MB, MAO, FRCPI, FRCOG
Obstetricians and Gynaecologists
Michael Foley, MB, MAO, FRCPI, FRCOG
Reginald J. A. Jackson, MD, FRCPI, FRCOG
Peter Lenihan, MB, FRCPI, FRCSI, MRCOG
Peter McParland, MD, MFRCOG, MRCPI
John F. Murphy, MD, FRCPI, FRCOG
Orla Sheil, MD, MRCOG
Joseph C. Stanley, MB, MAO, FRCOG (to 31.3.97)
Mary Wingfield, MD, MRCOG
Grainne Flannelly, MB, BCh, BAO, MRCOG
University College Dublin
Prof. C. O’Herlihy, MD, FRCPI, FRCOG, FACOG
Royal College of Surgeons in Ireland
Dermot MacDonald
Assistant to the Master
Laurence Impey, MBRS, MRCOG (MA)
Mary Wingfield MB, MRCOG (to 31.10.97)
Valerie Donnelly, MB, BCh, BAO, MRCOG (from 3.12.97)
Pathologist
Peter Kelcham, MB, MSc, FRCPath.
Radiologist
Brigid V. Donoghue, MB, BCh, BAO, DMRD (L), FRCR (L)
Paediatricians
Winifred Gorman, MB, BSc, FRCPI
John F.A. Murphy, MB, MRCPI
Niall G. O’Brien, MB, FRCPI
Anaesthetists
Edward G. Gallagher, MB, BCh, FFARCSI, FFARCS, (Eng)
Kevin McKeating, MB, BCh, FFARCSI
James D. O’Keefe, MB, BCh, FFARCSI
Breda O’Kelly, MB, BCh, FFARCSI
Psychiatrist
Anthony McCarthy, MB, BAO, BCh, MRCPI, MRCPsych

Visiting Consultant Staff
Respiratory Physician
Walter McNicholas, MD, FRCPI, FRCP (C) FCCP
Diabetologists
Richard Firth, BSc FRCPI, DABIM (Endo-Metab.)
Niall O’Mera, MD, MRCPSI
Renal and Metabolic Physician
A. Watson, MD, FRCPI, FACP, FCP
Cardiovascular Medicine
Desmond Fitzgerald FRCPI
Ophthalmologist
Michael O’Keeffe, MB, FRCSE
Reproductive Endocrinologist
Prof. David A. Powell, MD, FRCPI
Physician in Chemotherapeutic Medicine
Dr. David Fenelly, MB, BCh, BAO, LRCSI, MRCPI
Paediatric Neurologist
Bryan Lynch
Honorary Consulting Staff
Physician
Prof. Muiris X. Fitzgerald, MD, FRCPI, FRCP
Surgeons
T.V. Keaveny, BCh, FRCSI, FRCS (Ed.), FACS
Prof. Niall O’Higgins, MCh, FRCS, FRCSI
Oto-Rhino-Laryngologist
Alex Blayney, MCh, FRCS, FRCSI
William Grant FRCS
Urological Surgeons
Daniel G. Kelly, MCh, FRCSI
Consultant in Genitourinary Medicine
Fiona Mulcahy, MD, FRCPI
Gastroenterologist
John Crowe, PhD, FRCPI
Orthopaedic Surgeon
Frank McManus, FRCSI
Dermatologist
Sean O’Loughlin FRCPI
Radiotherapist
Michael Moriarty, MD, FRCPI, FRCR
Paediatric Cardiologist
Desmond F. Duff, MB, FRCPI, FAAP, DCH
General & Colorectal
P. Ronan O’Connell MD, FRCISI
Matron's Report

1997 was the busiest year in the hospital since 1981. Activity in 1997 was up 6% on 1996. First time mothers represented 45% of the mothers delivering in the hospital. This is particularly important to midwives since first time mothers spend longer in labour and in the postnatal wards.

We continue to audit our breastfeeding rates. Our breastfeeding initiation rate in 1997 reached 60%. Thirty midwives and public health nurses completed the WHO/UNICEF three day breastfeeding course. This course had to be held on several occasions to facilitate staff attending. To date 225 midwives and public health nurses have completed this training course.

Thirty new midwives qualified in 1997. Thirty two new students commenced their Higher Diploma in Midwifery. This programme is under the academic auspices of UCD and taught by the midwifery tutors.

Six students undertook the Special and Intensive Nursing Care of the Newborn course during 1997. Over 70 neonatal nurses and doctors qualified in neonatal resuscitation during the year.

During the year three midwives qualified as instructors in Basic Cardiac Life Support (B.C.L.S.). Twenty five midwives have now completed this training programme.

During 1997 several courses were organised by the midwifery tutors for other health agencies. Twenty four midwives from the Midland Health area undertook a refresher course during the year. In addition we organised an epidural study day for 22 Midland Health Board midwives. The midwifery tutors organised a Return to Midwifery Programme which 9 midwives attended.

On the continuing education front, lectures were held every month and we also organised 2 study days for midwives. The Journal Club continued to be very popular during 1997.

Our educational collaboration with the Coombe and Rotunda Hospitals continued during 1997. Six study days for midwives were held, 2 in each hospital, during 1997. The topic was New Directions in Midwifery Education and included an up-date on European midwifery initiatives. We are very grateful to the Department of Health for their generous allocation for continuing midwifery education. During 1997 a total of 9 midwives were supported to undertake degree level study. In addition 2 midwives are undertaking the Higher Diploma in Healthcare Risk Management. Partial funding and study leave is provided for midwives undertaking degree level study in UCD and Trinity College.

We continue to receive midwife visitors from Ireland and abroad. Visitors during 1997 came from Germany, Palestine, the United Kingdom and the USA.

We continue to participate in the WHO International Health Promoting Hospitals Network. In addition, Maureen Fallon was appointed a member of the Expert Group on Home Births.

Our Management Programme for senior midwives which has been running successfully for several years was held again in 1997. Twenty four midwives attended. The sisters Management Development programme continued with two study days on leadership.

During 1997 we said goodbye to Noreen Evans, Assistant Matron since 1979. We all miss her eagle eye and her keen wit which she used to good effect for over 20 years! Noreen's bridge and golfing partners had better watch out. Rosa Mugan was appointed Assistant Matron in March. Rosa brings to her new post considerable midwifery and managerial skills. She has worked in the hospital since 1980. Rosa was Delivery Ward Sister for 12 years which is of great benefit to the midwifery management team.

Two new sisters were appointed during the year, Breid O'Dea in Delivery Ward and Margaret Given in Anaesthetics.

In a climate where both activity and expectations are increasing the hospitals' resources can be greatly stretched. None experience as much pressure as midwives who are in the front line. For this reason they deserve not just my sincere appreciation but also the hospitals gratitude for the tremendous efforts that they continue to make to provide a safe standard of care to women and their babies. The funding of the expansion of labour ward at the end of the year provided us with hope for the future. It is now our hope and expectation that midwifery staffing in the hospital appropriate to the activity will be approved by the Department of Health.

Maevé Dwyer
Matron
Senior Nursing Staff

Matron
Maeve Dwyer M.Sc., RGN, RM, FFNRCsi

Assistant Matrons
Mary Purcell RGN, RM, FFNRCsi
Maureen Fallon BA, M Equal Stds, RGN, RPHN, RM
Rosa Mugan RGN, RM

Senior Tutor
Cora McCorish MTD, RGN, RM

Tutors
Ursula Byrne BNS, RGN, RM, RNT
Gertie Cull RGN, RM, FFNRCsi
Ann McMahon BA, HDE, RGN, RSCN, RM, ADM, RNT

Night Superintendents
Denise Patterson RGN, RM
Josephine Reilly-Griffin RGN, RM

Unit Nursing Officers
Geraldine Duffy RGN, RM, RNC
Kathryn MacQuillan RGN, RM

Theatre Superintendent
Mairead Hever RGN

Ward and Department Sisters
Mary Brosnan RGN, RM
Doreen Buckley-Lawsen BA, RGN, RM
Mary Byrne RGN, RM
Ann Cianan RGN, RM

Elizabeth Cotter RGN, RM, HDMU
Noreen Daly RGN, RM
Niamh Doughty RGN, RM
Phyllis Doughty RGN, RM
Lys Duff RGN, RM
Margaret Fanagan RGN, RM, Dip HA
Ann Farrell RGN, RM
Florie Fee RGN, RM
Margaret Given RGN
May Glavey RGN, RM
Valerie Greig RGN, RM
Margaret Jordan RGN, RM
Marie Martin RGN, RM
Clare McCormick RGN, RM
Cathy Mulligan RGN, RM
Mary O'Connor RGN, RM
Breid O'Dea RGN, RM
Marian O'Neill RGN, RM
Marie O'Neill RPN, RGN, RM
Myra Radcliffe RGN, RM
Anne Rath RGN, RM
Rosemary Roy RGN, RM
Patricia Shaw RGN, RM

Maeve Dwyer presenting Student Midwife Dana Hardy with Matrons Prize
CLINICAL SUPPORT SERVICES REPORTS

Ante-natal Education

Childbirth is a unique event in a woman’s life. It generally has a very happy outcome. For a woman giving birth for the first time, the events of those few hours and the choices she makes can have particular significance. Antenatal Education carried out in a caring and supportive manner, plays an enormous role in alleviating the fears and anxieties associated with pregnancy and delivery. It promotes confidence in mothers and their partners to meet the challenge of childbirth and early parenting.

In the hospital classes are given as a team effort with the specialized knowledge and skills of the Midwife, Physiotherapist and Dietitian coming together to offer a comprehensive, structured education to the mother and her partner. The course covers all aspects of labour in detail, with one half covering the understanding of the process of childbirth while the other half covers breathing and relaxation. Breastfeeding is very much promoted and encouraged, with an initiation rate of 60% in 1997.

Courses of classes are concentrated on primigravidae with over 80% of first time mothers attending classes at the hospital. There are a total eight classes in the course with 108 courses during the year. Thirteen classes are held during the week at various times during the day with two classes in the evening at 5.30 pm. Six of the thirteen classes held during the week are couples classes; partners are very interested in attending. The demand is greater then we can meet, with our present staffing levels. We also run refresher classes for second time mothers and a special refresher class for mothers who have had a previous caesarean section. Mothers and their partners are also taken on a one to one basis if it is required.

The Antenatal Education Sister is also involved in postnatal baby care classes, in the education of the Midwifery Students, Medical Students and Registrars. There is also an increased demand to meet mothers and their partners who wish to obtain information when choosing a hospital.

It is a very busy but happy department. An important aspect of antenatal education is have the opportunity to visit mothers after delivery, the feedback is very informative.

Questionnaires are carried out at various intervals to assess the level of satisfaction with our classes and with the childbirth experience.

Margaret Fanagan
Midwifery Sister

Chaplaincy

I am conscious in penning this Report that it will be my last as serving Chaplain in this hospital. It has been a time of discovery and learning. I shall be leaving with a greater awareness of life’s processes and indeed the mystery of life itself.

As an ordained Minister, singularly important for me is the celebration of Sunday Eucharist. Many other important ministries are carried out by staff members, Baptism (of which there were over 100 last year) are frequently celebrated by the nursing staff and parents are deeply appreciative of this service. While patients greatly value the wisdom and skill of the health care professionals, they equally value the human face of the services rendered and received. I am aware of the tendency in our Western culture to live defensively. I believe it is vitally important that front line carers do not become front line targets (expected to absorb anger, aggression and become subjects of ridicule). I do not believe either that it is in the individual interest of any person to allow himself/herself to be figuratively dismembered. “Is ar scath a cheile a nhaireann na ndaoine”. I wish to express my gratitude and thanks to all staff members for their support and encouragement.

Fr. Paddy Madden
Chaplain.
**Dietetics**

The dietetic service can be divided into different categories:

- **Diabetic Clinic** - last year twenty eight insulin dependent and seventy gestational diabetic patients were seen at this clinic.

- **Antenatal Education**: The Dietitian is part of the antenatal education team and is involved in two classes per week. This is a wonderful platform to influence (even a little) the attitude to food of young parents and through them, the next generation!

- **Nutritional Phone In** - Queries vary from pre-conceptional advice to advice in pregnancy to advice on feeding babies.

- The Dietitian sees women with any specific dietary problem e.g. coeliac disease, anaemia or women who are vegan or vegetarian.

- The Dietitian takes referrals from the Gynaecological Clinic and from the Adolescent Clinic.

- Students - Students of Human Nutrition and Dietetics from Trinity College Dublin attend the department as part of their clinical training. The dietitian lectures to each new group of Student Midwives and Medical Students that come to the hospital.

The Dietitian works on Wednesday, Thursday and Friday.

*Pauline Gibney, M.I.N.D.I. Dietitian*

**Pathology**

The Pathology Laboratory experienced a very busy year in 1997. 97,318 specimens were processed giving an increase of 6% over the previous year. The number of tests generated was 291,240 - an increase of 15% over 1996. This increase in tests was almost double that encountered in recent years.

**Pathology Tests 1991 - 1997**

<table>
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<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Specimens</td>
<td>79,719</td>
<td>79,798</td>
<td>83,912</td>
<td>82,706</td>
<td>88,062</td>
<td>91,614</td>
<td>97,318</td>
</tr>
<tr>
<td>Tests</td>
<td>175,552</td>
<td>188,686</td>
<td>200,100</td>
<td>214,397</td>
<td>233,798</td>
<td>252,857</td>
<td>291,240</td>
</tr>
<tr>
<td>Tests/Spec Ratio</td>
<td>2.2</td>
<td>2.4</td>
<td>2.4</td>
<td>2.6</td>
<td>2.7</td>
<td>2.8</td>
<td>2.9</td>
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</table>

We are pleased to report that sanction to proceed with the computerisation of the Pathology Laboratory in 1998 has been granted by The Department of Health and Children. This will have a major beneficial effect on the management of the laboratory reporting and record systems.

**Biochemistry**

The trend in the Biochemistry department increased dramatically with an increase of 20% in specimens and a 40% increase in tests. This continued increase in the tests being requested is highlighted by the fact that tests have more than doubled in the last five years.

**Blood Group Serology**

The increase in activity in the Blood Group Serology department reflected the increase in the hospital population. Senior Technician Ray Collins, attended a consensus meeting in Edinburgh, discussing Anti-D immunoglobulin prophylaxis. This conference was attended by most of the world leaders in this field, and their recommendation, which was later published, was that routine antenatal administration of Anti-D immunoglobulin was advised. This will have a significant impact on the management of Rheses Negative mothers antenatally.

**Cytology**

The Cytology department encountered a backlog in reporting cervical smear reports. As reported last year, changes in the level of Quality Control has contributed substantially to this problem. Certain measures implemented towards the latter part of the year has alleviated this backlog. Senior Technician Eilish Reynolds, attended the annual conference of the National Association of Cytologists at the University of Warwick in March.
Staff Midwife Blaithin NicAmhlaoibh – Intensive Care Unit 8

Staff Midwife Kay Hand – Chemotherapy Room
**Microbiology**

The Microbiology department's workload continued to increase in line with the rise in hospital population. It continued to monitor hospital infections and detected no major outbreak during 1997. All staff members attended various professional meetings during the year.

**Haematology**

The demand on Haematology, as with other departments, reflected the increase in the hospital population. Coagulation assays continue to contribute to this increasing workload. Seamus Hayes attended a conference in February on Coagulation and Thrombophilia screening in Cheltenham.

**Histopathology**

The additional LLETZ specimens in the Histopathology department contributed to the 3% rise in the number of tests. These cases generate an inordinate amount of work, in comparison to other cases. All staff members attended work-shop meetings during the year.

The resources available to the Pathology Laboratory were put under considerable strain during 1997. Additional staff, space and an urgent review of the workload encountered on the emergency out of routine hours on-call service were requested. The space allocated to the Microbiology laboratory has become critical and is currently being reviewed with a view to expansion in 1998. These resource deficiencies need addressing in the forthcoming year.

**Pharmacy**

The pharmacy department is staffed by a chief pharmacist, a part time pharmacist and a full-time technician. Inpatient and outpatient services are provided. In addition specialised services are provided. In addition specialised services are provided to the Neonatal Unit, Gynaecology Unit and Theatre.

The workload of the pharmacy increased last year - a reflection of the high activity within the hospital and the overall increase in births.

The Neonatal Unit was extremely busy with an increased number of babies treated with lung surfactant and Total Parenteral Nutrition. The pharmacy department also prepares certain antibiotics under sterile conditions. This service is valuable in saving nursing time.

The Gynaecology Unit displayed increased activity also. Thirty four patients were treated with chemotherapy which was prepared in pharmacy. This service has continued to increase yearly. Paclitaxel combination drug therapy was primarily the treatment of choice. This contributes to a large budget expenditure.

Outpatient dispensing increased also. This was largely due to the number of patients attending the Infertility clinic primarily for ovulation induction. There is an increased awareness among the general public about the safety of drugs used in pregnancy and lactation both from a prescribed perspective and those drugs that are freely available over the counter. This has manifested itself in the number of telephone queries which we receive in the pharmacy almost daily.

The department is involved in lecturing to the nursing staff and participated in the two neonatal seminars which took place during the year. The chief pharmacist also attends the Drugs and Therapeutics and the Infection control meetings.

**Physiotherapy**

We had an extremely busy year in our re-furbished department, which had provided ideal and sunny surroundings for patients and staff, it was a happy time. Unfortunately due to the very necessary expansion of the delivery unit the department will close in early 1998 and we face a fragmented future. It will be difficult to run an efficient and caring unit when members of the antenatal education team are separated on different floors of the hospital.

The work in 1997 continued as always ante and post natal education, Paediatric, Obstetric and Gynaecological Physiotherapy, complementary therapies i.e. aromatherapy and reflexology were available and used when considered appropriate.
Ante-natal Education

Physiotherapists working as a team with our Midwifery Sister and Dietitian provided a comprehensive programme of antenatal classes for pregnant women and their partners. 13 courses of classes were held per week for the first time mothers of which 7 are reserved for women who wish to attend an all female class and 6 including 2 evening classes are for women and their male partners. A refresher class for women who have had babies before is held on alternate Fridays and one class per month is reserved for mothers who have had caesarean section deliveries.

Post-natal Physiotherapy

Three exercise classes were held weekly for in-patients, mothers need advice for re-education of the pelvic floor, abdominal and back care. They are encouraged to return to the department if they have a problem with incontinence.

The baby massage class, held fortnightly was as popular as ever and fully booked. 151 babies were brought to classes.

Physiotherapists visited all caesarean section patients individually. They also provided specialised treatment for mothers with back problems, facial palsy, carpel tunnel syndrome and symphysis pubis dysfunction.

Paediatric Physiotherapy

Paediatric Physiotherapy includes the treatment of babies in the special care unit, post natal wards and development work with out-patients. 251 babies were seen and 719 treatment units were given.

Gynaecological Physiotherapy

Routine treatment was provided for all patients having surgery in the Gynaecological ward. Patients with incontinence were referred from the Gynaecological out-patient department and consultants rooms. A waiting list started in 1994 is still in existence. More patients with faecal incontinence were seen.

During the year the department took part in teaching programmes for Student Midwives, Physiotherapists and Medical Students from U.C.D. and the R.C.S.I. as well as visiting doctors from the U.K. and Europe.

Study days in patient handling and lifting techniques conducted by the Senior Physiotherapist with a Midwife Tutor colleague continued in 1997.

Ann King
Senior Physiotherapist

Radiology

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 pediatrics but recently with the development of gynaecology in the hospital, the demand for an adult service has increased. Efforts are underway to re-establish this service in conjunction with St. Vincent's Hospital.

Services Provided for Paediatric Patients

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

Services Provided for Adult Patients

- Plain radiography.
- Intravenous Urograms
- Hysterosalpingography
- Limited ultrasound service for gynaecological patients.

Dr. Veronica Donoghue
Radiologist,
June Gaughran
Head Radiographer
(to 30.6.97)
Social Work Department

Once again we have had a busy year in the Social Work Department. During 1997 we dealt with 2,489 women, their partners and other family members. This is the third year in a row where there has been a substantial increase in our workload and reflects the general increase in attendance at the Hospital as well as changing expectations about a more holistic model of care. The figures for 1997 are 9% up on the previous year, requiring a regular review of our resources and priorities.

We continue offering support for couples coping with the issue of infertility and the Department was part of a multi-disciplinary group which ran a seminar/information evening for couples during the year. Bereavement counselling for couples who lost a baby through neo-natal death, stillbirth or miscarriage was an area to which we devoted much attention in recognition of the enormous sense of pain and loss which families can experience. In conjunction with midwifery, medical and chaplaincy staff within the hospital we were involved in the organisation of the Annual Remembrance Day Service in November. The feedback from the service was very positive, highlighting for us the importance of attending to peoples' social and emotional needs.

Despite enormous social change in Ireland in the last decade and the recent growth in prosperity in the country we still meet many women, both married and single, for whom pregnancy is a time of crisis. We continued our work to support these women by the provision of practical information, in depth counselling and referral to other agencies as appropriate.

In 1997 two social students completed four month placement with us in the Department. The placements offered them an opportunity to work in a multi-disciplinary environment and to develop their social work skills. We also contributed to the education programme within the Hospital for pupil midwives and medical students. The Social Work Department organised two training days around the theme of working with couples. Our social work colleagues from the other maternity hospitals joined us and it proved to be a very worthwhile and interesting experience.

Finally, we hope to be able to continue to provide support and assistance in the year ahead to patients coping with loss, infertility, crisis pregnancy and other difficulties.

Irene Murphy
Head Social Worker
Undergraduate students are required to attend the hospital for a period of eight weeks. The programme is co-ordinated with University lectures to provide a comprehensive grounding in all aspects of reproductive medicine.

An examination for the A. Edward Smith Medal, confined to undergraduate students of the hospital, is held each year. The John F. Cunningham Medal is awarded annually to the student who attains the highest first class honours marks in Obstetrics and Gynaecology in the final examination. Further particulars may be had on application to the Secretary/Manager.

Professor Colm O’Herlihy

Royal College of Surgeons in Ireland

Undergraduates from the Royal College of Surgeons in Ireland attended the National Maternity Hospital for eight weeks tuition in Obstetrics, Gynaecology and Neonatology. There were twelve students in the group for the months of January/February and sixteen students in the November/December group. One of the students achieved first place and first class honours in the final obstetrical examination. She was presented with the National Maternity Hospital Obstetrical Medal for students from the College of Surgeons at the Charter Day meeting by the Master, Dr. Peter Boylan.

The programme of teaching involves Dr. John Murphy as Senior Lecturer in Neonatology, with Dr. Olivia O’Mahony as Tutor in the January/February term and Dr. Regina Cooke in the November/December term and Dr. Dermot MacDonald, Senior Lecturer in Obstetrics and Gynaecology with Dr. Melwyn D’Mello as Tutor in the January/February term and Dr. Rajeevi Mandankumar in the November/December term. The programme has continued to receive strong commendation from the students in their published review of undergraduate teaching in the fourth year. The students continue to be very well received within the hospital and are very appreciative of the efforts of the staff to help them in their learning.

Dr. Dermot MacDonald
Biomedical Engineering

The role of Biomedical engineering has continued to expand throughout the hospital during 1997. New technologies have been introduced in various clinical areas and user support provided by Biomedical engineering. One such technology introduced in Unit 8 was Nitric Oxide gas delivered through an electromedical ventilator system. This gas is used in the treatment of various respiratory and cardiac complications in neonates. This technology is a complex series of controlled gas delivery systems attached to a respirator. Levels of delivered gas range from 2 - 40 parts per million in the patients airway. During 1997 Nitric Oxide therapy (NOT) has become an established and successful clinical therapy.

User training on high technology devices is essential. Biomedical engineering role in this function is now established within the National Maternity Hospital. In-house training is provided to end users on the range of high-end technology available throughout the hospital and is constantly under review.

The departments involvement in various research projects offered us the opportunity to develop and design new equipment and equipment applications. This has proven to be most challenging and rewarding and has changed equipment practices in certain applications ensure maximum equipment efficiency.

I would like to take this opportunity to thank the people in associated departments for their help throughout the year in particular Karl Bergin, Biomedical engineer for his support and hard work during 1997.

Neil Farrington
Senior Biomedical Engineer

Catering

The 40th. Charter Day Dinner was held in the hospital boardroom on January 31st. 1997 and was coordinated by Dr. Orla Sheil. The Catering Staff appreciated the many thanks expressed by the guests in attendance.

Despite the inordinately high activity allied to the difficulty in recruiting experienced catering personnel, the Catering Department continued our commitment to main maintaining the highest possible standard of catering service to patients and staff.

The catering Staff have participated in various courses during the year.

Margaret King
Catering Officer

Housekeeping

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

Household staff are employed in a variety of areas within the hospital, catering, wards, theatre and special care unit, twenty four hours service is provided to the delivery ward.

During the year safety shoes were provided for the staff, and the staff are looking forward to the new look uniforms which will be introduced soon.

The household staff participated in a handling and lifting course which was of benefit to all.

I wish to congratulate B. O'Reilly and Kim Purdy on the birth of their baby girls.

Ann Hanly
Senior Housekeeper
Information Technology

The National Maternity Hospital programme of computerisation continued very successfully in 1997. The following personnel changes took place within the Department S/N Margaret Hanahoe left the Department to take an Acting Sister's Post, which meant that the department was reduced to two staff for the remainder of the year. The principal activities for the year included the following: All of the reporting for the clinical report is now being done through Focus. All the mappings for the product are not fully implemented.

• The information being coded in HIPE is now being transferred into the hospital management subsystem. (HMISS)

• The computer department is using HMISS at present for the production of standard reports. The use of HMISS allows maternity information to be linked with demographic and outpatient information. The product will be rolled out to other users early in 1998.

• The Birth Notification went live in the hospital in July 1997.

• OMS Version 2.7 and PAS version 10.1.1 were installed in March 1997.

• Mr. Malcolm Docherty was taken on board in a Consultant capacity to assist in the analysis of the existing project and planning a strategy for the next 5 years, based on our existing level of IT.

• The issues concerned with year 2000 compliance continue to take priority within the department. The priority of the hospital is to get an inventory of products and services which may be affected, find out their current status and take whatever corrective action necessary. A committee within the hospital has been established.

• AT&T advised us during the year of the take over of AT&T Totalcare by HBOC.

• Help Desk Call: During the year the computer Department logged 750 calls to the AT&T help desk. Approximately 1500 were dealt with locally.

• Negotiations were finalised and implementation began on the Woodard Laboratory system. This will take approximately 6 months to implement.

• Negotiations are underway for a new Financial system. The replacement of this system becomes necessary due to the failure of the existing one to comply with year 2000 requirements.

Ann O’Connor
IT Co-ordinator

Maintenance

The Maintenance Department which has a staff of four, is responsible for the day to day maintenance of the buildings and services. A preventative maintenance programme is carried out each year.

Phase 1 of the re-wiring of the Hospital commenced, this included the installation of a new main electrical switchboard and also a new larger emergency generator. New store rooms were built on each floor to replace existing space lost as a result of the re-wiring programme. All the work involved was supervised and co-ordinated by the Maintenance Department.

Francis Kane
Maintenance Supervisor

Medical Records

The Department continued with the day to day responsibilities for the accurate recording and filing of all data in relation to patients, the collection, management and presentation of all statistics, providing a secretarial service to the clinics, both external and internal, and the timely and accurate registration and notification of all births. At all times we ensure the correct code of confidentiality is maintained.

Admission and attendances continue to rise and providing charts and staff to cover continues to be a challenging and sometimes difficult task.

With the increase in bookings to the antenatal clinics, it was decided to introduce a Pilot Study of our antenatal patients holding their own charts during pregnancy, in the semi-private and outlying clinics for a two month period. Following its success it was decided to extend this to all our public patients. The feedback from the patients was very positive, with the advantages for them of no waiting time at the clinics at return visits, at presentation to casualty, or at admission to the hospital. It is hoped to extend the system to all private patients in the new year.
The department continues to have good working relationships with the public and other outside agencies. During the year we had visitors from the Al Corniche Hospital, Abu Dhabi, UAE, and from the University of Rhode Island, USA. The four UAE students on placement by the IPA spent one week in the Hospital, and the programme laid out by Hospital was greatly appreciated by them. The student from USA was on a work experience programme of eight weeks duration. During her visit she gained valuable hands on experience in all the patient services areas of the Hospital.

Finally I would like to thank all staff in the Medical Record/Patient services area for their dedication and commitment in maintaining the highest standards in another very busy year. I would also like to thank management for their continued support.

Sheila Broughan
Medical Records Patient Services Officer

I would like to take this opportunity to welcome Carmel Flaherty, Health and Safety Co-ordinator to our office.

Once again, I wish to thank my staff for their hard work and loyalty during the year, as we look forward to the challenges of 1998!

Marie T. Fahy, Personnel Officer.

Portering

There are approximately 20 porters, both male and female covering the entire hospital 24 hours a day, 365 days of the year. 1997 has been another hectic year with the hospital busier than ever, and the porters have continued to service the hospital and assist both patients and visitors wherever possible.

There have of course been renovations to the hospital building itself, and more planned for 1998, when the Delivery Ward will be extended, and consequently other departments will be relocated. The portering staff welcome these improvements and will continue to play their role alongside the rest of the staff members, working hard to improve, in any way possible the services provided by the National Maternity Hospital.

Ken Ray
Portering Services Officer

Telecommunications

The switchboard department has been extremely busy during the past year, particularly with all the moving of departments and renovations taking place all around the hospital.

There were new lines installed, extra extensions and bleeps provided and telephones replaced when required.

The new consulting rooms increased the workload at the switchboard considerably.

We look forward to having the telephone system upgraded in the near future with more "Direct Dialling" through to extensions. This would provide a more effective and professional service, and leave the telephonists free to devote more time to the calls routed through the switchboard.

Kitty O'Connor
Senior Telephonist
Purchasing and Supplies

As the hospital continues to become increasingly busier, expenditure on supplies and services continues to grow. This increase in expenditure is further compounded by further costs associated with developments in medical technology, modern medical techniques, and the ever changing needs of clinicians in delivering services directly to the patient. Recent Health & Safety at Work Legislation is another factor contributing to cost.

An example of cost increase can be best demonstrated by a chart illustration comparing expenditure in medical & surgical consumables over 2 years. Expenditure analyses must be continuously monitored and updated to provide meaningful management information reporting.

Expenditure on Medical/Surgical consumables accounts for a significant percentage of the total non pay cost to the hospital. Of this, 85% is consumed directly by the activities in Theatre, Unit 8 and Delivery.

The role of the Purchasing & Supplies Department is to service hospital demand in an efficient and effective way within predefined limited budgetary constraints. In order that this may be attainable, the Purchasing and Supplies Department must continue to be pro-active and work closely with users on product standardisation programmes, product evaluation programmes, supplier performance programmes as appropriate.

Put more directly, the business of the Purchasing & Supplies Department is to provide maximum service with minimum risk at an economical cost.

The Dublin Maternity Hospitals' Joint Purchasing Initiative co-ordinated and managed from Holles Street, continues to maximise purchasing power across a broad range of consumable supplies. The participating hospitals are the National Maternity, Rotunda and Coombe Hospitals. Following the savings achieved in the first years of the initiative through reduced pricing, cost containment has now become the primary focus. Reduced supplier base and longer contracts where practicable have been instigated.

The joint programme is further being developed to streamline activities within the procurement function and expand into the non pay service areas.

A significant change in the Hospitals' endeavours to attain value for money has been brought about by the implementation of the EU Procurement Directives from late 1997. These directives preclude price negotiation with suppliers and the consequence of this will be seen through increased cost during 1998. The directives in themselves are complex and cumbersome, particularly in the area of product selection and subsequent award of contracts. The directive provide little or no flexibility in selecting preferred products to meet particular use. Health Agencies are legally obliged to comply with the standard award criteria set out in the EU Directives and are therefore very restricted in product selection choice.

As the area of procurement and supplies continues to develop at national, regional and hospital level, many new challenges will be created. We must be aware of the changes taking place and be pro-active in meeting these new challenges. It is in this context that I wish again to thank all the staff working in the Purchasing & Supplies Department for their hard work and dedication over the past year.

Gerry Adams
Purchasing Officer

Medical & Surgical Supplies '96 '97

[Chart with data]
"Out the Back Door" Performed in the Ark.

Mrs. B.P. Maitland Presenting the Hospital with her Oil Painting

Going Home from The Ark.
Arts Programme Report

During 1997 the Arts Programme was as active as in previous years. More artwork was hung on the hospital walls, there were numerous unique musical performances, a children’s play was commissioned by the hospital and there was a very successful and innovative Artist-in-residency project. Overall awareness of the Arts was heightened in the healthcare environment.

Out the Back Door

In 1995 the hospital commissioned Marina Carr to write a play - the outcome was Portia Coughlan, which was hugely successful. At the beginning of 1997 the National Maternity Hospital commissioned the innovative theatre company Barabbas to devise a play for children. Out the Back Door, was performed in The Ark - the childrens’ cultural centre in Temple Bar and was very well received by adults and children alike. There was an evening performance especially for the NMH patrons and every invited guest took a child along to see the show.

Music Programme

There were several wonderful musical performances held in venues right throughout the hospital building during 1997. In addition to the many fine Irish musicians, there was a great treat in December when two English Musicians, Johanna Nicholson (clarinet) and Alan Emshe (percussion and keyboard) played on the first floor corridor to the delight of everyone. This performance was sponsored by Live Music Now (Belfast) and The Arts council. Throughout Christmas week we had three female musicians serenade visitors, staff and patients alike with festive and classical melodies on various woodwind instruments.

Arts for Health International Conference

In September, Mary Morgan, Arts officer, attended The Arts in Healthcare International conference in London. Over the three day conference delegates discussed Arts projects in the healthcare environment in Europe, Australia and the United States. It was good to see that the NMH Arts Programme is to the forefront, not just in Ireland but world-wide.

Hands-On Project

Perhaps the highlight of the year was the time spent by artist Ailbhe Murphy in the hospital working on an arts project with staff members. Ailbhe photographed the hands of staff members as they went about their work and finally displayed all the photos in a wonderful work of art on the walls of the hospital for all to enjoy.

Presentation

Last Autumn Mrs. B.P. Maitland of Kilquade, Co. Wicklow kindly presented the hospital with a large oil painting of an Indonesian woman breastfeeding her baby. Mrs. Maitland had painted the picture herself in the 1950’s when she lived in the Far East. The painting is hung in Unit 7.

Mary Moggan
Arts Officer
Clinics and Services

The National Maternity Hospital, Holles Street, was founded on 17 March 1894. Incorporated by Royal Charter 1903 amended by National Maternity Hospital, Dublin (Charter Amendment) Act 1936.

The hospital comprises:
Maternity Wards to which patients in labour are admitted at all hours
Gynaecological Wards for the treatment of diseases peculiar to women
Ante-natal and Post-natal Wards respectively for the treatment of expectant mothers and the special treatment of women subsequent to childbirth
Neo-natal Department for the treatment of sick newborn infants
Department of Radiology where examinations of both intern and extern patients are carried out
Department of Ultrasound and Fetal Assessment for the Assessment of pregnancy and gynaecological diseases
Department of Pathology laboratories undertake the routine pathological, bacteriological and serological investigations required in diagnosis and treatment and provide facilities for the conduct of original research
Department of Ante-natal Education where ante-natal classes are held to prepare mothers for childbirth and for care of the newborn infant Clinical teaching is carried out in all Departments
Emergency Services 24 hour service
OPD 8 am - 4 pm 1st floor 4 pm - 8 am
Clinics
Gynaecological Out-patients morning and afternoon, Monday to Friday
Anaesthetic Assessment Monday in the mornings
Cytology, Colposcopy and Laser Treatment by appointment on Monday, Tuesday and Thursday mornings and Tuesday and Thursday in the afternoon
D.E.S. second Wednesday in the afternoon
Endocrine Thursday in the mornings
Infertility 1st. and 3rd. Thursdays in the afternoon
Wednesdays in the morning
Menopause Wednesday in the afternoon
Pain Last Friday of the month
Psychiatric Friday in the morning
Smear by appointment on Tuesday evenings
Still Birth Counselling by appointment
Trophoblast first Monday in the morning
Urodynamics Monday and Thursday in the afternoon
Infants Out-patient in the morning, Monday to Friday
Ante-natal Out-patients Monday, Wednesday and Thursday 9.00 - 11.00 am, Monday, Tuesday, Wednesday and Thursday 1.30 - 3.00 pm.
Post-natal Out-patients every Tuesday and each morning to consultant attended antenatally.
Midwife Monday in the morning, Wednesday all day and Thursday afternoon
Specialist Cardiac and Diabetic Friday morning, asthmatic clinics Thursday morning, renal clinics Monday morning
Miscarriage Clinics Tuesday mornings
Satellite Ante-natal in Arklow, Bray, Greystones, Loughlinstown in the morning, Wicklow in the afternoon, Naas morning and afternoon
Perineal Wednesday in the afternoon
Endometriosis second, fourth, and 5th Thursday in the afternoon
Oncology Monday in the afternoon
Adolescent Friday in the morning
Psychosocial Counselling Monday, Wednesday, Friday in the morning, Saturday in the morning Private Neurology last Wednesday in the afternoon.
While the hospital will be available for patients under the Health Act, it is open also to patients in a position to contribute towards their maintenance and treatment. Patients accommodated in single rooms or special wards are required to contribute up to a maximum of £157 per day according to the ward occupied. Donations and subscriptions will be thankfully received by the Honorary Treasurer, by the Master or by the Secretary/Manager. It is requested that such donations and subscriptions be, if possible, remitted by cheque made payable to 'The National Maternity Hospital, Dublin' and crossed 'Bank of Ireland'
## ACCOUNTS AND STATISTICS

### Income and Expenditure

Extract from the Income and Expenditure Account for the Year Ended 31 December 1997

<table>
<thead>
<tr>
<th></th>
<th>1997</th>
<th>1996</th>
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</thead>
<tbody>
<tr>
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<td>IR£'000</td>
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<tr>
<td><strong>Ordinary income</strong></td>
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<tr>
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<td>Treatment Charges</td>
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<td><strong>Ordinary expenditure - Pay</strong></td>
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<td>Pathological Expenses</td>
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<td>Transport &amp; Travel</td>
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<tr>
<td><strong>(Deficit) Surplus for the year</strong></td>
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<td>4,696</td>
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<tr>
<td>Excess of Expenditure over Income</td>
<td>15,023</td>
<td>13,178</td>
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<tr>
<td>Less: Department of Health Allocation</td>
<td>14,985</td>
<td>13,089</td>
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<tr>
<td><strong>(Deficit)/Surplus</strong></td>
<td>(38)</td>
<td>(89)</td>
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</table>
Cumulative Figures
Extract from the Income and Expenditure Account for the Year Ended 31 December 1997

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<tr>
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<tr>
<td></td>
<td>IR£'000</td>
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<tr>
<td>Deficit brought forward</td>
<td>(174)</td>
<td>(85)</td>
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<tr>
<td>Additional Department of Health allocation in respect of prior years</td>
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<tr>
<td>Deficit brought forward restated</td>
<td>(174)</td>
<td>(85)</td>
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<tr>
<td>(Deficit/Surplus for year transferred from Income &amp; Expenditure Account)</td>
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<td>89</td>
</tr>
<tr>
<td>Deficit Carried Forward</td>
<td>(212)</td>
<td>(174)</td>
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Note: Grants from the Department of Health have been accounted for on a receivable basis.

Balance Sheet
Extract from the Balance Sheet as at 31st December 1997

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<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>IR£'000</td>
<td>IR£'000</td>
<td>IR£'000</td>
<td>IR£'000</td>
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<tr>
<td>Stock</td>
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<td>Cash &amp; Bank</td>
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<td></td>
<td>2,835</td>
<td>2,342</td>
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<tr>
<td>Current Liabilities</td>
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<tr>
<td>Bank Overdraft</td>
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<td>Other Creditors</td>
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<td></td>
<td>3,135</td>
<td>2,604</td>
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<tr>
<td>Net Current Liabilities</td>
<td>(300)</td>
<td>(262)</td>
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<tr>
<td>Non Current Liabilities</td>
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<td>NMH Trust Fund Loan</td>
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<td></td>
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<tr>
<td></td>
<td>(222)</td>
<td>(222)</td>
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<tr>
<td>Net Assets</td>
<td>44,620</td>
<td>28,583</td>
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<td>Represented by:</td>
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<td>Capitalisation Account</td>
<td>44,799</td>
<td>28,724</td>
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<tr>
<td>Accumulated Deficit</td>
<td>(212)</td>
<td>(174)</td>
<td></td>
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<tr>
<td>Other Funds</td>
<td>33</td>
<td>33</td>
<td></td>
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<tr>
<td></td>
<td>44,620</td>
<td>28,583</td>
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</table>

Note: Buildings are stated at declared insurance value in accordance with the Department of Health Guidelines.

The foregoing Income and Expenditure Account and Balance Sheet are extracts from the Annual Accounts of the Hospital which have been audited by Coopers & Lybrand.
### General Statistics

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</thead>
<tbody>
<tr>
<td>Major</td>
<td>1,177</td>
<td>1,213</td>
<td>1,196</td>
<td>1,155</td>
<td>1,350</td>
<td>1,409</td>
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<td>Minor</td>
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<td>2,499</td>
<td>2,369</td>
<td>2,535</td>
<td>2,722</td>
<td>2,570</td>
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### Tot Mothers Delivered

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<tr>
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<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td>Of which</td>
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<td></td>
<td></td>
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<tr>
<td>Primigravida</td>
<td>2,322</td>
<td>2,425</td>
<td>2,564</td>
<td>2,567</td>
<td>2,744</td>
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<td>3,369</td>
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<tr>
<td>Multigravida</td>
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<td>3,796</td>
<td>3,713</td>
<td>3,677</td>
<td>3,872</td>
<td>3,961</td>
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<td>Babies (&gt;500gms)</td>
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<td>6,293</td>
<td>6,378</td>
<td>6,321</td>
<td>6,718</td>
<td>7,275</td>
<td>7,682</td>
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</table>

### Gynae Day Care Centre

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</thead>
<tbody>
<tr>
<td>Women</td>
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<td>1,057</td>
<td>885</td>
<td>1,051</td>
<td>1,133</td>
<td>994</td>
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<tr>
<td>Babies</td>
<td>719</td>
<td>699</td>
<td>790</td>
<td>770</td>
<td>772</td>
<td>856</td>
</tr>
</tbody>
</table>

### Attendances at emergency services:

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</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>2,241</td>
<td>2,783</td>
<td>3,014</td>
<td>3,185</td>
<td>3,388</td>
<td>4,039</td>
</tr>
<tr>
<td>Babies</td>
<td>719</td>
<td>699</td>
<td>790</td>
<td>770</td>
<td>772</td>
<td>856</td>
</tr>
</tbody>
</table>

### Notes

1. Prior to 1 April 1991 Casualty patients seen on Unit 5 and admissions dealt with by Unit 3
2. Unit 2 also do CTGs for Unit 3, deal with outside telephone queries, post-natal and gynae swab/lab results
3. One-third of the women seen in Unit 2 are unbooked. Approx. 80% are obstetric ante-natal, 10% are obstetric post-natal, 10% are gynaeecological.

### Admissions

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</thead>
<tbody>
<tr>
<td>Maternity admissions</td>
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<td>8,212</td>
<td>9,016</td>
<td>9,154</td>
<td>9,861</td>
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<td>2,343</td>
<td>2,079</td>
<td>2,143</td>
<td>2,578</td>
<td>2,518</td>
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<td>7,105</td>
<td>7,069</td>
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<td>-----------------------------------------------------</td>
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<tr>
<td>-----------------------------------------------</td>
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<td>Neurology Clinic (started Oct 96)</td>
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<tr>
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