

The Rotunda Hospital
Annual Report 2025

THE ROTUNDA HOSPITAL DUBLIN

Caring for Generations
Since 1745

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Annual Report 2025

VISION STATEMENT

Our vision statement reflects the overall ambition of the Hospital. It serves as the baseline from which our strategy is developed.

'The Maternity Hospital of Choice – Outstanding Care Delivered by Exceptional People'

MISSION STATEMENT

Our mission statement reflects our ambition in the provision of safe and responsive care to patients as well as our commitment to staff.

As the leading Voluntary provider of maternity, neonatal, gynaecology and reproductive care in Ireland, our mission is to excel in the delivery of safe, innovative and responsive services for women and their families. The Board continues to support and endorse the Voluntary Healthcare Forum in its engagement with the Department of Health and HSE through a formal Dialogue Forum in progressing actions from the Independent Review Report.

In our role as the major tertiary referral hospital and the designated regional lead, we will continue to develop sub-specialist care and shape national policy. This will be underpinned by a strong commitment to the values of voluntarism, staff excellence, and efficient use of resources, promotion of research and education and enhanced alliances with our strategic partners.

Strategic Plan 2022-26

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About the Rotunda

In 1745 Bartholomew Mosse, surgeon and man-midwife, founded the original Dublin Lying-In Hospital as a maternity training hospital, the first of its kind. The Rotunda Hospital is unique as an institution in that it has continued to provide an unbroken record of service to women and infants since its foundation. The Rotunda Hospital has been in operation at the Parnell Square campus for 268 years, with the main inpatient building remaining in continuous use since the doors first opened on 8 December 1757, making the Rotunda Hospital the longest-serving maternity hospital in the world. The Rotunda remains an independent, voluntary organisation operating under Charter with a Board of Governors and the Mastership System responsible for clinical and operational management. Since the introduction of Hospital Groups in 2013, the Rotunda is the lead maternity centre for the RCSI Hospitals Group.

The ethos and core values of its founder are still at the heart of the hospital and this is demonstrated through the care and dedication of the staff and the Board of Governors of the hospital. Over time the Rotunda has evolved into a 198-bed teaching hospital which provides specialist services in order to support women and their families at a local, regional and national level.

Introduction



Prof. Sean Daly
Master of the
Rotunda Hospital



Introduction by the Master

This year was one of the busiest years in the hospital's history, with 8,616 babies delivered to 8,472 mothers, an increase of 1.9%. The total live births this year now include babies weighing 400 grams or more, bringing us in line with national metrics. The Neonatal Intensive Care Unit experienced a 12% increase in infants discharged from the unit during 2025, where 1,464 babies were cared for within our current facilities.

Following on from the North Dublin Women's Health Initiative, which went live in August of this year, there were increases in the number of inpatients to 906 and in day case procedures to 4,240. The waiting lists have also increased, with 5,836 women now waiting to be seen in our Gynaecological Outpatients Department.

The number of women cared for within our Community Midwifery Teams was over 3,300, and 2,500 women opted for the Early Transfer Home scheme. We received over 1,400 compliments, up more than 14% from last year. The number of complaints received was 140. This trend of 10 compliments to one complaint is consistent with previous years.

CAMPUS DEVELOPMENT

In January 2025, the current Taoiseach, then Tánaiste, Micheál Martin, opened our new outpatient facility, Hampson House. This has facilitated significant reorganisation of the antenatal care service, with eight consultant-led antenatal clinics, as well as the continuation of the specialist clinics and the Community Midwifery Service. Hampson House allows us to deliver 21st-century outpatient paediatric care, as well as Colposcopy and Allied Health services such as Perinatal Mental Health, Dietetics and Physiotherapy.

The new Minister for Health, Jennifer Carroll MacNeill, launched the HSE app from Hampson House and visited the hospital to launch the Neonatal Welcome Pack for parents of babies transferred to the Rotunda for ongoing care. The development of Dominick Street as a location for certain Laboratory functions and all our Gynaecological outpatient activity continued to progress in 2025. We received planning permission from Dublin City Council for the new Critical Care Wing on the west side of Parnell Square, although this was appealed, and we will wait for An Coimisiún Pleanála to determine whether those appeals will be upheld. This decision is expected in February 2026.

THE BOARD OF GOVERNORS

The Board of Governors and its subcommittees provide a huge amount of support to the Executive Management Team, and I would like to acknowledge and thank each member of the Board for their help and encouragement. In addition, each subcommittee has a number of external members who equally give their time to help the hospital and have provided valuable assistance over the last 12 months. In September, Margaret Philbin very sadly passed away after an incredibly brave fight against cancer. Margaret was a wonderful person, midwife, leader and a devoted governor of the Rotunda Hospital. She was chair of the QSR Committee and certainly kept me on my toes, with her understated but in-depth knowledge of everything that goes on in the Rotunda Hospital. I will miss her.

STAFF

Professor Sam Coulter Smith retired in 2025 and will be sorely missed. He had been part of the Rotunda since his teenage years. Sam was a wonderful colleague and, as Master, led the hospital during some of its most challenging times, when there was no money available to develop services and yet the hospital thrived. There were 28 people who retired last year; of these, 22 had worked in the Rotunda for more than 20 years, with seven having worked for more than 30 years. Susan Luke and Bill O'Neill worked in the Rotunda Hospital for more than 40 years. This level of commitment to the Rotunda Hospital and the families who attend here is simply wonderful.

Dr Vicky O'Dwyer became the new Clinical Director and I would like to acknowledge and thank Professor Jennifer Donnelly for all her work and commitment during the previous two years. She led out on the opening of Hampson House, which was a great achievement, and she was a great support to me in my role as Master/CEO.

The Executive Management Team of Mr Jim Hussey, Ms Fiona Hanrahan and Dr Vicky O'Dwyer have once again shown real leadership within the hospital, and it is a privilege to work with them. Once again, I would like to thank my secretaries Margaret and Caroline for their dedication and loyalty.

Sadly, this year we lost two members of staff, Ms Linda Chiles, who worked as a midwifery tutor, and Ms Kelsey Lakes, who was part of our HR Department. My sincere condolences go to their families and friends.

The Rotunda has increased its service delivery in paediatrics, obstetrics and benign gynaecology. The fact that the Rotunda Hospital has managed to care for all women and families without a significant uplift in staffing is a huge credit to everybody working in this institution.

Prof. Sean Daly
Master of the Rotunda Hospital



Introduction by the Chairperson

Bartholomew Mosse founded the Rotunda Hospital in 1745 to provide high-quality care for mothers and babies while building and developing the necessary infrastructure, which continues to define the hospital's mission today. The hospital has always strived to care for mothers and babies in a kind and compassionate manner.

The hospital is overseen and governed by a Board of Governors who are the Guardians of the hospital and are responsible for what happens there by ensuring good clinical and corporate governance.

As a voluntary hospital, the Rotunda's Board of Governors provide a wide range of skills, knowledge and expertise gratis to the hospital, epitomising the best of voluntarism, for which I, as Chairman (on behalf of patients and staff), am truly grateful.

I wish to thank all board members for their support and advice with special thanks to the Board Vice Presidents: Dr Marie Wilson-Brown and Dr Jimmy Gardiner.

The Board, while retaining overall responsibility, delegates the day-to-day running of the hospital to the Executive Management Team (EMT), which includes the Master, Prof. Sean Daly, the Hospital Secretary/General Manager Jim Hussey, the Director of Midwifery and Nursing Fiona Hanrahan, and Clinical Director Vicky O'Dwyer. I cannot adequately express my gratitude and appreciation to the executive management team for their work on behalf of the patients and staff, and to Caragh Ferguson, secretary to the Board, for the helpful and efficient way she manages board business in the hospital.

The Board annually confirms Governors' compliance with their statutory requirements under the Ethics in Public Office Act 1995 and the Standards in Public Office Act 2001.

The Board receives information from the EMT relevant to the management of the hospital's affairs, with much of this work organised via sub-committee's namely:

- Quality Safety and Risk: Chair Prof. Fergal Malone, Vice-Chair Kate Webb.
- Finance and Audit: Chair Stuart Switzer, Vice-Chair Jennifer Cullinane.
- Governance: Chair Barry Holmes, Vice-Chair Dolores Sullivan.
- Estates Campus Development: Chair Greg Power, Vice-Chair David Browne.
- Performance and Remuneration is a working group of the Board, chaired by Stuart Switzer.

2025 saw an increase in the number of mothers delivered with 8,616 babies born (an increase of 1.9% compared to 2024) in the hospital, once again making the Rotunda the busiest maternity hospital in Ireland. This is all the more remarkable given the overall fall in the birth rate nationally of 20% over the past ten years.

Board meetings have remained a blend of in-person and virtual, ensuring a high attendance at the six meetings held annually. Governors remain keen to improve the campus facilities for patients and staff and have supported the EMT in their discussions with the Department of Health and the HSE to develop a new Critical Care Wing (CCW) to allow substantive improvements to the inpatient accommodation, the labour ward, the neonatal intensive care unit and the support functions - all badly needed developments.

The building of the CCW required all maternity and paediatric outpatients to move off the Parnell Square campus and on Jan 6th 2025, Hampson House (part of the Clery's Department store re-development) opened as the Rotunda's outpatient department, providing a superb modern facility for both staff and patients.

The recent centralising of regional benign gynaecology referrals has resulted in a substantive increase in gynaecology referrals, revealing a huge unmet need in the area. Consequently, a benign gynaecology hub will be developed in the Rotunda serving the Dublin and North East Region. The HSE have recently acquired premises in Dominick St, adjacent to the hospital, to support meeting this demand.

The Board also supports plans to improve the on-site accommodation for all hospital staff.

I wish to thank the Rotunda Hospital Foundation, and especially Dr Mary Holohan as Chair, for their fundraising efforts on behalf of the hospital and for the many projects and initiatives which they fund annually in the hospital for the betterment of all concerned. Sheila Costigan, the quiet and effective manager of the Rotunda Foundation for many years, retired at the end of 2025. She will be missed.

2025 saw the passing of Margaret Philbin, a passionate Rotunda supporter, former Director of Midwifery and Nursing, and Board member, who is greatly missed. Darcy Lonergan became a full board member in 2025. Lucinda Woods, who had been a member of the Finance and Audit Committee, reluctantly resigned from the board due to work and family commitments, as did Ian Roberts as member of the ECDC Committee.

Three other Governors reached their maximum 9-year term under the newly introduced board member term limits: Sam Coulter Smith, ex-master, Denis Reardon, board member and chair of the F&A committee and the P&R working group, and John Diviney. Sam and Denis will be sorely missed for their insightful advice and contributions to the Board. The Board were delighted that John Diviney remained on as an extern (non-Board Member) of the Finance and Audit Committee. Finally, Claire Murphy, secretary to the Board for many years, retired. It is hard to overstate Claire's input into the smooth functioning of all matters relating to board activity, and she will be sorely missed.

Looking to the future, the challenge for the Hospital remains, as laid out by Bartholomew Mosse, to develop world-class care for mothers and babies, including better infrastructure with the best possible staff, including cooks, cleaners, porters, allied medical staff, doctors, midwives and nurses. The fact that many visiting the Rotunda comment on how tidy the hospital looks and how excellent the food is speaks volumes.

Attracting and retaining world-class staff in the face of a Dublin accommodation crisis, a new public-only consultants' contract as part of the Sláintecare package, and with the proposed metro-link route going directly under the hospital represent only some of the challenges to be faced into the future.

Finally, I want to thank all the Hospital staff whose enthusiasm, energy and commitment to humane, timely, quality patient care makes the Rotunda a joyful and happy workplace while providing high-quality compassionate care to our many patients.

Providing quality care with kindness matters.

Prof. Tom Matthews
Chairman





Dr Vicky O'Dwyer, Consultant Obstetrician Gynaecologist

Clinical Director's Office

CLINICAL DIRECTOR

Dr Vicky O'Dwyer, Consultant Obstetrician and Gynaecologist

OVERVIEW

The Office of the Clinical Director (CD) at the Rotunda Hospital was established in 2009 following the national introduction of the role under the 2008 Consultants Contract. Its primary purpose is to support the Master in managing consultant and non-consultant hospital doctor (NCHD) staff, ensuring the delivery of safe, effective, high-quality, and efficient care. Since March 2023, the Clinical Director has been a member of the Executive Management Team (EMT).

ACTIVITY

In 2025, the Clinical Director's Office was supported by Ms Olga Pearson. Ongoing communication with the Assistant Masters, Lead NCHDs, and the NCHD Committee has been instrumental in driving clinical innovation among medical staff. Dr Claudia Condon and Dr Margaret Feighery served as Lead NCHDs during the year.

INFRASTRUCTURE

The Rotunda continues to collaborate with OCMA Architects, HSE Estates, and other stakeholders on campus development plans, including the critical care wing, temporary radiology facilities, and the Dominick Street development.

In 2025, an opportunity arose to expand the Rotunda's footprint for gynaecology services. A new building on Dominick Street will house outpatient gynaecology services and upgraded laboratory facilities. This development will support the expansion of general gynaecology, urogynaecology, and day-case outpatient procedures, enhancing care for women in North Dublin.

CONTINUING PROFESSIONAL DEVELOPMENT

Attendance at Continuing Medical Education events is a professional registration requirement and The Clinical Director's Office continues to facilitate this by certification of doctors' attendance at internal educational events. Facilitating mandatory training for medical staff and collating compliance reports are ongoing roles of the office.

HUMAN RESOURCE (HR LIAISON)

Medical manpower is a valuable resource provided by the hospital. The Clinical Director's Office provides a direct link with HR for the purpose of assistance in clarification with all elements and provisions of the consultants' contract and the NCHD's contract. Service planning, manpower requirements and recruitment are also facilitated by the office, and regular employment control meetings are held.

TRAINING SITE ACCREDITATION

The Rotunda is a recognised training site across multiple specialties. The Clinical Director's Office, in collaboration with specialty training leads, conducts regular internal assessments to ensure a high-quality training environment in line with Medical Council standards.

MEDICAL EXECUTIVE COMMITTEE

Chaired by the Clinical Director, the Medical Executive Committee—comprising Heads of Clinical Departments and senior management—met regularly throughout 2025. It continues to provide an important forum for communication between hospital management and senior medical staff, complementing the Hospital Medical Board.

SUCCESSES & ACHIEVEMENTS 2025

RCPI Training Site Accreditation

The Rotunda successfully underwent RCPI accreditation for Obstetrics and Gynaecology, Neonatology, and Pathology in 2025. This involved extensive evidence gathering across multiple domains, including innovation and wellbeing. The hospital has been approved as a training site for the next five years, receiving an excellent report.

Hampson House

The transition to Hampson House in January 2025 marked a significant achievement. Outpatient antenatal, paediatric, colposcopy, and allied health services were successfully relocated while maintaining clinical activity. I would like to congratulate Dr Jennifer Donnelly for leading the project, along with all staff involved in its development and implementation.

CHALLENGES 2025

As in previous years, the primary clinical challenge remains managing a high-demand, obstetric service. The Rotunda continues to operate under resource constraints relative to demand. Recruitment and retention of high-quality staff also remain significant challenges. The hospital is actively exploring solutions, including expanding on-site accommodation options.

PLANS FOR 2026

Another busy year is anticipated for services at the Rotunda. Key priorities include:

- Continued development of the Rotunda campus to enhance patient care, including improvements to the emergency department and early pregnancy unit.
- Progression of the Dominick Street development.
- Expansion and enhancement of NICU services.
- Advancement of the critical care wing in collaboration with OCMA Architects and HSE Estates.
- Expansion of radiology services, including a partnership with Allianz Medical to provide on-site MRI scanning.
- Upgrading the Sexual Assault Treatment Unit.
- Construction of a new gynaecology day ward to reduce pressure on inpatient beds and minimise surgical cancellations.

Education and training will remain central, with new teaching initiatives planned, including a sepsis-focused programme. Ongoing emphasis will be placed on patient safety through labour ward meetings, clinical risk education, and morbidity reviews. PROMPT training will be introduced in 2026.

Fellowship programmes in maternal-fetal medicine and gynaecology will continue, with planned expansion to include endometriosis care.

ACKNOWLEDGEMENTS

I would like to acknowledge and thank Ms. Olga Pearson and the Assistant Masters for their dedication, expertise, and innovation, which contributed to a successful year. I also wish to recognise the support of EMT members, including Prof. Sean Daly, Ms Fiona Hanrahan, and Mr Jim Hussey.

The role of Clinical Director is both demanding and highly rewarding. It is a privilege to work with colleagues across specialties and departments who are committed to maintaining high standards of care at all times.

Thank you.

Dr Vicky O'Dwyer
Clinical Director

Clinical Services





Maternity




STUDENT MIDWIFE
STUDENT MIDWIFE
STUDENT MIDWIFE
STUDENT MIDWIFE
Trinity College Dublin
The University of Dublin
THE ROTUNDA HOSPITAL DUBLIN
STUDENT MIDWIFE
Amy Pickering
Bsc Midwifery Student

Department of Midwifery & Nursing

Director of Midwifery & Nursing
Ms Fiona Hanrahan

Assistant Directors of Midwifery & Nursing
Ms Patricia Williamson
Ms Janice MacFarlane
Ms Geraldine Gannon
Ms Annmarie Sliney (to July 2025)
Ms Suzanna Byrne
Ms Ciara Roche
Ms Christine Corcoran
Ms Deirdre Ward (from Dec 2025)
Ms Anu Binu (IPC)
Ms Mary Whelan (Clinical Audit)
Ms Emer Croke (PDU from Nov 2025)

Notable Retirements 2025
Ms Mary Deering ADOM/N PDU
Ms Ann O'Byrne ADOM/N DMO
Ms Helen Lonergan CNM2 NICU
Ms Deirdra Richardson CMS SATU
Ms Maria Keane CMM1 PSNT A
Ms Rose Thorne CNM2 Colposcopy
Ms Una Leavy S/M night roster
Ms Mary Breen MCA DS
Ms Susan Jones MCA AOPD

INTRODUCTION

2025 was a very sad year for the Rotunda Hospital and particularly the Department of Midwifery & Nursing. We lost two valued and respected colleagues.

In July, Linda Chiles, CMM2, died suddenly and unexpectedly. Linda worked at the Rotunda for over 18 years holding a variety of midwifery roles across multiple departments. Linda has been described as the "midwife's midwife". Throughout her 18 years, Linda provided compassionate, woman-centred care to all the patients and families that she met. In her most recent role, within the Practice Development Unit, Linda cared for our students with the same commitment and person-centredness that she always brought to midwifery. Linda will be greatly missed by her many friends and colleagues at the Rotunda. We hold her husband Ed, daughter Kellieann, and family in our daily thoughts.

In September, Margaret Philbin died. Margaret was my predecessor and had worked at the Rotunda for over 35 years prior to her retirement in 2018. At the time of her death, Margaret was an active member of the Rotunda Board of Governors, the Board of the Rotunda Foundation and Chair of the Board Quality and Risk Committee. Margaret was a trusted friend to many colleagues across the Hospital. Margaret's death had a profound impact on many who she had mentored and supported across the years. On a personal note, Margaret and I worked closely together for many years. Margaret was wise and extremely

kind, with a glimmer of mischief in her eyes. I will greatly miss our chats and WhatsApp messages and the frequent photos of her walking on the beach with her beloved husband Robby and her adored doggies.

Ar Dheis Dé go raibh a n-anamacha.

2025 was a year marked by significant progress towards plans to construct a new Critical Care Wing on the west side of the Hospital campus. In January, Hampson House on North Earl Street opened successfully. Staff from many disciplines worked tirelessly to move all of our adult and paediatric outpatients, as well as Colposcopy, SPNMH and Medical Social Work to this fantastic new five-storey facility. A debt of gratitude is owed to staff that came in across the week and days around New Year to ensure the clinical areas were set up, clean and with all equipment commissioned and ready to go. The move was a major success with a seamless transfer of all services completed in a timely fashion.

2025 was another year of high activity across all services. Our maternity services are the busiest in Ireland, where the birth rate is decreasing in all other maternity units. Along with high levels of activity, we manage many women whose pregnancies are medically complex. Having additional space in Hampson House will allow our specialist, multidisciplinary clinics to access sufficient clinical rooms to provide seamless and integrated care.

Our Gynaecology services grow year on year. In 2025 we continued to expand our infertility, endometriosis, menopause, urogynae and benign gynaecology services alongside our outpatient hysteroscopy and colposcopy services. We continued to work with HSE Estates in procuring new premises on Dominick Street to allow us to replicate what we achieved for maternity outpatients in Hampson House at this location. At the end of 2025, the HSE committed to the purchase and refurbishment of premises where we can decant gynaecology outpatients in 2026.

I present the reports for the following departments:

- Practice Development Unit
- Community Midwifery
- AMP Supported Care
- Lactation
- Bereavement
- Gynae ANP
- Occupational Health

PRACTICE DEVELOPMENT UNIT

The Practice Development Unit (PDU) continues to support excellence in Midwifery and Nursing education and care through evidence-based practice, staff education and quality improvement initiatives. The past year has been marked not only by clinical achievements and continued service by our students and staff, but also by a profound sense of loss within our team. We remember with great sadness the sudden passing of our colleague, Linda Chiles. Linda worked as a Higher Diploma Coordinator from August 2022 for our postgraduate student midwives following a long career in postnatal community midwifery, operating theatres and delivery suite. Linda's dedication, professionalism, and compassion for students, staff and those she provided care for left a lasting impact on everyone she met. Her contribution to student development and support extended far beyond technical expertise and knowledge. Linda brought a quiet reassurance, a willingness to support colleagues, and a commitment to maintaining the highest standards of patient-centred care,

nurturing the midwives of the future. We extend our heartfelt condolences to Linda's family, friends, and all who knew her. Her legacy remains an integral part of our team.

The PDU team saw changes in roles and additions of staff. Emer Croke, ADOM/N, joined as the Practice Development Coordinator in a full-time role, as Mary Deering has semi-retired. Michelle Goodburn brings her experience from supporting Adaptation Midwives by taking up a Clinical Skills Facilitator (CSF) post. Kerry Birken brings her knowledge and experience from Clinical Skills to supporting students in the Higher Diploma Coordinator role.

The PDU, incorporating the Clinical Skills Facilitators (CSFs) and Clinical Placement Coordinators (CPCs), supported 6 Candidate Midwives to undertake the Adaptation Programme in 2025. Michelle Goodburn joined the CSF team in supporting our adaptee candidates as they progressed through the programme.

There were 2 intakes to the programme in 2025:

- 20.01.2025 – 06.04.2025: One candidate – Successful
- 26.05.2025 – 05.08.2025: Five candidates – Four successful and one unsuccessful.

A key focus for the PDU team is supporting staff in further education. Postgraduate education for staff midwives and nurses is diverse. It includes courses in the Centre for Nursing and Midwifery Education (CME) based in the Coombe Hospital, the HSE, Beaumont Hospital and the Rotunda Hospital for in-house education study days to aid in professional development. Coordinating, developing and reviewing course content ensures the PDU meets the needs for our staff to learn, respond and provide safe, evidence based care for our women and infants, and continued professional development. Below is a list of the formal postgraduate courses undertaken by staff in 2025, showcasing the investment to support development and growth.

POSTGRADUATE EDUCATION 2025

- Masters in Midwifery Practice & Leadership
- Masters in Leadership and Innovation in Healthcare
- Masters in Advanced Leadership
- Masters in Quality and Safety in Healthcare Management
- Masters in Health and Social Inclusion
- Masters in Nursing
- Masters in Perinatal Mental Health
- Higher Diploma in Perioperative Nursing Programme
- Postgraduate Diploma in Advanced Leadership
- Postgraduate Diploma in Neonatal Intensive Care Nursing
- Professional Diploma in Leading Digital Health Transformation
- Postgraduate Diploma in Sexual and Reproductive Medicine
- Professional Certificate in Nurse/Midwife Prescribing of Medicinal Products
- Professional Certificate in High Dependency
- Fundamentals of Perioperative Nursing
- Postgraduate Certificate in Care of the Surgical Patient
- Professional Certificate in Fetal Biometry, Liquor & Placenta
- Graduate Certificate in Fertility Ultrasound

The Clinical Skills Facilitators supported and facilitated the orientation of 63 staff in the organisation in 2025. This incorporated 23 new members of staff and 40 rotated staff from different areas to achieve competencies in their new roles within the hospital. The education and guidance afforded to staff by CSFs as they integrate as members of the Rotunda team is valuable to ensure staff are supported and oriented to a new environment.



The PDU has developed and participated in a range of quality improvement projects aimed at improving patient safety, promoting woman-centred care, aligning with national standards and guidelines. These include:

- Facilitation of an Adaptation Academic week with CME.
- Creation of an Education/Skills week for Adaptation candidates.
- Collaboration with MMUH in developing education for care, phlebotomy and administration of medications via PICC lines.
- Facilitated suturing workshops for Perineal Suturing alongside the CME.
- Development of a Skills and Drills workshop for midwives and nurses in Antenatal Out-Patient Department (Hampson House) on Vasovagal/Raised BP/Call for Help and Transfer process.
- Education session on feeding cleft lip/palate babies/baby communication in collaboration with the Speech-Language specialist.
- Collaboration with the Pharmacy Team supporting the Sepsis Box Initiative.
- Development of an IMEWS Booklet in collaboration with the Mater Hospital Nurse Educator to support education of General Nurses caring for maternity clients.
- Supportive role to staff midwives at ward level during unannounced HIQA Inspection.
- Educational support in collaboration with Neonatal Resuscitation Officer on use of new equipment for Baby Resuscitation.
- Continued facilitation and support in delivering RHOET & NRP training for staff.

The support and mentorship of undergraduate and postgraduate students is vital to build the workforce of the future. Clinical Placement Coordinators (CPCs) support preceptors in the clinical settings to build competence, confidence and resilience in our students. Our CPC and Student Allocations Liaison Officer (SALO) supported 90 Midwifery students in 2025. This is broken down by our BSc undergraduate and Postgraduate Higher Diploma in Midwifery programmes in the table below:

TABLE 1

BSc Undergraduate Year Group	Total Students
2024-2028-1st	21
2023-2027-2nd	20
2022-2026-3rd	19
2021-2025-4th year/Interns	14
Higher Diploma 2024-2025	**16**

Our CPCs and SALO team support not just our midwifery students but also external students including General Nursing, Public Health Nursing, combined General and Paediatric Nursing, and Erasmus Midwifery students totalling 103 of this cohort. Students attend from a variety of health education institutes including Trinity College Dublin, Dublin City University, Royal College of Surgeons Ireland and University College Dublin, requiring collaboration to support the education and development of Nursing and Midwifery.

Looking to the future, the PDU remains committed to supporting staff in education, continuing interdisciplinary collaboration and looking to innovate and further develop the care we provide to women, babies and their families, supporting the growth, development and progression of the nurses and midwives of the future.

COMMUNITY MIDWIFERY TEAM (CMT)

The Rotunda Community Midwifery Team (CMT) continues to deliver high-quality midwifery care, promoting choice, continuity and personalised support for women with normal risk pregnancies on the supported care pathway.

The service operates across North Dublin city and county, extending into parts of County Meath, including Ashbourne and Ratoath.

The Team comprises Clinical Midwife Managers (CMMs), Clinical Midwife Specialists (CMS), Registered Midwives, Lactation Consultants, antenatal educators, an Advanced Midwife Practitioner (AMP) and registered prescribers, ensuring comprehensive and expert care across the maternity continuum.

In 2025, a total of 3305 women were supported within the Community Midwifery Service.

Antenatal care continues to be delivered through an extensive network of community based antenatal clinics and two booking clinics, maintaining strong accessibility for women. High levels of activity were recorded across multiple locations including Swords, Blanchardstown, Coolock, Ballymun, Cabra, Finglas, Darndale and Balbriggan.

Clinic Locations & Schedule

Community midwifery clinics provide accessible, high-quality antenatal and postnatal care across a range of community settings. These clinics support women and families by delivering care closer to home, improving accessibility, continuity, and patient experience.

TABLE 2		
Clinic Location	Day	Time
Balbriggan	Monday	09:00–17:00
Blanchardstown	Monday	17:00–20:00
Darndale	Tuesday	10:00–13:00
Coolock Clinic	Tuesday	16:30–19:30
Finglas Clinic	Wednesday	14:00–17:00
Swords Clinic	Wednesday	17:00–20:00
Ballymun Clinic	Thursday	14:00–17:00
Corduff Clinic	Thursday	09:00–17:00
Cabra Clinic	Friday	09:00–12:00
Hampson House	Friday	15:20–18:00

The Community Midwifery Service continues to play a pivotal role in facilitating early supported discharge from hospital. 2457 women and infant dyads were discharged in 2025 from the ward to the care of CMT, enabling timely discharge home while maintaining continuity of care.

Postnatal care remains a cornerstone of the service, with 4632 postnatal visits provided to dyads in the community. This ongoing support ensures safe recovery, promotes maternal and infant wellbeing, strengthens continuity of care beyond hospital discharge and ensures continued support with infant feeding, focusing on breastfeeding.

Birth Reflections

Birth Reflections is a listening service for women who have given birth in the Rotunda Hospital in the previous 12 months or who are currently pregnant again and previously delivered in the Rotunda.

It is a confidential midwifery-led service that offers one-off, one-to-one appointments in person or virtually to listen to any concerns a woman may have, to explore any issues and provide an opportunity to reflect on her birth experience. It is a chance to spend time talking this through with a dedicated midwife.

A birth reflection experience can help considerably to obtain a greater understanding of events surrounding the birth, why a possible intervention was necessary, and the possible implications for future births. In 2025, the service was limited and 91 women attended for birth reflection.

NBAC (Next Birth after Caesarean)

The NBAC service in CMT provides a midwifery-led care pathway for women who have had one previous caesarean birth. The service is designed to support informed decision-making and promote continuity of care.

In 2025, 197 women were offered an NBAC support appointment between 16 and 22 weeks' gestation and 178 women attended.

These appointments are offered on a one-to-one basis, with both in-person and virtual options available to enhance accessibility and flexibility for women.

During the visit, evidence-based information is shared on the risks and benefits of vaginal birth after caesarean compared with repeat elective caesarean supported by written information sources.

PLANS FOR 2026

In 2026, the Community Midwifery Team will mark 21 years of delivering community-based maternity care, representing a significant milestone and reflecting the continued evolution and strengthening of the community midwifery model within the Rotunda Hospital to the women and families in Dublin North, city and county.

A key service development will be the introduction of postnatal hubs, enhancing access to postnatal care closer to home. The hubs will provide a dedicated community-based setting where women and their babies can receive postnatal review, breastfeeding support, clinical assessment, physiotherapy review and ongoing guidance on a one-to-one basis or in a group setting.

Looking ahead, the Community Midwifery Team will continue to expand and strengthen community-based care pathways, ensuring services remain responsive to the needs of the population.

Advanced Midwifery Practice - Supported Care Pathway

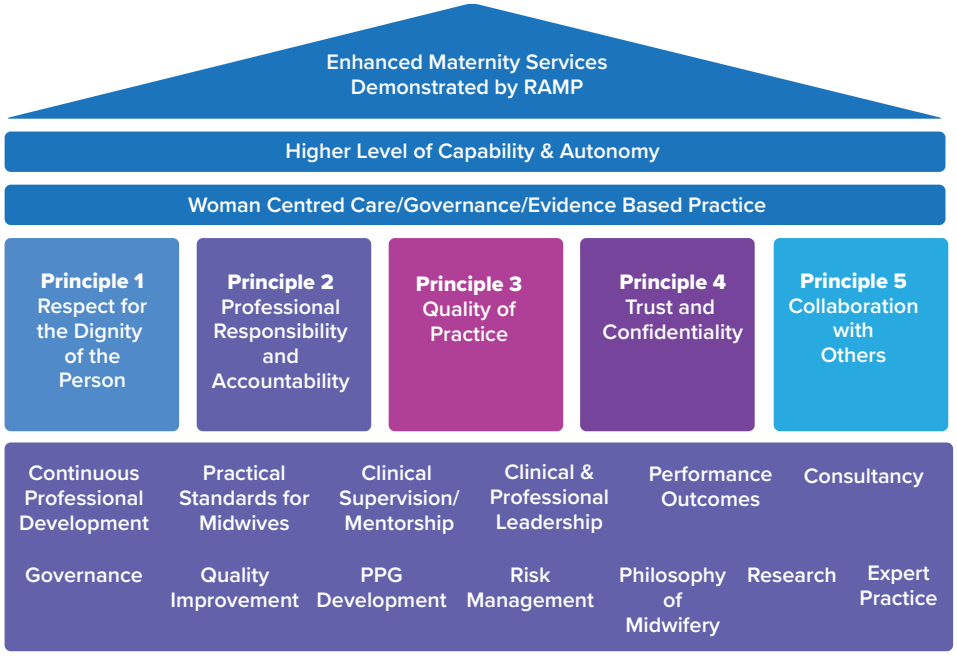


FIGURE 1: ADVANCED MIDWIFERY PRACTICE (NMBI 2018)

CLINICAL ACTIVITY

ADVANCED MIDWIFERY PRACTITIONER ANTENATAL CLINICS	
Monday 08:00-12:30	Rotunda Hampson House
Monday 14:00-17:00	Balbriggan Primary Care Centre
Wednesday 08:30-13:00	Rotunda Hampson House
Thursday 14:00-17:00	Corduff Primary Care Centre
Friday 08:30-17:00	Rotunda Hampson House

Throughout 2025, the AMP in community midwifery continued to support established community and hospital midwifery led antenatal clinics. Additionally, the AMP provided antenatal care to women across five clinics: two community-based and three onsite clinics. The opening of Hampson House allowed for an additional onsite AMP clinic, increasing the availability of appointments. The AMP caseload was reviewed and expanded to include, for the first time, women who had conceived through IVF. This new cohort of women brought to a total of 239 the number of women who met the criteria for midwifery-led/AMP care. Each woman was seen by the AMP for scheduled antenatal appointments as part of her established clinical caseload, providing tailored, individualised, woman-centred care (Figure 2).

Current AMP Caseload:

- Advanced maternal age
- Next birth after caesarean section (NBAC)
- Home birth
- IVF
- Previous large-for-dates pregnancy

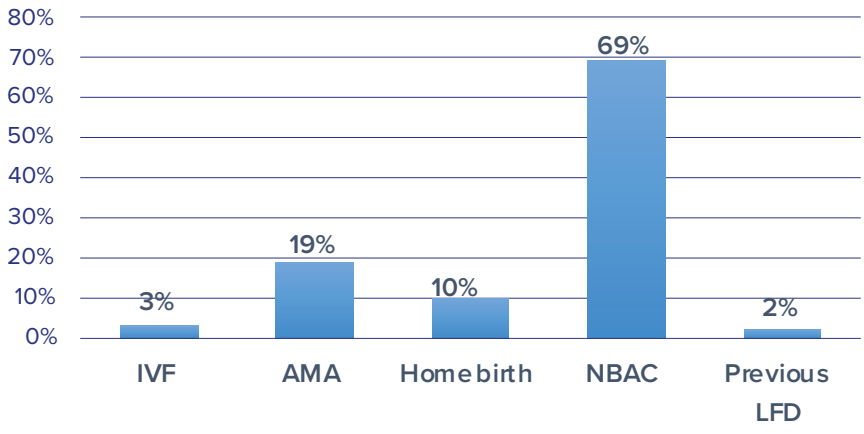


FIGURE: AMP CASELOAD (N=239)

The largest cohort of women offered AMP caseload care are those who have previously had one caesarean birth and who meet the criteria for midwifery-led care. Those who have had one previous lower segment caesarean section are offered care through the Next Birth after Caesarean (NBAC) midwifery-led pathway. This care includes a dedicated support visit with a midwife between 16–22 weeks' gestation, during which the previous birth is reviewed

and options for the upcoming birth are explored. All women are encouraged to attend the NBAC antenatal class and receive antenatal care through both midwifery clinics and their GP. With the increasing caesarean section rate, the existing midwifery-led NBAC service, previously incorporating an obstetric review at 36 weeks, has evolved into a fully midwifery-led service. At 36 weeks, women who meet inclusion criteria for this pathway are seen by the AMP to review their pregnancy to date. In collaboration with the woman, a decision is then finalised regarding the individual's planned mode of delivery. The number of women availing of this service increased from 125 in 2024 to 167 in 2025. As illustrated in Figures 3 and 4, the planned mode of birth for this cohort remained consistent across both years, with 57% opting for a trial of labour following one previous caesarean section.

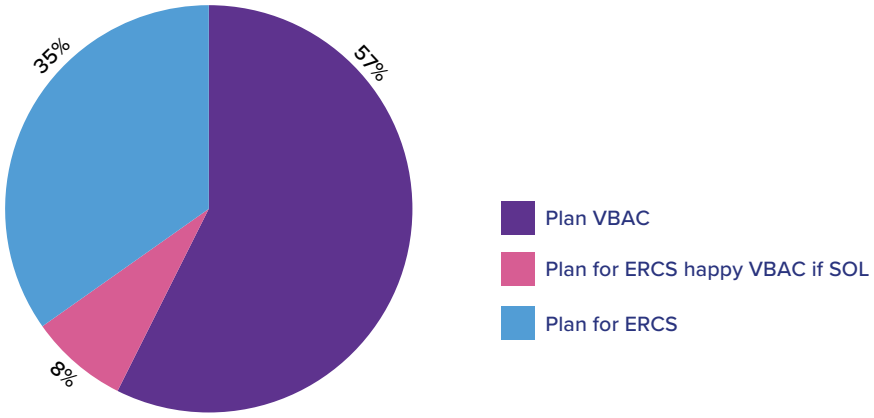


FIGURE 3: PLANNED MODE OF BIRTH FOR WOMEN ON MIDWIFE LED NBAC PATHWAY AT 36/40 (2024)

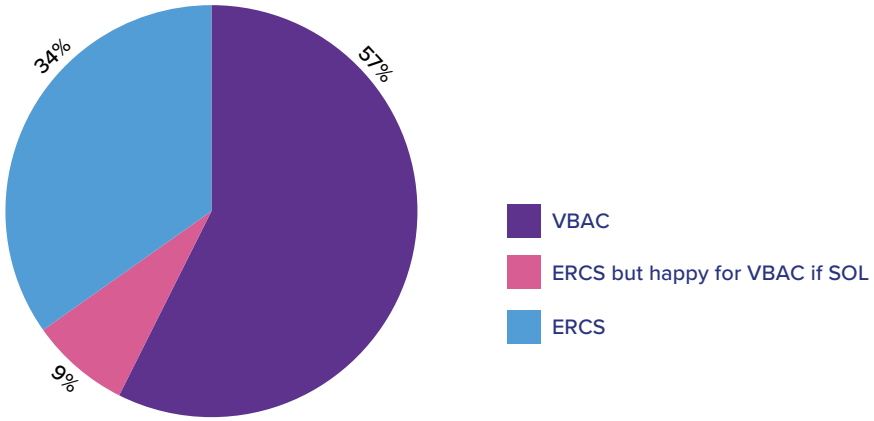


FIGURE 4: PLANNED MODE OF BIRTH FOR WOMEN ON MIDWIFE LED NBAC PATHWAY AT 36/40 (2025)

The modes of birth for women who opted for vaginal birth and subsequently laboured are outlined in Figure 5, with 67% achieving a vaginal birth. Collaboration between midwives,

clinical midwife specialists, AMP and Obstetric Consultants Professor Coulter Smith and Professor Geary ensures that the care delivered by the midwife led NBAC team is safe, timely and individualised to each woman.

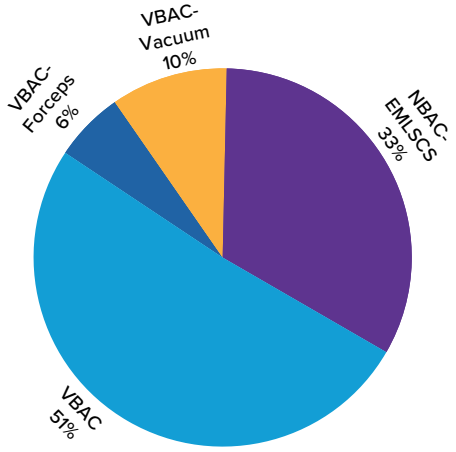


FIGURE 5: MODE OF BIRTH FOR WOMEN OPTING FOR A VBAC AND LABOURED (N=86)

In addition to the increase in women seen for scheduled appointments with the AMP, referrals for AMP review have steadily increased over the last three years as illustrated in Table 1. These referrals have diverted women who would previously have attended obstetric clinics, thereby facilitating continuity of midwifery-led care, and facilitating care within the community where possible. The reasons for referral are depicted in Figure 6.

TABLE 1: NUMBERS OF REFERRALS FOR REVIEW INTO AMP CLINICS	
2023	374
2024	484
2025	590

The largest referral group comprised women who were post-dates (beyond their estimated date of delivery), consistent with trends observed in 2023 and 2024. Anaemia represented the second-largest cohort. Women with haemoglobin levels below 105 g/L, despite oral iron supplementation, are referred to the AMP for review and management.

Of the 99 women referred for anaemia:

- 20% required vitamin B12 replacement
- 21% required parenteral iron infusions

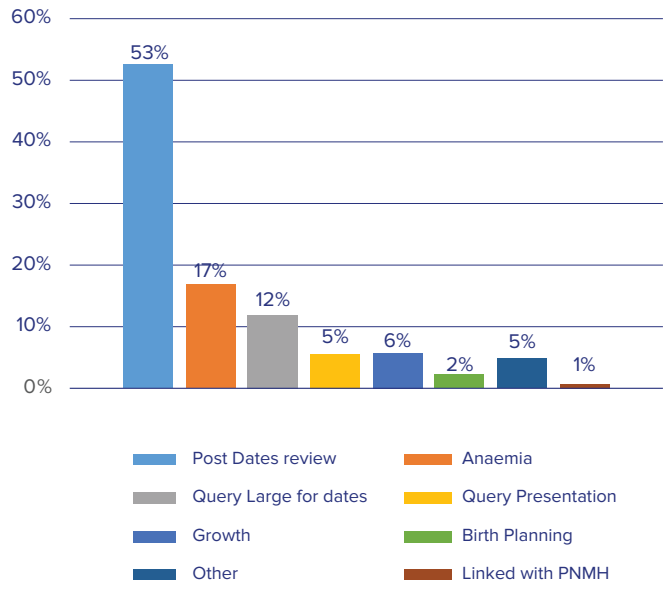


FIGURE 6: REFERRALS INTO AMP COMMUNITY MIDWIFERY CLINICS (N=590)

The third largest cohort of women were those who required assessment for fetal growth or fetal presentation. Following review and clinical assessment, which may include obstetric ultrasound, the AMP would either refer women back to midwifery-led care, or for further testing such as gestational diabetes tests. In 2025, thirty-five women who were deemed clinically large-for-dates by the AMP had a glucose tolerance test. Subsequently, 40% of these women were diagnosed with gestational diabetes. Ongoing management for this group of newly diagnosed diabetics was organised in consultation with the diabetic midwifery team and obstetric team. Women who were deemed to have large for gestational age babies, and who were not diabetic, continued their antenatal care with the AMP.

Multidisciplinary collaboration facilitated individualised, holistic care while ensuring safety for both women and staff and maintaining scope of practice. Where feasible, women were referred back to midwifery-led clinics, while others were referred to obstetric-led services when clinically indicated.

When appropriate, women (n=43) were referred from AMP care to obstetric-led care. Some of the clinical reasons for referral included:

- Gestational diabetes (40%)
- Second opinion regarding mode of birth (14%)
- Small-for-gestational-age fetus (14%)
- Not meeting criteria for midwifery/AMP care (14%)
- Other clinical reasons (18%)

An additional 15 individuals were referred by the AMP to either the Emergency & Assessment Unit or Day Assessment Unit for ongoing review or assessment. Reasons for these referrals included requests for blood pressure series (due to raised blood pressure in clinic) or review for reduced fetal movement. When clinically indicated, women were referred back to AMP/midwifery-led care.

CONTINUING PROFESSIONAL DEVELOPMENT

- Member of the Irish Association of Advanced Practitioners
- Presentation at Grand Rounds
- Conducting clinical audit
- Reflective case discussions with midwifery and obstetric colleagues
- Attendance at midwifery conferences and workshops
- Completion of mandatory training

Leadership – Supported Care Pathway

- Provision of support and advice to women attending AMP clinics
- Member of the Rotunda AMP/ANP Forum
- Member of the Rotunda Advanced Practice Conference Committee
- Member of the National Standards for Midwifery Care Forum
- Member of the Irish Association of Advanced Midwifery/Nurse Practitioners
- Development of AMP caseload and key performance indicators
- Provision of mentorship and guidance to nurses and midwives within the Rotunda and to candidate AMPs in other hospitals
- Delivery of education to undergraduate students in TCD and DKIT
- Development of local clinical guidelines

Research and Audit

- Midwifery-led NBAC audit
- Member of Trinity Centre for Maternity Research

LACTATION DEPARTMENT

The Lactation Clinical Specialist Midwives (CMS) Team continues to support individuals and families in the promotion of breastfeeding. 2025 saw a breastfeeding initiation rate of 71.4%.

Lactation service provision included:

- In-person antenatal (A/N) breastfeeding skills preparation class commenced.
- Online breastfeeding information workshop continued. A/N breastfeeding wraparound clinic supported women identified as high risk for breastfeeding challenges.
- The Rotunda Outreach Lactation Service (ROLS) has continued to support women delivering in the MMUH with complications that required early delivery or anticipated admission of infants to NICU or transfer out to specialised medical centres in neighbouring hospitals.
- Dedicated lactation specialist in NICU offered support to women both antenatally and postnatally, with a weekly postnatal breastfeeding support clinic, working with dyads for an extended period.
- Paediatric out-patient (POPD) reviews for breastfeeding dyads having feeding issues after discharge home.
- Phone support service.
- Self-referral follow-up review service with one-to-one consultations facilitated.

Implementation of National Infant Feeding Standards in Maternity Services.

- BFI self-assessment continued in 2025 in the Rotunda. Infant Feeding Specialist Support Forum continued nationally to support maternity units to implement National Standards. Lactation Team attended workshops and scheduled meetings held on a regular basis during the year.

Staff Education

- Team facilitated National Infant Feeding Education Programme with PHN/IBCLC. This programme is a shared education project between maternity units and community care with Midwives and PHNs attending together and teaching facilitated by hospital-based lactation consultants and PHN/IBCLCs.
- The lactation team continued to facilitate breastfeeding education sessions arranged through the Centre of Midwifery Education and also locally in the Rotunda Hospital.

OTHER ACHIEVEMENTS IN 2025

- CMS Geraldine Gordon presented information about her project “Birth Interventions and Impact on Early Breastfeeding” at the La Leche League Annual Conference.
- CMS Marina Cullen and Lisa Carroll were honoured to receive an award for their poster at the Rotunda Charter Day. This poster aimed to promote awareness of the breastfeeding repository and podcasts, a collaborative effort between the DNCC and the lactation team. The podcasts and repository aim to promote, protect, and support breastfeeding by ensuring consistent, up-to-date information that is easily accessible to healthcare professionals and families.
- National Breastfeeding Week presented an opportunity to host an Open Day in Hampson House for staff and service users. This gave the lactation team an opportunity to interact with parents and staff and proved to be a good opportunity to network about the importance of breastfeeding and the supports available.

BEREAVEMENT SUPPORT TEAM

Ms Trish Butler, Clinical Midwife Manager
Ms Carol Rock, Clinical Midwife Specialist
Dr Nicola Maher, Consultant Obstetrician
Ms Ann Charlton, Hospital Chaplain
Ms Clare Naughton, Medical Social Worker
Ms Enya O'Reilly, Medical Social Worker
Ms Orla Bannon, Administrative Assistant

INTRODUCTION

This report provides an overview of the activities, achievements, and future plans of the Rotunda Hospital Bereavement Service for 2025–2026. It outlines the multidisciplinary approach to supporting families affected by perinatal loss, highlights key developments over the past year, and presents service activity data alongside priorities for the year ahead.

SERVICE OVERVIEW

The Rotunda Hospital acknowledges that the loss of a baby during pregnancy or following delivery is a significant and deeply painful experience for any parent. To meet the needs of bereaved families, the hospital provides a range of services through the Bereavement, Recurrent Pregnancy Loss, and Fetal Medicine Services.

The Bereavement Team comprises two specialist bereavement midwives, a chaplain, a dedicated part-time medical social worker, and part-time administrative support. The team provides sensitive, individualised, and compassionate care to all families.

The Bereavement Specialist Midwife coordinates the Bereavement Service Team and acts as an advocate for bereaved parents. Responsibilities include ensuring all relevant multidisciplinary midwifery, medical and nursing team members, both within the hospital and in the community, are engaged in the care of families following a miscarriage, stillbirth or perinatal death. The specialist midwife also coordinates follow-up appointments, supports families in subsequent pregnancies by arranging early reassurance scans and timely booking visits, and makes referrals to other services as necessary.

The service offers face-to-face appointments in the dedicated Bereavement Clinic, with telemedicine appointments continuing to be available to ensure flexibility. Every effort is made to provide individualised, sensitive, and compassionate care to each family.

Formal onsite bereavement education sessions recommenced this year. The online suite of bereavement education sessions, developed in collaboration with the Centre for Midwifery Education, remains available, and short, targeted informal education sessions continued in clinical areas.

Chaplaincy

A lay Roman Catholic hospital chaplain is available Monday to Friday and is accessible to people of all faiths and those with no specific faith background. The chaplain provides spiritual, religious, emotional and pastoral support.

Sacramental support is available on request from members of the Dominican Community. Ministers or chaplains of other faiths are also available upon request.

The chaplaincy service includes:

- Meeting with and supporting families once a life-threatening condition has been confirmed.

- Providing blessings or prayers upon request.
- Supporting families whose pregnancy ends very early.
- Arranging the sacrament of Baptism in special circumstances.
- Supporting bereaved families in exploring rituals to acknowledge and honour the short life of their baby.
- Leading funeral services from the hospital mortuary chapel.
- Providing blessing and/or naming certificates, as well as certificates of life, as appropriate.

SUCCESSES AND ACHIEVEMENTS 2025

- Consultant obstetrician Dr Nicola Maher was appointed as the new clinical lead for the bereavement services.
- Ensured the availability of appropriately sized coffins (ranging from 8 to 14 inches), which are respectful and dignified for early trimester loss.
- Introduced a financial support initiative to assist with the cost of burials for families of the Muslim faith.
- The external area of the little chapel was enhanced with the installation of privacy fencing, providing a more secluded and supportive environment for families.
- Sourced and introduced Manaaki mats from New Zealand as a practical and user-friendly alternative to Cuddle Cots, enhancing care and support for bereaved families.

The Annual Service of Remembrance for 2025 was again held at St. Saviour's Church, Dominick Street, with sincere gratitude to the Dominican community for welcoming hospital staff and families and supporting the delivery of a sensitive and compassionate service. The work of the hospital and the Bereavement Team is greatly supported by the chaplains and ministers available to offer support to both patients and staff. The Dominican community at St. Saviour's Church continues to provide dedicated pastoral and sacramental support to parents and babies, which is very much appreciated.

Activity

While there was a reduction in activity observed in 2025, the needs of bereaved parents continue to grow in complexity, particularly in more challenging situations where parents may not have physical remains. The team remains dedicated to working together to provide compassionate, individualised care.

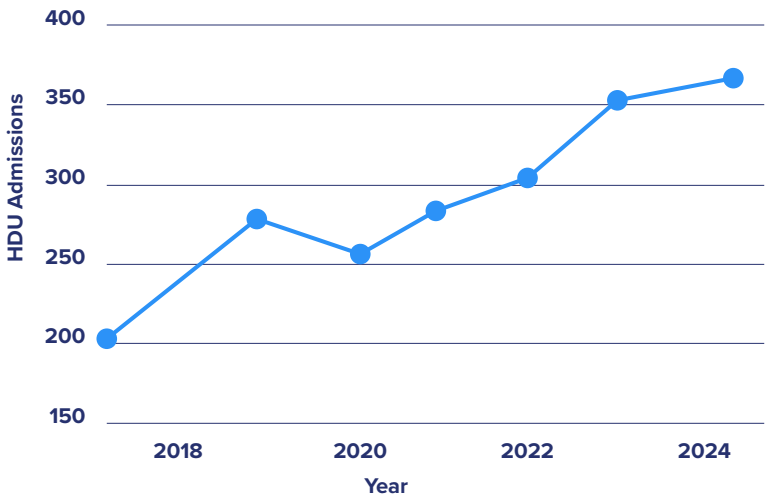


FIGURE 1: NUMBER OF PERINATAL LOSS CASES REQUIRING BEREAVEMENT SERVICE SUPPORT (2020-2025)

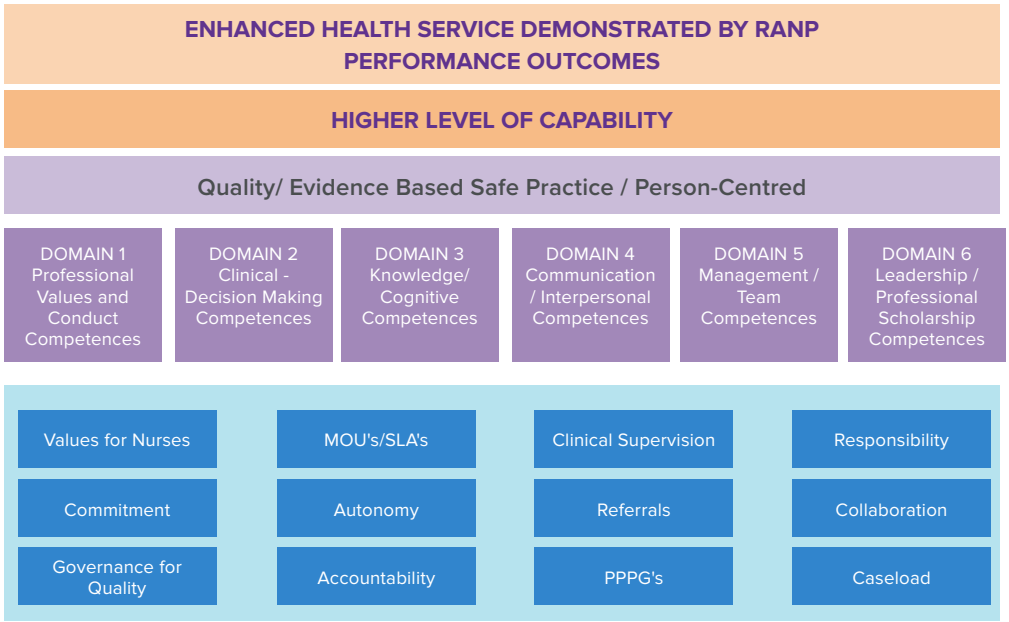
PLANS FOR 2026

- Recruit to replace Clinical Midwife Manager 2 (CMM2) position to ensure continuity of service delivery.
- Upgrade and enhance interior of the little chapel adjacent to the mortuary.
- Furnish and operationalise the new bereavement suite of offices.
- Continue the provision of bereavement education to staff and students.
- Plan and deliver a full-day bereavement education showcase for all Rotunda staff in May 2026 with a preceding evening session open to external professionals.
- Continue to support and deliver the Annual Service of Remembrance, providing a meaningful opportunity for bereaved families to reflect and remember.

SUMMARY

The Rotunda Hospital Bereavement Service has continued to develop and strengthen, enhancing the support provided to women and families through service improvements, education, and ongoing initiatives. These developments reflect a continued commitment to delivering compassionate, high-quality bereavement care. The service remains focused on supporting families with dignity, respect and sensitivity, while striving for continuous improvement.

ADVANCED NURSE PRACTITIONER GYNAECOLOGY



NMBI ADVANCED NURSING PRACTICE MODEL (2021)

ANP Waiting List Review Dec 2025

Demand

- ANP waiting list on 9 Sept 2025: 115
- ANP waiting list on 9 Dec 2025: 244
- >100% increase since centralised referrals

Impact on General Gynaecology

- Current general gynae waiting list: **2,581.**
- ANP pathway **absorbs 8.6% of total gynaecology demand**, preventing the general gynae waiting list from being **~9.5% higher**.
- ANP service remains essential to managing overall demand and preventing further escalation of waiting times.

Current Triage criteria for ANP Management:

- Pre-menopausal abnormal uterine bleeding
- Dysmenorrhoea/Pelvic Pain
- PMS/PMDD
- Oligomenorrhoea/Secondary amenorrhoea
- Sexual / reproductive health including contraception / LARC fit
- Pelvic organ prolapse suitable for conservative management (pre- and post-menopausal women)

Current Weekly Clinical Activity

- ANP Gynaecology Clinic – 15 NEW slots, 10 FOLLOW UP slots
- Virtual Gynaecology Clinic – 5 NEW slots, 15 FOLLOW UP slots
- Unscheduled Care (ED referrals/self-referrals/walk-ins) – unlimited (approx. 3-5/week)

CLINICAL ACTIVITY (01/12/2024 – 24/11/2025)

ANP Gynaecology Clinic

- NEW appointments offered: 347 (281 attended, 66 DNA)
- FOLLOW UP appointments offered: 399 (344 attended, 55 DNA)

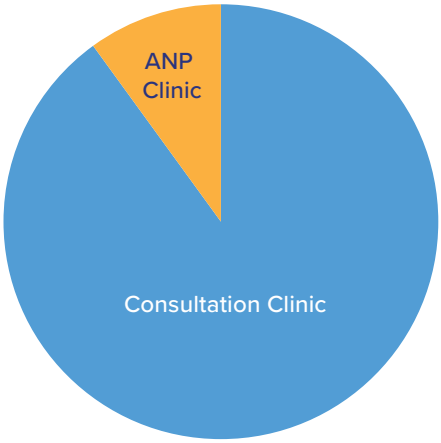
Virtual Gynaecology Clinic

- 363 appointments offered (majority FOLLOW UP)

*Unscheduled care not reportable due to clinic code for walk-ins shared between CNS/ANP

Wait Times for New Appointments

- Routine appointments: 17-21 weeks (increase from 2025 by >6 weeks)



TRIAGE OF GENERAL GYNAE REFERRALS 2025 - SINCE REFERRALS CENTRALISED

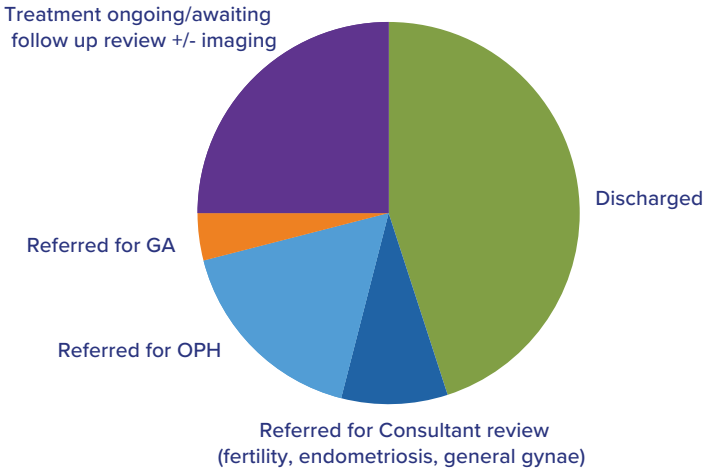


FIGURE 2: ANP GYNAECOLOGY CLINICAL OUTCOMES 2025

Non-patient-facing activity

- Research project completed: Role of nurses and midwives in abortion care.
- Progression of LARC training pathway for nurses/midwives (NWIHP).
- Developing local PPPG: Management of iron deficiency in gynaecology patients.
- Teaching and mentoring in sexual / reproductive health / gynaecology – locally, nationally and third level.
- Audit: contraception counselling and provision in pregnancy options clinic re-audit.
- MDT training in prolapse management / vaginal pessaries and supervision of nurse-led pessary clinic.
- Review of all cervical screen results returned to GOPD and referral to colposcopy etc. as appropriate.
- Centralised gynaecology referral hub development and triage of external / internal gynaecology referrals.
- Triage of all Pregnancy Options referrals including direct communication with referring GP.

CONTINUING PRACTICE DEVELOPMENT

- Attendance at FSRH, ESC and BSACP annual conferences
- Engagement with webinars from sexual/reproductive health organisations
- Member of National Gynaecology ANP Group
- Engagement with UK Gynaecology Matron Forum
- Monthly TOP peer meetings
- Supporting colleagues who are new to gynaecology ANP / TOP roles including site visits
- Gynaecology OPD representative at Cervical Check forum meetings

2026 PLANNING

- Propose new research project
- Progress contraception training with NWIHP including future development / governance

DEPARTMENT OF OCCUPATIONAL MEDICINE

TABLE 1: DR DOMINICK NATIN, OCCUPATIONAL CONSULTANT ACTIVITIES 2025	
Consultations	243 (17% increase since 2024)
Meetings	4
Mole check clinic	1

TABLE 2: OCCUPATIONAL HEALTH NURSING ACTIVITIES 2025		
Flu vaccines given	641	64% vaccination rate by 31/12/25
Extra Flu vaccine clinics across site	27	
Staff visits on weekly clinics	235	Bloods/Vaccines Consultations
Student nurse visits vaccines/bloods	98	Extra clinics for this group
Health promotion clinics	79	Blood pressure clinics Mole check clinic
Training /Conference	3 days ½ day	First Aid refresher Grief workshop HH
Immunisation reports	45	For staff leaving/ 2nd jobs
Pre-employment paper medicals	407	*Including students and placement staff
First Aid call-outs	6	
Splashes	11	No high risk
Needlestick injuries	29	1 high risk
Meetings	19	
Education talks given	12	
MRSA NICU screen	8 clinics	
NCHS NER clearance	95	DIME system

Other Occupational Health activities 2025

- **Flu vaccine 8% increase in uptake:** Currently 64% of staff are vaccinated, compared with 56% last year. This follows the national trend of vaccine fatigue. Two Covid vaccination clinics offered by HSE onsite with low numbers attending.
- **Visits to Hampson House for BP clinics and Flu vaccine**
- **First Aiders:** Recruitment of First Aiders across site. Still no First Aider for the Mosse Building. Ongoing project.
- **Flu vaccinators.** Increase in vaccinators to 10 across site, including Hampson House.
- **NICU MRSA contact tracing:** 89 swabs taken.
- **Bereavement support:** Support provided during a difficult year in which staff members died.

OCCUPATIONAL HEALTH PLAN 2026

- Continue with Health promotion initiatives and offer more staff screening.
- Implement night workers' medicals with Dr Natin.
- Implement new EPP workers HIV screening as per new national guidance. Offer HIV testing to NCHDs before they leave the Rotunda for their next rotation.

Emergency Assessment Unit

Head of Service

Dr Meena Ramphul, Consultant Obstetrician Gynaecologist

Staff*

Ms Fiona Walsh, Clinical Midwife Manager 3

Ms Debra England, Registered Advanced Midwife Practitioner

Ms Bernadette Gregg, Registered Advanced Midwife Practitioner

* Supported by a team of midwife managers and staff midwives from the Delivery Suite who rotate through the Emergency and Assessment Service

SERVICE OVERVIEW

The Emergency Assessment Service (EAS) remains The Rotunda Hospital's essential frontline access point for urgent maternity and gynaecological care, operating 24 hours a day, seven days a week. As in previous years, demand for the service continues to rise, with the EAS experiencing consistent year-on-year increases in patient presentations. This upward trend highlights the increasing pressures on emergency maternity and gynaecological services both locally and nationally, and reinforces the pivotal role of the EAS in providing rapid, safe, and patientcentred assessment.

Throughout 2025, activity within the EAS reached its highest levels to date. The service continues to care for a broad range of clinical presentations spanning antenatal, intrapartum, postpartum, gynaecological, and neonatal care. Despite escalating workload, the multidisciplinary team has demonstrated exceptional resilience and professionalism. The unit is staffed continuously by Registered Advanced Midwife Practitioners (RAMPs), Clinical Midwife Managers, staff midwives, Maternity Care Assistants, and obstetric and neonatal Senior House Officers, with senior registrars providing additional support to ensure consistent and effective service delivery.

Patients access the EAS either by selfpresentation or through referrals from GPs, Public Health Nurses, or internal hospital teams. Upon arrival, all patients undergo structured triage using a customised version of the Manchester Triage System, enabling accurate prioritisation based on clinical urgency. Initial assessment is completed by a RAMP or the oncall doctor, followed by focused diagnostics and development of an individualised management plan.

The service is supported by clear referral pathways and an embedded programme of staff education and development. These measures ensure the EAS continues to maintain highquality, timely, and compassionate care despite rising demand. The sustained increase in presentations underscores the need for ongoing investment in emergency maternity and gynaecological services to support safe care delivery into the future.

CLINICAL ACTIVITY

TABLE 1: CLINICAL ACTIVITY 2021 – 2025					
Activity	2021	2022	2023	2024	2025
Obstetrics	24,059	23,584	24,413	25,704	26,646
Gynaecology	1,308	1,589	1,811	1,811	2,141
Paediatrics	359	359	348	427	538
Total	**25,726**	**25,532**	**26,572**	**28,113**	**29,325**

SUCCESSES & ACHIEVEMENTS 2025

2025 was a year of significant progress and service development within the Emergency Assessment Service, with several key achievements enhancing both clinical care and operational efficiency.

1. Expansion of the Advanced Midwife Practitioner Team

The EAS was delighted to welcome a third Registered Advanced Midwife Practitioner (RAMP), Amy Rochford, who successfully completed her AMP qualification during the year. This is a highly valued and muchneeded addition to the team, strengthening advanced clinical leadership within the unit and supporting timely, expertled assessment for the growing number of patients presenting to the service.

2. Enhanced Consultant Presence

Dedicated consultant obstetric cover for the EAS was expanded to two scheduled sessions per week, supplementing the existing input from the consultant on call. This increased availability of senior decision-makers has further supported safe, efficient patient flow and strengthened clinical governance within the unit.

3. New Ultrasound Machines

The acquisition of two new ultrasound machines has significantly enhanced diagnostic capability within the EAU, supporting timely and accurate evaluation in early pregnancy and obstetric care.

CHALLENGES

Despite notable progress in 2025, the Emergency Assessment Service continues to face several persistent challenges that impact service delivery and the ability to meet rising demand.

1. Physical Infrastructure Limitations

The most significant ongoing challenge is the limited physical space within the unit. With only five clinical assessment cubicles available, the EAS is under constant pressure to accommodate a consistently high and steadily increasing volume of patients. This restriction affects patient flow, contributes to delays in assessment during peak periods, and limits the unit's ability to flex capacity in response to surges in activity.

2. Midwifery Workforce Pressures

Recruitment and retention of experienced midwives remain difficult, mirroring national and international workforce challenges. These staffing pressures place additional strain on the existing team, particularly given the rising numbers of complex presentations and the increasing workload across all clinical areas. Maintaining safe, sustainable staffing levels remains a priority.

3. Rising Gynaecological Activity and Access to Diagnostics

The EAS experienced another year of growth in gynaecological presentations, many of which are increasingly complex. Managing this caseload within a maternity-focused unit presents ongoing questions around service scope. In addition, the absence of 24/7 onsite radiology access significantly impacts the timely diagnostic workup of gynaecological patients. This remains a key operational challenge as demand continues to rise.

PLANS FOR 2026

The Emergency Assessment Service has identified several key areas of development aimed at strengthening clinical quality, improving patient experience, and supporting the growing activity within the unit.

1. Enhancing Clinical Audit and Collaborative Learning

The department plans to expand its clinical audit programme, with a focus on using audit outcomes to drive quality improvement and strengthen clinical governance. There will also be an increased emphasis on multidisciplinary learning, including shared teaching sessions, case reviews, and opportunities for collaborative skill development across midwifery, medical, and advanced practice teams.

2. Development of New Care Pathways for Hyperemesis Gravidarum

In response to the rising number of hyperemesis gravidarum presentations, the EAS intends to pilot new management solutions, including dedicated hydration stations. These will support timely rehydration, reduce delays in care, and streamline patient flow, particularly during periods of high demand.

3. Optimising Use of Available Space to Support Activity

To address ongoing capacity pressures, the service plans to utilise space within the former antenatal outpatient clinic to support EAS activity. This will help alleviate congestion in the current unit, facilitate more timely assessments, and enable better separation of clinical streams where appropriate. Exploring longterm options for sustainable expansion of the physical environment will remain a priority.

4. Introduction of Point-of-Care BetahCG Testing

A new pointofcare betahCG analyser will be implemented within the EAS to support the timely diagnosis and management of early pregnancy presentations. This development will significantly improve diagnostic turnaround times, enhancing patient experience and enabling more streamlined clinical pathways.

5. Implementation of the S.A.F.E. Huddle

The EAS will introduce the S.A.F.E. (Situational Awareness for Everyone) huddle during 2026. This structured, multidisciplinary safety briefing supports realtime risk awareness, promotes proactive identification of clinical issues, and enhances communication within the team.



Early Pregnancy Assessment Unit

Head of Service
Prof. Sharon Cooley, Consultant Obstetrician Gynaecologist
Dr Aine Dempsey, Locum Consultant Obstetrician and Gynaecologist
Michelle McTiernan, CMM3
Elizabeth Iredale, CMM2
Judith Mulligan, Early Pregnancy Unit Administrator

Early Pregnancy Fellows
Dr Hifsa Sial
Dr Alaa Bou Khalfouni

SERVICE OVERVIEW

The Early Pregnancy Assessment service plays a key role in the management of complicated pregnancies up to 12 weeks' gestation, with case referrals from the Emergency Room and external sources, including general practitioners and a self-referral service.

Through our Reassurance Clinic, we provide an ultrasound service for women who have had prior molar pregnancies, an ectopic pregnancy or two consecutive early pregnancy losses, and we maintain close links with the Bereavement and Social Work Departments.

Women with prior poor obstetric outcomes are offered an early booking visit or a reassurance scan in order to facilitate early access to antenatal care and allied personnel.

The service goal has always been to provide a dedicated, patient-centred service that supports and facilitates safe, efficient, compassionate care. This is a standard that we strive to meet every day.

TABLE 1: CLINICAL ACTIVITY 2023 – 2025			
Activity	2023	2024	2025
Total number of patients seen	4612	4597	4631
Repeat EPAU scans	680	1041	805
Beta hCG testing	658	549	1303
Referred for Booking visit	1256	1008	1198
Pregnancy of uncertain viability	542	618	736
Miscarriage	1548	1360	1890
Surgical management of miscarriage	187(12%)	227(16%)	320(17%)
Expectant or medical management of miscarriage	1367 (88%)	1133 (84%)	1570(83%)
Features suggestive of molar pregnancy on ultrasound in EPAU	15	15	34
Pregnancy of unknown location	375	267	500
Ectopic pregnancy	119	131	118
Methotrexate use and follow-up	47	56	63
Patients admitted from the EPAU	53	53	71
Reassurance scans	410	439	606

SUCCESSES & ACHIEVEMENTS 2025

Enhancing Patient Care

In 2025 Dr Hifsa Sial and Dr Alaa Bou Khalfouni were our Early Pregnancy Fellows and provided continuity of care for the women attending the unit.

The number of patients attending our early pregnancy unit in 2025 was similar to the preceding year at 4,631. One in five patients again required more than one visit to the unit for either a rescan or serial blood tests before the pregnancy outcome could be determined. The rate of surgical management of pregnancy in 2025 was 17%, which was similar to 2024.

The number of cases of pregnancy of unknown location increased from 267 to 500. This is challenging for both patients and the service as it involves numerous visits for review and blood tests and clinical uncertainty for patients. The reason for this increase is likely significantly contributed to by early pregnancy testing in the community with subsequent attendance for emergency review with either pain or bleeding.

In 2025, we had 138 ectopic pregnancies in the hospital, and 118 of them originated in the Early Pregnancy Unit, with the remaining twenty cases being diagnosed following emergency review in the hospital or acute transfer from a general hospital. This highlights the importance of access to early pregnancy care for the prompt identification and management of complications. It also highlights our role as a hospital in providing acute care to the hospitals in our group.

The identification of complications in early pregnancy is significantly enhanced by expertise in early pregnancy care within our Emergency Department, a service led by our Specialist Midwives.

Service Developments

- Maintenance of our weekly log of activity, mifepristone and methotrexate use to identify trends in incidence and management.
- Ongoing structured multi-modality teaching programme in early pregnancy for our Non-consultant hospital doctors, many of whom are enrolled in the University College Dublin Diploma in Early Ultrasound.
- Planning for our relocation to an improved, refurbished setting in the hospital got underway in 2025, a measure that has been much anticipated. The service with expanded facilities and hours is due to open in early 2026.
- Ongoing collaboration with Ann Charlton and Social Work to develop links for those requiring care and support after acute management of pregnancy loss.
- Dr Aine Dempsey provided a Consultant presence in the Emergency Room during the work week to facilitate training and care.

CHALLENGES 2025

- The demand for early pregnancy scans continues to exceed availability, and measures to increase scan hours are being addressed, but staffing remains the limiting factor.
- The issue of space within the unit and service activity remains challenging but will be addressed in 2026 with expanded service hours and increased consultant presence in the unit to facilitate this.

PLANS FOR 2026

The service plans for 2026 include:

- Agreement with the Executive Management Team for the ongoing appointment of an Early Pregnancy Fellow to continue the initiatives within the unit and assist in teaching.
- Agreement that our service will extend its operating hours to include afternoons and offer more attendance options for our patient cohort.
- Appointment of consultant-led lists in the afternoons for training and care.
- Agreement that the incoming Early Pregnancy Fellow will also have their own scan lists after training is complete.
- Agreement with our Pharmacy team on care pathways around methotrexate charting and administration to avoid, where possible, its use out of hours.
- Appointment of a new CMM in Early Pregnancy Loss.
- Involvement of all emergency room CMMs in our service.
- Linking with Support Groups in the country to see what their feedback is on patient priorities.
- Linking with other Early Pregnancy Units in our group and nationally to see what common issues each unit faces and see if we can standardise care and outcomes.

Recurrent Pregnancy Loss Service/ ACORN Clinic

Head of Service
Prof. Karen Flood, Consultant Obstetrician Gynaecologist

Staff
Ms Nicola Quigley, Lead Midwife
Dr Elizabeth Tunney
Dr David Synott
Dr Parijot Kumar
Dr Blaithin Downey

SERVICE OVERVIEW

The recurrent pregnancy loss service was developed to provide thorough, standardised investigation and follow-up of couples with recurrent pregnancy loss. New referral criteria include patients affected by two or more first or second-trimester losses. The team endeavours to deliver evidence-based care, limiting our investigations and interventions to those recognised by international best-practice guidelines.

As part of the service, early reassurance scans are also performed for these patients up to their booking visit. The psychological impact of pregnancy following multiple previous losses requires clinical continuity to optimise support and expert care.

All patients with histological confirmation of gestational trophoblastic disease (GTD) following a miscarriage also attend this clinic for counselling and close serum βhCG monitoring with rapid access for review if complications occur. All our patients are registered with the National GTD centre in Cork to coordinate their care.

CLINICAL ACTIVITY

TABLE 1: CLINICAL ACTIVITY 2019 – 2025

Activity	2019	2020	2021	2022	2023	2024	2025
Total number of visits	715	867 (107*)	689 (77*)	823 (32*)	918 (175*)	1,230 (305*)	1,178 (293*)
New visits	156	120	117	136	210 (126*)	236 (169*)	227 (185*)
Return visits	559	747	562	577	708 (49*)	994 (136*)	951 (108*)
Livebirth rate %	78	76	70	73	77	68	69.2
GTD pregnancies followed	39	21	19	17	22	21	23

*telemedicine visits

SUCCESSES & ACHIEVEMENTS 2025

Dr Elizabeth Tunney was awarded her MD in November entitled *'Beyond Numbers: Redefining Recurrent Miscarriage through the lived experience of Women and Clinicians'*. The triage tool developed during this research has been implemented into practice.

Nicola Quigley completed her QQI certificate in Organisational and Leadership Skills. Her project focuses on optimising correspondence with GPs regarding patients attending our service.

In liaison with NWHIP and the pregnancy loss service in Cork University Maternity Hospital, a national patient information leaflet specifically for recurrent miscarriage has been developed.

Given the high number of patients attending, we are proud of the ongoing high livebirth rate. Of note, we do not impose a referral age limit. 32.7% (17/52) of the miscarriages managed were experienced by women aged over 40 years.

CHALLENGES 2025

The growing waiting list is a significant challenge attributed to the increasing number of internal and external referrals. We endeavour to triage patients appropriately and to see higher-risk patients expeditiously. The telemedicine approach is working well for most cases; however, optimising the timing of patients attending for tests ordered and subsequent in-person attendance for results, review and individualised care plans continues to be a work in progress.

PLANS FOR 2026

We plan to conduct audits to identify potential areas for service improvement, including the time between referral, triage, investigations, and in-person review for the future pregnancy plan.

An HRB grant application has been submitted to fund our participation in a multinational trial focusing on patients with recurrent miscarriage attributed to anti-phospholipid syndrome. The study is entitled '***HYPATIA***: A prospective randomised controlled trial of HYdroxychloroquine to improve Pregnancy outcome in women with AnTIphospholipid Antibodies'. The outcomes from this international trial have significant impact on future clinical practice.

Fetal Medicine Service

Head of Service
Dr Sieglinde Müllers

Consultants in Maternal Fetal Medicine
Prof. Fergal Malone
Dr Etaoin Kent
Prof. Jennifer Donnelly
Dr Sieglinde Müllers
Prof. Karen Flood
Prof. Sean Daly
Prof. Fionnuala Breathnach
Prof. Michael Geary
Prof Sharon Cooley
Dr Maria Kennelly
Dr Brendan McDonnell

Maternal Fetal Medicine Subspecialty Fellows
Dr Suzanne Smyth

Fetal Sonographers
Ms Mabel Bogerabatyo
Ms Fiona Cody
Ms Suzanne Gillen
Ms Aisling Graham
Ms Linda Hughes
Ms Deirdre Nolan
Ms Gemma Owens
Ms Gloria Guiteras Petibo
Ms Roberta Saullo
Ms Irene Twomey
Ms Louise O'Carroll
Ms Louise Cooney
Ms Hannah Duffy

Midwifery
Ms Fionnuala Nugent, Midwife Manager
Ms Jane Dalrymple
Ms Nollaig Kelliher
Ms Joan O'Beirnes
Ms Paula McEnteggart (OLOH Drogheda, Cavan General Hospital)

Genetic Counsellor
Ms Debby Lambert

Administration
Ms Anita O'Reilly
Ms Suzanne Larkin
Ms Mary Maguire

Medical Social Worker
Ms Louise O'Reilly
Ms Laura Elliott

Chaplain
Ms Ann Charlton, MCA

MCA
Ms Alannagh Geraghty
Ms Krystyna Sitarska

SERVICE OVERVIEW

The Fetal Medicine Service at The Rotunda Hospital is the largest fetal medicine division in Ireland, providing care for an increasing number of complex maternal fetal medicine pregnancies each year. The service consists of 11 consultants in maternal fetal medicine, who together with a dedicated team of fetal medicine midwives, a genetic counsellor, dedicated social worker, chaplain, and an RCOG-approved subspecialty fellow and trainees, support the fetal screening service provided by sonographers, in addition to providing MFM support for the North/North East Regional Health Area (RHA).

Last year was the busiest year in the fetal medicine department to date. In 2025, a total of 633 patients were referred and reviewed by the fetal medicine service, representing an increase of 17% from 2024, and 21% from 2021 (figure 1). The fetal medicine service demands continue to grow exponentially, placing significant pressure on current resources and mandating expansion of both ultrasound and fetal medicine capacity.

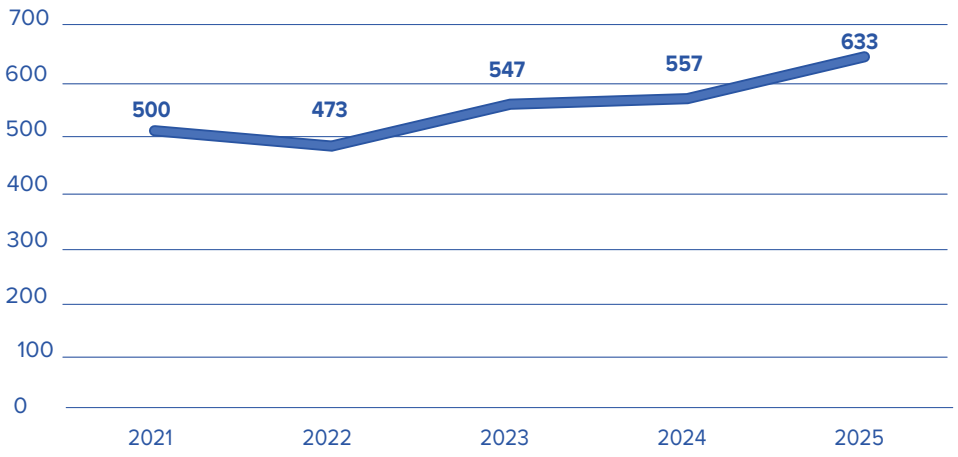


FIGURE 1: TRENDS IN REFERRALS TO THE ROTUNDA HOSPITAL FETAL MEDICINE SERVICE OVER THE LAST FIVE YEARS (2021-2025).

All women booked for prenatal care at the Rotunda Hospital receive at a minimum, an early pregnancy dating ultrasound and a detailed mid-trimester fetal anatomy ultrasound. Suspected or confirmed fetal anomalies are referred by the sonographers to the Fetal Medicine Service, who provide prompt expert prenatal diagnosis, diagnostic testing where required and further dedicated and individualised prenatal care. In addition to providing specialist care for Rotunda-booked patients, we continue to receive an increasing number of referrals from all obstetric units across the country, underpinning the fetal medicine expertise provided by the Rotunda Fetal Medicine Service.

The Rotunda Fetal Medicine multidisciplinary team also supports fetal medicine services across the N/NE RHA, with Rotunda consultant-provided MFM expertise now well established in Our Lady of Lourdes Hospital, Drogheda, and Cavan General Hospital. Non-invasive prenatal screening and invasive prenatal testing are now available in Drogheda, such that expert fetal medicine care is now almost exclusively delivered locally within the group, with the benefit of tertiary-level governance.

The Rotunda Hospital has the largest and longest RCOG-approved Maternal Fetal Medicine (MFM) fellowship training programme in the country, which already harnesses a twinning/ training programme with Columbia University in New York, a major North American Fetal surgery programme. It continues to retain its reputation as a successful, competitive fellowship, consisting of one clinical year at the Rotunda Hospital and a second clinical year abroad, in Columbia University Medical Center in New York. All of the Rotunda-Columbia fellow graduates from the last 11 years have been appointed to substantive consultant MFM posts in the country.

In 2025 Storm Eowyn caused significant disruption to the FAU service on 24th January. All scheduled ultrasounds were accommodated in a timely manner through an additional weekend organised by our midwife manager and staffed by sonographers and medical staff to address the backlog.

We had two retirements in 2024 and 2025 of long-standing colleagues, Irene Twomey and Deirdre Nolan, who celebrated their retirements in the Rotunda Front Hall alongside family and friends, together with fetal medicine staff and the hospital executive management team. Both Irene and Deirdre's collegiality, wit and friendly demeanor are greatly missed in the department, notwithstanding their significant combined expertise in ultrasound. We wish them both all the best success in their well-deserved retirement and hope to continue to see them at future Rotunda events.

CLINICAL ACTIVITY

There have been significant increases in all ultrasound activity in the last five years. 2025 saw a 13% increase in clinical activity across all activities listed compared with 2021. The categories of fetal ultrasound examinations performed are presented in Table 1.

TABLE 1: CLINICAL ACTIVITY IN FAU (2021-2025)					
Clinical Activity	2021	2022	2023	2024	2025
Booking ultrasound examinations	6,261	6,718	7363	7412	7,345
Fetal anatomic survey (20-22 weeks)	8,452	8,166	8690	8471	8,577
Fetal growth assessment	15,860	15,995	16,787	17,655	18,001
Fetal echocardiography	304	263	296	274	294
Total ultrasound examinations	**30,877**	**31,142**	**33,136**	**33,812**	**34,217**

PRENATAL SCREENING AND DIAGNOSIS

Prenatal Screening

The Rotunda Fetal Medicine Service, together with its academic partner at the RCSI Department of Obstetrics and Gynaecology, remains Ireland's busiest provider of services for prenatal screening and diagnosis of fetal abnormalities, facilitating patients from all maternity units in Ireland. This service is based on non-invasive prenatal screening (NIPS) using a maternal blood sample for cell-free fetal DNA, followed by invasive testing, as needed, by means of chorionic villus sampling or amniocentesis. NIPS has now completely replaced former means of aneuploidy screening (e.g. combined first trimester screening). Since its first introduction to the Rotunda in 2015, uptake of NIPS as of 2025 has increased by over 68%. In 2025, a total of **2,066** new patients attended for NIPS (figure 2).

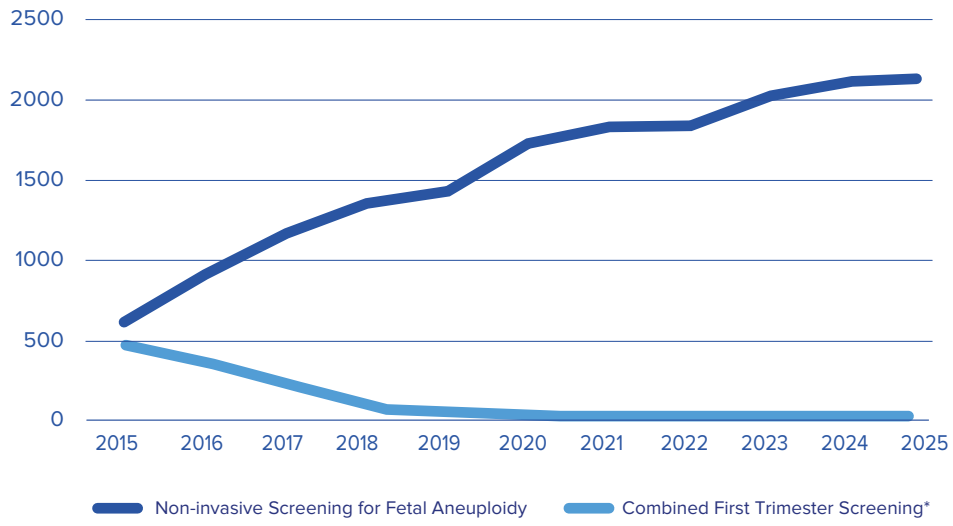


FIGURE 2: NON-INVASIVE PRENATAL SCREENING (NIPS) FOR FETAL ANEUPLOIDY OVER THE LAST 10 YEARS AT THE ROTUNDA HOSPITAL

All women registering for care at the Rotunda Hospital are given information relating to prenatal screening services, including NIPS for fetal aneuploidy. A proportion of women not intending to book for prenatal care in the Rotunda self-refer for NIPS. This remains an opt-in service and is not currently publicly funded. In 2025 the vast majority of NIPS testing was carried out in the first trimester, with 95% of samples returning a low-risk result, and with a total of 3% of women requiring a re-draw to obtain a result. Fewer than 2% of all NIPS results were abnormal, as summarised in Table 2.

TABLE 2: NON-INVASIVE PRENATAL SCREENING RESULTS FOR THE YEAR 2025 (N = 2066#)			
NIPS Result	Number	Confirmed with Invasive Test	Pregnancy Termination
Low-risk (of total NIPS)	1958 (95%)	N/A	N/A
No result (any) NIPS	70 (2.8%)	Refer to figures 3,4	
Atypical findings	9 (0.4%)	Refer to table 3	
High-risk for Trisomy 21*	14 (0.7%)	8/9	9/13 (69%)
High-risk for Trisomy 18**	2 (0.1%)	0/1	0
High-risk for Trisomy 13***	5 (0.2%)	2/4	2/4
High-risk for Triploidy****	1	N/A	N/A
High-risk SCA*****	5 (0.2%)	3/5	0
High-risk 22q11.2 deletion******	2 (0.1%)	1/2	1/2

#Analysis based on cases performed at main hospital campus location.

***Trisomy 21 (T21)** of 14 patients with any high-risk NIPS result for trisomy 21,12 (86%) were identified as high-risk on first NIPS, with 2 cases identified as either an initial atypical result involving T21 (1) or high-risk T21 on first redraw (1); both cases had prenatal testing confirming a diagnosis of T21. A total of nine cases had invasive prenatal testing, with the diagnosis confirmed in 8/9; there was one normal CVS result with subsequent normal outcome. One case was followed up in another institution; one case was managed expectantly where invasive testing was declined followed by subsequent miscarriage, nine opted for termination outside of Ireland and two women opted for termination under section 12 of the Health Act.

****Trisomy 18 (T18)** of two high risk results for T18, both were confirmed as false positives based on normal neonatal outcome, with one case of a normal CVS and neonatal outcome and one case of a prior pregnancy with a false positive NIPS result whereby in the current pregnancy, invasive testing was declined, and a normal neonatal outcome confirmed.

*** **Trisomy 13 (T13)** of five high risk results for T13, four had local follow up including one who did not opt for further testing with subsequent miscarriage and three having invasive prenatal testing of which one case was a false positive with a normal neonatal outcome, one case of mosaic T13 opted for termination outside of Ireland and one case confirmed T13 on amniocentesis had TOP under section 11 of the Health Act 2018.

**** **Triploidy**: there was only one case of high risk for triploidy; at the time of fetal medicine review a miscarriage was diagnosed with partial molar pregnancy confirmed on cytogenetics study of products of conception.

***** **High risk Sex chromosome aneuploidy (SCA)**: a total of five cases of NIPS were identified as high-risk for any SCA including two cases of monosomy X (both confirmed as false positives), one case of Fragile X, one of Klinefelter syndrome (XXY), and one case of Jacobs syndrome (XYY) followed up in another institution. A further additional five cases of atypical result involving a sex chromosome are detailed in the atypical findings table, and there was one further case of an initial 'no result' for X chromosome which returned a subsequent low risk result.

****** **High-risk 22q11.2 deletion**: a total of two cases were identified as high risk 22q11.2, one case was confirmed and opted for termination in another jurisdiction.

Uninformative NIPS results: 'No result'

A total of 70 (70/2066 = 3%) uninformative NIPS were returned (categorised as a 'No result' for all conditions tested), of which 49 were associated with initial NIPS, 12 on first redraw and 9 on second redraw. The vast majority of these were attributed to a low fetal fraction and a consequent inability to carry out NIPS, with a further three cases due to lab processing and transit errors.

TABLE 3: OUTCOMES FOR ANY NIPS WITH A 'NO RESULT'	
Details of any NIPS 'no result'*	N= 82
No results due to insufficient DNA	67 (81%)
No result due to laboratory processing (either due to inadequate DNA, insufficient yield or sample impurity)	10 (12%)
No result due to limitations of the test algorithm	3 (4%)
No result; uninformative/ suspect non matching maternal/fetal DNA patterns, egg donation, surrogacy or previous bone marrow transplantation	2 (2%)

A total of 66 patients did not have a result obtained after initial blood draw. Four cases were attributed to initial processing errors as mentioned above, therefore outcomes are analysed for the remaining 62 cases. Two patients miscarried prior to repeat testing and a further two patients declined a redraw NIPS (both had an ultimate normal outcome). Of the 58 patients having a 'No result' redraw, almost two thirds of those (n=38, 67%) received a low-risk result on first redraw with 18 patients (31%) given a second 'No result'(Figure 2). There was one case of an atypical finding on Chromosome 21 identified on first redraw, subsequently confirmed as Trisomy 21 with amniocentesis.

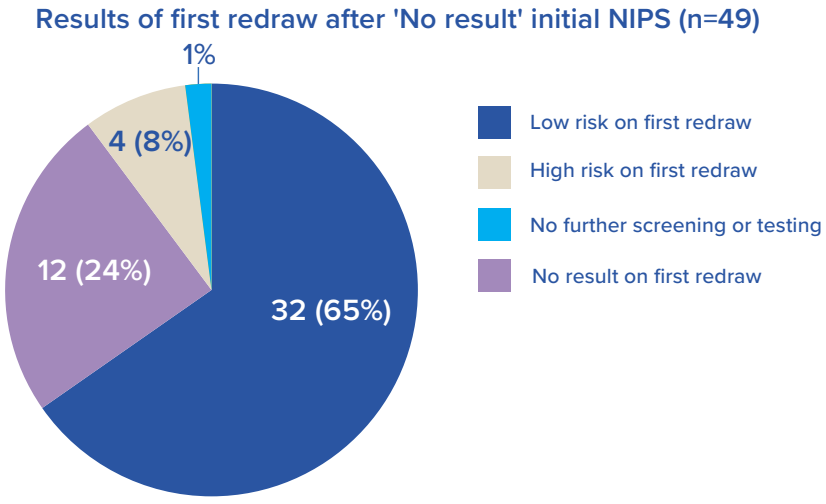


FIGURE 3: OUTCOME OF NON-INVASIVE PRENATAL SCREENING (NIPS) IN WHICH THE INITIAL BLOOD SAMPLE DID NOT RETURN AN INFORMATIVE RESULT AND PATIENTS UNDERWENT A FIRST REDRAW (N = 49)

Almost two thirds of those with an initial 'no result' NIPS (32/49, 65%) received a low-risk result on first redraw. Of those with a high-risk result on first redraw (n=4), there was one high risk for T13 that subsequently miscarried, one case of mosaic T13 confirmed on amniocentesis, one case of atypical finding on chromosome 21 confirmed as T21 on amniocentesis and one high risk case of T21 confirmed on CVS. One patient, who following counselling and fetal medicine review, did not opt for further testing and ultimately had a normal neonatal outcome.

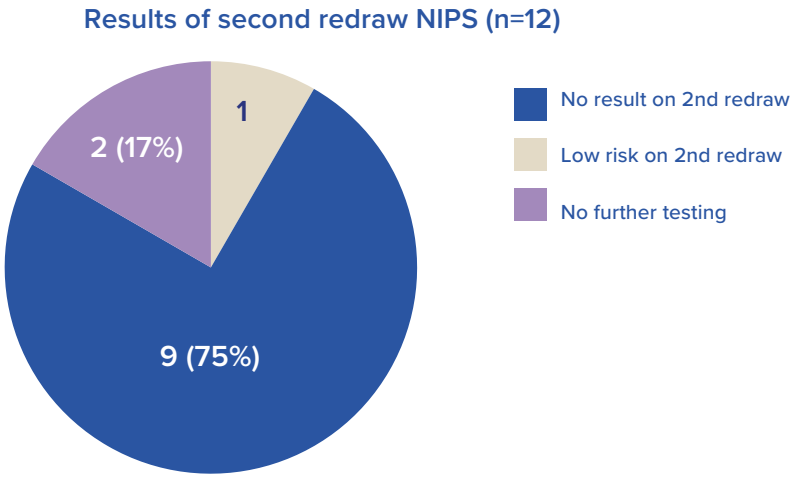


FIGURE 4: OUTCOME OF NON-INVASIVE PRENATAL SCREENING (NIPS) FOLLOWING A SECOND REDRAW (N = 12

Of twelve patients undergoing a second redraw, two patients declined further testing and only one patient had a low-risk result on redraw. A total of 9 patients had a third 'no-result', of which one patient subsequently miscarried; four patients, following reassuring fetal medicine assessment, did not opt for invasive prenatal testing, all with normal neonatal outcomes confirmed, and a total of four patients subsequently underwent invasive diagnostic testing, with three out of four having a normal result; with one case of mosaic triploidy identified.

TABLE 3: ATYPICAL NIPS FINDINGS, 2025

NIPS Result	Total N=	Prenatal testing N=	Outcome
Atypical (any)	9	5/9	1/9 confirmed abnormal
Atypical Chr 13	2	1/2	Normal outcome in both
Atypical Ch 21	1	1	Trisomy 21 confirmed
Atypical (other)	1	1	Normal outcome
Atypical Sex Ch (Y)	5	2/5	Normal outcome
Atypical X	4	2/4	All four normal outcome
Atypical Y (mat origin)	1	0	Maternal testing declined, normal neonatal karyotype

A total of 9 patients received an atypical NIPS result, representing 0.4% of all women screened. Five patients underwent invasive testing, of which only one case was abnormal for Trisomy 21. The majority of women who received an atypical NIPS result, including those for sex chromosome aneuploidy (SCA), had a normal neonatal outcome confirmed.

When counselling patients regarding anticipated NIPS outcomes, these contemporaneous 2025 data indicate a 95% prospect of a low-risk NIPS result. The false positive rate is extremely low (0.2%), with only one false positive NIPS encountered for Trisomy 21, two cases of false positive T18 and one case each of Trisomy 13 and 22q11.2 deletion syndrome. In the setting of an initial 'no result' NIPS, patients can be counselled on the prospect of an ultimate normal outcome 93% of the time, with a relatively high prospect of obtaining a

low-risk result on first redraw (65%), however there is a high prospect of obtaining a third low-risk result.

In our institution, following two uninformative NIPS results, a fetal medicine review is recommended, with options for further testing discussed after comprehensive fetal assessment. The spectrum of atypical results, with a relatively high number of atypical results for SCA, highlights the challenges with interpretation of unusual NIPS result, particularly where there may be a suggestion of maternal SCA or mosaicism, and further reinforces the requirement for robust pre-and-post-test NIPS counselling.

Prenatal Diagnosis

A total of 265 invasive diagnostic procedures were performed in 2025, which represents a 5% increase from 2024 (figure 5). The 2025 figure includes seven amniocenteses performed by the fetal medicine network in OLOH, Drogheda. Of all invasive diagnostic procedures performed, 36% returned an abnormal result (figure 6).

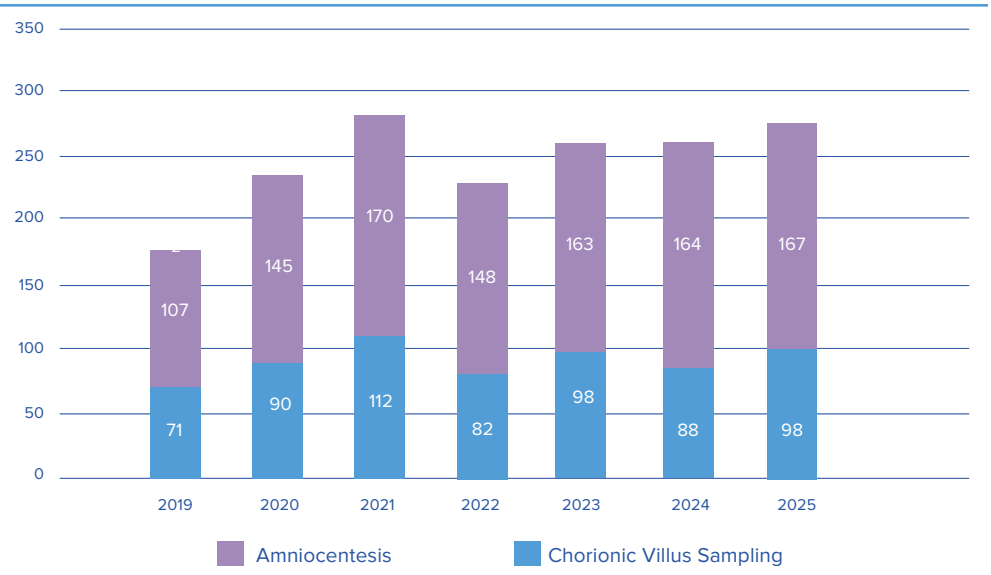


FIGURE 5. INVASIVE PRENATAL DIAGNOSTIC PROCEDURES 2025 (N = 265):

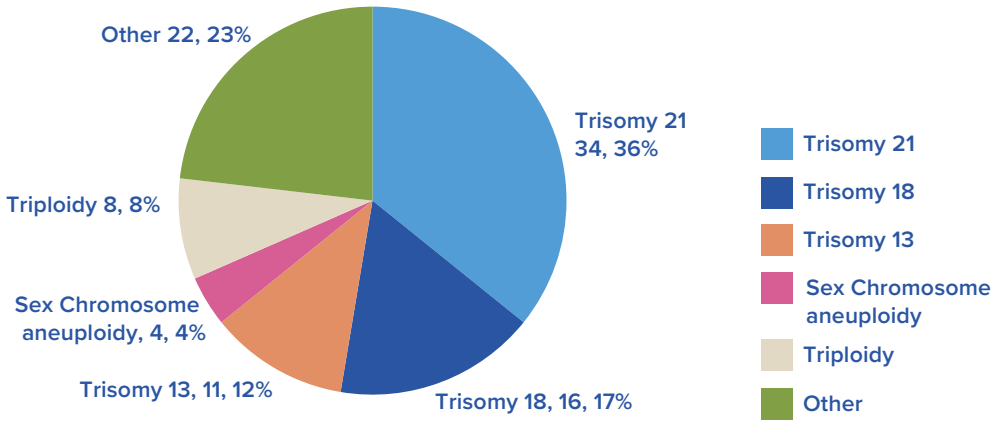


FIGURE 6. FETAL GENETIC ABNORMALITIES DIAGNOSED PRENATALLY (N = 95)

Trisomy 21 represented over one third of prenatally diagnosed genetic cases (34%), with a further third of cases attributed to other common aneuploidies combined. There were four cases of SCA diagnosed including two cases of Monosomy x, one case of Klinefelter syndrome and one case of Fragile X syndrome. Of note, neither of the two Monosomy X cases were identified through NIPS, rather they presented with associated ultrasound findings including one each of cystic hygroma and intrauterine growth restriction. The other 22 genetic syndromes are listed in Table 4.

TABLE 4: GENETIC SYNDROMES OTHER THAN ANEUPLOIDY DIAGNOSED IN 2025

Genetic Condition (other) n=22	Ultrasound Features (where present)
Smith Lemli Opitz Syndrome (n=1)	Short long bones, IUGR, ambiguous genitalia
Balanced translocation (n=4)	No clinical significance
Sickle Cell (n=2)	Parental carrier status
Xp deletion (n=1)	History indicated testing
Xp duplication (n=1)	NIPS high risk cri du chat (external test)
Xq duplication (n=1)	Bilateral pleural effusions, maternal carrier
Glycogen storage disease (n=1)	History indicated testing
Mitochondrial disorder (n=2)	History indicated testing
Terminal copy number gain Chromosome 5, CNL Chromosome 15 (n=1)	History indicated & cystic hygroma index pregnancy
Metachromatic Leukodystrophy & Trisomy 18 (n=1)	History indicated & omphalocoele index pregnancy
PKD4 (n=1)	History indicated testing
Di George syndrome (n=1)	NIPS high risk & cardiac anomaly
CNL chromosome 7 (n=1)	Hypoplastic nasal bone
CNL chromosome 13 (n=1)	Cardiac & intracranial anomalies
CNL chromosome 17 (n=1)	Absent nasal bone, maternal CNL
Chromosome 21 copy number gain 21q22.2 (n=1)	IUGR, paternal carrier
Partial trisomy 18 (n=1)	Clenched hands, talipes, lemon shaped skull

Prenatal Diagnosis of Major Fetal Structural Abnormality

Excluding cases of fetal chromosome abnormality, an additional 232 cases of non-aneuploid major structural fetal abnormalities were detected prenatally in 2025. While many fetuses had multiple involved organ systems, the results described in Figure 7 are categorised based on the most dominant anatomic problem.

In 2025 a total of 15% of patients opted for termination of pregnancy in the setting of a fetal anomaly or abnormal prenatal genetic testing. The majority of patients at the Rotunda who received a prenatal diagnosis of a serious fetal abnormality continued with their pregnancy. These patients received their prenatal care and follow-up postnatal care in a streamlined manner through the Fetal Medicine Service, in collaboration with relevant Paediatric specialties. The contribution of Dr Fiona McElligott, Consultant in Paediatric Palliative Care Medicine, toward guiding families through this pathway is highly valued by staff and patients.

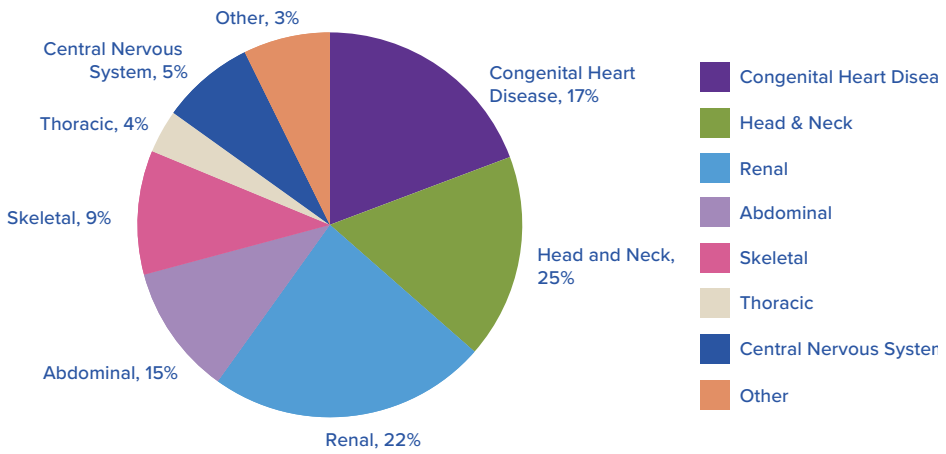


FIGURE 7. MAJOR FETAL STRUCTURAL ABNORMALITIES (NON-ANEUPLOID) DIAGNOSED PRENATALLY (N = 232)

FETAL SURGERY SERVICE

In May 2025 a dedicated monthly fetal surgery service commenced in The Rotunda Hospital led by Dr Sieglinde Müllers, Consultant MFM, Ms Nicola Brindley, Consultant Paediatric Surgeon, CHI @ Temple Street Hospital and Dr Margaret Moran, Consultant Neonatologist, Rotunda Hospital. Patients with a known fetal gastrointestinal structural malformation likely requiring early neonatal surgery are now referred to this clinic for review in the third trimester. During this review, a real-time ultrasound assessment of the anomaly enables comprehensive multidisciplinary assessment and individualised counselling. Following this, a detailed discussion is had with the families by Ms Brindley and Dr Moran, focusing on the immediate neonatal and surgical needs. Fetal medicine support is provided by our fetal medicine midwives. The service has been welcomed by patients, their families and the wider fetal medicine and neonatal teams and has significantly improved the patient experience after delivery and enabled more effective inter-disciplinary communication. The fetal anomalies reviewed in this clinic are highlighted in table 5.

TABLE 5: FETAL STRUCTURAL ANOMALIES REVIEWED IN THE ROTUNDA FETAL SURGICAL CLINIC, 2025	
Fetal condition	N= 10
Gastroschisis	4
Omphalocoele	2
Duodenal atresia	2
Mediastinal mass	1
Choledochal cyst	1

In terms of in-utero fetal surgery, in 2025 a total of two patients successfully underwent in-utero myelomeningocoele (MMC) repair in Leuven, Belgium, following MDT review by the Rotunda and Leuven fetal medicine teams. In terms of FETO candidates for Congenital Diaphragmatic Hernia, there were four eligible cases identified in 2025 who either declined fetal intervention due to the requirement to travel, or opted for alternative pregnancy management.

Intrauterine transfusions:

A total of 13 cordocentesis procedures in four patients were successfully performed in 2025 for maternal red cell alloimmunisation in the context of suspected fetal anaemia, followed by intrauterine fetal transfusion (IUT). There was one case of D rhesus isoimmunisation, one case with both D with JKA antibodies, two cases due to Kell antibodies. All four successfully transfused in-utero, survived with a favorable neonatal outcome.

Fetoscopic laser ablation for TTTS

Since 2010, the fetal therapy teams at the National Maternity Hospital, Dublin, and the Rotunda Hospital Dublin have jointly collaborated for the management of all cases of TTTS referred to either centre. This has resulted in a single team approach to cases, regardless of which of the two hospital locations such patients are seen.

During 2025, a total of nine cases of severe TTTS were managed by the Dublin Fetal Therapy Group in The Rotunda Hospital by means of fetoscopic laser ablation of placental vessels. There were two double survivors, six single survivors and one case of dual demise.

Therefore, for The Rotunda Hospital, at least one survivor occurred in 8/9 (89%) of pregnancies, with overall survival in 10/18 (56%) of cases.

By the end of 2025, the group have treated 370 fetuses with laser surgery for severe TTTS, with at least one survivor occurring in 83% of pregnancies (154/185). These results are consistent with the results at the major international centres providing this advanced fetal therapy. This approach to a complex but relatively rare fetal problem is an excellent example of a joint collaborative management strategy that successfully optimises care for these patients.

FETAL MEDICINE SERVICE (NORTH/NORTH EAST REGIONAL HEALTH AREA)

There are currently four MFM consultants who attend the OLOH and Cavan fetal medicine service on a sessional basis. In 2025 a total of 272 patients were reviewed in the service in OLOH. These included a total of 83 cases of suspected anomalies, 68 NIPS, 13 high-risk multiple pregnancies. Following initial review in OLOH, 48 of these women were referred to the Rotunda for further fetal medicine review, and only 19 cases were subsequently delivered in the Rotunda, indications including; cardiac (n=7), duodenal atresia (n=2), severe polyhydramnios (n=1), dilated bowel (n=1), Trisomy 21 (n=2), Trisomy 18 (n=8). Of a total of 83 cases, 64 cases were delivered in OLOH. This represents a significant increase (60%) in the

number of cases being managed and delivered locally compared with 2024 figures and confirms the successful integration of fetal medicine services within the wider obstetric and neonatal network services. A total of four cases underwent local termination under Section 11 of the Health Act 2018 (including one case each of limb body well complex, Trisomy 13, Trisomy 18 and Anencephaly).

An additional 36 patients were referred from Cavan General Hospital to The Rotunda Hospital for fetal medicine review, of which only seven patients ultimately required delivery in The Rotunda Hospital. A further four patients underwent local care under Section 11 of the Health Act 2018 and two patients travelled outside of Ireland for pregnancy termination.

The fetal medicine services at OLOH Drogheda and Cavan General Hospital have witnessed significant enhancements in recent years owing to both locally-delivered Consultant Fetal Medicine care, enabling specialist services such as invasive prenatal diagnosis and non-invasive prenatal screening, all reinforced by the support of Paula McEnteggart, dedicated fetal medicine midwife CMM II, who took up post in 2024. In addition to the monthly network MDT, select cases from the network are also discussed at the weekly Rotunda Fetal Medicine MDT enabling joint decision making regarding the appropriate selection of patients for either regional or level 4 neonatal care, depending on the severity of the underlying diagnosis. The successful implementation of the fetal medicine service in the North/North East Regional Health Area has resulted in significant patient and provider satisfaction both locally and regionally and serves as an excellent example of a well-coordinated fetal-neonatal network within the RHA.

FETAL CARDIAC SERVICE

The Fetal Cardiac Service at the Rotunda is a national referral service provided jointly by Professor Fionnuala Breathnach, consultant obstetrician and subspecialist in Maternal Fetal Medicine and by Professor Orla Franklin, consultant paediatric cardiologist at Children's Health Ireland. A weekly clinic sees referrals from within the Rotunda, from the RCSI Hospitals group and from hospitals beyond this group. In 2025, the Fetal Medicine Service performed 294 targeted fetal echocardiography examinations in addition to the standard fetal cardiac examination (4-chamber view and outflow tracts) that is a key component of the fetal anatomy scan offered to all women at the Rotunda at 20-22 weeks' gestation.

A total of 42 cases of fetal major congenital heart disease were managed through this service in 2025 (Table 6). Women who attend the Fetal Cardiology Service are supported by multidisciplinary input from the Rotunda Fetal Medicine Service, the Paediatric Cardiac Liaison service at Children's Health Ireland, the Rotunda neonatology subspecialists, the Rotunda perinatal palliative care clinicians, a dedicated social worker and by the invaluable pastoral support offered by the Bereavement team. There was one postnatal diagnosis of situs inversus and right sided aortic arch that had not been referred to the Fetal Cardiac Service.

The prenatal detection of duct-dependent critical congenital heart disease is the most meaningful metric for evaluating the success of this service. During 2025, all 13 cases of duct-dependent critical congenital heart disease planned for delivery were diagnosed before birth, had a prenatal consultation with Paediatric Cardiology, visited the Cardiac Centre at CHI Crumlin in the prenatal period, and had a delivery plan developed in anticipation of the cardiac needs of the neonate.

TABLE 6. PRENATAL DETECTION OF CONGENITAL HEART DISEASE (2020-2025)						
	2020	2021	2022	2023	2024	2025
Hypoplastic left heart disease	5	8	5	5	9	3
Hypoplastic right heart disease	3	3	2	5	1	5
Complete AVSD	2	6	4	8	3	1
Isolated VSD#	11	6	3	3	1	4
Tetralogy of Fallot / DORV	8	2	6	5	5	6
Transposition of great arteries	6	3	3	4	2	6
Aortic coarctation / interrupted arch / double arch	5	2	1	2	3	3
Truncus arteriosus	0	0	0	1	0	1
Isolated right-sided aortic arch	4	9	5	4	5*	7
Ebstein's anomaly	0	0	0	1	1	0
Systemic vein anomalies	1	1	0	3	0	1
Arrhythmia	3	2	1	1	0	2
Cardiac tumours	1	1	0	1	1	0
Miscellaneous##	2	8	4	3	3	3
TAPVD (isolated)	0	0	0	0	0	0
TOTAL	**50**	**51**	**34**	**46**	**34**	**42**

AVSD –Atrioventricular septal defect; VSD = ventricular septal defect; TAPVD = Total anomalous pulmonary venous drainage

#The majority of isolated VSDs are not referred to the multidisciplinary fetal cardiology service, but rather are evaluated for aneuploidy and a postnatal echocardiogram is planned in the event of abnormal neonatal examination

##Miscellaneous includes one case each of pulmonary valve dysplasia, DILV, pulmonary artery root dilation

MONOCHORIONIC MULTIPLE PREGNANCY SERVICE

All patients with a monochorionic pregnancy are now provided with their complete antenatal care through the dedicated consultant-delivered monochorionic twin service in the fetal assessment unit, which has been in operation since 2021. This enables an efficient comprehensive maternal and fetal assessment at each visit and provides fetal medicine support for pregnancy complications in high-risk twins. In 2025 a total of 39 sets of MCDA twin pairs were reviewed in this service.

Overall survival for 30 MCDA twins (nine cases of TTTS excluded discussed in the fetal therapy section) was 92% (55/60 fetuses), in keeping with international norms. There were two cases of dual demise; one included a 21 week miscarriage of twins with an associated APH and the other included a case of discordant amniotic fluid at 19 weeks' not fulfilling criteria for TTTS, who was followed twice weekly but with subsequent PPROM at 20 weeks and delivery of both twins; placenta histology revealed two possible AV anastomoses. There was one case of single intrauterine fetal demise at 34+3, both twins were concordantly grown, with the survivor subsequently developing acute anaemia necessitating delivery two days later; placenta histology revealed large A-A and VV

anastomoses between two close proximal cord insertions which may have contributed to unstable inter-twin haemodynamics. Selective intrauterine growth restriction or any fall off in fetal growth was featured in 20/30 (66%) cases, highlighting the high risk nature of MC twin pregnancies and the requirement for close surveillance with fetal medicine led-care. The majority of cases delivered by caesarean section (27/30, 90%), at a median gestation of 34 weeks'. Only four cases were delivered by caesarean section < 32 weeks' gestation; two cases for NRCTG in SIUGR, one case of critically abnormal Dopplers and one case of PPROM. There were three cases of successful IOL and vaginal delivery in concordantly grown MCDA twins after 35 weeks', with no case of combined delivery in 2025.

PERINATAL GENETICS SERVICE

The majority of patients requiring genetic counselling are seen through the Fetal Medicine department. These are either patients for whom ultrasound or invasive testing in the Fetal Medicine service has identified a condition that is, or is likely to be, genetic; or those referred in to Fetal Medicine with a known chromosomal or monogenic risk who require a genetic counselling appointment and organisation of prenatal testing in Fetal Medicine. These patients are usually seen over the course of two, three or more appointments depending on complexity of diagnosis. Individuals or couples seen in the genetic counselling clinic are referred by Neonatology, Gynaecology, or Fetal Medicine and are usually preconceptual in nature and therefore do not have an immediate need for prenatal testing. Results of testing are outlined in table 7.

Debby Lambert continues to provide genetic counselling services at the Rotunda Hospital. In 2025, individuals or couples attended 135 genetic counselling appointments, representing an 11% increase on 2024. Most patients for genetic counselling were seen in the context of an abnormal prenatal test or scan result in the Fetal Medicine Department. During 2025, the following tests were organised for couples at an increased genetic risk:

TABLE 7: PRENATAL TESTING ORDERED THROUGH THE ROTUNDA GENETICS SERVICE, 2025

Prenatal test organised by genetic counsellor	Number of tests
Family-based exome testing where MDT discussion regarding risk of monogenic genetic disease based on antenatal scan findings	13
Invasive prenatal diagnosis (CVS or amniocentesis) for high risk of single gene disorder	15
Invasive prenatal diagnosis (CVS or amniocentesis) for inherited chromosome rearrangement	1
Non-invasive prenatal diagnosis	1

A genetic diagnosis was found in 38% of exome testing sent, which is in line with published literature. All other testing was for a wide variety of genetic conditions representing unique family conditions. Genetic and genomic testing requires the selection of the correct test and sourcing of the appropriate laboratory. While laboratory suppliers have been identified for frequently requested analyses, most analyses are unique and family specific. Not all genetic counselling patients require additional genetic testing, but all patients requiring genetic testing require test-specific consent.

The creation of a Genetic Counselling clinic in the new Hampson House outpatients department in 2025 was a welcome development. There is an increasing number of referrals from GPs, maternity, fertility and recurrent miscarriage services for genetic

counselling for Rotunda patients and their partners who either themselves have, or have a significant family history of, a genetic condition. This clinic allows Rotunda patients who are pre-conception, early gestation, or bereaved, who do not have Fetal Medicine follow-up, to be seen for Genetic Counselling appointments and phlebotomy.

The genetic counsellor continues to work with the outpatient maternity midwives and Haematology clinic to ensure that the increasing number of couples identified as haemoglobinopathy carriers receive timely genetic counselling and further testing, if appropriate. Genetic testing for haemoglobinopathies were a frequent indication for genetic testing in 2025, with 7 invasive tests (CVS or amniocentesis) and additional genetic testing on 6 adults to clarify haematological testing results undertaken.

Along with a research midwife at the Rotunda, members of the Clinical Genetics department at CHI and the support of Pavee Point, the genetic counsellor is collaborating in the CGAL study. This one-year pilot project is studying whether offering Irish Traveller women carrier screening for Galactosemia during pregnancy is of interest to women, and possible to roll-out at a hospital level. Debby meets with women identified as carriers of Galactosemia and their partners to discuss whether partner testing is of interest to them.

Given the recognition of the increasing requests for genetic counselling and testing, the expansion of the genetic counselling service at the Rotunda with additional genetic counselling hours and administrative support requires review.

PLACENTA ACCRETA SPECTRUM

Placenta Accreta Service – Rotunda & Mater 2025

Our service is part of the National Placenta Accreta MDT which incorporates medical, midwifery and allied health professional expertise across Ireland. The aim is to ensure a multidisciplinary approach to management of patients and their families affected by placenta accreta spectrum (PAS) and caesarean scar pregnancies in order to optimise outcomes for women affected by this rare and challenging condition. The PAS MDT meeting is held on the first Monday of each month via a virtual secure platform. The meeting is attended by specialists and trainees across all hospital sites.

All patients have detailed placental examination by fetal medicine specialist which may include 3D examination of the placental bladder interface. Once identified or referred, they are followed antenatally through the Fetal Medicine Department. We accept referrals from within our region and nationally. MRI imaging was performed in all cases for surgical planning. The GynaeOncology team work across both sites for elective and crucially for emergency cases. Pathology for these cases is performed in the Rotunda and the FIGO PAS classification is used.

There were 10 patients with PAS delivered in 2025. Nine were operated on in the Rotunda and one in the Mater Hospital. There were 3 postnatal transfers to the Mater HDU/ICU on Day 0, Day 1 and Day 17 post-op. There were 7 caesarean hysterectomies and 3 uterine conservation procedures. Interventional radiology aortic balloon was used in the case performed in the Mater. The median gestation at delivery was 34+3 weeks (range 31-36). Three (30 %) cases required emergency delivery. FIGO histology staging shown below in Table 8. The median estimated blood loss (EBL) was 1600mls.



TABLE 8: PAS SERVICE SUMMARY AND FIGO HISTOLOGY, 2025					
Gest at del	Emer/El	Location	Procedure	EBL mls	Histology
35	Elective	Rotunda	Caesarean hysterectomy	1800	3A
36	Elective	Rotunda	Caesarean hysterectomy	950	3A
34	Elective	Rotunda	Caesarean hysterectomy	5207	3D
36	Elective	Rotunda	Uterine conservation	500	NA
36	Elective	Rotunda	Uterine conservation	3120	NA
31	Emergency	Rotunda	Caesarean hysterectomy	3500	3A
34	Emergency	Rotunda	Caesarean hysterectomy	1400	3A
34	Elective	Mater	Caesarean hysterectomy	3500	3D
35	Elective	Rotunda	Uterine conservation	850	NA
33	Emergency	Rotunda	Caesarean hysterectomy	400	3A

WEEKLY MULTIDISCIPLINARY TEAM CONFERENCES

The weekly Rotunda Hospital Multidisciplinary Team (MDT) meeting represents an integral component of the work of the Fetal Medicine Service. This meeting is attended by the Fetal Medicine team, together with the Neonatology Service, and a range of additional paediatric subspecialists and trainees, with the aim to discuss and plan the perinatal management of individual, complex cases, in addition to providing education and ensuring up-to-date evidence-based practice. During 2025, a total of 279 fetal case discussions were conducted at this meeting (some cases being discussed more than once), with prompt documentation of the outcome of resultant management plans being placed in each patient's MN-CMS electronic healthcare record.

SUCCESSES & ACHIEVEMENTS 2025

- Establishment of a monthly Fetal Surgery Clinic, May 2025.
- Dedicated Genetic Counselling Clinic in Hampson House.
- Continued successful uptake of NIPS and successful uptake of invasive prenatal diagnosis in the North/North East RHA.
- Roll out and successful introduction of computerized CTG (cCTG) with Dawes Redman criteria for cases of severe early-onset IUGR < 32 weeks'.
- Update of Rotunda Hospital Guidelines.

PLANS FOR 2026

- Congenital Diaphragmatic Hernia Study Day planned January 2026.
- Continued upgrading of all ultrasound equipment including Viewpoint 6 migration.
- Continued recruitment and retention of skilled obstetric sonographers.
- Development of Fetal Surgery services.
- Recruitment of an additional Genetic Counsellor.
- Appointment of replacement Consultant MFM for the Rotunda Hospital and N/NE RHA.
- Ultrasound research to be undertaken in the department; the 'Prosper study' of severe early onset intrauterine growth restriction.

Maternal Medicine

Head of Service

Prof. Jennifer Donnelly, Rotunda Hospital, Mater Misericordiae University Hospital (MMUH). Consultant Obstetrician/ Maternal Fetal Medicine.

Staff

Dr Etaoin Kent, Rotunda Hospital, OLOLH Drogheda, Consultant Obstetrician/Maternal Fetal Medicine
Dr Nicola Maher, Rotunda Hospital, Consultant Obstetrician and Gynaecologist
Dr Maria Kennelly, Rotunda Hospital and Cavan Hospital, Consultant Obstetrician and Gynaecologist
Dr Samah Hassan, RCPI Fellow in Maternal Medicine
Prof. Fionnuala Ní Áinle, Consultant Haematologist, Rotunda Hospital/MMUH
Dr Colm Magee, Consultant Nephrologist, Rotunda Hospital, Beaumont Hospital
Dr Barry Kelleher, Consultant Gastroenterologist, Rotunda Hospital/MMUH
Dr Dorothy Ryan, Consultant Pulmonologist, Beaumont Hospital
Prof. Conán McCaul, Consultant Anaesthetist. Rotunda Hospital, MMUH
Dr Patrick Thornton, Consultant Anaesthetist, Rotunda Hospital, MMUH
Prof. Ann Brannigan, Consultant Colorectal Surgeon MMUH
Prof. Kevin Walsh, Consultant Congenital Cardiologist MMUH
Prof. Emer Joyce, Consultant Cardiologist MMUH Prof. Katie Murphy, Consultant Cardiologist MMUH
Ms Rhona Savage, ANP Adult Congenital Heart, MMUH
Prof. Tony Geoghegan, Consultant Radiologist MMUH
Ms Sarah Campbell, Staff Midwife
Ms Cathy O'Neill, Staff Midwife
Ms Brenda Kidd, Staff Midwife
Dr Fergal O'Shaughnessy PhD, Irish Medicines in Pregnancy, Rotunda
Ms Catherine Daly, Administration

SERVICE OVERVIEW

The Maternal Medicine Service at the Rotunda comprises of a number of different specialties who provide overlapping care for women with medical conditions throughout pregnancy and in the postpartum period. The reports concerning endocrine, infectious diseases are found elsewhere in this Annual Report.

During 2025, members of the maternal medicine service liaised with clinicians in non-maternity hospitals including the Mater Misericordiae University Hospital (MMUH), Beaumont Hospital and Connolly Hospital to provide guidance and inpatient care for pregnant and postpartum women with various medical conditions.

CLINICAL ACTIVITY

Maternal Medicine Clinic (COMMC)

There were 940 patient encounters at the Maternal Medicine Clinic. Table 1 provides an overview of the range of medical diagnoses managed through the clinic.

The multidisciplinary team working on Thursdays in the medical clinic extends into the afternoon where renal patients and patients with epilepsy attend specialist clinics. Included here are renal patients who had hypertensive disease or chronic kidney disease and women with epilepsy.

TABLE 1: MATERNAL MEDICINE CLINIC	
CEREBROVASCULAR NEUROLOGY	2
Moya Moya / Neurofribromatosis Type I	1
Moya Moya Disease	1
CURRENT ONCOLOGY	2
Triple Breast CA.	1
Melanoma	1
Thymic Mass ? Thymic Carcinoma	1
CURRENT/PREVIOUS VTE	3
PE Aged 17	1
PE in previous pregnancy	1
PE in this pregnancy	1
DERMATOLOGY	7
Eczema	1
Hidraenitis Suppurativa	1
Hydradenitis Suppurativa/Migraine	1
Hydrosis Suppurative	1
? Melanoma	1
Psoriasis	1
Pemphigoid Gestationis	1
Endocrinology	1
Adenohypophysitis	
ENT	2
Primary Ciliary Dyskinesia - Left Lobectomy - IVF Pregnancy	1
Right Parotid AV Malformation - Resected 2023	1
FETAL MEDICINE	1
GI	39
Crohn's disease	19
Previous Colectomy	1
Gastric Stromal Tumour	1
IBD	1
Ulcerative Colitis	17
HAEMATOLOGY	33
AIHA	1
Alpha 1 Anti-Trypsin Deficiency	1
Anti Ro+	1
Antibody Deficiency	1
Antiphospholipid syndrome	2
Antithrombin Deficiency	1
APLS	1

Bleeding Disorder of Unknown Aetiology	1
Carrier for Haemophilia	1
CTPA - Pulmonary Embolism	1
DVT in Pregnancy	2
DVT this pregnancy. Crohn's disease.	1
Essential Thrombocyhthaemia	1
Gestational Thrombocytopenia	2
Haemochromatosis	2
Hashimoto's Disease	1
Heterozygous Factor V Leiden Deficiency	1
Immune Thrombocytopenia	1
ITP	2
Previous ITP in Pregnancy	1
Myeloproliferative disorder. Essential Thrombocythemia.	1
Protein S Deficiency. LDVT (Previous) May Thurner syndrome.	1
Sickle Cell Disease	1
Significant Bleeding Hx	1
Thrombocytopenia	2
Thrombophilia	1
Thrombophlebitis	1
HAEMATOLOGY/CARDIOLOGY	**3**
APLS + SLE	2
APLS. PFO	1
HEPATOLOGY	**3**
Autoimmune Hepatitis	1
CVT	1
Liver Fibrosis	1
IMMUNOLOGY	**2**
CHI	1
Interstitial Cystitis. Low IgA + IgG. Asthma. PCOS.	1
METABOLIC DISORDER	**8**
Fabry's Disease	2
Glutaric Aciduria Type 1	2
Maple Syrup Urine Disease	1
MCADD	1
PKU	2
NEUROLOGY	**110**
MS Relapsing Remitting	1
Arachnoid Cysts Hx	1
Arnold–Chiari Malformation Type I	2
Benign Intracranial Hypertension	1
Bilateral UA + Splenic artery aneurysms. (Incidental Finding)	1
Brain Abscess Secondary to Strep Milleri	1
Brain Aneurysm + Migraine	1
Brain Aneurysm Rupture	1
Brain Haemorrhage Hx	1
Chiari 1 Malformation	1

CVA 2019	1
Epilepsy	78
Ganglioneuroma Hx	1
Idiopathic Intracranial Hypertension 4	1
Meningioma (2016 Dx)	1
Middle Cerebral Artery Occlusion	1
Migraine	3
MS	7
Myasthenia Gravis	1
Paraphthalmic internal carotid artery aneurysm	1
Spontaneous CSF Leak	1
Stroke 2025	1
Vertebral Artery Dissection postpartum Feb 2025	1
TIA 2024	1
NEUROLOGY/RHEUMATOLOGY	**2**
Intracranial HTN/Rheumatoid Arthritis	1
Susac's syndrome	1
OPHTHALMOLOGY	**1**
Glaucoma R. Eye (Early Stage)	
PAS	**3**
Placenta Accreta	1
Placenta Accreta. Caesarean Hysterectomy	1
Placenta Praevia	1
POOR OBSTETRIC HISTORY	**4**
Miscarried Twin Pregnancy this year	1
NND Hx	1
Previous IUD @ 18/40 due to Parvo Virus	1
Stillbirths x 2 - Cardiac Background	1
POSTNATAL DEBRIEF	**6**
Postnatal Maternal Collapse	1
Postnatal Debrief	1
Sepsis (NND)	1
Sepsis (Postpartum)	1
Septic Shock ICU Admission	1
Shoulder Dystocia	
PRE-CONCEPTUAL	**3**
PREVIOUS ONCOLOGY	**22**
Astrocytoma Resection.	1
Breast Cancer	1
Childhood Langerhans Histiocytosis (Prev.chemotherapy)	1
Chronic Myeloid Leukaemia	1
DCDA Pregnancy. Breast Cancer Hx	1
Follicular Lymphoma	1
Glioma Hx	1
Hodgkins lymphoma	5
Leukaemia Hx	1
Lymphoma	2

Ovarian Malginancy Hx	1
Papillary Thyroid Cancer	2
Previous Chemotherapy Aged 2	1
R. Breast Cancer 2018	1
R. Eye Choroidal Melanoma.	1
Rhabomyosarcoma	1
PULMONOLOGY	**1**
Sleep Apnoea CPAP	
RENAL	**20**
CKD 4 igA Nephropathy	2
ESRD Secondary to ADPCKD. Renal Transplant.	1
HTN	8
Hypertension/Provoked DVT with PE. PET Previous Pregnancy.	1
Kidney Transplant	3
Nephrostomy	1
SLE with Lupus Nephritis	2
SLE.	1
Gitelman's Syndrome	1
RENAL/RESPIRATORY	**1**
Duplex Kidney, Sarcoidosis	
RESPIRATORY	**21**
Asthma	10
Declining Bronchitis	1
Left Lobe Lung Tumour (benign)	1
Pleural Tumour Resection Hx 2018 (benign)	1
Sarcoidosis	5
Spina Bifida	1
Spinal Cord Stimulator	1
Asthma symptoms / PE in previous pregnancy	1
RESPIRATORY/RHEUMATOLOGY	**1**
Asthma/Arthritis	
RHEUMATOLOGY	**60**
Adult Onset Still's Disease	1
Ankylosing Spondylitis	2
Anti Ro/Anti La Antibodies. Lupus. Fetal Heart Block Fetal Hydrops	1
Bechet's disease	1
Connective Tissue Disorder	3
Ehlers Danlos syndrome	2
Inflammatory Arthritis	2
Lupus	2
MCDA Twin Pregnancy	1
Mixed Connective Tissue Disease	2
Pre-Clinical Rheumatoid Arthritis	1
Psoriatic Arthritis	4
RA + Alpha 1 Antitrypsin. Chronic Juvenile Arthritis	1
Rheumatic Arteritis	2
Rheumatoid Arthritis	18

Ro-Positive. Cerebellar Infarct.	1
Scleroderma	1
Seronegative Inflammatory Arthritis.	1
Sjogren's syndrome	4
Sjogren's syndrome / Lupus	1
SLE	4
Takayashu's Arteritis	1
Undifferentiated Connective Tissue Disorder	1
Uveitis - likely inflammatory.	1
Rheumatic Arteritis	1
RHEUMATOLOGY/GI	1
Ehlers-Danlos syndrome. Ulcerative Colitis.	
SURGICAL	5
Intra-abdominal infection post LSCS. Adm to MMUH ICU Anal Fistula	1
Laparotomy, Hysterectomy – To MMUH.	1
Post Laparotomy Resection of Ischaemic Small Bowel + Ileostomy	1
Subacute bowel obstruction this pregnancy.	1
Thymoma	
VASCULAR	5
Bilateral Pes + DVT Hx	1
Klippel Trenauny syndrome.	1
Splenic Artery Aneurysm	2
Thoracic Outlet syndrome	1
VIROLOGY	1
Viral Meningitis	

Maternal Medicine MDT

A Maternal Medicine Multi-Disciplinary Team (MMMDT) Meeting is a crucial component of the maternal medicine service and is held every six to eight weeks in the Radiology Department MDT facility at the Mater Misericordiae University Hospital. This provides a platform for multidisciplinary input into the management of women with complex medical backgrounds in pregnancy.

CARDIAC OBSTETRIC SERVICE

This service provided between the Rotunda and the Mater which is the national centre for adult congenital heart disease, cardiac transplant and advanced heart failure. The service includes an obstetric antenatal clinic on a Wednesday afternoon. This allows co-ordination with screening fetal echos performed by Prof. F. Breathnach in the Rotunda on Wednesday mornings and with the Adult Congenital Heart Clinic and the Advanced Heart Failure Clinic in the Mater Hospital on Wednesdays. Obstetric and Cardiac Anaesthetic review can also take place on a Wednesday as well as on Mondays. This timing streamlines care for women in minimising numbers of visits to hospital and making it easier to arrange time off work or childcare.

Cardiac Obstetric Antenatal Clinic:

In 2025, there were 574 patient encounters at the Cardiac Obstetric Clinic. Table 2 gives an overview of the range of diagnoses that were addressed amongst these patients. In order to provide women-centred care, for women attending the hospital for other clinics

and reasons, there are a small number of non-cardiac patients seen in the clinic. These include women who attend the maternal medicine clinic and cannot come to the scheduled Thursday morning time.

TABLE 2: CARDIAC DIAGNOSES MANAGED DURING PREGNANCY - 2025	
Classification of Cardiac Disease	Number
Congenital heart disease	26
Arrhythmia	62
Aortic disease	5
Valvular disease	16
Cardiomyopathy	2
Coronary artery disease	0
Endocarditis/pericarditis	7
Family history of cardiac disease	14
Non-cardiac cases	3
Reviewed and discharged	32
TOTAL	**167**

SUCCESSES & ACHIEVEMENTS 2025

The biggest success for 2025 was moving to our new outpatient facility in Hampson House in January 2025. This has transformed our service in a very positive way. It is a much better space for women to be seen, providing more privacy, a much calmer environment and modernised equipment. There is a dedicated space for midwifery reviews and it has streamlined the service with more efficient use of time and space. The environment reflects the high quality service that is provided by the Rotunda.

The multidisciplinary team at the Rotunda will expand to include a consultant neurologist in 2026, dedicated to managing women with epilepsy and other neurological conditions during their pregnancy. A key appointment also will be a new epilepsy ANP.

Sinead Murphy ANP who has provided excellent care to so many women for many years at the Rotunda, left the service in Sept 2025 to pursue a new role and we wish her well.

Teenage Pregnancy Service

Head of Service
Dr Nikita Deegan, Consultant Obstetrician Gynaecologist

STAFF
Ms Deborah Browne, Clinical Midwife Specialist
Ms Gemma Madden, Medical Social Worker
Ms Dawn Kelly-Dunne, Medical Social Worker
Dr Eimer O'Malley, Consultant Obstetrician Gynaecologist

SERVICE OVERVIEW

Now in its 21st consecutive year, the Teen Pregnancy Service at The Rotunda provided holistic pregnancy care for all patients 18 and under on their first pregnancy, those up to 19 on their second/subsequent pregnancy, and vulnerable young adults over this age – such as those with additional medical or social needs who may benefit from the continuity of care of a dedicated obstetrician, midwife and other supports available within our service.

2025 welcomed the addition of a second Fellowship-trained Consultant Obstetrician/ Paediatric & Adolescent Gynaecologist to the Teen Pregnancy Service, Dr Eimer O'Malley.

CLINICAL ACTIVITY

Table 1 below reports the number of new patients that booked to our service over the past 5 years.

TABLE 1: CLINICAL ACTIVITY

Year	No. of Patients
2020	136
2021	119
2022	145
2023	129
2024	105
2025	95

In 2025, 57% of patients attending our service were non-Irish, meaning that the telephone translation service continued to be an essential resource. The most common language required was Romanian, as 40% of the patients were Roma and 6% were Romanian. These patients are often extremely vulnerable and can face huge barriers to accessing basic healthcare; many do not have a General Practitioner and attend the Rotunda for full antenatal care.

Two of 95 patients were under 16 at the time of booking (aged 13 and 15). This creates additional complexities when providing care as 16 is the legal age for consent in Ireland for medical treatment/procedures.

Our CMS Ms Deborah Browne offers 1:1 face to face antenatal education on an individualised basis when required, or in cases where this may be beneficial. General Zoom Antenatal Classes are offered to all patients (in English only). We also signpost all patients to pre-recorded classes on the Rotunda website and YouTube channel (English only). For patients for whom English is not their first language, pre-recorded videos in other languages are available via My Health, My Language HSE and whatsupmum.ie; there are no in-person options.

An essential part of Teenage Pregnancy care is the dedicated support from the Medical Social Work (MSW) service. Ms Gemma Madden is our lead teen pregnancy social worker. In 2025 our service was also supported by Ms Dawn Kelly-Dunne, MSW. Patients are referred to MSW following the identification of a particular need at the booking visit, or during subsequent appointments. Essential emotional and practical support is provided to patients with respect to parenting and relationship issues, education, financial and work support.

The overall number of referrals to the Medical Social Work Department in 2025 was 111 compared to 98 in 2024 which shows an increase of 13%. 13 required referrals to Tusla Child and Family Agency (11%). The majority of referrals to TUSLA were in relation to underage sex that required mandatory reporting under Children's First guidelines, but there were also referrals for domestic violence, maternal drug use and for support regarding maternal mental health.

PREGNANCY OUTCOMES 2025

95 patients booked to our service for antenatal care in 2025. This is a 9.5% decrease from 2024. Two additional patients met the criteria for referral to the Teen service, but were not referred in error. Both attended general antenatal clinics at the Rotunda. Neither had Teen postnatal follow-up offered/arranged nor were they counselled/offered contraception (which would be part of the care package offered in the Teen Pregnancy Service). One additional teen presented un-booked at term with severe pre-eclampsia. She was counselled and offered postnatal contraception and follow-up. These three patients are not included in the overall Teen Pregnancy figures for 2025.

Of the 95 patients who booked, 75% were nulliparous and 25% were multiparous. Overall, the number of multiparous patients has reduced over the past couple of years. This may reflect the success of our quality improvement initiative to deliver antenatal family planning/ contraceptive counselling and administration prior to discharge for those who choose it. In 2025, 71% of our multiparous patients were para 1 and 29% were para 2 at the time of booking. Two of the multiparous patients reported a previous caesarean section at the time of booking.

During their pregnancy, 11 patients transferred their care/delivered elsewhere. Eight of these transferred due to relocation/moving outside of Ireland. Two patients booked with and planned to deliver within the Rotunda; however, when an ambulance was called for labour they took the patients to their nearest maternity hospital (OLOL Drogheda and Portlaoise). These patients were made aware antenatally that this would be the case. One patient transferred their care to the HSE homebirth service (aged >18). The majority of the antenatal care for these patients was delivered within our service.

84 of 95 patients remained within our service and delivered at the Rotunda.

61 (72.6%) were primiparous, 23 (27.4%) were multiparous.

Of the 84 patients, there were 85 live births (1 patient had a DCDA twin pregnancy).

73 (86.9%) of our patients had term deliveries (>37/40). Eleven patients were recorded as pre-term deliveries, 10 of those delivered between 34-36+6. One patient delivered at 25+1.

The mean birth weight at term was 3.29kg. Eight of 85 babies were <2.5kg at birth. Seven of the term babies were <2.5kg. All of these were identified to be SGA antenatally. Zero babies were >4.5kg at term.

36 of 84 patients (42.9%) had Induction of Labour (IOL), 40 patients (47.6%) had spontaneous onset of labour (SOL), and eight patients (9.5%) were recorded as having a pre-labour caesarean section.

The indications for IOL (36) were: fetal growth restriction (22%), prolonged rupture of membranes (22%), post-dates (19%), reduced fetal movements (8%), pre-eclampsia (6%), Obstetric Cholestasis (6%), large for gestational age (6%), gestational diabetes (6%) and oligohydramnios (3%). The remainder were a combination of maternal request/patient preference.

Indications for pre-labour caesarean section (eight patients) were as follows: one patient had two previous caesarean sections, four patients had a section for breech (two had unsuccessful ECV, one patient had twin pregnancy), the remaining three patients had non-reassuring/pathological CTGs before labour.

TABLE 2: PREGNANCY OUTCOMES 2025

Pregnancy Outcomes	Number*	%
Spontaneous vaginal delivery	55	65.5%
Operative vaginal delivery	14	16.7%
Caesarean delivery (elective)	8	9.5%
Caesarean delivery (emergency)	7	8.3%
Total Delivered in Rotunda	**84**	**100%**

*Does not include patients who were un-booked and delivered at the Rotunda or those who were transferred to other hospitals/moved abroad.

The overall caesarean section delivery rate for our service in 2025 was 17.9% which is similar to previous years. 80% of patients (12) who had caesarean delivery were nulliparous, 20% (three) were multiparous (one of which had a previous caesarean delivery, one was footling breech in labour and one had a pathological CTG). Two of our 23 multiparous patients reported previous caesarean section at the time of booking; one patient had two previous caesarean sections at the time of booking and underwent a repeat elective caesarean section. The other patient had one previous section at booking and had a vaginal delivery in this pregnancy.

24 of our 84 patients (28.5%) had a blood loss at delivery >500 mL; six of the 24 had a blood loss >1000 mL. This rate has increased significantly over the past 5 years.

Our rate of obstetric anal sphincter injury was 1% (one patient had a 4th degree tear at SVD). This rate is similar to 2024.

Admission to the neonatal intensive care unit occurred in 9% of deliveries, which is similar to 2024.

Our Teenage Pregnancy Service provides a postnatal clinic once monthly, offering appointments to patients at approximately four to six weeks postnatally. This is a further

opportunity to provide contraceptive advice and administration, and check in on physical and psychological wellbeing.

Unfortunately, the attendance rates at our teenage postnatal clinic are poor, despite the improvements made in 2022 to ensure all patients attending our service are offered a postnatal visit (and sent a text reminder). The reasons for poor attendance are multifaceted, as our patients face many barriers to accessing care. Because of this, it is imperative that family planning counselling is performed in the antenatal period, and a plan put in place before delivery.

There has been a massive drive at The Rotunda since 2023 to ensure all NCHDs are trained in LARC counselling and insertion. Implanon insertion training is now provided to all incoming NCHDs, and we offer insertion of Implanon devices on our postnatal wards free of charge before discharge home. For those who want a Mirena, it can be either inserted at the time of caesarean delivery (if caesarean delivery occurs), or Depo-Provera injection is offered on the postnatal ward as an interim measure until the Mirena can be inserted in the teen postnatal clinic.

SUCCESSES & ACHIEVEMENTS 2025

- In 2024, provision of free contraception was introduced by The Rotunda for vulnerable patients who fall outside the remit of the Free Contraception Scheme. This continues to benefit our patients who may not otherwise have access to this as an option.
- Introduction of Implanon insertion as an option for patients on the postnatal ward has proved a huge success, with most patients who chose this option having the device inserted before discharge home postnatally.

CHALLENGES 2025

- Many of our patients are affected by marginalisation, discrimination, domestic violence, mental health issues, substance use, learning difficulties and/or additional needs, illiteracy, homelessness and housing issues. They are a vulnerable cohort of patients who need significant additional time, patience and support throughout their journey. Our dedicated CMS and consultants who deliver continuity of care are essential to continue to provide this high-quality service.
- Our face-to-face antenatal education is currently only available in English at the Rotunda Hospital. 57% of patients attending our service are non-Irish, and English is not their first language. 46% of our patients speak Romanian and require translation services. Ideally, in-person antenatal education classes should be available in languages other than English. For our patients for whom English is not their first language, pre-recorded videos in other languages are available via My Health My Language HSE and whatsupmum.ie
- All information leaflets used frequently in the antenatal/intrapartum/postnatal setting should also be available in languages other than English. This is not currently available but would be a welcome addition to our resources in the future.
- Attendance rates at our dedicated teenage postnatal clinic have continued to be challenging. We need to ensure 100% of patients attending our service (and all teenagers who deliver within the Rotunda) are offered an appointment at this clinic. This requires all staff (midwifery, community midwifery and medical) to ensure to book

this appointment on discharge home from the postnatal ward. We also need to ensure that all patients receive a text reminder for this clinic and need the continued support of administrators to ensure this takes place.

- Accessing training in LARC insertion for our CMS Ms Debbie Browne would be extremely beneficial to the Teens attending our service; this has not yet been possible to achieve, but we are hopeful this will be possible in the future.

Combined Obstetric Endocrine Service

Service Leads

Dr Maria Kennelly, Pre-pregnancy Diabetes
Prof. Fionnuala Breathnach, Gestational Diabetes
Prof. Sean Daly, Gestational Diabetes
Dr Maria Byrne, Consultant Endocrinologist

Staff

Dr Patrick McCluskey, Endocrine Registrar
Dr Cathy McNestry, Maternal Medicine Fellow
Dr Kristyn Dunlop, Specialist Registrar
Ms Aileen Flemming, AMP
Ms Elaine Duffy, CMM2
Ms Rebecca Lanuze, CNM2
Ms Caroline Kiernan, Staff Midwife
Ms Katie Stolarek, Staff Midwife
Ms Indira Kuizon, Staff Nurse
Mr Antony Linto, Staff Nurse
Ms Hilary Devine, Clinical Specialist Dietitian
Ms Laura Kelly, Dietitian Manager
Ms Deirbhile Sherry, Senior Dietitian

SERVICE OVERVIEW

The combined obstetric diabetes service is a large, dedicated multidisciplinary service dedicated to providing comprehensive antenatal care for women with Diabetes in pregnancy. The clinic manages a diverse patient population encompassing pre-existing diabetes and gestational diabetes, with care tailored to the specific clinical challenges of each subtype. The case mix for the reporting period, including Type 1 Diabetes, Type 2 diabetes, MODY and Gestational Diabetes is presented in Table 1 and Figure 1. The latter demonstrates the temporal change in the 'Diabetes-in- Pregnancy profile'. During the reporting period, the relocation of all antenatal care to Hampson House has provided an enhanced clinical environment, with improved infrastructure facilitating greater multidisciplinary collaboration while offering a more accessible and comfortable setting for patients especially for those in specialist clinics

This year marks the 11th year since separation of the Obstetric Diabetes service into a dedicated Gestational Diabetes service and a separate multidisciplinary clinic for women who require insulin (Type I, Type 2, MODY and insulin-requiring GDM patients). Concentrating the multidisciplinary in-person weekly service predominantly on the

pregestational DM (PGDM) and insulin dependent GDM population allows for the heightened maternal and foetal surveillance required, in addition to facilitating a separate holistic pathway for the much larger population of women identified as having Gestational Diabetes, or with a history of GDM in a prior pregnancy.

Despite ongoing efforts to facilitate vaginal birth where clinically appropriate, the Caesarean delivery rate in the PGDM group remain high at 70%. This is consistent with published international experience, where caesarean delivery rates of approximately 60-70% are commonly reported in tertiary centres caring for women with pre-existing diabetes. The elevated rate reflects the complex obstetric profile of this population, including prior caesarean births, medically indicated pre-term delivery, hypertensive disease, foetal growth abnormalities and increased intrapartum operative delivery for labour dystocia and foetal compromise

We continue to use a selective, risk factor-based screening policy for gestational diabetes, using a 75-g 2-hour oral glucose tolerance test at 24-28 weeks' gestation for women with one or more pre-defined risk factors. The majority of GDM women manage their (generally) minor aberrations in glucose metabolism through lifestyle interventions alone. This care pathway allows for the delivery of GDM care through a programme of App-assisted self-monitoring, dietician input, midwifery-led telehealth consults in circumstances where SMBG values are above pre-specified targets.

It is reassuring to recognise the excellent perinatal outcomes observed both among women with pre-gestational diabetes (type 1, 2 and MODY) and in the group of women with gestational diabetes.

CLINICAL ACTIVITY

The contribution of the Obstetric Diabetes service to Rotunda Hospital clinical activity can be summarised in the following key points:

The Obstetric Diabetes service was involved in the care of 1,711 of the 8472 women delivered during 2025, or **20%** of the Rotunda population.

Using the risk-factor based screening approach*, a total 3282 women were screened for gestational diabetes during 2025, representing 38% of the obstetric population.

*75-g 2-hour oral glucose tolerance test at 24-28 weeks' gestation for women with one or more pre-defined risk factors; IADPSG diagnostic criteria.

Women with diet-controlled GDM or metformin-controlled GDM did not require attendance at the weekly Combined Obstetric Diabetes MDT clinic, but rather entered a programme of App-assisted self-monitoring with dietician input, midwifery-led telehealth consults and a protocolised approach to escalation of treatment. This assisted-care pathway, delivered through obstetrician-led General Prenatal clinics rather than a specialised combined Obstetric-Endocrine service, was followed by 1297/1711 (76%) of women within the diabetes population.

TABLE 1: DIABETES CATEGORIES AND 10-YEAR CLINICAL ACTIVITY										
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025**
Type 1	32	37	26	29	32	31	29	30	29	37
Type II	22	24	25	55	24	34	29	25	36	33
MODY*						5	3	5	2	3
GDM-diet	753	756	674	856	1040	1193	875	607	567	920
GDM-met-formin						27	103	247	230	377
GDM-insulin (+/- met-formin)	222	218	289	325	223	188	229	325	242	341
Total	1029	1035	1014	1260	1371	1488	1268	1179	1106	1711

*MODY = maturity-onset diabetes of the young

**N.B. Activity data refer to number of patients delivered between Jan 1st 2025 and Dec 31st 2025 who were engaged in the Diabetes pathway, a proportion of whom will have entered the programme in 2024.

Obstetric Diabetes Service

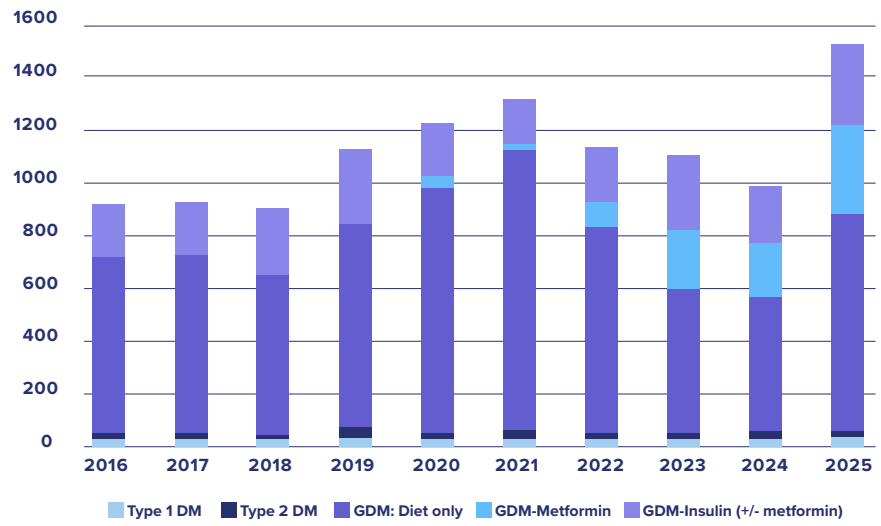


FIGURE 1: 10-YEAR TEMPORAL CHANGE IN DIABETES-IN-PREGNANCY PROFILE

2025: Type 1 (2.1%); Type 2 (1.9%), GDM diet-only (54%), GDM-metformin (22%), GDM-insulin (20%)

Clinical activity and outcomes for the PGDM group is summarised in Table 2&3 and Figure 2A and 2B.

TABLE 2: PREGESTATIONAL DIABETES: BASELINE MATERNAL CHARACTERISTICS		
	TYPE 1 Type 1 DM and CF related diabetes	TYPE II & MODY
N	n=37	n=35
Mean Age	32.9 (20-44)	35.4 (29-41)
Glucose sensor	25/37 (67.5%)	3/35 (8.5%)
Insulin pump	15/37 (40.5%)	0/35 (0%)
DM Complications: (Expressed in ongoing viable pregnancies)		
Retinopathy	20/28 (71.4%)	7/31 (22.5%)
Metformin treatment		23/31 (74.1%)
Mean HbA1c at booking/IFCC (mmols/l)	53.7 (33-107)	45.5(35-70)
Mean HbA1c at delivery/IFCC (mmols/L)	45 (33-71)	39.6 (24-69)

TABLE 3: PREGESTATIONAL DIABETES: PERINATAL OUTCOME EXPRESSED AS ON ONGOING PREGNANCIES DELIVERED AT THE ROTUNDA		
	TYPE 1 DM , CF related diabetes	TYPE 2 DM and MODY
N	N=37	N=35
Fetal Loss (<24 weeks)	9/37 (24.3%)	1/35
Delivered elsewhere	1/28 (3.5%)	3/35
Preterm delivery 24+0 – 36+6 weeks*	8/27 (29.6%)	2/31 (6.5%)
Liveborn*	27/27 (100%)	31/31 (100%)
Stillbirth*	0/27 (0%)	0/31 (0%)
Neonatal death*	0/27 (0%)	0/31 (0%)
Caesarean Delivery*	19/27 (70%)	22/31 (71%)
PPH > 1L*	9/27 (30%)	16/31 (51.6%)
Mean Gestational Age at Delivery in weeks*	36.5 (29.5-39.3)	37.9 (35.1-39.1)
Mean birthweight (g)*	3256 (1230-4400)	3200 (2300-4800)
Macrosomia ≥95th centile for gestation***	8/27 (29.6%)	4/31 (12.9%)
Shoulder Dystocia*	0/27 (0%)	0/31 (0%)
NICU admission*	13/27 (48.1%)	8/31 (25.8%)

**Expressed per ongoing pregnancies (>1st trimester) delivered at the Rotunda*

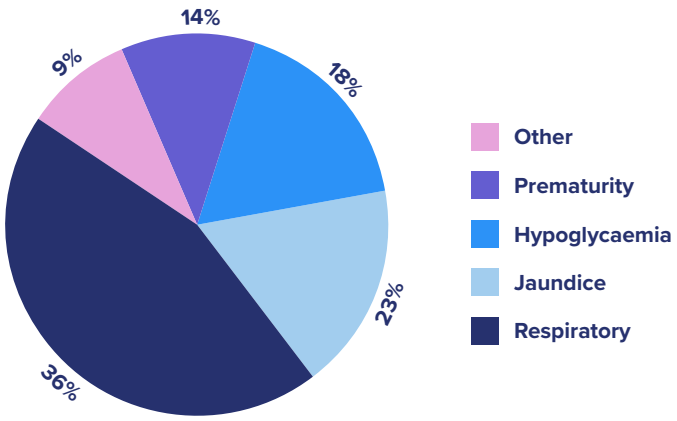


FIGURE 2A: INDICATION FOR NICU ADMISSION AMONGST TYPE 1 DM (N=13):

Figure 2A footnote
'Other': One baby admitted for monitoring after emergency CS for abruption. Second baby admitted to NICU in another institution – ex utero transfer for lodging

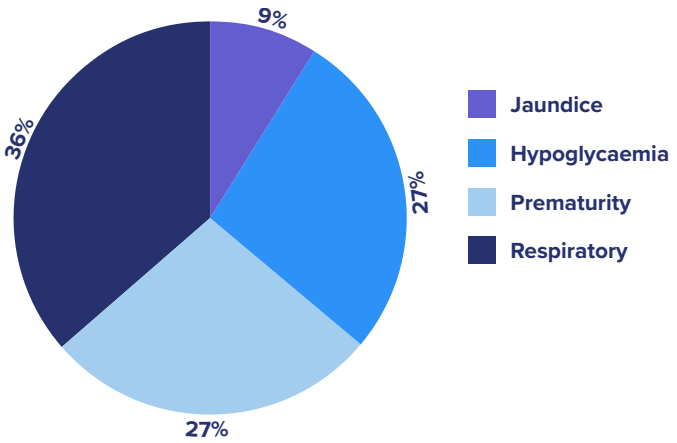


FIGURE 2B: INDICATION FOR NICU ADMISSION AMONGST TYPE 2 DM (N=8):

Figure 2B footnote
'Other': One baby admitted due to multiple congenital anomalies, the second was admitted due to septic work up and observation after emergency CS for suspected fetal distress in the context of PPROM. The 3rd was a case of feeding issues in the setting of an IUGR baby
.

Notably, there were no cases of shoulder dystocia or stillbirth among women in the PGDM cohort during the reporting period. Whilst these outcomes should be interpreted in the context of a moderate sized cohort, they represent reassuring indicators of the quality of MDT antenatal and intrapartum care. Continued adherence to evidenced based pathways

remains essential to maintaining these high standards of care in this higher risk obstetric population. The higher postpartum haemorrhage rate observed in the T2DM cohort is likely to be multifactorial. Although Caesarean delivery rates were comparable between the diabetes subgroups, women with T2DM tend to have higher BMI and were slightly older, both of which are recognized independent risk factors for PPH. This finding warrants ongoing surveillance in future audit cycles but should be interpreted with caution given small cohort size.

TABLE 4: GESTATIONAL DIABETES (GDM): N = 1638			
	Diet only	Metformin	Insulin +/- Metformin
N	920/1638 (56%)	377/1638 (23%)	341/1638 (21%)
Stillbirth***	2/920 (0.32%)	1/377 (0.26%)	2/341 (0.58%)
Shoulder Dystocia	5/920 (0.54%)	3/377 (0.79%)	1/341 (0.29%)

**Table 3 footnote: Delivery outcomes are presented for the 1638 women with GDM who delivered between Jan 1st and Dec 31st 2025.*

***Delivery outcomes presented for pregnancies continuing >24 weeks' gestation.*

****Stillbirths in GDM population: There were 5 stillbirths in the GDM population, 2 of which were significant for lethal fetal abnormality and resulted in Termination of Pregnancy for Fatal Fetal Abnormality (TOPFFA). Among the diet-controlled group, a single case of spontaneous in-utero fetal demise occurred at 39 weeks' gestation in the setting of a massive feto-maternal haemorrhage. In the insulin-treated group, one case of hydrops fetalis occurred, associated with trisomy 21 and resulted in early neonatal death at 34 weeks' gestation. A normally-formed infant died in utero at 34 weeks' gestation in the insulin treated group. Therefore, a total of 2 cases of stillbirth of normally-formed infants occurred in the GDM population: One case in a diet-controlled pregnancy and one case in a woman who required insulin.*

The corrected Perinatal Mortality rate in the Diabetes population in 2025 (including Type I, Type 2 and Gestational diabetes) was 1.2 per 1000

The shoulder dystocia rate among Gestational Diabetes women who had a vaginal birth was 1.1% (9/781)

Figure 2: Gestational Diabetes and Mode of Delivery (N = 1638)

There were 9 cases of shoulder dystocia in the Diabetes population in 2025, all in the Gestational Diabetes group. These cases accounted for 11% of the 77 cases of shoulder dystocia recorded in the Rotunda Hospital in 2025.

Eight of the nine cases were associated with no adverse perinatal outcome and no maternal haemorrhage/ obstetric anal sphincter injury. One case, in a woman with diet-controlled GDM, culminated in moderate Hypoxic Ischaemic Encephalopathy and Erbs paresis.

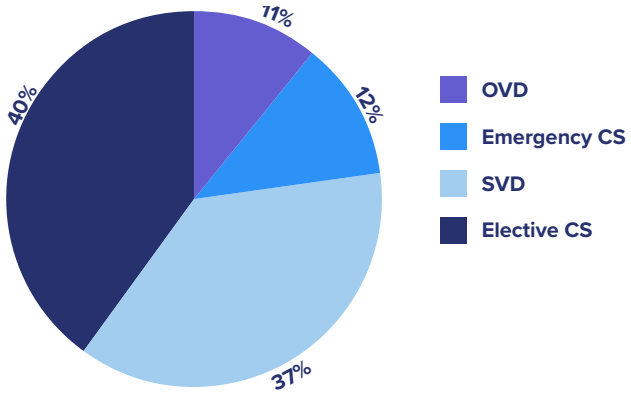


FIGURE 2: GESTATIONAL DIABETES AND MODE OF DELIVERY (N = 1638)

Footnote: SVD rate includes 5 vaginal breech deliveries, all 2nd twins.

The overall Caesarean Delivery rate in the Gestational Diabetes population was 51%.

SUCCESSES AND ACHIEVEMENTS

Enhancing Patient Care

- Enhanced glycaemic control has been observed in the Type 1 diabetes women using sensor-augmented pumps.
- No case of major congenital abnormality was missed in the PGDM group in 2025.
- Among five cases of perinatal death in the PGDM and GDM cohorts combined, three were of normally-formed infants, for an adjusted perinatal mortality rate of 1.2 per 1000 in the population for whom care is provided by the Obstetric Diabetes service.
- A protocol for inpatient monitoring of insulin administration and glucose levels was designed and implemented by Senior Dietician Hilary Devine and AMP Aileen Fleming
- Prof Fionnuala Breathnach and Ms Hilary Devine have contributed to the National Guideline for Gestational Diabetes Care and Dr Maria Kennelly has contributed to the revised National Guideline for Care of women with pregestational diabetes. The publication and implementation of this guideline is anticipated in 2026.

- Professor Sean Daly joined the service in 2025 and a programme of initiation of insulin in Gestational Diabetes women overseen by these obstetric specialists has been rolled out successfully.
- The dieticians introduced a Refresher Lifestyle class, available to GDM patients within 1 week of attendance at the initial GDM Lifestyle class.

Innovation

- The evidence-based protocolised programme for Gestational Diabetes care, developed over the last 3 years through the RCSI research department, was implemented in universally for GDM patients across both public and private clinics since early 2024.The programme allows for the delivery of obstetric care to GDM patients through non-specialised consultant-led general antenatal clinics supplemented by a midwifery-led telehealth programme for monitoring of glycaemic control. The programme features:
  - Testing strips, delivered to the patient's home within 24-hours of GDM diagnosis. Of note, the self-monitoring system includes an instructional video provided in 16 languages.
  - Diet & Lifestyle modification live webinar for newly-identified GDM patients within one week of diagnosis.
  - Remote analysis of App-uploaded glycaemic data by a group of dedicated specialist midwives.
  - Utilisation of pre-defined evidence-based glycaemic targets intended to identify those who may merit medical treatment beyond dietary intervention, and reviewed 2-weekly.
  - Pre-defined indications for initiation of metformin and/ or insulin therapy.
  - Scheduling of departmental fetal growth scan at 32 weeks' gestation.
  - Transfer of patients to specialist Obstetric Diabetes clinic in event that pre-defined criteria for insulin therapy are met.

The programme, with an emphasis on self-management and patient empowerment, has standardised the management of GDM in a manner that has been welcomed both by patients and staff.

Education and Training:

- The Diabetes midwives continued to provide lectures and clinical skill workshops to undergraduate and postgraduate student midwives within the hospital environment and in Trinity College Dublin and contributed to the biannual Tri-Hospital Diabetes Study Day for staff of the three Dublin maternity hospitals. In addition, the DM midwives contributed to the Rotunda Hospital High Dependency Unit Study Day by delivering talks on Diabetic Ketoacidosis care. The diabetes midwives continue to be integrative part of our clinical induction day for new doctors joining the workforce in July and January every year

CHALLENGES 2025

- Consistent with international experience, we have observed a sustained increase in our Gestational Diabetes population, predominantly since 2014. This expanded GDM population now constitutes 1 in 5 of our pregnant patient cohort. The greatest challenge that the Obstetric Diabetes service faced in 2025 was meeting the needs of this population within current resources.
- Increasingly, women with type 1 diabetes are being managed with sensor-augmented pumps. Fifteen women with type 1 diabetes were managed with sensor-augmented pumps this year, and that figure is expected to rise going forward as these pumps become standard of care for women of reproductive age. Twice-weekly review of sensor-generated data is highly labour intensive for the core group of midwives involved in this specialised field.
- The broad demographic nature of patients attending the Rotunda mean that language barriers pose significant challenges both for GDM screening, consultation and dietary education.

FUTURE DEVELOPMENT AND PLANS FOR 2026:

- The service will continue to expand its multidisciplinary expertise with the appointment of Dr Carla Moran in March 2026, a consultant endocrinologist with a special interest in thyroid disease in pregnancy. This appointment will enhance the multidisciplinary management of women with complex thyroid disorders attending the Rotunda Hospital and support the continued development of a specialist thyroid service.
- Service developments planned for 2026 include the revision and streamlining of the DKA management guideline to provide a more practical user-friendly framework for the care of women requiring management within the Rotunda's HDU service. This reflects the recognition that transfer of women with established viable pregnancies to external centres may present significant challenges in maintaining optimal maternal and foetal monitoring, and that, where clinically appropriate, management within the Rotunda Hospital campus offers important advantages for this high-risk cohort.
- In parallel, the service has observed an increasing number of presentations with starvation ketosis during pregnancy. The assessment and management of these patients can be clinically complex, requiring careful differentiation from DKA and consideration of both physiological and behavioural contributors. Continued refinement of local protocols, together with ongoing multidisciplinary education and staff training, will support the delivery of timely, consistent and evidenced-based care for this patient population.

Infectious Diseases Service (DOVE)

Team

Prof. Maeve Eogan, Consultant Obstetrician and Gynaecologist
Prof. Jack Lambert, Consultant in Infectious Diseases
Dr Wendy Ferguson, ID Associate Specialist Paediatrician
Dr Barry Kelleher, Consultant in GI/Hepatology
Ms Mairead Lawless, ID Liaison Midwife
Ms Cara Gallagher, Drug & Alcohol Liaison Midwife
Ms Susan Finn, Medical Social Worker

SERVICE OVERVIEW

This service looks after the specific needs of pregnant women who have or are at risk of blood and sexually transmitted bacterial and viral infections. This exposure may occur through drug use, unprotected sex, or any contact with infected blood or body fluid. The service also supports women with active or previous drug addiction, even where there is no additional risk of infectious disease acquisition.

The clinic collaborates closely with, and is very dependent on the input of, allied agencies and specialties (including microbiology, addiction services and inclusion health).

CLINICAL ACTIVITY

In 2025, 168 women attended the DOVE clinic for antenatal care. This represents a decrease of 12% from 2024 when 191 women attended, although the complexity of the caseload with a history of addiction increased.

Of those attending the service, 99 were serology positive (Fig 1):

- 35 women were positive for Hepatitis B surface antigen, an increase of 9% compared with 2024.
- 23 women were positive for Hepatitis C antibody, a decrease of 23% compared with 2024.
- 10 were positive for HIV infection, a decrease of 23% compared with 2024.
- 32 women had positive Syphilis serology, a decrease of 47% compared to 2024.
- 4 women were co-infected with more than one blood-borne infection.
- 145 women were referred to the Drug Liaison Midwife in 2025, with 128 women having antenatal care delivered within the DOVE clinic.

In addition, a number of women attended the clinic during the course of their antenatal journey for investigation, diagnosis and treatment of HPV, HSV, Chlamydia (n=60), Gonorrhoea (n=6), Mycoplasma Genitalium (n=10) & Trichomonas Vaginalis (n=14).

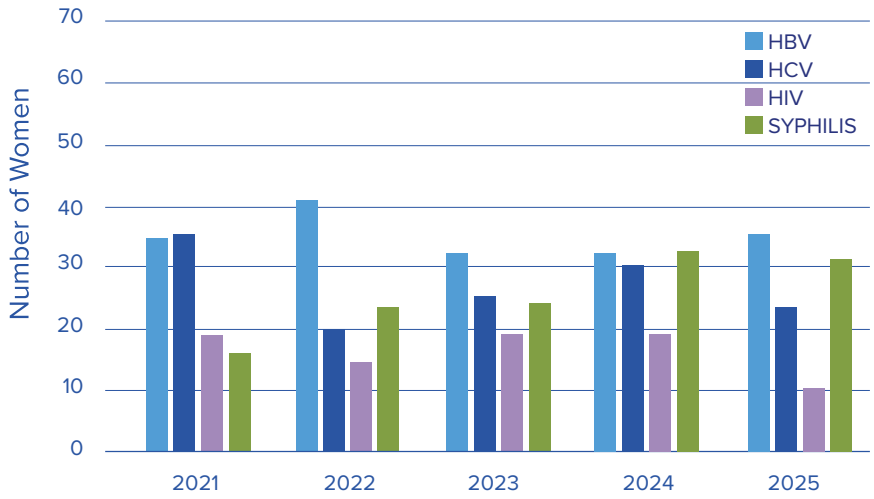


FIGURE 1: INFECTIOUS DISEASE SERVICE BOOKING BY YEAR

The numbers in the tables below refer to the number of births in the year, and therefore differ from the number of patients booked throughout the year; some of those who booked in 2025 will not deliver until 2026.

TABLE 1: DELIVERIES TO HBV POSITIVE MOTHERS 2025	
Total Mothers Delivered <500g (incl. misc/TOP)	**0**
Total Mothers Delivered >500g	**39**
Live Infants (incl. 1 set twins)	40
Miscarriage	0
Stillbirths	0
Infants <37 weeks gestation	2
Infants ≥37 weeks gestation	38
Infants delivered by C. Section	18
Maternal Data (N=39)	
Median Age	33
Newly Diagnosed this pregnancy	9

TABLE 2: DELIVERIES TO HCV POSITIVE MOTHERS 2025	
Total Mothers Delivered <500g (incl. misc/TOP)	**0**
Total Mothers Delivered >500g	**24**
Live Infants (incl. 2 set twins)	26
Miscarriage	0
Stillbirths	0
Infants <37 weeks gestation	2
Infants ≥37 weeks gestation	24
Infants delivered by C. Section	11
Maternal Data (N=25 – 1 delivered elsewhere)**	
Median Age	35
Newly Diagnosed this pregnancy	3

** Delivered elsewhere/Returned to home country

TABLE 3: DELIVERIES TO HIV POSITIVE MOTHERS 2025	
Total Mothers Delivered <500g (incl. misc/TOP)	**0**
Total Mothers Delivered >500g	**17**
Live Infants (incl. 2 set twins)	19
Miscarriage	0
Stillbirths	0
Infants <37 weeks gestation	3
Infants ≥37 weeks gestation	16
Infants delivered by C. Section	11
Maternal Data (n=17)	
Median Age	35
Newly Diagnosed this pregnancy	0

TABLE 4: DELIVERIES TO SYPHILIS POSITIVE MOTHERS 2025	
Total Mothers Delivered <500g (incl. misc/TOP)	**0**
Total Mothers Delivered >500g	**29**
Live Infants (incl. 2 set twins)	30
Miscarriage	0
Stillbirths	0
Infants <37 weeks gestation	5
Infants ≥37 weeks gestation	25
Infants delivered by C. Section	15
Maternal Data (n=30 – 1 delivered elsewhere)**	
Median Age	31.5
Newly Diagnosed this pregnancy	11

** Delivered elsewhere/Returned to home country

DRUG LIAISON MIDWIFE (DLM) SERVICE

During 2025, 145 women were referred to the DLM service, including 21 women who had a history of opiate addiction and were engaged in an Opioid Substitution Treatment (OST - primarily methadone) programme. This represents a further increase compared with 2024, although a small reduction in the proportion on OST, in keeping with the changing patterns of addiction seen nationally. 128 of these attended the DOVE clinic for antenatal care and 92 women linked with the DLM delivered their babies with the DOVE clinic in 2025, with a further 8 women delivering elsewhere. Other women who were referred to the DLM received advice, support or onward referral as required but chose not to attend the DOVE clinic for care (eg already in recovery, cannabis use prior to pregnancy only).

Again, the numbers in the tables below refer to the number of births in the year, and therefore differ from the number of patients booked throughout the year; some of those who booked in 2025 will not deliver until 2026.

TABLE 5: DELIVERIES TO MOTHERS UNDER DLM SERVICE 2025	
Total Mothers Delivered >500g	**92**
Mothers on prescribed methadone programmes	**19**
Mothers on prescribed buprenorphine	2
HCV positive mothers	10
HIV positive mothers	0
Live Infants	94
Stillbirths	0
Infants <37 weeks gestation	13
Infants ≥37 weeks gestation	81
Infants delivered by C. Section	31
NICU admissions for NAS	21
Babies screened for NAS	54
Babies treated for NAS	6

Of the 145 women referred to DLM in 2025 the main substances used were as follows:

- Methadone: 13 women were already on methadone maintenance
- Buprenorphine: 2
- Primary Alcohol Use: 11
- Cannabis Only: 41
- Cocaine Only: 3
- Benzodiazepine Only: 3
- Ketamine: 2
- Codeine misuse: 1
- Polysubstance use: 64
- 5 women were referred with a previous history of polysubstance use but are now in recovery. Some attended Dove.

INFECTIOUS DISEASE MEDICAL SOCIAL WORK

The Medical Social Worker liaised closely with the Drug Liaison Midwife, the Infectious Diseases Service Midwife and the Consultants to provide a comprehensive service for patients. Where required, the Medical Social Worker referred patients to Tusla, Child and Family Agency, and other community services to ensure patients and their babies had appropriate supports in place. In 2025, 67 women were referred to Tusla, Child and Family Agency.

The Medical Social Worker works in partnership with parents, Tusla and other relevant agencies over a number of months to ensure a baby's safe discharge. Only in exceptional cases should children be separated from their parents after all alternative means of protecting them have been exhausted.

The following actions were the outcome of Tusla social work involvement:

- 34 Discharge Safety Planning Meetings.
- 32 Child Protection Case Conferences.
- 10 babies placed in foster care under an Interim Care Order.
- 3 babies placed in foster care under an Emergency Care Order.
- 5 babies placed in a foster care placement under a Voluntary Care Order.
- 3 babies were discharged under a private family arrangement.
- 21 mothers were required to return under the supervision of a non-drug-using relative or agency for a period until stability was assured.
- 5 mothers were admitted to a mother and baby unit/parent assessment unit arranged by TUSLA.

PAEDIATRIC INFECTIOUS DISEASE CLINIC

Dr Wendy Ferguson is an ID Associate Specialist Paediatrician and is the Rotunda in-house paediatrician since 2012 for management and follow-up of all infants born to women who attend the ID service.

Infants of mothers with positive serology are provided with follow-up appointments for the Rotunda paediatric infectious disease clinic. The clinic is delivered by Dr Ferguson, who is affiliated with the Rainbow Team: the national service for Paediatric Infectious Diseases.

In 2025, a total of 146 infants and children attended the paediatric infectious disease clinic for monitoring and outcome.

CONGENITAL CMV SCREENING

Targeted screening for congenital CMV commenced at The Rotunda in April 2024 as part of a national 2-year pilot for early diagnosis of congenital CMV. Congenital CMV is the most frequent cause of non-genetic hearing loss in infants. Infants with congenital CMV who meet treatment criteria should commence antiviral treatment ideally by age 4 weeks. The aim of the screening programme is to facilitate timely treatment initiation and maximise infant outcome, in particular hearing outcome.

The programme is linked with the national newborn hearing screening programme. Any infant with ‘no clear response’ unilaterally or bilaterally at the point of the newborn hearing screen is referred to the paediatric infectious disease service for a urine CMV to confirm or rule out congenital CMV.

In the 12 months April 2024 – April 2025, 62 infants were screened for congenital CMV at the Rotunda and there were 2 confirmed positive cases.

The screening programme is within the National Women and Infants Health Programme (NWHIP) and National Clinical Programme for Paediatrics and Neonatology. Dr Ferguson is a stakeholder and participates on the committee for guideline development, review, and audit, and is the Rotunda co-ordinator, data collator, and national liaison.

SUCCESSES & ACHIEVEMENTS 2025

Education & Training

Members of the Infectious Disease Team continue to be actively involved in undergraduate, postgraduate and hospital education programmes.

The ID Liaison Midwife provides in-service education sessions for all clinical staff. She also lectures on Infectious Diseases in Pregnancy to undergraduate and postgraduate midwifery students annually.

The Drug Liaison Midwife has delivered lectures on substance misuse in pregnancy to both undergraduate and postgraduate midwifery students in TCD, as well as to students on the Masters Programme in Addiction Studies in the Dublin Business Institute and to those on the Graduate Diploma in Public Health Nursing in University College Dublin.

The British Association for Sexual Health and HIV (BASHH) accredited Sexually Transmitted Infection Foundation (STIF) Course (STIF Core) continues to be held in Dublin, with Prof. Jack Lambert acting as course director, and Prof. Eogan providing teaching on the programme. The course took place in May and October 2025 and provided multidisciplinary training in the knowledge and skills required for the prevention and holistic management of STIs.

Dr Ferguson provides regular lectures to NCHDs in-house and also lectures at the microbiology SPR study days and the Diploma in Primary Care Paediatrics. Dr Ferguson is on a rota with her Dublin-based paediatric ID and microbiology consultants to deliver teaching sessions to paediatric infectious disease and microbiology NCHDs.

Enhancing Patient Care

The clinic continues to focus on embedding both contraception and vaccination discussions as central parts of every antenatal visit. We still hope to be in a position to offer on-site vaccination in pregnancy. A number of members of the team have collaborated to enhance maternal and neonatal care in the context of perinatal infection. Dr Ferguson continues to participate in the European congenital CMV network, which is a collaboration of paediatricians aimed at improving diagnosis and management of congenital CMV.

The Infectious Diseases team also carry out clinical audit, comparing practice against local, national and international guidelines to support continued high performance and positive patient outcomes.

We were delighted to continue to collaborate closely with Carol Guinan, inclusion health midwife in 2025. Every health care interaction is an opportunity to diminish (or deepen) inequity, and the team is strongly motivated to be a supportive and solution-focused environment for pregnant women who access the service.

The relocation of the clinic service to Hampson House has considerably enhanced patient care – the large clinic space with multiple clinical rooms makes the environment far more pleasant for all. It is also wonderful to have space to accommodate an on-site medical social worker in the clinic.

In 2025, we streamlined the collection of relevant clinical metrics from the DOVE service, reflecting the importance of relevant data collection in informing service provision and development. Many thanks to Cara Gallagher, Mairead Lawless, Richard Drew and Valerie Jackson for their significant contributions in this regard.

CHALLENGES 2025

As previously, access to inpatient stabilisation services for pregnant women with opiate and benzodiazepine addiction remains insufficient. There is also only limited access to Coolmine Ashleigh House, which has the added benefit of being a combined mother and baby unit, so is an excellent resource for the postnatal period.

Homelessness continues to be a significant issue, with homeless women and their newborns often experiencing a complex intersection of multiple social determinants of health including poverty, domestic abuse, language and cultural barriers. We greatly appreciate the supports provided by many agencies to mitigate these impacts and we look forward to continued collaboration and improved resources in this context in 2026.

PLANS FOR 2026

In conjunction with the Medicines in Pregnancy service, we have developed some accessible patient resources on cannabis use during pregnancy and breastfeeding. This topic is frequently discussed and it is imperative that we have quality information available for staff and patients alike. We look forward to disseminating these widely in 2026.

We look forward to contributing to other ongoing inclusion health initiatives; we are currently exploring including peer support staff on the team, and the ambition is to leverage their lived experience to bridge gaps between service users and clinic staff. It is vital that all care is responsive to people's needs and that nobody is left behind.

After decades of dedicated service to The Rotunda Hospital, our esteemed colleague Prof. Jack Lambert, is retiring from his role as Infectious Disease Consultant. He will be greatly missed for his unwavering commitment and exemplary clinical judgement. We thank him sincerely for his many years of outstanding contribution and wish him every happiness in his retirement. We also look forward to warmly welcoming Dr Christine Kelly to the service in 2026.

Specialist Perinatal Mental Health Service 2025

Head of Service

Dr Richard Duffy, Consultant Psychiatrist.

Staff

Dr Ana Clarke, Consultant Psychiatrist
Dr Jillian Doyle, Senior Clinical Psychologist
Ms Ursula Nagle, Advanced Midwife Practitioner in Perinatal Mental Health (PMH)
Ms Stefanie Fobo, Senior Mental Health Social Worker
Ms Róisín Walsh, Senior Occupational Therapist
Ms Jeanne Masterson, Clinical Midwife Specialist in PMH
Ms Rachel Dopamu, Clinical Midwife Specialist in PMH
Ms Leanne O'Neill, Clinical Nurse Specialist in PMH
Ms Julia Daly, Clinical Nurse Specialist in PMH
Ms Shinead Brown, Clinical Nurse Specialist in PMH
Dr Andrew Gribben, Higher Specialist Trainee in Psychiatry
Dr Katheryn Corrigan, Higher Specialist Trainee in Psychiatry
Ms Eithne Kinsella, Administrator
Ms Hannah Rogers, Administrator

SERVICE OVERVIEW

The Specialist Perinatal Mental Health Service (SPMHS) provides mental healthcare for people attending the Rotunda Hospital from their booking visit until one year after delivery. In addition, preconception counselling is provided for individuals with complex needs. Treatment and support are delivered for a wide range of difficulties including anxiety, depression, obsessional thinking, mania, and psychotic illness. We also provide specific services for psychological birth trauma. We have a strong emphasis on trauma informed care, prevention, early intervention and collaboration with community based services.

CLINICAL ACTIVITY

During 2025, we have continued to see a high demand for our service. We received 3,362 internal referrals representing a 45% increase. Referrals from GPs and other external sources have remained constant with 637 referrals received in 2025. This had been a larger area of growth in the previous years and we are relieved to see the numbers stabilise. In 2025, there were 9,253 appointments offered within the service. This represents a 23.2% increase in appointments offered to individuals attending our service.

Our group attendances have remained around 1,600 attendances. We continue to run six different groups: Baby Massage, Emotional Well-Being, Me as Mom, Me to Mom, Birth Empowerment and a Post-Natal Depression group.

The SPMHS nationally has set up an enhanced data collection tool in partnership with the National Perinatal Epidemiology Centre in UCC. This has allowed us to identify some of the social vulnerabilities that women attending our service face. In 2025, in the SPMHS service in the Rotunda, 3% of individuals attending us required an interpreter, 4.9% lived

in direct provision, 2% were in danger of losing their accommodation and 5.9% described themselves as being in unsuitable accommodation.

In relation to their mental health, on their first visit 59.8% had never attended mental health services before and 39.2% were on psychotropic medication. This identified that anxiety is the most common reason for referral and the most frequent diagnosis (43.1%), followed by depression (31.4%). Approximately 10% of received referrals related to birth trauma or tokophobia. This data collection project has given the SPMHS nationally much more insight into the individuals attending the service.

SUCCESSFUL ACHIEVEMENTS 2025

The SPMHS moved to Hampson House and has greatly benefited from the enhanced clinical space. Ms. Brown and Ms. Nagle have started new satellite clinics in Swords and Meath. This continues to enhance our ability to provide care to women in their local community.

There have been a number of innovations during 2025. The SPMHS has partnered with the Centre for Global Health in Trinity College Dublin (TCD) and has commenced our research into trauma-informed maternity care. This has involved the evaluation of policy, the formation of a steering group, and the development of questionnaires, and as this progresses into 2026, we hope to see the development of tailored training for staff in the Rotunda and the publication of our findings.

Our service played a role in shaping the national data collection service for SPMH services, in collaboration with the National Perinatal Epidemiology Centre at UCC. This has allowed us to collect much more detail on the demands and challenges the services face nationally.

EDUCATION AND TRAINING

Our team continues to be involved in teaching medical students at TCD and UCD, and in the Perinatal Mental Health Diploma at DKIT. We have partnered with the School of Nursing and Midwifery in TCD and are launching a micro-credential in psychological birth trauma in early 2026.

RESEARCH

Anisha Bhawagan and Ralph Towmey completed their respective research on birth trauma and paternal mental health. Andrew Gribben is in the process of evaluating our Birth Empowerment class, with findings due in 2026.

We are very excited about our ongoing cooperation with TCD to enhance the adoption of trauma-informed care principles in the Rotunda. Nicole Maiorano has been an excellent addition; her international experience and research skills have greatly enhanced this project. Additional support from Meg Ryan and Tanya Antony has also been invaluable.

CHALLENGES

The key challenges to address in 2026 relate to referral numbers and service demand. Unfortunately, in 2025 we were forced to close our service to new referrals at 6 months post-partum. While this is in line with what other maternity hospitals are doing, it deviates from the Model of Care. Funding has been acquired for an additional consultant in 2026, and hopefully we are able to resume our service in line with the proposed Model of Care.

PLANS FOR 2026

In 2026, we hope to work with the National Lead for perinatal mental health services to launch the revised Model of Care. We hope this facilitates additional staff to meet the needs of women attending the Rotunda. Our service will continue to provide input at the national level into both the revision of the Model of Care for Perinatal Mental Health Services and the national data collection project with the National Perinatal Epidemiology Centre at University College Cork. We hope that our work on the model of care will ensure that perinatal mental health services are provided based on the number of births and the level of social deprivation.

We hope to apply for further grants to continue the TIC project with the aim of developing teaching that can inform maternity care across Ireland. In parallel, we are excited to run the first iteration of the micro-credential in Psychological Birth Trauma in the School of Midwifery in TCD.


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Labour and Delivery

Head of Service
Dr Etaoin Kent, Consultant Obstetrician & Gynaecologist

Clinical Midwife Manager
Ms Fiona Walsh

SERVICE OVERVIEW

This year saw continued very high activity on the Labour and Delivery Suite in the Rotunda. A total of 8,472 deliveries weighing more than 400g took place over the year, an increase from the 2024 figure of 8,323 deliveries. This continued high level of activity presented ongoing challenges to the staff on the unit. To provide safe and professional care for this number of women in an 11-bedded Delivery Suite is consistently challenging.

Despite the space and staffing constraints the clinical outcomes for mothers and babies are excellent. This is thanks to the very high standards of clinical practice and care provided by the midwifery and obstetric staff in the Rotunda.

There is a constant focus on Education and Training within the Labour and Delivery Unit for both midwives and clinicians. The Rotunda has a very well-developed training programme for management of emergencies such as shoulder dystocia, PPH, eclampsia (RHOET; Rotunda Hospital Obstetric Emergency Training).

All midwives, obstetricians and anaesthetists are given the opportunity to attend this training programme, which is run monthly. This training is under review to bring it in line with the National Clinical Guidelines. In addition to this, we run a weekly Labour and Delivery meeting to review individual cases with a focus on CTG interpretation and management of labour. These measures are vital in ensuring continued high standards of care on the Labour and Delivery ward.

PPH prevention continues to be a major focus of attention as we acknowledge our relatively high rates of PPH. A taskforce established in 2022 implemented a risk assessment tool to stratify women's PPH risk. We introduced routine use of syntometrine rather than syntocinon in 2025 in attempt to reduce PPH rates. All women without a contraindication to receiving ergometrine now receive syntometrine following delivery. In addition, certain high-risk groups at Caesarean section receive carbetocin to provide prolonged uterotonic action. Audit of the impact of these changes on PPH rates is ongoing.

TABLE 1: LABOUR AND DELIVERY OUTCOMES IN 2025	
Number of Deliveries	8,472
Spontaneous Vaginal Delivery	41%
Operative Vaginal Delivery	15%
Caesarean Section	44%
Induction of Labour	39%

CAESAREAN SECTION

In 2025, 3,689 women were delivered by Caesarean section giving an overall CS rate of 43.5%. This is a further increase from a rate of 41.0% in 2024, continuing the gradual upward trend seen both nationally and worldwide in CS rates over the past 10 years.

In our institution one of the main factors driving the high CS rate is the low proportion of women opting for a trial of labour after CS. Our overall CS rate in women with a singleton pregnancy and one prior CS is 87.7% with 1,244 women having 'prior caesarean delivery' recorded as the primary indication for CS. We continue to encourage women to attempt a TOLAC where this is deemed safe and likely to succeed and with appropriate selection and counselling of women we would aim to reduce the CS rate within this group. An Advanced Midwife Practitioner continues to provide a dedicated 'Next Birth after Caesarean' clinic for suitable, otherwise low risk, women.

Other factors that have seen an increase in CS rates over the past 5-10 years include the higher rates of CS in both multiple gestations and preterm gestations. In 2025, of 146 multiple pregnancies delivered, just 32 (21.9%) had a vaginal delivery. This has been relatively consistent over the past 5 years and is unlikely to increase in the future as patients seek the reassurance of safe Caesarean delivery in high risk pregnancies.

The trend towards offering neonatal intensive care at ever earlier gestations has resulted in higher rates of obstetric intervention in this cohort. We now offer interventions to optimise neonatal outcome, including antenatal corticosteroid administration, magnesium sulphate for fetal neuroprotection and more intensive fetal surveillance from as early as 22-23 weeks' gestation. This has predictably increased the rate of Caesarean delivery in this cohort. In 2025 there was an overall CS rate of 54.1% in preterm singleton pregnancies.

Induction of Labour

Rates of IOL are continuously monitored and audited. It is extremely important to do this as IOL is associated with higher rates of Caesarean delivery but also significantly increases the workload for the staff, in particular on the prenatal ward. A lot of work has been done over the last few years to improve the flow of patients presenting for IOL with staggered admission times and an increased use of outpatient IOL. In conjunction with our Day Assessment Unit, we now offer outpatient IOL for suitable low risk women living with a 30 minute drive of the hospital.

An audit performed in 2025 of all inductions taking place over the course of one month was very reassuring, showing that there are very few unindicated inductions taking place. It also showed very good ultrasound prediction of birthweight in cases of inductions for the indications of both suspected growth restriction and suspected fetal macrosomia.

Indications for IOL remain largely similar to previous years with maternal or fetal reasons being the 2 largest categories. Fetal indications include small or large for gestational age or oligohydramnios. Maternal indications could be maternal gestational diabetes or other

maternal comorbidities. The category of 'no medical indication' has continued to decline, falling from 2% in 2024 to under 1% in 2025, consistent with the trend seen in recent years.

PLANS FOR 2026

- PPH Working Group: Continued audit of the new changes to PPH prophylaxis.
- Critical Care Wing: Work is ongoing to progress the planning and development of a new Critical Care wing. This will include a new 16-bed Labour and Delivery Suite. There is also work ongoing to potentially develop additional theatre space to cope with increasing demand in light of our Caesarean section rates
- Obstetric Emergency Training: The current training provided to midwifery, obstetric and anaesthetic staff by the 'RHOET' training days will be replaced by a more comprehensive training based on the UK 'PROMPT' model of training.

TABLE 2: INDUCTION OF LABOUR					
Year	2021	2022	2023	2024	2025
Total Number of Inductions	3,317	3,292	3,223	3,237	3,274
Induction rate expressed from total deliveries	37%	40%	39%	39%	39%
Number of Caesarean deliveries following induction	789	822	807	825	891
Caesarean delivery rate following induction	24%	26%	24%	24%	24%

TABLE 2: INDICATION FOR INDUCTION				
	2024	2024	2025	2025
Reasons	Total	%	Total	%
Fetal	848	26%	557	17%
Maternal	657	20%	420	13%
No medical indication	41	2%	23	1%
Preeclampsia /hypertension	339	10%	121	4%
Post-dates	585	18%	250	8%
Prolonged rupture of membranes	643	20%	101	3%
Other	124	4%	122	4%
Not recorded			1,680	51%
TOTAL	3,237	100%	3,274	49%

TABLE 3 : TRENDS IN INDUCTION 2021 - 2025					
	2021	2022	2023	2024	2025
Nulliparous women	1,821	1,842	1,852	1,886	1,886
	46%	*51%*	*48%*	*48%*	*58%*
Multiparous Women	1,496	1,450	1,371	1,351	1,388
	30%	32%	31%	31%	42%

TABLE 4: CAESAREAN DELIVERY		
	2024	2025
Total caesarean deliveries	3,419	3,689
Incidence versus total mothers delivered > 400g	41%	44%
Maternal Mortality	0	1
Primary C.S.	42%	59%
Repeat C.S.	40%	41%
Classical C.S.	7	3
Tubal Ligation at caesarean section	150	152
Caesarean Hysterectomy	3	9

TABLE 5 : OPERATIVE VAGINAL DELIVERY RATE					
	2021	2022	2023	2024	2025
Forceps	4%	4%	3%	4%	3%
Vacuum	10%	10%	11%	11%	11%
Sequential	1%	2%	2%	2%	2%
Total	15%	16%	16%	17%	15%

TABLE 6: INDICATION FOR CAESAREAN DELIVERY						
	2024			2025		
	Primary	Repeat	Total	Primary	Repeat	Total
Previous caesarean section	0	1,135	1,135	0	1,244	1,244
Fetal reason	946	106	1,052	770	103	873
IUA - inability to treat fetal intolerance	120	11	131	290	18	308
Maternal medical reason/pains	297	59	356	240	67	307
IUA - Poor response	286	9	295	377	19	396
EUA - Persistent malposition	72	3	75	91	3	94
Non-medical reason / patient request	215	7	222	265	3	268
Preeclampsia/hypertension	63	20	83	47	22	69
IUA -No oxytocin given	8	13	21	36	12	48
EUA - cephalopelvic disproportion	9	0	9	10	1	11
Prolonged rupture of membranes	6	22	28	29	28	57
IUA - Inability to treat over contracting	4	1	5	7	4	11
Post-dates	7	0	7	3	0	3
Totals	2,033	1,386	3,419	2,165	1,524	3,689

TABLE 7: TRENDS IN CAESAREAN RATES (2021-2025) CAESAREAN DELIVERY - ROBSON TEN GROUP ANALYSIS					
	2021	2022	2023	2024	2025
All Deliveries	8,968	8,151	8,283	8,323	8,472
All Caesarean Sections	3,344	3,179	3,334	3,419	3,689
Section rate	37.3%	39.0%	40.3%	41.0%	43.5%
Group 1 - Nulliparous single cephalic term spontaneous Labour	189/1364	162/1043	178/1173	156/1139	142/1044
Section rate	13.9%	15.5%	15.2%	13.7%	13.2%
Group 2a - Nulliparous single cephalic term induced	628/1760	662/1768	664/2161	680/1830	736/1823
Section rate	35.7%	37.4%	30.7%	37.2%	40.4%
Group 2b - Nulliparous single cephalic term CS before labour	381	304	390	453	504
Group 3 - Multiparous single cephalic term spontaneous labour	33/1617	28/1328	20/1275	19/1257	21/1215
Section rate	2.0%	2.1%	1.6%	1.5%	1.7%
Group 4a - Multiparous single cephalic term induced	88/1318	69/1258	79/1373	91/1214	92/1243
Section rate	6.7%	5.5%	5.8%	7.5%	7.4%
Group 4b - Multiparous single cephalic term CS before labour	172	124	145	144	139
Group 5 - Previous section single cephalic term	1138/1342	1143/1350	1156/1335	1200/1343	1343/1531
Section rate	84.8%	84.7%	86.6%	89.4%	87.7%
Group 6 - All nulliparous breeches	208/216	181/186	196/201	177/188	216/228
Section rate	96.3%	97.3%	97.5%	94.1%	94.3%
Group 7 - All multiparous breeches	151/160	130/141	134/139	122/132	113/123
Section rate	94.4%	92.2%	96.4%	92.4%	91.9%
Group 8 - All multiple pregnancies	129/181	115/141	117/157	96/140	114/146
Section rate	71.3%	81.6%	74.5%	68.6%	78.1%
Group 9 - All abnormal lies	33/33	32/32	28/28	23/24	25/25
Section rate	100.0%	100.0%	100.0%	95.8%	100.0%
Group 10 - All preterm single Cephalic	194/424	229/477	227/441	258/462	244/451
Section rate	45.8%	48.0%	51.5%	55.8%	54.1%
Elective caesarean section total	1,796	1,546	1,716	1,828	1,678
Emergency caesarean section total	1,548	1,633	1,618	1,591	2,011
Total Multiparous	4,964	4,572	4,443	4,416	3,912
Total Nulliparous	4,004	3,580	3,840	3,907	4,560

Anaesthesiology Service

Head of Service
Dr Caitriona Murphy, Consultant Anaesthesiologist

Staff
Consultant Anaesthesiologists
Dr Anne Doherty
Dr Thomas Drew
Dr Niamh Hayes
Dr Ryan Howle
Dr Rose Kearsley
Dr John Loughrey
Prof. Conán McCaul
Dr Brian Murphy
Dr Patrick Thornton
Dr Deirdre Edgeworth (June-Dec)
Dr Craig Delavari (Sabbatical July-December)
Dr Rana Sadiq (Locum January-July)
Dr Anna Impiumi (Locum start July)
Dr Ioana Sirbu (Locum start July)

SERVICE OVERVIEW

The department of anaesthesiology provided care for nearly 3,700 caesarean deliveries in 2025. The total number of neuraxial blocks for pain relief in labour approached 3,900. Overall, 2,200 gynaecology patients received anaesthesia care in the operating theatres. In addition, the anaesthesiology department provided support and care for obstetric patients at the Mater Misericordiae University Hospital (MMUH), particularly cardiac obstetric patients, complex maternal medicine patients and those with Placenta Accreta Spectrum (PAS).

The opening of Hampson House has facilitated the expansion of the gynaecology pre-assessment service and obstetric anaesthesia clinics to four clinics a week, ensuring timely pre-anaesthesia assessment and patient optimisation. The additional clinic rooms in Hampson House accommodate anaesthesia clinics to run alongside maternal medicine clinics, supporting efficient and complete care of the complex maternal patient in one setting. Nearly 2,600 patients received outpatient consultations in specialist anaesthesiology clinics in 2025, either in person or via telemedicine.

CLINICAL ACTIVITY

The anaesthesiology service provides an integrated pain management service for labouring mothers on a 24-hour basis. The most popular mode of pain relief is epidural analgesia. Epidurals or combined spinal-epidurals (CSEs) are offered to women in established labour (induced or spontaneous) on the delivery suite. Epidural drug administration is via Programmed Intermittent Epidural Boluses (PIEB), with the option for labouring mothers to self-administer Patient Controlled Epidural Analgesia (PCEA) boluses as needed. PIEB pump technology in labour is associated with lower local

anaesthetic agent consumption, improves obstetric and neonatal outcomes, and enhances maternal satisfaction with labour.

Remifentanil analgesia is available as alternative pain relief in selected cases where neuraxial options are unsuitable. This patient-controlled, intravenous mode of pain relief is supervised by both anaesthesiology and midwifery staff, and offers improved analgesia over traditional patient-administered inhaled Entonox (nitrous oxide). In addition, it is more environmentally sustainable than Entonox, which is a well-recognised contributor to the carbon footprint of local, national, and global healthcare systems. A total of 22 patients received remifentanil patient-controlled pain relief in labour in 2025.

The anaesthesiology department also provides immediate, 24-hour anaesthesiology support for elective and emergency care for operative obstetrics and gynaecology, critical care and resuscitation, interhospital transfer of the critically unwell patient, and facilitates multi-professional collaboration for deliveries that occur occasionally in partner adult hospitals: MMUH, Beaumont Hospital and Connolly Hospital Blanchardstown. The more complex medical and cardiac patients continue to be delivered at MMUH, under the supervision of Rotunda anaesthesiologists and obstetricians.

OBSTETRICS

Neuraxial Analgesia in Labour:

A total of 3,894 neuraxial blocks (epidurals and combined spinal epidural techniques) were performed for pain relief in labour in 2025, the majority of which were epidurals. Overall, 64% of patients in labour opted for neuraxial analgesia, and the majority of these were first-time mothers (82%). A proportion of patients may have had their epidural or CSE re-sited if pain relief was sub-optimal. The number of neuraxial analgesia procedures performed continues to increase, in line with increasing patient numbers.

TABLE 1: NEURAXIAL ANALGESIA USE IN LABOUR IN 2025

DATA VARIABLES		
Labour Epidurals	3816/5978*	*64%*
CSE in labour	451/5978*	*7.60%*
1st time mothers with epidurals	3203/3894**	82%

*5978 = Total number of patients in labour (induced or spontaneous)

**3894 = Total number of neuraxial blocks performed in labouring patients

Post Dural Puncture Headache (PDPH)

In 2025, a total of 47 women (45 obstetric and 2 gynaecology patients) were reviewed for headaches following a neuraxial procedure, 28 of whom had an epidural, 17 of whom had received a spinal and 2 of whom had a combined spinal epidural. A total of 21 women had at least one epidural blood patch procedure as part of their treatment for PDPH and the remaining patients were managed conservatively. All of these women were offered an appointment at the Postnatal Post-Anaesthesia Clinic.

Anaesthesia for Caesarean Delivery

There were 3,689 caesarean deliveries in 2025. The vast majority of patients had a neuraxial technique (spinal, CSE or epidural) for caesarean delivery, allowing mothers to be awake for the delivery of their baby. Only 234 (6%) of nearly 3,700 caesarean deliveries required a general anaesthetic, either as the primary anaesthesia option or following failure

of an epidural top-up or spinal anaesthetic block. This occurred more frequently in those having emergency caesarean deliveries (10%) in contrast with elective deliveries (3%). This reflects the relative unreliability or delayed onset of satisfactory anaesthesia with an epidural top-up compared to spinal anaesthesia in the emergency setting, and the time pressures to deliver a potentially vulnerable baby quickly.

TABLE 2: ANAESTHESIA FOR CAESAREAN DELIVERY IN 2025

Anaesthesia	Elective	%	Emergency	%
Spinal	1877	93%	807	48%
General	60	3.0%	138	8.20%
Epidural	9	0.50%	665	40%
Spinal/Epidural - CSE	58	3%	39	2.30%
General/Spinal/Epidural*	7	0.34%	29	1.70%
Uncategorised	0	0	0	0
Total	**2011**		**1678**	

*Some patients had failure of the primary neuraxial technique resulting in an alternative neuraxial block or general anaesthesia (GA) conversionn

Outpatient obstetric clinics

Over 1,800 obstetric patients were reviewed in anaesthesiology clinics during 2025, an increase from 1,300 in 2024. Approximately one third of all obstetric consultations were conducted via telemedicine. In addition to running obstetric anaesthesia clinics, members of the anaesthesiology department also participate in the assessment and care-planning of patients attending the maternal multidisciplinary team meetings at MMUH to address their specific anaesthetic needs.

A specialist cardiac anaesthesiology clinic is run both in Hampson House and in conjunction with the cardiology service at Mater Hospital to serve the needs of this vulnerable population. Cardiology, Obstetrics and Anaesthesiology meet every six weeks to formulate specialised care plans for each of these patients. This service managed 144 patients in 2025. The majority of cardiac patients deliver safely in the Rotunda; however, very high-risk patients are delivered in MMUH under the anaesthesia care of the Rotunda obstetric anaesthesia consultants.

Gynaecology

Approximately 2,200 gynaecology procedures requiring anaesthesia care were carried out in the operating theatres during 2025. Of these, 1,530 were day-case procedures. A noted rise in the age and complexity of patients listed for gynaecological surgery reinforces the importance of the preassessment service. Over 600 in-person patient consultations were undertaken in gynaecology out-patients. In response to the increase in service demands, the anaesthesiology department doubled out-patient clinics to four per week in 2025, with the recruitment of an additional anaesthesiology consultant in July 2025 and an increase in nursing support, as of December 2025. We are grateful for the dedication and effort of our preassessment nursing colleagues Sinead Corbett and Esther McWilliams in this regard, and welcome Ugochi Nwabiara, who joined in December 2025.

Postnatal Post Anaesthesia Clinic (PoPAC)

The Postnatal Post-Anaesthesia Clinic led by Dr Rose Kearsley moved to Hampson House in early 2025 and offered appointments to 68 women in 2025 across 11 clinics, mainly via the TeleMed service. The majority of the patients reviewed were those who had a

PDPH with or without the need for an epidural blood patch and those who had complex anaesthesia requirements. It provides an opportunity to review all patients with PDPH postnatally as well as accepting referrals from the Birth Reflections Service and the complex postnatal obstetric clinic.

Service expansion & development

As mentioned earlier, the opening of Hampson House in 2025 has provided additional outpatient clinic space to accommodate the expansion of the preassessment service to four clinics per week. These clinics are in-person or via telemedicine for gynaecology and obstetric patient anaesthesia assessment.

The Department of Anaesthesiology made significant progress in advancing environmentally sustainable practices in 2025. In alignment with the consensus statement and new guidelines on Responsible Anaesthesia published by the College of Anaesthesiologists of Ireland, the Department of Anaesthesiology, with the support of a multidisciplinary team and the HSE, commenced the decommissioning of nitrous oxide manifolds. These are now no longer in use in the Rotunda Hospital. In December 2025, recycling bins were introduced in the operating theatres. During the first week of implementation, this initiative resulted in a reduction of 15 bags of general waste in a single theatre. Staff engagement has been very positive, supported by targeted educational sessions.

A new antenatal education programme was introduced in December for obstetric patients. These monthly classes focus on analgesia options during labour and anaesthesia for caesarean section, enhancing patient knowledge and preparedness.

Education, research and training

The anaesthesiology service continues to provide education and training for RCSI undergraduate medical students in obstetric anaesthesia with lecture-based and bedside clinical teaching in anaesthesia, labour analgesia and pain management. There is also an active teaching programme for postgraduate anaesthesiology for College of Anaesthesiologists of Ireland (CAI) trainees up to and including fellowship level. The Rotunda offers two RCSI-affiliated fellowship training posts and one SAT 7 CAI-affiliated fellowship post. In 2025, CAI approved a specialist clinical and research SAT 7 post, in recognition of the high standard of research output from the department. Fellows also take part in the Intensive Care of Ireland-accredited Basic Critical Care Echocardiography Course at MMUH.

The Department has many of its consultant staff invited to give lectures at both national and international meetings, and to collaborate with both UCD and RCSI in joint research projects. Members of the consultant body have acted at editorial level for anaesthesia journals. Several members of the department are official examiners for the CAI membership and fellowship exams, and lead on the delivery of simulation training both in-house in the Rotunda Hospital and in the College of Anaesthesiologists of Ireland.

PLANS FOR 2026

In line with international developments in sustainability in anaesthesiology, the Department of Anaesthesiology aims to complete a nitrous oxide decommissioning programme. The aim is to remove piped nitrous oxide from the anaesthesia machines, replacing it with cylinders.

Recognising the importance of patient education, specialised patient information videos for antenatal patients will be developed, as well as revamping patient information leaflets for the pre-operative clinics.

The department aims to develop a departmental website to highlight the work within the department and the valued contribution to audit, QI and research from our trainees. This will provide information for trainees who may wish to work within the Rotunda.

CONSULTANT STAFFING

Dr Craig Delavari commenced a 12-month sabbatical July 2025.

Dr Rana Sadiq completed a 12-month locum consultant anaesthesiologist post July 2025.

Drs Ioana Sirbu and **Anna Impiumi** joined the department as locum consultant anaesthesiologists in July 2025.

Dr Deirdre Edgeworth, Critical Care Consultant at MMUH with a special interest in maternal critical care, joined in June 2025 to support obstetric anaesthesia sessions and enhance collaborative, cross-site care for critically ill patients.

Critical Care Service

HEADS OF SERVICE

Dr Thomas Drew, Consultant Anaesthesiologist
Dr Maria Kennelly, Consultant Obstetrician Gynaecologist

SERVICE OVERVIEW

The High Dependency Unit (HDU) at the Rotunda Hospital provides Level 2 critical care for women with conditions arising from pregnancy, childbirth, or gynaecological surgery. Situated as a two-bed unit within the gynaecology ward, the unit provides invasive cardiovascular monitoring, electrolyte and vasoactive drug infusions, and close multidisciplinary surveillance. The HDU does not provide intensive care-level specialist support, specifically excluding mechanical ventilation and renal replacement therapy. When Level 3 care is required, an established pathway with the Department of Critical Care at the Mater Misericordiae University Hospital (MMUH) facilitates timely transfer.

The HDU functions as an integral component of a multidisciplinary team encompassing anaesthesiology, obstetrics, gynaecology, midwifery, and specialist nursing, with regular input from cardiology, nephrology and other external specialties as clinically indicated. The unit's scope extends beyond post-operative monitoring to encompass the full spectrum of acute medical and surgical complications encountered in the pregnant and postpartum woman, as well as the gynaecological surgical patient.

ADMISSIONS IN 2025

In 2025, the Rotunda HDU delivered 324 episodes of HDU-level care across 310 individual patients. Of these admissions, 304 were obstetric and 20 gynaecological. Eleven patients were admitted more than once during the year - three on three separate occasions – contributing 14 readmissions to the total count, a readmission rate of 4%. Monthly admission numbers were consistent throughout the year, with no clinically significant seasonal variation.

TABLE 1: ADMISSION TRENDS

Year	Obstetric	Gynaecology	Total
2018	199	1	200
2019	258	11	269
2020	249	4	253
2021	272	13	285
2022	288	15	303
2023	325	28	353
2024	345	25	370
2025	304	20	324

The 2025 total represents a 62% increase on 2018 figures and consolidation at a level of sustained high demand following the peak year of 2024 (370 admissions). The modest reduction from 2024 is consistent with normal year-to-year variation within an unambiguous long-term trajectory of growth driven by increasing obstetric complexity, expanding gynaecological surgical volume, and evolving standards for which patients warrant HDU-level surveillance.

PATIENT DEMOGRAPHICS AND CLINICAL CHARACTERISTICS

The mean patient age was 34.5 years (range 18–80), reflecting the obstetric core of the caseload. Mean length of stay was 1.7 days (range 0–8 days), consistent with previous years and indicative of rapid turnover, effective recovery and timely step-down. Key clinical interventions across 324 admissions are summarised in Table 2.

TABLE 2: CHARACTERISTICS OF WOMEN ADMITTED TO THE ROTUNDA HDU IN 2025

Characteristic	n (%)
Age, years (mean [range])	34.5 [18–80]
BMI (mean [range])	28.3 [15.2–49.0]
Length of stay, days (mean [range])	1.7 [0–8]
Arterial line placement (n [%] of admissions)	110 (34%)
Central venous catheterisation (n [%] of admissions)	11 (3%)
Supplemental oxygen therapy (n [%] of admissions)	103 (32%)
Magnesium sulphate infusion (n [%] of admissions)	46 (14%)
Blood transfusion (n [%] of admissions)	80 (25%)
Inter-hospital transfer (n [%] of admissions)	23 (7%)
Readmissions (n [%] of admissions)	14 (4%)

Blood transfusion was administered in 80 admissions (25%), tracking the haemorrhage admission rate. Arterial line placement was required in 110 admissions (34%), consistent with 2024 (36%), reflecting the haemodynamic complexity of the admitting diagnoses. Central venous catheter use remained low at 3%, in keeping with the institutional preference for early removal and minimal invasive access where clinically safe. Magnesium sulphate was administered in 46 admissions (14%), almost exclusively in the context of hypertensive disorders of pregnancy. Supplemental oxygen therapy was required in 103 admissions (32%).

Twenty-three admissions (7%) involved inter-hospital transfer. These included transfers to MMUH for Level 3 intensive care (mechanical ventilation, coronary care unit admission), specialist surgical or interventional radiology procedures, and in a number of cases, advanced diagnostic imaging unavailable on site. Several patients were repatriated to the Rotunda following stabilisation at MMUH, with HDU-level care continuing on return.

INDICATIONS FOR ADMISSION

The case mix in 2025 reflects the established pattern of the unit: predominantly acute haemorrhage and hypertensive disorders, with a substantive tail of sepsis, cardiac

conditions, and metabolic emergencies. Table 3 presents the full breakdown across 324 admissions by service.

TABLE 3: HDU PRIMARY ADMISSION DIAGNOSIS BY SERVICE, 2025

Indication	All (n=324)	Obstetric (n=304)	Gynaecology (n=20)
Haemorrhage	150 (46%)	141 (46%)	9 (45%)
Hypertensive disorder / Pre-eclampsia	75 (23%)	75 (25%)	0
Sepsis	25 (8%)	23 (8%)	2 (10%)
Miscellaneous	22 (7%)	18 (6%)	4 (20%)
Cardiac conditions	19 (6%)	17 (6%)	2 (10%)
Electrolyte replacement	11 (3%)	11 (4%)	0
Neurological conditions	5 (2%)	5 (2%)	0
Pain management	5 (2%)	3 (1%)	2 (10%)
Respiratory conditions	4 (1%)	4 (1%)	0
Allergy related	3 (1%)	2 (1%)	1 (5%)
Diabetic ketoacidosis	3 (1%)	3 (1%)	0
Endocrine	2 (1%)	2 (1%)	0
Total	**324**	**304**	**20**

Obstetric Haemorrhage

Obstetric haemorrhage was the leading indication, accounting for 150 admissions overall (46%) and 141 obstetric admissions (46%). This is broadly consistent with 2024 (43%) and reflects both the underlying rate of postpartum haemorrhage and the Rotunda's use of measured blood loss, which improves detection of clinically significant haemorrhage. Blood transfusion was administered in a substantial proportion of haemorrhage admissions, and arterial line monitoring was used across the higher-acuity cases. The spectrum extended from primary PPH following vaginal delivery to surgical haemorrhage in the context of placenta accreta spectrum and ruptured ectopic pregnancy. A number of admissions required Bakri balloon tamponade, return to theatre, or transfer to MMUH for interventional radiology or escalation to Level 3 care.

Hypertensive Disorders of Pregnancy

Seventy-five admissions (23%) were for hypertensive disorders of pregnancy, including pre-eclampsia (PET), severe hypertension, HELLP syndrome, and eclampsia. Magnesium sulphate was administered in 46 admissions (14%), predominantly to women with pre-eclampsia. The clinical spectrum ranged from isolated post-partum hypertension requiring short-term antihypertensive therapy to fulminant pre-eclampsia at early gestational ages requiring prolonged HDU admission and multidisciplinary management. Gestational age at presentation ranged from 15 weeks to term.

Sepsis

Sepsis accounted for 25 admissions (8%), with sources including endometritis, chorioamnionitis, urosepsis, and respiratory sepsis, and two gynaecological cases involving post-operative infection. Several admissions required vasopressor support and arterial line monitoring. Three patients required transfer to MMUH for higher-level sepsis management.

Cardiac Conditions

Nineteen admissions (6%) were for cardiac indications. Diagnoses included peripartum cardiomyopathy, Brugada syndrome, HOCM with AF, SVT, dilated cardiomyopathy, bicuspid aortic valve, and patients with implanted cardiac devices requiring perioperative telemetry. Cardiac admissions disproportionately involved transfer to MMUH for cardiology review or CCU admission.

Other Indications

Electrolyte disturbances requiring intravenous replacement accounted for 11 admissions (3%), predominantly hypokalaemia in the context of hyperemesis gravidarum and hyponatraemia. Neurological admissions (n=5) included seizures in pregnancy and fluctuations or deterioration in consciousness due to intracranial pathology. Pain management admissions (n=5) arose predominantly in complex gynaecological surgical cases. DKA accounted for three admissions, all in patients with Type 1 diabetes mellitus. Three allergy-related admissions occurred, one intraoperatively following antibiotic administration.

OBSTETRIC VERSUS GYNAECOLOGICAL ADMISSIONS

The obstetric and gynaecological cohorts differ in clinically important ways beyond their primary diagnoses. Table 4 compares key demographic and intervention data across 304 obstetric and 20 gynaecological admissions.

TABLE 4: COMPARISON OF OBSTETRIC AND GYNAECOLOGICAL HDU ADMISSIONS, 2025

	Obstetric (304 admissions)	Gynaecology (20 admissions)
Median age, years (IQR)	34 (30–37)	48 (38–52)
Blood transfusion	72 (24%)	8 (40%)
Arterial line	101 (33%)	9 (45%)
Supplemental oxygen therapy	92 (30%)	11 (55%)
Magnesium sulphate	44 (14%)	2 (10%)
Readmissions	13 (4%)	1 (5%)

The gynaecological cohort, while small in absolute terms (20 admissions, 6% of the total), is substantially older, with a median age of 48 years compared with 34 in the obstetric group, and carries a greater burden of pre-existing medical comorbidities. Intervention rates are correspondingly higher across all markers: blood transfusion (40% vs 24%), arterial line placement (45% vs 33%), and supplemental oxygen therapy (55% vs 30%). Hypertensive disorders are absent from the gynaecological caseload. Miscellaneous admissions represent a proportionally larger category in gynaecology (20%) than in obstetrics (6%), reflecting the heterogeneity of indications for complex post-operative monitoring in this group. Readmission rates were comparable between services at 4–5%.

HDU BED OCCUPANCY

Bed occupancy data were audited for March to December 2025, covering 305 days. The unit operates on the basis of two designated HDU beds - two beds occupied constituting 100% capacity. Occupancy above this level requires HDU-level care to be delivered in single-occupancy rooms on the adjacent gynaecology ward, placing additional and unplanned demands on nursing staff.

Across the recorded period, mean occupancy was 1.66 beds per day. The unit was at or above capacity on 176 days (58% of the recorded period). Over-capacity episodes, where three or more patients simultaneously required HDU-level care, occurred on 55 days (18%). On two days, four concurrent patients required HDU care, representing 200% of designated capacity. The unit was completely unoccupied on 32 days (10%). Monthly distribution was even throughout the year, with no clinically significant seasonal pattern.

These figures are consistent with 2023 occupancy data (21% of days at three or four beds) and confirm that excess-capacity working is a structural and persistent feature of the unit rather than an episodic one. On nearly one in five days, the HDU is operating beyond its staffed capacity, with clinical care delivered in settings not designed or resourced for high-dependency patients.

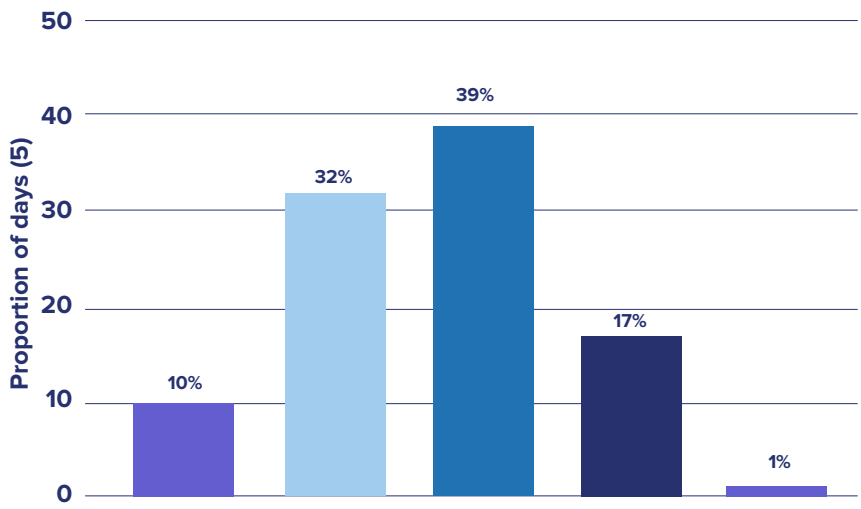


FIGURE 1: ROTUNDA HDU BED OCCUPANCY 2025

CHALLENGES

The HDU continues to operate under conditions of structural pressure that have not materially changed over the reporting period. Three challenges warrant specific emphasis.

Capacity: The unit delivered 324 admissions in 2025 - a 62% increase since 2018 – against a physical infrastructure of two designated beds that has not expanded. Over-capacity care is required on 18% of recorded days and is delivered in single-occupancy gynaecology ward rooms without the staffing ratios, monitoring infrastructure, or environmental design of a true HDU.

The physical environment: The HDU lacks ensuite facilities and appropriate air-handling and infection control systems. These deficiencies have been identified repeatedly in external inspection reports and are not correctable within the existing structure.

They represent an ongoing clinical risk and a source of legitimate concern for hospital management, staff and patients.

Diagnostic dependency on external institutions: 23 admissions in 2025 required inter-hospital transfer, in part because advanced imaging (CT, MRI) is unavailable on site. This introduces diagnostic delay, consumes nursing and transport resources, and exposes already unwell patients to the risks inherent in inter-hospital movement.

OPPORTUNITIES

The planned Critical Care Wing on the western side of Parnell Square represents the primary strategic opportunity for the HDU. Purpose-built, with appropriate bed numbers, ensuite facilities, modern air-handling, and integrated monitoring, would resolve the structural deficits in a unit with rapid demand growth. Sustained engagement with planning and design processes during 2026 is essential to maintain momentum towards delivery.

The hybrid maternity critical care nursing education programme, launched in May 2025 in collaboration with the Centre for Midwifery Education at the Coombe Hospital, provides a mechanism for building and maintaining the specialist nursing competency on which the unit depends. As admission complexity increases, investment in nursing education is a prerequisite for safe care delivery.

Ongoing audit activity within the unit continues to generate evidence for quality improvement. The 2025 re-audit of coagulation product use in major obstetric haemorrhage, and published data on ROTEM-guided transfusion practice at the Rotunda, provide a quantitative foundation for refining transfusion pathways and demonstrating the impact of protocol-driven care. Further protocols are planned for development in 2026, including guidelines for vasopressor and electrolyte infusion management, with the aim of improving and standardising care delivery.

Complicated Postnatal Service

Head of Service

Prof. Maeve Eogan, Consultant Obstetrician Gynaecologist

SERVICE OVERVIEW

This service was originally established to offer postnatal review to women with obstetric anal sphincter injury (OASI) at vaginal birth. The aim of this review is to assess recovery and to review and discuss labour outcomes and events. The clinic also integrates with physiotherapy follow-up and coordinates referral to other disciplines as required, such as colorectal surgery, urogynaecology and pain clinic services.

In addition, women who are pregnant again after a previous anal sphincter injury, or other perineal complications, attend the perineal clinic to discuss options and risks in terms of mode of delivery. The service has also evolved to provide care for patients who have had other postnatal concerns, including wound infection, perineal pain, dyspareunia and faecal incontinence and also provides care for pregnant and non-pregnant women who have experienced female genital mutilation (FGM).

CLINICAL ACTIVITY PERINEAL CLINIC

353 new patients attended the perineal clinic in 2025, a 5% increase compared with 2024. The reasons for attendance are enumerated in Table 1. The number of women attending for assessment of FGM both within and remote from pregnancy has significantly increased over the years, and increased by 35% in 2025 compared with previous years. This is likely due to changing demographics and heightened awareness of the prevalence of FGM.

TABLE 1: INDICATION FOR ATTENDANCE

	2021	2022	2023	2024	2025
Antenatal assessment (previous OASI)	101	61	75	70	57
Antenatal assessment (other issues)	39	33	47	23	24
Postnatal assessment after third-degree tear	80	69	99	92	88
Postnatal assessment after fourth-degree tear	7	4	6	4	6
Postnatal assessment after button-hole tear	-	3	1	0	0
Postnatal assessment of perineal infection / pain / dyspareunia	53	48	47	62	75
Assessment of perineal pain / dyspareunia remote from pregnancy	-	-	6	8	5
Postnatal assessment of faecal incontinence	3	6	4	4	2
Female genital mutilation (FGM) assessment	12	29	27	20	26
FGM assessment in pregnancy	-	-	16	48	66
Other	7	17	4	4	4
Total	**303**	**270**	**332**	**335**	**353**

OASI rates were stable in the Rotunda in 2025, with an overall rate of 2.1% in women who gave birth vaginally. 1.7% of unassisted births are complicated by obstetric anal sphincter injury, with higher rates noted at forceps birth (4.8%) and combined ventouse/forceps deliveries (6%). While OASI is a recognised complication of vaginal birth and cannot be entirely eradicated, we continue to strive to keep the incidence as low as possible, while concurrently providing prompt, responsive and quality care to people who experience OASI.

Modes of delivery for those who sustained anal sphincter injury are described in Table 2 below. The total number of those who sustained OASI in 2025 (Table 2) is different from the numbers seen for follow-up after OASI (Table 1), as the cases represented in Table 1 may have delivered their babies in the previous year (2024) or in another clinical site. The average birthweight in births complicated by OASI was 3450g (range 1740g-4990g).

TABLE 2: MODE OF DELIVERY

	3rd Degree Tear	4th Degree Tear	Total
Spontaneous vaginal	57	1	58
Vacuum	19	3	22
Vacuum and forceps	9	0	9
Forceps	11	2	13
Born outside hospital	0	0	0
Total	**96**	**6**	**102**

42 people who attended the clinic required additional treatment or onward specialist referral, such as to a colorectal surgeon, urogynaecologist or pain specialist, in addition to physiotherapy (which is provided to all patients). It is notable that the majority of women who experience OASI recover well and do not require additional postnatal referral or treatment. The specific additional treatments that were required are listed in Table 3 below, with the numbers of women requiring clinic-based treatment for granulation tissue or referral to another service being significantly lower in 2025 than in the previous year.

Given the increased number of women attending for evaluation of FGM, it is unsurprising that the number requiring surgical revision of this has increased. This table does not account for women who have experienced FGM who may undergo surgical revision of this during labour.

TABLE 3: PROCEDURE/REFERRAL					
	2021	2022	2023	2024	2025
Treatment of granulation tissue (outpatient)	27	24	22	32	22
Referral to colorectal, urogynae or pain service	7	3	7	15	6*
Perineal revision / injection (day case)	4	9	7	1	5
Removal of persistent suture material (outpatient)	2	4	9	6	1
Reversal of Female Genital Mutilation	2	1	6	4	8
Total	**42**	**41**	**51**	**58**	**42**

Enhancing Patient Care

Links with other relevant specialists continue to be forged, for example with the pain team in Beaumont Hospital, and colorectal surgery in MMUH. The postnatal services also collaborate closely with the Specialist Perinatal Mental Health Service (SPMHS) Team, particularly in terms of the perinatal trauma clinic led by them.

Patient care was significantly enhanced by the move to Hampson House in 2025; enabling provision of a co-located physiotherapy service has been hugely beneficial and the input and flexibility of the entire physiotherapy department, particularly Cinny Cusack, Grainne Shiel and Sadhbh Reynolds, is greatly appreciated.

Education and Training

An obstetric non-consultant hospital doctor (NCHD) attends the perineal clinic and receives in-service training in management of OASI, postpartum complications and debriefing as well as gaining the opportunity to undertake audit and research.

In 2025 an audit of attendances with FGM, both within and outside pregnancy, was performed by Dr Ciara Shiel and Dr James Walshe.

CHALLENGES 2025

The increase in clinic attendances has led to longer waiting times, which can be challenging for patients, particularly those with young babies. Due to an increase in referrals of women who have experienced FGM, the duration between the referral and the appointment time has increased. In the context of anticipated future hospital developments, it may be appropriate to consider an additional clinic for multidisciplinary FGM care separate from this postnatal service.

PLANS FOR 2026

We will continue to try to mitigate risk of OASI, with regular review of trends and ongoing staff training to ensure awareness of risk factors, mitigation strategies and surgical repair. We support the hospital's ambition to become a trauma-informed institution, and all developments within postnatal services will be delivered with this focus at their core. We also look forward to further hospital developments, which will support the perineal clinic to be concurrent and co-located with the urogynaecology clinic in order to optimise access to all appropriate members of the MDT.

Radiology Department

Head of Department
Dr Ailbhe Tarrant, Consultant Paediatric Radiologist

Staff
Dr Ailbhe Tarrant, Consultant Paediatric Radiologist
Dr Matylda Sheehan, Consultant Paediatric Radiologist
Dr Neil Hickey, Consultant Adult Radiologist
Dr Kevin Pennycooke, Consultant Adult Radiologist
Ms Aine Hahessy, Radiology Services Manager
Ms Shenaz Subjee, Senior Radiographer, Radiation Protection Officer and PACS Manager
Mr Paddy Nolan, Clinical Specialist in Radiography
Ms Megan Kelly, Senior Radiographer
Ms Mary Jane Prince Uban, Senior Radiographer
Ms Tracey Moriarty, Clinical Specialist in Ultrasound
Ms Lisa Cooke, Basic Grade Radiographer

SERVICE OVERVIEW

Radiology activity at the Rotunda continued to increase in 2025, reflecting growing clinical demand across both paediatric and adult services. A total of 8,334 imaging studies were performed during the year, with paediatric imaging accounting for 63% of overall activity and the distribution between paediatric and adult workloads remaining stable.

Demand continues to rise across all modalities, particularly in ultrasound and gynaecological imaging. While the department continues to deliver a high-quality, consultant-led service, capacity constraints, most notably in MRI and interventional radiology, remain an ongoing challenge. These pressures are increasingly managed through collaboration with external partner institutions.

The department continues to evolve in response to service demands through workforce development, subspecialisation, and active engagement in regional imaging networks.

PAEDIATRIC RADIOLOGY

TABLE 1: PAEDIATRIC RADIOLOGY ACTIVITY 2025

PAEDIATRICS	2021	2022	2023	2024	2025
Total Images All Modalities	6046	5220	5772	5575	5279
Ultrasound	2136	1642	1467	1324	2798*
Hip Ultrasound	1884	1757	1615	1535	1449
Plain Film Xray	2750	2285	2815	2710	2439
Fluoroscopic Studies	25	19	17	17	24

*Ultrasound represents approximately 53% of total paediatric activity in 2025.

Paediatric imaging remained a major component of onsite departmental activity in 2025. Of the 8,334 radiology studies performed during the year, 5,279 (63%) were paediatric studies, with the overall adult-to-paediatric workload split remaining stable.

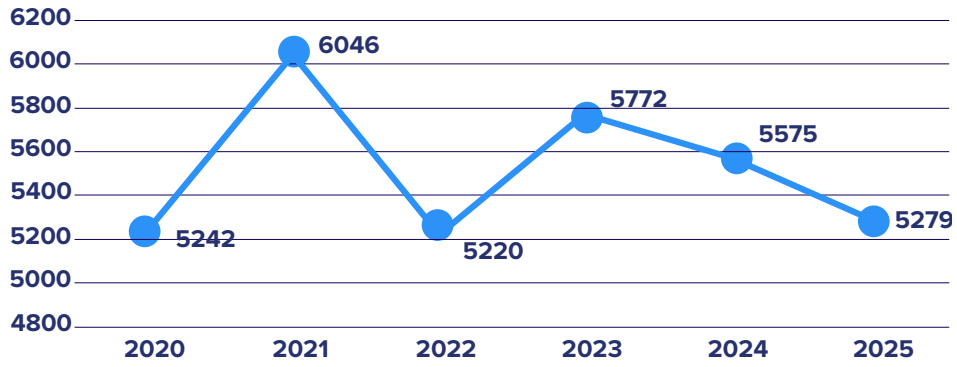


FIGURE 1: TOTAL EXAMS ALL MODALITIES - PEDIATRICS

Ultrasound continued to dominate paediatric imaging activity, accounting for 53% of all paediatric studies. These examinations included both inpatient and outpatient imaging of Rotunda neonates, with all outpatient ultrasound referrals originating from the Rotunda Neonatology Service.

Hip ultrasound remained one of the busiest and most significant components of the service. In 2025, 1,449 hip ultrasound examinations were performed as part of the national selective screening programme for developmental dysplasia of the hip (DDH). As the busiest maternity hospital in Ireland, the Rotunda continues to perform the highest volume of DDH screening nationally.

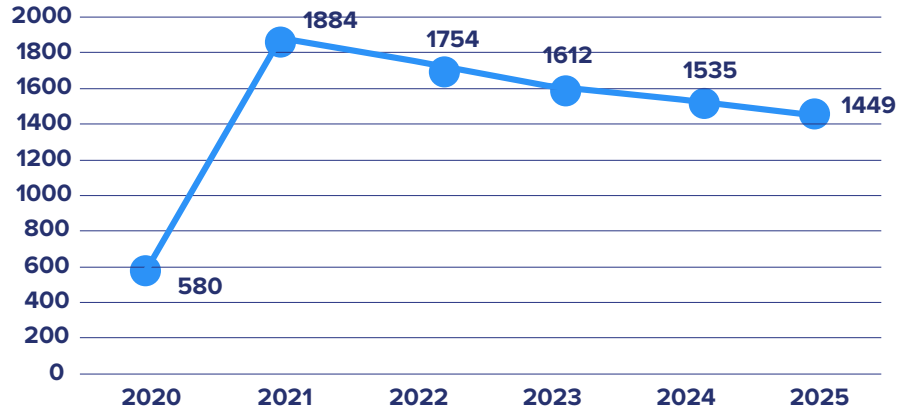


FIGURE 2: TOTAL HIP ULTRASOUND EXAMS

Inpatient ultrasound activity was largely portable and NICU-based, including a substantial volume of cranial ultrasound examinations. In addition, the department performed 2,439 plain film studies and 24 upper gastrointestinal contrast examinations during the year.

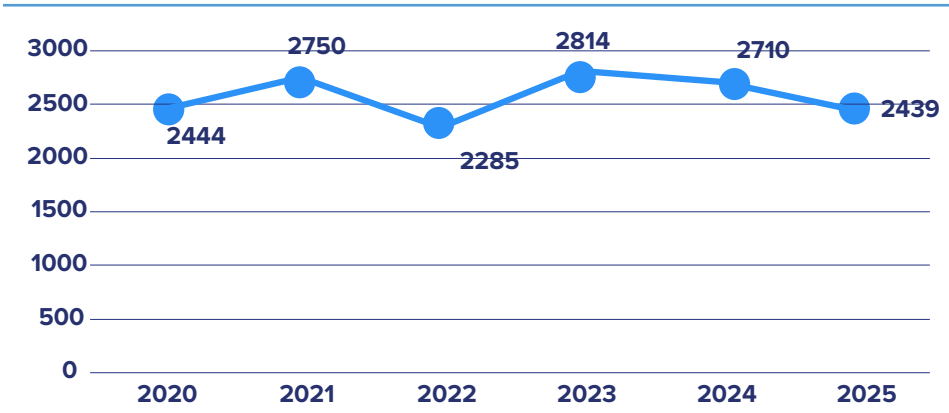


FIGURE 3: PEDIATRICS PLAIN FILM EXAMS

The videofluoroscopic feeding study service for Rotunda neonates continued throughout 2025. A reduction in the number of studies performed was observed, likely reflecting enhanced bedside assessment by the Speech and Language Therapy team. This has enabled clinical decision-making without the need for fluoroscopic evaluation in selected cases. The continued availability of both videofluoroscopic assessment and specialist SLT input within the Rotunda represents a significant service advancement, facilitating timely patient management and reducing delays in discharge and transfer.

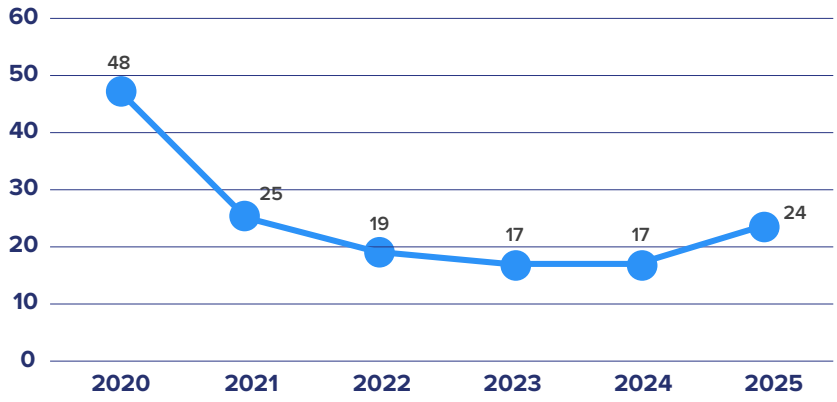


FIGURE 4: PEDIATRICS FLUOROSCOPIC EXAMS

The department also continued to strengthen internal expertise. While no additional staff were appointed in 2025, Mary Jane Prince Uban completed an MSc in Sonography at UCD. This ongoing commitment to professional development has enhanced departmental capability at a time of increasing service complexity.

The CT and MRI requirements of Rotunda paediatric patients continued to be met by the National Maternity Hospital and CHI at Temple Street. The National Maternity Hospital remains the National Fetal MRI Centre and continues to serve as the Rotunda's principal provider of paediatric MRI, as well as its sole provider of fetal MRI. In 2025, 86 neonatal MRI studies and 51 fetal MRI studies were performed at the National Maternity Hospital. A further 29 Rotunda patients were imaged at CHI @ Temple Street, including MRI, CT, fluoroscopy and ultrasound (on-call).

Cross-site collaboration remains integral to paediatric imaging delivery, with ultrasound, CT and MRI studies regularly reviewed at multidisciplinary meetings in CHI at Temple Street attended by Rotunda neonatologists and radiologists.

Publications and Teaching (Paediatric)

Dr Ailbhe Tarrant continued to contribute internationally as senior faculty on Graf Ultrasound courses focusing on the diagnosis and management of developmental dysplasia of the infant hip. In May 2025, the Rotunda hosted the Advanced Graf Ultrasound Course, attracting both national and international participants.

The department also contributed to peer-reviewed academic output, including:

Upper Airway Obstruction Trends in Craniofacial Syndromes: A Comparative Study
J Craniofac Surg. 2025 Nov-Dec;36(8):3048–3054.
doi: 10.1097/SCS.0000000000011305

Raghad Alshammasi, James Moran, Shirley Bracken, Matylda Sheehan, Dylan J Murray

ADULT RADIOLOGY

TABLE 2: ADULT RADIOLOGY ACTIVITY 2025

Adults	2021	2022	2023	2024	2025
Total Images All Modalities	2151	2291	2535	2683	3055
Ultrasound	1741	1787	2089	2254	2605
Plain Film Xray	99	138	116	134	130
Fluoroscopic Studies	312	367	332	287	305

Adult imaging activity continued to increase in 2025, with overall growth driven primarily by sustained expansion in ultrasound demand. Fluoroscopic activity remains high, reflecting ongoing demand for fertility-related imaging and interventional procedures.

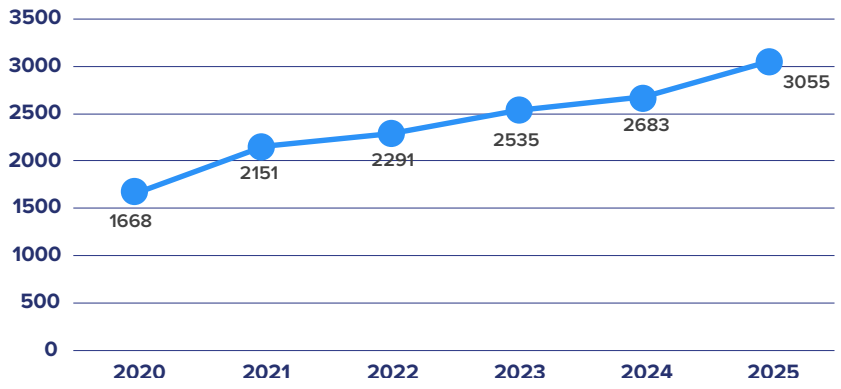


FIGURE 5: TOTAL EXAMS ALL MODALITIES ADULTS

SERVICE OVERVIEW

The adult radiology service continued to be delivered by 1.0 WTE consultant radiologists (2 × 0.5 WTE), with no change in personnel during 2025. Demand increased steadily across all imaging modalities, reflecting both rising clinical complexity and the continued development of the Rotunda as a regional gynaecology referral centre.

The weekly service includes:

- Seven outpatient ultrasound lists
- Three outpatient hysterosalpingogram (HSG) lists, including regional referrals
- Inpatient ultrasound and plain film imaging
- Participation in the gynaecology multidisciplinary team
- Cross-site MRI reporting and second-opinion services

Additional imaging and interventional procedures continue to be supported primarily by Connolly Hospital and the Mater Misericordiae University Hospital.

Ultrasound

The adult ultrasound service remains consultant-led and continues to meet demand within recommended waiting time guidelines despite increasing referral volumes.

There are currently no advanced practice sonographers within the service. The development of such roles would represent an important opportunity to further improve efficiency, enhance service resilience, and support the growing demand for specialised gynaecological imaging.

Radiographers continue to rotate across modalities, supporting operational flexibility within the department.

The expansion of specialist clinics, including postmenopausal bleeding, endometriosis, and adolescent gynaecology, has further increased demand. Future service development will require dedicated adult ultrasound capacity to support this growth.

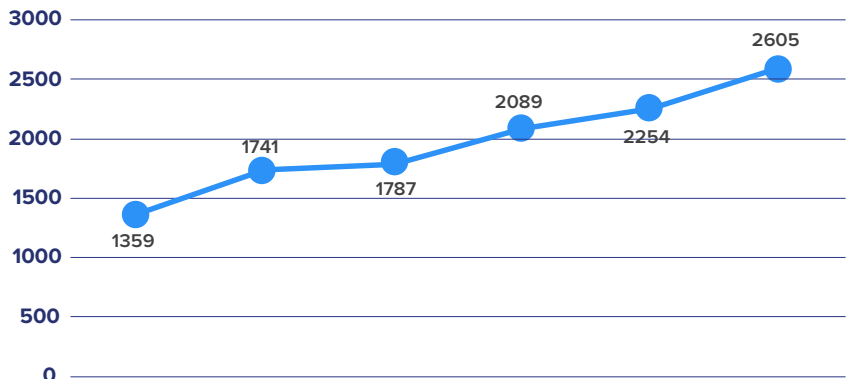


FIGURE 6: TOTAL ADULT ULTRASOUND EXAMS

Fluoroscopy

Hysterosalpingography remains the principal fluoroscopic procedure and a key component of fertility assessment.

While a significant proportion of studies are performed on-site, additional capacity and specialised interventional procedures, including tubal recanalisation and embolisation procedures, are provided in Connolly Hospital.

Demand remains high, with activity influenced by both ultrasound capacity and inpatient bed availability. Waiting list pressures persist and require ongoing management.

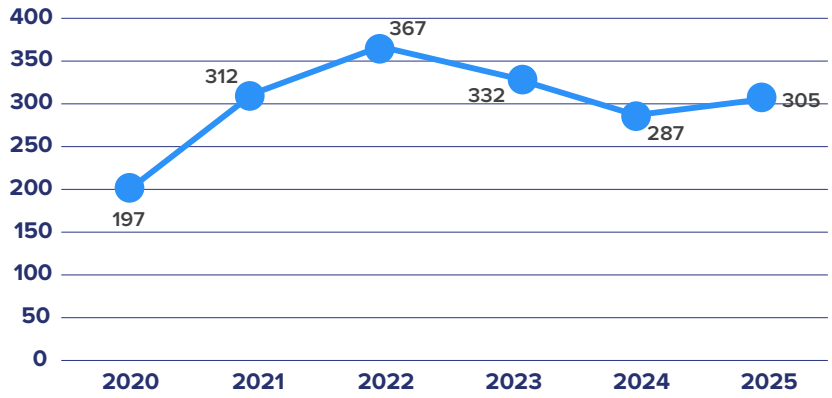


FIGURE 7: TOTAL ADULT FLUOROSCOPIC EXAMS

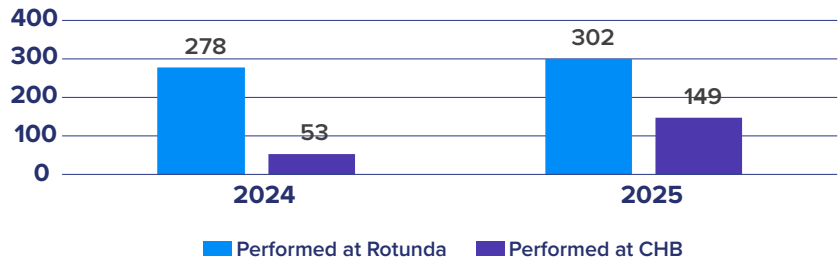


FIGURE 8: TOTAL HSG EXAMS PERFORMED

MRI

Demand for benign gynaecological MRI continues to increase. In 2025, MRI services were provided through both Connolly Hospital and the Mater Misericordiae University Hospital.

Despite expanded access, capacity constraints remain evident, with increasing demand impacting waiting times and downstream clinical pathways, including surgical planning and interventional procedures.

CT

CT imaging continues to be provided off-site:

- Oncology and emergency CT primarily in the Mater Misericordiae University Hospital
- Elective CT in Connolly Hospital

This collaborative model continues to ensure access to CT imaging.

Presentations and Teaching (Adult)

The department maintains a strong academic profile and contributes actively to national and international radiology education.

Educational Exhibits:

- Hynes A, Azribi M, Alam I, Pennycooke K.
  A Case Series of Patients Managed with Oral Analgesia Only Following Uterine Fibroid Embolization.
  CIRSE 2025 Annual Congress.

Dr Kevin Pennycooke continues to play a key role in undergraduate and postgraduate education, delivering structured teaching in interventional radiology and core imaging topics. He also serves as Academic Head of the Radiology Society at RCSI, coordinating academic engagement and student education initiatives.

AUDIT AND QUALITY IMPROVEMENT

Audit activity remains focused on optimisation of HSG outcomes and procedural quality.

Ongoing projects include:

- Evaluation of contrast media choice in HSG and fertility outcomes
- Radiation dose optimisation in fluoroscopic procedures

STRATEGIC DEVELOPMENTS

Planning for relocation of the radiology department to a modular facility progressed during 2025, in advance of the Critical Care Wing development. This represents a significant opportunity to enhance infrastructure and support future service expansion.

SUMMARY

Radiology services at the Rotunda continue to expand in response to increasing demand and evolving clinical complexity. Both paediatric and adult services maintain a high-quality, consultant-led model supported by strong multidisciplinary collaboration and academic engagement.

Future development will require continued investment in staffing, infrastructure, and cross-site imaging capacity to ensure timely, high-quality patient care.

GP Liaison and Hospital Relationship Management

Head of Department

Eleanor Power, GP Liaison/Hospital Relationship Manager

The GP Liaison / Hospital Relationship Manager serves as the primary interface between the Hospital and General Practitioners (GPs). The role focuses on optimising communication between hospital staff and primary care to support the delivery of high-quality, safe, and patient-centred care for women and their babies.

EDUCATION AND ENGAGEMENT

GP Study Day

An in-person GP Study Day on Menopause, Urogynaecology, and Pessary Management was held on Saturday, 18th January 2025 in the Pillar Room at the Rotunda Hospital. The event was attended by over 120 GPs and provided a valuable opportunity for direct engagement with colleagues in primary care.

Practice Nurses and Public Health Nurses Study Evening

On 29th May 2025, we hosted our annual "Hot Topics in Midwifery & Women's Health" study evening. This in-person event welcomed Practice Nurses and Public Health Nurses and covered:

- Management of newborn problems in the first weeks of life in primary care
- Community outreach services
- Cervical screening in primary care
- Ambulatory gynaecology and colposcopy services
- Perinatal service updates
- Management of diabetes in pregnancy and the role of primary care

COMMUNICATION AND DIGITAL DEVELOPMENTS

Rotunda GP Connect eZine

By the end of 2025, we published the 25th edition of the Rotunda GP Connect eZine. Three editions are produced annually, providing updates on clinical services, referral pathways, and educational content for GPs.

Dedicated GP Information Webpage and eReferral

We continued to enhance communication processes by regularly updating referral pathways and service information on the GP section of the hospital website.

The eReferral system, integrated with Healthlink, provides streamlined access to Gynaecology and Antenatal clinics. This has significantly improved efficiency in processing new patient referrals, and GPs are actively encouraged to use this system.

SERVICE UPDATES AND KEY DEVELOPMENTS

Transition to eReferral

In January 2025, The Rotunda Hospital ceased accepting GP referrals by post, moving fully to electronic referrals to improve efficiency and patient access.

Gestational Diabetes Follow-Up Pathway

In May 2025, women were advised to attend their GP for follow-up care, including fasting blood glucose and HbA1c testing at three months postpartum. They were also encouraged to discuss enrolment in the Chronic Disease Management Prevention Programme at that stage.

GP Liaison Committee / Forum

The GP Liaison Committee met in February, June, and September 2025. This forum provides a structured platform for collaboration between hospital services and GPs, with the aim of:

- Improving communication and coordination of care.
- Streamlining referral pathways.
- Reducing waiting times.
- Enhancing patient outcomes.

These meetings support shared understanding of patient care plans and facilitate continuous service improvement through feedback and collaboration.

Rotunda Charity Lunch 2025

The fourth annual charity lunch was held on Friday 17th October 2025 in the Pillar Room at The Rotunda Hospital, in partnership with the Rotunda Foundation.

A total of €53,648 was raised to support the redevelopment of the Sexual Assault Treatment Unit (SATU).

PLANS AND PRIORITIES FOR 2026

- Continue to update GPs on new and evolving services and infrastructure developments.
- GP Liaison Committee to meet three times annually.
- Deliver two GP education events:
- January 2026 GP Study day (in person): this event will focus on Endometriosis, Fertility in Primary Care.
- Host an in-person annual study evening for Practice Nurses and Public Health Nurses in May 2026.

Menopause Education Initiative

In 2026, we plan to collaborate with primary care colleagues to deliver an offsite educational event led by the Menopause MDT at The Rotunda Hospital.

This initiative will focus on improving menopause awareness and education within the Irish Traveller and Roma communities and will be supported by funds raised from the past charity lunches.

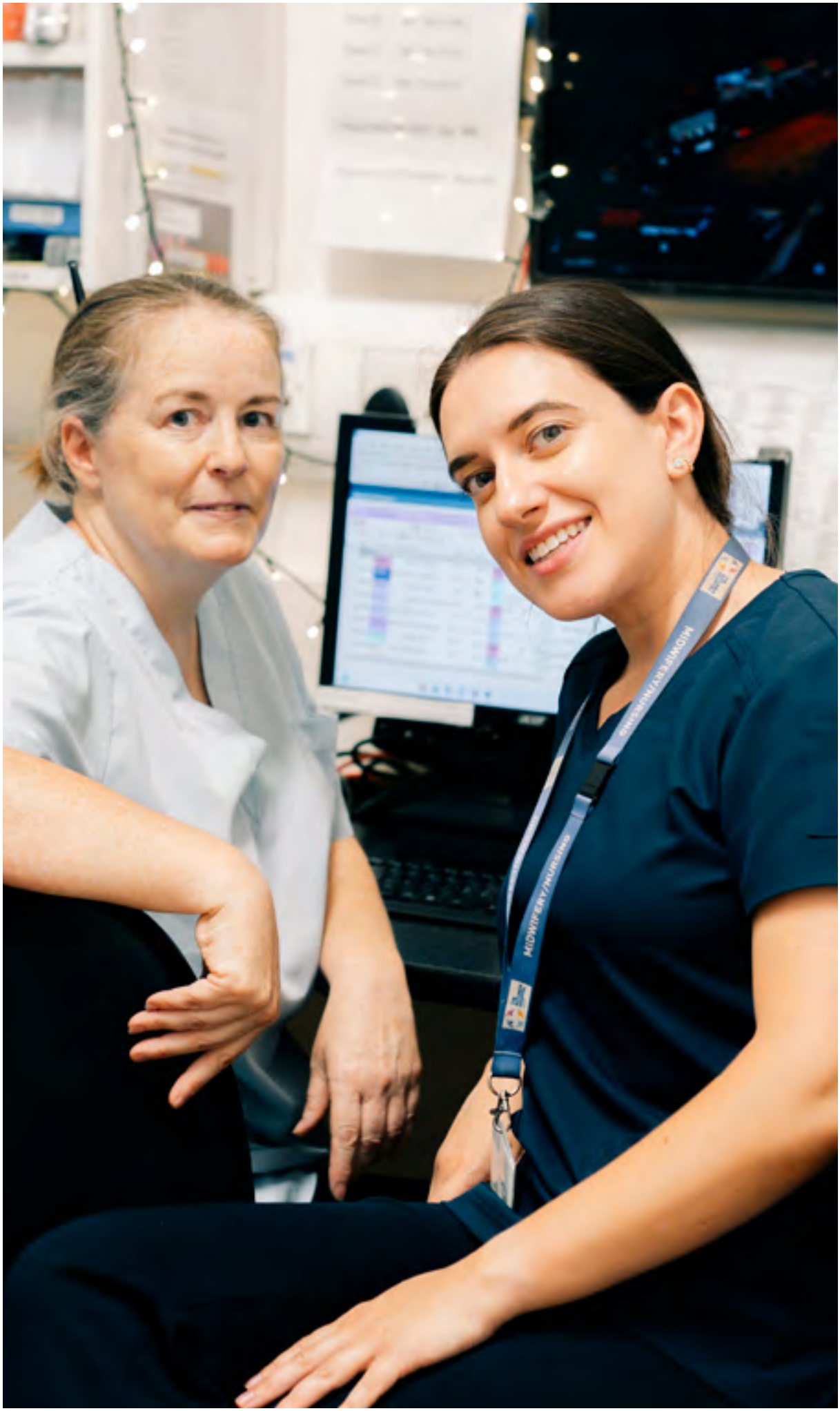
Rotunda Charity Lunch 2026

The fifth annual charity lunch will take place on 16th October 2026 in the Pillar Room at The Rotunda Hospital, in partnership with the Rotunda Foundation.

Funds raised will support the development of endometriosis services.

CONCLUSION

We look forward to continuing to provide a comprehensive range of obstetric, neonatal, and gynaecological services to our GP colleagues. Ongoing engagement and feedback will remain central to optimising services and improving outcomes for both patients and primary care partners.


MIDWIFERY/NURSING

Gynaecology



Gynaecology Annual Report 2025

Service Lead
Dr Fadi Salameh

Consultants
Dr Kushal Chummun
Prof. Sharon Cooley
Prof. Sam Coulter Smith
Dr Niamh Daly
Dr Aine Dempsey
Dr Nikita Deegan
Prof. Michael Geary
Dr Eve Gaughan
Dr Conor Harrity
Dr Fiona Keogh
Dr Nicola Maher
Dr Edgar Mocanu
Dr Eimer O'Malley
Dr Vicky O'Dwyer
Dr Sorca O'Brien
Prof. Hassan Rajab
Dr Meena Ramphul
Dr Fiona Reidy
Dr Rishi Roopnarisingh

INTRODUCTION

2025 has been another year of significant growth and achievement for the Gynaecology Department at The Rotunda Hospital. Building on the momentum of 2024, our multidisciplinary team has continued to deliver exceptional care to women across north Dublin and beyond, with continued expansion of specialist services to meet the evolving needs of our patient population.

This year saw further increases in outpatient activity, with 7,899 new appointments, 12,161 return appointments, and 1,203 telemedicine visits delivered across our services — representing a continued upward trajectory in line with growing referral demand. A total of 906 inpatients and 4,240 day cases were managed within the department during 2025.

Key developments in 2025 included continued expansion of our minimally invasive surgical programme, growth of the urogynaecology service with a significant increase in bulking agent procedures and cystoscopies, and sustained high activity in our ambulatory gynaecology and complex menopause services. The total number of outpatient procedures performed reached 3,232, maintaining the high standards established in 2024.

This report would not be possible without the dedication of all staff — administration, household, GP liaison, midwives, nurses, and doctors — whose professionalism and commitment underpin the continued growth and quality of our service.

GENERAL GYNAECOLOGY CLINICS

Our general gynaecology outpatient services continued to provide high-quality care in 2025, delivered by our consultant team:

- Dr Kushal Chummun
- Dr Meena Ramphul
- Prof. Sharon Cooley
- Prof. Sam Coulter Smith
- Prof. Michael Geary
- Prof. Hassan Rajab
- Dr Fiona Reidy
- Dr Eve Gaughan

Specialist interest areas, including pelvic floor surgery, complex endometriosis, management of fibroids, and minimal access surgery, remain central to our general gynaecology service. Waiting list management continued to be a priority, with additional clinics arranged throughout the year to meet demand.

SPECIALIST GYNAECOLOGY CLINICS

Ambulatory Gynaecology

The Ambulatory Gynaecology Unit continued to provide a high-volume, consultant-led service in 2025, supported by specialist nurses, healthcare assistants, and administration staff. The second procedure room introduced in 2024 continued to expand capacity, enabling increased access for both diagnostic and operative procedures.

Clinicians providing the ambulatory service included:

- Dr Edgar Mocanu
- Dr Eve Gaughan
- Dr Nicola Maher
- Dr Kushal Chummun
- Dr Vicky O'Dwyer
- Dr Conor Harrity
- Dr Fiona Reidy
- Dr Sorca O'Brien
- Dr Aine Dempsey
- Dr Rawia Ahmed
- Dr Fadi Salameh
- Dr Fiona Keogh

In 2025, the unit performed 1,499 diagnostic hysteroscopies, 426 polypectomies, 43 hysteroscopic myomectomies, and 58 cystoscopies, along with numerous other procedures including IUD insertions and replacements, bulking agent procedures, and intravesical botox injections.

UROGYNAECOLOGY

Clinical Lead

Dr Fadi Salameh

Staff

Dr Fiona Keogh, Consultant Obstetrician/Gynaecologist
Dr Maeve White, Specialist Registrar
Dr Maria Cheung, Specialist Registrar
Dr Zainab AlMulhim, Clinical fellow
Ms Caroline Hendricken, CNM2
Ms Siji Philip, CNM2
Ms Karen Adams, Administration

The urogynaecology service experienced significant growth in 2025, with increases across both outpatient and inpatient procedural activity. Particularly notable was the marked rise in paraurethral bulking agent procedures (105 total in 2025 compared to 34 in 2024) and diagnostic cystoscopies (136 in 2025 compared to 67 in 2024). Vaginal reconstructive surgery also continued to expand, with 205 anterior and/or posterior colpoperineorrhaphy procedures performed.

The multidisciplinary model — incorporating specialist nurses, physiotherapists, and the ANP-led pessary clinic — continued to enhance quality of care throughout 2025. The ambulatory outpatient paraurethral bulking procedure clinic for stress urinary incontinence, which runs once a week alongside the flexible cystoscopy clinic, saw a significant increase in patient numbers.

COMPLEX MENOPAUSE CLINIC

Staff

Clinic staff:

Dr Caoimhe Hartley
Dr Eimer O'Malley
Mercy Ninan, CNS
Sinead Mooney, Administration

CLINICAL ACTIVITY

The Complex Menopause Service at The Rotunda Hospital, established in October 2022, provides specialist, evidence-based care for women with complex menopausal needs. Over the past 12 months, the service has continued to experience a high level of demand, with sustained referral volumes from both General Practitioners and Gynaecology services.

The clinic runs on a Tuesday and Thursday with an additional nurse-led telephone / "telemed" clinic on a Monday.

Key Performance Indicators:

Total number of referrals received in 2025: 942
Total number of new patients seen in 2025: 580
Total number of review patients seen in 2025: 981

The number of referrals continues to increase and the majority of our referrals come from General Practice.

CHANGES AND ACHIEVEMENTS IN 2025:

We were delighted to have a new Consultant Gynaecologist, Dr Eimer O'Malley, join us in September 2025. Dr O'Malley completed a clinical fellowship in Paediatric and Adolescent Gynaecology between Liverpool Women's Hospital and Alder Hey Children's Hospital, gaining additional experience in the management of Premature Ovarian Insufficiency and Menopause care.

Dr Hartley delivered a talk to women for the Ana Liffey Drug Project in September 2025, in Dominick Place.

In October, we held a staff information day and had a successful lunchtime lecture meeting, with informative talks from Dr O'Malley, Mercy Ninan and Dr Hartley, covering different aspects of perimenopause and menopause care.

Mercy Ninan, CNS, delivered an educational talk and question and answer session on World Menopause Day in the local area in Summerhill, Dublin 1.

The Rotunda Hospital launched a Menopause Champion Programme in November 2025. A total of 17 colleagues from various disciplines have been trained to provide support to peers.

We had several GP registrars and other healthcare professionals attend the clinic for training and education throughout the year.

We have commenced a Quality Improvement Project to better capture the complexity and multi-morbidity amongst the patients we see in the Complex Menopause Service. This will enhance our capacity for audit and support future research initiatives.

We are also aiming to improve shared decision making and standardised information provision for patients who are prescribed testosterone as part of their hormone replacement therapy.

We are hoping to build on community outreach work by delivering additional community based education sessions to improve awareness of and access to menopause care amongst minority groups.

Paediatric and Adolescent Gynaecology (PAG) Service

This year saw the addition of a second fellowship-trained Paediatric & Adolescent Gynaecologist, Dr Eimer O'Malley, to the Rotunda PAG service. Dr O'Malley's service delivers PAG clinics for patients aged under 18 with general gynaecological concerns within our catchment area, and/or for patients under 35 with Premature Ovarian Insufficiency (POI). She also offers a virtual clinic for patients with mobility issues or additional needs that may make attending in-person appointments challenging.

Dr Nikita Deegan leads the PAG Complex Congenital Gynaecology (CCG) and Differences in Sex Development (DSD) service alongside Clinical Midwife Specialist (CMS), Ms Debbie Browne, and Clinical Psychologist, Dr Susan Carroll. This is Ireland's first and only dedicated specialist multidisciplinary service for patients of any age with complex congenital gynaecological conditions or DSDs. Referrals are accepted nationally. Medical care, psychological support and educational events are provided for patients and families affected by structural or developmental anomalies of the genital tract (e.g. vaginal septa, OHVIRA syndrome, Mayer-Rokitansky-Küster-Hauser Syndrome), cloacal anomalies/bladder exstrophy, and differences in sex development (DSD). Ms Debbie Browne continues to provide a CMS-led specialist vaginal dilation clinic for patients attending the service. The service is supported by Dr Kevin Pennycooke, Radiologist, and Dr Sorca O'Brien, Consultant Obstetrician & Gynaecologist with subspeciality Fertility training.

In 2025, there were 260 new and 871 follow-up appointments in the PAG service.

ENDOMETRIOSIS

Staff

Dr Kushal Chummun
Dr Niamh Daly
Prof. Hassan Rajab
Ms Shelby Jose, CNS
Ms Nora McCreadie, Physiotherapist
Ms Naomi Hastings, Dietitian

The dedicated Rotunda Endometriosis Clinic opened in April 2024, so 2025 was the first full calendar year for reporting. There were almost 1,000 outpatient clinic appointments offered for this clinic in 2025. CNS-led telemedicine clinics were introduced this year as additional support for patients attending the service.

Referrals are accepted for the Dublin North and East catchment area. Women are investigated for endometriosis, treated medically and surgically and referred for surgical management within this service. The Endometriosis Clinic was supported by Consultant Radiologists Dr Kevin Pennycooke, Dr Neil Hickey and Dr Tony Geoghegan and their respective teams.

The Tallaght University Hospital Endometriosis multidisciplinary team, led by Dr Aoife O'Neill and Dr Alison De Maio, and Beaumont Endometriosis team consultants Professor Hassan Rajab and Dr Conor Harrity accept referrals from the Rotunda clinic for surgical management of more complex disease. A number of patients were referred abroad for surgery under the HSE Treatment Abroad or ESAIS schemes.

A pathway for pain management was established under the care of Consultant Anaesthetist Dr David Moore in Beaumont. The team marked Endometriosis Awareness Month in March with education sessions highlighting endometriosis, its symptoms and management, followed by a hospital-wide quiz with excellent uptake.

Ongoing challenges for the endometriosis clinic in 2025 included wait times for MRI imaging, MDT discussion and theatre access.

Fertility and Other Specialist Services

Our fertility clinic remains an integral component of the service, providing expert, compassionate, and individualised care. The Andrology and IVF/IUI services remained active throughout 2025, with 998 new andrology attendances and a combined 1,411 IVF-related and 650 IUI-related attendances recorded through our specialist fertility clinics.

The Rotunda Fertility Hub is the busiest publicly funded fertility service in Ireland, providing specialist fertility care to individuals and couples from across the country. The service is led by four Consultant Gynaecologists — Dr Edgar Mocanu, Dr Rishi Roopnarinesingh, Dr Sorca O'Brien and Dr Fiona Reidy — supported by Specialist Registrars and Senior House Officers, who work together to deliver high-quality, evidence-based care.

The Clinical Nurse Specialist (CNS) team consists of three Fertility Midwife Specialists — Jade Kirwan (CMM2), Mette Bradley (CMM2) and Glenda Sanvenero (CMM2) — who play a central role in coordinating patient care, providing education and support, and ensuring patients are guided through each stage of their fertility journey. Working closely as a multidisciplinary team, the Rotunda Fertility Hub continues to provide a high standard of compassionate care while managing the largest volume of referrals and fertility activity of any publicly funded fertility hub in Ireland.

During the 12-month reporting period, the service received 1,787 accepted referrals. A total of 116 consultant clinics and 298 Clinical Nurse Specialist (CNS) clinics were delivered, providing assessment, follow-up and ongoing patient support. In addition, 451 outward referrals for Assisted Human Reproduction (AHR) were made for patients requiring specialist fertility treatment.

The service also carried out a significant volume of investigations and treatment. A total of 986 semen analyses and 762 baseline transvaginal ultrasound (TVS) scans were completed, alongside 308 ovulation induction cycles. These figures reflect the breadth of diagnostic and treatment activity delivered over the reporting period.

Theatre and Procedural Activity

There was continued high-volume surgical and procedural activity across gynaecological services in 2025. Key areas of activity included minimally invasive laparoscopic surgery, hysteroscopic procedures, urogynaecological reconstructive surgery, and outpatient ambulatory procedures.

TABLE 1: LAPAROSCOPIC PROCEDURES

	2021	2022	2023	2024	2025
Lap. diathermy to lesion of pelvic cavity (endometriosis) +/- excision			191	227	284
Diagnostic lap and dye test			127	126	138
Laparoscopic adhesiolysis +/- proceed			86	142	161
Ovarian cystectomy	71	74	72	117	112
Diagnostic laparoscopy	70	60	60	65	64
Laparoscopic Hysterectomy +/- salpingectomy +/- oophorectomy	40	31	43	92	82
Laparoscopic salpingectomy/ oophorectomy (bilateral or unilateral)	36	36	42	179	171
Laparoscopic Myomectomy	2	6	10	8	5
Sterilisation	8	5	9	5	4
Total	**227**	**212**	**640**	**961**	**1021**

OPEN PROCEDURES	2021	2022	2023	2024	2025
TAH +/- BSO	35	43	40	73	40
Subtotal abdominal hysterectomy	20	24	29	35	8
Myomectomy	4	4	5	8	21
Conversion from laparoscopy	0	4	3	3	5
Cystectomy/oophorectomy/washings	6	4	3	4	1
Ovarian cystectomy	1	2	4	4	6
Total	**66**	**81**	**84**	**127**	**81**

MINOR / HYSTEROSCOPIC PROCEDURES	2021	2022	2023	2024	2025
D+C with insertion of IUCD	270	377	467	570	576
Hysteroscopic Polypectomy	113	124	153	252	203
D+C	278	99	880	959	882
D+C with endometrial ablation	67	90	110	125	118
Hysteroscopic Myomectomy	28	48	70	100	94
Resection/Division of uterine septum	3	7	10	11	8
Total	**759**	**745**	**1690**	**2017**	**1,881**

UROGYNAECOLOGICAL PROCEDURES	2021	2022	2023	2024	2025
Injection of paraurethral bulking agent			13	34	105
Anterior and/or posterior colpoperineorrhaphy	66	99	131	172	205
Vaginal hysterectomy	37	51	61	76	78
Labial reduction/repair	0	2	13	9	5
Sacrospinous fixation	8	11	17	13	23
Intravesical botox injections			40	43	67
Diagnostic cystoscopy			50	67	136
Total	**111**	**163**	**325**	**414**	**619**

OUTPATIENT PROCEDURES	2023	2024	2025
Insertion of IUD	270	473	486
Replacement of IUD	65	104	177
Treatment of Bartholin's abscess/cyst	58	56	29
Diagnostic hysteroscopy	1218	1705	1,499
Hysteroscopic endometrial polypectomy	300	344	426
Hysteroscopic endometrial myomectomy	48	38	43
Diagnostic cystoscopy	23	30	58
Intravesical botox injections		10	44
Injection of paraurethral bulking agent		31	77
Others	229	321	393
Total	**2211**	**3112**	**3,232**

SUCCESSES AND ACHIEVEMENTS IN 2025

- Continued growth of the minimally invasive surgical programme, with over 1,000 laparoscopic procedures performed, including a marked increase in laparoscopic treatment for endometriosis (284 procedures).
- Significant expansion of the urogynaecology service, with a threefold increase in paraurethral bulking agent procedures (105 in 2025 vs. 34 in 2024) and a doubling of diagnostic cystoscopies (136 in 2025 vs. 67 in 2024).
- Sustained high volume of outpatient and ambulatory procedures, with 3,232 outpatient procedures performed across the Ambulatory Gynaecology Unit.
- Continued expansion of the Complex Menopause Clinic, with enhanced access through additional clinics, telemedicine provision, and education programmes for staff and GPs.
- Ongoing development of the PAG service, including the fifth annual MRKH Support Day and plans to extend peer support to patients with other complex congenital gynaecological conditions.
- Maintenance of AAGL fellowship accreditation, reflecting international standards of excellence in minimally invasive gynaecological surgery and ongoing commitment to surgical training and innovation.
- Delivery of 7,899 new patient appointments, 12,161 return appointments, and 1,203 telemedicine visits across gynaecological outpatient services throughout 2025.

Colposcopy Service

Head of Service

Dr Eve Gaughan, Consultant Obstetrician Gynaecologist [July to Present]
Dr Vicky O'Dwyer, Consultant Obstetrician Gynaecologist [January to June]

Staff

Dr Rawia Ahmed, Consultant Obstetrician Gynaecologist
Dr Kushal Chummun, Consultant Obstetrician Gynaecologist
Dr Yahya Kamal, Consultant Obstetrician Gynaecologist
Dr Reem Magzoub, Consultant Obstetrician Gynaecologist
Prof. Hassan Rajab , Consultant Obstetrician Gynaecologist
Ms Minimol George, CNM 3
Ms Hannah Bolger, Midwife
Ms Olaide Oniyere, Nurse
Ms Colette McCormack, Nurse
Ms Rose Thorne, Nurse Colposcopist
Ms Virginie Bolger, Nurse Colposcopist
Ms Barbara Markey, Midwife Colposcopist
Ms Jennifer O'Neill, Lead Nurse Colposcopist
Ms Nicola Boyd, Healthcare Assistant
Ms Hollie Dunne, Healthcare Assistant
Ms Janice Glynn, Healthcare Assistant
Ms Patricia O'Donovan, Healthcare Assistant
Ms Yvonne Burke, Administrative Team Leader
Ms Linda McCabe, Administrative Team Leader (commenced Nov 2025)
Ms Danica Farrell, Clerical Officer
Ms Valeria Gasper, Clerical Officer
Ms Jessica Kidd, Clerical Officer
Ms Sarah O'Brien, Clerical Officer

SERVICE OVERVIEW

The Rotunda Colposcopy Service is a large, quality-assured unit with an annual review of all key performance indicators. Monthly multidisciplinary team meetings are attended by all staff including histopathologists, cytologists, nurses, doctors and students. Patient Safety meetings are held monthly and attended by all staff including Patient Safety Manager and Practice Development Manager.

This year was an exciting year for the department with the unit moving to the state-of-the-art, fourth floor of Hampson House.

The new unit consists of three purpose built colposcopy suites with separate consulting room, recovery bay and colposcopy medical team and administration hubs.

From our new home, we continue to serve our patients and further our goal to eradicate cervical cancer.

CLINICAL ACTIVITY

In 2025 we exceeded the Memorandum of Understanding with the National CervicalCheck Programme where the agreed number of new referrals was 1,700.

Monthly multidisciplinary meetings take place attended by our colposcopists, histopatholgist and cytology teams. These meetings are co-ordinated by Ms Virginie Bolger, nurse colposcopist.

KEY PERFORMANCE INDICATORS

The reduction in waiting times achieved in 2024 was successfully maintained in 2025. Our targets of offering all urgent referrals an appointment within 4 weeks and all routine referrals within 4 to 8 weeks were achieved. There were 1,922 appointments attended for new referrals. The majority of these (45%) had HPV detected and ASCUS cytology. 19% were low-grade referrals. 6.8% were high-grade squamous referrals. 0.5% were smears querying glandular abnormality.

In 2025, the DNA rate was 11.9%.

SUCCESSES & ACHIEVEMENTS 2025 CLINICAL SERVICE DEVELOPMENTS

All KPIs were achieved in 2025.

The smooth transition to our new state of the art purpose built facility in Hampson House occurred and established work flows successfully continued.

The newly established Conservative Management for CIN 2 Clinic continued to offer surveillance for this subgroup with continuous audit showing high levels of successful regression.

The colposcopy service continues to work closely with our gynaecology colleagues in the Mater Hospital who receive referrals for women diagnosed with cervical and vulval cancer through the Rotunda colposcopy clinic. There were 9 patients diagnosed with invasive cervical cancer and were referred to the gynaecology oncology service in the Mater Hospital in 2025. There were also a small number of women who were referred for laser treatment for vaginal intraepithelial neoplasia (VAIN).

ACCREDITATION & TRAINING

A National Cervical Check Programme Quality Assurance visit occurred in November 2025, which recognised that a very high-quality service was consistently provided. All proposed recommendations for practice and audit were commenced.

We continued to train nurse colposcopists and gynaecology registrars in accordance with BSCCP protocols.

Audits completed in 2025 include:

- Management of histologically confirmed cervical glandular intra-epithelial neoplasia (CGIN).

Audits in progress in 2025

- Randomised sample of 100 women to evaluate the compliance with colposcopy algorithm 3 in the management of women who have attended the Rotunda Hospital for their first TOC post-treatment of CIN between January 2022 and December 2024.
- Conservative Management of CIN 2 Clinic Outcomes.

PLANS FOR 2026

- Continue to train nurse colposcopists and gynaecology registrars through the BSCCP training programme.
- Engagement in workforce planning initiatives for future-proofing and expansion of nurse-led services and staffing levels to meet the requirements of the 2026 MOU.

TABLE 1: FIVE YEAR COMPARATIVE					
	2021	2022	2023	2024	2025
New Attendances	2,444	2,672	2,897	2,473	1,922
Return Visits	2,790	2,920	2,692	2,738	2,353
Total	**5,235**	**5,592**	**5,589**	**5,211**	**4,275**

TABLE 2: KEY PERFORMANCE INDICATORS			
	% with a clinical referral seen in colposcopy	Met waiting time for high-grade referral	Met waiting time for low-grade referrals
2021	16%	62%	40%
2022	18%	80%	22%
2023	16%	84%	18%
2024	15%	96%	99%
2025	12%	100%	99.6%

Sexual Assault Treatment Unit

Head of Service

Dr Nicola Maher, Clinical Lead of SATU Rotunda, Consultant Obstetrician Gynaecologist
Prof Maeve Eogan, National Clinical Lead of SATU Services, Consultant Obstetrician Gynaecologist

Staff

Ms Oonagh Farrell, Clinical Midwife Manager II
Ms Deirdra Richardson, Clinical Midwife Specialist
Ms Kate O'Halloran, Candidate ANP
Ms Naomi Finnegan, Clinical Midwife Specialist
Ms Christine Pucillo, Clinical Nurse Specialist
Dr Aoife McEvoy, Clinical Fellow
Ms Laura Feely, Medical Social Worker
Ms Denise Rogers and **Ms Ciara O'Connor**, Administration

On-Call Forensic Clinical Examiners

Ms Aideen Walsh
Ms Sue Roe
Dr Daniel Kane
Dr Elzahra Ibrahim
Dr Ciara Luke
Dr Amy Worrall
Dr Fatima Aliyah
Dr Wendy Ferguson
Dr Haroon Khan
Dr James Walsh

SERVICE OVERVIEW

The Rotunda Sexual Assault Treatment Unit (SATU) is one of 6 HSE-supported SATUs around the country. Each unit provides comprehensive forensic and medical care to individuals who have experienced sexual violence, as part of a collaborative, interagency National Sexual Assault Response Team (SART). Clinicians from the Rotunda founded the first SATU in Ireland in 1985, and care for victims of sexual assault has been provided on site since then. We acknowledge the support the SATU receives from the Executive Management Team and all colleagues at the Rotunda Hospital. This support, despite competing and important demands on valuable resources, is greatly appreciated.

CLINICAL ACTIVITY

5-year Comparison of Attendees to the Rotunda SATU

Year	2021	2022	2023	2024	2025
No.	309	427	451	393	443

During 2025 a total of 443 survivors of sexual assault attended the Rotunda SATU. The Rotunda continued to care for approximately 40% of all cases nationally. The patients seen in the SATU network are only a fraction of those who experience sexual violence. We continue to raise awareness of our service and hope that more of those in need of SATU services reach out to us and attend a SATU.

Options for care within SATU include both forensic and non-forensic care. Within forensic options, survivors can choose to avail of Option 3 if over 16 years of age where evidence can be stored, or can attend following reporting to An Garda Siochana. In 2025 numbers availing of Option 3 were similar to 2024 at 13% of all those who attended SATU. A further 55% of patients attended following reporting to An Garda Siochana. Over 36% of those seeking a forensic exam sought and received care within 24 hours of the incident. Timely presentation is key to potentially valuable forensic evidence collection and highlighting awareness of our service is key so that victims present early to the Gardaí or to the SATU directly.

Similar to other years, June was the busiest month with 12% of cases seen, Wednesdays accounted for 20% of cases seen and of all cases, 73% were seen during the hours of 8am to 8pm, with the remainder attending overnight. In 2018, 77% of those attending identified as Irish ethnicity, whereas in 2025 this fell to 63%. 46 countries were represented amongst attendees, reflecting the multicultural society that exists and continues to grow in the Dublin environs. It is encouraging to note this and that awareness of our service is reaching other cultures despite cultural and language barriers.

SATU care involves a multidisciplinary team who aim to provide forensic care, healthcare and psychological support to all victims who attend the service. We rely on the support of medical and nursing staff from within and outside the Rotunda Hospital to provide this care 24/7/365 and we are very grateful to all those who contribute their expert care to our service with compassion and kindness.

SUCCESSES & ACHIEVEMENTS 2025

Education & Training

2025

Dr Dan Kane was awarded his PhD for “Sexual Assault treatment units: The Irish Experience”. During his time at SATU Rotunda he published very valuable research which will help form part of guidance going forward and aid and assist forensic examiners with report writing and appearances in court.

We welcomed back Kate O’Halloran in her new role as the first Rotunda ANP this year and look forward to her completion of training in 2026 and the new supports she will bring to the unit.

Collaboration and interagency relationship-building continued with the RCC, An Garda Síochána and colleagues in the Emergency departments across Dublin. Guidance talks were provided by our core staff, ensuring all agencies working within the sexual assault

response team are updated on changes to our practice and interagency relationships were strengthened.

We were delighted to be in a position to once again host the Annual Interagency Study Day at the Rotunda Pillar Room in October. Speakers included Dr Vanita Parekh, Clinical Forensic and Sexual Health Medicine, who spoke of the experience of their service in Canberra, as well as Ciara Mangan, a survivor of sexual violence and founder of the charity Beyond Surviving, a support group for victims of domestic and sexual violence.

Shelly Carlisle commenced her training with the latest recruits to the SAFE course at the Rotunda and we look forward to her joining our team of clinical nurse specialists in forensic nursing at the Rotunda in 2026.

Aoife McEvoy began a fellowship across SATU and colposcopy services in July 2025 and has been a welcome addition to the team.

Innovation

Expansion of the use of the Cortexflow camera system was a key priority locally and nationally in 2025.

Christine Pucillo facilitated training and both FNEs at the Rotunda are now skilled in using this piece of equipment. In addition, she provided training to the staff in Cork, where the camera system is also being rolled out.

This training was on foot of a very successful award year for the clinical nurse specialists at the Rotunda.

Following on from their Irish Healthcare Awards win in 2024, they were awarded the HSE Brightspark Best Nursing and Midwifery Project in June of this year. The Minister for Health mentioned their award in her speech at the event and then also visited the unit to see the camera equipment and meet some of the staff at the Rotunda.

Farewells and Fundraisers

During 2025 we bid farewell to one of our longstanding members of staff, CNS Deirdra Richardson. Dee, as she is known to us, was one of our first clinical nurse specialists nationally and in addition to providing expert care to a significant proportion of survivors of sexual violence, she was involved in the training and education of many of the newer recruits to our service nationally. Her disciplined, conscientious attitude to her work was notable and her invaluable wealth of experience will be missed. We wish her the very best.

Oonagh Farrell, who joined us in 2024, departed for a new role in Sligo General Hospital in April 2025 and we wish her much success and happiness in her new life in the West. We look forward to our new manager Sally Keogh joining us in 2026.

In October, the Rotunda Foundation hosted a fundraiser lunch for the Rotunda SATU, which was a huge success. There was a fantastic turnout, generous prizes were donated for a raffle and an auction and a grand total of €53,648 was raised. It is hoped this money will partly fund much-needed upgrades to the unit to include a second forensic suite and expanded clinical rooms. This should help improve our forensic time target of 3 hours when the unit is in use and allow all those who attend to avail of additional psychosocial supports in a confidential, safe space. We are very grateful to the Rotunda Foundation for nominating SATU for its annual fundraiser.

CHALLENGES 2025

The provision of a 24/7/365-day service is always challenged by staffing issues. 2025 tested this significantly due to several retirements and leaves.

We are immensely grateful to the team who assist our core staff and provide assisting nurse and forensic examiner on-call cover. They are essential to our service and the provision of timely care.

Our core specialist nursing team was depleted by the latter half of 2025. They should be especially commended for their hard work during this time. Despite this, they continued to provide specialist supportive care in a timely, compassionate way.

PLANS 2026

We look forward to 2026! We hope to see our unit expanded and refurbished, almost doubling the current footprint.

We look forward to welcoming back some of our core team and our new manager starting. In addition, we hope to see expansion of our staffing to ensure we are well resourced to provide timely forensic care.

We will continue to promote awareness of our service. The prevalence of sexual assault far exceeds the numbers of people who avail of the SATU service and so we continue to hope for further increases in attendees. Our new unit will hopefully provide a welcoming, warm, safe space for people at one of the most vulnerable times in their lives.

Neonatology



Department of Neonatology

Head of Department

Prof. Michael Boyle, Consultant Neonatologist

Staff*

Prof. David Corcoran, Consultant Neonatologist
Prof. Afif El Khuffash, Consultant Neonatologist
Prof. Adrienne Foran, Consultant Neonatologist
Prof. Breda Hayes, Consultant Neonatologist
Prof. Naomi McCallion, Consultant Neonatologist
Dr Margaret Moran, Consultant Neonatologist
Dr Aisling Smith, Consultant Neonatologist
Dr Sean Armstrong, Locum Consultant Neonatologist
Dr Lyudmyla Zakharchenko, Locum Consultant Neonatologist
Dr Nurul Aminudin, Consultant Neonatologist Transport
Dr Jan Franta, Consultant Neonatologist Transport
Dr Hana Fucikova, Consultant Neonatologist Transport
Dr Fiona McElligott, Consultant Paediatric Palliative Medicine
Dr Fionnuala Caulfield, Consultant Paediatrician in Child Development & Neurodisability
Dr Wendy Ferguson, Clinical Specialist Paediatric Infectious Diseases
Dr Eimear McGovern, Visiting Consultant Paediatric Cardiologist
Dr Sarah Chamney, Visiting Consultant Paediatric Ophthalmologist

*Supported by a team of nurses, midwives, non-consultant hospital doctors, health and social care professionals and healthcare assistants.

SERVICE OVERVIEW

The Department of Neonatology delivers the highest quality specialist care for all babies, both those delivered at the Rotunda Hospital and to those referred in from other units for complex care. The Neonatal Intensive Care Unit (NICU) was the busiest of the tertiary referral centres in Ireland in 2025.

In addition to critical care being provided across intensive, high dependency and special care designations on both a local and national tertiary referral basis the Department of Neonatology is also responsible for overseeing a number of neonatal screening programmes, delivering specialist neonatal outpatient clinics and performing routine newborn examinations for thousands of infants per year.

We ae one of 4 tertiary referral NICUs in the State, providing care for extreme preterm infants, infants requiring therapeutic hypothermia, as well as infants needing complex tertiary-level care. The Rotunda is one of three units along with the Coombe Women and Infants' University Hospital and the National Maternity Hospital who provide a team for the National Neonatal Transport Programme (NNTP) on a 24/7 basis every third week, overseen by a Neonatal Transport Consultant.

As a consequence of the busy Fetal Medicine Department and the tertiary referral nature of many antenatally diagnosed conditions, the neonatal team is also expert at providing detailed antenatal and postnatal counselling to parents attending this service, and works in partnership with quaternary specialists in Children's Health Ireland at Temple Street and

Crumlin, and our RCSI Hospitals Group network hospitals of Our Lady of Lourdes, Drogheda and Cavan General Hospital.

The NICU has 39 cots and delivers care to infants requiring various levels of support across 7 designated intensive care cots, 12 high dependency care cots and 20 cots designated as special care. Over 1,400 infants requiring specialist care were admitted to the NICU in the Rotunda in 2025, with 95 infants designated as very low birth weight (VLBW) infants.

There was a reduction in intensive care bed days in 2025 to 2,088 compared to the peak observed in 2024. However, activity remained high and broadly in keeping with the sustained workload seen in recent years. High dependency bed days decreased further to 3,673, representing a continued shift in case mix rather than a reduction in overall demand. While special care bed days fell to 5,792 following the marked increases seen up to 2024, the combined activity across all categories continued to place significant pressure on the unit.

Overall, despite numerical reductions in individual categories, average daily bed occupancy remained high, reflecting a persistently busy service with ongoing demand and complexity throughout 2025.

An intensive care specialty such as ours requires extensive input from a range of services and specialists in addition to the expert medical and nursing neonatal care. The unit benefits from the specialist expertise of colleagues in Radiology department, Neonatal Dietetic service, Clinical Psychology, Pharmacy team, Physiotherapy department, Medical Social Work service, Speech and Language service, Clinical Microbiology team, Lactation support and Chaplaincy service. The team is ably supported by a hardworking administrative team, healthcare assistants, porters and household staff to help maintain the ongoing exceptional running of the unit.

CLINICAL ACTIVITY

The admissions rate to the unit in 2025 demonstrated an 8% increase from 2024. The number of VLBW infants cared for in 2025 was 95. The sustained efforts of the infection prevention and control strategies have helped mitigate repeated outbreaks, however, given the level of activity and the well-documented infrastructural challenges, we had one outbreak during 2025. This is down from 3 in 2024, but demonstrates the ongoing need for a Critical Care Wing to allow delivery of state-of-the-art care, in a state-of-the-art facility.

NEONATAL NURSING

The Rotunda NICU is fortunate to have a highly skilled and motivated neonatal nurse and midwife workforce, led by Ms Siobhan Mulvany as the NICU CMM3. The unit continued to support ongoing nurse education programmes with 5 staff commencing the RCSI postgraduate Diploma in Neonatal Nursing. This includes one candidate from our successful collaboration with CHI Temple Street to support CHI preparedness for the opening of the NICU in the New Children's Hospital, and a fourth successive CHI candidate was seconded to the NICU for the Neonatal Nursing Diploma as part of these preparations. An additional 3 external students attended for their specialist modules, one from CHI and one from Our Lady of Lourdes, Drogheda.

Despite the challenges felt internationally in recruiting nursing staff, the Rotunda continues to make progress in recruitment and achieved our full whole time equivalent number. In recent years there have been a number of appointments to specialist roles such as a CNM in Neonatal Transport, Neonatal Resuscitation Officer and Neonatal Neurology Liaison Nurse. We are extremely fortunate to have a robust ANP team made up of Mr

Mark Hollywood, Ms Elaine Butler, Ms Freian Marzan and Ms Paula Penrose who provide invaluable support and training to Nursing and Medical staff alike in addition to their excellent clinical and non-clinical care.

VERMONT OXFORD NETWORK (VON) OUTCOMES

The Rotunda NICU measures key performance indicators (KPIs) for very low birthweight infants – those infants with a birthweight <1,500g – and submits anonymised data to the Vermont Oxford Network (VON). This is to benchmark outcomes against over 1,000 international centres of excellence and encompasses over 55,000 VLBW infants worldwide. In line with previous years, the Rotunda continues to perform very well against international standards for antenatal corticosteroid administration (95.7% vs. network 83.3%), antenatal magnesium sulphate administration, overall neonatal survival, and various measures of infection. The NEC rates, which had previously been recognised as greater than the network average, continued their downward trend in 2025, falling to 2.2% against a network rate of 5.2%, and demonstrating the sustained impact of the multidisciplinary taskforce targeting this condition.

Between 2024 and 2025, there were several significant positive developments in neonatal outcomes at the Rotunda Hospital. Overall survival to discharge improved from 88.1% in 2024 to 92.4% in 2025, well above the VON network average of 84.1%, and mortality fell from 11.9% to 7.6%, considerably below the network rate of 15.9%. Particularly encouraging is the rise in the proportion of infants surviving without major morbidities, from 51.5% to 63.0%, now exceeding the network average of 54.2%. Rates of chronic lung disease (CLD) fell to 30.5% in 2025 (from 40.7% in 2024), and to 33.8% in infants <33 weeks (from 45.7%), reversing the trend identified as a concern in 2024 and returning closer to network norms. Use of corticosteroids for CLD remained low and consistent at 10.8%.

Late infection rates fell substantially to 4.3% (from 10.5% in 2024), with late bacterial infection dropping to 1.1% against a network rate of 6.9%. Severe IVH improved from 8.4% to 4.4%, now below the network average of 8.1%, and cystic PVL remained stable at 1.1%. However, fungal infection, whilst falling slightly to 2.2% from 3.2%, remains above the network average of 0.9% and warrants continued vigilance. As with previous years, infrastructural challenges impact on the unit's ability to completely eliminate infection risks. Severe ROP increased to 10.0% from 4.2%, above the network rate of 6.5%, and with a corresponding rise in Anti-VEGF treatment to 9.8%; given the small absolute numbers involved this will be monitored carefully in collaboration with the ophthalmology team.

Overall, 2025 represents a year of considerable and broad-based improvement in outcomes for very low birthweight infants at the Rotunda, with survival, morbidity, infection, and neurological outcomes all trending positively.

HYPOXIC-ISCHAEMIC ENCEPHALOPATHY

In 2025, 13 babies were treated with therapeutic hypothermia (7 inborn). One inborn baby met criteria for severe (grade 3) encephalopathy. All babies were identified within the six-hour cooling window and tolerated therapeutic hypothermia well. One inborn baby had a co-existing neurogenetic disorder and was transferred to Children's Health Ireland for ongoing investigation and care. Another baby with an antenatal diagnosis of trisomy 21 was delivered unexpectedly at home.

Very positive outcomes are again seen in children treated with therapeutic hypothermia. All babies survived. Normal neuroimaging was reported in 3/7 (43%) of inborn children and 5/6 (83%) of outborn children. Short-term outcome data is available on all inborn babies.

In the 6 children without a co-existing neurogenetic disorder all but one child are showing typical development or only mild delay of unclear significance. These children will continue to be followed in neonatal and physiotherapy clinics for assessment of developmental progression. They will also be invited back for formal 2-year developmental assessment with our clinical psychologist. The remaining child has developed cerebral palsy and is linked with motor management and neurodisability services.

HIGH RISK MOTOR CLINIC

In March 2025, a specialised clinic was opened for the assessment of children identified as being at high risk for motor impairment. Appointments are limited to two families per session allowing a minimum of one hour per appointment for multidisciplinary assessment and discussion with families. This has greatly helped to standardise and streamline follow-up and support for families experiencing more challenging developmental trajectories. We would like to thank the Early Detection and Intervention for Cerebral Palsy in Ireland (EDI) study funded by the Cerebral Palsy Foundation that has provided additional physiotherapy support to department and to the Physiotherapy Department for their invested support of this initiative.

PAEDIATRIC OUTPATIENTS DEPARTMENT (POPD)

In January 2025, we moved into the new outpatient facility in Hampson House. This has been a transformative change for the department, significantly improving the experience for our patients and the staff who work in POPD. The purpose-built rooms have ample space to allow for appropriate assessments that can accommodate buggies, significant improvement in privacy for parents, has a dedicated feeding room and is a beautiful space to work in. The Rotunda Paediatric Outpatients Department is one of the busiest neonatal outpatient clinics in the country and in 2025 saw 8,670 attendances (new, return and telemedicine clinics) with an overall did not attend (DNA) rate of 9.1%. The activity levels and DNA rate are similar to the previous year. The department is the location for general neonatal clinics, infectious disease clinic, dietetic clinics as well as frequent SALT and lactation support reviews. The team is led by Ms Mary Dwyer and Ms Karen Finnegan as the CMM2s.

PAEDIATRIC INFECTIOUS DISEASE SERVICE (RAINBOW CLINIC)

Dr Wendy Ferguson is an ID Associate Specialist Paediatrician and is the Rotunda in-house paediatrician since 2012 for management and follow-up of all infants born to women who attend the ID service. Infants of mothers with positive serology are provided with follow-up appointments for the Rotunda paediatric infectious disease clinic. The clinic is delivered by Dr Ferguson who is affiliated with the Rainbow Team: the national service for Paediatric Infectious Diseases. In 2025 a total of 146 infants and children attended the paediatric infectious disease clinic for monitoring and outcome.

Targeted screening for congenital CMV commenced at The Rotunda in April 2024 as part of a national 2-year pilot for early diagnosis of congenital CMV. Congenital CMV is the most frequent cause of non-genetic hearing loss in infants. Infants with congenital CMV who meet treatment criteria should commence antiviral ideally by age 4 weeks. The aim of the screening programme is to facilitate timely treatment initiation and maximise infant outcome, in particular hearing outcome.

In the 24 months April 2024 – April 2025, 62 infants were screened for congenital CMV at the Rotunda and there were 2 confirmed positive cases. The screening programme is within the National Women and Infants Health Programme (NWHIP) and National Clinical Programme for Paediatrics and Neonatology. Dr Ferguson is a stakeholder and participates

on the committee for the guideline development, review, and audit and is the Rotunda co-ordinator, data collator and national liaison.
Dr Ferguson continues to be actively involved in undergraduate, postgraduate and hospital education programmes and provides regular lectures to NCHDs in-house, alongside lectures at the microbiology SPR study days and the Diploma in Primary Care Paediatrics.

A new teaching initiative commenced in 2022 for all Dublin-hospital based paediatric infectious disease and microbiology NCHDs. Weekly teaching sessions are delivered by Zoom and Dr Ferguson is on a rota with her Dublin based paediatric ID and microbiology consultants for delivery of teaching sessions. Dr Ferguson also supervises relevant Rotunda MDs and PHDs.

The Infectious Diseases team carry out clinical audit, comparing practice against local, national and international guidelines to support continued high performance and positive patient outcomes.

NEONATAL DEVELOPMENTAL SCREENING PROGRAMME

The Neonatal Developmental Screening Programme formally assesses the development of babies with a birthweight < 1,500g, and those with a history of Hypoxic Ischaemic Encephalopathy (HIE). Assessment is via the Bayley Scales of Infant and Toddler Development, third edition (BSIT-3) ideally at 2 years corrected gestational age (preterm population) and 2 years chronological age (term population). Using BSIT-3, scaled scores ≥ 8 are within or above the typical/normal range. Scaled scores of 5-7 (composite score equivalent 75-85) are considered borderline and scaled scores ≤ 4 (composite score equivalent 55-70) are within the Extremely Low Range, equivalent to mild, moderate or severe developmental delay. The domains assessed are cognitive skills, expressive and receptive language skills and gross and fine motor skills. Parental impressions regarding Social-Emotional development and Adaptive Behaviour Skills development are gathered through BSIT-3 parent questionnaires and reported in addition to outcomes for cognitive, language and motor domains. The importance of maintaining a high standard of neurodevelopmental follow-up remains a priority for the Rotunda. To ensure that all high risk babies continue to receive formal assessment, Dr Wienand has expanded referral criteria in 2021 to include all infants of multiple births, and in 2023 all NAS babies and any baby over whom consultants have developmental concerns on POPD follow up.

During 2025, 85 new appointments were offered, as well as 18 DNA appointments. 24 children repeatedly DNA'd and were discharged. Developmental outcomes are available on 89 children assessed. Close consideration of clinical presentation during assessment forms an integral part of the assessment process. Clinical impressions are fed back to parents and included in the assessment reports. In 2024 41 of the 89 children seen presented with clinical features of autism spectrum condition (ASC). 80 of 89 assessments were of very low birth weight (VLBW) babies, and 7 were babies who received Therapeutic Hypothermia Treatment (HIE babies). 2 children were late prematurity consultant referrals. 74 of the 80 LBW children had outcomes in the typical (average/"normal") range across all areas assessed. 40 of these children had features of ASC. 5 of the 80 presented with isolated language delay; 1 child presented with motor delay.

There were 5 of the 7 HIE toddlers who had outcomes in the typical (average/"normal") range across all areas assessed. One child had features of ASC with no cognitive delay, with a strong family history of ASC. 1 child out of the HIE toddlers presented with global developmental delay (GDD).

The 2 consultant referrals included 1 child who presented with GDD, and the other child presented with features of ASC.

NEONATAL OCCUPATIONAL THERAPY SERVICE

The Neonatal Occupational Therapy service is run by Dr Emma Butler who has been in post since late 2024. The Neonatal OT service was warmly welcomed by medical and AHP colleagues. In 2025, the Neonatal OT service (incorporating in- and out-patient services) operated with 0.6 WTE cover delivering extensive clinical activity and providing training to staff. Staff training incorporated the role of the neonatal occupational therapist, developmental positioning and sensory development in the neonate.

Throughout 2025, in-patient referrals were welcomed for babies (and their families) admitted to NICU who were born <32 weeks, <1500g, requiring treatment for neonatal abstinence syndrome or who had neuroimaging concerns. The main focus of OT intervention on the neonatal unit incorporated developmental positioning, neuroprotective care, promoting positive sensory experiences for the neonate and their parents, supporting parents in managing their own nervous system, helping parents and staff to understand and respond to the neonate's cues (neurobehaviour) and supporting parents in adapting to their role of parenting on a neonatal unit using co-occupation. The neonatal OT also provided input at rounds once per week.

2025 also saw the establishment of neonatal OT out-patient clinics in Hampson House. These clinics are to provide developmental surveillance and anticipatory guidance to the babies who received OT whilst in-patient on the neonatal unit up until 2 years of corrected age or until such time that they are discharged to community services if indicated. The focus of the out-patient service relates to infant mental health, co-regulation, sensory development, fine-motor, cognitive and social-emotional development in addition to play and activities of daily living (sleeping, feeding, dressing, bathing, nappy changing etc). Babies born in Rotunda who were not admitted to NICU were accepted on a case-by-case basis if OT concerns were highlighted. Almost 200 out-patient appointments were delivered in 2025.

Successes for the neonatal OT service in 2025 were receiving funding from the HSE SPARK programme to purchase a suite of positioning aids for the NICU and also being selected for funding from the DCDE What Works Initiative for a pilot developmental telehealth surveillance project for babies admitted to NICU born between 32 and 34+6 weeks until they are 1-year corrected age. This pilot will begin in 2026.

The neonatal OT department is a member of the Dublin 1 Infant Mental Health Network and also contributed to in-house MDT initiatives such as establishing a neonatal AHP office hub to improve teamwork and communication and also being involved in developmental care rounds with families on the neonatal unit. The neonatal OT service also provided a number of 'parenting in the first year' talks in conjunction with their neonatal OT colleagues from the National Maternity Hospital, the Coombe Women and Infants hospital and Children's Health Ireland in partnership with Dublin City Libraries.

The neonatal OT department provided input to the updated national neonatal model of care. This model of care recommended that a level 3 neonatal unit should be staffed by a minimum of 2 WTE occupational therapists plus 0.15WTE for OT developmental follow-up. The neonatal OT service will operate at 1.0WTE for 2026 and a key priority is obtaining a clinical specialist OT designation post to recognise the work and specialism of the role, in addition to a further 1WTE senior post in order to grow and expand the range of OT services that the neonatal OT department can provide at the Rotunda.

NEURODEVELOPMENTAL CLINIC

The Neurodevelopmental clinic has been running since 2019 and facilitates the onwards referral of infants where concerns exist regarding neurodisability and/or behavioural issues. The clinic is held in the Summerhill Primary Care Centre under the governance of the Rotunda Hospital. The service is led by Dr Fionnuala Caulfield who commenced in 2024. In 2025, 81 children were seen through the service. The waiting list that had been generated due to the gap in service before commencement of Dr Caulfield was cleared by April 2025, and an additional 42 children were referred in 2025. Dr Caulfield attends fetal medicine meetings and provides antenatal counselling for parents on a wide range of conditions as well as meeting with parents in the NICU where there are expected neurodevelopmental challenges and is an integral member of the developmental multi-disciplinary team.

NEONATAL DIETETICS CLINIC

The Rotunda has a specialist neonatal dietetics clinic run by Ms. Anna-Claire Glynn and Ms Niamh Kelly-Whyte who started in 2025. They provide significant inpatient supports to the NICU and in 2022 expanded the service to include inpatient review to all infants <34 weeks and <1.8kg, where previously it had been <32 weeks and <1.5kg. In the outpatient setting patients with complex nutritional needs, faltering growth and suspected food intolerances are managed in conjunction with the neonatal clinics and SALT support. There were 125 in person attendances in 2025 and an additional 150 telemedicine clinics. The telemedicine clinics have increased year-on-year to continue to allow delivery of the standard of care the team prides itself on, given the requirement to reduce face-to-face clinic appointments due to staffing constraints. With increasing patient complexity and activity in the neonatal unit, dietetic services are operating above capacity. It is anticipated that the HSE model of care for neonatology will recommend an uplift in dietetic staffing at the Rotunda, which will facilitate us in delivering best-practice neonatal care in the future.

SPECIALIST CARDIOLOGY SERVICES

The Rotunda Echo Service is led by Prof. Afif El Khuffash whereby dedicated echo sessions for the NICU are ring-fenced for functional echocardiography assessment to help guide management in cases where there may be functional cardiac concerns and critical pulmonary hypertension. This has been supported by Dr Aisling Smith, who was appointed in 2025 and has extensive NPE expertise. Dr Lyudmyla Zakharchenko and Dr Sean Armstrong complete the team providing regular haemodynamic assessment and support. This is an invaluable addition to the services provided in the Rotunda NICU. The department also has a close relationship with the cardiology service in CHI Crumlin through Dr Eimear McGovern whose expertise benefits the management of preterm and term infants with cardiac concerns with weekly in-person review and cot-side teaching. Further development of the neonatologist-performed echocardiography (NPE) service is a key priority for the unit.

SPEECH AND LANGUAGE THERAPY SERVICE

The Rotunda Speech and Language Therapy Service is led by Ms Amanda Scott. In 2025 the service transitioned from a foundational phase into a high-activity clinical provider. There was a 72% increase in direct clinical patient contacts between 2024 and 2025 which reflected the increased admissions to the unit, medical complexity of infants, and increase in referrals to both the inpatient and outpatient services.

Within the neonatal unit the SLT service continues to provide universal supports to parents, infants and staff. This includes establishing feeding, creating a total communication environment, and supporting the development of responsive relationships between infants, parents and neo-natal staff. Practical supports including talking, singing and reading to

your baby are provided in partnership with Spark HSE and Dublin City Libraries. We ran a successful Babies with Books Campaign within the unit which was supported by past families and the local media and leading to us being highly ranked for our endeavours within the world wide campaign that week.

Targeted supports are offered to babies at risk of feeding, speech, language and communication needs. This included approximately 1,152 cot side consultations with families and staff, attendance at MDT meetings and attendance at MDT Developmental Care Ward Rounds with families.

Specific specialist supports are 1:1 assessment, clinical management focusing on feeding, and speech, language and communication Needs. 282 inpatients were referred for specific specialist feeding supports.

With the allocation of a dedicated clinical space and storage for equipment in the new Paediatric Outpatients Department in Hampson House it enabled the facilitation of 471 outpatient appointments. This dedicated space has allowed for opportunities for better coordination of working with families, babies and AHP colleagues within the neonatal team to support early oral feeding, introduction of weaning and anticipatory guidance of communication needs.

In June 2025 we ran our second successful Baby Communication Week across the neonatal unit and postnatal wards, and hosted our stand in the Paediatric Outpatients Department in Hampson House. SLT continued to forge links with CDNT and Primary Care Speech and Language Therapy Services. Therapists have shadowed both on the unit and in paediatric outpatients. We have continued our After NICU Book club sessions with Dublin City Libraries through the NICU graduate baby massage group in Hampson House. SLT continue to maintain close links by meeting with the National Neonatal SLT group and the UK Neonatal CEN throughout 2025.

Ms Scott completed a number of studies this year with her Rotunda colleagues including the Organisational and Supervisory Skills Development Programme, where she gave an oral and poster presentation on her Quality Improvement Initiative ‘Meet the Neonatal SLT’ to the RCSI Hospital group. The hospital also provided training on Infant Mental Health and Trauma-Informed Compassionate Care. She regularly attends network meetings and steering committees within both these groups in the hospital. Ms Scott was fortunate to join her AHP colleagues on the IAIM massage training within the hospital in 2025. Parent and staff education sessions with SLT have been ongoing in 2025 and learnings from these trainings have been shared within this. She completed her MSc in Health Care Management with RCSI which she found extremely helpful in developing and structuring her service.

While 2025 was a year of significant growth with the development of the paediatric outpatient services and the increased space available, the service has identified specific barriers to optimal SLT care. Currently it has a single lead where the National Recommendations for a Level 3 Neonatal Unit is **2.0 WTE** (Whole Time Equivalent) SLTs and there is a resource gap within the outpatient AHP team including SLT to ensure timely, integrated, patient-centred care.

NATIONAL NEONATAL TRANSPORT PROGRAMME (NNTP)

Dr Nurul Aminudin is the site lead for the National Neonatal Transport Programme at the Rotunda. The Rotunda along with its sister tertiary NICUs at the National Maternity Hospital and the Coombe Women and Infants’ University Hospital rotate responsibility for the National Neonatal Transport Programme (NNTP). This national service provides emergency

and planned transfers of infants between all maternity and paediatric centres on a 24-hour basis throughout the year. The Rotunda acts as the NNTP paymaster and has taken the lead in initiating service expansion in this department such as introducing the NNTP Transport Fellow role, which has been very successful.

The NNTP team comprises of highly trained NICU staff (nurses and doctors), ground ambulance technicians (drivers) and Irish Air Corps (for neonatal air transfers). During 2025, the overall service transported 794 infants on a national basis, with 32.5% (258) being transported by the Rotunda NNTP Team. The overall activity for the programme was down 45% from 2024.

Rotunda NICU accepted 60 infants to the NICU via the NNTP, 36 referred for neonatal care from tertiary and non-tertiary neonatal units, representing 32% of national referrals to Dublin NICUs. There were 17 returning patients from CHI, and 4 from other tertiary neonatal units having been delivered elsewhere for capacity issues. In addition there were 3 infants born in the Mater for maternal reasons that were transferred to the Rotunda. 95 infants were transferred from the Rotunda to other centres (71% were to Dublin paediatric hospitals). Ms Tara Moore is the Rotunda Transport CNS and continues to provide support in both NICU and NNTP. We are also grateful to NNTP consultants; Dr Jan Franta and Dr Hana Fucikova who continue their service with the Rotunda Hospital.

ROTUNDA FOUNDATION SUPPORT

We are eternally grateful to the Foundation for their ongoing support for the purchase of various pieces of equipment and the support of research within the unit. The Rotunda Foundation has been a stalwart support of the NICU for many years and continued in this manner throughout 2025. Ms Sheila Costigan retired from the role and is greatly missed by the team. Happily, she has been replaced by another wonderful ambassador for the NICU, Ms Sarah O'Donnell Ryan, and we look forward to working closely with her in future projects such as the highly successful Angel-Eye video system, the vCreate programme and the RetCam camera, as well as supporting various research projects in the NICU.

RESEARCH

The Rotunda has a longstanding reputation of supporting and fostering good quality research and 2025 continued this theme with a number of enrolled higher degree candidates. Dr Daniel O'Reilly supervised by Prof. Naomi McCallion, and Dr Rachel Mullaly, supervised by Prof. Afif El Khuffash, were both awarded their PhDs in 2025. Dr Mahmoud Farhan, supervised by Prof. Naomi McCallion, was awarded his MD and Dr Sean Tamgumus, supervised by Prof. Michael Boyle, submitted his MD in 2025. There are a number of ongoing higher degree projects in the department. Dr Dermot Wildes is enrolled as PhD candidate and Dr Sheiniz Giva as an MD candidate both due to submit in 2026. Dr Ciara Terry, Dr Sharon Dempsey and Dr Colin McGrath registered their higher degree candidacy in 2025. There are many other research and audit projects being conducted by our clinical NCHDs of all grades leading to several peer-reviewed publications. After the successful graduations of 2025, Prof. McCallion and Prof. El Khuffash have supervised over 20 higher degrees in the Rotunda Department of Neonatology highlighting the impressive output from the Department of Neonatology and our strong partnership with our academic institute, RCSI.

CHANGES AND CHALLENGES 2025

The challenges of delivering high-quality, tertiary-level neonatal intensive care within the current infrastructural limitations of the Rotunda Hospital remain ever present. However,

2025 saw meaningful progress on multiple fronts, with several significant developments for the department.

A landmark moment for the Rotunda campus came in January 2025 with the opening of Hampson House on Middle Earl Street, a new state-of-the-art outpatient facility that will allow delivery of modern outpatient care in a genuinely 21st century environment. This is an important step in the broader redevelopment of the Rotunda campus in advance of the planned Critical Care Wing, and represents a tangible improvement in the environment within which we care for our patients and families. It has been a fantastic addition to the Rotunda and well-liked by staff and patients alike. Planning for the Critical Care Wing itself progressed well throughout the year, with robust designs developed that seek to satisfy the full needs of the neonatal department and to future-proof the delivery of neonatal services for years to come. We look forward to seeing this progress continue.

A significant innovation in 2025 was the introduction of Eistigi, a point-of-care GeneDrive test for genetic susceptibility to gentamicin-associated hearing loss. The Rotunda is the first centre in Ireland to implement this test, which allows rapid identification of infants carrying the m.1555A>G mitochondrial variant, enabling clinical teams to modify antibiotic therapy before any irreversible auditory damage can occur. This initiative was made possible through the generous support of the Charlotte Stoker Trust and the Rotunda Foundation, and we are enormously grateful to both. It is a genuine step forward in the personalisation of neonatal care and in protecting the long-term outcomes of our infants.

The national RSV immunisation programme entered its second winter in 2025, with every infant born from September onwards offered immunisation. Having navigated the first year of the programme in 2024, the process this year was considerably smoother, with the team from Pharmacy, Midwifery and Neonatology drawing on their considerable experience to deliver the programme efficiently and confidently. The programme continues to demonstrate significant reductions in RSV-related hospitalisation and intensive care admissions, and the Rotunda's role as a national pathfinder remains a source of well-deserved pride for all involved.

The sessional commitments of Rotunda neonatologists to the neonatal department at Children's Health Ireland have been the subject of ongoing discussions throughout the year, in-line with similar processes completed at the Coombe and National Maternity Hospitals, and in advance of the opening of the New Children's Hospital. These discussions progressed significantly during 2025, with resolution anticipated imminently.

Finally, as the year drew to a close, the department began to prepare for a significant transition. Professor David Corcoran, after a long and distinguished career in neonatal medicine at the Rotunda, was preparing to retire at the turn of the year. Professor Corcoran's contribution to the department, to his patients, and to neonatology in Ireland more broadly has been immense, and his knowledge, experience, and counsel will be greatly missed by colleagues and families alike. We wish him a long, happy, and well-deserved retirement.

PLANS FOR 2026

The Critical Care Wing development on the Parnell Square site remains the single most important infrastructural priority for the NICU and for the hospital. The planning process progressed significantly in 2025 and engagement with all relevant stakeholders, statutory bodies and design teams will continue in 2026 with determination and urgency. The need for a modern, purpose-built neonatal intensive care unit cannot be overstated; the delivery of safe, high-quality tertiary neonatal care within the current built environment remains one

of the most pressing challenges facing the department, and progress on this project is essential for patients, families and staff alike.

The sessional commitments of Rotunda neonatologists within the Children's Health Ireland neonatal department, restructured in line with those already agreed at the Coombe and National Maternity Hospitals, are expected to be formally resolved in early 2026. This will bring welcome clarity for staff on both sites and support the delivery of a coherent, well-integrated national neonatal network in advance of the opening of the New Children's Hospital.

A change in national clinical leadership in neonatology is anticipated in 2026, and with it an opportunity to finalise and publish an updated national model of care for neonatal services in Ireland. This will be an important document for the specialty and for the Rotunda, setting out a clear framework for staffing, infrastructure, network configuration and service development over the coming decade. Closely related to this is the expected publication of a national threshold of viability document, which will provide long-awaited clarity on the management of infants born at 22 weeks gestation in Ireland. As the busiest tertiary neonatal centre in the country, the Rotunda will play a central role in the implementation of the national guidance that emerges, and has the clinical expertise, experience and commitment to do so. This is an ethically complex area and national guidance will be essential in ensuring consistent, equitable and evidence-based care for these most vulnerable infants and their families across all Irish centres.

The staffing needs of the department require urgent and sustained attention. Activity levels and clinical acuity in the Rotunda NICU are among the highest in these islands, and the current consultant workforce does not reflect the demands of the service, the complexity of the patient population, or accepted international norms and best practice. A strong case exists for additional consultant neonatologist appointments, and progressing this with hospital management and the relevant statutory bodies will be a key objective in 2026.

The development of the NEST service led by RANP Paula Penrose will commence in 2026 aiming to provide support to discharged infants fulfilling certain criteria. This will facilitate earlier discharges and significantly help parents in the first few weeks post NICU. The service is expected to grow from being delivered by Paula to being overseen by her and will improve patient flow through the NICU too. The EPIC project, focusing on the intensive management of infants born at 23–25 weeks in the first week of life, will continue to be embedded and evaluated. In all of these endeavours, the commitment of the neonatal medical, nursing and allied health team to delivering the very best care for the smallest and most vulnerable infants remains steadfast.

NEONATAL DEATHS 2025					
Birth Weight (grams)	Gestation	Delivery	Apgar scores (1,5,10 minutes)	Age at Death	Principal Cause of Death
NO CONGENITAL ANOMALIES					
540	23+1	CD	5, 5, 10	13 days	Extreme prematurity, ELBW, Chorioamnionitis, PPHN
550	23+1	SVD	1, 1 ,1	1 hour	Prematurity, PPROM, Chorioamnionitis, E coli infection
556	22+6	SVD	3, 0	2 minutes	Breech, Preterm, Chorioamnionitis
680	23+4	SVD	2 ,5, 7	11 days	Extreme prematurity, RDS, PPHN, Pulmonary Interstitial Emphysema
770	24+0	SVD	Born at home	6 days	Group B Strep infection, Prematurity, Pseudomonas Sepsis
1285	34+4	CD	9, 10	6 weeks	Baby died at home
1940	32+6	SVD	9, 10	4 days	E-coli, NEC,

SVD: spontaneous vaginal delivery; IVD: induced vaginal delivery; CD: caesarean delivery; NEC: necrotising enterocolitis; HIE: Hypoxic ischaemic encephalopathy; IVH: Intraventricular haemorrhage, ELBW: Extremely low birth weight; PPHN – Persistent pulmonary hypertension; PPROM – Prolonged premature rupture of membranes

NEONATAL DEATHS 2025					
Birth Weight (grams)	Gestation	Delivery	Apgar scores (1,5,10 minutes)	Age at Death	Principal Cause of Death
CONGENITAL ANOMALIES					
1795	33+6	CD	9, 9	7 days	Hypoplastic left heart, mitral and aortic atresia, VSD
2065	34+2	CD	5, 7	3 days	Trisomy 21, bilateral hydrothoraces, ascites
2220	33+1	CD	4, 4, 4	14 hours	Unilateral large trans-spatial mass involving tongue, pharynx and affecting brain
2300	37+2	CD	7, 9	2 weeks	Died at home, Pontocerebellar hypoplasia
2540	37+0	CD	3, 5, 6	1 hour	VATER association, ventriculomegaly, multiple anomalies, imperforated anus, cardiac anomalies
2560	37+5	CD	7, 4	17 hours	Amniotic band, cleft palate and lip, anencephaly
2680	37+5	SVD	9, 10	8 days	Died in TSH, seizure, Trisomy 21
2780	37+3	CD	6, 8	8 days	Congenital heart disease, VSD, tricuspid atresia
3500	36+6	CD	1, 3, 5	17 hours	High grade fetal vascular malperfusion, congenital pleural effusion, pulmonary hypoplasia
3500	38+2	SVD	5, 3, 3	7 hours	Hydronephrosis, congenital alveolar capillary dysplasia

SVD: spontaneous vaginal delivery; IVD: Instrumental vaginal delivery; CD: caesarean delivery; VSD: Ventricular septal defect;

TABLE 1.1: ADMISSIONS AND DISCHARGES TO THE NEONATAL UNIT					
	2021	2022	2023	2024	2025
Admissions *	1,255	1,169	1,171	1,308	1,423
Discharged	1,253	1,203	1,191	1,306	1,464
Infants > 1500grams	1,130	1,100	1,073	1,211	1,353
Infants Treated on the Ward	483	471	599	701	575

* Infants are not always admitted and discharged within the same clinical year

TABLE 1.2 : CATEGORIES OF NEONATAL CARE*					
	2021	2022	2023	2024	2025
Total Number of Intensive Care Days	1,993	2,004	2,105	2,562	2,088
Total Number of High Dependency Days	4,050	4,261	5,607	4,392	3,673
Total Number of Special Care Days	6,453	6,384	8,437	9,516	5,792

* British Association of Perinatal Medicine. Categories of Care 2011.

Table 1.3: Discharges from the Neonatal Unit by Birth Weight					
	2021	2022	2023	2024	2025
<500gms	0	2	0	1	2
501 - 1000grms	47	43	52	40	46
1001 - 1500grms	76	58	66	57	63
1501 - 2000grms	109	140	122	131	140
2001 - 2500grms	161	189	156	208	223
Over 2501grms	860	771	795	869	990
Total Discharged	**1,253**	**1,203**	**1,191**	**1,306**	**1,464**

TABLE 1.4: ADMISSIONS TO THE NEONATAL UNIT BY INDICATION					
	2021	2022	2023	2024	2025
Respiratory Symptomatology	497	510	521	590	617
Prematurity < 37 Weeks	420	523	491	528	525
Jaundice	540	575	670	725	838
Low Birth Weight < 2.500Kg	240	281	229	324	474
Hypoglycaemia	209	220	160	188	226
Congenital Abnormalities	239	238	202	195	188
Sepsis	11	17	18	10	8
HIE	23	16	11	22	7
Neonatal Abstinence Syndrome (NAS)	26	18	13	19	6
Dehydration	14	6	6	1	6
Seizures	12	4	5	16	7
Social	13	14	20	25	9
Gastro-Intestinal Symptoms	0	0	0	6	7

* Some Infants are assigned more than one reason for admission

TABLE 1.5: RESPIRATORY MORBIDITY IN TERM INFANTS >37 WEEKS ADMITTED TO THE NEONATAL UNIT					
	2021	2022	2023	2024	2025
Respiratory Distress Syndrome (RDS)	51	58	55	47	70
Transient Tachypnoea of the Newborn (TTN)	191	149	161	227	231
Congenital Pneumonia	13	8	3	8	7
Meconium Aspiration Syndrome (MAS)	7	7	9	6	13
Pulmonary Hypoplasia	0	0	0	0	0
Stridor	14	17	12	9	6
Congenital Diaphragmatic Hernia (CDH)	3	5	4	5	0
Tracheo-oesophageal fistula	0	0	0	0	0
Congenital Cystic Adenomatoid Malformation (CCAM)	0	0	0	0	0
Air Leak	0	0	0	0	0
Laryngomalacia	6	0	0	0	1

TABLE 1.6: CONGENITAL HEART DISEASE INFANTS ADMITTED TO THE NEONATAL UNIT					
	2021	2022	2023	2024	2025
Patent Ductus Arteriosus (PDA)	74	69	86	77	83
Dysrhythmia	51	63	40	42	40
Ventricular Septal Defect (VSD)	23	20	16	26	27
Persistent Pulmonary Hypertension of The Newborn (PPHN)	24	31	23	21	11
Atrial Septal Defect (ASD)	9	10	1	15	11
Atrioventricular Septal Defect (AVSD)	6	4	1	8	3
Transposition of The Great Arteries (TGA)	4	1	1	2	3
Tetralogy of Fallot	2	5	4	0	1
Hypoplastic Left Heart Syndrome (HLHS)	3	4	1	2	1

TABLE 1.7: GASTROINTESTINAL ABNORMALITIES IN INFANTS ADMITTED TO THE NEONATAL UNIT					
	2021	2022	2023	2024	2025
Inguinal Hernia	5	6	7	4	4
Isolated Cleft Palate	4	1	6	6	7
Imperforate Anus	2	2	5	2	1
Tracheo-oesophageal fistula	0	0	1	0	1
Cleft Lip	2	4	3	2	7
Spontaneous Perforation	3	3	2	1	2
Bowel Atresia	5	4	3	9	1
Pyloric Stenosis	0	1	1	1	0
Gastroschisis	3	0	3	3	1
Omphalocoele	5	1	2	1	2

TABLE 1.8: CENTRAL NERVOUS SYSTEM ABNORMALITIES IN INFANTS ADMITTED TO THE NEONATAL UNIT					
	2021	2022	2023	2024	2025
Meningitis	6	10	5	3	2
Microcephaly	2	0	1	1	4
Hydrocephalus	0	1	0	0	0
Erb's Palsy	3	3	2	0	1
Schizencephaly	2	0	0	0	0

TABLE 1.9: METABOLIC / ENDOCRINE / HAEMATOLOGICAL ABNORMALITIES IN INFANTS ADMITTED TO THE NEONATAL UNIT					
	2021	2022	2023	2024	2025
Hypoglycaemia	209	220	160	188	226
Anaemia of Prematurity	64	54	57	53	63
Thrombocytopenia	43	32	32	20	29
Polycythaemia	20	18	9	7	4
Hyperglycaemia	22	14	19	23	16
Haemolytic Disease of the Newborn	30	14	38	38	38
Anaemia (Not associated with Prematurity)	10	12	11	8	6
Disseminated Intravascular Coagulation	13	3	6	5	6
Syndrome of Inappropriate Antidiuretic Hormone Secretion (SIADH)	12	21	7	9	10
Hypothyroidism	0	0	0	1	0
Galactosaemia	1	0	0	0	1

TABLE 1.10: CHROMOSOMAL ABNORMALITIES IN INFANTS ADMITTED TO THE NEONATAL UNIT					
	2021	2022	2023	2024	2025
Trisomy 21 (Down Syndrome)	14	21	9	20	15
Trisomy 18 (Edwards Syndrome)	0	0	0	1	1
Trisomy 13 (Patau Syndrome)	0	0	0	0	0

TABLE 1.11: JAUNDICE IN TERM INFANTS >37 WEEKS ADMITTED TO NEONATAL UNIT					
	2021	2022	2023	2024	2025
NON-HAEMOLYTIC	243	231	365	370	473
Haemolytic Jaundice					
ABO Incompatibility	18	8	29	29	25
Rhesus Incompatibility	4	2	8	4	5

TABLE 2.1 BABIES ADMITTED TO NICU WITH BIRTH WEIGHT <1,500G AND/OR <29+6 WEEKS' GESTATION										
	2021		2022		2023		2024		2025	
	All Cases	Excluding Congenital Anomalies	All Cases	Excluding Congenital Anomalies	All Cases	Excluding Congenital Anomalies	All Cases	Excluding Congenital Anomalies	All Cases	Excluding Congenital Anomalies
Infants <401g but >22+0 weeks gestation	2	2	0	0	0	0	0	0	0	0
Infants 401-500G	2	2	2	2	1	0	2	0	1	0
Infants 501-1,500g	104	94	114	106	109	100	100	93	94	90
Infants >1,500g But <29+6 weeks gestation	1	1	0	0	6	5	2	0	0	0
Total	**109**	**99**	**116**	**108**	**116**	**105**	**104**	**93**	**95**	**90**

TABLE 2.2.1 SURVIVAL TO DISCHARGE OF INFANTS <1,500G AND/OR <29+6 WEEKS' GESTATION BASED ON GESTATIONAL AGE (ALL INFANTS, INCLUDING THOSE WITH MAJOR CONGENITAL ANOMALIES).

	2025 Inborn			2025 Outborn			2025 Total (Inborn and Outborn)			2020-2024 (Aggregate Inborn and Outborn)		
Gestational Age at birth	N	Survival to Discharge	%	N	Survival to Discharge	%	N	Survival to Discharge	%	N	Survival to Discharge	%
<22 weeks	0	0	0	0	0	0	0	0	0	0	0	0
22+0-22+6	0	0	0	0	0	0	0	0	0	6	0	0
23+0-23+6	3	0	0	0	0	0	3	0	0	25	7	28
24+0-24+6	6	5	83	0	0	0	6	5	83	39	22	56
25+0-25+6	5	5	100	1	1	100	6	6	100	44	36	82
26+0-26+6	6	6	100	1	1	100	7	7	100	50	40	80
27+0-27+6	12	12	100	3	3	100	15	15	100	50	44	88
28+0-28+6	11	11	100	2	2	100	13	13	100	49	47	96
29+0-29+6	10	10	100	0	0	0	10	10	100	77	75	97
30+0-30+6	6	5	83	0	0	0	6	5	83	56	56	100
31+0-31+6	7	6	86	0	0	0	7	6	86	41	37	90
32+0-32+6	9	8	89	2	2	100	11	10	91	45	40	89
>33+0 weeks	8	8	100	0	0	0	8	8	100	47	46	98
Total	**83**	**76**	**92**	**9**	**9**	**100**	**92**	**85**	**92**	**529**	**450**	**85**

TABLE 2.2.2: SURVIVAL TO DISCHARGE OF INFANTS <1,500G AND /OR <29+6 WEEKS' GESTATION BASED ON GESTATIONAL AGE (EXCLUDING THOSE WITH MAJOR CONGENITAL ANOMALIES).

	2025 Inborn			2025 Outborn			2025 Total (Inborn and Outborn)			2020-2024 (Aggregate Inborn and Outborn)		
Gestational Age at birth	N	Survival to Discharge	%	N	Survival to Discharge	%	N	Survival to Discharge	%	N	Survival to Discharge	%
<22 weeks	0	0	0	0	0	0	0	0	0	0	0	0
22+0-22+6	0	0	0	0	0	0	0	0	0	6	0	0
23+0-23+6	3	0	0	0	0	0	3	0	0	23	6	26
24+0-24+6	6	5	83	0	0	0	6	5	83	38	22	58
25+0-25+6	5	5	100	1	1	100	6	6	100	42	34	81
26+0-26+6	6	6	100	1	1	100	7	7	100	46	39	85
27+0-27+6	12	12	100	3	3	100	15	15	100	50	44	88
28+0-28+6	10	10	100	2	2	100	12	12	100	47	47	100
29+0-29+6	10	10	100	0	0	0	10	10	100	72	71	99
30+0-30+6	6	5	83	0	0	0	6	5	83	53	53	100
31+0-31+6	5	5	100	0	0	0	5	5	100	36	34	94
32+0-32+6	8	8	100	1	1	100	9	9	100	40	38	95
>33+0 weeks	8	8	100	0	0	0	8	8	100	41	41	100
Total	**79**	**74**	**94**	**8**	**8**	**100**	**87**	**82**	**94**	**494**	**429**	**87**

TABLE 2.3.1: SURVIVAL TO DISCHARGE OF INFANTS <1,500G AND/OR <29+6 WEEKS' GESTATION BASED ON BIRTH WEIGHT (ALL INFANTS, INCLUDING THOSE WITH MAJOR CONGENITAL ANOMALIES).

	2025 Inborn			2025 Outborn			2025 Total (Inborn and Outborn)			2020-2024 (Aggregate Inborn and Outborn)		
Birth Weight	N	Survival to Discharge	%	N	Survival to Discharge	%	N	Survival to Discharge	%	N	Survival to Discharge	%
<501g	1	1	100	0	0	0	1	1	100	9	2	22
501-600g	2	0	0	0	0	0	2	0	0	37	17	46
601-700g	9	8	89	0	0	0	9	8	89	44	27	61
701-800g	6	5	83	2	2	100	8	7	86	47	40	85
801-900g	8	7	88	1	1	100	9	8	89	45	33	73
901-1000g	9	9	100	0	0	0	9	9	100	38	35	92
1001g-1100g	9	9	100	2	2	100	11	11	100	45	43	96
1101-1200g	6	6	100	3	3	100	9	9	100	60	55	92
1201-1300g	10	9	90	1	1	100	11	10	91	45	44	98
1301-1400g	10	10	100	0	0	0	10	10	100	63	61	97
>1400g	13	12	92	0	0	0	13	12	92	96	93	97
Total	**83**	**76**	**92**	**9**	**9**	**100**	**92**	**85**	**92**	**529**	**450**	**85**

TABLE 2.3.2 : SURVIVAL TO DISCHARGE OF INFANTS <1,500G AND /OR <29+6 WEEKS' GESTATION BASED ON BIRTH WEIGHT (EXCLUDING THOSE WITH MAJOR CONGENITAL ANOMALIES).

	2025 Inborn			2025 Outborn			2025 Total (Inborn and Outborn)			2020-2024 (Aggregate Inborn and Outborn)		
Birth Weight	N	Survival to Discharge	%	N	Survival to Discharge	%	N	Survival to Discharge	%	N	Survival to Discharge	%
<501g	1	1	100	0	0	0	1	1	100	9	2	22
501-600g	2	0	0	0	0	0	2	0	0	35	15	43
601-700g	9	8	89	0	0	0	9	8	89	40	23	58
701-800g	5	4	80	2	2	100	7	6	86	47	40	85
801-900g	7	7	100	1	1	100	8	8	100	40	31	78
901-1000g	9	9	100	0	0	0	9	9	100	37	35	95
1001g-1100g	9	9	100	2	2	100	11	11	100	42	41	98
1101-1200g	6	6	100	3	3	100	9	9	100	54	52	96
1201-1300g	9	8	89	1	1	100	10	9	90	44	44	100
1301-1400g	9	9	100	0	0	0	9	9	100	55	54	98
>1400g	12	12	100	0	0	0	12	12	100	92	89	97
Total	**78**	**73**	**94**	**9**	**9**	**100**	**87**	**82**	**94**	**495**	**426**	**86**

TABLE 2.4: MORBIDITY DATA (INCLUDING BABIES WITH CONGENITAL ANOMALIES)								
	Rotunda 2025			VON Network 2025		Rotunda 2020 – 2024 Aggregate		
	No. Cases	No. Infants	%	No. Infants	%	No. Cases	No. Infants	%
Inborn	81	95	85.3	58255	87.6	487	530	91.8
Male	43	95	45.3	58186	50.4	277	530	52.3
Antenatal steroids – all infants	90	94	95.7	57893	83.3	463	528	87.6
Multiple gestation	20	95	21.1	58243	23.1	156	530	29.4
Antenatal magnesium sulphate	70	94	74.5	57599	66.9	367	528	69.5
Caesarean delivery	70	95	73.7	58193	74.3	391	530	73.7
Any major birth defect	5	95	5.3	58232	8.0	35	530	6.6
Small for gestational age	25	95	26.3	56230	21.7	116	529	21.9
Surfactant – administered in delivery room	30	95	31.6	58140	16.4	159	530	30.0
Surfactant – any time	54	95	56.8	58182	57.0	316	530	59.6
Any ventilation	44	93	47.3	55615	53.1	304	498	60.0
Conventional ventilation	44	93	47.3	54574	6.7	301	510	59.0
High frequency ventilation	3	93	3.2	55598	24.6	108	509	21.2
Nasal CPAP	84	93	90.3	55585	80.2	422	507	83.2
Inhaled nitric oxide	15	93	16.1	55560	8.3	62	509	12.2
Respiratory Distress Syndrome	80	93	86.0	55555	77.3	453	510	88.8
Pneumothorax	6	93	6.5	55602	4.1	43	509	8.4
Chronic Lung Disease	25	82	30.5	47744	28.6	144	394	36.5
CLD in infants < 33 weeks	25	74	33.8	43414	30.5	141	349	40.4
Corticosteroids for CLD	10	93	10.8	55540	14.9	90	506	17.8
Late bacterial infection	1	93	1.1	53226	6.9	46	488	9.4
Coagulase Negative Staphylococcus Infection	1	93	1.1	53217	4.1	6	486	1.2
Fungal infection	2	93	2.2	53218	0.9	7	487	1.4
Any late infection	4	93	4.3	53210	10.5	55	487	11.2
NEC	2	93	2.2	55582	5.2	38	509	7.4
Ibuprofen for PDA	10	93	10.8	55452	4.3	72	506	14.2
ROP	19	18	23.8	41426	31.7	104	388	26.8
Severe ROP	8	80	10.0	41426	6.5	12	388	3.0
Anti-VEGF for ROP	9	92	9.8	55372	3.4	17	508	3.3
Severe IVH	4	91	4.4	49750	8.1	41	482	8.5
Cystic PVL	1	91	1.1	51498	2.7	15	490	3.0
Mortality	7	92	7.6	57050	15.9	79	529	14.9
Mortality excluding early deaths	5	90	5.6	53731	10.7	56	507	11.0
Survival	85	92	92.4	57050	84.1	450	529	85.1
Survival without specified morbidities	58	92	63.0	57047	54.2	273	529	51.6

TABLE 2.5: SHRUNKEN STANDARDISED MORTALITY RATIOS AND MORBIDITY RATES								
	Rotunda 2025				Rotunda 2023-2025			
Measure	N	SMR*	Lower 95%	Upper 95%	N	SMR*	Lower 95%	Upper 95%
Mortality	92	0.8	0.5	1.3	299	1.0	0.7	1.4
Mortality excluding early deaths	90	0.7	0.4	1.3	292	1.0	0.7	1.4
Death or Morbidity	92	0.9	0.7	1.2	299	1.0	0.9	1.2
Chronic Lung Disease	82	1.2	0.8	1.6	242	1.4	1.1	1.7
Chronic Lung Disease <33 weeks	74	1.2	0.8	1.6	213	1.4	1.1	1.7
Necrotising Enterocolitis	93	0.6	0.2	1.3	296	1.0	0.6	1.6
Any Late Infection	93	0.6	0.2	1.1	288	0.8	0.5	1.1
Late bacterial infection	93	0.5	0.2	1.0	289	0.8	0.5	1.2
Coagulase Negative Staphylococcus infection	93	0.4	0.0	1.2	287	0.2	0.0	0.6
Fungal infection	93	2.2	0.3	5.7	288	2.6	1.1	4.8
Pneumothorax	93	1.2	0.7	1.9	296	1.7	1.1	2.3
Severe intraventricular haemorrhage	91	0.9	0.5	1.4	285	1.0	0.7	1.4
Cystic PVL	91	0.7	0.1	1.7	289	1.0	0.5	1.8
Any retinopathy of prematurity	80	0.8	0.5	1.2	228	1.0	0.8	1.2
Severe ROP	80	1.5	0.8	2.5	228	1.3	0.8	1.9

TABLE 4.1 HYPOXIC-ISCHAEMIC ENCEPHALOPATHY (HIE) SUMMARY 2021-2025										
	2021		2022		2023		2024		2025	
	Inborn	Outborn	Inborn	Outborn	Inborn	Outborn	Inborn	Outborn	Inborn	Outborn
Total	**19**	**3**	**10**	**4**	**8**	**4**	**15**	**7**	**7**	**6**
Mild (Grade1)	Not Reported Given Inaccuracy with Case Ascertainment		Not Reported Given Inaccuracy with Case Ascertainment		Not Reported Given Inaccuracy with Case Ascertainment		Not Reported Given Inaccuracy with Case Ascertainment		Not Reported Given Inaccuracy with Case Ascertainment	
Moderate (Grade 2)	17	3	8	3	7	4	11*	7*	6*	6**
Severe (Grade 3)	2	0	2**	1	1	0	4	0	1	0
Therapeutic Hypothermia	**18	3	9	4	8	4	15	7	7	6
	**Therapeutic Hypothermia not commenced in one case as baby did not meet cooling criteria on initial review		**Therapeutic Hypothermia not commenced in one case as baby did not meet cooling criteria on initial review				*Five moderate cases (4 inborn; 1 outborn) were atypical Two cases (1 inborn/1 outborn) had atypical Imaging for intrapartum HIE One case had postnatal HIE due to a tracheal ring Primary cause of encephalopathy in another child was felt to be infectious/inflammatory		*Co-existing neuromuscular disorder in one child **Trisomy 21 in one	

TABLE 4.2: CLINICAL DETAILS OF NEWBORN INFANTS WITH SIGNS OF MODERATE TO SEVERE HIE 2025

Inborn/ Outborn	HIE Grade	Gestation	Mode of delivery	Arterial Cord Gas		Venous Cord Gas		1 Minute Apgar	5 Minute Apgar	Therapeutic Hypothermia	Seizure Treatment	Brain MRI	Neurodevelopmental Progress at Last Review	
				pH	Base Excess	pH	Base Excess						Outcome	Age (Months)
Inborn	3	41+1	Ventouse	7.28	-6.4	7.29	-5.7	1	1	Yes	Yes	Day 5 Normal Limited by artefact	Low central tone but meeting motor milestones to date	3
Inborn	2	38+6	EMCS	6.84	-23.2	6.92	-21.7	1	7	Yes	Yes	Day 5 BL Diffuse mixed pattern of injury including brainstem	Microcephaly and cerebral palsy Linked with motor management and neurodisability services	5
Inborn	2	36+2	Ventouse	7.21	-7	7.23	-4	3	7	yes	Yes	Day 7 Isolated hippocampus injury	Slight motor delay with overall normal movement patterns.	9
Inborn	2	36+5	Breech vaginal delivery	7.29	-2.6	7.32	-7.9	4	9	Yes	No	Day 7 BL Focal WM T2 signal hyperintensity temporal lobes; Repeat at 7 months: delayed myelinatiopersistent mildly T2 hyperintense/T1 hypotense signal within the globus pallidi	Typical development to date	8
Inborn	2	40+1	EMCS	6.77	OR	6.85	-15	1	5	Yes	No	Day 6 Normal MRI	Typical development to date	9

TABLE 4.2: CLINICAL DETAILS OF NEWBORN INFANTS WITH SIGNS OF MODERATE TO SEVERE HIE 2025

Inborn/ Outborn	HIE Grade	Gestation	Mode of delivery	Arterial Cord Gas		Venous Cord Gas		1 Minute Apgar	5 Minute Apgar	Therapeutic Hypothermia	Seizure Treatment	Brain MRI	Neurodevelopmental Progress at Last Review	
				pH	Base Excess	pH	Base Excess						Outcome	Age (Months)
Inborn	2	37+2	EMCS	7.18	-5.8	7.23	-5.7	0	2	Yes	No	Day 6 Normal	Underlying neurogenetic disorder Transferred to Childrens Health Ireland; Gross motor delay but making continued developmental progress	
Inborn	2	37+0	EMCS	7.13	-6.7	7.16	-5.6	1	8	Yes	No	Day 5 punctate foci of reduced diffusivity in L periatrial WM; mild increased T1 signal hyperintensity in medial aspect of lentiform nuclei BL	Low central tone with mild gross motor delay	6
Outborn	2	37+2	Breech vaginal delivery	Unplanned Home Birth						Yes	Yes	Day 5 Reduced diffusity in spenium of corpus callosum and BL posterior fornices	Trisomy 21 CDNT follow; delayed developmental milestone but normal movement patterns and good progress	
Outborn	2	40+1	EMCS	7.4	0.5	7.4	-1.0	9	6	Yes	No	Day 9 Normal	Follow-up locally	
Outborn	2	40+5	Ventouse/ Forceps	6.96	-15.5	7.18	-13.6	3	6	Yes	No	Day 5 Normal	Follow-up locally	
Outborn	2	40+5	EMCS	7.09	-5.8	7.34	-1.5	1	5	Yes	No	Day 8 Normal	Follow-up locally	
Outborn	2	40+1	Forceps	7.08	-10.8	7.14	-10.8	9	9	Yes	Yes	Day 6 Normal	Follow up Locally	
Outborn	2	37+5	EMCS	7.05	-12.7	7.18	-10.6	0	2	Yes	No	Day 6 Normal	Follow up Locally	

EMCS emergency caesarean section
OR outside reportable range
BL Bilateral
WM White matter

Allied Clinical Services



Department of Laboratory Medicine

Head of Division
Dr Emma Doyle, Clinical Director of Laboratory
Mr John O'Loughlin, Laboratory Manager
Ms Susan Luke, Laboratory Quality Manager
Ms Geraldine Fay, Laboratory Administration Team Leader
Mr Declan Sherry, Senior Phlebotomist

SERVICE OVERVIEW

Workload in 2025 grew slightly across most departments but there was a reduction in workload in histology. Limited capacity both in terms of physical space and in terms of human resources limited the introduction of any major new services or changes in the department.

One of the biggest challenges in 2025 was the introduction of the new ISO 15189 standards. This was a significant amount of work that was rewarded by having a successful INAB accreditation assessment.

In 2025, we saw a significant increase in requests for procalcitonin (52%) and IL-6 (62%), showing an increased reliance on these new biomarkers in diagnosing and managing sepsis. Biochemistry introduced a significant cost containment strategy to try to control growing demand for specific tests. Microbiology saw the introduction of Semen Analysis Machine Intelligence (SAMi) for Andrology Infertility testing. Histology saw the procurement and commencement of a digital pathology project.

The single biggest challenge faced by the department in 2025 were HSA audits that highlighted areas of concern around chemical safety and ergonomics in histology. The age of the building and the limited capacity to manage and store chemicals continues to be a challenge. Remedial work was required to mitigate risk to staff until the Dominick Street project is completed.

Recruitment in the department improved in 2025 with the successful appointments of staff across all grades and disciplines.

The laboratory infrastructure remains a significant issue and the laboratory needs additional space to deal with the existing workload. The department eagerly awaits the Dominick Street labs and the retrofitting of the existing acute labs. It is clear from the two HSA assessments that the laboratory requires modernisation and extensive retrofitting to comply with health and safety regulation and legislation.

SUCCESSES AND ACHIEVEMENTS 2025

- Successfully retained ISO 15189 accreditation to the new ISO standards.
- Biochemistry introduced new demand management and cost containment measures expected to deliver cost reductions into 2026.
- Successful introduction of services to Hampson House including phlebotomy, point-of-care and a safe and compliant prophylactic anti-D service.

CHALLENGES 2025

The main challenges faced in 2025 included the retirement of several significant staff members. Mr Bill O'Neill retired as mortuary manager after 40 years of service and Ms Susan Luke retired from her role as laboratory quality manager after over 40 years of service. This resulted in a significant loss of expertise in some critical areas of the laboratory department. Successful succession planning helped to mitigate any risk to service.

Two separate Health and Safety Authority (HSA) inspections highlighted some very challenging issues with space and infrastructure. The current laboratory space is not sufficient for a modern laboratory. There are significant challenges around chemical storage and ventilation in all departments. The only long-term solution is the rapid completion of the Dominick Street laboratory and the modernisation and expansion of the existing laboratory.

PLANS FOR 2026

- Completion of the new Roche Vantage Digital Pathology solution in histology.
- ICT projects: upgrading Q-pulse and introducing digital pathology software.
- Introduce managed learning software for training initially in haemovigilance and point-of-care.
- Complete the laboratory ICT server stabilisation project.
- Plan for decanting some laboratory services to the new Dominick Street site to alleviate space and capacity issues.

KEY RISKS 2025

- Space and capacity issues.
- Increased workload.
- Ageing infrastructure.
- Difficult recruitment and the HSE pay and numbers strategy.
- Wrong blood in tubes remains a patient safety risk.
- Patient identification non-compliance when using point-of-care devices.
- Single points of failure in key roles (e.g. Point-of-Care Coordinator).
- Retirement of key personnel resulting in significant loss of experience and leadership.

Biochemistry / Endocrinology

Head of Division

Dr Mohamed Elsammak, Consultant Chemical Pathologist
Ms Grainne Kelleher, Chief Medical Scientist

Staff

Ms Sharon Campbell, Senior Medical Scientist
Mr Ernest Czerkies, Medical Scientist
Ms Debbie O'Dea, Medical Scientist
Ms Nyashadzashe Mavusa, Medical Scientist
Mr Medik Okeke, Medical Scientist
Ms Mary Kennedy, Medical Scientist
Mr Eimhin Brady, Laboratory Aide

SERVICE OVERVIEW

The Division of Biochemistry and Endocrinology provides an extensive and comprehensive repertoire of both routine and highly specialised biochemical investigations. These services are delivered in support of clinical care within the hospital, as well as to external healthcare institutions and organisations, ensuring high standards of diagnostic accuracy and efficiency.

Clinical Activity

TABLE 1			
Biochemistry & Endocrinology	2024	2025	% Difference
	478,287	495,421	↑ 4%

A substantial increase in test demand was observed, reflecting the expanding scope and complexity of clinical services. Requests for IL-6 and Procalcitonin increased by 62% and 52% respectively, indicating a growing reliance on these biomarkers in the assessment and management of sepsis.

SUCCESSES & ACHIEVEMENTS 2025

Key Achievements

- Upgraded software on the HbA1c analyser to enhance performance and reliability.
- Implemented the new ISO 15189:2022 standard, ensuring compliance with updated accreditation requirements.
- Installed a backup server to support system resilience and data security.
- Implemented minimum retesting intervals for tests at ordering level to reduce unnecessary or duplicate testing, leading to a significant decrease in healthcare costs.

Enhancing Patient Care

- Repatriation of selected tests in-house, resulting in improved turnaround times and more timely reporting of results for patient care..

Education & Training

- Successful completion of postgraduate qualifications at MSc level, strengthening specialist knowledge within the department.
- Active participation in multiple ongoing MD and MSc research projects in collaboration with clinical colleagues.
- Delivery of specialist postgraduate lectures to students enrolled in the Trinity MSc in Clinical Chemistry programme.
- Staff engagement in a broad range of external and internal courses, workshops, and training days throughout the year.

Innovation

- Introduction of digital quality control software to monitor assay performance in real time, flagging issues early and reducing the risk of errors..

CHALLENGES 2025

The on-call service is supported by two Medical Scientists daily. Ensuring adequate training for new staff and maintaining competency remains particularly challenging in the context of current staffing constraints and increasing service demand.

A considerable amount of staff time is required to maintain and support an outdated Laboratory Information System. System updates and necessary changes to the MNCMS are frequently delayed due to imposed change freezes, further impacting efficiency.

Ongoing limitations relating to laboratory infrastructure, including restricted physical space, continue to affect workflow efficiency, capacity, and operational flexibility

.

PLANS FOR 2026

- Upgrade of LIS: The APEX LIS will be upgraded to version 6.1, enhancing system functionality and improving workflow efficiency.
- Ongoing training and retraining of Medical Scientists to support the effective delivery of the multidisciplinary on-call service.
- Maintain a strong focus on cost-saving initiatives and income generation strategies, including the further expansion of minimum retesting intervals to additional assays.
- Implementation of Technopath QC Software to enhance quality control processes and improve data oversight.

Point of Care

Head of Division

Dr Mohamed Elsammak, Consultant Chemical Pathologist

Staff

Ms Lorna Pentony, POC Coordinator **/** Senior Medical Scientist

Ms Georgia Daly, 0.5 WTE Laboratory Aide

SERVICE OVERVIEW

The POC Service offers a comprehensive range of point of care tests within the Rotunda Hospital. Blood Gas Analysis, POC glucose testing and Hb testing are accredited to the ISO 15189 standard.

CLINICAL ACTIVITY

TABLE 1

Test	Volume	Change-
Blood Gas Analysis	19,258	↑ 3% from 2024
POC Hb	4,449	Consistent with 2024
POC Glucose	43,009	↑ 15%
ROTEM	125	↓ 50%

SUCCESSES & ACHIEVEMENTS 2025

- Implementation of a blood gas analyser in Hampson House to facilitate bilirubin testing at the point of care and reduce wait times for parents. A comparative study validating this approach is to be published in the IMJ May 2026 edition.
- Publication in the September 2025 edition of Anaesthesia Reports: 'Implementation of a maternity hospital rotational thromboelastometry (ROTEM®) guided transfusion strategy: a quality improvement study'.
- Successful attainment of ISO 15189 accreditation.
- Fibrinogen concentrate usage continues to decrease through use of the ROTEM and associated bleeding algorithm.
- Initiated and progressed development of an e-learning platform (in final stages of development by POC and Haemovigilance) with potential to expand to all hospital departments.

CHALLENGES 2025

- Resource limitations — service expansion is not possible with current resourcing.
- Communication: ensuring accurate and effective dissemination of information across the hospital to all POC device users.

PLANS FOR 2026

- Roll out the e-learning platform (Totara/Learn Rotunda) for POCT and Haemovigilance training.
- Assessment and verification of a new glucose meter as current Roche AccuChek meters will no longer be supported after 2028.
- Explore interfacing of Radiometer blood gas analysers to APEX.

Clinical Microbiology

Head of Division

Dr Meaghan Cotter, Consultant Microbiologist (0.8 WTE)
Prof. Richard Drew, Consultant Microbiologist (0.5 WTE)
Dr. Deirdre Broderick, Consultant Microbiologist (0.3 WTE)
Mr. David Le Blanc, Chief Scientist

Staff

Ms Nicola Boran, Specialist Medical Scientist (left Sept 2025)
Ms Ailbhe Comyn, Specialist Medical Scientist (start Oct 2025)
Mr Knowledge Denhere, Senior Medical Scientist
Mr Sean Goodwin, Senior Medical Scientist
Ms Gemma Tyrrell, Medical Scientist
Ms Laura-Jane MacGowan, Medical Scientist
Ms Maeve Fogarty, Medical Scientist
Ms Blessing Adama, Medical Scientist
Ms Ita Cahill, Medical Scientist
Ms Caroline Doherty, Medical Scientist
Ms Janet Lamwaka, Laboratory Aide
Vacancy, Senior Medical Scientist

SERVICE OVERVIEW

The Division of Clinical Microbiology provides Serology, Molecular and routine Bacteriology testing to the hospital. The Andrology laboratory provides initial semen analysis as part of subfertility investigations and screens patients post-vasectomy.

CLINICAL ACTIVITY 2025

TABLE 1

Location	2024	2025	% difference
Serology	49,928	50,333	↑ 0.80%
Andrology	10,117	8,905	↓ 11.9%
Molecular	19,302	18,798	↓ 2.61%
Microbiology	71,339	74,129	↑ 3.91%
Referral	11,368	12,128	↑ 6.67%
Total	**162,054**	**164,293**	**↑ 1.38%**

SUCCESSES & ACHIEVEMENTS 2025

- Transition to ISO 15189:2022 Accreditation for Microbiology, Serology, Molecular and Andrology testing.
- Introduction of a second SAMi unit for Andrology Infertility testing with further process improvements.
- Ongoing training of new staff to support the split on-call roster covering all disciplines 24/7.
- Implementation of EUCAST 2025 breakpoints for AST testing.
- Verification of Liaison MDX for HSV 1 and 2 PCR.

- Continual improvements and amendments to the Electronic Patient Chart for Microbiology and Immunology tests.

EDUCATION & TRAINING

- Continued staff training in all areas: Serology, Clinical Microbiology, Andrology and Molecular testing.
- Continued professional education for all staff with active enrolment in a CORU-regulated CPD scheme.

RESEARCH

- Maternal sepsis: a 5-year single centre review. IMJ 2025.
- Point-of-care procalcitonin trends in suspected neonatal late-onset infection: a prospective observational study. Paediatric Research 2025.

INNOVATION

- Introduction of a new platform for rapid HSV PCR testing.

CHALLENGES 2025

- Retention and recruitment of staff and maintenance of morale in an already fatigued team.
- Space and infrastructure issues — the lab is becoming cluttered with difficulty in maintaining adequate working distances.
- Continuation of a 7-day service for Microbiology was particularly challenging due to low participation.
- With the growing complexity of specialised testing out of hours, training of non-microbiology staff to provide an effective on-call service has proved difficult.

PLANS FOR 2026

- Andrology: continuation of ISO 15189 accreditation and exploration of morphology testing.
- Serology: continuation of ISO 15189 accreditation and planning for move to Dominick Street in 2027.
- Work with HPSC to develop automatic upload of notifiable diseases to CIDR and OCIMS.
- Move to EUCAST 2026 and implement/validate new antimicrobial testing cards on the VITEK analyser.
- Replace old middleware (MYLA) with MASTRIA and upgrade the server.

Division of Blood Transfusion and Haematology

Head of Division

Prof. Fionnuala Ní Áinle, Consultant Adult Haematologist
Dr Barry MacDonagh, Consultant Haematologist
Ms Deirdre Murphy, Chief Medical Scientist

Staff

Ms Natasha Drury, Senior Medical Scientist
Ms Emily Forde, Senior Medical Scientist
Ms Ellen O'Connor, Senior Medical Scientist
Ms Deirdre O'Neill, Senior Medical Scientist
Ms Rose O'Donovan, Haemovigilance Officer
Ms Catriona Ryan, Medical Scientist
Ms Edel Cussen, Medical Scientist (Maternity leave from June 2025)
Mr Stephen Byrne, Medical Scientist
Ms Lilliana Rasidovic, Medical Scientist (Retired March 2025)
Ms Doireann Bradley Barrett, Medical Scientist
Ms Niamh Mc Hugh, Medical Scientist
Mr Pardon Mutongi, Medical Scientist
Ms Biljana Bates, Laboratory Aide

BLOOD TRANSFUSION ACTIVITY 2025

TABLE 1

Activity	2024	2025	% Diff
Group and Screens	20,596	20,686	↑ 0.4
Baby Groups / DAT	4,537	4,146	↓ -8.6
FMH Estimation (Flow Cytometry)	807	691	↓ -14.4
FREDA (cffDNA Fetal RhD)	1,249	1,254	↑ +0.4
Anti-D / Anti-c Quantitation	57	41	↓ -28.0

HAEMATOLOGY ACTIVITY 2025

TABLE 2

Haematology Activity	2024	2025	% Diff
Coag Screens	3,841	3,637	↓ 5.3%
Full Blood Count	52,835	53,735	↑ 1.7%
LUPUS Screens	375	361	↓ 3.7%
Haemoglobinopathy Screens	6,407	6,965	↑ 8.7%
Blood Films	4,489	4,045	↓ 9.9%

SUCCESS AND ACHIEVEMENTS 2025

Year-on-year the overall workload is increasing. The socio-economic profile of patients and propensity for anaemia may explain the increase in FBC. The broad ethnicity of patients has led to the increase in Haemoglobinopathy screening.

In order to maintain the service during the summer months, CHI Crumlin agreed to provide neonatal screening while the Haematology Laboratory sought replacement staff. Despite not filling either of the posts, the laboratory took back the neonatal service in September; staff worked additional hours to provide this service.

A representative from the Blood Transfusion laboratory attends the Maternal Medicine Multi-disciplinary meeting (usually eight per year). Patients with complex medical histories and recently acquired diagnoses are discussed.

Staff in both laboratories have maintained INAB accreditation and continue to provide excellent best-practice care to patients.

The transfer of Outpatients to Hampson House had a significant impact on Blood Transfusion via the RAADP programme. New processes and procedures were established, including installation of Blood Track, a controlled-access blood product fridge, and additional logbooks to record movement of Ig Anti-D.

PLANS FOR 2026

The current laboratory space is compact. Further resources are required for both the haematology and blood transfusion laboratories to facilitate the introduction of new equipment or allow expansion of the test repertoire.

As the supplier of the current haemoglobinopathy analyser will no longer support the method/analyser from the end of 2026, an alternative platform will be investigated. Additionally, the technology currently in use for processing cord blood will no longer be available worldwide, requiring investigation of alternative pathways (moving from cord blood to heel prick/blood spot samples).

Haemovigilance

REGULATORY REQUIREMENTS

- Article 14 EU Blood Directive 2002/98/EC: 100% traceability of blood components/products was maintained.
- Article 15 EU Blood Directive 2002/98/EC: All mandatory Serious Adverse Events/Reactions/Wrong Blood in Tube were reported to the National Haemovigilance Office as mandated.

SUCCESSES AND ACHIEVEMENTS IN 2025

- Commenced the Totara Learning Management System project in collaboration with POC/IT colleagues to deliver an electronic platform for clinical training/learning across the hospital.
- Maintained INAB accreditation in 2025.
- Collaborated with medical staff on clinical audits and journal articles with a focus on patient safety and guideline compliance.
- Established a Haemovigilance profile on the Rotunda website for patient information.
- Improved electronic access to Haemovigilance information for both patients and staff.

CHALLENGES IN 2025

- Clinical staff compliance with Haemovigilance training.
- Wrong blood in tube errors and effective stemming of these errors.
- Administrative delays in setting up a Learning Management System.

PLANS FOR 2026

- Launch of the Totara Learning Management System.
- Improved access and interactivity of Haemovigilance training for clinical staff.
- Enhanced clinical training offering with extended coverage and staff engagement.
- Supplementary training on related topics to support safe quality care of transfused patients.
- Implementation of an electronic analytical package to monitor and analyse key Haemovigilance data for data-driven decision-making.

KEY PERFORMANCE INDICATORS

TABLE 1

Key performance indicator (KPIs)	2025 Value
Rotunda Obstetric Transfusion Rate (IMIS Benchmark: 34.91)	32.22
Incidence of Postnatal Women Transfused	224 (↓ 10%)
Incidence of Neonates Transfused	85 (↓ 8%)
Reports to National Haemovigilance Office	12 (↓ 20%)
Haemovigilance Training Compliance (clinical midwifery staff)	75% (↑ 15%)

TRANSFUSION ACTIVITY 2025

TABLE 1			
Patient Group	2025	2024	% Diff
Postnatal patients	224	250	↓ 10%
Neonates	85	92	↓ 8%
Early pregnancy patients	51	36	↑ 42%
Gynaecology patients	45	44	↑ 2%

Division of Histopathology

Head of Division

Dr Emma Doyle, Consultant Histopathologist

Staff

Dr Eibhlís O'Donovan, Consultant Histopathologist
Dr Emma Doyle, Consultant Histopathologist
Dr Noel McEntagart, Consultant Histopathologist
Dr Keith Pilson, Consultant Histopathologist
Dr Danielle Costigan, Consultant Histopathologist
Dr Cian Ward, Histopathology NCHD
Dr Niamh Mooney, Histopathology NCHD
Mr Kieran Healy, Chief Medical Scientist
Ms Lorna Thomas, Senior Medical Scientist
Mr Michael Smith, Senior Medical Scientist
Ms Sarah Morris, Medical Scientist
Ms Shauna Devine, Medical Scientist
Ms Deirdre McCrae, Medical Scientist (resigned)
Ms Alyson Bale, Medical Scientist
Ms Georgia Daly, Laboratory Aide
Mr Rowan Knight, Laboratory Aide

SERVICE OVERVIEW

The Division of Histopathology provides diagnostic interpretation of human tissue specimens. These include routine surgical specimens, placentas and perinatal pathology cases (post-mortems). The Division also provides a diagnostic surgical cytopathology service.

All diagnoses of malignancy and pre-malignancy are reported to the National Cancer Registry. The lab has outgrown its physical environment and needs to expand to cope with increased workload.

CLINICAL ACTIVITY

TABLE 2

	2025 Volume	% Change
Surgical Cases	6,782	-8.8%
Surgical Specimens	8,597	-7.2%
Surgical Blocks	15,817	-8.5%
Placental Cases	805	-24.2%
Placental Blocks	3,796	-0.13%
Autopsy Cases	53	-18.5%
Cytology Cases	47	-9.6%
Total Cases	7,687	-10.0%
Total Blocks	**19,613**	-8.0%
Total Blocks	**23841**	-5.33

QUALITY OBJECTIVES 2025

- Maintain ISO 15189 accreditation, transitioning to the new standard.
- Work with hospital projects team to more efficiently use space.
- Work towards implementing Digital Pathology.

SUCCESSES & ACHIEVEMENTS IN 2025

- Accreditation to the new ISO 15189:2022 standard was achieved.
- Significant work performed on computer interfaces to enable digital pathology.
- Staffing levels remained stable until the end of the year.

The division provides the only CervicalCheck Histopathology service on the north side of Dublin and continues to provide a centre for perinatal pathology to the RCSI group of hospitals as well as MMUH. The division is actively working towards implementing new technology (digital pathology) and enhancing the security of specimen handling, supported by the Rotunda Foundation.

PLANS FOR 2026

- Maintain ISO 15189 accreditation.
- Get HE600 installed and operational.
- Continue to work on implementing digital pathology.
- Continue to work on plans for moving to Dominick Street.

Laboratory Information & Communications Technology

Head of Division
Laboratory Manager

Staff
Mr Michael Maher, Laboratory ICT Co-ordinator

SERVICE OVERVIEW

Laboratory ICT maintains the LIMS (APEX) in association with providers Dedalus. New laboratory instruments such as analysers are integrated into the LIMS in compliance with the ISO 15189 standard. New technologies and developments are incorporated into the Laboratory to promote lean practices and enhance efficiency.

SUCCESSES & ACHIEVEMENTS 2025

- HSE hardware stabilisation project: significant hardware upgrade and replacement of lab system (completed February 2026).
- In conjunction with Histopathology, completion of interfacing of Histopathology Vantage middleware to improve traceability and provide the platform to support Digital Pathology.
- Continued troubleshooting and resolution of Lab ICT issues.

CHALLENGES 2025

There is only one staff member dedicated to Laboratory ICT. The position of Laboratory ICT Co-ordinator has been vacant since September 2020. There has been significant growth in the requirements for this division and a backlog of key projects such as the development of new software interfaces and the stabilisation of the LIMS. A considerable challenge is to both prioritise projects and manage expectations due to the backlog and considerable growth in this sector.

PLANS FOR 2026

- Development of an ICT solution to automate infectious disease reporting to the HPSC's CIDR/OCIMS systems.
- Completion of interfacing of Histopathology Vantage middleware to improve traceability and support Digital Pathology.
- Software interface of Point of Care results from Radiometer's Aqure middleware to APEX

Laboratory Quality Management

Head of Service
Ms Susan Luke, Quality Manager
Ms Emily Forde, Deputy Quality Officer

Team
Ms Grace Hanniffy, QA Consultant

SERVICE OVERVIEW

The Department of Laboratory Medicine provides a wide range of tests managed in consultation with Rotunda Hospital clinical users. The laboratory acts as a referral site for specialist testing to other hospitals and GP clinics in Ireland, including FMH estimation, Andrology and specialised testing in Biochemistry.

The quality management system supports the disciplines to maintain accreditation through document control, management of audit, complaints and non-conformances, management of user and patient reviews, and management of equipment and suppliers. The laboratory has a legal requirement to maintain accreditation in Blood Transfusion, and some areas of Virology, Haemovigilance and Histology.

Regulatory Requirements

- ISO 15189:2022 — Medical Laboratory Requirements for Quality and Competence.
- PS 11 Flexible Scope of Accreditation for ISO 17025 & ISO 15189 testing laboratories.
- Article 14 (Traceability) EU Directive 2002/98/EC.
- Article 15 (notification of SAEs and SARs) EU Directive 2002/98/EC.

Activity

The Irish National Accreditation Board (INAB) is the accrediting body for Irish laboratories. The accreditation cycle is based on a 5-year cycle, with INAB visiting the laboratory each year to carry out a surveillance assessment. The laboratory underwent a three-day assessment in April 2025 to the new ISO 15189:2022 standards and this assessment was successful. The laboratory received its accreditation to the new standards in August 2025.

All areas of the laboratory were reviewed including technical review of ordering and performing laboratory tests, reporting of results, equipment and supplier records, staff training records and the advisory service.

The laboratory management system was also audited comprising appraisal of annual management review records, KPI monitoring, vertical and horizontal laboratory audits, observational audits in clinical areas, and audits related to quality indicators. Non-conformance records and complaint records were reviewed. INAB recognised the broad base of knowledge and participation by all staff in the laboratory.

The laboratory submits a report to the HPRA annually containing a summary of blood transfusion workload, blood usage, and plans for 2026 with regard to Blood Transfusion and Haemovigilance services. The report was accepted by the HPRA with no amendments.

SUCCESSES & ACHIEVEMENTS 2025

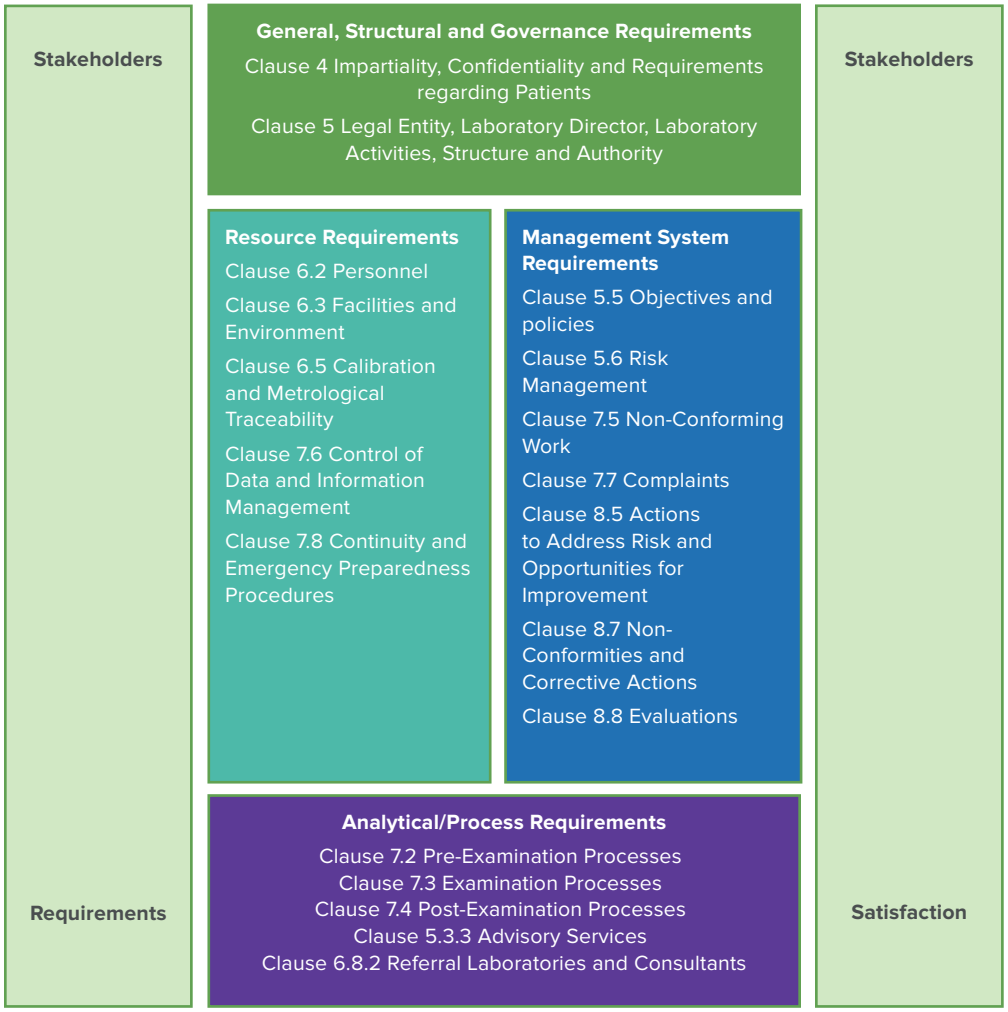
- Achieving accreditation to ISO 15189:2022 standards and maintaining an active, robust quality management system.
- Supporting continual improvements across the laboratory, including implementation of new equipment and test methods.
- Introduction of new equipment and repatriation of tests into the laboratory using the flexible scope process.
- Completion of audits and identification of opportunities for improvement to ensure transition to ISO 15189:2022. Assessment by INAB occurred in April 2025 and the laboratory received accreditation in August 2025.
- Successful move of OPD phlebotomy services to Hampson House.

CHALLENGES IN 2025

- Change in key staff member as Laboratory Quality Manager retired in November 2025.
- Adherence to audit schedule including horizontal audits to the new ISO 15189:2022 standard.
- Adherence to KPIs including document control KPIs, document acknowledgement and review schedule.
- Achieving close out of non-conformances within recommended timeframe.
- Supporting departments in maintaining accreditation with no impact on the laboratory testing service.

PLANS FOR 2026

- Maintain accreditation and implement requirements of ISO 15189:2022 throughout the laboratory.
- Onboarding of new Laboratory Director and new Laboratory Quality Manager.
- Plan for managing the move of some laboratory services to Dominick Street.
- Continue to increase the number of auditors across the laboratory.
- Review Quality Management System and embed risk assessment in processes.
- Continue to explore areas where the laboratory can review the service with clinical users and patients.



The above clauses are supported by the following management system requirements: 8.1 - 8.4 including management system documentation and records.

Phlebotomy Department

Head of Service
Mr Declan Sherry, Senior Phlebotomist

Team
Ms Sandra Clerkin
Ms Trisha Early
Ms Catherine Conran
Ms Monika Paszkowska
Ms Amy Coulihan
Ms Katarzyna Wisniewska

SERVICE OVERVIEW

The department provides an extensive phlebotomy service to the Rotunda Hospital outpatient department. The phlebotomy department is situated on the second floor of Hampson House (HH). The main patient clinics catered for include booking bloods and GTT clinics.

SUCCESSES & ACHIEVEMENTS 2025

- A major move to a new modern phlebotomy department in Hampson House. This was a significant move to new premises and took careful coordination to ensure there was no risk to patient services.
- In conjunction with the main laboratory, the phlebotomy department helped to set up and monitor blood transport services from HH to the main campus.

CHALLENGES 2025

The move to HH was the most significant challenge in 2025. Other challenges included increasing workloads and staff recruitment and retention.

Maintaining a service to Gynae OPD was also a challenge, with all phlebotomy staff decanted to the new facility in HH.

Staff absenteeism was also a challenge with an increase in absenteeism amongst staff.

PLANS FOR 2026

- Maintain services in HH and try to improve sample transfer to the main campus.
- Re-establish a phlebotomy service for Gynae OPD on the main campus.
- Investigate the introduction of a phlebotomy ward round for inpatients.
- Extend opening hours for the main phlebotomy service.

Clinical Nutrition and Dietetics

Head of Service

Ms Laura Kelly, Dietitian Manager

Staff

Ms Anna-Claire Glynn (AG), Clinical Specialist Dietitian (Neonatology)
Ms Niamh Kelly-Whyte (NKW), Senior Dietitian (Neonatology)
Ms Hilary Devine (HD), Clinical Specialist Dietitian (Diabetes in pregnancy)
Ms Ciara McNulty (CM), Senior Dietitian (Obstetrics)
Ms Deirbhile Sherry (DS), Senior Dietitian (Obstetrics)
Ms Sarah Murphy (SM), Senior Dietitian (Obstetrics)
Ms Eimear Scanlan (ES), Senior Dietitian (Obstetrics) – Career break cover
Ms Naomi Hastings (NH), Senior Dietitian (Endometriosis)
Ms Karolina Kozierska, Administrator

SERVICE OVERVIEW

The service provides support to women, infants and their families attending both inpatient and outpatient services at The Rotunda Hospital. Services are delivered through in-person or virtual consultations (video or telephone), as appropriate. Group education is also facilitated for some clinical specialities.

We experienced several staff changes throughout 2025. In January, we welcomed Anna-Claire Glynn back from maternity leave, followed shortly by the appointment of Niamh Kelly-Whyte as Senior Dietitian within our neonatal team. In April, Sarah Murphy joined our team, providing much-needed additional support for diabetes in pregnancy services. Eimear Scanlan joined in October to cover Ciara McNulty's career break. Lastly, Naomi Hastings returned to The Rotunda as Senior Dietitian to lead the development of a new dietetic service for Endometriosis.

CLINICAL ACTIVITY

During 2025, there were **7,932 patient contacts** across maternity, diabetes and neonatology dietetic services.

Maternity Services

Services are prioritised to women at highest nutritional risk in pregnancy, such as pregnancy after bariatric surgery, Hyperemesis Gravidarum, eating disorder, complex gastroenterology and low BMI/malnutrition. Trends in activity along with a breakdown of activity by referral reason are provided below (excluding diabetes), with the majority relating to outpatient services. While total referrals have remained relatively stable in recent years, rising patient complexity has led to a need for more intensive input and longer appointments, which is not captured in overall activity data.

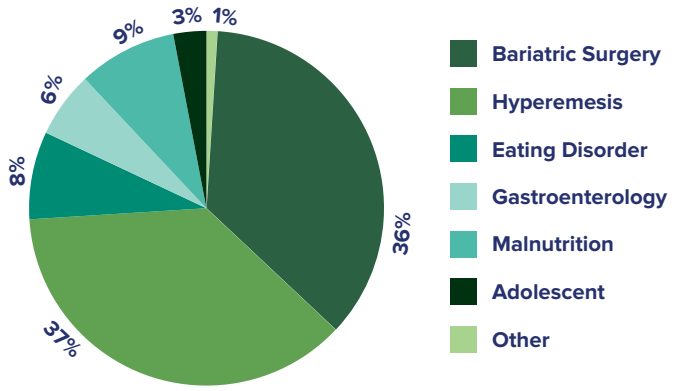


FIGURE 1: ACTIVITY BY REFERRAL REASON (2025)

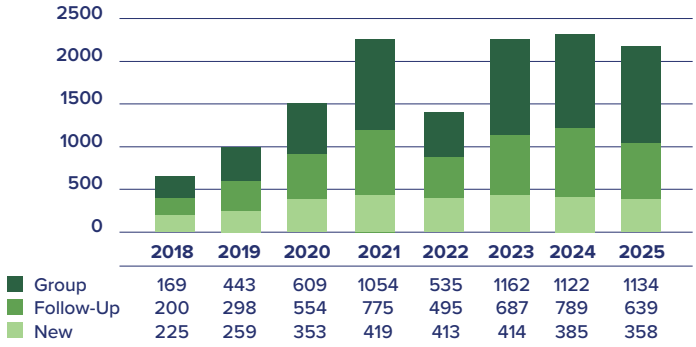


FIGURE 2: GENERAL MATERNITY SERVICES - EXCLUDING DIABETES (2018-2025)

Our *Nutrition in Pregnancy* class continues to be popular, with a total of 1,134 women attending in 2025. In response to strong demand and increasing waiting times, we have increased the frequency of the class and now offer it weekly, enabling women to attend from early pregnancy.

Gynaecology services

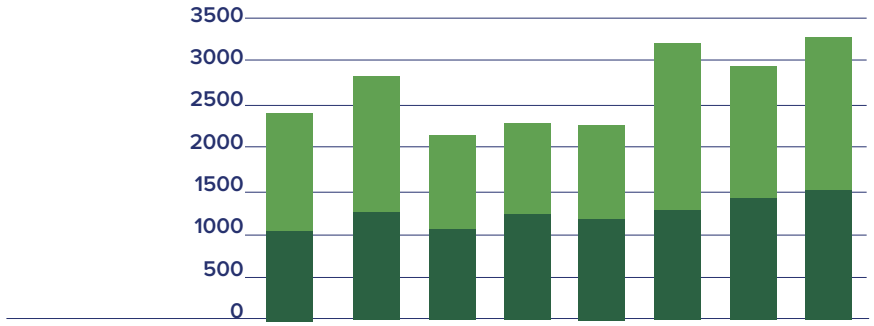
Due to the high level of activity within maternity services, dietetic support is not routinely available for patients attending general gynaecology or fertility services. In October 2025, The Rotunda received staff allocation to recruit a Senior Dietitian for Endometriosis, in line with *The National Framework for the Management of Endometriosis in Ireland.* Dietetic clinics commenced in December 2025, and we look forward to further developing this service in 2026.

Diabetes services

The dietitians work closely with the diabetes multidisciplinary team, meeting regularly to align priorities and advance service improvement goals. Activity for **gestational diabetes** (GDM), outlined in the graph below, continues to dominate the service. New referrals increased by 6% in 2025, to almost 1,500 women and total dietetic activity for GDM increased by 18% last year. Due to increasing patient numbers, initial education for GDM continues to be provided in the form of group education, with dietetic follow-up prioritised



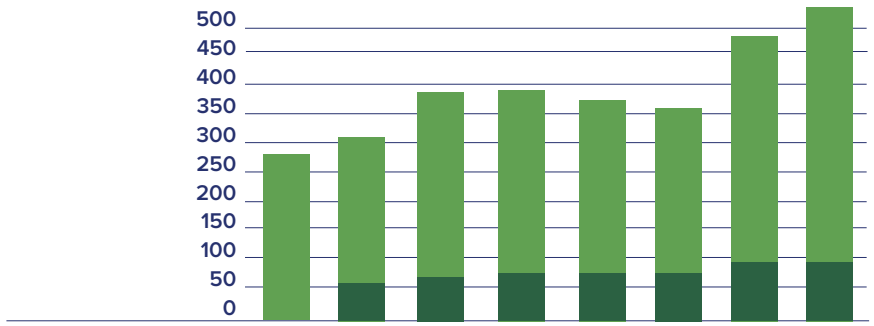
to women experiencing challenges with glycaemic management. Furthermore, the demographic profile of this group adds complexity to education, due to language barriers as well as cultural and social challenges. To address unsustainable service pressures, we secured temporary funding in Q2 2025 for an additional Senior Dietitian. This facilitated service improvements, including the introduction of a weekly follow-up support class and one routine follow-up consultation for women with the most complex educational needs.



	2018	2019	2020	2021	2022	2023	2024	2025
Getational Diabetes (Follow up)	1136	1552	1063	1045	1076	1895	1510	1754
Getational Diabetes	1026	1226	1046	1212	1159	1265	1396	1482

FIGURE 3: ACTIVITY FOR GESTATIONAL DIABETES (2018-2025)

In 2025, dietetic activity for women with pre-existing diabetes (Type 1 and Type 2) also increased (graph below). These patients require intensive support from our Clinical Specialist Dietitian, Hilary Devine, as advanced diabetes technologies such as insulin pumps and continuous glucose monitors become part of routine care. The temporary increase in dietetic staffing for diabetes services in 2025 enabled us to enhance support to this patient cohort, resulting in a 12% increase in activity.

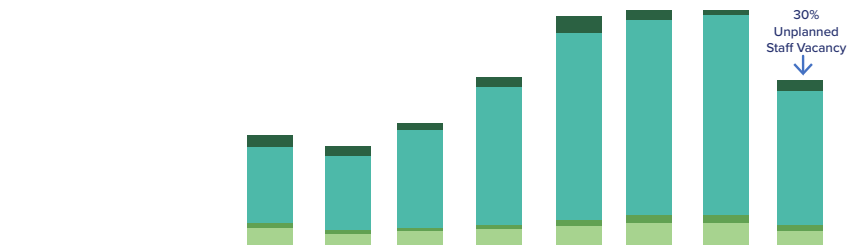


	2018	2019	2020	2021	2022	2023	2024	2025
Pre-existing Diabetes (Follow up)	245	220	275	274	260	246	340	382
Pre-existings (new)		55	66	70	70	71	86	86

FIGURE 4: ACTIVITY FOR PRE-EXISTING DIABETES (2018-2025)

Neonatology / Paediatric services

Neonatal care is becoming increasingly complex, demanding greater time input from the multidisciplinary team, including the neonatal dietitians. Resources are currently prioritised to infants at highest nutritional risk in the Neonatal Intensive Care Unit i.e. <32 weeks' gestation or birthweight <1.5kg. Outpatient services remain extremely limited, focusing primarily on meeting the urgent needs of infants at highest nutritional risk.



	2018	2019	2020	2021	2022	2023	2024	2025
Inpatients New	160	122	94	136	222	205	169	140
Inpatients Follow-up	976	963	1260	1776	2403	2513	2574	1784
OPD New	55	51	43	53	77	90	88	80
OPD Follow-up	204	115	156	179	221	266	272	195

FIGURE 5: ACTIVITY FOR NEONATOLOGY (2018-2025)

While neonatal dietitians strive to provide the highest-quality care within available resources, increasing activity and patient complexity are pushing services to operate above capacity. It is anticipated that the HSE model of care for neonatology will recommend an increase in dietetic staffing at the Rotunda, which will enable us to deliver best-practice neonatal care in the future.

SUCCESSES AND ACHIEVEMENTS 2025

Enhancing Patient Care

- **Hospital guidelines and policies** (in conjunction with MDT):
  - Anaemia in pregnancy guideline [LK]
  - Obesity in Pregnancy guideline [LK]
  - Inpatient monitoring and recording BGL and insulin [HD - draft]
  - Postnatal diabetes screening after GDM [HD]
  - Screening GDM for women post bariatric surgery [HD]
  - Hyperemesis Gravidarum [DS]
  - Vitamin and mineral supplementation guideline for the neonatal unit [ACG, NKW]
- **Patient resources:**
  - New recordings of education classes for GDM
  - Pregnancy after Bariatric Surgery and Hyperemesis Gravidarum [DS]
  - Translated resources for GDM [LK]
  - New insulin pump booklet [HD]
- **Representation on National Groups:**
  - Hyperemesis Gravidarum National Clinical Guideline [CM]
  - Advisory group member for Diabetes Prevention Programme for GDM [HD]
  - Management of Pre-gestational and Gestational Diabetes Mellitus from Pre-conception to the Postnatal period National Clinical Guideline [HD]
  - National Diabetes competency document for dietitians [HD]
  - Provided feedback to Neonatal Model of Care (Dietitians section) [ACG, NKW]

- Audit and research:
  - Audit of glycaemic, maternal and fetal outcomes for the perinatal period for women with type 1 diabetes using advanced hybrid closed loop insulin pump technology [HD - ongoing]
  - Audit of GDM screening data for women post-bariatric surgery to assess maternal and fetal outcomes and better define the ideal screening protocol for this patient cohort [HD]
  - Audit for pregnancy after bariatric surgery – Poster at INDI research symposium [HD, Med. Student]
  - Audit on OFC measurements in the neonatal unit [NKW]
  - Vitamin D monitoring project in the neonatal unit [ACG, NKW, NCHD colleague]
  - Audit of metabolic bone disease in the neonatal unit [ACG, NKW, NCHD colleague]

Continuing Professional Development

The Dietitians regularly participate in CPD activities, including attending courses and seminars, to enhance their knowledge and clinical expertise. We also provide education to support MDT colleagues to enhance patient care.

- Education delivered for nurses/midwives and NCHDs:
  - Teaching sessions for MDT on Diabetes, Hyperemesis Gravidarum, Bariatric Surgery, Neonatal nutrition
  - Practice Nurse and PHN study evening at the Rotunda [HD]
  - Community dietitians on pre-pregnancy care for woman living with T2DM [HD]
  - National maternity dietitians group on GDM management [HD]
  - Presented at DICE conference and wrote professional and patient publications [HD]
  - GP e-zine article on role of dietary management for GDM [HD]
  - Team clinical update on: hyperemesis Gravidarum [DS] and pregnancy after bariatric surgery [LK]
- Professional groups:
  - Irish Nutrition and Dietetic Institute (INDI)
  - Maternity Dietitians Ireland
  - Neonatal Dietitians Ireland
- CPD, course and training attended by dietitians:
  - Extensive upskilling in neonatal nutrition and completion of BDA Module 5 on neonatal nutrition [NKW]
  - Upskilling in diabetes in pregnancy and completion of DAFNE course [DS]
  - DICE and DTN diabetes conferences [HD]
  - N3 study day on Neonatal nutrition [ACG, NKW]
  - ESPGHAN enteral feeding online course [NKW]
  - MONASH Dietary Management of Gastrointestinal Symptoms in Endometriosis (NH)

CHALLENGES IN 2025

- Neonatal services are operating above capacity and face significant challenges.
- No support for gynaecology and fertility services, as resources are prioritised to high-risk maternity patients.
- Diabetes staffing is temporary and still below the HSE Model of Care recommendations.

PLANS FOR 2026

- Develop business case for increased dietetic resources for neonatology.
- Develop business case to secure permanent funding for diabetes in pregnancy services.
- Review nutrition guidelines for neonatology services.
- Finalise and support roll-out of updated hospital guidelines: Anaemia in pregnancy and Hyperemesis Gravidarum.
- Continue to contribute to research in the area of pregnancy following bariatric surgery and diabetes.
- Continue regular teaching sessions to support MDT colleagues.
- Contribute to student training for undergraduate and Masters dietitian students.
- Establish dietetic endometriosis service: plan dietetic services to meet service demands appropriately and develop appropriate educational resources.

Medical Social Work Department

Head of Department

Ms Sinead Devitt, Head Medical Social Worker

Staff

Ms Pauline Forster, Senior Medical Social Worker
Ms Susan Finn, Senior Medical Social Worker
Ms Clare Naughton, Senior Medical Social Worker
Ms Louise O'Dwyer, Senior Medical Social Worker
Ms Laura Feely, Senior Medical Social Worker
Ms Laura Elliott, Senior Medical Social Worker
Ms Gemma Madden, Senior Medical Social Worker
Ms Dawn Kelly-Dunne, Senior Medical Social Worker
Ms Eileen Gleeson, Senior Medical Social Worker
Ms Enya O'Reilly, Medical Social Worker
Ms Stefanie Fobo, Senior Medical Social Worker

SERVICE OVERVIEW

The Department provides a comprehensive social work service to patients, their partners and their families. It operates from the rationale that addressing problems in a timely manner can prevent their escalation and serve to minimise the distress experienced by patients. There is a social worker attached to the hospital's four obstetric teams and to each of the larger specialist clinics and units. The Department responded to 2,874 patient referrals in 2025.

CLINICAL ACTIVITY

Child Protection

In 2025, the medical social work team was involved in 208 child protection cases. The main types of concerns where a referral was made or received from Tusla in 2025 were:

TABLE 1: REASONS FOR TUSLA INVOLVEMENT

	2019	2020	2021	2022	2023	2024	2025
Drug use	46	60	64	63	60	76	81
Underage Pregnancy	14	15	22	16	14	7	10
Domestic Violence	38	30	37	34	53	56	58
Mental Health	8	1	9	8	6	8	6
Previous Children in Care	6	6	9	8	8	7	9
Child Welfare	23	29	25	37	30	40	32
Alcohol Misuse	8	3	3	3	3	3	6
Child Neglect	6	2	4	1	0	0	3
Adoption	2	1	0	4	0	2	1
Learning Disability	1	3	2	0	7	0	0
Retrospective Disclosure	1	2	3	3	2	2	0
Physical Abuse				2	0	0	0
Sexual Abuse				3	1	0	0
Patient under 18 in care					5	1	2
Total	**153**	**152**	**178**	**181**	**192**	**202**	**208**

The majority of child protection cases are complex and involve a medical social worker working in partnership, over a number of months, with parents, multidisciplinary colleagues in the Rotunda, Tusla and other relevant agencies to ensure a baby's safe discharge. When parents are experiencing difficulties, every support should be explored to help them take care of their baby. Only in exceptional cases should children be separated from their parents, after all alternative means of protecting them have been exhausted.

Inclusion Health Medical Social Work

Inclusion Health is an approach focused on addressing the health and social care inequalities experienced by marginalised populations. It seeks to ensure equitable access to healthcare services while responding to the specific needs of vulnerable groups, including individuals experiencing homelessness, ethnic minorities, refugees, and members of other disadvantaged communities.

The Inclusion Health service within the Rotunda Hospital comprises both a medical social work (MSW) and a midwifery post. In 2025, the Social Work Department received a total of 2,874 referrals, of which 782 included women who were at risk of or experiencing homelessness. This represents approximately 27% of all referrals and reflects an increase of 15 women compared to 2024.

Additionally, 312 women were referred to the Social Work Department due to their status as International Protection applicants requiring additional support, representing an increase of over 70 women on the previous year. Overall, the Rotunda Hospital continues to support some of the most marginalised populations, with a consistent year-on-year rise in the number of women seeking additional psychosocial support while attending for antenatal care, whilst also experiencing homelessness.

In 2025, there was a marked increase in the number of women reporting that they were sleeping rough, facing eviction, or residing in emergency homeless accommodation. There was also a notable rise in women indicating that they were unable to return to their current accommodation following the birth of their babies.

During 2025, the Inclusion Health Social Worker received over 180 new referrals where women were identified as being at risk of or experiencing homelessness. Over 188 women delivered their babies in 2025 and were linked with the Inclusion Health MSW. Of these:

- Approximately 68 women were residing in emergency family placements.
- 18 women reported couch surfing with friends/family or in overcrowded accommodation.
- 41 women reported experiencing housing instability, including evictions, occasional rough sleeping and reports of living in their car.
- 8 women reported to be sleeping rough, no longer residing in IPAS accommodation.
- 23 women reported to be in emergency accommodation deemed unsuitable for discharge, requiring alternative housing arrangements.

Interagency collaboration remains central to the role of the Inclusion Health Social Worker in addressing patient needs. In over 98 cases, contact was made with local authorities and homeless service providers in relation to women and their families.

Tusla was involved in 25 cases, with three babies entering alternative care. One mother and baby were discharged to a mother and baby assessment unit. The Inclusion Health MSW also attended seven child protection case conferences in 2025 and contributed to discharge planning in each instance.

As the lived experiences of the women we support continue to reflect the broader socioeconomic challenges currently facing Ireland, in particular the rise in homelessness, it is anticipated that these figures will rise significantly in 2026. The Inclusion Health Medical Social Worker (MSW) will continue to provide vital support to these women, while maintaining strong collaborative links with community services, as well as voluntary and statutory organisations and other Inclusion Health colleagues across disciplines. In addition, the MSW will offer ongoing guidance and support to colleagues and other professionals within the wider hospital.

Perinatal Mental Health

Women experiencing mental health challenges during pregnancy and throughout the first year after birth can access support through the Specialist Perinatal Mental Health Service. Within this service, the medical social worker (MSW) operates as part of a multidisciplinary team, working closely with mental health midwives, nurses, a psychologist, an occupational therapist, and perinatal psychiatrists to deliver comprehensive assessment, care, and intervention for women, as well as their partners and families.

In collaboration with the senior psychologist and colleagues, the MSW remains actively involved in co-delivering the antenatal anxiety programme, Me to Mom. This six-week programme is now delivered in a hybrid format, with the opening and closing sessions held in person and the remaining sessions conducted online. It supports women in preparing for the transition to motherhood, addressing both the practical and emotional aspects of caring for a new baby. The programme integrates approaches such as cognitive behavioural therapy (CBT), compassion-focused therapy, and mindfulness to help participants navigate the social, emotional, and psychological adjustments associated with becoming a parent.

The mental health social worker also continues to contribute to the delivery of the Postnatal Depression Group, which is held three times annually in partnership with Better Finglas. This group-based programme is grounded in CBT principles and focuses on skill development within a supportive peer environment for women diagnosed with postnatal depression within the first year following childbirth. Recognising the important role of partners in supporting recovery, the programme also includes a dedicated information and support session for partners.

In addition, the perinatal mental health MSW provides the Newborn Behaviour Observation intervention to parents attending the service, supporting early parent–infant interaction and understanding.

The MSW offers the Circle of Security programme to women and their partners. This eight-week, one-to-one intervention focuses on strengthening secure attachment relationships between parents and their infants, promoting healthy emotional development.

Teenage Pregnancy Service

The medical social worker for the teenage clinic provides emotional and practical support to young pregnant women. This service is broad and tailored to suit the individual needs of the young person. The service includes emotional support and advice regarding unplanned pregnancies, relationship difficulties, domestic violence, housing concerns, and mental health issues. The MSW service supports young women by signposting them to community services, such as the teen parent support programmes.

There were 95 booked deliveries on the Teen clinic in 2025, which is a 9.5% decrease in teen deliveries from 2024. In addition, there were:

- 1 unbooked patient who delivered and received teen clinic postnatal support.

- 1 diagnosed miscarriage through the emergency department prior to booking.
- 1 gynae patient who was not pregnant but there were child protection concerns due to underage sexual activity.

The overall number of referrals to the Medical Social Work Department in 2025 was 111, compared to 98 in 2024, an increase of 13%. Some of these patients will deliver in 2026. 15 required referrals to the Tusla Child and Family Agency (13%), as follows:

- 10 referrals due to underage sexual activity that required mandatory reporting under Children's First legislation.
- 2 referrals due to domestic violence.
- 2 referrals due to child welfare concerns.
- 1 referral due to emotional abuse.

The Medical Social Worker works in collaboration with the consultant and midwife attached to the teenage clinic and with other disciplines to provide a caring and supportive service to young mothers and a safe discharge home to the community.

Bereavement Medical Social Worker

The bereavement medical social worker (MSW) provides emotional and practical supports to bereaved parents who have experienced a pregnancy loss at any stage including ectopic pregnancy, miscarriage, stillbirth and neonatal death. The bereavement MSW is available to offer bereavement supports to parents in the weeks and months following their discharge from hospital. This can include phone calls and face-to-face meetings, all dictated by the individual needs of the patients. In 2025, the medical social work service was offered to 191 parents who experienced a pregnancy loss.

Fetal Medicine Service

The medical social workers (MSWs) attached to the Fetal Medicine Service work closely with the multidisciplinary team to identify patients who may require additional emotional and practical support. Many patients also receive support as a result of parental anxiety due to a previous abnormal prenatal diagnosis. The MSWs also provide bereavement support where required.

In 2025, there was a total of 176 referrals to social work from Fetal Medicine. 58 of those were from outside the Dublin area. The most common reason for a referral to medical social work was a prenatal diagnosis of Trisomy 21 (Down syndrome), Trisomy 18 (Edwards syndrome) and Trisomy 13 (Patau syndrome) as well as fetal cardiac malformations. 73 patients required bereavement support.

Neonatal Intensive Care Unit

The role of the medical social worker attached to the Neonatal Intensive Care Unit is to help families cope with the stressful experience of having a premature or sick baby. The social worker provides emotional support, information and practical assistance to parents while their baby is in the hospital and after their baby has been discharged home. In addition, bereavement support is offered to parents if their baby dies while in neonatal care. The medical social worker provided a service to 386 families whose babies were admitted to the Neonatal Unit in 2025.

Pregnancy Options Clinic

The availability in the hospital of impartial and non-directive counselling for women considering a termination is essential. A medical social worker (MSW) specialising in crisis pregnancy is available to offer confidential support and counselling to all women attending the Pregnancy Options Clinic if they are undecided about their decision. In 2025, the social worker received 41 referrals from the Pregnancy Options Clinic. In addition to non-directive termination counselling, further support was provided in relation to child protection issues, domestic violence, housing and underage pregnancy. The MSW also provides post-termination emotional support and, if necessary, will facilitate onward referral for post-termination counselling through community organisations. In situations where patients cannot access termination services in Ireland, information and support is given about accessing these services in the UK.

SATU (Sexual Assault Treatment Unit)

Throughout 2025, the Senior Medical Social Worker (MSW) within the SATU Dublin team delivered a specialised psychosocial service, providing dedicated emotional and practical support to all patients attending the unit. Over the course of the year, key interagency relationships were further strengthened, including the establishment of a direct referral pathway with a Women's Aid Outreach Support Worker, thereby enhancing access to specialist domestic violence supports for patients attending SATU Dublin.

In response to the significant cohort of patients aged 18–25, the MSW also formalised referral pathways with Sexual Violence Prevention and Response Managers across third-level institutions, including Maynooth University and Technological University Dublin, to support improved access to appropriate services for this population.

Substance Misuse

In 2025, the medical social worker (MSW) attached to the DOVE (Danger of Viral Exposure) clinic provided emotional and practical support to women attending this specialist clinic. Patients attending the clinic are women who have an infectious disease diagnosis and/or substance misuse issues. The MSW liaises closely with the specialist midwives to provide a comprehensive service for women attending the DOVE clinic. As part of her role, the MSW helps parents to address their addiction issues, at a time when motivation to cease or reduce substance misuse can be high. 67 women attending the DOVE clinic, and who delivered in 2025, were referred to Tusla by the medical social worker. Referrals to Tusla regarding drug misuse also occurred when patients did not attend the DOVE clinic but drug use was identified postnatally or secondary to another concern.

In 2025, Tusla held 34 Child Protection Conferences in relation to substance-misusing Rotunda patients. These conferences are interagency multidisciplinary meetings where a child protection plan is formulated.

In 2025, there were 13 babies discharged to substitute care under a Court Order. The MSW attended Court and participated in these proceedings. It is ultimately a Judge who makes the difficult decision for a baby not to be discharged to the care of their parents.

The MSW worked closely with her colleagues in the Neonatal Unit. In 2025, 16 babies were admitted to the Neonatal Unit for the treatment of Neonatal Abstinence Syndrome (NAS). The MSW needs to balance the sometimes conflicting interests of parents struggling with addiction, a busy Neonatal Unit, requests from Tusla, and instructions from the Courts to ensure that each baby is safely discharged.

TABLE 2: NUMBER OF DELIVERIES TO SUBSTANCE MISUSING WOMEN									
Year	2017	2018	2019	2020	2021	2022	2023	2024	2025
Deliveries to Substance using women	62	61	56	56	60	63	64	69	92
Child Protection Referrals to and from Tusla	53	57	46	51	48	48	50	60	67
Parent(s) signing baby into voluntary care	5	5	3	1	4	1	6	6	5
Babies taken into care under a Court Order	1	1	1	10	5	6	3	6	13
Mothers & babies returned home under supervision of non-drug using relative	7	10	19	9	7	21	17	17	21

SUCCESSES & ACHIEVEMENTS IN 2025

In 2025, the Rotunda Hospital participated in the Children First Awareness Campaign. The medical social work team were available on 19th September at an information stand to answer any questions that patients, staff and visitors had in relation to keeping children safe. A Training and Development Officer (TDO) from the HSE Children First National Office who provided promotional materials for the stand, was also available.

In December 2025, the Rotunda supported the International 16 Days of Activism against Gender-based Violence. On 9th December, the medical social work team were available at an information stand in the Rotunda's main reception area to answer patient and staff questions and to distribute promotional materials provided by Women's Aid.

In 2025, the medical social workers (MSWs) specialising in bereavement and those attached to the fetal medicine unit provided training to the Midwifery BSc students who had expressed a wish for more exposure to working with bereaved parents. The midwifery students shadowed one of the MSWs on a Monday for the duration of the academic year.

The Inclusion Health Prescription Referral Service was piloted from June to December 2025. The pilot was developed through collaboration between the Pharmacy and Medical Social Work Departments, with additional input from the Inclusion Health Midwife. The revised pathway replaced the previous referral process for patients who disclose financial difficulty in accessing prescribed medications and supplements issued by the Rotunda Hospital. Under the former model, patients were referred to Medical Social Work for assessment; prescriptions were subsequently authorised and medications were dispensed without cost by the hospital pharmacy, with associated costs allocated to the Medical Social Work Department. Under the new model, prescriptions approved by Medical Social Work are assigned a unique serial number by the Pharmacy Department and dispensed through an external community pharmacy. This newly adopted pathway offers greater flexibility to patients accessing medication out of hours and supports a more effective allocation of hospital resources.

In November 2025, midwifery management and members of the medical social work team met with the newly appointed Social Inclusion Officer and the CEO of the Irish Trade and Professional Association for Doulas (ITPAD) to explore how the ITPAD's hardship fund could support Rotunda patients experiencing marginalisation and isolation. The meeting identified an additional resource for vulnerable patients during the perinatal period, to which the medical social work team can refer, and which would otherwise be inaccessible due to the customary fee associated with Doula services.

In December 2025, a collaboration between the Rotunda Foundation and Penneys resulted in Penneys donating mother and baby packs for the medical social work team to distribute to patients presenting to the Rotunda without any items for themselves or for their babies, due to social and financial deprivation. The packs included essential items, such as nightdresses, underwear, toiletries, baby grows and nappies and had an immeasurable impact on patients negotiating childbirth preparation under difficult circumstances. Staff in Salesforce also generously bought and donated items for mothers and babies which were greatly appreciated by patients in need.

On two occasions in 2025, the medical social work team facilitated the National Fostering Recruitment Team setting up an information stand in the hospital for staff to explore the different forms of fostering, which they may not be aware of, such as respite care for short periods of time or emergency relief over the weekend. Over the years, staff have sought information from the medical social workers about becoming a foster carer. The National Fostering Recruitment Team reported successfully engaging with a number of Rotunda staff members during their sessions in the hospital.

EDUCATION & TRAINING

Throughout 2025, the Medical Social Worker (MSW) attached to Inclusion Health (IH) actively engaged in a range of continuing professional development and interagency initiatives. She completed the Inclusion Health Continuing Professional Development (CPD) course in association with Trinity College Dublin. In May 2025, she attended the Irish Street Medicine Symposium hosted at Trinity College Dublin.

Over the course of the year, she also participated in Inclusion Health Network meetings facilitated by the HSE. In September 2025, she contributed to an interagency meeting with MSWs from other maternity hospitals and the HSE Inclusion Health Programme Manager to discuss the challenges faced by pregnant women experiencing homelessness and to explore the development of a discharge protocol to better support their needs. In addition, she is an active member of the Infant Mental Health Network in Dublin North City, attending monthly interagency meetings.

In 2025, the MSW attached to SATU commenced an MSc in Leadership in Health Care through the Health Service Leadership Academy. She also provided training on her role to the national SATU administration teams and other organisations.

CHALLENGES IN 2025

The move to Hampson House resulted in the medical social work team becoming dispersed across multiple locations, so a key challenge in 2025 was maintaining team cohesion. While staff continued to work independently within their specialist areas, there was a need to ensure that the team functioned as an integrated service, with effective mechanisms in place to support the sharing of experience, knowledge and expertise. This challenge was

addressed through the introduction and consistent use of team WhatsApp groups, group email communication and team meetings. These provided accessible and immediate channels for communication, enabling the team to share updates, seek advice, and exchange knowledge across sites. Team meetings further supported this by creating a structured space for discussion, reflection, and peer support, helping to maintain a sense of connection and shared purpose across the team. However, it needs to be acknowledged that the loss of a co-located site which facilitates formal and informal face-to-face interactions, has been challenging.

In 2025, there was an increase in babies being discharged to substitute care under a court order. This development presents a range of challenges for the medical social worker responsible for coordinating discharge and for the medical staff who may be required to attend court to provide evidence and for the hospital more broadly, particularly in relation to delayed discharges. In 2025, there was also an increase in medical social workers and medical staff being requested to attend court hearings a number of years after a baby's discharge, where Tusla was seeking a full Care Order in respect of a child.

In 2025, the medical social work team continued to face significant challenges around the level of homelessness faced by patients attending the hospital. In 2025, 782 patients reported being at risk of or experiencing homelessness, which is an increase of 15 patients compared to 2024. In addition, 312 women were referred to medical social work due to their status as International Protection applicants requiring additional support, representing an increase of over 70 women from the previous year. The majority of these women were living in emergency direct provision accommodation.

PLANS FOR 2026

In 2026, the medical social worker attached to SATU plans to continue to develop interagency pathways, which includes the exploration of an art therapy initiative with the National Gallery of Ireland. She will also contribute to the ongoing national rollout of the medical social work role across all SATU clinics.

In 2026, the medical social work team will collaborate with the Irish Trade and Professional Association for Doulas (ITPAD) to apply for funding through the HSE Lottery Fund to deliver a Community Doula Support Pilot Project. This initiative aims to promote inclusive and equitable access to maternity care for women experiencing the greatest levels of marginalisation at the Rotunda.

Up to 12 women identified by the medical social work team as experiencing social or economic disadvantage will be referred to receive non-clinical doula support throughout pregnancy, labour, birth, and the early postnatal period. This may include women experiencing homelessness and living in emergency accommodation, those within the international protection system, women affected by domestic violence and residing in refuges, and women from migrant backgrounds with limited support networks. Doula support provides emotional reassurance, practical guidance, comfort measures, and continuity of care, complementing, rather than replacing, clinical maternity services.

Pharmacy Department

Head of Department

Prof. Brian Cleary, Pharmacy Executive Manager
Ms Elena Fernandez, Deputy Pharmacy Executive Manager

Staff

Ms Fiona Gaffney, Advanced Specialist Pharmacist NICU (P/T)
Ms Grace O'Connor, Senior NICU Clinical Pharmacist – resigned
Ms Lisa Clooney, Advanced Specialist Pharmacist Antimicrobial Stewardship (P/T)
Ms Claudia Looi, Advanced Specialist Pharmacist Maternity
Mr Leon O'Hagan, Senior Pharmacist Informatics
Ms Avril Keane, Senior Pharmacist- Resigned
Ms Sophie McCormack, Senior Pharmacist
Mr Michael Farrelly, Pharmacist - Resigned
Ms Katie Harvey, Pharmacist
Ms Elaine Webb, Senior Pharmaceutical Technician (P/T) - Resigned
Ms Emer Coll, Senior Pharmaceutical Technician (P/T)
Ms Rachel McNamara, Senior Pharmaceutical Technician (P/T)
Ms Helen O'Hare, Senior Pharmaceutical Technician (P/T)
Ms Alison Meehan, Pharmaceutical Technician

Irish Medicines in Pregnancy Service

Dr Fergal O'Shaughnessy, Chief I Pharmacist
Ms Aileen Cullen, Chief II Pharmacist
Ms Eimear Fahy, Research Pharmacist

SERVICE OVERVIEW

The Pharmacy Department supports the safe and effective use of medicines for all Rotunda patients. In addition to ward-based clinical services, the Department provides specialist medicines supply services, facilitating cost-effective procurement and distribution of medicinal and nutritional products. The Pharmacy team collaborates closely with multidisciplinary colleagues to optimise medication management, leveraging advancements in health information technology to enhance patient safety and mitigate systemic risks.

The Department delivers comprehensive pharmacy services across all clinical areas within the Hospital, catering to both adult and neonatal pharmacy needs. Clinical pharmacy services follow a team-based model in NICU and a location-based model in all other clinical areas.

Continuous audit and quality improvement projects are integral to the Department's work, alongside collaborative research and medicines information initiatives. Key focus areas include Medication Safety, Optimal Medication Use in Pregnancy/Lactation, Maternal and Newborn Randomised Controlled Trials (RCTs), Vaccination in Pregnancy, Clinical Informatics, and Venous Thromboembolism (VTE) Prevention.

Each year, approximately 250,000 medication orders are processed for both inpatients and outpatients, with over 400,000 inpatient medication administrations and over 1 million dose units supplied by the pharmacy team. Team and ward-based pharmacists review drug charts

and patient records daily, Monday to Friday, supporting medical, midwifery, and nursing colleagues in ensuring the safe and effective use of medicines. Medication reviews were recorded for approximately 8,000 patients in 2025, with over 42,000 individual inpatient medication orders assessed. Unfortunately, a significant loss of staff on temporary contracts constrained the overall level of clinical pharmacy services in the second half of the year.

Additionally, an out-of-hours goodwill on-call service is available to assist with clinical or supply-related queries.

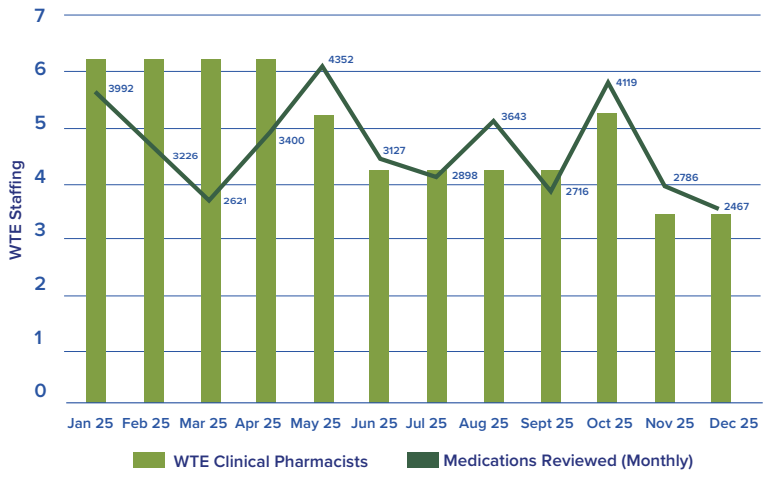


FIGURE 1: WTE CLINICAL PHARMACIST VS MEDICATIONS REVIEWED

SUCCESSES & ACHIEVEMENTS 2025

There were a number of achievements in 2025, across several areas, including:

Clinical Service Development

- Implementation of a pilot Pharmacist ordering of home medications service.
- Continued development of the clinical pharmacy services by expanding the pharmacist role in ordering non-prescription medications for inpatients. This initiative aimed to optimise appropriate medication use and improve timely access.
- Implementation of a Pre-Operative Pharmacy Medication Referral for complex patients with polypharmacy needs prior to undergoing elective gynaecological surgery.
- Improvements to medication documentation in MN-CMS and medication reconciliation at admission and discharge.
- Exploration and advancement of the expansion of the Pharmaceutical Technician role, including medication history taking for patients on limited/no medications.
- Contribution to the development and review of National Clinical Guidelines in Obstetrics and Gynaecology by the National Women and Infants Health Programme and the Institute of Obstetricians and Gynaecologists.

Irish Medicines in Pregnancy Service

- Continued development of the Irish Medicines in Pregnancy Service – a multidisciplinary collaboration to support the safe and effective use of medicines in pregnancy and lactation through medicines information services, advocacy, education and research.
- Expansion of the IMPS team and continued engagement and collaboration with national and international networks, including NWIHP, HSE, RCSI, the European Network of Teratology Information Services and the Health Products Regulatory Authority (HPRA).
- Continued provision of information and support to women attending the Maternal Medicine Clinic and other specialist clinics within the Rotunda and through the Medicines in Pregnancy Enquiry Answering service.
- Development and dissemination of information resources and support materials for HCPs and patients on the use of medicines in pregnancy and breastfeeding.
- Collaborative research projects in the area of medication management in epilepsy, hyperemesis, mental health and asthma.
- Collaborative work with Midwifery colleagues to disseminate findings from the immunisation uptake point prevalence survey and anti-seizure medication use in pregnancy studies.
- Ongoing support and optimisation of the VTE risk assessment tool, Thrombocalc, used to assess VTE risk in women delivering at the Rotunda. Continued development of a SMART/FHIR-integrated version of Thrombocalc and completion of a €100,000 Public Service Innovation Fund proof of concept project.
- Continued collaboration with the National VTE Prevention programme to provide pharmacist-led support with a particular emphasis on thromboembolism risk reduction and the review and development of the National Clinical Guidelines in Obstetrics and Gynaecology.

Digital Health & Informatics

- Go live with the new National Hospital Medicines Management System (HMMS), replacing the existing end-of-life pharmacy informatics system and eliminating the requirement for double entry of medicines across two systems.
- Implementation of Guided Pick functionality extending barcode scanning to non-robot stock, facilitating accurate product selection and automated expiry date management.
- Continued development of analytics capacity, including projects related to Nirsevimab uptake reporting, neonatal acute kidney injury, and postpartum haemorrhage.
- Extensive data analytic support for clinical and prescribing audits.

Neonatal Pharmacy

- Implemented a feasibility study of a novel point-of-care test for gentamicin-induced hearing loss - ÉISTIGÍ- Early Identification of Susceptibility to Gentamicin-Induced Hearing Loss. On the path to identifying 2-4 babies annually who would otherwise be put at risk of serious permanent hearing loss.
- Collaborated on sustaining the implementation of Nirsevimab, a long-acting monoclonal antibody designed to provide passive immunity against Respiratory Syncytial Virus (RSV) in newborns and infants. Uptake increased from 81.9% in 2024/25 to 85.6% in 2025/26.
- Continued development and expansion of the Clinibee app for NICU medication monographs.

- Continued the development and implementation of neonatal acute kidney injury and fluid balance decision support tools. (NINJA)

Antimicrobial Stewardship

- Achieved first-time GAMSAS accreditation and was designated as a Level 3 Centre of Excellence, highlighting strong antimicrobial stewardship practices, multidisciplinary teamwork, and continuous efforts to build and maintain a high-quality, evidence-based approach to safe and effective antimicrobial use.
- The Rotunda implemented the new national HMMS medicines management system at the end of Q1 2025, enabling the antimicrobial stewardship team to resume accurate surveillance of antimicrobial consumption and expenditure and support routine reporting to the HPSC.
- Continuous review and development of the Rotunda Antimicrobial Guidelines App.
- Collaborated on National Antimicrobial Point Prevalence Survey including a separate targeted PPS on surgical prophylaxis.

Research, Audit and Education

- The Pharmacy Department leads and collaborates on a broad programme of research with themes including: medication safety, safe medication use in Pregnancy/Lactation, decision support tools, vaccination in pregnancy, clinical informatics and VTE prevention.
- Honorary clinical professor and senior lecturer in the School of Pharmacy and Biomolecular Sciences, RCSI and contribution to the delivery of women's health education to Pharmacy undergraduate students in RCSI in addition to medicines in pregnancy and medication safety teaching for postgraduate medical, midwifery and nursing students.
- The Pharmacy Department is collaborating with, and providing ongoing support to, a range of maternal and newborn randomised controlled trials.

CHALLENGES 2025

The Department faced several challenges this year, which included:

- Recruitment and retention of pharmacy staff in a challenging and highly competitive recruitment environment, with sustained vacancy pressures for pharmacist roles.
- Sustained significant challenges with continuity of supply of medicines and medication shortages of critical medicines for all patient groups.
- Continuing to deliver clinical services while minimising costs of medicines in the challenging context of 2025.
- The complexity of transitioning to the new National Hospital Medicines Management System (HMMS) and the Guided Pick scanning system while maintaining uninterrupted clinical and dispensing services.

PLANS FOR 2026

The Department's plans for 2026 include:

- Introduction of a new team-based clinical pharmacy service.
- Expand MN-CMS reporting functionality to mitigate the risk of neonatal acute kidney injury so that it is available to relevant staff.
- Pilot electronic transmission of MN-CMS prescriptions to community pharmacy.
- Complete ÉISTIGÍ project and advocate for broader implementation across the health system.
- Implementation of NRFit for epidural cartridges.
- Improve out-of-hours processes for ADOMs and the Pharmacy team.
- Explore feasibility of automated dispensing cabinets in clinical areas to save nursing/midwifery and pharmacy team time.
- Complete final draft of national guidelines for Hyperemesis Gravidarum.
- Increase Pharmacy team patient review at ward level.
- Establish training posts for pharmacy students (2) under the national APPEL programme.
- Pilot training and empowering Pharmaceutical Technicians to take medication histories.
- Consolidate a long-term Pharmacy Dept. zone with additional space near the department so that the entire Pharmacy Team can be in one location to facilitate clinical cover and dispensary services.

Antimicrobial stewardship:

- Develop key antimicrobial stewardship performance metrics and implement analytics tools to enable streamlined monitoring of these KPIs and support regular reporting and evaluation.
- Continue to review and implement national AMRIC initiatives.

Physiotherapy Service

Head of Service

Ms. Cinny Cusack, Physiotherapist Manager

Staff

Ms Brona Fagan, Clinical Specialist NICU and paediatrics
Ms Anna Hamill, Clinical Specialist NICU 0.5 WTE and paediatrics
Ms Rosie Maguire, Clinical Specialist NICU 0.5 WTE and paediatrics
Ms Eithne Dee, Clinical Specialist NICU and paediatrics
Ms Niamh Kenny, Clinical Specialist Ambulatory Gynaecology and community
Ms Grainne Sheil, Clinical Specialist 0.5 WTE Obstetrics
Ms Paula Donovan, Clinical Specialist 0.5 WTE Ambulatory Gynaecology
Ms Nora McCreadie, Clinical Specialist Endometriosis
Ms Grainne Wall, Clinical Specialist Ambulatory Gynaecology
Ms Helen Feeney, Acting Clinical Specialist Physiotherapist
Ms Sadhbh Reynolds, Senior Physiotherapist
Ms Jenny Foley, Senior Physiotherapist, Postnatal hubs
Ms Emma Houlihan, Acting Senior Physiotherapist

Cover for maternity leave

Ms Niamh Wall, Senior Physiotherapist
Ms Grainne Flannery, Senior Physiotherapist
Ms Niamh Bergin, Physiotherapist
Ms Aine Treanor, Physiotherapist
Ms Aoife Timmons, Physiotherapist

SERVICE OVERVIEW

The mission of the Physiotherapy Service is to provide patient-centred, innovative and evidence-based care in the assessment and treatment of obstetric (pre- and postnatal), gynaecologic and neonatal/paediatric conditions.

The inpatient service focuses on postnatal mothers who are at risk of pelvic floor dysfunction. All patients are reviewed following major gynaecological surgery. An inpatient service has been introduced to provide TENS (Transcutaneous Electrical Nerve Stimulation) units for pain management to expectant mothers experiencing Pelvic Girdle Pain on the prenatal ward. This initiative aims to offer effective pain relief and improve comfort during pregnancy.

The adult outpatient service provides assessment and treatment of patients referred from the Obstetrics and Gynaecology clinics.

Obstetrics service.

Pelvic girdle pain (PGP) affects approximately 25% of pregnant patients attending the Rotunda. These referrals account for approximately half of our outpatient caseload. The majority of patients are triaged into Zoom/in person class, as most respond well to advice

on pain education, emotional wellbeing, sleep optimisation, exercise and self-management strategies, particularly reframing beliefs about PGP, that the pelvis is stable and that postural changes during pregnancy are safe. However, due to the high non-attendance rate in the virtual class, we introduced a new two-way texting system which allows women referred with PGP to opt into any of the classes. This change gives them more flexibility in which class they attend and aims to further reduce the rate of missed sessions (DNA rate). Individual appointments are offered to those of late gestation or who need manual therapy, additional supports and individualised exercises. Our PGP education and exercise videos have been updated on the Rotunda website to reflect an update in evidence-based practice.

Perineal Clinic

The Clinical Specialist Physiotherapist in Obstetrics has joined the Perineal Clinic team in Hampson House. This transition has provided streamlined patient access, allowing both Consultant and physiotherapist appointments to take place in the same clinic, with a combination of joint and individual consultations.

Gynaecology

The endometriosis service includes a clinical physiotherapist who works in the clinic alongside Dr Daly, the CNS and the NCHDs. The clinical caseload includes screening for appropriate onward referral to physiotherapy, as well as in-clinic input to help manage their symptoms. Referrals from other endometriosis clinics are seen in the physiotherapy department to assess and treat symptoms associated with endometriosis. This may include addressing muscular dysfunction, advice on the nature of persistent pain, options for non-medical/surgical management of persistent pain – including TENS machines, advice and strategies to manage bladder, bowel and sexual dysfunction.

The Urogynaecology and Gynaecology hospital waiting lists are triaged to identify patients suitable for a first-line conservative course of physiotherapy. This approach facilitates completion of physiotherapy treatment before patients are either discharged back to the GP or booked back into the Consultant clinic for follow-up management. The ambulatory gynaecology physiotherapist also works in the Urogynae clinic as part of the MDT team. Pessary fitting and teaching self-management of removable silicone pessaries are now adjuncts to prolapse management.

Management of pelvic floor pain/dyspareunia remains an area of high activity. The treatment focus is a trauma-informed approach and may include pain education, manual therapy, and holistic advice such as abdominal breathing for release, relaxation, exercises, electrotherapy and dilator therapy.

Antenatal Classes

Health promotion and antenatal education are key components of our service. We currently provide online Zoom Preparation for Parenthood classes in collaboration with the parent education midwives. Private in-person classes are held on a Saturday.

Pregnancy-related bladder care classes are run monthly to support women with advice and education to help manage urinary incontinence during their pregnancy. One-on-one appointments can be given either during pregnancy or from six weeks postpartum.

Postnatal Classes

This class supports new mothers with essential postpartum health education, focusing on good bladder and bowel health, pelvic floor recovery, and managing incontinence or


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YOU!

prolapse symptoms. It also covers assessing diastasis of the rectus abdominus muscle (DRAM) and provides guidance on safely returning to exercise, including running, from three months postpartum. Planning the opening of the Rotunda Postnatal Hub will significantly increase physiotherapy support for postpartum mothers in the community. Postpartum women can self-refer for individualised treatment for up to six weeks for musculoskeletal issues and for pelvic floor dysfunction up to six months following birth.

Neonatal and Paediatric Physiotherapy

The neonatal and paediatric physiotherapy service provides specialist care for babies from birth to one year. Neonatal physiotherapists assess and identify infants at risk of developmental delay and/or disability, with early intervention commencing in the NICU and continuing after the infant's transition to home/community. The neonatal physiotherapy team supports babies born prematurely, those with neonatal encephalopathy requiring therapeutic hypothermia, neonatal abstinence syndrome, genetic syndromes, brachial plexus injuries, orthopaedic and musculoskeletal issues across both inpatient and outpatient settings.

The physiotherapy team have established the high-risk infant follow-up pathway for the early detection of CP, along with a newly established MDT clinic for babies most at risk of a CP diagnosis.

As key members of the NICU team, physiotherapists educate and empower parents to provide neurodevelopmental care for their babies through handling, positioning, massage, and physiotherapeutic techniques. They also contribute to MDT education, audits, quality improvement, service development, and integrated care pathways. Physiotherapists support discharge planning, ensuring a smooth transition from NICU to home.

The physiotherapy team continue to be involved in research in conjunction with the CP Foundation and Science Foundation Ireland.

CLINICAL ACTIVITY

TABLE 1: ADULT NEW OUTPATIENTS

	2021	2022	2023	2024	2025
Pelvic Girdle Pain	2,247	2,242	2,325	2,260	2,378
Urinary Incontinence (Gynaecology)	289	342	318	320	351
Urinary Incontinence (Pregnancy / postpartum)	202	260	247	230	239
Obstetric Anal Sphincter Injury	84	59	117	113	102
Previous perineal tear	92	56	81	93	56
Prolapse	261	264	263	323	273
Carpal Tunnel Syndrome	156	122	150	177	130
Dyspareunia/Pelvic Floor Pain	234	294	386	566	565
Faecal Incontinence	16	48	36	29	13
Endometriosis			153	210	208
Post-partum self-referrals	104	91	185	248	446
Corduff/Roselawn community		40	134	102	64
Direct Gynae triage to physio		85	57	14	23
Total	**3,685**	**3,847**	**4,452**	**4,685**	**4,848**

The clinical activity in the outpatient table reflects the categories of referrals into the service, not the number of appointments given. For all Gynaecological and Endometriosis referrals, the patients opt into their appointments by acknowledging their intention to attend by email/ phone as a means of reducing the DNAs. Overall, 6,259 outpatient appointments were attended, and 1,515 patients did not attend.

TABLE 2: ADULT NEW INPATIENTS					
	2021	2022	2023	2024	2025
Prenatal Pelvic Girdle Pain / Carpal Tunnel Syndrome/Respiratory	56	118	105	83	57
Postnatal encounters	8,069	7,921	7,860	8,143	8,565
Gynaecology	80	144	240	354	414

TABLE 3: NEONATAL NEW INPATIENTS					
	2021	2022	2023	2024	2025
Obstetric brachial plexus injury or upper limb fracture	25	22	18	14	19
Talipes	30	38	36	39	24
Head and neck (head lag/hypotonia/facial palsy)	5	6	22	18	32
Trisomy 21	25	20	8	22	20
NICU referrals	219	194	210	210	170
Total	**304**	**280**	**294**	**303**	**265**

TABLE 4: PAEDIATRIC NEW OUTPATIENTS					
	2021	2022	2023	2024	2025
Plagiocephaly and torticollis	68	78	73	65	53
Talipes	14	29	21	7	26
Neurodevelopmental, (including NICU outpatient referrals 2023)	191	172	185	192	242
Other Musculoskeletal problems	2	10	5	3	8
Total	**275**	**289**	**284**	**267**	**329**

SUCCESSES & ACHIEVEMENTS 2025

- Provision of five undergraduate specialist lectures in ante and postnatal physiotherapy and incontinence management.
- Placements for RCSI School of Physiotherapy students.
- Bite-sized social media clips have been uploaded onto the Rotunda Hospital's social media channels, signposting patients to our resources on the website.
- Ongoing participation in the 'Early Detection and Intervention for CP in Ireland' study. The standardisation of high-risk assessments at 3 and 9 months has become standard care. The Physiotherapists participate in the high-risk infant follow-up clinic as part of the MDT at Hampson House for diagnoses of cerebral palsy.
- Women on the physiotherapy Gynaecology waiting list receive a QR code or link to patient information that provides educational resources and guidance on completing the bladder chart before their first appointment, enabling them to be well prepared for their consultation.

Continuous Professional Development (CPD)

Physiotherapy staff actively engage in regular CPD through weekly in-service training, case presentations, and ongoing staff supervision. Staff continuously update their CPD requirements by attending postgraduate short/long courses and conferences and self-directed learning. The focus this year has been on upskilling new staff in managing incontinence and pelvic floor disorders.

Paediatric courses

- Baby Massage training
- CP Early Detection Conference with CP Foundation and Mini Scale training
- Attendance and presentation at Neonatal Network Study Day

Adult courses

- Management of prolapse
- Bump Room webinars on the topics of labour preparation, faecal incontinence, OAB, pelvic pain and gut health, pessaries, returning to running
- CFI annual conference
- Introduction to urinary incontinence and pelvic floor assessments
- Gynaecology study day
- Psychosexual medicine course
- HSCP funded Pelvic Floor Physiotherapy for Endometriosis: assessment, treatment, and care
- Mindfulness course
- Dry needling course

Professional Working Groups

- Neonatal Physiotherapy National Network
- Chartered Physiotherapists in Paediatrics (CPP) members
- Cinny Cusack is the Irish Society of Chartered Physiotherapists (ISCP) representative on the National Women and Infants Health Programme (NWIHP)
  - Member of antenatal steering group
  - Lead member of the physiotherapist ambulatory gynaecology steering group
  - Member of the NWIHP postnatal hubs working group
  - Member of the NWIHP training and education group
- Chartered Physiotherapists in Pelvic Health and Continence (CPPHC) members
- DNE Physiotherapy Managers working group
- CPM Chartered Physiotherapists in Management

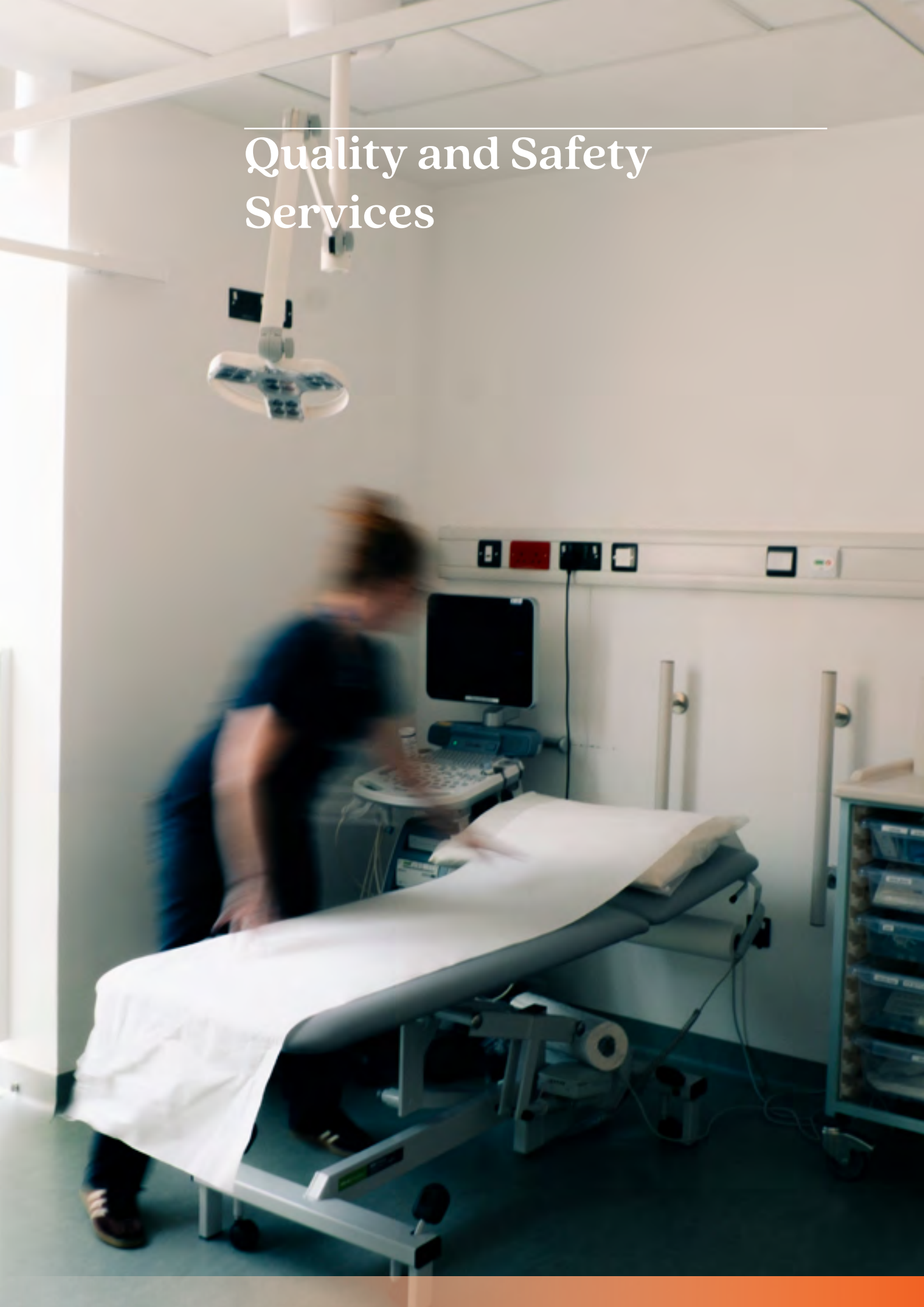
CHALLENGES 2025

- The main challenge continues to be balancing our ongoing busy clinical activity with limited physical space. The physiotherapy department only has 5 treatment rooms and access to 3 sessions in the Gynaecology building. There remains an ongoing challenge for administrative support to manage the increasingly busy clinical activity of the physiotherapy department and parent education.
- Due to a staffing skill mix impacted by high levels of maternity leave, current staff have required both internal and external training to upskill to manage complex cases in endometriosis, gynaecology, and obstetrics. As a result, there has been an increase in the number of patients waiting for specialist services.

PLANS FOR 2026

- Participation in COOL Prime Study.
- Participation of Aim High/Elevate study in conjunction with Science Foundation Ireland and CPF.
- The physiotherapist working in the Postnatal Hub will be based in Coolock, Blanchardstown, Swords, and Hampson House, with a base at the main Rotunda Hospital. Service planning and policies will be established along with links with the other Dublin Hospital hubs.
- Planning for the move of the physiotherapists working in Gynaecology to the new Dominick Street facility for the Ambulatory Gynaecology service.
- Planning for the opportunity for a Gynaecology physio service to be based in the Swords surgical Hub.
- To embed the role of the Clinical Specialist in Ambulatory Gynaecology for the Connolly Hospital catchment, by providing a community service one to two days per week.
- The endometriosis patient pathway will be amended to include both online and in-person classes, covering a range of pain management and coping strategies, as well as an in-person exercise class.
- The department is currently holding discussions with DCU to increase our capacity to take their students from September 2026.
- To continue to embed the Trauma Informed Care approach into all aspects of the service.

Quality and Safety Services



Quality and Patient Safety Department

Head of Department

Mr Mikey O'Brien, Head of Quality & Patient Safety (from April)

Staff

Ms Stephanie Meagher, Quality & Patient Safety Coordinator (from Oct 1st)

QUALITY AND SAFETY COMMITTEE

The Quality and Safety Committee manages quality and safety on behalf of the Executive Management Team. The Committee provides oversight, guidance and support for organisation-wide performance improvement and patient safety efforts, in accordance with the organisational values, goals and objectives identified in the Strategic Plan 2022 - 2026. It focuses on driving the implementation of quality and safety improvements and safeguards. The Committee, chaired by the Master, met on ten occasions during 2025.

Customer Feedback

The Rotunda Hospital is committed to ensuring that feedback: comments, compliments and complaints from those using our services are acknowledged, reviewed, acted upon and responded to and that the learning derived from this feedback informs our quality improvement programmes.

Effective handling of service user feedback is fundamental to the provision of a high-quality service. A weekly report on complaints management is submitted for the Executive Management Team's meetings. A summary of all patient feedback received is presented at the Quality and Safety Committee meetings monthly. Relevant reports are also provided to other Committees on a regular basis, including the Infection Prevention and Control Committee, the Board's Quality, Safety and Risk Committee and the HSE Dublin and North East Acute Hospitals.

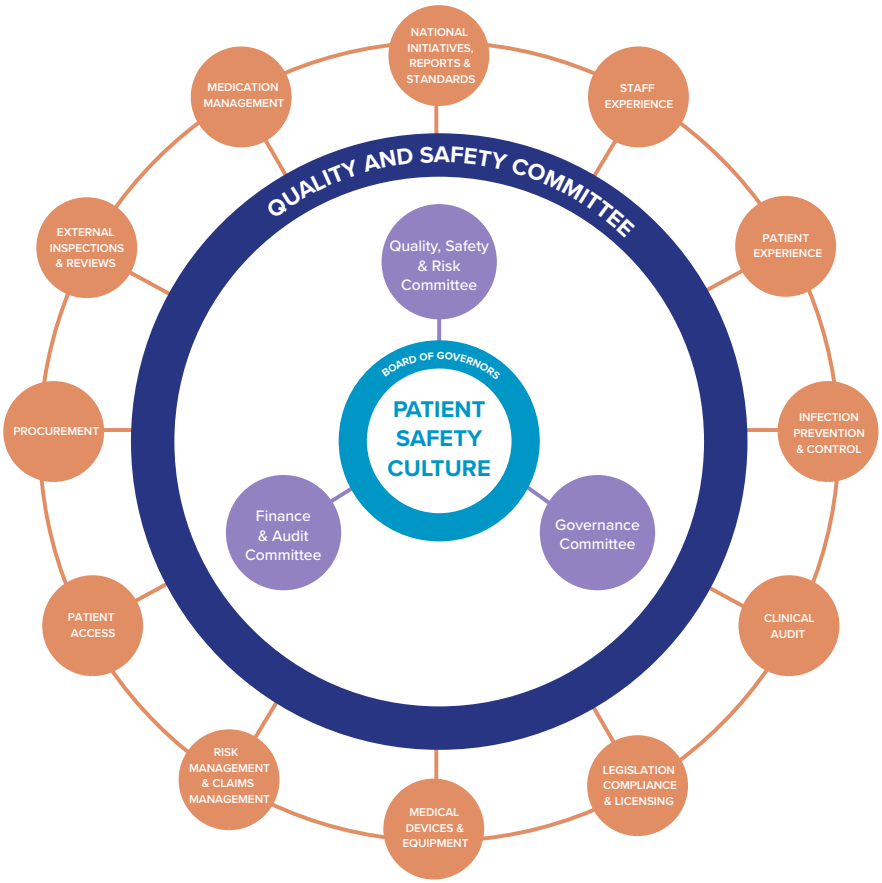


FIGURE 1: ORGANISATIONAL STRUCTURE QUALITY, SAFETY AND RISK MANAGEMENT

Complaints Management

TABLE 1: COMPLAINTS MANAGEMENT

	2023	2024	2025
Complaints received	106	144	140
Complaints closed	108	149	140
% closed within 30 days	**98%**	**98%**	**100%**

The number of complaints received in 2025 was slightly lower than the number received in 2024. All complaints received were closed within the 30 working day timeframe, thanks to the prioritisation given to reviewing and responding to concerns raised by the Clinical and Management staff. This was an improvement on 2024.

One complaint was escalated to the Dublin North East Hospital Group for review; one was declined (outside the 30-day timeframe). Two complaints were referred to the Ombudsman's Office.

The components of each complaint are categorised under eight pillars – access, dignity and respect, safe and effective care, communication and information, participation, privacy, improving health and accountability. Similar to previous years, the most common pillars remain communication and information, safe and effective care and access.

Listening to and responding to patients' concerns at the point of contact is essential to ensuring an overall positive patient experience. Complaints management is included in the corporate induction programme, which highlights the role that all staff members have in listening to concerns raised with them, trying to resolve them at source, escalating them to their senior colleagues as required, and assisting with any reviews or investigations undertaken. All staff are required to complete the HSeLanD e-learning programme – *Effective Complaints Handling* or to attend an in-house education session on complaints handling. Complementing this training is the HSeLanD programme – *Making Conversations Easier*, which is also mandatory for all staff.

Other Patient Feedback

Receipt of positive feedback from 1,508 patients/families was recorded during the year (19% increase from 2024). Ten negative comments or suggestions for improvement were also received.

SUCCESSES AND ACHIEVEMENTS IN 2025

Quality Improvement Plans 2025 (QIPs)

The Hospital's Strategic Plan 2022-2026 identifies four strategic principles which reflect our core focus as a Hospital. The strategic enabler supports the delivery of the strategic principles. Managers and staff throughout the hospital were asked at the beginning of the year to identify quality initiatives and service improvements they would progress and implement during the year, and to align them with the most relevant strategic principle or enabler.

In total, 353 quality initiatives were identified during the year. 38 projects were showcased in poster format on Charter Day.

By year-end, 80% of the initiatives were completed, 16% were ongoing, and 4% were deferred or delayed. Reasons for deferring included prioritising planned relocation to Dominick Street, current activity levels and staff deficits in key departments.

Inspections

An unannounced HIQA inspection took place on July 22nd, 23rd and 24th. All disciplines/services were assessed and reviewed. The HIQA report noted high activity across all departments, acceptable staffing levels, and an excellent staff knowledge base. The quality management system was well maintained with good evidence of effective auditing and non-conformance management.

Open Disclosure

Training for all staff on open disclosure is mandatory. All staff are encouraged to complete the HSeLanD Module 1 programme – C*ommunicating Effectively Through Open Disclosure*. Staff involved in formal open disclosure meetings are required to complete the HSeLanD Module 2 programme – *Open Disclosure: Applying Principles to Practice* and to attend a face-to-face workshop.

The Patient Safety Act commenced on September 26th, 2024. This legislation introduced mandatory open disclosure for certain patient safety incidents, requiring health service providers to disclose such incidents to patients and relevant individuals. It also outlines procedures for notifying regulatory bodies like the Health Information and Quality Authority. The Rotunda is committed to being open and honest in all their interactions with women and families who avail of our services.

Uptake of open disclosure training is reported at monthly Quality and Safety Committee

meetings and to the RCSI Hospital Group/HSE Dublin and North East Acute Hospitals quarterly. By the year-end, 86% of staff had completed the mandatory training, which is renewable every three years.

PLANS FOR 2026

- Update the Rotunda's Patient Feedback Training for all staff and facilitate the same during the summer of 2026.
- Grow the Quality & Safety Department to allow the department more access to assist staff with quality improvements.
- Monitor progress in the implementation of the identified Quality Improvement Initiatives.
- Ensure the continued timely review and response to complaints and maximise uptake of mandatory training.
- Continue to lead on Board Quality Walkaround visits, ensuring all departments and staff have the opportunity to meet board members.
- Develop close working relationships with the Dublin North East Hospital Group Quality Departments.

Infection Prevention and Control Service

Head of Department

Prof. Richard Drew, Consultant Microbiologist

Staff

Dr Meaghan Cotter, Consultant Microbiologist
Dr Deirdre Broderick, Consultant Microbiologist
Ms Anu Binu, ADOM Infection Control
Ms Alva Fitzgibbon, Infection Control Midwife
Ms Shonagh Strachan, Infection Control Midwife

SERVICE OVERVIEW

The Infection Prevention and Control (IPC) Team is committed to reducing the risk of healthcare-associated infections (HCAIs) and promoting a safe environment for patients, staff and visitors. Working collaboratively with multidisciplinary teams across the hospital, the IPC Team supports the delivery of high-quality, evidence-based care in line with national and international infection prevention and control standards.

The team provides expert leadership, specialist advice and consultancy on all aspects of infection prevention and control to hospital management, healthcare professionals, patients and external stakeholders. This includes the development, implementation and review of IPC policies, procedures and guidelines to ensure best practice is maintained throughout the organisation.

Throughout 2025, the IPC Team continued to play a key role in surveillance, outbreak prevention and management, antimicrobial stewardship, environmental monitoring and quality improvement initiatives. The team coordinated comprehensive audit programmes, delivered education and training to clinical and non-clinical staff, and monitored compliance with infection prevention standards across the hospital.

The IPC Team worked closely with patients and their general practitioners to communicate information relating to healthcare-associated infections, multidrug-resistant organisms (MDROs) and infection prevention measures, supporting a patient-centred approach to care and safety.

Through ongoing collaboration, education, surveillance and quality improvement activities, the IPC Team remained focused on strengthening infection prevention practices and supporting the hospital's commitment to excellence in patient safety and quality care.

SERVICE ACTIVITY

During 2025, a key focus of the service was the surveillance, prevention and management of infectious diseases and multidrug-resistant organisms (MDROs) and timely implementation of control measures.

The IPC Team continued to support high standards of clinical practice through ongoing audit, monitoring and quality improvement activities. Compliance with hand hygiene, central venous catheter (CVC) care bundles, peripheral venous catheter (PVC) care bundles and

decontamination standards was monitored throughout the year, with results reported through established governance structures and action plans implemented where required.

Education and training remained a central component of the service. The team delivered IPC education programmes to clinical and non-clinical staff, including training on point-of-care risk assessment, appropriate use of personal protective equipment (PPE), multidrug-resistant organisms, outbreak management, decontamination practices and Aspergillosis awareness. Refresher training programmes for agency and support staff were introduced to further strengthen infection prevention practices across all clinical areas.

In collaboration with the Antimicrobial Pharmacist, the IPC Team continued to support antimicrobial stewardship initiatives and preparation for the implementation of the national antimicrobial consumption surveillance programme. The team also progressed several quality improvement initiatives, including development of a multidisciplinary severe scabies pathway, enhancement of MDRO monitoring processes and implementation of electronic MRSA documentation and ordering pathways on MN-CMS The service played a key role in supporting seasonal infection prevention initiatives throughout the year. This included promoting maternal and staff vaccination programmes, supporting the successful RSV immunisation programme and managing periods of increased respiratory viral activity, including COVID-19, influenza and Coronavirus NL63. Through prompt risk assessment, patient isolation and implementation of transmission-based precautions, the risk of significant outbreaks was minimised.

The IPC Team also provided specialist advice and oversight for hospital redevelopment and construction projects. Regular IPC risk assessments, environmental monitoring and weekly Aspergillosis audits were undertaken to minimise risks associated with construction activities and to ensure compliance with Health Building Note (HBN) standards. Guidance was provided to project teams to support safe clinical environments during periods of infrastructure development.

Throughout 2025, the IPC Team continued to work closely with patients, families, clinical departments, Occupational Health, Facilities Management and external agencies to promote best practice in infection prevention and control, ensuring the delivery of safe, effective and patient-centred care.

QUALITY AND SAFETY SERVICES SUCCESSES & ACHIEVEMENTS 2025

- Successful outbreak management through multidisciplinary communication, enhanced surveillance, screening, environmental cleaning and staff education.
- Maintained high levels of compliance with Infection Prevention and Control audits throughout the year, achieving average compliance rates of 95.2% for hand hygiene and 98.1% for central venous catheter (CVC) care bundles, while continuing to improve peripheral venous catheter (PVC) care bundle compliance.
- Continued implementation of quality improvement initiatives, including development of a multidisciplinary severe scabies pathway, introduction of point-of-care PPE risk assessment practices and expansion of MDRO policy compliance monitoring.
- Supported the introduction of routine Varicella Zoster Virus (VZV) immunity screening initiatives for women residing in shared accommodation settings in response to increasing community exposure events.
- Progressed the development of electronic MRSA ordering and documentation processes on MN-CMS to support timely implementation of infection prevention measures and improve auditability.

- Developed a NICU deep cleaning policy and checklist to strengthen decontamination practices through enhanced staff training and daily cleaning verification processes.
- Achieved 100% compliance with ultrasound probe decontamination audits and maintained high compliance rates in the decontamination of medical devices through ongoing audit and education programmes.
- Successfully implemented quarterly decontamination refresher training for agency and support staff and strengthened ward-based decontamination monitoring.
- Maintained surveillance programmes for healthcare-associated infections, antimicrobial resistance, maternal and neonatal sepsis, and multidrug-resistant organisms, enabling early identification and management of infection risks.
- Supported the successful completion of the 2024–2025 maternal RSV immunisation programme, achieving exceptionally high uptake rates and contributing to reduced RSV-related admissions to neonatal intensive care services.
- Continued promotion of seasonal vaccination programmes for staff and patients, with Occupational Health reporting the highest influenza vaccine uptake within its comparator group.
- Successfully managed increased seasonal respiratory viral activity, including COVID-19, influenza and Coronavirus NL63, through early identification, patient isolation and implementation of transmission-based precautions.
- Delivered extensive education and training programmes to clinical staff on point-of-care risk assessment, appropriate PPE use, multidrug-resistant organisms, outbreak management and Aspergillosis awareness.
- Supported hospital redevelopment and infrastructure projects through ongoing IPC risk assessments, environmental monitoring and compliance with Health Building Note (HBN) standards.
- Introduced weekly Aspergillosis risk audits associated with construction activity and provided expert IPC guidance to minimise patient risk during major building works.
- Continued collaboration with the Antimicrobial Stewardship Team and supported preparation for implementation of the national antimicrobial consumption surveillance system.

CHALLENGES 2025

- Increasing rates of MRSA colonisation (from community acquisition), particularly among patients residing in shared accommodation settings, required enhanced surveillance, staff education and environmental controls.
- Increasing antimicrobial resistance trends, including rising cefotaxime and gentamicin resistance among Gram-negative organisms, required ongoing monitoring and antimicrobial stewardship interventions.
- Pressure on isolation facilities during periods of increased seasonal respiratory viral illness among pregnant women and neonates.
- Maintaining infection prevention standards during extensive building and redevelopment projects, including mitigation of dust and Aspergillus exposure risks.
- Managing ongoing infrastructure challenges, including environmental controls, water systems and hand hygiene facilities in clinical areas.

- Responding to emerging communicable disease threats, including measles, monkeypox, enterovirus activity and community outbreaks of vaccine-preventable infections.
- Supporting increasing infection-related readmissions and ensuring robust surveillance, investigation and quality improvement measures to reduce healthcare-associated infection risks.
- Maintaining staff awareness of, and compliance with, evolving national IPC guidance, transmission-based precautions and PPE requirements in a changing healthcare environment.

Clinical Audit Service

Head of Service

Prof. Sharon Cooley, Consultant Obstetrician Gynaecologist

Staff

Ms Mary Whelan, Clinical Audit Facilitator and Assistant Director of Midwifery
Dr Valerie Jackson, Clinical Audit & Surveillance Scientist
Mr Colin Kirkham, Research Officer
Dr Hifsa Sial, NCHD Representative
Dr Alaa Bou Khalfouni, NCHD Representative

SERVICE OVERVIEW

The Rotunda Hospital Clinical Audit Service was established in June 2011 and has developed significantly since then to support a structured approach to evaluating care against local, national and international standards.

SERVICE ACTIVITY

All clinical audit activity within the hospital is monitored and routinely reported. Promoting a high standard of practice among clinical staff and all other healthcare workers undertaking clinical audit is a key objective for the hospital. The Clinical Audit Service provides a forum for the sharing and dissemination of clinical audit work throughout the hospital, which is facilitated using a clinical audit database.

SUCCESSES & ACHIEVEMENTS 2025

Enhancing Patient Care

Register of Clinical Audit

In total, 105 clinical audits were registered in 2025 (60 first time audits, 40 re-audits and 5 continuous audits), an increase of 28% on the number of audit registrations the previous year. Sixty-six audits were completed in 2025 (Table 1)..

TABLE 1: NUMBER OF COMPLETED CLINICAL AUDITS 2021-2025

Audit Type	2021	2022	2023	2024	2025
First audits	24	34	48	49	41
Re-audits	16	25	23	25	25
Total	**40**	**59**	**71**	**74**	**66**

Clinical Audit Group weekly meeting

The core group within the Clinical Audit Service continues to meet on a weekly basis to discuss and approve audit applications. All reports and action plans received are also reviewed at that time.

Support and Mentoring

A Monthly Clinical Audit Report is disseminated to all staff, outlining all new clinical audit registrations and audit completions for the previous month. In addition, a speciality-specific report is produced twice yearly for clinical leads, providing a comprehensive overview

of audit activity in their area, including audit completion rates and proposed re-audit timeframes.

In addition to supporting Rotunda staff, the team also provide advice, guidance and assistance to clinical audit personnel in other hospitals upon request.

Clinical Audit Awareness Week (CAAW)

During CAAW, 2-6th June 2025, the team hosted an information stand designed to promote awareness of clinical audit and encourage staff participation across all disciplines. Staff were eager to engage and were able to discuss audit ideas, learn about current audit activity and take part in a clinical audit quiz.

Irish Clinical Audit Network (ICAN)

The Rotunda Clinical Audit team re-joined and attended several meetings of the Irish Clinical Audit Network (ICAN) in 2025. ICAN was re-established in early 2025 in accordance with one of the recommendations arising from the National Review of Clinical Audit Report 2019, which recommends "that the HSE should support a national forum for clinical audit leads where knowledge and learnings can be shared and disseminated to individual health service provider organisations".

EDUCATION AND TRAINING

The clinical audit team regularly delivers in-house educational sessions on the clinical audit cycle for all disciplines. Two Clinical Audit Workshops for Midwives and Nurses were delivered in the Centre for Midwifery Education, Coombe Women and Infants University Hospital in January and October 2025.

The Biannual Clinical Audit and Research Meetings were held in January and June 2025. In addition, the Quarterly Interim Audit Results Meetings were scheduled in each quarter of 2025. A large number of staff attended these sessions. These meetings provide a forum for audit leads to discuss their findings and actions for quality improvement. Additionally, clinical audit results and action plans were then disseminated to all key stakeholders, to ensure widespread learning.

The winners of the Biannual Clinical Audit Competitions were:

January 2025

First Place - Ms Jenna Mullen (Med Student): A Retrospective Cohort Study of Maternal and Neonatal Outcomes in The Rotunda Hospital's Bariatric Patient Population.

Second Place - Dr Daniel O'Reilly: The Impact of Socioeconomic Status on Very Preterm Neonates and Their Outcomes in the Rotunda Hospital 2018-2022.

Joint Third Place - Ms Caroline Kiernan, Midwife: To ensure compliance with Gestational Diabetes Care Pathway - a re-audit.

Joint Third Place - Dr Fatimah Alaya: Sut-Ure Self: Optimising Perineal Repair Knowledge and Teaching in Three Maternity Centres.

June 2025

First Place - Ms Caitriona Ryan: The Incidence of Antenatal Red Cell Alloantibodies in a Tertiary Maternity Hospital: a 6-Year Retrospective Study.

Second Place - Ms Virginie Bolger: Conservative Management for women with CIN II on cervical biopsy.

Joint Third Place - Dr Claudia Condon: One Month Review of Induction of Labour November 2024.

Joint Third Place - Dr Anna Impiumi: Re-Dosing of Antibiotics in Major Obstetric Haemorrhage.

Presentations at the Quarterly Audit Results meetings are listed below:

4 March 2025

- Ms Jo Taylor - Re-audit of Intrapartum CTG Fetal Surveillance Audit.
- Dr Parijot Kumar - Audit of Induction of Labour in Women aged 45 years and over at the Rotunda Hospital.
- Dr Rania Okby Cronin - The Time Frame between Performance of Invasive Prenatal Testing and Provision of Results to Patients.

27 May 2025

- No presenters available

30 September 2025

- No presenters available

2 December 2025

- Dr Ines Roze - Evaluating the Yield of Hip Ultrasound Screening in Preterm Breech Infants: Are We Over-Investigating?
- Ms Jennifer O'Neill, ANP - LLETZ Results for Women Aged 35 yrs. and Under who have had a Confirmed CIN3 Cervical Biopsy but a Subsequent CIN1 on LLETZ Results.
- Dr Fergal O'Shaughnessy - Assessing Information and Educational Materials Provided to Patients About VTE on Discharge from the Rotunda Hospital.

Published Audits

1. Outpatient Flexible Cystoscopy in Urogynaecology: A Tertiary Hospital's Experience. P. Kumar, S. Tariq, S. Philip, C. Hendricken, F. Salameh. Irish Journal of Medical Science. April 2025; 194(2):409-412.
2. Knowing When to Stop: Are We Treating Tachysystole Enough? M. Cheung, M. Omar, M. Geary, J. Donnelly. Authorea. 2nd June 2025.

Audit Presentations at Meetings/Conferences (poster and oral)

1. Revealing Deficiencies in Managing Female Sexual Dysfunction in Women with Pelvic Organ Prolapse: A Call for Comprehensive Care. M. Y. Ng, A. Dervari, F. Salameh. ESSM Congress 2025, Vienna, Austria, 20-22 February 2025.
2. VAP Prevention and Care Bundle. S. P. Jose and M. Hollywood. Dublin North East Neonatal Network Group Meeting, Ardboyne Hotel, Navan, Co. Meath, 3rd October 2025.

3. Emergency Caesarean Section Decision to Delivery Interval: An Audit of Performance. M. Hoey, R. Zafar, N. Hayes. The Irish Society of Obstetric Anaesthesiologists Annual Meeting, the College of Anaesthesiologists of Ireland, Dublin, 7th November 2025.
4. Rollout of the New RSV Immunisation Campaign 2024/2025 and Beyond. E. Croke, C. Corcoran & M. McTiernan. Charter Day, the Rotunda Hospital, 7th November 2025.
5. Delayed Cord Clamping for Preterm Deliveries <32 weeks GA using "LifeStart" Trolley. C. Kilpatrick, M. Hollywood, E. Butler, L. Zakharchenko. Charter Day, the Rotunda Hospital, 7th November 2025.
6. Management of Neonates Born to Mothers with Graves' Disease: An Audit from the Rotunda Hospital. D. Omer, S. Campbell, D. Corcoran. Charter Day, the Rotunda Hospital, 7th November 2025.
7. Introduction of Carbon Monoxide Breath Testing. A. Reddin. Charter Day, the Rotunda Hospital, 7th November 2025.
8. Assessment of Delayed Cord Clamping Provision for Infants Born After 33+6 Weeks Gestation. A. Garg, M. Hollywood. Charter Day, the Rotunda Hospital, 7th November 2025.
9. Evaluation of Meropenem use in a Neonatal Intensive Care Setting. R. Waldron, M. Moran. Charter Day, the Rotunda Hospital, 7th November 2025.
10. Perineal Inspections in the Postnatal Ward: Are We Meeting Standards? E. Gonzalez, P. Morrin, C. Corcoran, F. Walsh. Charter Day, the Rotunda Hospital, 7th November 2025.
11. Overhead Phototherapy for Neonatal Jaundice on the Postnatal Ward. C. Toolsie, B. Hayes. Irish Paediatric Association Conference 2025, Radisson Hotel, Athlone, Co. Westmeath, 27-28th November 2025.
12. Referrals to the Rotunda Hospital Paediatric and Adolescent Gynaecology (PAG) Service. Á. McNally, A. Fogarty, D. Browne, S. Carroll, S. O'Brien, N. Deegan. Institute of Obstetricians & Gynaecologists and Junior Obstetrics & Gynaecology Society Annual Meeting 2025, RCPI, Dublin, 28th November 2025.
13. A Clinical Audit of Cord Prolapse Incidence and Management in the Rotunda Hospital for the Year 2024. J. Harvey-Graham, H. Abdelhafez, R. Roopnarinesingh. Institute of Obstetricians & Gynaecologists and Junior Obstetrics & Gynaecology Society Annual Meeting 2025, RCPI, Dublin, 28th November 2025.

PLANS FOR 2026

- Continue to forge links with Clinical Audit Teams in other hospitals, exchanging our experience and knowledge.
- Identify and implement further innovative methods for widespread dissemination of clinical audit results and their recommendations.
- Develop ease of access to clinical audit across the increased number of sites that the Rotunda Hospital now operates.

COMPLETED AUDITS 2025

TABLE 2: COMPLETED AUDITS 2025	
Speciality	**Title of Audit**
Administration	Speech privacy audit
Anaesthetics	Compliance with 'Sip till Send' pre-operative fasting protocol
Anaesthetics	Trends in Total Intravenous Anaesthesia (TIVA) usage: A clinical audit
Anaesthetics	Re-dosing of antibiotics in Major Obstetric Haemorrhage
Anaesthetics	Re-audit of trends in Total Intravenous Anaesthesia (TIVA) Usage
Anaesthetics	Evaluation of incidence of Pain During Caesarean Delivery (PDCD) at the Rotunda Hospital
Anaesthetics	Emergency Caesarean sections in Rotunda Hospital re-audit of DDI
Anaesthetics	Documentation of intraoperative blood loss during caesarean section
Gynaecology	A review of women who underwent hysterectomy for benign cervical pathology over the 5 years from 2018-2023
Gynaecology	Outcomes for women age 60-64 years of age referred with persistent HPV and low-grade cytology
Infection Control	MRSA Management Audit
Mental Health	Do prescribing clinicians on the Specialist Perinatal Mental Health Team inform patients about Selective Serotonin Re-uptake Inhibitors (SSRI) induced sexual dysfunction?
Mental Health	Engagement with Perinatal Mental Health Services by members of the Travelling Community
Neonatology - Medical	Compliance with our current guidelines on commencing therapeutic hypothermia in neonates with hypoxic-ischaemic encephalopathy
Neonatology - Medical	Compliance of Red Cell Concentrate Transfusion Guidelines
Neonatology - Medical	40% Dextrose Gel for the management of Neonatal Hypoglycaemia
Neonatology - Medical	Haemolysed and clotted Neonatal blood sample
Neonatology - Medical	Adherence to echo performance in the first 24 hours of life for newborns undergoing therapeutic hypothermia
Neonatology - Medical	Re-audit of optimizing completeness of recording newborn discharge diagnoses/problems in MN-CMS
Neonatology - Medical	Assessment of compliance to MBDP & Nutritional supplement guidance in preterm neonates born under 32 weeks' gestation and under 1.5 kg.
Neonatology - Medical	Evaluating compliance with neonatal echocardiography protocols for PDA in infants born at less than 29 weeks' gestation
Neonatology - Medical	Hypoglycaemia discharge criteria in NICU
Neonatology - Medical	Neonatal admissions in Lillie Suite Rotunda Hospital for phototherapy
Neonatology - Medical	Audit of adherence to guidelines for management of antenatally detected congenital anomalies of the kidney and urinary tract
Neonatology - Medical	Time to first dose of antibiotics in newborns with perinatal risk factors for early onset sepsis
Neonatology - Medical	Evaluating the yield of hip ultrasound screening in preterm breech infants: Are we over-investigating?
Neonatology - Medical	Evaluation of Meropenem use in a Neonatal Intensive Care Setting
Neonatology - Medical	Management of neonates born to mothers with Hyperthyroidism (Graves' disease) in Rotunda hospital

Neonatology - Medical & Laboratory Medicine	To determine current assessment of prolonged jaundice & develop a pathway for investigation of prolonged jaundice in neonates.
Neonatology - Medical, Neonatology-Nursing	Ventilator associated pneumonia care bundle audit
Neonatology - Nursing	Retinopathy of prematurity screening documentation for less than 32 weeks or birth weight less than 1501g
Neonatology - Nursing	Neonatal patient identification audit
Neonatology - Nursing	Adherence to saturation probe site changing among neonates below 28 weeks of gestation
Neonatology - Nursing	Re-audit of blood transfusion administration documentation in NICU
Nursing/Midwifery	To ensure compliance with Gestational Diabetes Care Pathway
Nursing/Midwifery	Assessment of delayed cord clamping provision for infants born after 33 weeks 6 days gestation
Nursing/Midwifery	Assessing the uptake of Nirsevimab – rolling out a new HSE immunisation programme in the Rotunda.
Nursing/Midwifery	Day case time delays
Nursing/Midwifery	LLETZ results for women aged 35 yrs. and under who have had a confirmed CIN3 cervical biopsy but a subsequent CIN1 on LLETZ results
Nursing/Midwifery	Perineal inspections in the Postnatal Ward
Nursing/Midwifery	Fluid balance in labour and post-delivery
Nursing/Midwifery	To audit the management of our midwifery-led next birth after caesarean section
Nursing/Midwifery	Quality assurance of maternity booking visits
Nursing/Midwifery	Contraception counselling/provision in Pregnancy Options service
Nursing/Midwifery	Blood transfusion administration documentation in Obstetrics/ Gynae
Nursing/Midwifery	GBS screening and follow-up in SROM patient cohort attending ER
Nursing/Midwifery	Guideline-based assessment documentation of skin pressure injuries in patients receiving nasal CPAP/BiPAP less than 30 weeks gestational age.
Obstetrics	Audit of induction of labour timings for women >45 years of age
Obstetrics	The time frame for invasive prenatal testing until results
Obstetrics	One month review of induction of labour November 2024
Obstetrics	Intrapartum use of sequential instruments
Obstetrics	The management of breech presentation in The Rotunda Hospital
Obstetrics	Estimating the rate of caesarean section by maternal request in Robson group 2b: A retrospective clinical audit
Obstetrics	Reduced fetal movements in pregnancy: an audit of emergency room presentations
Obstetrics	Use of serum hCG levels in early pregnancy in The Rotunda Hospital
Obstetrics	Use of terbutaline in treating tachysystole
Obstetrics	Diagnosis and timely management of cord prolapse
Obstetrics	Management of FGM (female genital mutilation) presenting in perineal clinic Rotunda
Obstetrics	Antimicrobial stewardship – wound management prevention bundle
Pharmacy	Assessing information and educational materials provided to patients about VTE on discharge from the Rotunda Hospital

Radiology	Adherence to Rotunda Radiation Protection Pregnancy Policy
Radiology	Consistency and accuracy of reliminary Radiographer reports for DDH hip ultrasound
Radiology	Compliance with comforter and carer consent form in Radiology (re-audit)
Radiology	Justification in advance of ionising radiation investigation
Radiology	Adapted referral vs direct referral

Clinical Risk and Patient Safety Service

Head of Service

Ms Siobhan Enright, Head of Clinical Risk, Medico-Legal and Quality Systems

Staff

Ms Aisling Brennan, Clinical Risk Coordinator
Ms Louise May, Clinical Risk Coordinator
Ms Brid Leahy, Clinical Risk Administrator
Ms Jane O'Brien, Clinical Risk Administrator
Ms Stephanie Meagher, Clinical Risk Administrator
Ms Clodagh Mooney, Clinical Risk Administrator

SERVICE OVERVIEW

The Clinical Risk and Patient Safety Department is responsible for the ongoing management and development of a comprehensive clinical risk and incident management system across the Hospital, as well as the management of claims relating to clinical incidents. The department manages clinical risks, incidents and responses in compliance with the appropriate legal and regulatory requirements of the State Claims Agency (SCA), HSE, and HIQA. This includes requirements for the management and reporting of Serious Reportable Events (SREs), as well as monitoring of serious incidents (SIs).

CLINICAL RISK MANAGEMENT

Risk management is a process with clearly defined steps that supports decision-making by improving insight into risks and their impact. Day-to-day management of clinical risk is the responsibility of all staff within the Hospital. The Clinical Risk team works collaboratively with Hospital staff and managers in performing risk analyses using the Rotunda Risk Assessment Form (adapted from the HSE Integrated Risk Management Policy, 2017). The resultant risk evaluation and rating, combined with the strength of any mitigating control measures, determines if a particular risk needs to be escalated to the Corporate Risk Register. The Head of Clinical Risk and Medico-Legal and Quality Systems is a member of the Hospital Executive Risk Committee. In 2025, 12 clinical risk assessments were performed and reviewed, 2 were escalated to the Corporate Risk Register.

INCIDENT MANAGEMENT

A clinical incident is an event or circumstance that could have resulted, or did in fact result, in unnecessary harm to a patient during the provision of care. All clinical incidents that fulfil established reporting criteria are recorded on the National Incident Management System (NIMS).

ACTIVITY

Figure 1A provides a breakdown of the number of incidents reported to SCA through NIMS and the severity category. There was a decrease in the overall number of incidents reported compared to the 2024 (N=3374) figures.

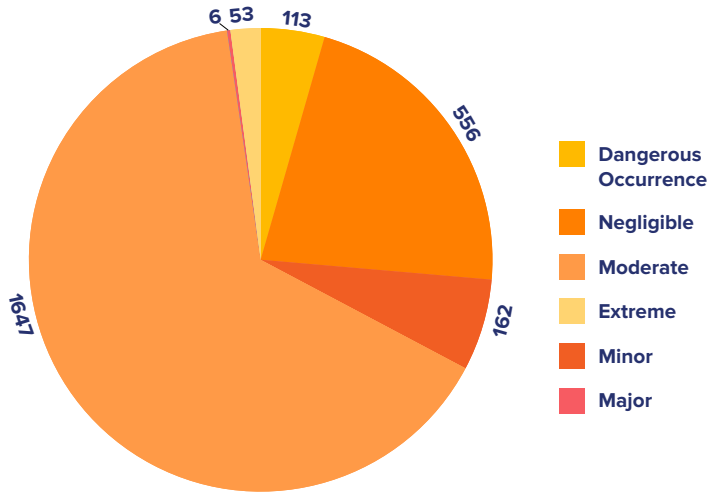


FIGURE 1A: TOTAL NUMBER OF INCIDENTS PER CATEGORY REPORTED TO SCA FOR 2025 (N=3194)

Examples of incidents and severity categories include:

- **Minor:** Delay in treatment with no impact on care
- **Dangerous Occurrence:** Incidents related to failure of equipment, security, staffing levels, activity etc.
- **Negligible:** Incident where no intervention was required e.g. medication error
- **Moderate:** Intervention was required e.g. postpartum haemorrhage > 1000mls
- **Major/Extreme:** Intrauterine death/stillbirth with birth weight > 500g

The majority of incidents reported were categorised as dangerous occurrence or moderate. A small percentage (< 1%) of incidents reported required further in-depth review at the Hospital's weekly ACE (Adverse Clinical Event) Review Team meeting. A key focus of the ACE is to review adverse clinical incidents with a view to determining whether clinical and safety standards were followed and whether the adverse incident may have been prevented. It remains an unavoidable feature of healthcare that adverse patient outcomes will occur, the avoidance or prevention of which cannot be absolute. Therefore, the focus of the ACE is to determine whether Hospital systems or practices may have exposed a patient to a heightened risk of adverse outcome, and whether enhanced safety measures should be considered in light of this occurrence.

The Clinical Risk team prepares incident review reports (analogous to a Concise Desktop Review) for the weekly ACE Review Team meetings. The process follows the SBAR (Situation, Background, Assessment, Recommendations) format, adapted from the template provided in the HSE Incident Management Framework (2020) and includes Scope of Review, Analysis, Findings and Outcome. The ACE group in 2025 consisted of Professor

Fionnuala Breathnach (Consultant Obstetrician Gynaecologist) and Professor Sam Coulter Smith (Consultant Obstetrician Gynaecologist), who retired during the year and was replaced by Professor Mike Geary, Professor Breda Hayes (Consultant Neonatologist), Dr Anne Doherty (Consultant Anaesthesiologist), Ms Geraldine Gannon (Assistant Director of Midwifery/Nursing), the Assistant Masters and representatives from the Clinical Risk team.

Through systematic analysis of clinical incidents, key learnings are identified and disseminated to clinical staff. In 2025, there were 176 cases reviewed at these ACE meetings. Clinical cases reviewed include stillbirth, neonatal encephalopathy, postpartum haemorrhage, shoulder dystocia, readmissions with wound infection and unplanned return to the Operating Theatre. The outcomes of these reviews are presented to the hospital Executive Management Team (EMT) at their weekly meetings, where timely decisions are taken regarding further review (comprehensive or concise systems analysis) that may be required or whether further risk mitigation steps need to be implemented. This system provides senior management of the Hospital near real-time visibility into all adverse occurrences at the Hospital, thereby allowing rapid management response to potential suboptimal performance, either at the level of individuals or wider teams and systems within the Hospital.

Table 1 provides data on the number of incident reviews completed from 2022 to 2025. There has been an improvement in the quality of reviews completed ensuring review reports are now available for Consultants and patients within 4-6 weeks of the incident. This has been achieved through quality improvement initiatives within the Clinical Risk and Patient Safety Service department to ensure the incident review process aligns with national and international best practices. Governance and oversight by the Rotunda Board of Governors, the EMT and senior multidisciplinary team members has ensured the high standard achieved through the incident review process is sustainable into the future.

TABLE 1: CLINICAL RISK AND PATIENT SAFETY INCIDENT REVIEWS COMPLETED 2022-2025

Review Type	2022	2023	2024	2025
Comprehensive Systems Analysis	5	0	4	4
Concise Systems Analysis	2	1	1	0
Concise Desktop Review (see details below)	189	172	227	176
Preliminary Assessment Review by Clinical Risk Coordinator +/- Consultant Review/Head of Department. Further review not indicated	2,162	2,437	2,656	2,456

Dissemination of learning and outcome from reviews is provided through direct, timely feedback to clinical teams. The Recommendations from Adverse Clinical Event (ACE) Review Meeting was established in January 2025 as a Quality Improvement Initiative within the Clinical Risk Department. The purpose of the in-person monthly meetings is to share learning/recommendations from Adverse Clinical Events (ACE) reviews with clinical staff. The review process also ensures appropriate support mechanisms are in place for affected patients, families and staff, including additional follow-up in relevant specialist postnatal clinics with senior clinical expertise, or care from other medical disciplines such as mental health support.

A monthly summary report is provided as part of the CEO's report to the General Purposes Committee of the Board on Serious Reportable Events, new Comprehensive and Concise System Analysis Reviews commissioned and the number of Initial Incident Reviews completed. Additionally, quarterly reports are provided to the Quality, Safety and Risk Committee of the Board of Governors and Hospital Board of Governors.

An overview of Serious Reportable Events and Serious Incidents is also shared at monthly HSE Dublin and North East Acute Hospitals Women and Infants Senior Incident Management Forum (SIMF) meetings to support dissemination of learning from relevant cases across all group Hospitals. 34 cases were presented at meetings during 2025.

Table 2 provides a breakdown of the number of serious reportable events which occurred between 2022 and 2025.

TABLE 2: BREAKDOWN OF SERIOUS REPORTABLE EVENTS

	2022	2023	2024	2025
Stillbirths (≥37 weeks gestation, ≥2.5kg)	12	7	8	10
Encephalopathy	13	1	15	7
Neonatal Death (≥37 weeks gestation, ≥2.5kg)	3	1	4	0

THE PATIENT SAFETY ACT 2023

Enacted end of September 2024. The Act provides for the mandatory open disclosure, by health service providers of certain incidents that are termed Notifiable Incidents, occurring in the course of the provision, to a person, of a health service. A Designated Person was assigned to co-ordinate Open Disclosure meetings, who liaises with parents and supports them in preparing for the meetings, liaises with Consultant(s) and other team members required to attend the meeting and provides on-going support for parents as required.

The Act outlines a specific list of clinical incidents for Maternity Services. This includes:

- An unanticipated and unintended stillborn child without a fatal fetal abnormality who weighs >2500 grammes or is more than 37 weeks, from any cause related to or aggravated by the management of the pregnancy and that the death did not arise from, or was a consequence of (or wholly attributable to) the illness of the patient or an underlying condition of the child.
- An unanticipated and unintended perinatal death who weighed > 2500 grammes or 37 weeks, from any cause related to or aggravated by the management of the pregnancy and that the death did not arise from, or was a consequence of (or wholly attributable to) the illness of the patient or an underlying condition of the child.
- A baby who (a) requires, or is referred for, therapeutic hypothermia, or (b) has been considered for, but did not undergo therapeutic hypothermia as therapy was contraindicated due to the severity of the presenting condition.
- An unanticipated death of a woman while pregnant or within 42 days of the end of the pregnancy from any cause related to, or aggravated by, the management of

the pregnancy, and which did not arise from, or was a consequence of (or wholly attributable to) the illness of the patient or an underlying condition of the patient.

In 2025 there were 7 notifiable incidents relating to babies who required therapeutic hypothermia for Encephalopathy. These cases were also Serious Reportable Events.

CLAIMS MANAGEMENT

Claims management relating to clinical incidents is also a key function within the Clinical Risk and Patient Safety Service. The Clinical Risk and Claims Administrator and the Clinical Risk and Safety Manager work collaboratively with the State Claims Agency from initial notification of a new legal claim through to final resolution of cases. The Service analyses claims data for further learning and dissemination to clinical staff. In 2025, there were 19 medico-legal claims settled, while 18 new proceedings were served.

CORONER'S REPORT

There were 65 cases reported to the Coroner's Office. A Coroner's directed post mortem examination was requested for three cases. There were two Coroner's cases heard in 2025 relating to a maternal death and a neonatal death.

SUCCESSES AND ACHIEVEMENTS 2025

There were a number of Patient Safety initiatives introduced throughout the year, including Quality Improvement projects, which were implemented through Multidisciplinary Team engagement. The majority of the Patient Safety-themed Quality Improvement projects arose from clinical incidents or near-miss reporting.

SUCCESSFUL MULTI-DISCIPLINARY QUALITY IMPROVEMENT INITIATIVES

- Clinical incident reports prepared and available in advance of the Complex Postnatal Clinic.
- Concise Review reports are available for sharing with patients within 1-2 weeks of review closure.
- Learning platform established to improve documentation in clinical charts for Obstetric and Neonatal NCHDs.
- Introduction of ***Clinical Risk Newsletter*** for clinical areas.
- Monthly Clinical Risk/Midwifery and Obstetric Groups established providing recommendations from Adverse Clinical Events (RACE).
- Review and evaluate the reporting process on Zoho and identify areas of improvement.
- A multidisciplinary team, the Medication Safety Group, was implemented to share learning from medication errors.

PLANS FOR 2026

- Work collaboratively with MN-CMS to capture clinical incidents that are not directly reported by clinical staff through the current (Zoho) system.
- Expand the current form for providing feedback to clinicians for learning from incidents to include Anaesthetics and Neonates.
- Continue the Complex Postnatal Clinic through aggregate review and implementation of the recommendations from the review.
- Identify key metrics for each department to include in the monthly and quarterly reports.

- Implement action points from Audit for management of Notifiable Incidents using a collaborative approach with members of the Open Disclosure team.
- Work with external organisations, including the National Patient Advocacy Group, to identify areas for collaborative service improvement. HSE Quality and Patient Safety Organisation to improve the reporting process for NIMS.

Clinical Information Department

Head of Service

Ms. Kathy Conway, Head of Clinical Reporting

Staff

Ms Martina Devlin, HIPE Clinical Coder
Ms Aideen Preston, HIPE Clinical Coder
Ms Carmen Gabarain, HIPE Clinical Coder
Ms Orla Brady, HIPE Clinical Coder
Ms Savitha Dsouza, Clinical Data Validation Officer

SERVICE OVERVIEW

The Clinical Reporting Department oversees and validates the production of hospital data reports for internal and external use. Activity is validated between current electronic systems such as the patient management system (IPMS), the maternity and neonatal management system (MN-CMS) and Hospital In-Patient Enquiry system (HIPE). There are routine periodic reports produced for hospital Executive Management, Committee meetings and for Head of Departments as required. Additionally, reports are exported to the Health Service Executive, RCSI Hospital Group and other external agencies.

INTERNAL REPORTS

- A monthly report with a suite of key performance indicators is produced to enable hospital management to analyse and plan for service activity in all areas. This report is also circulated to the General Purpose Committee of the Board of Governors.
- Ad-hoc reports on specific activity are produced as required.
- Reports for the purpose of audit or research.

EXTERNAL REPORTS

- National Women Infant Programme Senior Incident Management Forum (SIMF).
- Irish Maternity Indicator System report to HSE.
- Patient Activity Statement to HSE Dublin and North East Hospitals Group and publishing on the Rotunda Website.
- Business Intelligence Unit report to HSE.
- Annual submission for Vermont Oxford Network.
- Export HIPE data to Hospital Pricing Office (HPO).

SUCCESSES & ACHIEVEMENTS 2025

There were 14,045 day cases and 14,616 inpatients coded during 2025. This is an increase of 4% for inpatient cases and 4% decrease in day cases versus 2024.

CHALLENGES 2025

The biggest challenge for the department in 2025 was to complete the clinical coding in a timely manner and for audits to be carried out over all the clinical reporting systems.

PLANS FOR 2026

- To ensure that all reports are appropriately validated before issuing internally or externally.
- Reports are produced in a timely fashion.
- Meet all HIPE deadlines for coding.
- Reconcile all documented and reported obstetric neonatal risks and complications to ensure accurate data for Irish Maternity Indicator system.
- Ensure all relevant data on women referred with post-menopausal bleeding are recorded on IPIMS at time of referral in order to complete a national template.
- Compiling a quarterly report on caesarean section wound surveillance to facilitate more in-depth surveillance and data gathering.
- Compiling a quarterly report for Cerebral Palsy Foundation Project.
- Ensure all information is correct for completing the National Maternity Survey.

Academia



Research Ethics

Head of Committee

Prof. Sharon Cooley, Co-Chair
Prof. David Corcoran, Co-Chair

Committee Members*

Prof. Sean Daly, Master
Dr Ana Maria Clarke
Dr Ronan Daly
Ms Jillian Doyle
Dr Thomas Drew
Prof. Michael Geary
Ms Fiona Hanrahan
Mr Kieran Healy
Mr Colin Kirkham (Research Officer)
Ms Deborah Lambert
Dr Zara Molphy
Ms Jessica Owolawi
Dr Aisling Smith
Ms Ciara Terry
Dr Sean Tamgumus
Dr Liezl Weinand
Ms Mary Whelan
Ms Margaret Woods

(*with administrative support provided by Ms Margaret Griffin)

SERVICE OVERVIEW

The Research Ethics Committee (REC) was established in 1995 as a Hospital Committee with overall responsibility to approve any research conducted in the hospital (or related to the hospital) by Rotunda staff or external staff members.

ACTIVITY

In 2025 there were 35 REC applications considered, 25 of which were approved to commence. The Research Ethics Committee met ten times, and meetings were scheduled to ensure that there is continuing timely and effective focus on research within the Hospital. Professor Sharon Cooley, Consultant Obstetrician Gynaecologist and Professor David Corcoran, Consultant Paediatrician, Co-Chairs of the REC, chaired alternate meetings.

There were 25 RAG applications considered by the Research Advisory Group, of which 25 applications were approved. The RAG process focuses on review and approval of clinical audit proposals, and provides a pathway of visibility and approval by the overarching REC.

Ms Liezl Wienand, Senior Clinical Psychologist, resigned from membership of the Research Ethics Committee. The Chairman thanked Ms Wienand for her significant contribution to the committee. Professor Cooley suggested that a Perinatal Psychiatrist Representative

be nominated, and it was suggested that Dr Ana Maria Clarke, Consultant Psychiatrist, be invited to attend future meetings; however, due to clinic schedule commitments, this did not happen.

Professor Cooley and Professor Corcoran invited two new members to join the Committee: Ms Jillian Doyle, Senior Clinical Psychologist, Perinatal Mental Health, and Dr Ciara Terry, Neonatal Paediatric Representative.

CHALLENGES 2025

In 2025, the Research Ethics Committee maintained an active and safe research programme at the Rotunda Hospital. The REC meetings continued in person, with appropriate social distancing and mask-wearing when necessary.

PLANS FOR 2026

The REC has been rotating non-consultant hospital doctors from neonatology and obstetrics at 6-monthly intervals onto the committee to provide experience and training in the area of critical review of research proposals, and it is expected that this will continue throughout 2026.

Royal College of Surgeons in Ireland Department of Obstetrics and Gynaecology

Head of Department

Prof. Fergal Malone, Professor & Chairman

Staff

Prof. Fionnuala Breathnach, Associate Professor
Prof. Karen Flood, Associate Professor
Dr Naomi Burke, Senior Lecturer
Dr Niamh Daly, Senior Lecturer
Prof. Sam Coulter Smith, Honorary Clinical Professor
Prof. Sean Daly, Honorary Clinical Professor
Prof. Michael Geary, Honorary Clinical Professor
Prof. Sharon Cooley, Honorary Clinical Professor
Prof. Jennifer Donnelly, Honorary Clinical Associate Professor
Prof. Maeve Eogan, Honorary Clinical Associate Professor
Prof. Edgar Mocanu, Honorary Clinical Associate Professor
Prof. Hassan Rajab, Honorary Clinical Associate Professor
Dr Kushal Chummun, Honorary Senior Lecturer
Dr Nikita Deegan, Honorary Senior Lecturer
Dr Conor Harrity, Honorary Senior Lecturer
Dr Etaoin Kent, Honorary Senior Lecturer
Dr Sieglinde Mullers, Honorary Senior Lecturer
Dr Vicky O'Dwyer, Honorary Senior Lecturer
Dr Meenakshi Ramphul, Honorary Senior Lecturer
Dr Fiona Reidy, Honorary Senior Lecturer
Dr Rishi Roopnarinesingh, Honorary Senior Lecturer
Dr Fadi Salameh, Honorary Senior Lecturer
Dr Claire Thompson, Honorary Senior Lecturer
Dr Suzanne Smyth, Maternal Fetal Medicine Subspecialty Fellow
Dr Ronan Sugrue, Maternal Fetal Medicine Subspecialty Fellow
Dr Ronan Daly, Registrar/Tutor
Dr Dan Kane, Specialist Registrar/Tutor
Dr Elizabeth Tunney, Registrar/Tutor
Dr Alex Dakin, Specialist Registrar/Tutor
Dr Rebecca Boughton, Registrar/Tutor
Dr Ciara Malone, Registrar/Tutor
Dr Zara Molphy, Head of Research Programmes
Ms Denisa Asandei, Clinical Operations Manager
Ms Elisa Belmonte, Communications Manager
Ms Sirisha Bellamkonda, Clinical Research Coordinator
Ms Hollie Byrne, Research Assistant
Ms Ashna Klara, Research Assistant
Dr Patrick Dicker, Epidemiologist/Statistician
Dr Fiona Cody, Research Sonographer

Ms Sophie Conheady, Research Phlebotomist
Ms Claire O'Rourke, Midwife Sonographer
Ms Michelle Creaven, Administration
Ms Suzanne Kehoe, Administration
Ms Suzanne King, Administration

SERVICE OVERVIEW

Patient Services

The RCSI Fetal Medicine Centre continues to provide select advanced fetal medicine services for patients of the Rotunda Hospital, as well as those referred from throughout Ireland. During the current year, a total of 3,498 fetal ultrasound examinations were performed at the Centre. First-trimester screening using NIPT-based screening at 9-10 weeks' gestation is increasingly popular, with nuchal translucency being provided only as a stand-alone test at 11-13 weeks' gestation in select patients to screen for additional fetal malformations. In 2025, a total of 1,980 NIPT-based screening tests were performed at the Centre.

Teaching

392 medical students participated in the RCSI Obstetrics and Gynaecology core six-week clinical teaching rotations, which are held six times annually. The RCSI Department of Obstetrics and Gynaecology has a leadership role in providing teaching and assessment for undergraduates at the Rotunda Hospital, National Maternity Hospital, Coombe Women & Infants University Hospital, Our Lady of Lourdes Hospital Drogheda, Midland Regional Hospital Mullingar, St. Luke's Hospital Kilkenny, Waterford Regional Hospital, and Cavan General Hospital.

These students participated as sub-interns on the hospital wards and in clinics, contributing significantly to the mission and function of the hospital, while providing increasingly positive feedback on their learning experiences. Additionally, the Department continued to participate in training Physician Associates, under the direction of the RCSI School of Medicine. The Department has continued to work with the Transforming Healthcare Education Programme (THEP) Committee to re-develop our curriculum and assessment strategies to align with the core tenets and pillars of the new THEPII curriculum. These new assessments require students to be involved in all aspects of Obstetrics and Gynaecological care and provide experiential learning across the breadth of services provided at the Rotunda. We have continued to develop our curriculum and recently published the second edition of the RCSI Obstetrics and Gynaecology Student Textbook for the 2025/2026 student cohort.

Research

The research team provides essential day-to-day support to Principal Investigators, PhD and MD candidates within the RCSI Department of Obstetrics and Gynaecology, spanning both research coordination and clinical trial management. The department also hosts an average of ten RCSI undergraduate students annually through the Research Summer School and Student Selected Projects programmes, offering meaningful exposure to real-world clinical research for those pursuing a career in obstetrics and gynaecology.

Our growing research portfolio encompasses randomised clinical trials, observational research, pilot studies and retrospective cohort studies across a range of sub-speciality areas, in addition to ongoing efforts in outreach and research dissemination. In 2025, the team continued to expand, innovate and secure competitive funding from national agencies, including the Health Research Board and Research Ireland.

RESEARCH AND PUBLIC ENGAGEMENT

- Interventional Clinical Research 2025
- ACEDUCT – Co-administration of Acetaminophen with Ibuprofen to Improve Duct Related Outcomes in Extremely Premature Infants. To evaluate the clinical impact, efficacy and safety of combination regimen [Ibuprofen + Acetaminophen] for first treatment course for significant PDA in extremely low gestational age neonates (ELGANs) vs. Ibuprofen alone. The first patient recruited was in May 2024.
- AZALEA - A Phase III randomised study to evaluate the efficacy and safety of Nipocalimab in pregnancies at risk for severe Hemolytic Disease of the Fetus and Newborn (HDFN). Haemolytic Disease of the Fetus and Newborn is a rare and potentially life-threatening condition for babies that occurs when the blood type of the mother and the blood type of the fetus are not compatible, causing the fetus's red blood cells to break down (haemolysis).

HIGHER DEGREE RESEARCH PROGRAMMES 2025

- BORN: Birth Outcomes of Normal Risk Nulliparous Women in Pregnancy: A Prospective Observational Study
- This project aims to address the paucity of data on the normal-risk nulliparous patient and identify the current unknown factors impacting the need for intervention in pregnancy and delivery. This prospective observational study aims to address these uncertainties by prospectively analysing 1,000 normal-risk nulliparous women. Key outcomes include the proportion of patients who remain normal risk by the time of delivery at term, the timing and frequency of spontaneous onset of labour, the timing and indication of induction of labour and the maternal and neonatal outcomes for both.

PROSPER: Multicentre Prospective Placental Assessment in Early-Onset Fetal Growth Restriction

- This study will recruit and intensively monitor a prospective cohort of EO-FGR cases diagnosed at <28 weeks at the four largest maternity hospitals in Ireland, focusing on uteroplacental insufficiency cases. Assessments include weekly ultrasound surveillance (advanced multi-vessel Doppler and functional fetal cardiac assessment), fetal MRI of the brain and placenta, detailed placental histology, and neonatal follow-up including cranial imaging, and neurodevelopmental assessment at 2 years. This will create a unique dataset of fetal brain, cardiovascular and placental measurements for a defined cohort of prospectively collected cases of severe EO-FGR, to inform counselling and management in what is likely the most vulnerable and high-risk cohort of fetuses and neonates.

PERIMETER: Perinatal Outcomes of Early-Onset Fetal Growth Restriction: A Retrospective Observational Study

- The aim of the PERIMETER study is to evaluate perinatal mortality and morbidity associated with early-onset fetal growth restriction in Ireland. Tertiary perinatal centres across Dublin have a standardised approach to diagnosis and management of early-onset FGR, providing an opportunity to report outcomes of this high-risk population in a local context. This study is led by researchers at the Rotunda Hospital and involves collaborators in obstetrics and neonatology at The Coombe Women and Infants' University Hospital and National Maternity Hospital. The project has received funding from RCSI Translational Seed Fund as the Rotunda Foundation.

An Exploration of Emergency Gynaecological Care in Ireland

- Gynaecological emergencies include serious pregnancy-related and non-pregnancy-related conditions, yet Ireland lacks national data on their incidence and management. This collaborative project between RCSI and NWIHP will use NQAIS data to map service needs, evaluate surgical practices — especially minimally invasive surgery — and develop tools to improve equity, quality, and alignment with European care standards.

Case-Based Learning (CBL) in International Medical Education: A Realist Evaluation

- This study uses realist methodology to examine how CBL functions as a pedagogical approach within undergraduate medical education, focusing on the factors that influence its effectiveness. Using stakeholder interviews across the two international campuses of the Royal College of Surgeons in Ireland (Dublin and Bahrain), this research develops, tests and refines potential theories explaining how CBL works, for whom, and under what conditions. The evaluation aims to provide practical insights to support the effective design and international implementation of CBL curricula in an increasingly global educational space.

Beyond Numbers: Redefining Recurrent Miscarriage through the lived experience of Women and Clinicians

This research aims to build on the definition of recurrent miscarriage as an entire entity, both in definition and design. The research will explore the concept of unexplained recurrent miscarriage through an evidence-based academic research collaboration combining new knowledge with historic insights from previous patient populations attending the RM service in the Rotunda Hospital. The ultimate aim is to produce a clinical triage tool based upon individualised patient characteristics. This evidence-based referral tool will feature prospectively in the RM service in the Rotunda Hospital.

PUBLIC OUTREACH AND ENGAGEMENT ACTIVITIES

In 2025, the RCSI team continued its responsibility for the management and development of websites and social media pages associated with a number of research projects and health campaigns. The talented in-house communications team has considerable expertise in creating accessible, relevant, and scientifically sound video content for YouTube and Instagram to reach our target audiences. YouTube content reached a staggering 11,874 views. Our website debunkingthemyths.ie had 7.5K active users and a reach of 66.3K on Instagram with a total of 1,234 followers, and 810K views on TikTok with 1,442 followers.

Debunking The Myths – The Science Behind Our Sexual Health

Debunking the Myths – The Science Behind Our Sexual Health is an expert-led series of interactive workshops and online engagement tools to discuss sexual health with teenagers and debunk myths associated with sexual health using evidence-based, scientific information.

In 2025, we continued our programme of in-person and virtual workshops, delivering one virtual workshop, 6 in-person workshops, and 3 subject-specific online workshops, reaching more than 6,400 students. A pilot parents' workshop was delivered online to an audience of 26 parents. We also launched targeted social media campaigns to counteract misinformation that spreads unchecked on Instagram and TikTok. These included our sexual justice campaign where Dr Sorca O'Brien, Consultant Obstetrician and Gynaecologist, discussed healthcare inequalities for our annual World Sexual Health campaign. In June, we presented an overview of the programme at the Health Promotion Conference organised by the Health Promotion Research Centre, University of Galway.

BIAS – Inequalities in Women's Health and Research

BIAS is an Irish Healthcare Awards - Equality Initiative of the Year project, which returned in November 2025 with two in-person events aimed at bridging the gap between women and healthcare experts, to challenge and confront the biases commonly associated with areas of women's health that are often overlooked. During Science Week 2025, we focused on fertility and gendered healthcare research. The programme brought together researchers, policymakers, patient advocates, clinicians, and members of the public to explore both historical and contemporary dimensions of women's health.

The first live and in-person event involved an interactive panel featuring Prof. Fergal Malone, Prof. Jennifer Donnelly, Dr Cliona Murphy (National Clinical Director for the National Women's and Infants Health Programme), and Harriet Wheelock (Keeper of Collections in the Royal College of Physicians of Ireland), dedicated to providing the public with information on the past, present, and future of women's health research. We then hosted 'Your Fertility Journey: Guidance and Support', a panel discussion. Our expert panel featured Dr Edgar Mocanu, Jade Kirwan, Laura McCaffrey (Fertility Counsellor at the Irish Family Planning Association), and Catriona Fitzpatrick (board member of the National Infertility Support and Information Group). Both events were moderated by Dr Claire O'Connell, award-winning science communicator and journalist. This open and engaging discussion addressed common challenges, debunked myths, and provided practical advice and resources to help attendees navigate through healthcare systems and their own health journeys with confidence.

FUNDING SUCCESS

The RCSI team had a very successful year in 2025 with peer-reviewed funding awards received for the following projects:

Project Title: Debunking the Myths: The Science Behind Our Sexual Health
PI: Prof. Fergal Malone
Funding Body/Scheme: Research Ireland, Discover Programme 2025
Award Value: €297,781, 2-year award

Project Title: An Exploration of Emergency Gynaecological Care in Ireland
PI: Dr Naomi Burke
Funding Body/Scheme: Health Research Board – Applied Partnership Awards
Award Value: €95,000, 2-year award

Project Title: BORN in the Rotunda: Birth Outcomes of Normal Risk Nulliparous women in pregnancy. A prospective observational study at the Rotunda Hospital Dublin
PI: Prof. Karen Flood
Funding Body: Rotunda Foundation
Award Value: €54,922, 1-year award

Project Title: Long-Acting Reversible Contraception in Ireland: A Prospective Study on Awareness, Usage and Barriers in Women under 20 years
PI: Dr Zara Molphy
Funding Body/Scheme: Research Ireland – New Foundations
Award Value: €11,665, 1-year award

Project Title: Fetoscopy 2025
PI: Prof. Fergal Malone
Funding Body/Scheme: Health Research Board – Conference and Event Scheme 2025
Award Value: €4,994, 1-year award

Project Title: Postgraduate Immersion Day 2025: Fostering the Future in Obstetrics and Gynaecology
PI: Prof. Karen Flood
Funding Body/Scheme: Health Research Board – Conference and Event Scheme 2025
Award Value: €4,767, 1-year award

Project Title: BIAS
PI: Prof. Fergal Malone
Funding Body: Research Ireland – Science Week 2025
Award Value: €10,000, 1-year award.

AWARDS & ACHIEVEMENTS

- Debunking The Myths: The Science Behind Our Sexual Health was the winner of the Best Outreach Programme category at the Irish Education Awards, April 2025.
- Dr Ronan Daly was awarded Best Short Oral Presentation at the Irish Network of Healthcare Educators Conference in May 2025 for his research project Case-based learning (CBL) in undergraduate health professions education: A realist review.
- Dr Dan Kane was awarded the Prof. John Murphy Medal for research by Royal College of Physicians of Ireland.
- Dr Daniel Kane was conferred with a Doctor of Philosophy (PhD) degree and awarded the Valedictorian and Exemplar Scholar Medal by the Vice Chancellor of RCSI, Professor Cathal Kelly and RCSI President, Professor Deborah McNamara in May 2025.
- Dr Ronan Daly was awarded RCSI Excellence in Clinical Teaching Award – Rotunda Hospital by Prof Cathal Kelly, Vice Chancellor of RCSI University of Medicine and Health Sciences, June 2025.
- Debunking The Myths: The Science Behind Our Sexual Health was awarded Best Education Innovation Programme at the International Education Forum, June 2025.
- Dr Elizabeth Tunney was conferred with a Medical Doctorate (MD) degree by the Vice Chancellor of RCSI, Professor Cathal Kelly and RCSI President, Professor Deborah McNamara in November 2025.
- Patrick Dicker was conferred with a Doctor of Philosophy (PhD) degree by the Vice Chancellor of RCSI, Professor Cathal Kelly and RCSI President, Professor Deborah McNamara in November 2025.
- Debunking The Myths: The Science Behind Our Sexual Health was highly commended in the Public Healthcare Initiative of the Year category at the Irish Healthcare Awards, November 2025.
- Dr Dan Kane was awarded the Acute Hospital and Critical Care Open Access Research Award by the HSE in December 2025.

RESEARCH CONFERENCES AND EVENTS

A number of high-profile international conferences were targeted to highlight research led by RCSI Principal Investigators, including the Society for Maternal Fetal Medicine Annual Pregnancy Conference, British Maternal Fetal Medicine Society, Irish Network of Healthcare Educators, RCOG World Congress, European Academy of Forensic Science, Irish Nutrition and Dietetic Institute and the International Conference on Prenatal Diagnosis and Therapy.

among others. We also hosted a variety of training events and workshops.

Highlights from 2025 include:

SMFM, February 2025

RCSI Department of Obstetrics and Gynaecology attended the annual SMFM Pregnancy meeting held in Denver, Colorado in February 2025. This meeting offers a fantastic opportunity for our trainees and researchers to attend postgraduate courses and workshops, learn about the latest advancements in obstetrics and to develop new research connections. Research projects presented by our clinical tutors, maternal fetal medicine fellows and researchers during poster sessions included:

1. Peripartum Hysterectomy: Evolving Trends Over 50 Years in a Single European City (lead NCHD: Dr Elizabeth Tunney)
2. Weighing the options: A six-year single-centre analysis of second no-call non-invasive prenatal testing results (lead NCHD: Dr Ronan Daly)
3. Prediction of Cesarean Delivery Using Simple Maternal Measurements: Secondary Analysis of a Prospective Multi-Centre Study (lead undergraduate researcher: Rachel Malone)

47th Annual Fetoscopy Meeting, September 2025

To explore advances in the complex area of fetal medicine and therapy, we assembled a world-renowned panel of clinicians and researchers for a 2-day meeting for Irish healthcare professionals and invited international guests. This workshop, hosted by Prof. Malone in 123 St Stephen's Green, provided attendees with a unique opportunity to learn about pioneering international research in the field of high-risk obstetrics, network with world-leading obstetricians to discuss health policies, develop research strategies and explore funding avenues for future grant applications in the area of women's health. Dr Alex Dakin presented work from her PhD research on Early-Onset Fetal Growth Restriction Below 28 Weeks Gestation.

Postgraduate Immersion Programme, September 2025

The PIP initiative, supported by the Health Research Board, returned this year. It aimed to offer Junior Doctors in their Intern/Senior House Officer years who have a demonstrated interest in obstetrics and gynaecology the unique opportunity to immerse themselves in this healthcare field and gain invaluable insight into the day-to-day life of an OBGYN. We welcomed 16 interns/Senior House Officers for a free event led by Dr Elizabeth Tunney, which took place in the Rotunda Hospital and RCSI York St campus.

The PIP implemented vibrant in-person sessions consisting of quick-fire plenary sessions, practical workshops and simulation training scenarios. Participants in the PIP programme experienced a truly invigorating learning environment that encouraged the next generation of BST trainees. Facilitated by esteemed professionals in their respective fields (Urogynaecology, Maternal Fetal Medicine, Benign Gynaecology, Gynae-oncology), these sessions offered Junior Doctors a first-hand glimpse into the multi-faceted areas available to those who practice O&G and demonstrate the diverse nature of the various sub-specialties.

By aligning with national objectives to enhance training resources and support professional development, the programme contributed to addressing gaps in postgraduate OBGYN exposure and helped inspire well-informed, motivated future trainees who were better equipped to meet Ireland's evolving healthcare needs. All attendees received Continuous

Professional Development credits from the Royal College of Physicians in Ireland for their participation in the training programme.

Mini-Med, November 2025

Since 2015, RCSI Department of Obstetrics and Gynaecology has proudly hosted the Mini-Med programme. Led by Prof. Fionnuala Breathnach in partnership with Prof. Naomi McCallion, this initiative offers Transition Year (TY) students from DEIS schools an immersive week-long clinical experience. Designed for students aspiring to careers in Medicine, Anaesthesia, Midwifery, or Allied Healthcare Professions, the programme combines interactive lectures, seminars, practical skills-based workshops, simulated labour experiences, and theatre observations. Mini-Med operations were supported by Denisa Asandei, Elisa Belmonte and the wider RCSI OBGYN team. This year, the team welcomed 24 TY students to the Rotunda Hospital over the course of a week during November.

Charter Day, November 2025

Poster presentations at Charter Day 2025 included:

- Influence of Gestational Diabetes on Prediction for Large-For-Gestational Age Birthweight: A case-control study – Dr Ciara Malone, Prof. Fionnuala Breathnach
- Rethinking Risk: The Use of a Predictive Bleeding Assessment Tool in Postpartum Hemorrhage – Dr Ronan Daly, Prof. Jennifer Donnelly, Dr Michelle Lavin
- Real-world Analysis of Demographics and Clinical Characteristics of a Large Recurrent Pregnancy Loss Patient Cohort – Dr Elizabeth Tunney, Prof. Karen Flood
- Debunking the Myths: Promoting Sexual Justice through Social Media Campaign – Elisa Belmonte, Hollie Byrne, Temitayo Olabamiji, Zara Molphy, Prof. Fergal Malone
- Non-Invasive Prenatal Testing (NIPT) – No Call Results Analysis Based on Maternal Characteristics and Pregnancy Outcomes – Fianait Bligh, Dr Ronan Daly
- A Retrospective Cohort Study of Maternal and Neonatal Outcomes in the Rotunda Hospital's Bariatric Surgery Patient Population – Jenna Mullen, Dr Rebecca Boughton

CHALLENGES 2025

The main challenge for the Department in 2025 remained maintaining high standards of clinical teaching for undergraduate medical students despite increasing student throughput. The quality of teaching has been maintained through the recruitment of additional academic staff and dynamic tutor registrars, as well as harnessing the state-of-the-art simulation centre at the RCSI York Street building, which has allowed the implementation of new teaching and assessment techniques which focus on improving communication and clinical skills in a small group setting. The main ongoing challenge in terms of research remains maintaining and growing sufficient diverse funding streams that enable the hospital to address important clinical research questions.

PLANS FOR 2026

- As the number of medical students continues to grow, the structure of clinical placements will continue to evolve in an attempt to maintain the primacy of bedside clinical teaching. There is also a growing requirement to confirm standardisation of the student learning experience, which can be achieved through the use of student portfolios and ensuring that all students are exposed to formal communication skills training in our simulation centre.
- Further expansion of the Department's clinical research trials portfolio is of major importance for the academic team, including attracting the best talent for research and education of our undergraduate and postgraduate teams. Principal Investigators will

pursue targeted national and international funding opportunities in 2026.

- Continue to support multiple MD and PhD research projects across both the RCSI Department of Obstetrics and Gynaecology and the RCSI Department of Paediatrics / Neonatology.
- Continue to identify strategic sources of research funding via national funding bodies including Research Ireland and the Health Research Board in addition to commercial partnerships.
- Provide research internships for undergraduate students pursuing a career in obstetrics and gynaecology including RCSI Research Summer School and RCSI Student Selected Project.
- Continue to secure plenary oral presentations at Society for Maternal Fetal Medicine Annual Pregnancy Conference – the world's largest obstetrics conference.
- Collaborate with the RCSI PPI Ignite Network to continue to support public patient involvement and community outreach events.
- The Debunking The Myths national campaign will continue to host numerous in-person and online events and pursue support beyond Research Ireland.



Library and Information Service

Head of Service
Anne M. O'Byrne, Head Librarian

The Library and Information Service (LIS) of the Rotunda Hospital provides reference and study facilities, electronic access, and computer facilities to all hospital staff. In addition, it provides facilities for medical students from the Royal College of Surgeons of Ireland who use facilities as part of their residency programmes, and TCD midwifery students.

Facilities include: study facilities (24 study spaces), networked computer access (4 PCs), Wi-Fi, 24-hour reading room facilities, a book return dropbox, and integrated print and photocopy services. Electronic facilities include access to electronic journals and medical databases through Rotunda Discovery Platform and remote access with Open Athens registration. LIS has qualified library staff to assist in the dissemination of our services to users, and training on evidence-based resources.

DEVELOPMENTS

In 2025, we continue to provide increased access to services through extended loan facilities and access to our electronic platform LIS Discovery Platform.

The latter continues to be invaluable in providing access to users working out of hours and remotely. Resources accessed electronically continued to be provided to support the research base.

We continue to provide direct access to databases and different journals using the OpenAthens sign-on, as well as promoting the use of resources that the Library offers, such as UpToDate accounts.

RCSI & Midwifery Student Rotations at the Rotunda

We continue to welcome RCSI medical students to the Rotunda and our service. Working in co-operation with the RCSI Office and Midwifery Practice Development at the Rotunda we prepare for each student intake, their registration and induction.

2025 also sees a return of RCSI neonatology students to our user numbers. This is on a rotational basis. The Textbook of Neonatal Resuscitation has been updated to its 9th edition by the end of 2025. We also have new midwifery, BSc, and Higher Diploma student intakes, and further development of online induction and training programmes.

New NCHD groups commenced in January and July 2025, and we welcomed them to our services. We encourage these groups to register fully with us and avail of access to our Electronic Platform both onsite and remotely through Open Athens authentication. GP Rotation staff are also offered these services and continue to give positive feedback.

Historical Committee

In continuation with the current Strategic Plan, the Librarian continued to Chair the Historical Committee. The work of this Committee has continued into 2025 with a review of activities originally planned for 2020.

Culture Night, September 19th, 2025

The Rotunda again returned to on-site tours of its Historic Chapel in hosting Culture Night on September 19th, 2025. We also contributed recordings of previous presentations in

our historic chapel, which added to our overall viewing and visits. The event was fully subscribed on Eventbrite and feedback was positive. Our Secretary Manager, Mr Jim Hussey, welcomed each group, with talks by Prof. Mike Geary and Anne M O Byrne, Head Librarian.

The Rotunda Library participated in Charter Day 2025 on November 7th 2025.

CHALLENGES

Following the retirement of Anne O'Byrne in December 2025 and Heather Boland's new career path, a recruitment process is set to begin in 2026. There will be a learning curve in 2026 as the new Head Librarian reinstates the Library Services.

SUCCESSES AND ACHIEVEMENTS FOR 2025

New ways of communicating and delivering training and information continued in 2025. We embraced Zoom and Teams meetings, and training was received and delivered via these virtual platforms. We increased access to further training via our Discovery Page. This extended to training programmes increasing access to our databases and evidence-based tools. On-site induction programmes supported new intakes of BSc Midwifery and HDip Midwifery students, and new Staff Induction programmes raised the profile of LIS, its staff and resources.

We kept in contact with our peers through our Annual Health Sciences Library Group Conference on March 6th. We met our professional groups in this way, shared experiences, and sought feedback. It reminds us of the need for human contact, communication and sharing. Our Town Hall Meetings kept us abreast of organisational issues and bring together staff from every department.

Our Trimester Newsletter continues to inform and advise users through its quarterly production, available online to all staff at https://rotunda.ovidds.com/.

RESEARCH SUPPORT

Through the provision of online training and prescribed literature searching and document delivery, LIS continues to equip busy research staff in all our Departments with the skills to undertake audit, research and publication. Support for publication and Open Access publishing increases the profile of the Hospital as a Research Organisation.

PLANS FOR 2026

The new Library Staff hope to contribute to the next Rotunda Strategic Plan (2027-2031) in terms of LIS service planning and delivery.

CONCLUSION

Service developments in 2025 reflect our ability to change and our continuing commitment to user needs and to the equitable extension of services to all our users. My thanks to Heather Boland for her daily support of our users and services. We continue to look forward to working with you in the years to come.

2025 Annual Report of The Rotunda Foundation

INTRODUCTION

For the Rotunda Foundation, 2025 was a time of challenge, transition and opportunity.

The Pillar Room of Rotunda Hospital, managed by the Rotunda Foundation to generate funds for general hospital need, remained unavailable for external rental until October 2025. But there was still considerable hospital need which the Foundation met by using available funds which had been committed during 2024 from the residual rental income of Pillar Room for the Stardust Enquiry. A negative cash flow of approximately €300,000 was expected.

During 2025, Sheila Costigan, the General Manager of Rotunda Foundation for 20 years indicated her wish to retire. The Foundation was to appoint Sarah O'Donnell Ryan to succeed her.

Sadly, in September 2025, our Director and friend, Margaret Philbin, died.

In December 2025, Sheila O'Malley was welcomed as a Director of the Foundation Board. During 2025, the Foundation undertook a programme of investment to further secure the future of the charity. This included improvements to the Pillar Room, a new social media strategy, purchase of places in national and international marathons, development of online merchandising, an exciting programme of events for 2026, and a new website for the commercial rental of the Pillar Room.

Unfortunately, in early 2026 it was discovered that during 2025, a trusted employee had been engaging in fraudulent financial activity. Audited accounts will be presented in conjunction with a full forensic analysis and report once this process is complete. We wish to assure our donors and supporters that donations in support of the Foundation mission have not been compromised by this misappropriation of funds. The Foundation has been able to preserve all charity monies with other available sources of income.

MISSION AND OBJECTIVES

Mission Statement

The Rotunda Foundation is the official fundraising arm of the Rotunda Hospital and operates as a registered charity (CHY20091, CRA 20079529).

The Foundation has as its primary goal the development of a sustainable funding base to support and promote maternal and child health, the hospital's high-quality research programme and support for the services provided by the Rotunda.

Money is raised through direct donations, fundraising activity and events, the use of capital assets facilitated by the hospital and other donation focused partnerships.

Objectives

The Board of the Foundation adopts a highly focused strategic approach that is reviewed annually, to support all areas of need within the Rotunda not funded by the State, including minor works, additional equipment, education and training programmes and the development of initiatives that support hospital staff's wellbeing, continuing educational development and the advancement of patient care for mothers and their babies.

It has adopted the Charities Regulatory Authority's Governance Code which provides support to its trustees to meet their legal duties. The Governance Code has enabled

the Foundation to put systems and processes in place which focus on advancing the organisation's charitable purpose and provides a benefit to the public and all its stakeholders ensuring that the charity is managed in an effective, efficient, accountable and transparent way. The Board of the Foundation obtains external professional advice from financial advisors, and business and legal advisors when necessary.

STRUCTURE, GOVERNANCE AND MANAGEMENT

Structure

The Rotunda Foundation is governed by a constitution, granted on the 23rd March 1973 and amended by special resolution on 10th June 2016, incorporating a Board of Directors and administration for the charity. This document contains the memorandum and articles of association of the company. The memorandum outlines powers and objectives and the articles determine the procedures and regulations that the company must adhere to.

Governance

The Board of Directors projects a firm commitment to transparency, accountability and an adherence to good governance, best practice and performance. The Charity complies with charity regulation in Ireland and follows the standards and principles set out in the Charity Governance Code issued by the Charity Regulator under section 14(1) (i) of the Charities Act 2009. The Board implemented the Code's Compliance Record Return for year ending 31st December 2021 and subsequently, has completed it annually.

It has a responsibility to promote a collective vision and purpose for the charity and the culture, values, and behaviours it wishes to promote in conducting its business. The Board of Directors oversees the affairs of the Foundation and receives reports on all aspects of the charity and its activities at each of its meetings.

In 2025, it held 4 Board Meetings, two Inter-Board Liaison Committee Meetings with representation from the Rotunda Hospital Board and Executive Management Team (EMT) and an Annual General Meeting (AGM). Meetings were conducted both in-person and with a remote access stream option, met the required quorum of attendance and were minuted in accordance with charity regulation.

Management

The Rotunda Foundation is managed by a General Manager who reports to the Chairperson of the Board with one other member of staff.

Membership of the Board of Directors

In accordance with the Constitution, the Directors retire by rotation and, if eligible, offer themselves for re-election.

The Secretary who served throughout the financial year was Dr Mary Holohan. The Rotunda Foundation is governed by a voluntary Board of Directors comprising 6 members. The structure of its Board is outlined in the Foundation's Constitution as amended by Special Resolution dated 10th June 2016.

The members are:

- Dr Mary Holohan (Chairperson)
- Marie Malone
- Margaret Philbin (deceased September 2025 - sadly missed)
- Professor John Sheehan
- Dr Geraldine Connolly
- Jo Daly
- Sheila O’Malley - appointed December 2025

REVIEW OF ACTIVITIES, ACHIEVEMENTS AND PERFORMANCE

Principal Activity

The Rotunda Foundation was established to assist in generating revenue on an annual basis from fundraising activities, corporate sponsorship and donations in support of Rotunda Hospital.

Activities

During the year, supporters were actively encouraged to engage in fundraising activity to enable the charity to support the Hospital to carry out minor building projects and to make certain improvements within the hospital's infrastructure. Funding was also made available for the purchase of additional equipment that is not funded by the State and for specific appropriate requests submitted to the Board from Procurement Committee.

The Foundation welcomed opportunities to collaborate with corporates, other charities and professional organisations in order to meet its strategic objectives and fundraising goals. Throughout the year, the Foundation continued its focus on improving communications with its key stakeholders. Social media platforms were further developed and used for fundraising purposes.

The Foundation worked closely with Rotunda staff and its donors to help develop and fund patient care initiatives such as the ‘Family Integrated Care (FIC)’, ‘Angel Eye Camera System’, ‘Beads of Courage', ‘Aidan & Donnacha’s Wings – Ceramic Hand and Foot Prints’, ‘Tentacles for Tinies’, ‘The Journey Initiative’ and several social welfare and bereavement support services.

Major fundraising events were held during the year which included the Rotunda's Annual Golf Classic, VHI Women's Mini Marathon, October Charity Lunch for SATU (in conjunction with Eleanor Power), Irish Life Dublin Marathon, Christmas Giving Campaign, continuing sales of 'Gibbet Hill' in aid of the Charlotte Stoker Fund.

ACHIEVEMENTS

The Foundation maintained an extensive reach throughout the hospital and the Foundation's support throughout 2025 had a significant impact on hospital services. Initiatives that aimed to improve the well-being of patients, enable the advancement of educational development for key members of Rotunda staff, improve working environments within the Hospital and help to develop hospital's infrastructure were considered key projects for support by Foundation. Close collaboration with the Hospital's Executive Management Team and Rotunda Board Chairperson was maintained throughout.

The Foundation continued to support the Hospital's Research Programme and provided seed funding for several research projects approved by its Board. Seed funding grants are small amounts of money invested by the Foundation in research projects and teams at the earliest stages of development. These funds allow researchers to advance their teaming efforts and/or to obtain preliminary data demonstrating the potential viability of the work. Often, seed-funded projects lead to extramural research opportunities and further funding investment.

PLANS FOR 2026

The Charity aims to expand upon the foundations it has built during the current term of its Board of Directors. It hopes to continue to grow its fundraising capacity and strengthen its digital marketing footprint by expanding the functionality of its website. The Foundation continues to implement the social media strategy and other digital services as part of an

overall digital and marketing strategy with set goals and objectives, which are meaningful and impactful to the continuing growth of the organisation as a whole.

The Pillar Room re-opened for general reservation in October 2025 when transfer of the Fire Certificate for the complex was completed. A new business development plan was introduced to increase its revenue stream and a stand-alone website launched at time of relaunch.

Two new fundraising events will be added for 2026: an Abseil in Croke Park in May and a Race and Concert evening in Leopardstown in July.

And, like the rest of the Rotunda family, the Rotunda Foundation is preparing for The Millionth Baby and already has a wide range of beautiful ‘One in a Million’ merchandise available from the Foundation online shop.


Rotunda Hospital
Catering Department

Corporate Services



Human Resources Department

HEAD OF DEPARTMENT

Ms Tríona Quinlan, Head of Human Resources and People Development Manager

STAFF

Ms Cathy Ryan, Employee Engagement, Wellbeing and Communication Manager
Ms Ana Collazo, Senior Human Resources Business Partner
Ms Valeria Butera, Medical Manpower Manager
Ms Lesley Owens, Human Resources Business Partner
Ms Lauren Hogan, Human Resources Business Partner
Ms Geniele Squires, Human Resources Business Partner
Ms Niamh Gilleece, Human Resources Business Partner (Career Break)
Ms Patricia Closca, Human Resources Business Partner (SPC for Niamh Gilleece)
Mr Chris Kennan, Human Resource Administrator
Ms Diana Gherasin, Human Resource Administrator
Mr Mark Kerins, Graphic designer/communications support
Ms Oghenkaro Egbamuno, Social media specialist/communications support

SERVICE OVERVIEW



FIGURE 1: SERVICE OVERVIEW

The Human Resources Department takes care of all essential people management tasks at the Rotunda within three key functions:

- Employee Engagement and Wellbeing, inclusive of communications – the employee experience to foster a positive environment and culture.
- Operational business requirements – to work efficiently within HR processes and ensure compliance to legislation and national policies.
- Data and Information – to manage future planning, including use of data and metrics to plan for staff development and growth.

As leaders in people services, the HR team is committed to delivering a professional and relevant human resource service. By building strong relationships with staff, the team meets the needs of hospital staff, who can then meet the needs of the Rotunda's service users. The HR Department fosters strong employer-employee relations by working alongside local line managers and staff, complementing and supporting them where needed.

The current HR Department resources include:

- 1.0 WTE Head of HR and People Development Manager
- 1.0 WTE Employee Engagement, Wellbeing and Communications Manager
- 1.0 WTE Graphic designer/communications support
- 1.0 WTE Social media specialist/communications support
- 1.0 WTE Senior HR Business Partner
- 1.0 WTE Medical Manpower Manager
- 4.0 WTE HR Business Partners
- 2.0 WTE HR administrative support

SUCCESSES & ACHIEVEMENTS 2025

The Whole Time Equivalent (WTE) staff headcount in the hospital at the end of 2025 was 1087.66

During 2025, a total of 256 separate recruitment competitions were actioned.

TABLE 1: RECRUITMENT COMPETITIONS

Area	Competitions
Management/Admin	54
Medical/Dental	134 (incl NCHD)
Nursing/Midwifery	70
Paramedical	46
Patient care	13
Support Services	33

The average employee absence rate was 4.9%, and Mandatory Training and Compliance rates were recorded as per TABLE 2 below;

TABLE 2: MANDATORY TRAINING COMPLIANCE

	December 2025
Children First Training	77%
Dignity at Work	67%
Fire Safety Awareness (Online)	63%
GDPR / Data Protection	68%
Manual & Patient Handling	65%
Cyber Security	61%
Standard Precautions / Hand Hygiene	68%

Other key achievements in 2025 included the following areas:

Recruitment and retention

- Workforce planning recruitment strategy ensured the hospital was resourced to the highest level for service continuity, managing all resourcing via the Employment Control Committee.
- Management of Sharepoint new wte for service developments.
- Detailed HR inputs into sourcing funding applications and business cases for new service-required posts.
- Robust succession planning process implemented to avoid gaps in resourcing and retain specialised skill-sets, while promoting career progression.
- Introduction of a new applicant tracking system to ensure compliance and efficiency during the recruitment cycle.

People development

- Encouraged competency upskilling through eLearning, promoting a learning culture and staff development.
- Onboarding video to replace the Corporate Induction in-person presentation.
- Shared policy knowledge and best practice for local area managers through the delivery of monthly HR Clinics.
- Implementation of Performance Achievement, as a strong tool for both employer and employee to strengthen and support the working relationship.
- Maximising mandatory training compliance across all staff grades and areas to deliver safer and better healthcare for all.

Staff pay and reward

- Optimising processing of pay and remuneration by aligning to national regulations, thereby ensuring staff receive entitlements in a timely manner.
- Implemented a Rotunda Employee Recognition Scheme which promotes a culture of thanks and appreciation in working lives.
- Initiated development of both Mega HR and TMS to create further controls resulting in accurate data to payroll.

Staff experience

- A focus on staff health and wellbeing, to ensure staff are emotionally and physically well in their working lives.
- Employee Engagement Committee established to plan and prepare for a roll-out of new initiatives.
- Equality, Inclusion and Diversity Policy implemented through participation on the Diversity Committee with an initial focus on the Rainbow Badge initiative.

Communications

The Communications Department plays a strategic role in advancing the Rotunda brand, positioning the hospital as a centre of clinical excellence and a great place to work. Through integrated patient and employee communications, the department strengthens engagement, supports service development and ensures clear, consistent messaging during periods of organisational change.

2025 HIGHLIGHTS

Culture & Recognition

Charter Day 2025 showcased 38 multidisciplinary service posters, recognised 36 long-serving employees (20+ years) and celebrated 10 employee recognition award recipients.

Employee & Patient Experience

In 2025, Communications supported the rollout of the HSE Your Opinion Counts Survey and the National Maternity Experience Survey alongside additional internal and service surveys. The feedback gathered has informed service enhancement, workplace development, and strategic planning. The introduction of QR-enabled campaigns significantly enhanced accessibility and patient and employee participation rates.

HR Knowledge Hub

A centralised digital HR Knowledge Hub was implemented to improve policy accessibility, streamline communication and enhance employee self-service capability.

People Readiness and Organisational Transition

Communications provided structured support to the People Readiness Committee to ensure employees, managers and patients were prepared for campus redevelopment and service relocation initiatives. Clear, timely and proactive communication helped facilitate a safe and smooth transition with minimal disruption to patient care and service delivery.

Website Development

The hospital website redevelopment project commenced in February 2025, focusing on improved accessibility, enhanced mobile functionality, streamlined navigation and stronger brand consistency to increase digital engagement.

Finance & Procurement Department

Head of Department

Mr Peter Foran, Head of Finance and Procurement

Staff

Mr Alan Holland, Finance Accounting and Systems Manager
Mr Edward Smith, Financial Operations Manager
Mr Eric Murphy, Purchasing and Supplies Manager
Ms Suzanne Murphy, Contracts and Tendering Manager
Ms Alison Delaney, Employee and Relations Manager

SERVICE OVERVIEW

The Finance and Procurement Department is responsible for the financial management and procurement governance of the Rotunda Hospital.

The Finance function is organised into three areas:

- Financial Accounting and Systems
- Financial Operations
- Employee Pay and Relations

The Procurement function oversees the hospital's purchasing activities and ensures compliance with public sector procurement regulations while supporting the operational needs of the hospital.

The Department is committed to supporting the hospital's clinical and operational services through strong financial management, effective procurement processes and continuous improvement in service delivery to patients, staff, suppliers and funding bodies.

During 2025, the department achieved a number of important operational and financial objectives while continuing to support the hospital in a challenging funding environment.

SUCCESSES AND ACHIEVEMENTS 2025

In 2025, the Finance and Procurement Department continued to support the hospital in maintaining financial stability while improving operational processes across finance, payroll and procurement.

Key achievements during the year included:

- Maintaining financial balance within the hospital's funding allocation
- Securing additional funding from the HSE to support service developments
- Continued reduction in bad debts through improved debtor management
- Timely implementation of national pay agreements
- Maintaining and enhancing financial and operational controls

These achievements were made possible through strong collaboration with hospital management, clinical leadership and external stakeholders.

Financial Position at the end of 2025

The Hospital achieved financial break-even in 2025, recording a surplus of approximately €0.2m. This resulted in an accumulated surplus of approximately €0.5m at year-end.

This outcome was achieved through prudent budget management, value-for-money initiatives and continued cost control across the hospital.

The Finance Department worked closely with the Dublin North East Regional Health Authority and the National Women and Infants Health Programme to secure additional funding to support both existing services and new service developments.

Maintaining financial balance while supporting a growing demand for maternity, neonatal and gynaecology services remains a key priority for the hospital.

TABLE 1: FINAL BUDGETARY OUTTURN 2024

Category	€'000
Surplus Carried Forward	(546)
Pay	108,110
Non-Pay	29,339
Income	(18,448)
Net Position for year	119,001
HSE Budget	(119,428)
Surplus/Deficit in Year	(426)
Cumulative Surplus/Deficit at Year End	(972)

The Hospital continued to work with the Dublin North East Regional Health Authority and the National Women and Infants Health Programme to source additional funding to augment current services and for service developments. In 2025, new service enhancements were funded to develop a wide range of services in the hospital.

Employee Pay and Relations (Payroll/Pensions/TMS)

The Employee Pay and Relations team is responsible for payroll processing, pensions administration and the ongoing implementation of the Time Management System (TMS).

During 2025, the payroll function integrated further with TMS, resulting in improvements in service delivery and operational processes. The team continues to work closely with Human Resources to strengthen payroll controls and enhance support services for staff.

The pensions function continued to provide an important service to staff while ensuring compliance with all regulatory and reporting requirements. The pensions management unit has also improved service delivery to Section 38 hospitals during the year.

The Time Management System project continued to progress in 2025. All premium-paid staff, with the exception of the Consultant body, are now operating on the TMS system. This has significantly improved the accuracy of premium payments and provided enhanced reporting capabilities for both HR and Payroll teams. TMS has moved from the project stage to business as usual.

Financial Accounting and Systems (Financial Reporting/Management Accounting/Financial Systems)

The Financial Accounting and Systems team, managed by Alan Holland, is responsible for financial reporting, management accounting and the operation of financial systems within the Finance and Procurement Department.

During 2025, the hospital successfully met all financial reporting obligations to the HSE and the Dublin North East Regional Health Authority.

The hospital's 2024 financial statements were among the first in the country to be signed off by auditors, with all three statutory entities finalised by May 2025. This reflects the finance team's continued commitment to high standards of financial reporting and governance.

The management accounting team continues to work closely with over 80 cost centre owners across the hospital to provide financial insight and support improved ownership of departmental expenditure.

The financial systems function continues to support the wider department in maintaining and improving the effectiveness of financial processes and reporting systems.

Finance Operations (Patient Accounts/Accounts Payable)

Finance Operations, overseen by Edward Smith, is responsible for Patient Accounts (Accounts Receivable) and Accounts Payable.

During 2025, the Patient Accounts team continued to reduce debtor days, improving the hospital's cash flow position. New collection initiatives and additional staffing resources contributed to a further reduction in bad debts recognised during the year.

The Accounts Payable team continued to maintain strong relationships with suppliers while ensuring the timely processing of invoices and payments. This work was particularly important during a period of constrained funding and increased cost pressures.

Procurement and Supplies

Under the management of Eric Murphy, the Procurement function continued to strengthen procurement governance and support the hospital in sourcing goods and services required to support patient care.

The Contracts and Tendering Manager, Suzanne Murphy, worked closely with internal stakeholders to ensure effective contract management through the Accord system.

A number of significant procurement exercises were successfully completed during the year, including projects relating to the new Radiology Building, pharmacy robotics systems, wound care services and several hospital refurbishment projects. Other service contracts, including internal audit services, were also re-tendered in accordance with procurement regulations.

The procurement team also provides training and direct support to departmental procurement champions to assist with completing procurement processes and framework call-offs. This ensures compliance with public sector procurement regulations while supporting value-for-money outcomes.

CHALLENGES FOR 2026

Ensuring Adequate Funding

The hospital continues to face increasing cost pressures arising from pay agreements, recruitment requirements and rising prices for goods and services. Continued engagement

with the HSE will be required to ensure that funding allocations reflect the hospital's activity levels and service demands.

Capital Funding

While progress has been made in securing capital funding for a number of projects, there remains an ongoing requirement for investment in infrastructure and equipment within the hospital.

The Finance Department will continue to support the identification and securing of funding through HSE capital programmes, the Rotunda Foundation and other funding sources.

Medical Equipment Replacement Programme (MERP)

During 2025, the hospital received additional funding under the Medical Equipment Replacement Programme. This funding, together with support from the Rotunda Foundation, has enabled the replacement and upgrading of important clinical equipment.

Continued investment in medical equipment will remain an important priority to support the delivery of high-quality clinical services.

Finance and Procurement Risks in 2026

The Finance and Procurement Department continues to operate within the hospital's established risk management framework. Key risks are identified and monitored through internal governance structures.

The principal risks facing the department include:

Funding Risk

Changes in funding methodology and increasing service demand may create financial pressures for the hospital. As the maternity hospital with the highest level of activity nationally, the Rotunda would benefit from a funding model based on Activity Based Funding.

Financial Controls

The department continues to monitor and strengthen internal controls. During 2025, three internal audits were completed within the Finance and Procurement functions. The hospital's Finance and Audit Committee meets six times annually to provide oversight and support for financial governance.

PLANS FOR 2026

Key priorities for the Finance and Procurement Department in 2026 include:

- Maintaining adequate funding to support hospital services
- Engaging with the HSE on Patient Level Costing initiatives to support Activity Based Funding
- Ensuring continued compliance with public sector procurement regulations
- Maintaining high standards of internal and external customer service
- Transitioning the Time Management System from project phase to operational use within the payroll function
- Continuing to provide financial oversight through the Procurement Committees and the Project Review Group

Through these initiatives, the department will continue to support the hospital in delivering high-quality services to patients while maintaining strong financial governance.

Information Technology Department

Head of Department

Mr Cathal Keegan, IT Manager

Staff

Mr Gerard Payne
Mr Martin Ryan
Mr Derek Byrne
Ms Fiona Quill
Mr Anthony Shannon
Mr Eoin Garland

SERVICE OVERVIEW

The Information Technology Department (IT) supports the development and maintenance of the ICT function throughout the Hospital. To enable this, we provide Helpdesk support for over 1,000 users and manage a diverse estate of clinical, administrative, mobile and infrastructure technologies. The department is responsible for Infrastructure Management, Project Delivery, Information Security, Service Support and Digital Transformation initiatives across the organisation.

During 2025 the scope of ICT services expanded significantly with the opening of the new Outpatients Department in Hampson House. This five-storey facility accommodates a range of patient-facing services including Obstetric Outpatients, Paediatric Outpatients, Colposcopy, Phlebotomy, Mental Health Services, Social Work and an Education Centre with conference facilities. In addition, the hospital expanded its footprint through the acquisition and occupation of Nos. 1, 2 and 5 Cavendish Row. The IT Department is now responsible for supporting staff, infrastructure, networking and communications services across four sites while maintaining continuity of service throughout the main hospital campus.

The Hospital's technology environment continues to grow in both scale and complexity. The department currently supports more than 1,000 desktop endpoints, approximately 80 servers, over 140 wireless access points and a diverse range of connected clinical and administrative technologies. Through our network monitoring and cybersecurity systems, it is not uncommon to observe in excess of 3,000 devices connected to the network at any one time. These include desktops, laptops, servers, printers, tablets, networking equipment, monitoring systems, medical imaging modalities, laboratory analysers and bedside point-of-care devices that collectively support the delivery of patient care across the organisation.

As healthcare becomes increasingly dependent on digital solutions, the department continues to focus on service resilience, cybersecurity, regulatory compliance and enabling innovative technologies that support both patient care and operational efficiency. The protection of patient and organisational information remains a core priority, and we continue to work closely with national healthcare bodies, technology partners and internal stakeholders to ensure our services remain secure, reliable and fit for purpose.

2025 IN REVIEW

Cybersecurity and Regulatory Compliance

Throughout 2025, cybersecurity remained a significant area of focus for the department as healthcare organisations continued to prepare for the implementation of the Network and Information Security Directive (NIS2).

The Rotunda participated in a comprehensive NIS2 Readiness Assessment facilitated by PricewaterhouseCoopers (PWC). This assessment established a baseline view of the hospital's cybersecurity maturity and identified areas requiring further enhancement to align with emerging regulatory requirements. The resulting report provided recommendations across governance, risk management and operational security practices, including consideration of a dedicated Information Security Officer role.

The department continued to engage closely with the HSE Office of the Chief Information Officer (OoCIO) and Chief Information Security Officer (CISO) teams through quarterly Community of Practice forums. These engagements enable voluntary hospitals to collaborate, share experiences and align local cybersecurity initiatives with national programmes being delivered across the health service.

Several significant local security enhancements were implemented during the year, including the deployment of Application Whitelisting controls and a Privileged Access Management (PAM) solution. Together, these technologies provide enhanced protection against malicious software, reduce the risk associated with privileged user accounts and support a more robust security architecture across the hospital environment.

The Rotunda also joined the HealthCORE group coordinated by the National Cyber Security Centre (NCSC), facilitating the sharing of threat intelligence, cybersecurity best practice and coordinated response mechanisms for major cyber incidents affecting the healthcare sector.

Microsoft 365 and Digital Workplace Transformation

During 2025, the department continued its strategic migration to Microsoft 365 and Exchange Online in partnership with the HSE's OoCIO and CISO teams.

Following the successful migration of the hospital's email infrastructure, work commenced to transition users to the wider Microsoft 365 platform, enabling the adoption of Multi-Factor Authentication (MFA) and a range of enhanced security controls designed to better protect organisational and patient information. During the year, more than 1,100 user accounts were successfully migrated.

This programme represents a significant step in modernising the hospital's digital workplace, providing improved identity protection, enhanced collaboration capabilities and a foundation for future cloud-based services.

Critical Clinical Systems and Infrastructure Modernisation

A major technology refresh was undertaken within the Laboratory service during 2025 with the replacement of the existing IBM Power 8 infrastructure originally deployed in 2018.

The new IBM Power 10 environment introduces significant improvements in resilience, performance and disaster recovery capability. The solution incorporates both Production and Disaster Recovery environments across separate local data centres, providing enhanced business continuity through automated failover capabilities.

The department also completed an upgrade of the M-Files document management platform in partnership with the Information Management Department. M-Files is a critical system used in the processing and management of Freedom of Information requests relating to

legacy paper-based medical records. The upgrade enhances platform stability, security and compliance.

Digital Collaboration and Clinical Communication

Working closely with the Information Management Department, the Information Technology team supported the implementation of the Doctolib Siilo secure messaging platform.

Doctolib Siilo provides a secure and GDPR-compliant communication environment specifically designed for healthcare professionals. The implementation enables clinicians to communicate and collaborate more effectively while ensuring compliance with privacy and data protection requirements.

Further investment in collaboration technology was delivered through the upgrade of the Dalrymple Lecture Theatre to a Microsoft Teams Room facility. This enhancement has enabled the introduction of Neonatal Radiology Multidisciplinary Team collaboration sessions and provides improved support for hybrid meetings, education programmes and inter-hospital clinical engagement activities.

Campus Expansion and Service Relocation Programme

Throughout 2025 the Information Technology Department played a central role in supporting the hospital's ongoing accommodation and service relocation programmes associated with the opening of Hampson House and the occupation of additional facilities on Cavendish Row.

Significant planning and coordination were required to ensure ICT services were available from the first day of operation within these new facilities. This included the deployment of network connectivity, telephony, wireless services, end-user computing devices, printing solutions and supporting infrastructure.

In parallel, the department coordinated the phased migration of a number of administrative services from the main hospital campus. One of the most complex elements of this programme was the relocation of the hospital's Call Centre service. Given its critical role as the primary point of contact for patients and service users, extensive planning, testing and coordination were undertaken to minimise impact on patient communications and appointment management activities.

Strategic Capital Development Projects

The department continued to play a significant role in enabling major capital development projects across the hospital.

Planning and design activities remained ongoing in support of the Critical Care Wing development programme. A key component of this work is the establishment of a new purpose-built Main Equipment Room (MER), which will ultimately serve as the primary technology hub for the hospital.

The relocation of the existing data centre environment to the new MER represents one of the most significant infrastructure projects undertaken by the department in recent years. Extensive planning has been undertaken throughout 2025 to ensure the migration can be completed safely while minimising disruption to critical clinical and administrative services. The facility is scheduled for handover to the ICT Department during the first quarter of 2026.

In parallel, planning and design activities have commenced for the proposed Dominick Hall development project, which is expected to become operational in 2027.

PLANS FOR 2026

- Completion of the Main Equipment Room (MER) project and migration of core ICT infrastructure.
- Continued advancement of Microsoft 365 adoption and cloud-based services.
- Progression of cybersecurity maturity initiatives arising from the NIS2 Readiness Assessment.
- Strengthening information security governance and organisational capability.
- Ongoing participation in national cybersecurity collaboration initiatives through the HSE and NCSC.
- Implementation of enhanced ICT Service Management processes and reporting to improve service visibility, ticket capture, performance monitoring and operational planning.
- Support for Critical Care Wing and Dominick Hall capital development projects.
- Continued modernisation of clinical and administrative systems to improve resilience, efficiency and patient care.



Operations and Sustainability Department

Head of Department

Mr Ray Philpott, Head of Operations and Sustainability

Staff

Mr Michael Donovan, Operations and Sustainability Team Lead
Ms Claire Cassidy, Senior Office Administrator
Ms Roisin Foran, Office Administrator

SERVICE OVERVIEW

The Operations and Sustainability Department provides strategic leadership, structured governance and operational oversight across a diverse portfolio of critical hospital functions. These functions are intrinsically linked to both clinical and non-clinical service delivery and support the hospital's ability to operate safely, efficiently and sustainably in both routine and high-demand environments.

The remit of the department is delivered across seven integrated service streams.

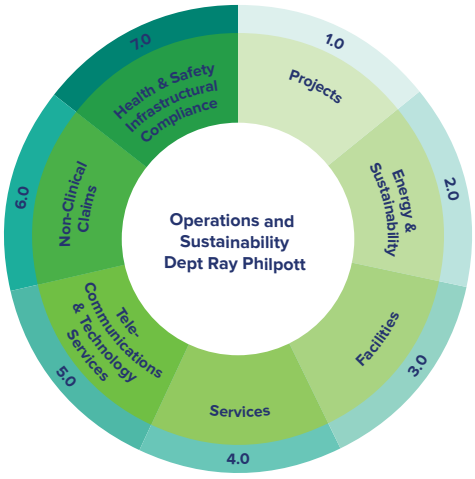


FIGURE 1: OPERATIONS AND SUSTAINABILITY DEPARTMENT: SERVICE OVERVIEW

These streams collectively support immediate operational requirements while enabling medium and long-term strategic objectives aligned to organisational governance frameworks, hospital strategic plans (both 2022 – 2026 and 2027 – 2031) and national policy. Through disciplined programme management, transparent reporting structures and cross-functional engagement, the department ensures resilience, accountability and service continuity. The integrated nature of these streams allows for coordinated decision-making, risk mitigation and efficient resource allocation across the campus.

PROJECTS

SERVICE OVERVIEW

The Operations and Sustainability Department develops, leads and supports both minor and major capital projects across the hospital campus. These projects range from essential infrastructure upgrades to clinical environment enhancements, compliance-driven works and systems modernisation initiatives.

The department manages projects across the full life cycle through initiation, feasibility, planning, procurement, execution, commissioning and ultimately closure and monitoring, ensuring governance alignment, stakeholder engagement and minimal operational disruption within a live clinical environment. Particular emphasis is placed on risk assessment, phased implementation and structured communication with clinical teams to ensure service continuity throughout project delivery.

Departmental activity

During 2025, the department progressed multiple projects across varying stages of delivery. These ranged from targeted refurbishment works to multi-year capital strategic infrastructure programmes. Each project required the highest standards of communication and service coordination to ensure that patient safety, infection prevention controls and operational efficiency were not compromised.

SUCCESSES AND ACHIEVEMENTS IN 2025

Significant project milestones achieved during 2025 include:

- Installation of dumbwaiter lift
- Refurbishment of Pre-Natal bathrooms
- Completion of multiple phases of the Fire Detection and Emergency Lighting System (multi-year programme)
- Completion of the second phase of the LED lighting project
- Refurbishment of Gynae nurses office
- Installation of new utility metering and monitoring system
- Replacement of NICU doors
- Installation of air conditioning system in Semi-Private wards
- Completion of first phase of upgrading electrical boards (multi-year programme)
- Completion of first phase of installation of fire suppression units (two phase programme)

These outcomes strengthened infrastructure resilience, enhanced patient and staff environments, improved compliance standards and reduced operational risk exposure. Importantly, delivery was achieved without unscheduled disruption to core clinical services.

CHALLENGES IN 2025

The continued expansion of the campus, including the operational on-boarding of Cavendish Row and Hampson House required additional project inputs, technical review and service developments. This increased workload was undertaken without additional departmental resourcing which proved a challenge but one we achieved.

Additional challenges included escalating material costs, contractor availability constraints and increasing internal demand for modernised facilities. These were addressed through structured prioritisation, procurement planning and close engagement with both internal stakeholders and external contractors, ensuring delivery remained aligned to strategic priorities.

PLANS FOR 2026

- A robust programme of works is scheduled for 2026, reflecting both campus expansion and long-term infrastructure renewal objectives. The department will also provide structured support to developments including Mosse House, Dominick Hall and the Critical Care Wing, ensuring integration with existing utilities and compliance frameworks.
- Projects scheduled for 2026 include:
- Installation of a new Building Management System (BMS)
- Progression of the Window Replacement Programme
- Installation of new AHU servicing the Ambulatory Gynae
- Final completion of the Fire Detection and Emergency Lighting System project
- Refurbishment of Pre-Natal bathrooms
- Renovation of Theatres 1 and 2 including upgrading of AHUs and electrical distribution system

Collectively, these projects support patient safety, energy optimisation, infection control compliance and asset longevity.

ENERGY AND SUSTAINABILITY

SERVICE OVERVIEW

The Operations and Sustainability Department provides strategic leadership in energy management, decarbonisation and environmental compliance, positioning the organisation to meet national and EU climate obligations. The service is aligned to the Climate Action and Low Carbon Development (Amendment) Act 2021 and the HSE Infrastructure Decarbonisation Roadmap, ensuring a structured and accountable approach to sustainability delivery.

The Operations and Sustainability Department is tasked with all aspects of energy efficiency, carbon emission reduction and responsible waste management within the hospital. The Head of Operations and Sustainability is registered with the SEAI and HSE as the Rotunda Hospital's EPO (Energy Performance Officer). The hospital, like all public bodies, must achieve a 51% reduction in GHG (Green House Gas) while also improving energy efficiency by 33% by 2030.

These targets are substantial especially considering the additional challenges provided by a near three hundred year old building. However, our department has developed a strategic plan, aligned to best practice as outlined in 'HSE Infrastructure Decarbonisation Roadmap', to work towards these targets and are confident of successfully meeting these challenges.

Governance is driven through the Energy Performance Officer (EPO) and a multidisciplinary Green Team, embedding sustainability across operational and capital decision-making from fabric first and energy efficient design to deep retrofitting of key mechanical and electrical systems to progressing cultural awareness relating to sustainability.

The department integrates energy performance, procurement, infrastructure planning and behavioural change into a single strategic vision. It also acts as the primary interface with external stakeholders including HSE Estates and SEAI, ensuring alignment with national programmes and funding mechanisms. This coordinated model ensures sustainability is not treated as a standalone initiative, but as a core organisational priority supporting resilience, compliance and long-term value creation.

DEPARTMENTAL ACTIVITY

In 2025, the department focused on advancing key strategic enablers required to deliver long-term decarbonisation objectives. Activity centred on progressing infrastructure upgrades, strengthening energy governance and embedding sustainability within organisational processes.

Major milestones included completion of a campus-wide LED upgrade programme, strategic planning and achieving funding for Building Management System replacement and progression of building fabric improvements. A comprehensive metering strategy was advanced to enhance data integrity and enable evidence-based decision-making. Sustainability principles were systematically incorporated into capital projects through Energy Efficient Design and 'fabric first' methodologies. Organisational engagement was strengthened through structured awareness initiatives led by the Green Team. Waste management systems were further developed to support circular economy principles with all waste generated by the hospital being diverted from landfill and repurposed.

In parallel, the department ensured continued compliance with national reporting obligations and supported procurement activities through the integration of sustainability criteria, reinforcing alignment with strategic and regulatory requirements.

SUCCESSES AND ACHIEVEMENTS

The department delivered meaningful strategic progress in 2025, strengthening the organisation's capacity to achieve its climate action targets.

- Continued engagement in national programmes, including the SEAI Partnership, enhanced access to expertise and funding opportunities.
- Governance structures were further embedded, with the Green Team expanded and playing a central role in driving cross-organisational alignment.
- Removal of piped N2O from theatres as part of the 'Green Theatre' initiative.
- Waste management initiatives demonstrated strong performance, with high levels of recycling and measurable reductions in food waste contributing to both environmental and operational efficiencies.
- Enhanced metering and reporting capabilities have improved visibility of energy consumption, enabling more informed strategic planning.
- Sustainability considerations are now consistently integrated into procurement and capital investment decisions, representing a significant cultural and operational shift.

Collectively, these achievements reflect a transition from isolated initiatives to a more holistic, system-wide approach to sustainability management.

CHALLENGES IN 2025

The delivery of sustainability objectives in 2025 was shaped by a number of structural and operational challenges. The scale of decarbonisation required within a complex and ageing hospital presents significant technical constraints, particularly from the perspective of completing works in a 'live' clinical environment, often necessitating phased implementation approaches.

Increasing service demand and expansion of clinical activity continue to drive higher energy consumption, reducing the net impact of efficiency measures. Capital investment requirements for large-scale retrofit projects remain substantial, with funding processes requiring alignment across multiple stakeholders. Legacy systems, aged infrastructure and the physical constraints presented by the building, both from access and conservation

perspectives, have impacted the pace at which modern energy solutions can be deployed.

Data limitations prior to full metering implementation have also constrained the ability to fully optimise performance. In addition, achieving sustained behavioural change across a large workforce requires ongoing engagement and leadership. These challenges highlight the importance of long-term planning, sustained investment and strong governance to ensure successful delivery of strategic objectives.

PLANS FOR 2026

The strategic focus for 2026 is to accelerate the transition from planning to delivery across key decarbonisation initiatives. Priority will be given to advancing critical infrastructure projects, including Building Management System replacement and securing the thermal envelope of the main hospital.

Securing the thermal envelope of the hospital is a key strategic project to achieve our mandated energy targets. The programme to meet this objective is a three phase plan:

- 2025/26 – Window Replacement
- 2027/28 – Roofing Upgrades
- 2029/30 – Installation of High Capacity Heat Pumps (replacing gas fuelled boiler systems with renewable electrical energy)

Planning will continue for the transition to low-carbon heating systems, forming a central component of long-term emissions reduction. Governance structures will be further strengthened to ensure clear accountability and alignment with national frameworks.

The Green Team will play an expanded role in embedding behavioural change and supporting implementation at departmental and organisational level. Engagement with HSE Estates and SEAI will remain critical to adopting new technologies focused on decarbonisation and facilitating energy efficiencies, securing funding and ensuring alignment with national programmes, positioning the organisation to deliver measurable progress against 2030 targets.

FACILITIES AND UTILITIES

SERVICE OVERVIEW

The Facilities and Utilities function provides the core infrastructure systems supporting all hospital operations and clinical service delivery. The department is responsible for ensuring the safe, compliant and uninterrupted operation of all utilities including:

- Electrical systems
- Gas systems
- Medical gas systems
- Water systems
- Water safety systems
- Structural maintenance
- Grounds management

The service delivers a resilient and responsive infrastructure service to support a high-demand acute hospital environment. It encompasses planned preventative maintenance, reactive maintenance, lifecycle asset replacement and capital integration works. The service also supports new developments and infrastructure upgrades, ensuring integration

with existing systems. The department maintains a strong focus on safety, compliance, efficiency and long-term asset sustainability across all utility systems.

DEPARTMENTAL ACTIVITY

Departmental activity is focused on maintaining consistent service across a complex campus while progressing targeted infrastructure improvements. Preventative maintenance programmes are delivered in line with compliance schedules, achieving high completion rates and reducing asset failure risk. Reactive maintenance is managed to ensure minimal disruption, with priority response to critical systems. Ongoing works include upgrades to electrical distribution, mechanical systems and monitoring capabilities. Coordination with capital projects ensures alignment with strategic development objectives.

SUCCESSES AND ACHIEVEMENTS

The department's most significant achievement remains the consistent delivery of uninterrupted utility services across the hospital, maintaining full operational continuity in a live acute setting. Infrastructure upgrades completed during the period include electrical system enhancements including fire suppression units installed directly to distribution and sub-distribution boards, fire detection improvements and replacement of critical sub-distribution boards, all contributing to increased system resilience.

CHALLENGES IN 2025

The primary challenge for 2025 was balancing the modernisation of infrastructure with the demands of a fully operational hospital environment. Competing demands between reactive works and planned upgrades can impact scheduling and delivery timelines. The addition of new building stock to the Rotunda campus increased the number of utility and facility systems, the key challenge is integrating all these systems under a uniform management and maintenance programme.

Despite these challenges there were with no major disruptions recorded. The department continues to mitigate risks through structured planning and monitoring to ensure ongoing compliance and operational continuity.

PLANS FOR 2026

Key priorities for 2026 will focus on enhancing system resilience, compliance and long-term sustainability. Planned initiatives include the replacement of medical gas manifolds, completion of structural safety reviews and integration of new buildings into the campus infrastructure along with reducing reactive maintenance demand through asset and equipment upgrades.

Additional focus will be placed on improving system monitoring, data reporting and asset lifecycle planning. These measures aim to strengthen infrastructure performance, support future service demands and ensure continued alignment with organisational and regulatory requirements.

SUPPORT SERVICES DEPARTMENT

The Support Services Department stream under the Operations and Sustainability Department provides a wide range of important service departments that are vital to facilitating both clinical and non–clinical services in the organisation. These departments contribute directly to both the required provision of service and patient experience within the hospital. These departments include the following:

- Catering Department
- Clinical Engineering Department
- Central Sterile Services Department (CSSD)
- Household Department
- Portering Services Department
- Technical Services Department

The additional buildings and expanded service provision presents significant operational challenges but challenges our support services sub-departments continue to meet. While expansion strengthens clinical service capacity and long-term strategic positioning, it also increases operational demands resulting in the need to review our processes and re-evaluate how we deliver our support services to benefit the hospital in the most efficient and strategic way. The expansion of the Rotunda Hospital is an opportunity to strategically develop our departments for the coming years to continue to adapt to service user needs and provide the highest standards of service possible.

To achieve this a review of all Support Services will take place in 2026 and a multi-year plan implemented to improve all these services from operational, tactical and strategic perspectives.

CATERING DEPARTMENT

HEAD OF DEPARTMENT

Deborah Cullen

SERVICE OVERVIEW

The Rotunda catering department continues it's committed to providing fresh, wholesome, nutritious food to all its service users, with our core focus on providing an excellent patient experience.

Patient Service

In 2025, 104,915 patient meals were served.

There was an overall decrease of -1.25% from previous year, 2024

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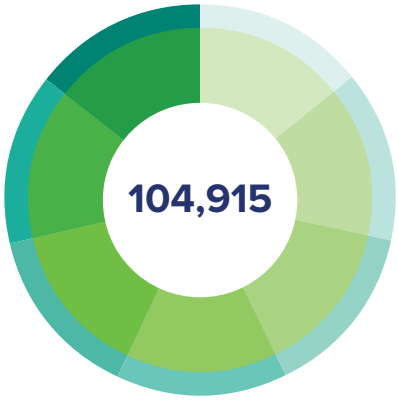


FIGURE 3: PATIENT MEALS SERVED TOTAL

Patient feedback

"Each meal served to me has been extremely fresh and tasty. It definitely helps with recovery knowing it's good quality food, full of wholesome goodness. I'll miss the dinners when I get home."

"The food was phenomenal throughout, honestly better than some restaurants. The catering staff were also unbelievable and so attentive and kind...I love my food and am breastfeeding so honestly it has helped me on this journey (so far) having such a delicious food to keep my strength up so I can feed my daughter"

"I just want to say thank you so much to all the catering teams - you have been amazing and at times an amazing distraction in times of worry for my husband and I...Overall you end up being a family here and I surely felt that from this team, nothing was too much bother/hassle and for that I am very grateful"

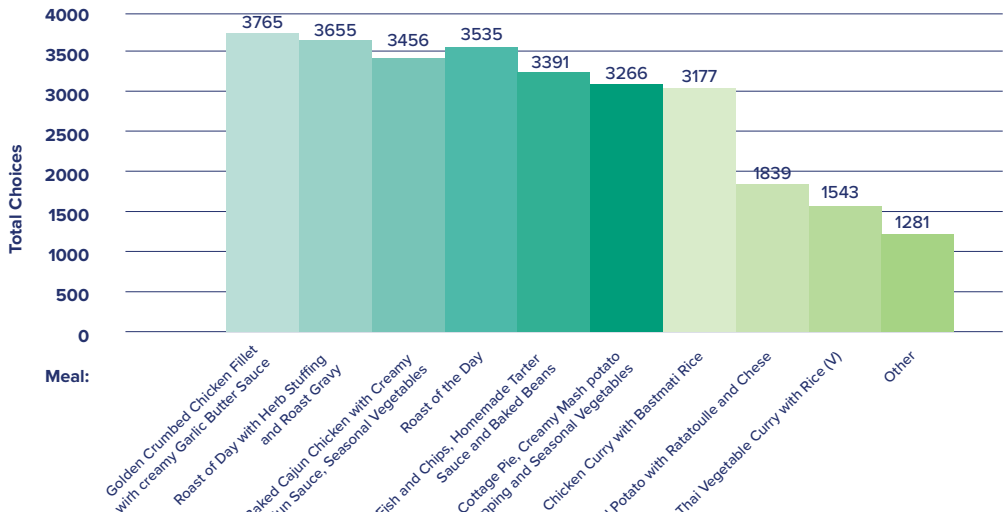
Staff feedback

"I just wanted to email and say how delicious the pasta special was today. To have it freshly prepared in front of us was a bonus and the serving staff were as friendly as always. The squash, peppers and tomato combination was so tasty – and coming from a mad carnivore I didn't miss my meat at all – the sauce was especially delicious and I wouldn't say no to it making a regular appearance. Thanks all the team involved – it was AMAZING!!!!!"

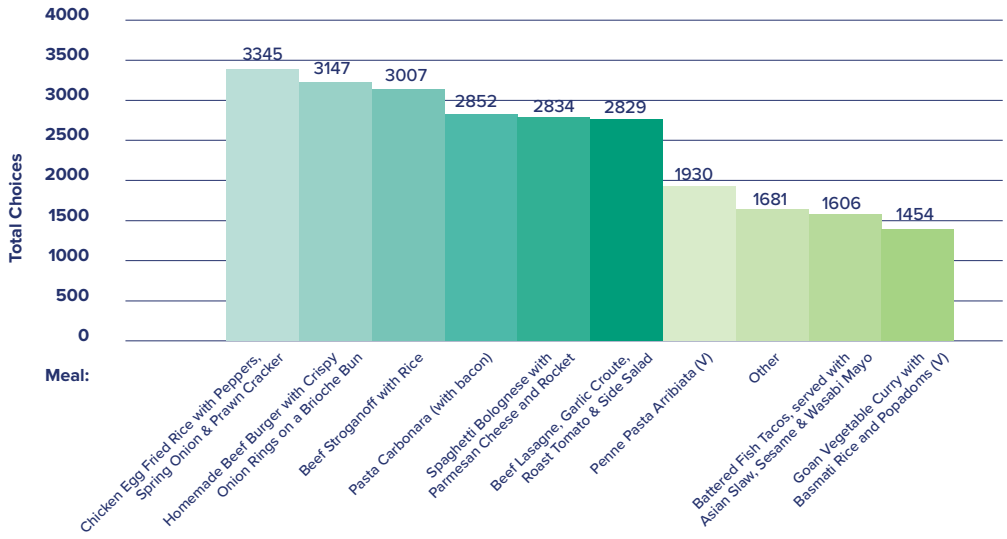
"Just wanted to say thank you to you and all your staff for all the hard work you did in the canteen today, the food was gorgeous. Nicer than my local Chinese."

"The food today... OMG! Delicious, what a time...Makes me so proud of the place"

Our patients' top 10 favourite lunch and evening meals in 2025 were:



TOP 10 PATIENT CHOICES - LUNCH



TOP 10 PATIENT CHOICES - EVENING MEAL

STAFF RESTAURANT SERVICE

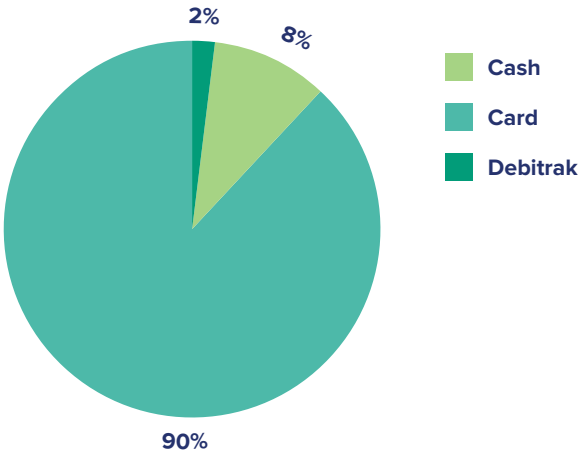


FIGURE 4: PERCENTAGE PER PAYMENT TYPE

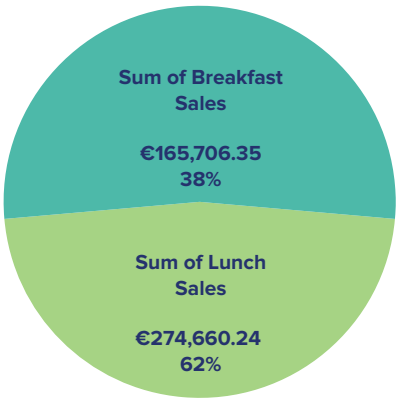


FIGURE 5: TRANSACTIONS PER SERVICE

There were 126,605 transactions through the staff restaurant in 2025.

38% breakfast and 62% lunch.

90% of transactions were made by card, 8% cash payments, and 2% Debitrak payments.

In 2025, we experienced an -10.88% decrease in transactions and a -10.87% decrease in income compared to 2024. This was down to the relocation of staff to Hampson House.

TABLE: TOTAL TRANSACTIONS		
	2024	2025
Jan	6.24%	-4.39%
Feb	12.18%	-8.53%
Mar	-9.17%	-3.67%
Apr	16.36%	-9.34%
May	8.86%	-10.62%
Jun	-2.23%	-7.79%
Jul	15.39%	-16.77%
Aug	10.35%	-23.06%
Sep	14.53%	-23.06%
Oct	12.04%	-10.65%
Nov	8.15%	-15.97%
Dec	8.59%	-6.35%
Grand Total	**8.26%**	**-10.88%**

TABLE: TOTAL SALES		
	2024	2025
Jan	15.69%	-4.66%
Feb	28.99%	-11.82%
Mar	-1.17%	-7.36%
Apr	18.39%	-9.33%
May	11.42%	-8.81%
Jun	-1.39%	-8.21%
Jul	15.49%	-17.53%
Aug	14.52%	-20.49%
Sep	16.59%	-11.03%
Oct	14.62%	-10.29%
Nov	8.91%	-14.42%
Dec	5.26%	-4.65%
Grand Total	**12.03%**	**-10.87%**

The most significant loss in transactions occurred in August, with a -23.06% decrease compared to August 2024.

Meanwhile, the loss income was recorded in same month of August, showing a -20.49% decrease compared to August 2024.

37,991 lunch meals were served in the staff restaurant.

HOSPITALITY

In 2025 we provided hospitality for 8,851 people.

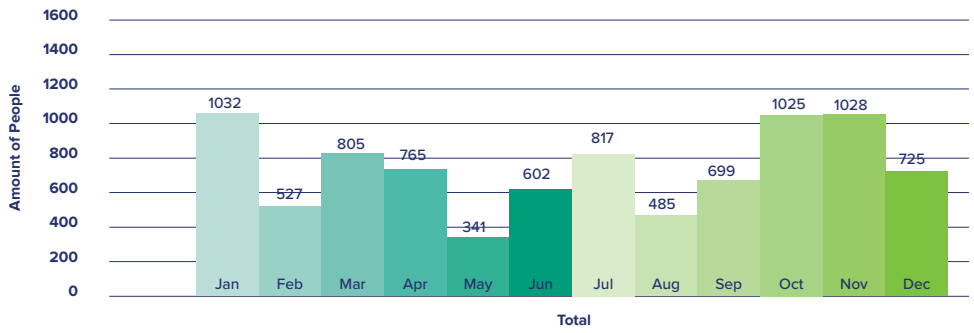


FIGURE 7: HOSPITALITY FOOTFALL PER MONTH

ACHIEVEMENTS IN 2025

Sustainability and Waste Reduction

Building on the successful implementation of the Positive Carbon system in 2023, 2025 marked a significant step forward in embedding sustainable practices within the Catering Department.

- Achieved a 25% reduction in food waste compared to baseline measurements, demonstrating measurable progress towards the HSE target of a 50% reduction by 2030.

Food Safety and Staff Development

Food safety continues to be a core operational priority. The department maintained a strong focus on continuous professional development in food safety.

- 3 staff completed Level 5 Food Safety training
- 2 staff completed Level 6 Food Safety training

Continued to embed food safety culture through training, supervision, and adherence to critical control measures.

Innovation and Continuous Improvement

The Catering Department continues to embrace innovation to improve service delivery and operational efficiency.

Future plans for the catering department.

- Achieving 50% waste reduction by 2030
- Enhancing sustainable food systems within healthcare
- Maintaining excellence in food safety and staff competency

CONCLUSION

The Catering Department continues to deliver a high-quality, patient-focused service while advancing sustainability, innovation, and food safety standards. Looking ahead, we remain committed to continuous improvement, supporting patient wellbeing, and meeting national sustainability and healthcare targets.

CLINICAL ENGINEERING

HEAD OF DEPARTMENT

Mr Brian Clancy, Clinical Engineering Manager

STAFF

Mr Alan Brown, Senior Clinical Engineer
Mr Adrian Stefan, Senior Clinical Engineer

SERVICE OVERVIEW

The Clinical Engineering department is responsible for the 3000 medical devices used for the diagnosis, treatment and care of patients in the Rotunda hospital. These devices range from 3D ultrasound machines in fetal assessment to advanced neonatal ventilators and incubators in NICU, CTG machines and resuscitaires in the delivery suites and anaesthetics machines and electrosurgical devices in theatres. The clinical engineers work at the

intersection of engineering and medicine to ensure that all medical devices used in the Rotunda hospital are safe, effective, and efficient. Clinical engineers play a crucial role in the healthcare delivery process by bridging the gap between engineering and clinical practice. Ensuring all devices are safe, reliable, properly maintained, and ready for use – helping doctors, midwives, and nurses deliver the best possible care to mothers and babies.

Main Responsibilities of the Clinical Engineering Department:

The department handles the full life cycle of medical equipment:

- Equipment selection, design, procurement, replacement and tenders
- Installation and commissioning
- Preventive maintenance and contracts
- Emergency response 24/7 365
- Repair and troubleshooting
- User training and support
- Safety and regulatory compliance
- Inventory management
- Technology integration and innovation
- Research and Development
- Decommissioning and removal of obsolete medical devices

2025 IN REVIEW

Hundreds of new medical devices were procured and commissioned by the Clinical Engineering Dept. These included new critical care ventilators, incubators and advanced ultrasound scanners. The department through 2025 has supported the increase in the support for digital health initiatives, integrating medical devices into ICT systems, and providing technical support for new, interconnected health technologies.

The move of five outpatient clinics to Hampson House was completed in early 2025. This involved the transfer and recommissioning of over two hundred pieces of equipment.

PLAN FOR 2026

- Introduction of the POQ (Pre-Obtainment Questionnaire) form. The POQ form and procedure provides an efficient policy and procedure that informs pre-obtainment planning and approval of proposals to procure medical device(s) whether by purchase, trial, exchange, rental, lease, donation or other agreement. It verifies patient safety and regulatory compliance (MDR/MDD/HPRA OQR30/OQ31) for all new medical devices. It ensures that medical devices are of good quality and performance, and conform to relevant specifications/standards; that cover the whole life cycle of the device.
- Implementation of preventative automated testing for rigid endoscopes and light leads. Evaluating critical parameters, including light transmission, colour correctness, focus, field of view, lens fractures, and internal particle detection.
- Procurement and commissioning of new medical devices under the MERP (Medical Equipment Replacement Programme) these include new NICU ventilators, incubators and resuscitaires.

- Deployment of new service labelling system will ensure critical medical equipment is serviced and maintained correctly.
- Installation of new transport incubators. These transport incubators were designed in-house in collaboration with the clinician teams.
- Introduction of new nitric oxide delivery systems that provide precise doses of nitric oxide to critically ill patients in NICU.

CENTRAL STERILE SERVICES DEPARTMENT

HEAD OF DEPARTMENT

Mr John Oyedeji

SERVICE OVERVIEW

Central Sterile Service Department (CSSD) is the core department within the hospital in which re-usable medical devices, both sterile and non-sterile are decontaminated.

The CSSD team work in the areas of controlling and monitoring medical devices, infection control and the administration of safety practices that benefit healthcare workers and the public at large, providing cleaning and disinfection, inspection and sterilisation of all re-usable medical devices. CSSD influences hospital purchases and healthcare practices by holding responsibility for ensuring that patient equipment is available and sterile for use at all times.

DEPARTMENTAL ACTIVITY

The department reprocess RIMDs for the entire Rotunda Clinics.

In the year ended 2025, 68,677 reusable invasive medical devices were reprocessed, 29,060 trays and 39,617 single RIMDs in the department.

Below is the graphical representation of the activities from the all clinical areas:

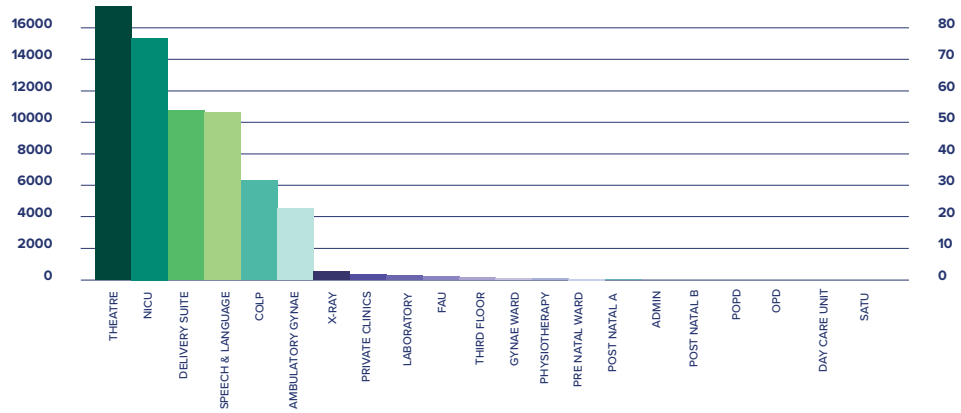


FIGURE 8: DECONTAMINATION ACTIVITIES FOR 2025

All of our decontamination equipment was validated and periodically tested by a qualified person (Sterval and Manepa outside contractors) and all the validation reports adequately audited quarterly by Hospital appointed AP (decontamination).

176 non-conformances were recorded which are in-line with the HSE code of Practice. Follow-up action was taken and all the issues raised were resolved accordingly.

Graph showing the trend of non-conformance recorded in 2025

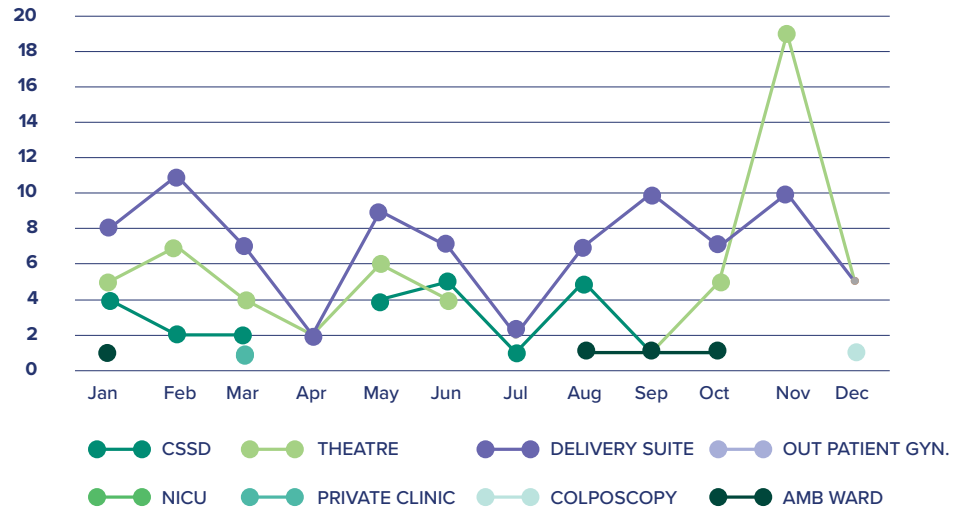


FIGURE 9: NON-CONFORMANCE RECORDED IN 2025

Improvements identified are as follows:

- Our autoclave was revalidated to accommodate textiles used in theatre due to supplier-related issues.
- The staff participated in the quality improvement programme organised by HSE
- One of our staff started an MSc in Quality and Safety in Healthcare management at RCSI
- Regular departmental quality improvement meeting
- Weekly audit of decontamination process

CHALLENGES IN 2025

We are still in the process of sourcing a suitable rigid scope tester, as the unit previously obtained was too large and could not be accommodated within the department. It will be implemented in the New Year.

The department is getting too small for the volume of RIMDs that need to be reprocessed due to the increase in service. We hope it will be a thing of the past in the proposed North wing development.

PLANS FOR 2026

Our plan in the coming year is to continue providing a quality standard of practice in the decontamination and sterilisation of re-usable invasive medical devices and continue to interact with all personnel from various specialty areas and have an ongoing commitment to providing a service that is consistent with the highest possible standard.

HOUSEHOLD DEPARTMENT

HEAD OF DEPARTMENT

Ms. Catherine L'Estrange

SERVICE OVERVIEW

The Household Services Department continues to play a central and strategically significant role in ensuring that the Rotunda Hospital achieves, sustains and evidences the highest standards required within a modern acute healthcare environment. The department's work underpins patient safety, infection prevention and control, environmental hygiene compliance and the overall patient experience. The service operates from the perspectives of both operational delivery and regulatory governance, ensuring that clinical care is supported by a hygienically clean and well-managed environment at all times.

The year 2025 proved to be one of the most operationally complex and demanding periods for the department. The service navigated increased activity levels, an expanded hospital footprint, heightened infection prevention requirements and significant campus renovation works, all while managing ongoing resource challenges. These pressures required a sustained focus on prioritisation, oversight, compliance monitoring and continuous improvement.

Throughout 2025, our intention remained clear and consistent: to ensure that every patient, newborn, staff member and visitor is cared for within a hygienically clean, safe and professionally maintained environment that reflects best practice in Irish healthcare and aligns fully with National Hygiene Standards and HIQA requirements.

Despite increased demand and resource constraints, standards were maintained, governance systems were strengthened and quality assurance processes were enhanced. The outcomes achieved reflect resilience, adaptability and a strong culture of accountability within the department.

DEPARTMENT ACTIVITY

As with all other departments the Household Dept. faced challenges in terms of resourcing while at the same time expanding service not only in the hospital through increased clinical services but also outside the main campus to provide our service in the new buildings that came online in 2025.

To meet this managerial challenge our team reviewed and refined our processes to become more adaptable to the new demands on service. Our limitations required continuous review of deployment models, enhanced supervisory presence and focused allocation of resources to high-risk and high-activity clinical areas.

The approach throughout the year centred on risk-based prioritisation. High-dependency and high-risk clinical environments including Theatre, Neonatal Unit, Delivery Suite and Isolation Areas, were protected in terms of frequency and supervision. Non-clinical and administrative areas were managed through adjusted scheduling where necessary.

The department maintained service continuity across the entire campus despite sustained capacity pressures. The focus was not simply maintaining operational delivery, but preserving quality standards and audit performance under constrained conditions.

Auditing and Quality Management

A key strategic development during 2025 was the implementation of MEG GMS, a

cloud-based Quality Management System purpose-built for healthcare environments. The intention behind its introduction was to strengthen governance structures, improve audit traceability, enable real-time oversight and align fully with both HIQA and Infection Prevention and Control expectations.

Prior to implementation, audit documentation required manual collation and archiving. The transition to MEG GMS introduced a centralised digital platform which allows live tracking of audit scores, identification of trends and immediate allocation of corrective actions.

The audit structure now operates as follows:

- All clinical areas are audited weekly.
- High-risk areas are audited twice weekly.
- Actions identified are immediately assigned for rectification.
- Supervisors re-audit identified failures to ensure 100% compliance before closure.
- Monthly reports are generated and stored digitally.
- Documentation is accessible for HIQA, Infection Prevention and Internal Governance review at short notice.

The digitalisation of the audit system improved accountability at ward level, enhanced transparency and strengthened documentation control. It also resulted in an annual cost saving of €10,000 for the hospital.

The average hygiene audit score achieved during 2025 was 94%. This score reflects consistent performance across the year despite increased workload and environmental pressures.

The outcome of strengthening the audit framework has been enhanced assurance, improved traceability and a more robust quality management culture within the department.

Linen Service

The Linen Service remains a critical component of patient safety and infection prevention. Linen management is fully integrated into the hygiene audit structure and subject to continuous oversight.

Daily responsibilities include:

- Inspection of delivery trucks and linen trolleys.
- Recording and reporting of delivery issues to Celtic Linen.
- Counting and verification of clean linen and scrub suits upon delivery.
- Distribution of linen to all clinical areas Monday to Friday.
- Full stocking of ward-level linen presses every Friday to ensure weekend resilience.
- Placement of additional linen trolleys in strategic access locations.

Throughout 2025, national linen shortages presented ongoing supply chain challenges. Despite these external constraints, the Household Department ensured that all clinical departments received the linen required to maintain safe patient care.

Close communication with the supplier and proactive monitoring of stock levels mitigated risk. Where shortages occurred, redistribution strategies were implemented to protect high-dependency areas.

The intention remained to ensure continuity of supply and prevent disruption to clinical care, even where supply constraints existed outside of local control.

Household Hygiene Audits

The audit programme operates on a structured weekly schedule across the entire campus. Each clinical and non-clinical area is assigned a designated audit frequency, ensuring comprehensive coverage.

The 94% average audit score achieved in 2025 reflects strong performance and consistent compliance across wards, theatres, outpatient departments, laboratories and support areas.

Importantly, this score was achieved during a year that included:

- Expansion of additional buildings under Household oversight.
- Increased isolation cleaning requirements.
- Multiple renovation projects.
- Increased outbreak management interventions.
- Ongoing resource challenges.

The audit framework functions not only as a compliance mechanism but also as a continuous improvement tool. Trends are monitored, areas requiring additional training are identified, and supervisors maintain direct engagement with staff to reinforce standards.

The outcome is a sustainable system of oversight that protects patients and supports regulatory readiness at all times.

Contract Cleaning

Household Management oversees all contracted cleaning services across:

- Rotunda Hospital Main Campus
- Hampson House
- Cavendish Row
- Mosse House

The contract structure includes supervisory oversight and defined staffing allocations across each site. Cleaning schedules are structured into daily, weekly and monthly frequencies, ensuring clarity of responsibility and measurable outputs.

Record books are issued annually and signed and dated upon completion of tasks. These are retained on-site and scanned monthly into the central hygiene folder for governance purposes.

The expansion of services to Hampson House and Cavendish Row increased the scale of oversight required. Household management assumed additional responsibilities including:

- Monitoring cleaning standards.
- Ordering and managing stock.
- Reporting hazards to Technical Services.
- Collecting and filing water flushing records.
- Coordinating with ward managers and department heads.
- Managing invoicing and PO processes.

The invoicing process for additional buildings presented administrative complexity and required sustained oversight to ensure financial accuracy and timely processing.

Despite increased coordination requirements, contract standards were maintained and integrated into the broader audit and governance framework.

Operational Pressures and Infection Prevention and Control

Operational pressures intensified during 2025 due to a combination of outbreak management, renovation works, expanded clinical activity, and additional facilities under management.

Increased outbreaks within the Neonatal Unit required enhanced cleaning frequencies and additional cleaning hours. The department responded rapidly to mitigate transmission risks and support Infection Prevention strategies.

Significant renovation and upgrade works required enhanced environmental control measures, including:

- Deep cleaning of General Postnatal wards following bathroom renovations.
- Ongoing dust control during Medical Residents' refurbishment works.
- Corridor and stair cleaning during flooring and painting upgrades.
- Deep cleaning following electrical cabling and fire alarm works.
- Isolation room expansion during winter months.
- Full deep cleaning of OPD upon reopening.
- Increased Sunday theatre cleaning requirements.
- Short-notice deep cleaning of offices during departmental relocations.
- Increased bathroom servicing in Cavendish Row.

Each of these activities required careful scheduling, resource redeployment and coordination with technical services and clinical management.

Despite cumulative pressures, compliance with IPC standards was maintained. Patient safety remained the primary operational priority.

SUCCESSES AND ACHIEVEMENTS

The Household Department achieved significant milestones during 2025:

- 100% completion of practical skills training for all staff.
- Structured three-day induction training programme for all new recruits.
- 96% completion of mandatory training, with remaining sessions scheduled.
- 100% compliance with HIQA refresher training requirements.
- Successful implementation of MEG GMS digital audit system.
- Successful integration of additional buildings into audit framework.
- Maintenance of 94% average audit score.
- Sustained compliance during extensive renovation works.
- Strengthened governance documentation and inspection readiness.

These achievements reflect professionalism, adaptability and a culture of continuous improvement.

PLANS FOR 2026

The key plans for 2026 are to continue to strategically develop the department and improve service delivery where possible.

Key priorities for 2026 include:

- Continued structured training and competency development.
- Tender for the new cleaning contract.
- Development and mentoring of two new supervisors.
- Maintenance and enhancement of the audit programme.

- Ongoing compliance with HIQA and Infection Prevention standards.
- Development of cleaning schedules for new EPU and Radiology builds.
- Planning for Dominick Street relocation.
- Full integration of TMS and SAP Concur systems.

The intention for 2026 is to further align governance capacity with operational growth, ensuring sustainability of oversight and compliance.

I would like to formally acknowledge the commitment, professionalism and resilience of the Household Management team and all staff throughout 2025.

Despite sustained resource challenges, expanded operational demands, increased infection prevention requirements and significant building works, standards were maintained and patient safety remained protected.

The outcomes achieved this year demonstrate teamwork, accountability and a shared commitment to maintaining a hygienically clean and compliant healthcare environment across the Rotunda Hospital campus.

PORTERING SERVICES

HEAD OF DEPARTMENT

Mr. Paul Shields

SERVICE OVERVIEW

The Portering Services Department provides essential logistical support to ensure the smooth day-to-day operation of clinical and non-clinical functions. Porters are responsible for the safe and timely transfer of patients between wards, departments and clinical assessment areas, as well as the movement of equipment, supplies, specimens, and waste. The department plays a key role in supporting emergency responses, including rapid patient transport to theatres, delivery suites, NICU and other critical areas. Porters also assist with cleaning and upkeep of the campus grounds, equipment relocation and maintaining clear corridors for safety and efficiency. Their work supports patient flow, infection control and overall service delivery within the hospital environment.

DEPARTMENT ACTIVITY

Over the past year the Portering Services department has seen increased demand with the expansion of the campus to external sites and additional clinical services being added. Portering Services has also provided logistical support from the perspective of waste management and advises in preparing new services.

The service has been maintained with all requisitions and services demands being met in a timely manner. The addition of weekend clinics and new gynae theatre services have meant how we deliver our service has had to change in order to meet these clinical demands.

SUCCESSES AND ACHIEVEMENTS

We continued to assist with services in Hampson House, Cavendish Row and Mosse House. We continue to accommodate all the demands in the main hospital with job requisitions being completed on a daily basis.

In 2025, the Rotunda Hospital became the first hospital to achieve the milestone of diverting 100% of all it waste from landfill. All waste is now either recycled or repurposed into other reusable materials such as building materials.

We successfully carried out our annual waste awareness campaign and remained compliant with IPC standards in terms of curtain changes throughout the hospital and Hampson House.

CHALLENGES 2026

The challenges this year will be to maintain the service and demands placed on the department by the hospital. We aim to refine and improve processes were possible. We also remain a key component of the hospital's waste management program. We look forward to the challenges the new buildings will bring and we will endeavour to continue to improve services going forward.

TECHNICAL SERVICES DEPARTMENT

HEAD OF DEPARTMENT

Mr. Joseph Varkey

SERVICE OVERVIEW

The Technical Services Department provides a wide range of technical, logistical and support services throughout the hospital campus. This includes planned preventative maintenance, reactive maintenance and day to day maintenance operations. The technical services team manages essential utility systems throughout the entire hospital.

The technical services team consists of a range of different disciplines including:

- Carpenters
- Plumbers
- Electricians
- General Operatives

The Technical Services Department also provides operational support for capital projects coordinated through the Operations and Sustainability Department. Support on these projects ranges from liaising with external contractors to implementing enabling works prior to project initiation.

Our department also undertakes minor projects within the hospital including office refurbishments and certain infrastructural repairs.

DEPARTMENTAL ACTIVITY

Over the past year the Technical Services Department completed more than 5,000 job requisitions focusing on daily operational maintenance. This is a year-on-year increase which can be attributed to the increase in both newly introduced services and areas throughout the hospital.

Also last year, the daily operational maintenance control of Hampson House, Cavendish Row and Mosse House transitioned to the Technical Service Department resulting in further increased demand on our service.

CHALLENGES 2025

As with every year the main challenge to the Technical Services Department is to provide a safe, modernised and progressive environment within the parameters of a nearly three hundred year old campus. The campus expansion involving the commissioning of Hampson House and Cavendish Row added further service requirements to the department but these challenges were met while also attending to the facility needs of the main hospital.

As with all other departments the issue of increased service demands without pro-rata resource increases has resulted in challenges in terms of service delivery.

These challenges were compounded by the situation of not having a Technical Services manager in place throughout 2025 despite multiple recruitment campaigns run by the hospital. However, these challenges were met through prioritisation of tasks and coordination through the team.

PLANS FOR 2026

A new Technical Services manager has now been appointed to oversee the strategic development of the department to meet the hospital's needs in the coming years.

Expansion of the Technical Services Department will be key to providing an even more efficient service in the coming year especially when considering the transition to multiple sites. The potential implementation of an apprenticeship programme in the coming months would provide additional support for our core team while guiding and training the next generation of trade disciplines.

TELECOMMUNICATIONS AND TECHNOLOGY SERVICES

SERVICE OVERVIEW

The Telecommunications and Technology services under the Operations and Sustainability Department provides communication services for all clinical and non-clinical areas who depend on us to provide their communication and technology needs to ensure the efficient running of their own core departments.

DEPARTMENTAL ACTIVITY

Our department manages the end to end service for all telecommunications in the hospital.

These include:

- Hospital telephones
- Hospital mobile phones
- Bleep system
- Hardwired bleep system
- Internet 'dongles'

These services ensure our staff and service users have access to immediate communication in order to carry out their respective duties.

Facilitated the move of the call centre to Hampson House with a new call centre phone system install. Their old system the ACCS system was at end of life so were upgraded to the new ACR system. This system has a large range of additions that can be added to in future.

The new ACR system has the capacity to identify specific performance or functionality issues and fix these making the current system work for both staff and patients more efficiently.

- This new system offers real-time analytics with a customisable wallboard and agent dashboard for real-time visibility into agent stats and queue management (managers can see in real time if an agent needs help with a call or has left someone on hold for too long etc.)
- Our reporting for the call centre is more accurate allowing area management more agent call traceability which in turn assists with both staff training and complaints management, monitoring agent productivity and queue management.
- The new ACR system supports an integration of 'hands free' processing meaning staff who work from home will now have more user-friendly access to the system as they no longer need to use their physical handset rather processed via digitalisation and wireless headsets.
- Updated wireless headsets also give staff more noise-cancelling with the ability to move around when on a call.
- Staff received training for this system as well as additional moderation and reporting training to management.

CHALLENGES IN 2025

The increase in overall hospital service had a consequential impact on the usage of all modes of telecommunications in the hospital. The continued strategy of our department is to analyse system needs and implement improvements where possible. With Hampson House and Cavendish Row coming online in 2025 it brought significant technical and logistical challenges from a telecommunications perspective. These included the extension of the phone system to synchronise between the main hospital and the new builds.

PLANS FOR 2026

We are reviewing systems and assessing new technologies that will further improve telecommunications across the Rotunda campus.

In regard to new developments we are reviewing the Telcom App, this app can be installed directly to staff members mobiles and can access all registered numbers and make calls via the app as similar to their personal extensions numbers.

NON–CLINICAL CLAIMS

SERVICE OVERVIEW

The non–clinical claims stream under the Operation and Sustainability Department identify and manage all non–clinical legal claims on behalf of the hospital. This includes all investigation preparation of cases with legal teams and preparing a reasonable defence

on the hospital's behalf. The management, from investigations to resolution is managed through the Operations and Sustainability Department.

HEALTH AND SAFETY AND INFRASTRUCTURAL COMPLIANCE

HEALTH AND SAFETY DEPARTMENT

HEAD OF DEPARTMENT

Aiveen O'Malley

SERVICE OVERVIEW

The Health and Safety Department aims to provide quality advice and to implement strategies to improve occupational health and safety for all employees in the Rotunda Hospital. A major part of this service is to ensure the appropriate management of physical and environmental risks within the hospital to ensure the safety of staff, patients, visitors and contractors while on site in the hospital.

In addition, an extensive training programme is in place in fire safety and manual handling to ensure the safety of all staff. The Rotunda Hospital has committed to enabling improvements to the working environment of the hospital to ensure the welfare of everyone on site is prioritised and protected at all times. The safety management system is constantly evolving to encompass all aspects of risk management and mitigation and the health and safety department is committed to providing a proactive role in the management of risks and the prevention of harm.

DEPARTMENTAL ACTIVITY

An important function of health and safety is in reviewing significant non-clinical incidents to ascertain what improvements to the environment can be initiated to better protect staff and any others while on site. Harm reduction interventions are initiated regardless of impact grade as we always try to improve the safety of the campus. Thankfully, the majority of non-clinical incidents are considered low-grade incidents that require minimal actions to mitigate. In addition to investigating reported incidents, the health and safety manager reports any significant incidents to the Health and Safety Authority.

SECURITY: Security at the Rotunda is provided by an external contractor and is managed through health and safety. We have weekly meetings both with the external account manager and more frequently with the security supervisor on site to ensure that security is managed in a proactive rather than reactive way. There were a number of additions to the security team in 2025 with the expansion of the Rotunda campus to include Hampson House and the addition of buildings on Cavendish Row. We are currently focused on creating consistency and maximising the explicit and tacit knowledge of the security personnel assigned to the Rotunda.

The CCTV system in the Rotunda was extensively expanded in 2025 to include Hampson House and Cavendish Row and we are in the process of incorporating all CCTV feeds onto the one system. In the main hospital site regular review of the CCTV system continued in 2025, with improvements made through the addition of additional cameras and the replacement of older end of line cameras. Access control is also managed by health and safety and is regularly reviewed to ensure that all access is appropriate and cancelled when no longer required.

Health and Safety Committee

The Health and Safety Committee consists of Department Managers and staff from a range of disciplines. The purpose and function of the committee is to bring representations from employees to the committee and to identify Health, Safety and Welfare issues for the attention of the Executive Management Team. The Health and Safety Committee actively engages in risk management activities to optimise the safe working environment of the hospital. In 2025, the health and safety committee met on five occasions.

Chemical And Fire Safety Management

Dangerous Goods Safety Advisor (DGSA) audits and training has been provided by an external consultant throughout 2024. The findings of these audits have been implemented and are managed through the hospital's risk management framework. There have been no significant chemical safety incidents during 2025.

Fire Safety Management continues to be a priority and fire safety training continued regularly over 2025 (at a minimum of 2 days each month). We received a short notice announced visit from the Health and Safety Authority which concentrated on the ergonomics of the workplace. We have received a recommendation to carry out display screen assessments on all staff using computers for more than one hour a day. This has commenced and is ongoing.

SUCCESSES AND ACHIEVEMENTS 2025

- Fire Safety Programme ran successfully with walk-in training provided to all staff at a minimum of twice a month.
- Implemented Fire Warden Training sessions for all ADOMs (arranged in January 2025).
- Provided training on the use of evacuation chairs both in main site and in Hampson House to ensure staff can assist with the timely evacuation of the building in the unlikely event that this is required.
- Extension of all services provided in the main hospital to Hampson House following its opening in January 2025 and to No 5 Cavendish Row (operational in 2024).
- Evaluated and consolidated access control permissions across two platforms to ensure security of all three sites.
- Successful security awareness day and Fire Safety awareness day provided to all staff.
- Update of Fire Safety Manual and provision of a Fire Register to both Hampson House and the Rotunda Hospital site.
- Building liaisons with Gardaí and Dublin Fire Brigade.

PLANS FOR 2026

- Start-up of Garda Clinics to be held both in the main hospital and in Hampson House.
- Maximise compliance amongst all staff groups with Fire Safety and manual/patient handling mandatory training programmes by facilitating onsite training, promoting e-learning training and circulation of training reports to Managers for appropriate action.
- Provide training on the use of evacuation chairs to ensure staff can assist with the timely evacuation of the building in the unlikely event that this is required.
- Update the internal emergency response plan at the Rotunda and undertake an exercise to test the plan to identify any additional learnings or actions required.
- Continue to engage with outside contractors in order to maintain high standards in safety compliance.
- Following from 2025 visit by HAS, focus on ergonomics in the workplace for 2026 along with a programme for DSE assessments.

Patient Administrative Services

HEAD OF DEPARTMENT

Ms. Niamh Moore, Patient Services Manager
Ms. Jacinta Core, Deputy Patient Services Manager
Ms. Roisin Twamley, Deputy Patient Services Manager (from Sept 2024)

TEAM LEADERS*

Ms Yvonne Burke, Colposcopy Unit
Ms Denise Gleeson, Maternity Outpatients
Ms Kathy Hayes, Ms Stacey Lyons, Paediatric Outpatients
Ms Jennifer O'Reilly, Admissions/Reception
Ms Ger Fay, Laboratory Medicine
Ms Susan Penny, Healthcare Records and Ward Clerks
Mr Paul Nugent, Gynaecology Out-Patient service
Ms Louise O'Hara, Pregnancy Options and Central referral Call Centre.
Ms Denise Rogers, S.A.T.U
Ms Ciara O'Connor, S.A.T.U
Ms Catherine Daly, Anaesthetics and Maternal Medicine MDT
Ms Lorraine Hanley, Radiology department
Mr Daragh Moore, iPMS system administrator
Mr Jaroslav Charvet, Project Lead until May 2025,
Mr Craig Reidy, August 2025 Project Lead and Data informatics.
Mr David Shoebridge, Theatre and In-patient waiting list Lead.
* The team leaders oversee administrative assistant staff across the spectrum of clinical services in the Rotunda Hospital.

SERVICE OVERVIEW

The Patient Services Department provides front line receptionist, appointment scheduling, waiting list administration and administrative support and services to ensure the smooth operation of scheduled and non-scheduled patient appointments and clinical services. We are responsible for the admissions of all patients and management of their medical records and information. This includes twenty-four-hour support at the main hospital reception and switchboard, as well as all scheduled clinical appointments and medical typing. We currently deal with approximately 2,500 external phone calls each week to our main Switchboard and 1,500 external calls per week to our Appointments Call Centre. Patient Services also provide administrative support to all allied health professionals in the hospital. We currently receive approximately 2,000 external GP referrals per month across Obstetrics and Gynaecology.

SUCCESSES AND ACHIEVEMENTS 2025

Our priority in early 2025 was ensuring that that opening of our OPD services in Hampson House was a smooth transition and that we continued to provide exemplary care to our OPD patients. We look forward to continuing our work with our clinical colleagues to expand the services provided now that we have the additional clinical space in this new location. We worked with our clinical colleagues to fully implement Consultant-led public obstetric care for our patients.



We worked with the NTPF validation team to ensure that all waiting lists for new Gynaecology referrals were validated twice in 2025. We also validated all our internal waiting lists, ensuring that only patients who required the service remained on the list.

We worked with the HSE and Deloitte to expand on the information available to our patients on the HSE Patient App. By the end of 2025, we now have all OPD appointments across all services available to patients on the app. We will continue to progress this in 2026 to have our Inpatient and Outpatient waiting lists available to patients in 2026.

We transitioned to version 8 of iPMS, which will enable additional functionality to progress via iPMS in 2026 to include SMS reminders via iPMS and the e-referral module to remove the paper-based process currently in place.

We started work with the Healthcare Pricing Office (HPO) to upload all our OPD clinics to the national OPD portal and generate an OCG code for clinic; this will enable activity based funding (ABF) in the future. We also started working with the HSE OPD productivity team to ensure that we optimise all our OPD sessions. We now use the OPD productivity tool in advance of creating a new clinic.

Our Call Centre team moved location from the main Hospital campus to a new office space in Mosse House. Our central referrals and waiting list officers will relocate in early 2026.

CHALLENGES 2025

Staffing levels continue to be a challenge for 2025. The number of public patient referrals to both Obstetrics (+3.8%) and Gynaecology (+27%) have increased in 2025 but department staffing levels have not increased on par with this rise of activity. The Dublin North East Gynaecology Hub project started in Q4 of 2025, which has further increased our Gynaecology demand.

We continue to progress both the T-Pro Connect project and a new mailing option solution to reduce reliance on post and to continue to progress towards a paperless work environment in advance of the relocation of OPD services.

PLANS 2026

We look forward to continuing to support the Regional Gynaecology Hub and central referrals project in 2026 including the New Surgical Hub in Swords. We also look forward to the development of a new outpatient Gynaecology unit in Dominick Street.

As the demand for our services is increasing without additional admin support, we plan to work with HSE Robotic process automation team to streamline admin processes and integrate with new technology. We will continue to look for opportunities such as this to increase the amount of time that Patient Services staff have to speak with patients directly.

We will work with the Human Resources department to review the organisational structure of the department to ensure succession planning and career pathways to improve staff retention and morale and any future challenges.

Maternal and Newborn Clinical Management System

HEAD OF DEPARTMENT
Niamh Hegarty

STAFF:
Paula Scully
Stephen Cully

SERVICE OVERVIEW

The Maternal and Newborn Clinical Management System (MNCMS) Programme provides a single Electronic Health Record (EHR) for Women and Newborns in Maternity and Gynaecology services in Ireland. The Rotunda was one of the 4 pilot sites along with CUMH, UHK and NMH and it has transformed the delivery of Maternity and Newborn Care since its inception in 2017.

2025 saw the introduction of The Coombe Hospital and The University Maternity Hospital in Limerick to MNCMS. Completion of Phase 2 has now ensured that approximately 70% of babies born in Ireland now have a digital footprint. Further phases will see the MNCMS eventually extend to the 19 Maternity Units nationally.

The Electronic Health Record for Mothers and Babies was endorsed in the National Maternity Strategy and supports better, safer clinical decision-making and facilitates the provision of a more connected health service delivering improved health outcomes. Clinicians identified the need to digitise the national maternity record to enhance access to patient information, improve clinical documentation, patient safety and data-driven care.

The MNCMS allows for integrated care equipped with inbuilt patient alerts, Pharmacy, Fetalink (CTG application), Saanaesthesia (Surgery and Theatre) and Ordercomms. Our MNCMS department supports the running and maintenance of the EHR locally. Ongoing testing of enhancements and change requests ensures the system is reliable and stable for end users. Training and end-user support ensure accurate documentation, correct workflow and maintenance of data integrity. Audit and reporting have been supported through the availability of local reporting processes, channels, and platforms. MNCMS also has a full audit trail capability to support security and detection of any data breaches.

MNCMS SUCCESSES IN 2025

2025 saw the addition of 2 more sites on the MNCMS: The Coombe Hospital and University of Limerick Maternity Hospital. This transformation to digital health will address the fundamental shift in how care is delivered from paper-based and siloed to integrated, data-driven and person-centred. Phase 2 also brings with it an extensive roll-out of new technology, ensuring ease of access to Digital Care in line with the guiding principles of the HSE Digital Health Strategic Implementation Roadmap 2024-2030.

The MNCMS Programme also embarked on a successful upgrade of the Care Aware Bedside Medical Device Integration (BMDI) iBus, migrating it to the iBus cloud. The BMDI Cloud iBus is Oracle Cerner's Cloud solution that receives data from patient monitors and ventilators in NICU, HDU and Theatre and sends the data to the MNCMS patient record. It offers a plug-and-play connection for patient data, ensuring automated, up-to-date,

and secure device data sharing across systems. It enables cloud-based management to streamline clinical workflows.

CHALLENGES AND PLANS FOR 2026

The iBus cloud upgrade secured the infrastructure to enable clinical digital dictation under the MNCMS Programme. This Nuance-powered AI is a cloud-based solution that will provide MNCMS clinicians with a single voice profile that can be accessed on different devices in different locations. It is envisaged that this optimisation will significantly reduce risk and the administrative burden by enabling secure dictation notes to be directly entered into MNCMS EHR at the point of care. This project is scheduled to commence Q2 2026.

There is an increasing awareness of the health care system's responsibility to provide easily accessible ways for patients to be engaged in their own care by creating effective partnerships that lead to the patient's ability to make competent and well-informed decisions. An electronic personal health record tethered to an electronic health record, also known as a patient portal, is currently recognised as a promising mechanism to support greater patient engagement. The development of a patient portal within the MNCMS programme is a high priority on the roadmap, helping patients better engage in their health by enhanced communication methods and operational efficiencies.

The MNCMS encompasses the vision of digital healthcare, and the underpinning principles are aligned with the Digital for Care 2030 Strategy. With the MNCMS, information is quickly and easily available, chronology of events is comprehensive, and care delivery is transparent. Reporting and audit have been optimised because of the MNCMS, allowing for continuous quality improvement in operational competency. Informed Business Intelligence will drive local and management decisions. The MNCMS is committed to ongoing developments, integration and feature enhancements. Coupled with a dynamic workforce driving change and development, the Rotunda Hospital – the world's oldest working Maternity Hospital – continues to secure itself as the Maternity Hospital of Choice.



Information Governance Department

The Information Governance Department plays a crucial role in ensuring the hospital stays ahead in information management excellence while maintaining compliance with legal regulations and industry standards. By collaborating and driving proactive initiatives, the department enables the hospital to maximise the value of its information assets while protecting the confidentiality, integrity, and availability of sensitive data.

TABLE 1: FREEDOM OF INFORMATION (FOI) AND SUBJECT ACCESS REQUESTS

Areas	2023	2024	2025
Personal FOI requests	364	497	502
Non-personal FOI requests	28	24	32
Subject Access Requests	883	1286	1566
Total requests received	1275	1807	2100

In 2025, the predominant categories of requesters were patients and legal representatives acting on behalf of patients. Notably, most of all requests falling within these categories were effectively addressed within the stipulated one-month timeframe for routine cases. In line with legal requirements, Freedom of Information (FOI) requests must be processed within 20 working days. In 2025, nearly 99% of FOI requests were completed within this timeframe.

The Data Protection Act 2018 grants individuals the right to access their personal records, free of charge, if the hospital holds any information about them. This legislation also requires the hospital to explain the purpose of retaining personal data and allows individuals to request a copy of their information, whether in electronic or paper format. These requests are commonly referred to as Routine Access Requests.

In 2025, the majority of requesters were patients or their legal representatives. Remarkably, 99% of these requests were handled within the required one-month period for routine cases.

DATA PROTECTION

The Information Governance unit remains committed to fostering a culture of compliance and continuous learning, employing strategies to boost training participation rates and ensure that staff members remain abreast of evolving data protection requirements and best practices.

The Information Governance unit plays a vital role in managing Data Protection Training and ensuring compliance is maintained annually. Data protection training is mandatory for all staff members within the hospital and is an integral part of the corporate induction programme. This ensures that new employees are equipped with essential knowledge and skills related to data protection regulations and best practices right from the start.

To address the varied needs of different departments, specialised training sessions are offered, tailored to the specific requirements of each team. This approach ensures that staff

not only gain a solid understanding of general data protection principles but also develop the expertise needed to handle sector-specific challenges and compliance standards.

Staff are encouraged to utilise the HSeLanD platform, which provides flexible online access to comprehensive data protection modules. This allows employees to complete training at their own pace, accommodating different schedules and work commitments.

The Information Governance unit is dedicated to fostering a culture of compliance and ongoing education, implementing strategies to increase training participation and keep staff up to date with the latest data protection requirements and best practices.

TABLE 2: DATA PROTECTION			
Areas	**2023**	**2024**	**2025**
Training Compliance rate	68%	74%	80%

Data Protection Breaches and Non-Conformances

A personal data breach occurs when there is a security incident leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure, or access to personal data. To ensure compliance and protect individuals' rights, the hospital's Data Protection Officer (DPO) carefully evaluates every reported breach. The DPO assesses the potential risk to individuals' rights and freedoms, and if the risk is deemed significant, the breach is immediately reported to the Office of the Data Protection Commissioner, in accordance with legal requirements. As per legal obligations, the hospital must report breaches that meet the threshold within 72 hours of being notified. In 2025, there were 20 reported data breaches to the Data Protection Commission, along with 118 instances of non-compliance identified.

The hospital recognises the importance of proactive breach management and continuous improvement. Therefore, it incorporates lessons learned from breaches and non-compliance incidents into its mandatory data protection training programme. By embedding these lessons into the training, staff are equipped with the knowledge and skills to effectively identify, address, and mitigate the risks related to data breaches and non-compliance. This proactive strategy highlights the hospital's ongoing commitment to upholding the highest standards of data protection, ensuring the confidentiality, integrity, and availability of personal data under its care.

SUCCESSES AND ACHIEVEMENTS IN 2025

The organisation achieved a major structural milestone with the formal establishment of Information Governance as an independent department, led by the Data Protection Officer. This restructuring ensures that the DPO now reports directly to the Secretary General, fully aligning with GDPR requirements for autonomy, authority, and independence. The strengthened reporting structure has elevated the strategic importance of information governance, addressed previous audit-identified compliance gaps, and ensured clear accountability through the DPO's independent oversight. These changes have significantly enhanced organisational maturity by enabling a proactive, transparent, and responsive approach to managing data protection obligations.

The dedication and professionalism of the Information Governance team was recognised at a national level through a nomination at the Irish Healthcare Centre Awards, where the team emerged as a Finalist. This achievement reinforces the department's contribution to organisational performance and public trust, demonstrating the team's productivity, resilience, and commitment to excellence.

Project initiation and closure timelines improved by 60%, driven by the timely drafting, review, and DPO approval of Data Protection Impact Assessments, Service Level Agreements, and Data Sharing Agreements, resulting in faster turnaround times, stronger governance controls, and more efficient project delivery. This has strengthened governance controls, reduced operational bottlenecks, and enabled the organisation to launch projects more efficiently, ultimately supporting better service delivery and organisational performance.

PLANS FOR 2026

- Collaborate with the IT Department to identify and implement initiatives that enhance secure communication platforms and strengthen protections for sensitive data.
- Develop and implement additional data protection audit tools to monitor compliance, increase staff awareness, and proactively identify vulnerabilities.
- Automate the discharge summary distribution process to ensure timely, reliable, and barrier-free delivery, eliminating manual delays and strengthening continuity of care.
- Digitise files into secure cloud storage to enable faster retrieval, reduce physical storage and retrieval costs, and support a modern, efficient infrastructure.
- Enhance overall organisational readiness by embedding proactive data protection practices across workflows, systems, and staff engagement.
- Create, review, and update key policies and procedures to ensure strong data protection alignment with evolving regulatory requirements and best practices.
- Provide staff with tailored guidance on Data Protection Impact Assessments and appropriate agreements to embed safeguards into new projects and initiatives.
- Assess third-party contracts to ensure robust data protection clauses are included, particularly for arrangements involving patient data sharing.
- Conduct a comprehensive assessment of data security and protection training needs, enabling targeted programmes that address both general and department-specific requirements.

Campus Developments
Engineering and Estates Department

HEAD OF DEPARTMENT
Mr Emmet Travers, Head of Engineering and Estates Management

TEAM:
Mr Gary Anderson, Engineering Project Manager
Mr Karl Mahon, Project Engineer
Ms Olivia Boylan, Project Administrator (Gen/Sec. Manager Office)

BUSINESS DEVELOPMENT PROJECT MANAGER

HEAD OF DEPARTMENT:
Dr Joanna Griffin

SERVICE OVERVIEW
The Engineering and Estates department is dedicated to the effective and efficient delivery of infrastructure developments, supporting our staff to provide the highest level of care to our patients in modern, compliant, fit-for-purpose facilities. Working collaboratively with the Business Development Project Manager (BDPM), the team manage the delivery of major infrastructural capital developments in line with the Hospital Outline Development Control Plan (ODCP), minor infrastructure developments, and provides Engineering and Project management expertise to accomplish the strategic infrastructure and development goals of the Rotunda Hospital.

SUCCESSES AND ACHIEVEMENTS 2025
In 2025, the department continued to progress our major capital plans and delivered enhanced facilities across the Hospital and our satellite buildings. In January, the department successfully managed the relocation of services from the outpatients building of the main Hospital site to Hampson House, decanting Maternal and Paediatric Outpatients, Phlebotomy, Colposcopy and Allied Health services, within the agreed timeframe. This represents the first major milestone of the Critical Care Wing (CCW) project. The reaction to these modern compliant facilities has been overwhelmingly positive, and we extend our thanks to all staff for their combined efforts in realising this project.

The Rotunda Critical Care Wing (CCW) represents the most complex development at the Rotunda since the foundation of the Hospital by Bartholomew Mosse in 1745. It received grant of planning from Dublin City Council following a further information request process. Despite representing a significant milestone in the project, the decision was appealed and is currently undergoing an appeals process through An Coimisiún Pleanála. In parallel, the project concluded Stage 2B of the design, progressing successfully through the established governance channels.

The Enabling Works associated with the CCW project, which includes a series of service diversions, upgrade of critical hospital infrastructure, construction of a new service ramp and the demolition and excavation of the old OPD site, progressed through Stage 2B

with Stage 2C ongoing. As this project contains significantly complex elements including impacts to critical services, we thank our colleagues for their continued understanding and engagement as we continue to progress through our project processes.

A temporary Radiology development commenced onsite which will provide a location for Radiology, facilitating the demolition of the outpatients building before a permanent location is constructed within the CCW. Additionally, a new main equipment room (MER) is within scope, providing a state-of-the-art location for our ICT services. This development will increase both power and connectivity redundancy to support the business continuity requirements of the hospital, our electronic healthcare record, and provide the foundation for the hospital's future digital health strategies.

The Dominick Hall project, in conjunction with our HSE Estates colleagues, continues to advance with estimated completion of early summer 2027. The development comprises three units which will provide modern, compliant facilities for expanded Gynaecology, outpatient Hysteroscopy and Phlebotomy services. Additionally, elements of the Laboratory will relocate from the main campus to Dominick Hall, including Histology, Microbiology, and Serology services, which will help alleviate space pressure on the hospital laboratory.

The Staff Accommodation and Education Centre development, supported by the Estates and Campus Development Committee (ECDC), will increase accommodation available to our staff through the reinstatement of previous bedrooms in the Nurses Home and refurbishment of existing sanitary facilities, providing hospital recruitment opportunities through this additional capacity.

The vacated Colposcopy Unit was redeveloped to accommodate the Early Pregnancy Assessment Unit. To meet the brief of increasing service capacity, patient demographics, and the requirement for enhanced patient privacy, our design included the provision of additional accommodations including an Ultrasound Room, an accessible WC, and a private sub-waiting area.

Through an analysis of theatre capacity, demand, and throughput by the BDPM, the team identified the prospect of additional bed capacity in the vacated OPD building. With no impact to the CCW critical path, the department maximised this opportunity to trial the provision of a 7-bay temporary Gynae annex recovery area.

Finally, a number of additional minor capital and energy upgrade projects were implemented by the team including the replacement of fire doors within the Nurses Home and Mosse House, the replacement and upgrade of single glazed to modern double glazed windows within the Administration Building, feasibility studies and scoping exercises for future projects including the installation of wheelchair accessible lifts, the location of the permanent Gynae Annex, and further initiatives allowing us to develop and prioritise our strategic development goals for 2026.

PLANS FOR 2026

The department wishes to acknowledge the collaborative work of our colleagues in HSE Estates in the delivery of major and minor capital developments and service improvements. We extend our thanks for their continued support in optimising the Rotunda's infrastructure as we progress through our 2026 development plans.

The Department will continue to manage the Critical Care Wing project, progressing Stage 2C design with our Design Team and finalising the enabling works tender package in advance of market advertisement. The completion of temporary Radiology will represent a further significant milestone in the CCW project, anticipated in Q2 2026.

A further milestone, associated with Dominick Hall, will be the commencement of construction work onsite in Q3, extending into early 2027. We continue to finalise a brief with our colleagues in the Sexual Assault Treatment Unit to provide additional facilities, including the provision of an additional consultation pod. A location for the Gynae Annex will be identified and developed to ensure continuity of the success of the current trial initiative. Finally, we remain committed to the development of facilities for our staff, including additional accommodation, gym facilities, bicycle parking as well as further initiatives to support their continued provision of care to our patients and their families at the Rotunda Hospital.



Governance





Board of Governors

The Board of Governors is an independent body established by a Royal Charter of December 1756 with overall responsibility for the governance of the Rotunda Hospital. The Board meets 6 times a year and ensures that each Governor has equal responsibility in their respective roles while contributing as a unit to a single voice for the Hospital.

It is the Board's duty to set the strategic tone for the hospital, both ethically and culturally, and to provide direction for the Executive Management Team. The Board reviews, approves and monitors annual business plans, as well as reviewing financial performance against targets. It also has responsibility for risk management and monitors all risk, including legal, ethical and environmental compliance.

It is within the Board's remit to appoint the Master. The Board approves the appointment of other senior management and consultants and monitors the performance of the Executive Management Team to ensure that Board policy is implemented. The Board of Governors ensures that financial risks are audited and that an annual report is produced for the Rotunda Hospital.

The Board manages its functions through a number of committees:

- Quality, Safety and Risk Committee
- Governance Committee
- Finance and Audit Committee
- Estates and Campus Development Committee

BOARD OF GOVERNORS 2025

Lord Mayor of Dublin
His Grace Michael Jackson,
The Archbishop of Dublin
The Very Reverend William Wright Morton,
The Dean of St Patrick's
His Grace Eamon Martin,
The Archbishop of Armagh
Prof. Tom Matthews, Chairman
Dr Maria Wilson-Browne
Prof. Mike Geary
Prof. Sam Coulter Smith
Cllr Janet Horner
Mr Cedric Christie
Prof. Fred Falkiner
Prof. Fergal Malone
Ms Jennifer Cullinane
Mr Denis Reardon
Dr David Abrahamson
Mr Ian Roberts
Mr Stuart Switzer
Dr James Gardiner
Ms Margaret Philbin
Ms Michele McGarry
Ms Dolores Sullivan
Ms Kate Webb
Mr David Browne
Mr Richard Nesbitt
Mr John Diviney
Mr Barry Holmes
Ms Lucinda Woods
Ms Darcy Lonergan

EXTERNS

Ms Mary Connolly
Mr Bill Collins
Ms Geraldine Doherty
Mr Brendan Memery
Ms Karen Holmes
Ms Louise O'Byrne
Ms Susan Kearney
Mr Donal Keane
Ms Rosemary Garth
Mr David McKenna



Appendices



Appendix 1

ROTUNDA HOSPITAL CLINICAL SUMMARY DATA 2025

1. TOTAL MOTHERS DELIVERED	TOTALS
Mothers delivered babies weighing >500 grams	8,472
Mothers delivered babies weighing <500 grams (including miscarriages)	1,970
Hydatid form moles	13
Ectopic pregnancies	138
TOTAL PREGNANCIES	**10,593**

2. MATERNAL DEATHS	TOTALS
Direct Maternal Deaths	0
Indirect Maternal Deaths	1
Late Maternal Deaths	0
TOTAL MATERNAL DEATHS	1

3. BIRTHS	TOTALS
Singletons	8,324
Twins	281 (142 sets)
Triplets	11 (5 sets)
Quadruplets	0
TOTAL BABIES DELIVERED WEIGHING 500G OR MORE	**8,616**

**some multiple pregnancies resulted in the birth of one infant who weighed <400 and did not survive. Totals adjusted accordingly

4. OBSTETRIC OUTCOME	%	TOTALS
Spontaneous vaginal delivery*	41%	3,478
Forceps	3%	227
Vacuum	13%	1,078
Caesarean section	43%	3,689
Induction of labour	39%	3,274

*Breech Deliveries included in spontaneous vaginal delivery

5. PERINATAL DEATHS	TOTALS
Antepartum deaths	27
Intrapartum deaths	0
Stillbirths	27
Early neonatal deaths	14
Late neonatal deaths	5
Congenital anomalies	8

*Excludes TOP

6. PERINATAL MORTALITY RATE (PER 1,000 BIRTHS)	TOTALS
Overall perinatal mortality rate	4.8
Perinatal mortality rate corrected for lethal congenital anomalies	3.8
Perinatal mortality rate including late neonatal deaths	5.3
Perinatal mortality rate excluding unbooked cases	4.6
Corrected perinatal mortality rate excluding unbooked cases	3.7
Perinatal mortality rate in normally formed babies >2,500g	1.2

**Excludes TOP

7. AGE OF WOMEN	NULLIPAROUS	MULTIPAROUS	TOTAL MOTHERS DELIVERED >500G	%
<20 yrs.	132	30	162	2%
21-24 yrs.	381	197	578	7%
25-29 yrs.	811	712	1,523	18%
30-34 yrs.	1,473	1,433	2,906	34%
35-39 yrs.	888	1,693	2,581	30%
40+ yrs.	227	495	722	9%
TOTAL	**3,912**	**4,560**	**8,472**	**100%**

8. PARITY	TOTALS	%
Para 0	3,912	46%
Para 1	2,929	35%
Para 2-4	1,542	18%
Para 5	89	1%
TOTAL	**8,472**	**100%**

9. COUNTRY OF BIRTH / NATIONALITY (FROM MOTHERS DELIVERED > 400G)	TOTALS	%
Irish	4,693	55%
EU	1,044	12%
Non EU	2,735	32%
Unknown	0	0%
TOTAL	**8,472**	**100%**

10. BIRTH WEIGHT (G)	TOTALS	%
< 400	0	0.0%
400 - 999	56	0.6%
1,000 - 1,499	50	0.6%
1,500 - 1,999	131	2%
2,000 - 2,499	380	4%
2,500 - 2,999	1,250	15%
3,000 - 3,499	3,026	35%
3,500 - 3,999	2,773	32%
4,000 - 4,499	858	10%
4,500 - 4,999	87	1%
>5,000	5	0.1%
TOTAL	**8,616**	**100%**

11. GESTATIONAL AGE	NULLIPAROUS	MULTIPAROUS	TOTALS	%
<26 weeks	25	14	39	0.5%
27 - 29 weeks + 6 days	28	10	38	0.4%
30 - 33 weeks + 6 days	58	42	100	1%
34 - 36 weeks + 6 days	211	206	417	5%
37 - 41 weeks + 6 days	3,583	4,285	7,868	93%
42 + weeks	6	4	10	0.1%
TOTAL	**3,911**	**4,561**	**8,472**	**100%**

12. PERINEAL TRAUMA AFTER VAGINAL DELIVERIES	NULLIPAROUS	MULTIPAROUS	TOTALS	%
Episiotomy and extended episiotomy	1,235	368	1,603	33%
First degree laceration	159	490	649	13%
Second degree laceration	504	860	1,364	28%
Third degree laceration	76	20	96	2%
Fourth degree laceration	4	2	6	0%
Other laceration or grazes	71	337	408	8%
Intact	107	590	697	14%
TOTALS	**2,156**	**2,667**	**4,823**	**100%**

CS Deliveries not included in the above. Total Vaginal deliveries: 4,783
Some 3rd and 4th degree tears are included in Extended Episiotomy

13. THIRD AND FOURTH DEGREE TEARS	NULLIPAROUS	MULTIPAROUS	TOTALS
Occurring spontaneously	39	19	58
Associated with episiotomy	36	4	40
Associated with forceps	12	1	13
Associated with vacuum	20	2	22
Associated with vacuum and forceps	9	0	9
TOTAL 3RD AND 4TH DEGREE TEARS	**80**	**22**	**102**

14. PERINATAL MORTALITY: STILLBIRTHS IN NORMALLY FORMED INFANTS	NULLIPAROUS	MULTIPAROUS	TOTALS
Placental causes	4	10	14
Cord accident	5	5	10
Extreme prematurity	1	0	1
Unexplained/Unknown	1	0	1
TOTAL	**11**	**15**	**26**

15. PERINATAL MORTALITY: CONGENITALLY MALFORMED INFANTS	NULLIPAROUS	MULTIPAROUS	TOTALS
Genetic	0	2	2
Respiratory	1	0	1
Cardiac	1	1	2
Renal	0	1	1
Diaphragmatic hernia	0	0	0
Other	0	2	2
TOTAL	**2**	**6**	**8**

16. PERINATAL MORTALITY: EARLY NEONATAL DEATHS IN NORMALLY FORMED INFANTS	NULLIPAROUS	MULTIPAROUS	TOTALS
Prematurity	4	0	4
Infection	2	1	3
Placental	0	0	0
Unknown	0	0	0
TOTAL	**6**	**1**	**7**

17. HYPOXIC-ISCHAEMIC ENCEPHALOPATHY	GRADE 2	GRADE 3
TOTALS	**5**	**2**

*inborn babies only

18. SEVERE MATERNITY MORBIDITY	TOTALS
Massive obstetric haemorrhage	0
Maternal Sepsis	13
Pulmonary oedema / acute respiratory dysfunction	0
Peripartum hysterectomy	9
Pulmonary embolus	2
Acute renal or liver dysfunction	0
Cardiac arrest	0
Eclampsia	1
Coma	0
Uterine rupture	1
Transfer to HDU/ICU	247

19. BODY MASS INDEX (KG/M^2)	2024	2025
Underweight: <18.5	303 (4%)	303 (4%)
Healthy: 18.6 - 24.9	3,304 (40%)	3,746 (44%)
Overweight: 25 - 29.9	2,614 (31%)	2,616 (31%)
Obese class 1: 30 - 34.9	1,180 (14%)	1,154 (14%)
Obese class 2: 35 - 39.9	541 (6%)	409 (5%)
Obese class 3: >40	222 (3%)	201 (2%)
Unrecorded	160 (2%)	43 (1)
TOTAL	**8,324**	**8,472**

* 2024 Mothers Booked, 2025 Mothers Delivered > 500grms

Appendix 2

COMPARATIVE TABLE FOR 10 YEARS

COMPARATIVE TABLE FOR 10 YEARS										
Years	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Babies born	8,589	8,409	8,514	8,410	8,317	9,148	8,292	8,442	8,457	8,616
Perinatal deaths	54+5*	51+1*	45+1*	59+6*	50	51	57+1*	36+3*	56	40+1*
Perinatal Mortality Rate	6.9	6.2	5.4	7.7	6.0	5.6	7.0	4.6	6.6	4.8
Corrected perinatal mortality rate	4.1	3.6	3	4.1	2.9	3.4	3.6	2.4	2.4	3.8
Total mothers delivered	10,024	9,915	9,760	10,200	9,915	10,715	9,757	9,965	9,826	10,593
Direct Maternal deaths	0	0	0	0	0	0	1	0	0	0
Caesarean delivery %	35%	34%	34%	35%	37%	37%	39%	40%	41%	44%
Forceps/Vacuum %	16%	16%	16%	16%	16%	16%	16%	16%	16%	15%
Epidural %	45%	48%	45%	48%	49%	45%	49%	49%	46%	45%
Induction %	29%	31%	31%	35%	36%	37%	40%	39%	39%	39%

*** Unbooked**

2025 Mortality Rates Exclude TOP

MOTHERS DELIVERED 2025

COUNTRY OF BIRTH

Country	Number	%
Afghanistan	22	0.3%
Albania	24	0.3%
Algeria	17	0.2%
Angola	3	0.0%
Argentina	14	0.2%
Armenia	1	0.0%
Australia	11	0.1%
Austria	2	0.0%
Azerbaijan	1	0.0%
Bahrain	1	0.0%
Bangladesh	89	1.1%
Belarus	4	0.0%
Belgium	4	0.0%
Bolivia	12	0.1%
Bosnia and Herzegovina	8	0.1%
Botswana	7	0.1%
Brazil	253	3.0%
Bulgaria	11	0.1%
Burundi	1	0.0%
Cambodia	1	0.0%
Cameroon	10	0.1%
Canada	14	0.2%
Chad	1	0.0%
Chile	7	0.1%
China	37	0.4%
Colombia	5	0.1%
Congo	29	0.3%
Costa Rica	3	0.0%
Croatia	54	0.6%
Cyprus	1	0.0%
Czech Republic	8	0.1%
Denmark	4	0.0%
Egypt	16	0.2%
El Salvador	2	0.0%
Equatorial Guinea	1	0.0%
Estonia	1	0.0%
Ethiopia	11	0.1%
Finland	2	0.0%
France	41	0.5%
Gambia	2	0.0%
Georgia	33	0.4%
Germany	18	0.2%
Ghana	13	0.2%
Greece	13	0.2%
Guatemala	1	0.0%
Guinea	3	0.0%
Hong Kong	7	0.1%
Hungary	14	0.2%
India	526	6.2%
Indonesia	5	0.1%
Iran	3	0.0%
Iraq	12	0.1%
Ireland	4,723	55.7%
Isle of Man	1	0.0%
Israel	5	0.1%
Italy	49	0.6%
Ivory Coast	2	0.0%
Japan	6	0.1%
Jersey Channel Islands	2	0.0%
Jordan	12	0.1%
Kazakhstan	1	0.0%
Kenya	14	0.2%
Kosovo	1	0.0%
Kuwait	2	0.0%
Kyrgyzstan	4	0.0%
Latvia	45	0.5%
Lebanon	5	0.1%
Lesotho	3	0.0%
Libya	11	0.1%
Lithuania	56	0.7%
North Macedonia	2	0.0%
Malawi	12	0.1%
Malaysia	18	0.2%
Malta	1	0.0%
Mauritius	18	0.2%
Mexico	19	0.2%

Moldova	210	2.5%
Mongolia	27	0.3%
Morocco	11	0.1%
Mozambique	1	0.0%
Myanmar	1	0.0%
Namibia	1	0.0%
Nepal	11	0.1%
Netherlands	7	0.1%
New Zealand	2	0.0%
Nigeria	169	2.0%
Northern Ireland	20	0.2%
Norway	3	0.0%
Oman	1	0.0%
Pakistan	169	2.0%
Palestine	4	0.0%
Panama	3	0.0%
Paraguay	1	0.0%
Peru	3	0.0%
Philippines	93	1.1%
Poland	123	1.5%
Portugal	18	0.2%
Romania	458	5.4%
Russia	26	0.3%
Saudi Arabia	13	0.2%
Scotland	7	0.1%
Serbia	3	0.0%
Sierra Leone	1	0.0%
Singapore	2	0.0%
Slovakia	13	0.2%
Slovenia	3	0.0%
Somalia	106	1.3%
South Africa	51	0.6%
South Korea	5	0.1%
Spain	50	0.6%
Sri Lanka	2	0.0%
Sudan	13	0.2%
Swaziland (Eswatini)	2	0.0%
Sweden	2	0.0%
Switzerland	2	0.0%
Syria	10	0.1%
Taiwan	5	0.1%
Tanzania	3	0.0%
Thailand	1	0.0%
Trinidad and Tobago	2	0.0%
Tunisia	5	0.1%
Turkey	20	0.2%
Uganda	8	0.1%
Ukraine	53	0.6%
United Arab Emirates	2	0.0%
United Kingdom	186	2.2%
United States of America	62	0.7%
Uruguay	4	0.0%
Venezuela	11	0.1%
Vietnam	20	0.2%
Wales	2	0.0%
Yemen	1	0.0%
Zambia	2	0.0%
Zimbabwe	43	0.5%
Total	**8,472**	**100.0%**

Appendix 3

PERINATAL DEATHS

GESTATIONAL AGE AT DELIVERY (WEEKS)

STILL BIRTH	TOTALS	%
20 0/7 - 23 6/7	0	0.0%
24 0/7 - 27 6/7	6	22.2%
28 0/7 - 31 6/7	5	18.5%
32 0/7 - 36 6/7	7	25.9%
37 0/7 - 39 6/7	6	22.2%
>/= 40 0/7	3	11.1%
TOTAL	27	100.0%
EARLY NEONATAL DEATHS		
20 0/7 - 23 6/7	5	35.7%
24 0/7 - 27 6/7	1	7.1%
28 0/7 - 31 6/7	0	0.0%
32 0/7 - 36 6/7	4	28.6%
37 0/7 - 39 6/7	4	28.6%
>/= 40 0/7	0	0.0%
TOTAL	14	100.0%

WEIGHT AT DELIVERY (GRAMS)

STILL BIRTH		
400 - 999g	7	25.9%
1000 - 1499g	3	11.1%
1500 - 1999g	3	11.1%
2000 - 2499g	4	14.8%
2500 - 4999g	10	37.0%
>/= 5000g	0	0.0%
TOTAL	27	100.0%
EARLY NEONATAL DEATHS		
400 - 999g	6	42.9%
1000 - 1499g	0	0.0%
1500 - 1999g	2	14.3%
2000 - 2499g	2	14.3%
2500 - 4999g	4	28.6%
>/= 5000g	0	0.0%
TOTAL	14	100.0%

Appendix 4

OUTPATIENT ACTIVITY DATA 2025

DESCRIPTION	NEW ATTENDANCES	RETURN ATTENDANCES	SUBTOTAL	TELEMEDICINE	TOTAL
Midwifery	3,867	11,967	15,834	1,716	17,550
Nurse-led	404	518	922	398	1,320
Public Obstetric	8,351	27,754	36,105	7,091	43,196
Gynaecology	7,899	12,161	20,060	1,302	21,362
Colposcopy and Smear Clinic	1,935	2,326	4,261	0	4,261
Paediatrics	5,058	3,693	8,751	293	9,044
Dietetics	2,035	1,992	4,027	1,514	5,541
Endocrinology	3,803	2,073	5,876	6,784	12,660
Gastroenterology	29	13	42	0	42
Haematology	183	560	743	482	1,225
Anaesthetics	1,213	50	1,263	1,064	2,327
Nephrology	114	429	543	0	543
Psychiatry	992	1,626	2,618	1,798	4,416
DOVE Medical	123	161	284	6	290
Allied Health Clinics	2,874	4,020	6,894	0	6,894
Diagnostic Clinics ***	5,548	17,101	22,649	0	22,649
TOTAL	**44,428**	**86,444**	**130,872**	**22,448**	**153,320**

***Diagnostic Clinics include Ultrasound, EPU and FAU. Radiology clinics excluded.

Appendix 5

FINANCIAL INFORMATION

THE ROTUNDA HOSPITAL, DUBLIN

NON-CAPITAL INCOME AND EXPENDITURE ACCOUNT

FOR THE YEAR ENDED 31 DECEMBER 2025

CUMULATIVE NON-CAPITAL DEFICIT BROUGHT FORWARD FROM PREVIOUS YEAR	(546)	(232)
PAY		
Salaries	97,900	92,135
Superannuation and gratuities	10,120	8,266
	108,110	100,401
NON-PAY		
Direct patient care	11,163	9,610
Support Services	9,924	9,479
Financial and administrative	8,251	4,978
	29,339	24,067
GROSS EXPENDITURE FOR THE YEAR (including prior year deficit)	136,904	124,236
Income	(18,448)	(17,948)
DEFICIT FOR THE YEAR (including prior year deficit)	118,456	106,288
Determination - HSE notified for the year	(119,428)	(106,834)
CUMULATIVE DEFICIT / (SURPLUS) CARRIED FORWARD TO FOLLOWING YEAR	(972)	(546)
Current Year Surplus	(426)	(314)

Appendix 6

COMPLETED CLINICAL AUDITS 2025

SPECIALITY	TITLE OF AUDIT
Administration	Speech privacy audit
Anaesthetics	Compliance with 'Sip till Send' pre-operative fasting protocol
Anaesthetics	Trends in Total Intravenous Anaesthesia (TIVA) usage: A clinical audit
Anaesthetics	Re-dosing of antibiotics in Major Obstetric Haemorrhage
Anaesthetics	Re-audit of trends in Total Intravenous Anaesthesia (TIVA) Usage
Anaesthetics	Evaluation of incidence of Pain During Caesarean Delivery (PDCD) at the Rotunda Hospital
Anaesthetics	Emergency Caesarean sections in Rotunda Hospital re-audit of DDI
Anaesthetics	Documentation of intraoperative blood loss during caesarean section
Gynaecology	A review of women who underwent hysterectomy for benign cervical pathology over the 5 years from 2018-2023
Gynaecology	Outcomes for women age 60-64 years of age referred with persistent HPV and low-grade cytology
Infection Control	MRSA Management Audit
Mental Health	Do prescribing clinicians on the Specialist Perinatal Mental Health Team inform patients about Selective Serotonin Reuptake Inhibitors (SSRI) induced sexual dysfunction?
Mental Health	Engagement with Perinatal Mental Health Services by members of the Travelling Community
Neonatology - Medical	Compliance with our current guidelines on commencing therapeutic hypothermia in neonates with hypoxic ischaemic encephalopathy
Neonatology - Medical	Compliance of Red Cell Concentrate Transfusion Guidelines
Neonatology - Medical	40% Dextrose Gel for the management of Neonatal Hypoglycaemia
Neonatology - Medical	Haemolysed and clotted Neonatal blood sample
Neonatology - Medical	Adherence to echo performance in the first 24 hours of life for newborns undergoing therapeutic hypothermia
Neonatology - Medical	Re-audit of optimizing completeness of recording newborn discharge diagnosis/problems in MN-CNS
Neonatology - Medical	Assessment of compliance to MBDP and Nutritional supplement guidance in preterm neonates born under 32 weeks' gestation and under 1.5 kg.
Neonatology - Medical	Evaluating compliance with neonatal echocardiography protocols for PDA in infants born at less than 29 weeks' gestation
Neonatology - Medical	Hypoglycaemia discharge criteria in NICU
Neonatology - Medical	Neonatal admissions in Lillie Suite Rotunda Hospital for phototherapy
Neonatology - Medical	Audit of adherence to guidelines for management of antenatally detected congenital anomalies of the kidney and urinary tract
Neonatology - Medical	Time to first dose of antibiotics in newborns with perinatal risk factors for early onset sepsis

Neonatology - Medical	Evaluating the yield of hip ultrasound screening in preterm breech infants: Are we over-investigating?
Neonatology - Medical	Evaluation of Meropenem use in a Neonatal Intensive Care Setting
Neonatology - Medical	Management of neonates born to mothers with Hyperthyroidism (Graves' disease) in Rotunda hospital
Neonatology - Medical & Laboratory Medicine	To determine current assessment of prolonged jaundice & develop a pathway for investigation of prolonged jaundice in neonates.
Neonatology - Medical, Neonatology-Nursing	Ventilator associated pneumonia care bundle audit
Neonatology - Nursing	Retinopathy of prematurity screening documentation for less than 32 weeks or birth weight less than 1501g
Neonatology - Nursing	Neonatal patient identification audit
Neonatology - Nursing	Adherence to saturation probe site changing among neonates below 28 weeks of gestation
Neonatology - Nursing	Retinopathy of prematurity screening documentation for less than 32 weeks or birth weight less than 1501g
Neonatology - Nursing	Re-audit of blood transfusion administration documentation in NICU
Nursing/Midwifery	To ensure compliance with Gestational Diabetes Care Pathway
Nursing/Midwifery	Assessment of delayed cord clamping provision for infants born after 33 weeks 6 days gestation
Nursing/Midwifery	Assessing the uptake of Nirsevimab-rolling out a new HSE immunisation programme in the Rotunda.
Nursing/Midwifery	Day case time delays
Nursing/Midwifery	LLETZ results for women aged 35 yrs. and under who have had a confirmed CIN3 cervical biopsy but a subsequent CIN1 on LLETZ results
Nursing/Midwifery	Perineal inspections in the Postnatal Ward
Nursing/Midwifery	Fluid balance in labour and post-delivery
Nursing/Midwifery	To audit the management of our midwifery-led next birth after caesarean section
Nursing/Midwifery	Quality assurance of maternity booking visits
Nursing/Midwifery	Contraception counselling/provision in Pregnancy Options service
Nursing/Midwifery	Blood transfusion administration documentation in Obstetrics/ Gynae
Nursing/Midwifery	GBS screening and follow up in SROM patient cohort attending ER
Nursing/Midwifery	Guideline-based assessment documentation of skin pressure injuries in patients receiving nasal CPAP/BiPAP less than 30 weeks gestational age.
Obstetrics	Audit of induction of labour timings for women >45 years of age
Obstetrics	The time frame for invasive prenatal testing until results
Obstetrics	One month review of induction of labour November 2024
Obstetrics	Intrapartum use of sequential instruments
Obstetrics	The management of breech presentation in The Rotunda Hospital
Obstetrics	Estimating the rate of caesarean section by maternal request in Robson group 2b: A retrospective clinical audit
Obstetrics	Reduced fetal movements in pregnancy: an audit of emergency room presentations

Obstetrics	Use of serum HCG levels in early pregnancy in The Rotunda Hospital
Obstetrics	Use of terbutaline in treating tachysystole
Obstetrics	Diagnosis and timely management of cord prolapse
Obstetrics	Management of FGM (female genital mutilation) presenting in perineal clinic Rotunda
Obstetrics	Antimicrobial stewardship – wound management prevention bundle
Pharmacy	Assessing information and educational materials provided to patients about VTE on discharge from the Rotunda Hospital
Radiology	Adherence to Rotunda Radiation Protection Pregnancy Policy
Radiology	Consistency and accuracy of reliminary Radiographer reports for DDH hip ultrasound
Radiology	Compliance with comforter and carer consent rorm in Radiology (re-Audit)
Radiology	Justification in advance of ionising radiation investigation
Radiology	Adapted referral vs direct referral

Appendix 7

ROTUNDA HOSPITAL STAFF PUBLICATIONS 2025

1. Alaya, F., Worrall, A. P., Farah, N., Eogan, M., Monteith, C., & Salameh, F. (2025). Optimizing and enhancing perineal repair knowledge and teaching among obstetricians and midwives: A prospective three-site study. *International Journal of Gynecology and Obstetrics: The Official Organ of the International Federation of Gynecology and Obstetrics*, *170*(3), 1284–1292. https://doi.org/10.1002/ijgo.70130
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Appendix 8

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Dr Liezl Wienand

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Dr Thomas Drew
Dr Deirdre Edgeworth (June-December)
Dr Niamh Hayes
Dr Ryan Howle
Dr Rosemarie Kearsley
Dr John Loughrey
Prof. Conan McCaul
Dr Brian Murphy
Dr Caitriona Murphy
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Dr Craig Delavari (Sabbatical July-December)
Dr Rana Sadiq (Locum January-July)
Dr Ioana Sirbu (Locum start July)
Dr Anna Impiumi (Locum start July)

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Dr Lida Santoro (SpR)

Dr Maab Ali
Dr Mary Ann Belli (SpR)
Dr Megan Glynn (SpR)
Dr Mohamed Mostafa (Fellow)
Dr Paul McNulty (SpR)
Dr Roisin McCarthy (SpR)
Dr Ruaidhri O'Doherty (SpR)
Dr Seamus Daly (Fellow)
Dr Sean O'Dea
Dr Shalini Ganeson
Dr Susan Hannon (Fellow)
Dr Syed Zafar (Rameez Zafar)
Dr Tanveer Alam
Dr Yassin Awad Gasim

REGISTRAR IN HAEMATOLOGY

Dr Saima Navqi
Dr Saad Sharif

SPECIALIST REGISTRAR IN HISTOPATHOLOGY

Dr Niamh Mooney
Dr Cian Ward

SENIOR HOUSE OFFICER IN OBSTETRICS AND GYNAECOLOGY

Dr Aine McNally
Dr Annika Gallagher
Dr Arthi Subramanian
Dr Barbara Guerrini
Dr Benjamin Scott
Dr Bláithín Downey
Dr Claire Drumm
Dr Clare Leonard
Dr Diane Doran
Dr Dylan Keeley
Dr Edmond Power
Dr Erin O'Regan
Dr Fatima Haider
Dr Fatimah Alayah
Dr Hailey Clara Mulvaney
Dr Hurmat Walli
Dr Isabel Waters
Dr Jessica Tate
Dr Joseph Molony
Dr Josephine Inbaraj
Dr Joshua Harvey-Graham
Dr Katherine Murphy
Dr Kathy McGrath
Dr Katie De Jong
Dr Laura Coe

Dr Laura Mc Kenna
Dr Margaret Feighery
Dr Mariam Waqar
Dr Meabh Ni Ghiollagain
Dr Megan Conneely
Dr Patrick Corcoran
Dr Porkodi Mohan
Dr Rachael Quinn
Dr Romana Tasleem
Dr Ronan Treanor
Dr Sadhbh Looby
Dr Sarah Fitzsimons
Dr Shahzeel Qureshi
Dr Shamaila Rafaqat
Dr Sonia Kaur Wohlrath
Dr Stephanie Keogh
Dr Susannah Ryan
Dr Thara Palamootil
Dr Thomas Bourke

SENIOR HOUSE OFFICER IN PAEDIATRICS

Dr Amel Osman
Dr Anna McCollum
Dr Aoife Corcoran
Dr Ciaran Galvin
Dr Ciaran Power
Dr Crystal Toolsie
Dr Duaa Omer
Dr Favour Olufemi-Ojo
Dr Hamza Jarral Rafaqat
Dr Hira Farooq
Dr Ines Roze
Dr Laragh Tully
Dr Laura Basquel
Dr Luke Fletcher
Dr Mark Pardy
Dr Nicola Armstrong
Dr Ola Suliman
Dr Rahaf Alqarzai
Dr Rahmeen Pervaiz Khan
Dr Rosie Waldron
Dr Saiuri Lavani Naidu
Dr Sara Elamin Ahmed
Dr Sidra Azmat

SENIOR HOUSE OFFICER IN ANAESTHESIOLOGY

Dr Zhi Hao Chua
Dr Mark Hoey
Dr Terence Smeaton

SENIOR REGISTRAR IN MENTAL HEALTH

Dr Kathryn Corrigan
Dr Aymen Elmutasim Ahmed Eltayeb
Dr Andrew Gribben

PHYSICIAN ASSOCIATE

Ms Ruth Murphy

MIDWIFERY AND NURSING – ASSISTANT DIRECTORS

Ms Anu Binu
Ms Ann Bowden
Ms Suzanna Byrne
Ms Christine Corcoran
Ms Emer Croke
Ms Mary Deering (retired 2025)
Ms Geraldine Gannon
Ms Janice MacFarlane
Ms Ann O'Byrne (retired 2025)
Ms Sarah O'Connor
Ms Ciara Roche
Ms Annmarie Sliney (to July)
Ms Deirdre Ward
Ms Mary Whelan
Ms Patricia Williamson

ADVANCED NURSE PRACTITIONERS

Ms Elaine Butler
Ms Jean Coffey
Mr Mark Hollywood
Ms Maria Freian Marzan
Ms Jennifer O'Neill
Ms Paula Penrose

ADVANCED MIDWIFE PRACTITIONERS

Ms Debra England
Ms Bernadette Gregg
Ms Ursula Nagle
Ms Chantal Murdoch

CLINICAL MIDWIFE MANAGERS III

Ms Aileen Marie Fleming
Ms Minimol George
Ms Jane Hickey
Ms Michelle McTernan
Ms Fionuala Nugent
Ms Kate O'Halloran
Ms Amy Rochford
Ms Fiona Walsh

CLINICAL MIDWIFE MANAGERS II

Mr Nicholas Aragon Ropero
Ms Nadia Arthurs
Ms Virginie Aubert Bolger
Ms Chloe Barror
Ms Kerry Birkin
Ms Mette Bradley
Ms Shinead Brown
Ms Patricia Butler
Ms Lisa Carroll
Ms Sarah Cass
Ms Laura Cooney
Ms Sinead Corbett
Ms Amy Cullen
Ms Marina Cullen
Ms Eilidh Dobbins
Ms Sinead Donaghy
Ms Rachel Dopamu
Ms Hayley Dowdall
Ms Elaine Duffy
Ms Hannah Duffy
Ms Mary Dwyer
Ms Helen Enyinnaya
Ms Karen Finegan
Ms Shauna Fitzgerald
Ms Alva Fitzgibbon
Ms Carol Guinan
Ms Louise Hanrahan
Ms Elizabeth Iredale
Ms Monica Kavanagh
Ms Nollaig Kelliher
Ms Denise Kildea
Ms Jade Kirwan
Ms Kyla Lafferty
Ms Rebecca Lanauze
Ms Sinead Landy
Ms Ruth Larkin
Ms Mairead Lawless
Ms Deirdre Lyster
Ms Emma MacBride
Ms Nicola Maguire
Ms Radha Manchala
Ms Barbara Markey
Ms Paula Morrin
Ms Esther McWilliams

Ms Jacqueline Murrin
Ms Sangeetha Nagarajan
Ms Joan O'Beirnes
Ms Annette O'Connor
Ms Finola O'Neill

Ms Jennifer Power
Ms Ajita Rajendra Raman
Ms Carol Rock
Ms Aidene Rogers
Ms Jean Rooney
Ms Paula Scully
Ms Vijalakshmi Shanmugam
Ms Shonagh Strachan
Ms Joanne Taylor
Ms Elizabeth Tobin
Ms Maria Walsh

CLINICAL NURSE MANAGERS III

Ms Siobhan Mulvany

CLINICAL NURSE MANAGERS II

Ms Teresa Figueroa
Ms Anu Garg
Ms Caroline Hendricken
Ms Julie Heslin
Ms Rasamma Joseph
Ms Shelby Jose
Ms Christina Kilpatrick
Ms Sensymole Killikkunel Poulose
Ms Helen Lonergan (Retired 2025)
Mr Prabin Kumar Singh
Ms Magdalini Lili
Ms Giordana Marrone
Ms Seena Mathew
Ms Eimear McGowan
Ms Ruth McLoughlin
Ms Ninan Mercy
Ms Tara Moore
Ms Ana Pereira
Ms Siji Philip
Ms Jannice Reyes
Ms Glenda Sanvenero
Ms Ruby Sebastian
Ms Jeyanthi Sukumaran
Ms Princy Thomas
Ms Salikutty Thomas
Ms Rose Thorne (Retired 2025)
Ms Derval Toomey

CLINICAL MIDWIFE SPECIALISTS

Ms Deborah Browne (Page)
Ms Elizabeth Cooney
Ms Heather Cruise
Ms Jane Dalrymple
Ms Naomi Finnegan

Ms Suzanne Gillen
Ms Geraldine Gordon
Ms Aisling Graham
Ms Gloria Guiteras
Ms Jeanne Masterson (Gibson)
Ms Avril O'Connor
Ms Mary O'Mahoney
Ms Gemma Owens
Ms Deirdra Richardson (Retired 2025)

CLINICAL NURSE SPECIALISTS

Ms Julia Daly
Ms Catherine Marsh
Ms Leanne O'Neill
Ms Christine Pucillo

GP LIAISON/HOSPITAL RELATIONSHIP MANAGER

Ms Eleanor Power

PARAMEDICAL HEADS OF DEPARTMENT

Mr Brian Cleary (Chief Pharmacist)
Ms Cinny Cusack (Physiotherapy Manager)
Ms Sinead Devitt (Head Medical Social Worker)
Ms Laura Kelly (Dietician Manager)
Mr John O'Loughlin (Laboratory Manager)
Ms Aine Hahessy (Radiology Services Manager)

ADMINISTRATIVE HEADS OF DEPARTMENT

Ms Kathy Conway (Clinical Activity Reporting Unit Manager)
Ms Siobhan Enright (Head of Clinical Risk, Medico-Legal and Quality Systems)
Mr Peter Foran (Head of Finance and Procurement)
Mr Cathal Keegan (ICT Manager)
Ms Niamh Moore (Patient Services Manager)
Mr Mikey O'Brien (Quality and Patient Safety Manager)

Ms Anne O'Byrne (Head Librarian)
Ms Jessica Owolawi (Information Governance Manager)
Ms Triona Quinlan (Human Resources Manager)
Ms Cathy Ryan (Employee Engagement, Wellbeing & Communication Manager)

SUPPORT DEPARTMENT HEADS

Mr Gary Anderson (Engineering Project Manager)
Ms Tara Bell (Project Manager Gynae Hub)
Ms Deborah Cullen (Catering Manager)
Mr Henry Gelera (Clinical Engineering Manager)
Ms Joanna Griffin (Business Development Project Manager)
Ms Niamh Hegarty (Clinical Informatics Manager MNCMS)
Ms Catherine L'Estrange (Household Manager)
Ms Aiveen O'Malley (Health and Safety Manager)
Ms Jessica Owolawi (Information Governance Manager)
Mr John Oyedeji (Decontamination Quality Assurance Head of Department)
Mr Ray Philpott (Head of Operations and Sustainability)
Mr Paul Shields (Head Porter)
Mr Emmet Travers (Head of Engineering & Estates Management)

CHAPLAINS

Ms Ann Charlton

Appendix 9

BOARD OF GOVERNORS

Quality, Safety & Risk Committee | Governance Committee | Finance & Audit Committee | P & R Working Group

EXECUTIVE MANAGEMENT TEAM

MASTER

DIRECTOR OF MIDWIFERY/NURSING

CLINICAL MIDWIFERY & NURSING
- Maternity
- Gynaecologic
- Neonatal

MIDWIFERY & NURSING EDUCATION
- Undergraduate Training
- Postgraduate Training

MATERNITY CARE ASSISTANTS
- Education & Training
- Clinical Placement

PRACTICE DEVELOPMENT
- Ongoing Education & Training
- Clinical Practice Development

BEREAVEMENT SUPPORT
- Inpatient Support
- Outpatient Follow-up

HEALTH & SOCIAL CARE PROFESSIONALS
- Dietitians
- Physiotherapists
- Medical Social Workers
- Occupational Therapists
- Speech and Language Therapists
- Psychologists

GP LIAISON

QUALITY, SAFETY & RISK
- Clinical Risk
- Infection Prevention & Control
- Health & Safety
- Quality Improvement
- Clinical Audit
- MN-CMS
- Health Promotion
- Information Governance
- Patient Experience

CLINICAL DIRECTOR

OBSTETRIC & GYNAECOLOGIC CARE
- Outpatient Services
- Emergency Services
- Operating Theatres
- Inpatient Services

LABORATORY MEDICINE
- Haematology & Transfusion
- Biochemistry
- Microbiology
- Histopathology
- Virology/Serology

ANAESTHESIA
- Pre-Anaesthetic Assessment
- Anaesthetics/Recovery
- High Dependency Unit

NEONATAL SERVICES
- Inpatient Neonatal Care
- Outpatient Care
- Neonatal Transport

DIAGNOSTIC IMAGING
- Radiology
- Ultrasound
- Fetal Medicine

SEXUAL ASSAULT TREATMENT
- Forensic Examination & Follow-Up

COLPOSCOPY
- National Cervical Screening Service

ACADEMICS
- Undergraduate & Postgraduate Training
- Research Projects, Initiatives & Ethics
- Innovation Hub

PSYCHIATRY

PHYSICIAN ASSOCIATES

SECRETARY/GENERAL MANAGER

FINANCE
- Financial Control & Management
- External Audit
- Procurement
- Insurance
- Asset Register

OPERATIONS AND SUSTAINABILITY
- Household
- Portering
- Technical
- CSSD
- Clinical Engineering
- Catering

HUMAN RESOURCES
- Employee Selection & Recruitment
- Training & Development
- Occupational Health

INFORMATION TECHNOLOGY
- System Support & Administration
- Systems Development

PATIENT SERVICES
- Administration & Support
- Healthcare Records

LIBRARY & INFORMATION SERVICE
- Information Provision, Promotion & Dissemination

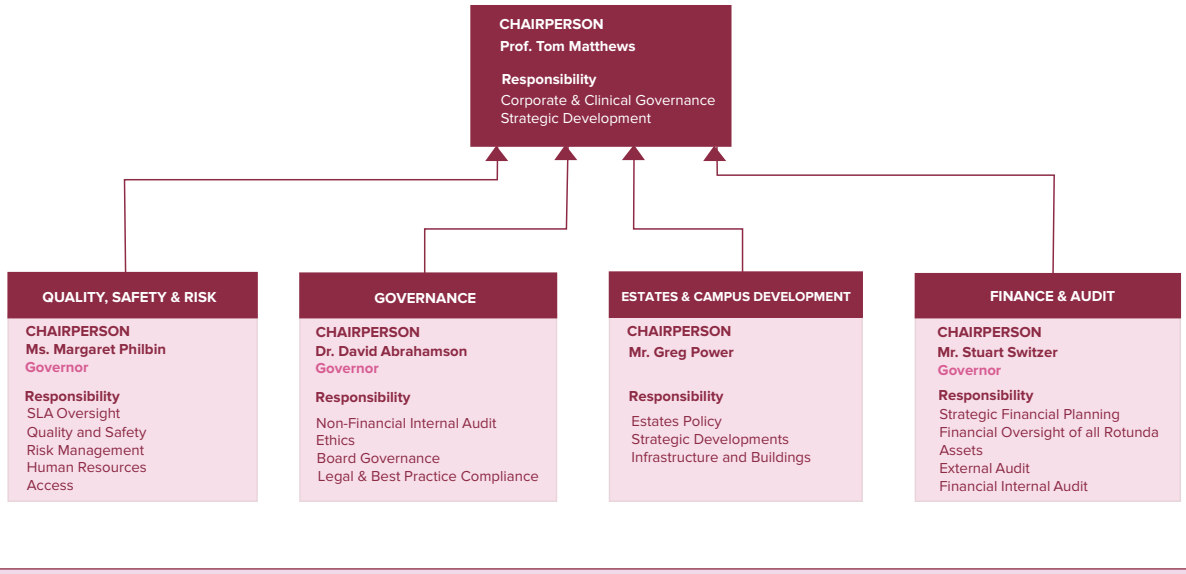
CLINICAL ACTIVITY REPORTING
- Clinical Management Information
- Internal & External Reports

HEAD OF ENGINEERING & ESTATES MANAGEMENT
- Capital Projects
- Technical Works

BUSINESS DEVELOPMENT & PROJECT MANAGEMENT
- Project Administration
- Relocating

HEALTH & SOCIAL CARE PROFESSIONALS
- Pharmacists
- Medical Scientists
- Radiographers

BOARD OF GOVERNORS - COMMITTEE STRUCTURE & REPORTING LINES



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