EASTERN HEALTH BOARD

Minutes of proceedings of Eastern Health Board Meeting held in the Boardroom, Dr. Steevens' Hospital, Dublin 8 on Thursday 1st April, 1993 at 6:00 p.m.

Present

Mr. P. Aspell
Mrs. B. Bonar
Cllr. B. Briscoe. T.D.
Cllr. I. Callery, T.D.
Cllr. J. Connolly
Sen. J. Doyle
Cllr. K. Farrell
Cllr. R Greene
Cllr. T. Keenan
Mr. G. McGuire
Ms. M. Nealon
Dr. B. O'Herlihy
Sen. D. Roche
Dr. C. Smith
Dr. M. Wrigley
Cllr. M. Barrett
Gllr. G. Brady
Cllr. E. Byrne
Cllr. B. Coffey
Dr. R Corcoran
Cllr. B. Durkan, T.D.
Dr. J. Fennell
Dr. D.I. Keane
Cllr. D. Marren
Cllr. O. Mitchell
Cllr. Dr. W. O'Connell
Cllr. J. Reilly
Cllr. K. Ryan
Dr. R Whitty

Apologies

Cllr. C. Gallagher

In the Chair

Cllr. K. Farrell

Officers in Attendance

Mr. K.J. Hickey. Chief Executive Officer
Mr. M. Walsh. Programme Manager. Special Hospital Care
Mr. J. Doyle. A/Programme Manager. Community Care
Mr. S. O'Brien. A/Programme Manager. General Hospital Care
Prof. B. O'Donnell. Dublin Medical Officer of Health
Mr. M. Gallagher. Finance Officer
Mr. G. Brennan. Technical Services Officer
Mr. G. Hanley. A/Personnel Officer
Mr. M. O'Connor. Secretary

38/1993

CHAIRMAN'S BUSINESS

The Chairman read the following report which was noted by the Board:-

"1. May & June Board Meetings

In 1992 the May meeting of our Board was held in St. Vincent's Hospital. Athy and the June meeting was held in St. Cohnan's Hospital. Rathdrum.

With the members' agreement it is proposed to hold the May meeting this year in St. Cohnan's Hospital. Rathdrum and the June meeting in St. Vincent's Hospital. Athy.

2. Deputation to Minister for **Health regarding development of Naas General Hospital**

The Minister for Health. Mr. Brendan Howlin. T.D.. received a deputation from our Board on 11th March. 1993 to discuss progressing the development of Naas General Hospital.

The following members accompanied me on the deputation - Mr. Paddy Aspell. Cllr. Gerry Brady. Dr. Rosaleen Corcoran. Deputy Bernard Durkan and Cllr. Jim Reilly

The deputation was also accompanied by Mr. Kieran Hickey. Chief Executive Officer. Mr. Seamus O'Brien. Programme Manager. General Hospital Care and Mr. Matt O'Connor. Secretary.

I am pleased to inform members that, following a full discussion on the need to proceed with the development of Naas General Hospital, the Minister indicated that, in the light of recent decisions taken on the facilities to be provided at the new Tallaght Hospital, he was arranging for an immediate review and up-dating of the Brief and Development Control Plan for the Hospital.

This review will be undertaken by officers of our Board jointly with Department of Health officials and progress in relation to the review will be advised on a regular basis to the General Hospital Care Programme Committee.

3. Meeting with Minister for Health

I wish to advise members that the Chief Executive Officer and myself had a meeting with the Minister for Health. Mr. Brendan Howlin. T.D. and senior officers of his Department on Monday last 29th March. 1993. We had a useful exchange of views with the Minister on **a** broad range of issues of concern to our Board.

At the conclusion of the meeting, which I feel was very constructive, the Minister indicated that he intended to make arrangements for a further meeting after Easter with a small group of members of our Board to discuss capital priorities and the proposed re-organisation of the health services. It is proposed that the Vice-Chairman. Councillor Michael Barrett. Deputy Ivor Callely and Dr. Brian O'Herlihy should accompany me for this meeting."

39/1993
CONFIRMATION OF MINUTES OF MEETING HELD ON 4TH MARCH. 1993

The mlnutes of the meeting held on 4th March, 1993. having been circulated. were confirmed on a proposal by Deputy Callely. seconded by Cllr. Coffey.

40/1993
QUESTIONS TO THE CHIEF EXECUTIVE OFFICER

On a proposal by Deputy Callely, seconded by Cllr. Reilly, it was agreed to answer the questions which had been lodged.

"1. Cllr. L Callely, T.D.

To ask the Chief Executive Officer if he can advise of the number of long-stay beds in the Eastern Health Board area for the young chronic sick. Will the Chief Executive Officer advise how the waiting list is formulated, how a priority is given and the average waiting period to obtain a bed. Has the Chief Executive Officer proposals for further development of such beds and will he make a statement on the matter.

Reply:

At present services for physically disabled persons are provided by the Eastern Health Board and by Voluntary Organisations. Our Board provides places for heavily dependant physically disabled persons in its Young Chronic Disabled Units, while services for more Independent physically disabled persons are provided by Voluntary Organisations such as the Cheshire Homes, which receive over 90% funding from our Board.

Details of our Board's Units for Young Chronic Disabled Persons are as follows:-

	Residential Places	**Respite Places**
"Cuan Aoibheann" St. Mary's Hospital. Chapelizod	**44**	**4**
St. Vincent's Hospital. Athy	**6**	----
Baltinglass District Hospital	**4**	**---**
St Colman's Hospital. Rathdrum	**8**	----
District Hospital. Wicklow	**3**	----
Total	**65**	**4**

Applications for residential accommodation in our Board's facilities are accepted from the General Hospitals and direct from the community. Each applicant is fully assessed by medical and nursing personnel and considered by the appropriate Admissions Committee. Priority is determined on the basis of medical and social need.

Details regarding services provided by Voluntary Organisations for Young Chronic Disabled Persons are as follows:-

	Residential Places	***Respite Places***	***Day Places***
Cara Cheshire Home	33	2	—
Barrett Cheshire Home	26	2	—
Ardeen Cheshire Home	25	2	1
National Association for Cerebral Palsy [Ireland] Ltd.	20	—	187
M.S. Centre	—	8	—
Richmond Cheshire Home	18	1	—
Total	122	15	188

The N. A.C.P.I. provides daily nursery and pre-school facilities for 120 children at Sandymount and Bray. It also provides physiotherapy, speech therapy and occupational therapy on a dairy basis. In addition it provides workshop facilities for 60 severely handicapped persons at its workshop in Sandymount.

The Royal Hospital. Donnybrook which receives its funding direct from the Department of Health, provides 40 residential places for Young Chronic Disabled Persons.

Applications for admission to the Voluntary Organisations, including the Royal Hospital. Donnybrook. are made direct. Each application is considered on the grounds of medical and social need by an Admissions Committee.

Despite the severe degree of physical disability, the majority of young chronic disabled persons can have a normal average life expectancy and. for this reason, the number of residential places becoming vacant is very limited. As a consequence, the average waiting time for placement ranges from one to two years.

Our Board, in recognising the need for additional places has submitted proposals to the Department of Health, seeking the necessary funding to provide two 25 bed units for young chronic disabled persons.

2. Cllr. I . Callely. T.D.

To ask the Chief Executive Officer if he can advise what is the waiting period for speech therapy, in particular can the Chief Executive Officer outline the waiting period / assessment / therapy commenced for children under 7 years.

Reply

The waiting periods for speech and language therapy assessment and treatment vary from area to area, having regard to a number of factors e.g. area population and demand for services, especially where special schools or other institutions are located in an area.

Prioritised waiting lists are maintained both for assessment and treatment in all areas. Priority is determined by the type and severity of the disorder, the age of the client and the degree of parental or client anxiety. Priority is. of course, given to children, especially younger children.

Waiting times for priority treatment, following assessment, vary from nil to three months. Waiting times for non-priority treatment, following assessment, average six months.

3. Cllr. I. Callely. T.D.

Can the Chief Executive Officer outline the total number and type of sexual abuse cases reported to the Eastern Health Board in 1992 and can the Chief Executive Officer advise the number of cases reported in 1992 where the abuse was re-occurring over a long number of years or where the abuse had happened a long time before the abuse was reported.

Reply

Statistics on the reported incidence of child abuse, including child sexual abuse, for 1992 are currently being compiled. The latest figures available for the Eastern Health Board area for year 1991 are as follows:-

Number of cases reported involving child sexual abuse	619
Number of cases confirmed involving child sexual abuse	284

Statistical information is not collected with analysis in a format which enables identification of different types of sexual abuse or the period of time over which such abuse occurred. This information is recorded in individual case records but its extraction would be very time consuming.

4. Cllr. E. Byrne

What consultation took place with the members of the Board that resulted in a decision to engage a media consultant?

Reply

During the past number of years a variety of arrangements have been made with a number of Public Relations Agencies and Consultants for the provision of public relations consultancy and advice aimed at improving our Board's media and public relations and enhancing the public perception of our Board and the services provided by it. These arrangements were reviewed from time to time in the light of experiences gained from different approaches taken and the recent decision referred to by the member is part of this process.

It has not been the practice that these arrangements were the subject of consultation with members of our Board. The position has been that on various occasions members of our Board have expressed views on the need to develop positive public and media relations. This responsibility has under Standing Orders been delegated to the Chief Executive Officer.

5. Cllr. B. Byrne

What is the cost to the Board of engaging the services of a media consultant to the Board and what consideration is being given to establishing a permanent post of Public Relations Officer as exists in Dublin Corporation?

Reply

It is our Board's established policy in relation to questions tabled for reply by the Chief Executive Officer at public meetings of our Board not to disclose personal details regarding service entitlements or conditions of employment of any individual person.

The contractual arrangements recently made for a term of one year with a media consultant are well within normal conditions applying to such arrangements and the cost is included in the overall budget for media and public relations which amounts to £107,000 in the current year.

The objective of the current arrangement is to promote a balanced public perception of the Eastern Health Board, its activities and the way it discharges its responsibilities, including its achievements and its plans for the future.

The strategy being developed is to afford key personnel throughout our Board's activities, opportunities to participate, within guidelines, in responding to media queries and to develop and expand our relations with journalists. This strategy is a variation on the appointment of a full-time Pubttc Relations Officer. The consultant will also be advising on central coordination of media relations.

6. Cllr. E. Byrne

Will the Chief Executive Officer say how many members of staff above the rank of Senior Executive Officer are employed by the Board on either a permanent/temporary /contractual basis who are over the age of 66 years.

Reply

One former member of senior management staff who is over the age of 66 years is engaged in a temporary part-time advisory capacity.

Two members of the senior professional/technical management staff are currently acting in their posts in a temporary capacity pending the making of permanent appointments.'[1]

41/1993
CHIEF EXECUTIVE OFFICERS REPORT

The Chief Executive Officer read the following report which was noted by the Board:-

1. Medical *Card Assessment Procedures*

I have circulated, with the agenda papers for this meeting, an information sheet elaborating on medical card assessment procedures which has been drawn up by the CEO's of the health boards in consultation with the Department of Health.

These standardised procedures, which have as their objective the achievement of uniformity and consistency in all areas, have been circulated to all relevant members of our Board's staff. The summary will also be of assistance to Citizen's Information Centres and agencies advised by the National Social Services Board.

2. Children in Care Survey

I have circulated, with the agenda papers for this meeting, copies of letter dated 10th March. 1993 from the Department of Health enclosing Volume 1 of the Report on the Children in Care Survey. 1990.

This Report can be considered in greater detail at a meeting of the Community Care Programme Committee.

3. Funding for Rape* Crisis *Centres

I have circulated, with the agenda papers for this meeting, copies of a statement issued by the Minister for Health regarding an increase of over 90% in funding from the National Lottery for Rape Crisis Centres in 1993.

The Dublin Rape Crisis Centre will receive an additional £52.500 towards the development of its education and training services and to increase its crisis counselling capacity. This will bring its total funding from the health services to £227.500 in 1993.

The Minister also announced that he would be providing funding for the first time for the rape counselling services being developed by our Board in Coolock. Blanchardstown and Clondalkin.

4. Nationwide Focus on Healthy Eating

I have circulated, with the agenda papers for this meeting, copies of a statement issued by the Minister for Health regarding the arrangements for National Healthy Eating Week, which was launched by the Minister on 28th March. 1993.

I have also circulated copies of a booklet on healthy eating issued by the Health Promotion Unit of the Department of Health.

5. Medical *Council Ethical Guidelines*

I have circulated, with the agenda papers for this meeting, copies of Press Releases issued by the Department of Health regarding the ethical guidelines of the Medical Council which require doctors who are HIV Positive to put themselves in the hands of professional colleagues for treatment and to limit their professional practices so far as it is necessary to protect their patients.

The statement notes that the Chief Medical Officer in the Department of Health stresses that there is no need for public concern in the case of a doctor who had worked in the Irish Health Service and who had been under medical care from 1987 to his death in 1991 for a HIV/AIDS condition. The Chief Medical Officer stated that there is no known case of transmission of HIV from a doctor to a patient.

6. ***New Regulations on the advertising of Medical Preparations***

I have circulated, with the agenda papers for this meeting, copies of a Press Release from the Department of Health regarding the regulations made by the Minster for Health concerning the advertising and promotion of medicines to health professionals and the general public, giving effect to the 1992 EC Directive on the advertising of medicinal products for human use.

7. Schools Asthma Awareness Programme

I have circulated, with the agenda papers for this meeting, copies of letter dated 18th March. 1993 from the Asthma Society of Ireland enctosing copies of their brochure "Asthma and School - A Guide for Teachers" which has been sent to the Principal of every Primary and Post-Primary School in the Country with a request that each individual teacher be given a copy of the leaflet.

8. St.* Vincent's *Hospital, Fairview

I wish to let members know that agreement has been reached between our Board and St. Vincent's Hospital. Fairview. in relation to the inclusion of six beds for acute psychiatric care in the new hospital which is currently under construction.

9. Roundwood* Health *Centre

I am pleased to inform members that work on the construction of a new Health Centre in Roundwood will commence on Monday next. 5th April. 1993.

Pending completion of the new premises services for residents from the Roundwood area will be provided from Newtownmountkennedy Health Centre.

10. Child Abuse Prevention Programme [C.A.P.P.]

I wish to advise members that the Stay Safe Programme [C.A.P.P.] which was developed in our Board's area is still being further developed on a Nation-wide basis. I have been advised by letter dated 12th March. 1993 from the Department of Health that the Minister is fully supportive of the Project and would like to see it implemented in all areas.

Our Board has been asked to continue in the completion of the extension of the programme to all primary schools."

42/1993
PERI-NATAL STATISTICS, 1989

It was agreed to refer the Chief Executive Officer's Report no. 12/1993 (copy filed with official minute) to the Community Care Programme Committee for further and more detailed consideration.

43/1993
ORAL HEALTH OF IRISH ADULTS 1989 TO 1990

The following Report no. 13/1993 from the Chief Executive Officer was submitted:-

The Oral Health Services Research Centre in University College. Cork, has recently pubbshed the findings of its survey conducted in 1989 and 1990 into the oral health of Irish adults. During the survey 1.927 adult volunteers underwent a dental examination and completed lengthy questionnaires.

Until this study was undertaken, there were no national clinical data available on the oral health status of Irish adults. A comprehensive survey was required to assess not only the average number of teeth present among Irish adults, but also the condition of those teeth and the gums which supported them. In this study the teeth were examined for signs of decay and any fillings present were recorded. Accidental damage to the front teeth was also noted as was the need for any orthodontic treatment (braces) in the youngest age group. The health of the gums was measured and any exposed root surfaces examined. The need for dentures or the wearing of dentures was recorded. Other oral conditions such as clicking of the jaw. tooth wear, and any lesions of the oral soft tissues, were also noted.

There is a growing evidence to show that sociological factors can have an important bearing on oral health. Thus, adults participating in this study were questioned on their oral health knowledge, attitudes and practices relating to oral health as well as their perception of the availability, accessibility and acceptability of oral health services.

Income Effect on Oral Health

The results of the study indicate that persons on lower incomes in Ireland, especially women, had poorer oral health when compared with those on higher incomes. For example, in those aged 55-64 years the mean number of natural teeth present was 6.5 amongst those in possession of a medical card compared with 10.9 among non medical card holders. Medical card holders also had lower levels of gum health, visited a dentist less frequently, were less aware of the need for dental care and had more untreated decay than those without medical cards.

While the level of tooth loss had declined amongst Irish adults since 1979. females continue to lose more of their natural teeth at a younger age. For example in 1989/1990. 30 per cent of males aged 55 -64 years were edentulous (lost all their natural teeth] compared with 50 per cent of females of the same age.

The percentage of those surveyed who were edentulous was considerably higher among medical card holders than for other subjects: in the 45-54 year age group 23 per cent of male medical card holders were edentulous compared with 10 per cent of males not possessing a medical card.

Approximately one fifth of Irish males, and one tenth of Irish females, aged 16 to 34 have had one or more of their front teeth traumatised.

Fluoridation

People who took part in the survey who had resided in fluoridated communities had lower levels of decay in both the crowns and roots of their teeth. For example, in the 45-54 age group the average number of decayed and filled root surfaces of subjects in the full fluoride group was 0.3 as compared with 1.4 in the non fluoride group. In the same age group the mean number of natural teeth present was 16.4 in the full fluoride group compared with 10.7 in the non fluoride group.

Eastern Beatth Board Area

Members will be pleased to note that oral health generally is better among residents of our Board's area when compared with residents from other parts of Ireland. For example, those living in our area aged 65 years and older had an average of 10.6 natural teeth present, compared with 6.1 amongst those living in the rest of the country.

General Findings

Although the majority of Irish adults are aware that regular attendances at the dentist is desirable only a third do, in fact, attend a dentist regularly. The main reason given for not attending was that those surveyed felt there was no need to do so with cost and fear being the other main reasons cited. Once Irish adults have lost all their natural teeth and have been fitted with dentures, few subsequently visit a dentist: over a third of those with full upper and lower dentures expected their dentures to last indefinitely.

Overall levels of tooth loss amongst Irish adults are about the same as in other developed countries such as the United Kingdom and the United States. In general, the prevalence of periodontal disease (gum disease] tends to be lower among Irish adults than in other developed countries.

The results of the survey Indicate that there is evidence of a major improvement in the oral health of Irish adults in the past 10 years. This is shown by a very considerable decline in the percentage of all groups with no natural teeth {edentulous]. This survey was carried out in 1989/1990 and. since then, important improvements in the funding of dental services for both medical card holders and those eligible under the Social Welfare Dental Benefit Scheme have been introduced. This increased investment is likely to have addressed some of the backlog of dental treatment needed, especially for dentures. Thus, the denture treatment need as reported in this survey is likely to be an overestimate of current requirements, since a large proportion of dental treatment required in older age groups is for denture related treatment

Nonetheless, mail age groups and regardless of eligibility for dental services, a high proportion of Irish adults were found to require dental treatment Most of the dental treatment needs were found to be basic in nature throughout the age ranges examined, which suggests that specific investment in such services would have a considerable impact on the overall state of adult dental health.

There was evidence of a lower level of oral health among some sections of the community such as medical card holders and women. Consequently, optimal strategies should be identified to specifically target these groups.

The attitudinal and behavioural patterns documented in this study suggests that dental health is not a matter given serious consideration by the majority of Irish adults. In many cases the absence of pain seems to be accepted as being synonymous with adequate dental health. Thus there can be little doubt that dental health promotion and education requires increased emphasis as a matter of urgency.

The oral health of Irish adults aged 16 - 24 is relatively good, this group having low levels of tooth loss and good periodontal health when compared with older age groups. The results clearly indicate that targeting dental services, including preventive services, at 16 - 24 year olds would be an efficient long-term strategy."

Following a discussion to which Dr. Keane, Cllr. Brady and* Cllr. *Reilly contributed, it was agreed that the Report should be considered further at a future meeting of the Community Care Programme Committee.

44/1993
PROGRESS REPORTS FROM PROGRAMME COMMITTEES

1. Special Hospital Care Programme Committee

On *a proposal by Dr. O'Herlihy, seconded by Cllr. Reilly. it was agreed to adopt the reports.*

The following matters were dealt with in the reports:-

(a) Report on priorities in the Mental Handicap services.

(b) Report on the Mental Handicap service in St. Ita's Hospital. Portrane including the following recommendation which had been proposed for adoption by the Health Board:

The most effective way of taking this matter forward would be for our Board, in consultation with the Central Planning Committee, to participate with the Department of Health in a joint Planning/Project Team and it is strongly recommended that such an arrangement should be made immediately."

Following a discussion to which Dr. O'Herlihy, Mr. McGuire, Cllr. Reilly, Cllr. Barrett, Deputy Briscoe, Cllr. Mitchell, Cllr. Coffey, Deputy Durkan, Cllr. Brady, Deputy Callely, Senator Doyle and Senator Roche contributed and to which the Chief Executive Officer replied, it was proposed by Cllr. Coffey, seconded by Deputy Callely, and agreed that a progress report on St. Ita's Hospital should be placed on the monthly agenda and that regular visits by the Board should be made to the Hospital.

2. General Hospital Care Programme Committee

On a proposal by Cllr. Barrett, seconded by Cllr. Brady, it was agreed to adopt the report.

The following matters were dealt with in the report:-

fa) Review of development brief for Naas General Hospital.

|bl Report on services in Baltinglass District Hospital.

45/1993
NOTICES OF MOTION

1. The notice of motion in the name of Cllr. J. Reilly regarding the re-establishment of local Health Committees was, at his request, deferred to the May meeting of our Board.

2. The following motion was proposed by Deputy Durkan:-

That this Board examines the total number of health centres in Co. Kildare with a view to (a] determination of where new centres are needed, [b] extension of existing facilities are needed, and [c] outlining the Board's long term plans for the county."

The motion was seconded by Cllr. Brady and following a discussion to which Deputy Durkan. Cllr. Brady, Dr. O'Herlihy and Dr. Corcoran contributed and to which the Chief Executive Officer replied, was

46/1993
CORRESPONDENCE

Items of correspondence as referred to in the Chief Executive Officers Report were noted.

The meeting concluded at 8:15 p.m.

Correct: **B. J. Hickey**
Chief Executive Officer

CHAIRMAN

EASTERN HEALTH BOARD

Report no. 12/1993

Perinatal Statistics, 1989

Introduction

A report relating to perinatal statistics for 1989 has recendy been issued by the Department of Health. It provides much information concerning events in the perinatal period, almost all of which is in illustrated form of either figures or tables.

Definitions

Perinatal deaths are defined as stillbirths and early neonatal deaths.

Stillbirth is the death of a foetus weighing at least 500 grammes. An early neonatal death is the death of an infant in the first week of life.

Perinatal events, therefore, cover the period of the latter part of obstetric care and early paediatric care.

Aim

The aim of the report is to provide national statistical data on perinatal events and to describe the fundamental social and biological characteristics of mothers and their babies, highlighting some of the important aspects of perinatal care and reporting on the outcome of pregnancy, including perinatal mortality.

Data Collection

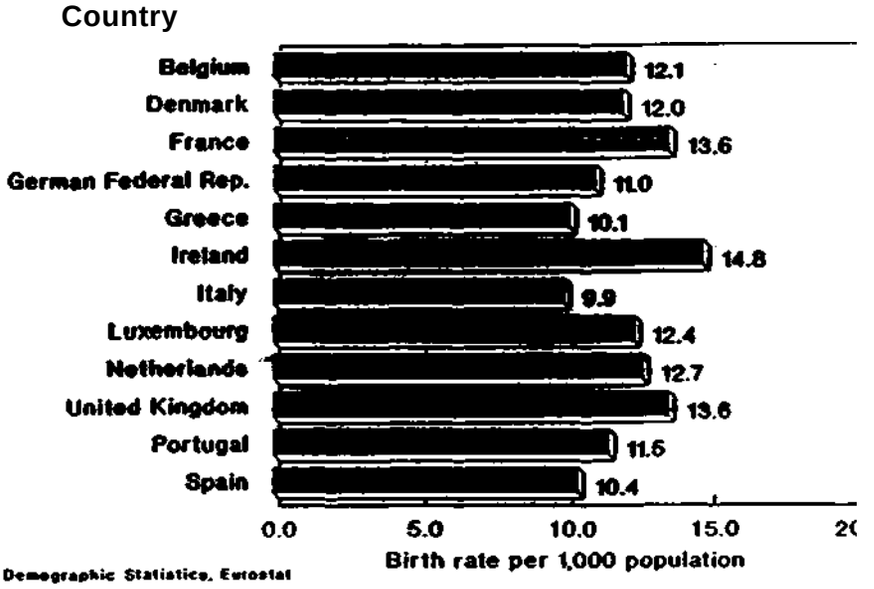
Births are notified on a standard four-part form. The top copy is sent to the Registrar of Births and subsequendy to the Central Statistics Office. The second part of the form, containing additional information on the health of the mother and child, is sent to the appropriate Director of Community Care & Medical Officer of Health. The third part is sent to the Department of Health and the fourth part is retained by the hospital

The perinatal reporting system has complete national coverage.

Figures

Figure 1 shows the birth rate per 1,000 population for 1989 in EC countries. It will be noted that Ireland has a significantly higher birth rate than other EC countries despite the fact that the birth rate for Ireland fell progressively from 21.8 in 1980. The birth rate for Ireland for 1989 was the lowest ever recorded. The birth rate for subsequent years has remained steady at approximately 15.

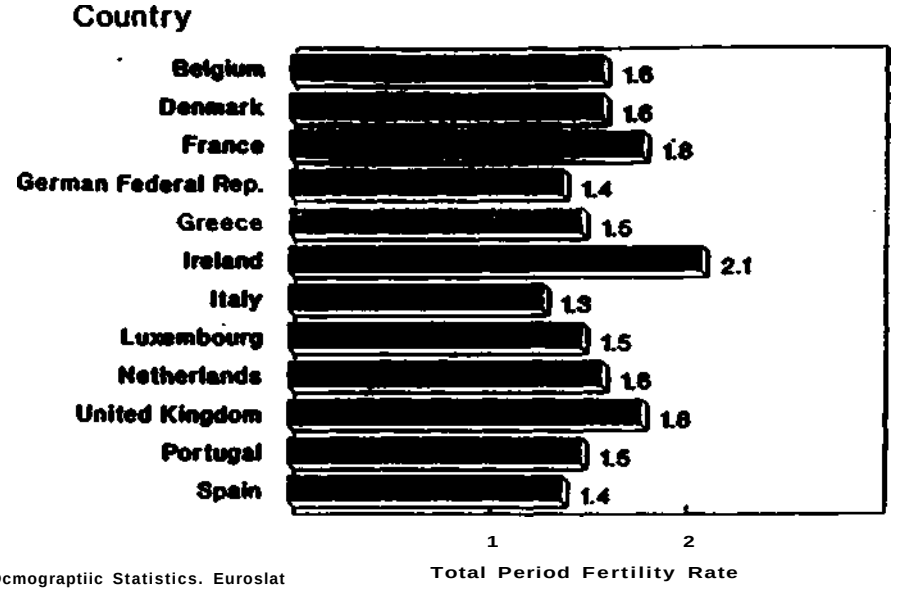
FIGURE 1BIRTH RATES PER 1,000 POPULATION EC:1989



Source: Demographic Statistics, Eurostat 1991.

Figure 2 [next page] shows die total period fertility rate. This is the number of children a woman could expect to have if die age specific fertility rate for die year applied diroughout her fertile years. This rate for Ireland has declined from an average of nearly 4 children in 1972 to approximately 2.1 in 1989. This is the level required for long-term population replacement The figure for Ireland remains high in comparison to odier EC countries.

FIGURE 2 TOTAL PERIOD FERTILITY RATES, 1989 FOR EC COUNTRIES



Source:Dcmograptiic Statistics. Euroslat 1991.

Figure 3 illustrates the percentage of live births by size of maternity unit in 1989. It is generally accepted that the number of births in a unit per annum should be above **a** certain minimum **level to** maintain staff expertise. This figure shows **that the majority of births occur in large units.**

FIGURE 3

PERCENTAGE OF LIVE BIRTHS
BY SIZE Or • '.ATERNJTY UNIT, 19SS

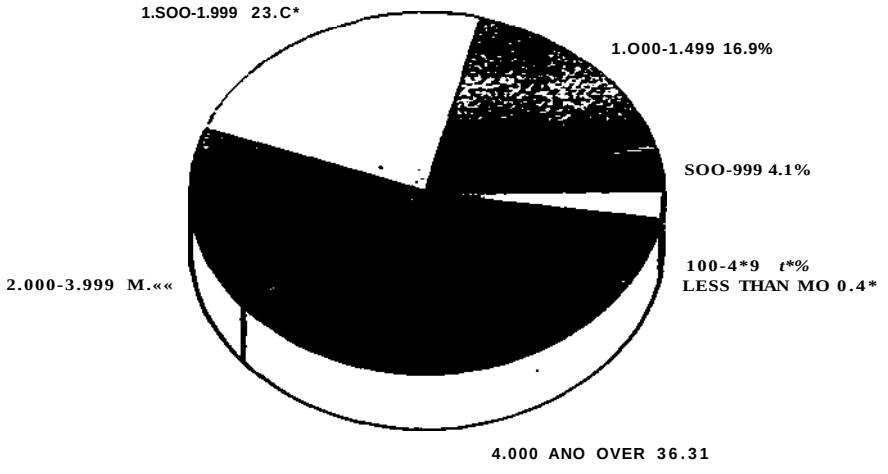
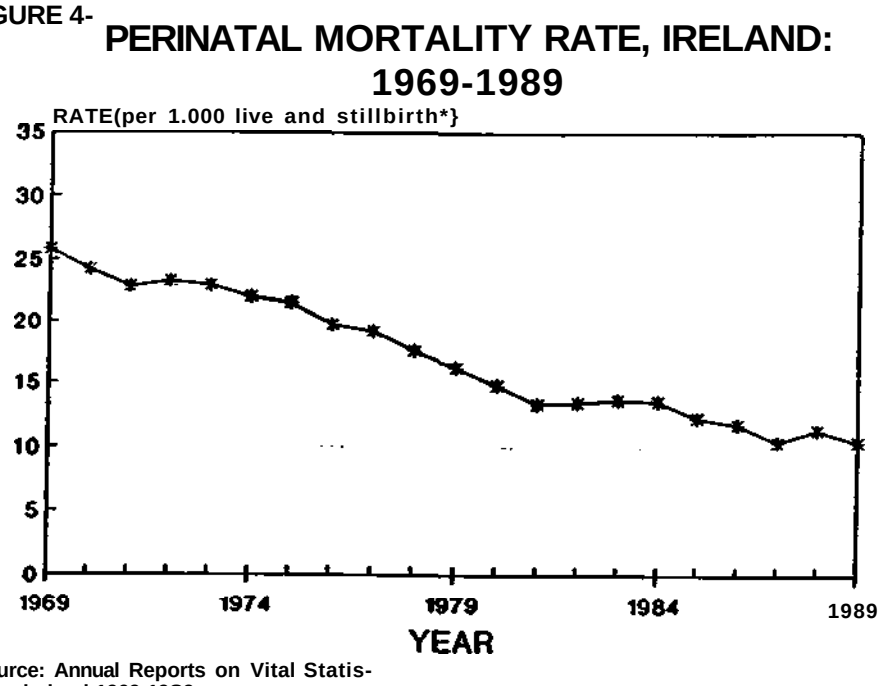


Figure 4 demonstrates the perinatal mortality rate for Ireland in the years 1969 to 1989. It will be noted that the trend is downwards.

FIGURE 4-



Source: Annual Reports on Vital Statistics. Ireland:1969-19S9.

Figure 5 shows die perinatal mortality rate for EC countries in 1989. The factors which rtetermiiv. thf IP.WJ nf perinatal mortality aif. r-^rqplpT and pnrnmpaw a wiHf rangf nf environmental and biological varieties. Birthweight, parity, mother's age, social status and type of antenatal care are among the variables. Regarding comparisons between countries, it should be bome in mind diat die rate can be affected by national policies on abortion.

FIGURE5 PERINATAL MORTALITY RATES, 1989 FOR EC COUNTRIES

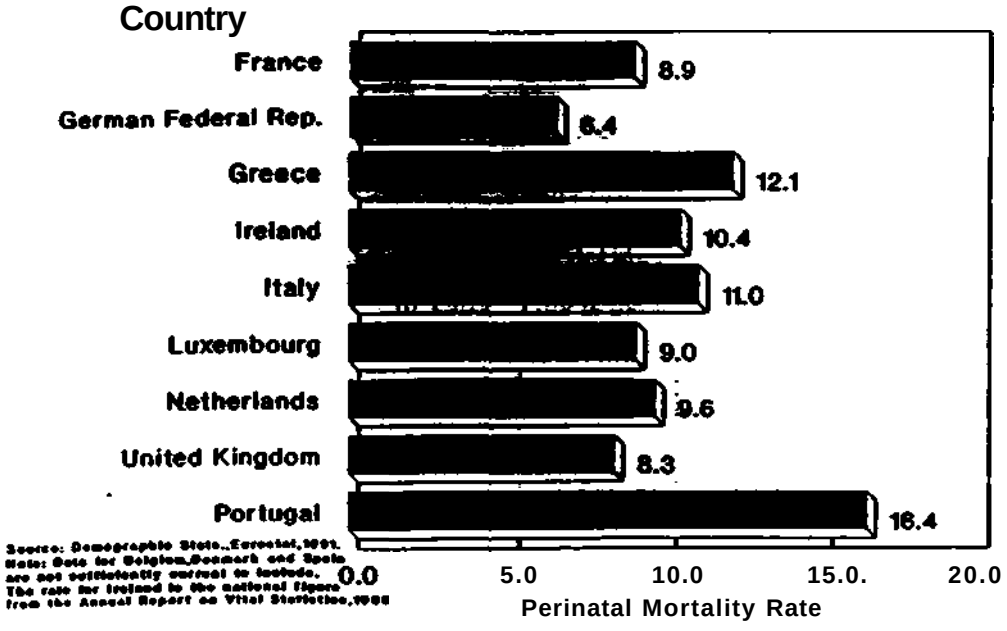


Figure 6 illustrates perinatal mortality rates by age of mother. It will be noted that the optimum age for motherhood as regards infant survival is between 20 and 34 years of age.

FIGURE 6

PERINATAL MORTALITY RATES
BY AGE OF MOTHER, 1989
—SINGLETON BIRTHS—

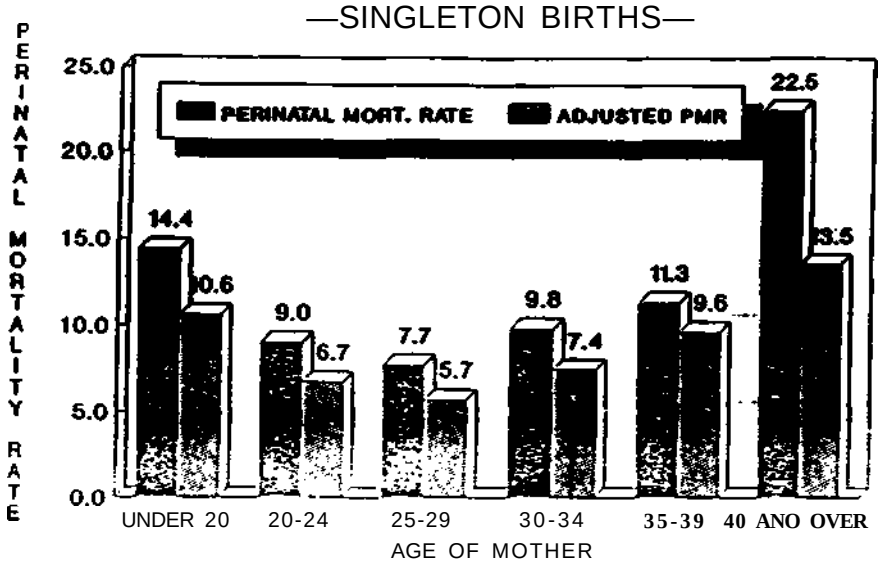


Figure 7 shows perinatal mortality rates by father's occupation.

FIGURED

PERINATAL MORTALITY RATES
BY FATHER'S OCCUPATION, 1989
•••SINGLETON BIRTHS•••

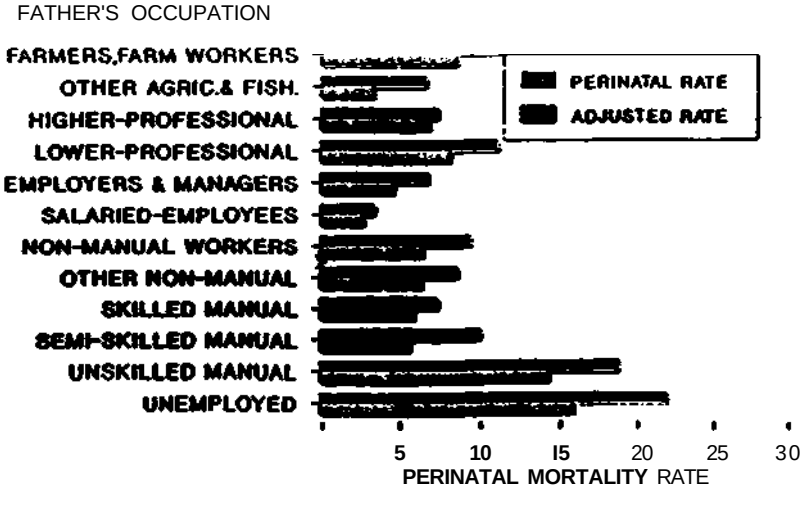


Figure 8 illustrates rates for stillbirths, early neonatal and perinatal deaths between 1984 and 1989. The trend is downwards for all these rates.

FIGURE 8

Total Births: Rates for Stillbirths, Early Neonatal and Perinatal Deaths 1984 - 1989

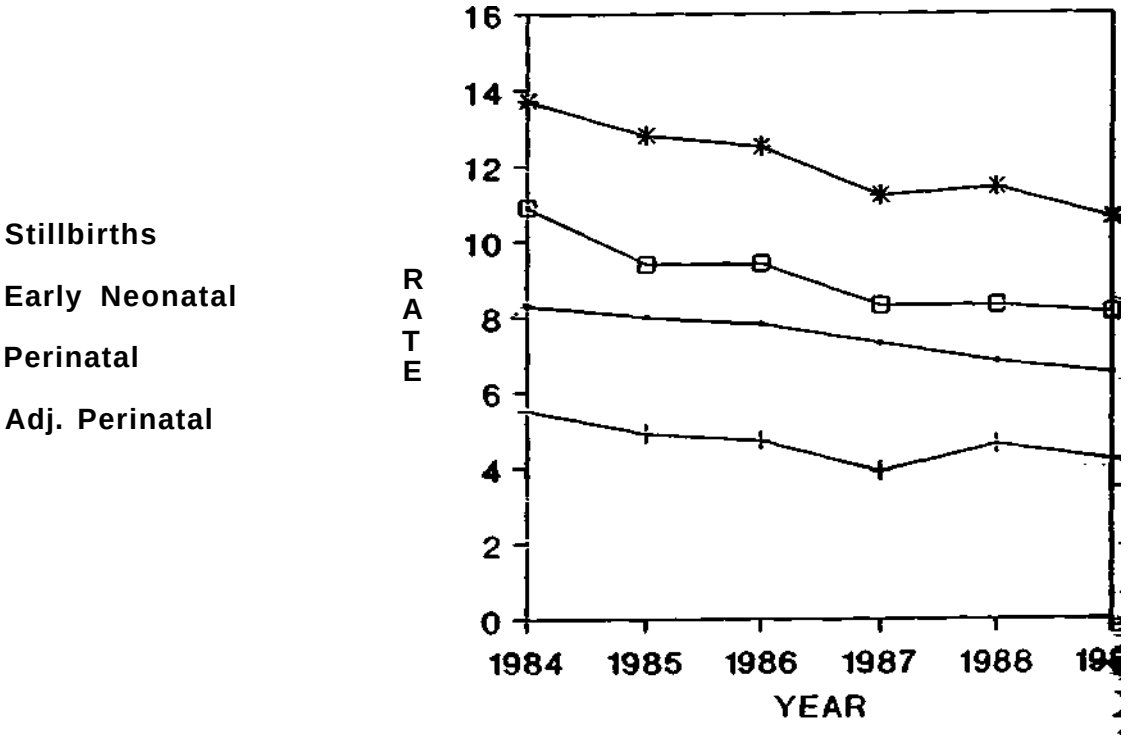


Figure 9 shows die average gestational age at the time of die first antenatal visit for the years 1984 to 1989 and Figure 10 [next page] compares time of first antenatal visit between married and single women.

FIGURE 9

AVERAGE GESTATIONAL AGE AT TIME OF FIRST VISIT IN WEEKS, 1984 - 1989

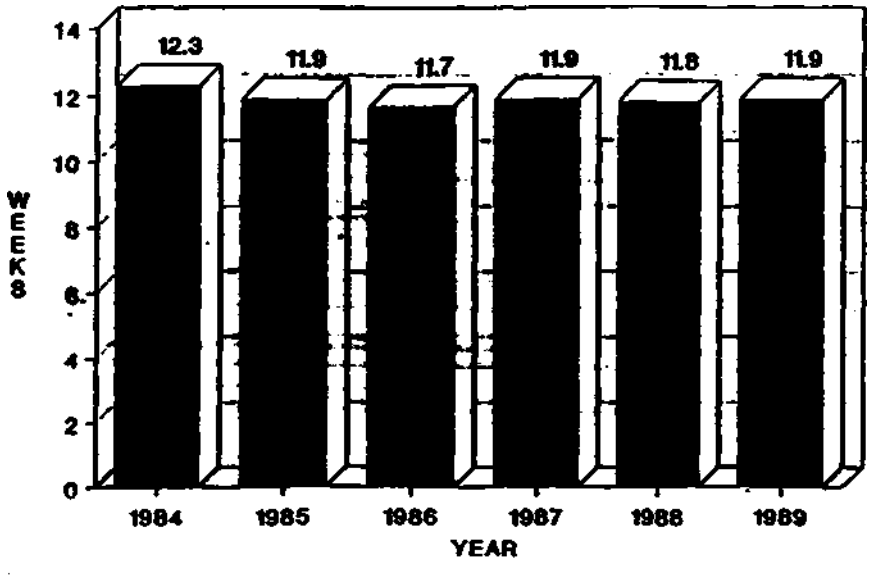


FIGURE 10

TIME OF FIRST VISIT TO HOSPITAL/DOCTOR
BY MARITAL STATUS, % DISTRIBUTION. 1989
SINGLETON BIRTHS

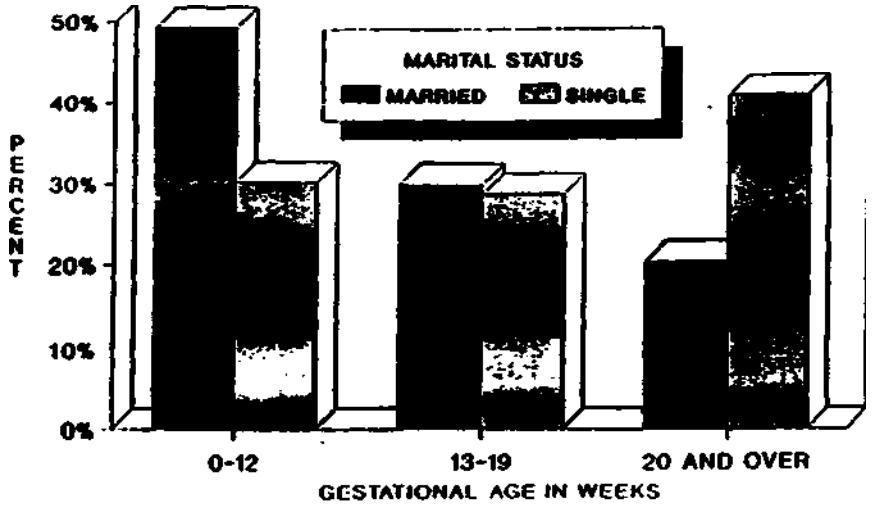


Figure 11 illustrates die upward trend in the percentage of single mothers for die years 1984 to 1989. This trend has continued upwards wim me figure for 1991 being just over 16%. The following figure. No. 12, [next page] shows die percentage distribution by age for married and single mothers. It will be noted that by far the greater number of births outside marriage are to women in the age range 15 to 24 years.

FIGURE 11 PERCENTAGE OF SINGLE MOTHERS, 1984 - 1989

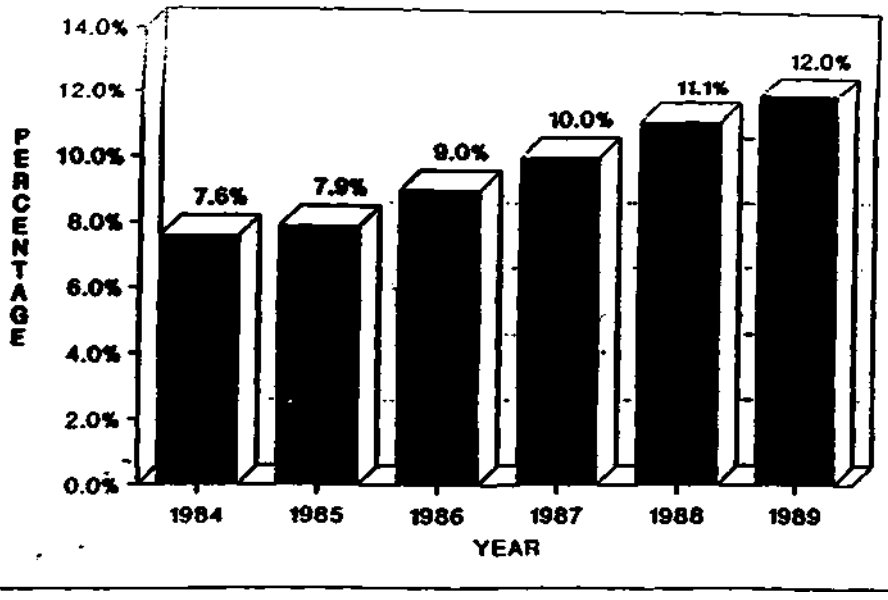
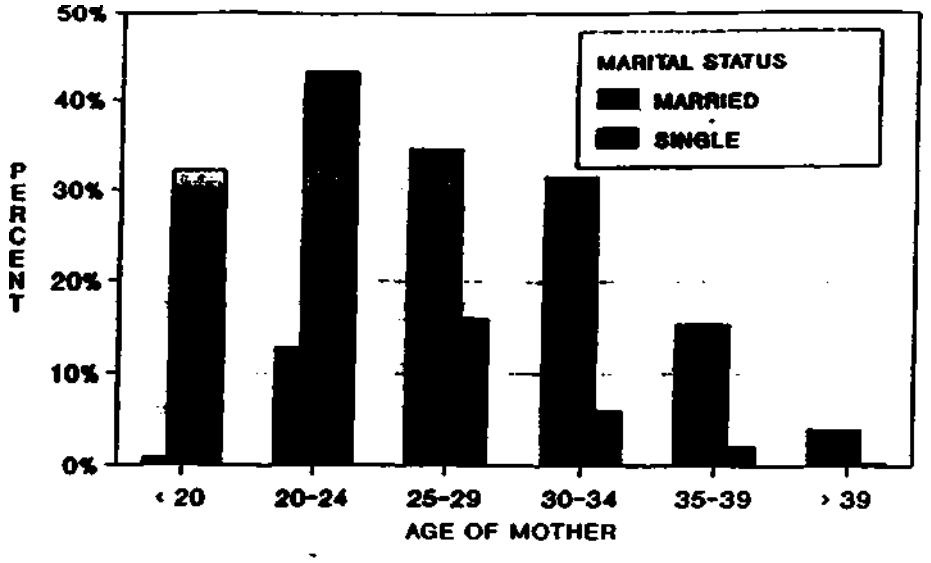


FIGURE 10.

MOTHER'S AGE: PERCENTAGE DISTRIBUTIONS FOR MARRIED AND SINGLE, 1989 "SINGLETON BIRTHS"



Figures 13 and 14 [next page] provide information relating to breast feeding.

FIGURE *13* PERCENTAGE OF MOTHERS BREAST FEEDING BY AGE OF MOTHER. 1989 —SINGLETON BIRTHS—

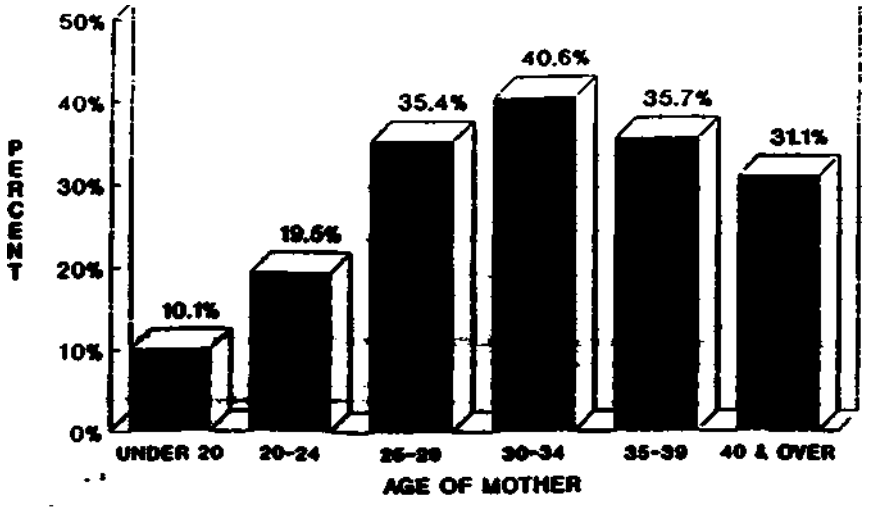


FIGURE f* PERCENTAGE OF MOTHERS BREAST FEEDING BY FATHER'S OCCUPATION. 1989 —SINGLETON BIRTHS—

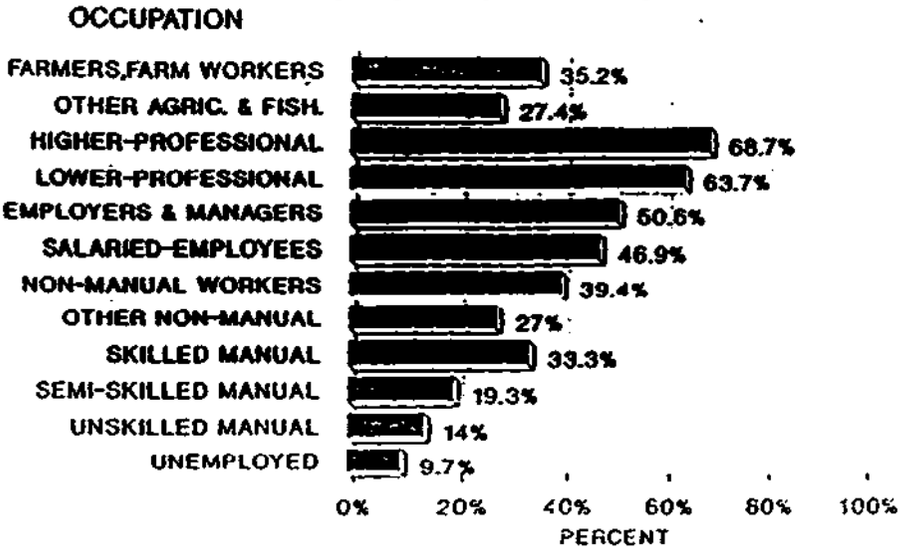
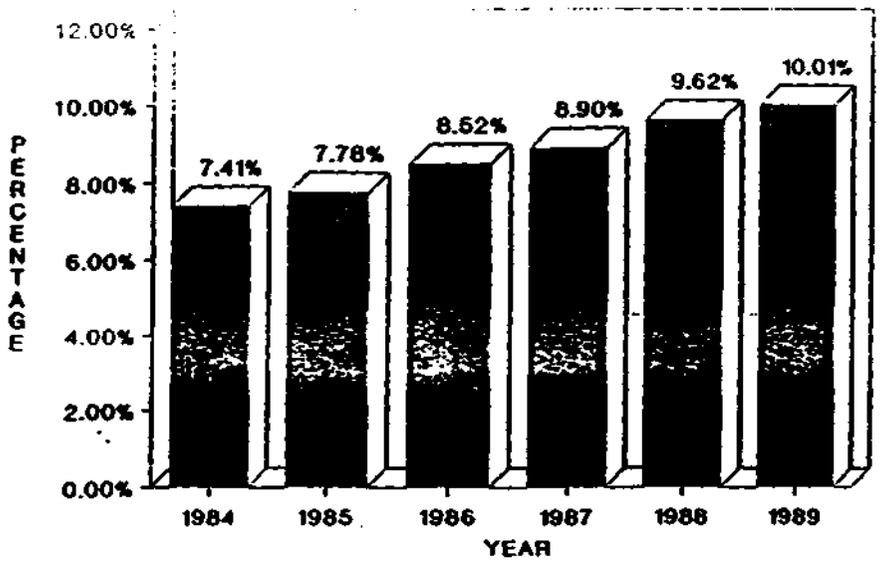


Figure 15 relates to caesarean births.

FIGURE 15 PERCENTAGE OF CAESAREAN BIRTHS, 1984 - 1989



TABLES

The final illustrations in th synopsis are in tabular form, with tables 1 and 2 giving information relating to multiple births. Table 4 (overleaf) shows causes of death in respect of stillbirths, early neonatal deaths and mortality rates.

TABLE 1

MATERNITIES. TWINS. TRIPLETS AND TWINNING RATE FOR 1989

8IRTHS*	MATERNITIES	SETS OF TWINS	SETS OF TRIPLETS	TWINNING RATE
52220	51583	623	7	12.1

*includes stillbirths

TABLE *Z*

AGE OF MOTHER
LIVE BIRTHS. STILL BIRTHS. EARLY NEONATAL DEATHS AND MORTALITY RATES. 1989

—MULTIPLE BIRTHS'"

AGE OF MOTHER	LIVE BIRTHS	PERCENT LIVE BIRTHS	STILL BIRTHS	STILL BIRTH RATE	EARLY NEONATAL DEATHS	EARLY NEONATAL RATE	PERINATAL MORTALITY RATE	ADJUSTED PMR
15-19	19	1.5	1	50.0	4	210.5	250.0	166.7
20-24	157	12.5	1	6.3	4	25.5	31.6	25.5
25-29	376	30.1	7	18.3	15	39.9	57.4	50.0
30-34	417	33.3	2	4.8	4	9.6	14.3	12.0
35-39	228	18.2	5	21.5	4	17.5	38.6	38.6
40-44	50	4.0	1	19.6	0	0.0	19.6	19.6
45 AND OVER	2	0.2	0	0.0	0	0.0	0.0	0.0
NOT STATED	2	0.2	0	0.0	0	0.0	0.0	0.0
TOTAL	1251	100.0	17	13.4	31	24.8	37.9	32.4

TABLE 3

RUBELLA; IMMUNE STATUS OF MOTHER. NUMBERS **AND** PERCENTAGES. 1989

—SINGLETON BIRTHS-

RUBELLA	FREQUENCY	PERCENT
IMMUNE	44612	87.6
NOT IMMUNE	700	1.4
UNKNOWN	4947	9.7
NOT STATED	693	1.4
TOTAL	50952	1000

Table 3, (above] shows the percentage of pregnant women protected against Rubella. Given the potential serious consequences for the foetus if the mother contracts Rubella, it must be a cause of concern that only just over 87% of pregnant women could be definitely classed immune.

5, EARLY NEONATAL DEATHS AND MORTALITY RATES, 1989

CAUSE OF DEATH	***SINGLETON BIRTHS*** STILL BIRTHS	STILL BIRTH RATE	EARLY NEONATAL DEATHS	EARLY NEONATAL RATE	TOTAL DEATHS	PERINATAL MORTALITY RATE
CONGENITAL ANOMALIES						
ANENCEPHALUS	15	0.29	14	0.28	29	0.57
SPINA BIFIDA	3	0.06	7	0.14	10	0.20
OTHER CENTRAL NERVOUS SYSTEM ABNORMALITIES	3	0.06	4	0.08	7	0.14
BULBUS CORDIS AND SEPTAL CLOSURE	2	0.04	3	0.06	5	0.10
OTHER CONGENITAL ANOMALIES OF THE HEART	6	0.12	13	0.26	19	0.37
OTHER CONGENITAL ANOMALIES OF THE CIRCULATORY SYSTEM	0	0.00	1	0.02	1	0.02
CONGENITAL ANOMALIES OF THE RESPIRATORY SYSTEM	1	0.02	4	0.08	5	0.10
CLEFT PALATE & LIP; OTHER DIGESTIVE SYSTEM ANOMALIES	1	0.02	0	0.00	1	0.02
CONGENITAL ANOMALIES OF THE URINARY SYSTEM	1	0.02	9	0.18	10	0.20
CONGENITAL ANOMALIES OF THE MUSCULOSKELETAL SYSTEM	3	0.06	6	0.12	9	0.18
CHROMOSOMAL ANOMALIES INCLUDING DOWN'S SYDROME	6	0.12	9	0.18	15	0.29
OTHER CONGENITAL ANOMALIES	9	0.18	7	0.14	16	0.31
MATERNAL CONDITIONS AND COMPLICATIONS IN PREGNANCY						
MATERNAL HYPERTENSIVE DISORDERS	12	0.24	4	0.08	16	0.31
OTHER MATERNAL COMPLICATIONS	5	0.10	7	0.14	12	0.24
OTHER FORMS OF PLACENTAL SEPARATION AND HAEMORRHAGE	53	1.04	4	0.08	57	1.12
OTHER MORPHOLOGICAL AND FUNCTIONAL ABNORMALITIES OF PLACENTA	22	0.43	1	0.02	23	0.45
OTHER COMPLICATIONS OF PLACENTA, CORD AND MEMBRANES	1	0.02	2	0.04	3	0.06
PROLAPSED CORD	1	0.02	0	0.00	1	0.02
OTHER COMPRESSION OF UMBILICAL CORD	14	0.27	0	0.00	14	0.27
OTHER COMPLICATIONS OF LABOUR/DELIVERY	2	0.04	3	0.06	5	0.10
SLOW FETAL GROWTH, FETAL MALNUTRITION AND IMMATURITY						
SLOW FETAL GROWTH & FETAL MALNUTRITION	8	0.16	0	0.00	8	0.16
SHORT GESTATION AND UNSPECIFIED LOW BIRTHWEIGHT	9	0.18	22	0.43	31	0.61
HIGH BIRTHWEIGHT AND BIRTH TRAUMA						
LONG GESTATION AND HIGH BIRTHWEIGHT	1	0.02	0	0.00	1	0.02
BIRTH TRAUMA	0	0.00	1	0.02	1	0.02
INTRAUTERINE HYPOXIA AND BIRTH ASPHYXIA	50	0.98	10	0.20	60	1.18
RESPIRATORY DISTRESS SYNDROME	0	0.00	13	0.26	13	0.26
OTHER RESPIRATORY CONDITIONS OF FETUS/INFANT	1	0.02	9	0.18	10	0.20
OTHER FETAL AND NEONATAL CONDITIONS						
INFECTIONS SPECIFIC TO THE PERINATAL PERIOD	2	0.04	0	0.00	2	0.04
FETAL AND NEONATAL HAEMMORHAGE	2	0.04	8	0.16	10	0.20
HAEMOLYTIC DISEASES	2	0.04	1	0.02	3	0.06
METABOLIC AND ENDOCRINE DISTURBANCES	4	0.08	1	0.02	5	0.10
INTEGUMENT AND TEMPERATURE REGULATION	2	0.04	2	0.04	4	0.08
MACERATION, ILL-DEFINED CONDITIONS AND ALL OTHER CAUSES						
MACERATION	66	1.30	0	0.04	66	1.30
SUDDEN INFANT DEATH SYNDROME	0	0.00	4	0.08	4	0.08
SYMPTOMS,SIGNS,AND ILL-DEFINED CONDITION	11	0.22	2	0.04	13	0.26
ALL OTHER CAUSES	3	0.06	12	0.24	15	0.29
CAUSE NOT STATED	0	0.00	3	0.02	3	0.06
TOTAL	321	6.3	186	3.7	507	10.0

Further and more detailed consideration of aspects of this Report in relation to the population of our Board's area can be arranged through die Community Care Programme Committee.

22nd March, 1993

K J.Hickey
Chief Executive Officer