



THE NATIONAL MATERNITY HOSPITAL

GP NEWSLETTER



A WELCOME MESSAGE FROM PROFESSOR SHANE HIGGINS, MASTER AT THE NATIONAL MATERNITY HOSPITAL



Welcome to the latest edition of our GP Newsletter. In this edition we are focussing on our Support Services at The National Maternity Hospital, including our Perinatal Mental Health service, Birth Reflections, Bereavement Support and Advocacy services.

We'd like to thank you once again for your ongoing support. Our GP Liaison Committee meets quarterly and we always welcome new members. Our Quality Manager's contact details are at the end of this newsletter if you would like to get in touch.

Yours sincerely,

Professor Shane Higgins



The NMH Dashboard

December 2023



Patient Category

Public	301	52.8%
Private	122	21.4%
Semi-private	107	18.8%
DOMINO	30	5.3%
Not recorded*	10	1.8%
Total	570	100.0%

Total Births

570

Busiest Day

19-Dec
29 Births

Homebirths

0

Hydrotherapy Pool Use

13

Mode of Delivery

Spontaneous vaginal	55.1%
C-Section	34.4%
Operative vaginal	9.8%
Missing*	0.7%
Total	100.0%

Earliest Gestational Age
23W 6D

Smallest Baby Born
500g

Breastfeeding at Birth
72.7%
Exclusively

Latest Gestational Age
42W 1D

Biggest Baby Born
5220g

Breastfeeding at Discharge
49.6%

Liveborn babies only in the measures above

Births by Age Range

<20 yrs	5	0.9%
20 - 24 yrs	23	4.0%
25 - 29 yrs	77	13.5%
30 - 34 yrs	195	34.2%
35 - 39 yrs	212	37.2%
40 - 44 yrs	50	8.8%
45+ yrs	8	1.4%
Total	570	100.0%

Induction of Labour
36.7%

Total Inductions
209

Induction Reasons

Fetal	91
SROM not in labour	48
Postdates (>40 and less than 42 weeks)	22
Maternal	18
PET/Hypertension	14
No medical indication	10
Postterm (>= 42 weeks)	4
Not recorded	2
Total	209

Note: Data for births >=500g and/or EGA 24 wks.. *Incomplete data entry by clinicians. All figures will be validated for the Annual Clinical Report 2023.
Source: MNCMS data entry. Percentages are corrected to 1 decimal point.
Produced by: MNCMS Team & Fionnuala Byrne, Information Officer

Remembering the babies lost in pregnancy and those born sleeping



THE SPECIALIST PERINATAL MENTAL HEALTH TEAM (SPMHT) AT THE NATIONAL MATERNITY HOSPITAL

Perinatal mental health supports have long been available within The NMH, but were limited in scope due to the small size of the team. Since 2019, and the initial funding of the first Model of Care for specialist perinatal mental health service in Ireland, the perinatal mental health supports available within The NMH have expanded. The Specialist Perinatal Mental Health Team in The NMH is psychiatry led and multidisciplinary, including mental health social work, psychology, clinical nurse specialists in mental health, occupational therapy and specialist mental health midwives. The team provides a stepped-care approach to treatment; including classes, psychoeducational groups, and individual treatment.



The team is available to support women from pregnancy up to 12 months postnatally, where there is a clear clinical indication of mental health difficulties, related to, and impacted by, the perinatal period. Women can also be seen for pre-conceptual advice with regard to a pre-existing mental health condition and the use of psychotropic medication in the perinatal period.



You can find more information regarding perinatal mental health services below

[CLICK HERE](#)

The team



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Referral pathways

Women with milder mental health problems are seen by a Mental Health Midwife, while those experiencing more significant (moderate to severe) mental health problems are seen by the wider multi-disciplinary team.

Women who present with milder mental health difficulties are invited in the first instance to attend antenatal education classes focused on promoting and optimising mental health and wellbeing in pregnancy. They are also encouraged to attend a similar antenatal education class, which is focused on the early postnatal period. Indeed, all women who attend The NMH for antenatal care are encouraged to attend these classes. They can register for the classes in the same way that they register for all other antenatal education classes. We encourage you to highlight the availability of this resource to your pregnant patients.


“In the first instance [women are invited to] attend antenatal education classes focused on promoting and optimising mental health and wellbeing in pregnancy.”

Women who present with more significant mental health difficulties are initially assessed with a view to creating an agreed treatment plan. Depending on the nature of their mental health difficulties, a patient may be seen for a brief intervention, or longer. Should a patient require further mental health support, after 12 months post-delivery, they are referred on as appropriate.

If a woman is experiencing a perinatal loss, they are offered support through the Bereavement Service within The NMH. The SPMHT does not offer grief counselling.

Our Antenatal Classes

The SPMHT facilitate two monthly online classes that are open to any woman and her partner attending The National Maternity Hospital.



Patients can register for both classes by emailing classes@nmh.ie

“HEALTHY MINDS IN PREGNANCY AND BEYOND” is a practical class offering women the opportunity to participate and practice anxiety management tools. We acknowledge that pregnancy can be a time of worry. On completion of this class women can utilise these strategies during their pregnancy, labour and postnatal period. This class would also be highly recommended for any of your patients who might be experiencing some mild symptoms of anxiety in pregnancy.

“SUPPORTING YOUR POSTNATAL EMOTIONAL WELLBEING” is a class that discusses ‘matrescence’ (the developmental process of becoming a mother) and how to prepare for the postnatal period. We talk about how the baby blues may present in the early days and signs of postpartum depression and where to seek help. We invite parents to attend this class during the antenatal period in preparation for the postnatal period and again after their baby is born.

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Did you know...?

Women who are pregnant after experiencing perinatal loss, including early miscarriage, recurrent miscarriage, IUD, late-term loss, stillbirth, early postnatal infant loss, fertility difficulties and conception via ART are at higher risk of experiencing antenatal anxiety, which further increases the risk of intrapartum difficulties and postnatal mental health difficulties.

In order to address this, the SPMHT and Bereavement team within The National Maternity Hospital offer a 4-week psychoeducational and peer support group for women attending the hospital who are navigating a Pregnancy After Loss (PAL).

Women can self-refer to this group by emailing **PALS@nmh.ie** and expressing an interest in attending the group. Please share this information with your pregnant patients who are attending The NMH and experiencing PAL.



“The National Maternity Hospital offer a 4-week psychoeducational and peer support group for women attending the hospital who are navigating a Pregnancy After Loss (PAL)”

PATIENT ADVOCACY TEAM AT THE NATIONAL MATERNITY HOSPITAL

At The National Maternity Hospital (The NMH) we have two dedicated Patient Advocacy Officers. The Patient Advocacy Officers assist in the management of all patient feedback received throughout the hospital, including complaints, compliments and general feedback.

The Patient Advocacy Officers are here to help and empower the patient in the healthcare complaints process. This may range from offering information or advice, to organising and attending meetings with the complainant, to enabling them to articulate their needs and/or involve support after a complaint was made.

If you are aware that a patient or a family member is dissatisfied with the care they received at The NMH, please advise them to contact our Patient Advocacy Officers, Monday to Friday on **01 637 3392** or alternatively they can visit the website and complete our online feedback form **www.nmh.ie/feedback**



BIRTH REFLECTIONS SERVICE AT THE NATIONAL MATERNITY HOSPITAL

Since May 2023, The National Maternity Hospital offers a dedicated midwife led Birth Reflection Service to women who are currently pregnant and attending The NMH or who have delivered in The NMH within the past year.

The Birth Reflections Service is a listening service for women who wish to explore and reflect on their birth experience in a confidential and supportive environment. Some women wish for greater clarity and understanding about the events surrounding their birth and others may feel worried or anxious about giving birth for the first and next time. Talking with our dedicated birth reflections midwife can help.



If a woman has delivered in The National Maternity Hospital, there will be an opportunity to go through the birth notes and answer questions relating to antenatal, intrapartum and postnatal events. If a woman has given birth at another hospital, but have their birth notes, they can be part of the discussion with the Birth Reflections Midwife.

The Birth Reflections Midwife will meet women either in person or by phone depending on their individual needs. Appointments take place at the NMH's Birth Reflections Room at 232 Medical Harold's Cross, Dublin 6 or in a meeting room at The NMH.

"The Birth Reflections Service is a listening service for women who wish to explore and reflect on their birth experience in a confidential and supportive environment."

The service generally offers a one-off appointment. However, depending on individualised needs, a further follow up appointment may be arranged. The Birth Reflections Service is not a complaints or counselling service. Referral will be made to the appropriate services as needed.

Women can self-refer to the service or be referred by their GP or Public Health nurse.

Referrals

Referrals can be made via phone to Birth Reflections Midwife Helen McHale on **0861658777** or email **birthreflections@nmh.ie**

Website:
[www.nmh.ie - birth reflections](http://www.nmh.ie - birth-reflections)



BIRTH REFLECTIONS SERVICE



BEREAVEMENT CARE IN THE NATIONAL MATERNITY HOSPITAL



The loss of a baby at any stage during pregnancy or after birth is devastating to a family. Providing sensitive and empathetic care to couples and their families following pregnancy loss is an important role of the Bereavement Team. The Bereavement Team includes clinical midwife specialists, chaplains and clinical staff working closely together with consultants and social workers as part of a multidisciplinary team.

After experiencing pregnancy loss, a lot of couples often ask questions like, 'Why did this happen?' or 'Will this happen again?'

The Bereavement Midwife facilitates follow up appointments for bereaved couples with the obstetrician or paediatrician/neonatologist involved in their care.

There are three specialised consultant led bereavement clinics in The National Maternity Hospital. Follow up appointments to these clinics are offered to all couples following a mid-trimester loss, stillbirth or neonatal death who have attended the hospital in their pregnancy. The appointments usually take place eight weeks after delivery.

The clinics provide an opportunity for couples to be counselled, in a timely manner. Results of medical investigations carried out following the pregnancy loss can be discussed. Couples have the opportunity to ask questions and discuss their concerns for the future.

These clinics are an important part of the Bereavement Service here in The National Maternity Hospital. Facilitating these clinics enables us to provide ongoing support to families following pregnancy loss.

All couples are provided with information on where to avail of support services in the community prior to discharge.

Links

Below are useful links to signpost couples to for support after experiencing pregnancy loss.

<https://feileacain.ie/>

<https://alittlelifetime.ie/>

<https://hospicefoundation.ie/>

Useful bereavement guidelines



<https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/clinical-guidelines/quick-summary-document-recurrant-miscarriage-2023-.pdf>

<https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/clinical-guidelines/quick-summary-document-stillbirth.pdf>

STORIES FROM THE COUCH

The Specialist Perinatal Mental Health Team (SPMHT)
Author: Dr Catherine Hinds, Consultant Perinatal Psychiatrist



I am delighted to have joined the SPMHT at The National Maternity Hospital. I started in November 2023, and it is a great privilege to be able to support the mental health of women at The NMH. Several hundred patients are referred to this service every year and we strive to offer a bespoke service, targeting at the individual needs of the woman and her family. While this service aims to focus on moderate-severe perinatal mental illness, we appreciate that the vast majority of perinatal mental illness is managed by GPs in Primary Care. We aim to support GPs providing perinatal mental healthcare, and the following cases show how we can work together. These are not real patients. The names and clinical details have been changed, but give an example of patients we see.



Carol

Carol is a 34-year-old married woman with a history of anxiety and panic attacks. She was taking 10mg escitalopram to control her anxiety and panic attacks, and she hadn't had one for about a year. When she fell unexpectedly pregnant with her first baby, she stopped taking the escitalopram herself. She did not want to harm the baby, and she had always wanted to see how she was without the medication. 3 weeks after stopping the medication she went to her GP complaining of increasing anxiety, poor sleep and a relapse of panic attacks. She was suffering with severe nausea and vomiting, taking several days off work. She was happy to be pregnant, and had always wanted children, but she felt she couldn't cope with the anxiety of this pregnancy.



The GP called the SPMHS at The NMH as she wasn't sure whether it was safe to restart escitalopram or try a different antidepressant. A specialist doctor got back to the GP the next day, and discussed the risks and benefits of escitalopram and other SSRI options in pregnancy and breastfeeding. Carol had been on sertraline before and it hadn't worked. The GP was able to explain the risks of escitalopram to Carol, as well as the risks of untreated anxiety, and help her come to a decision about the medication. Carol decided to go back on to escitalopram. At the next GP appointment, Carol's anxiety had markedly improved, and she remained well throughout the pregnancy and postnatally. She self-referred to the Postnatal Wellbeing Group via classes@nmh.ie, which is open to all NMH patients. No referral to the SPMHS was needed.

STORIES FROM THE COUCH

The Perinatal Mental Health Team (SPMHT)

Author: Dr Catherine Hinds, Consultant Perinatal Psychiatrist

Marie

Marie is a 38-year-old woman in a same-sex relationship, who was pregnant with her first baby via IVF with donor sperm. She had a history of recurrent depression since her teens, and had been on and off various antidepressants during her life. She had a long and stressful fertility journey. She had decided not to take medication during pregnancy due to the perceived risks to the baby. She presented to her GP at 20 weeks complaining of feeling very low in mood, hopeless, and having doubts about her ability to be a mother. She was not feeling bonded to the unborn baby, as she had so many failed cycles of IVF she didn't want to 'let herself believe it was real'. She did not think she deserved specialist mental health support as she had 'brought this on herself'. She had had one counselling session at the fertility clinic, but had not felt able to be honest about how she felt.



The GP referred her to the SPMHS. She was assessed by a specialist doctor. She had a detailed discussion about the risks of SSRIs in pregnancy, and the significant risks of untreated depression on the baby, including preterm birth, low birth weight, congenital malformations, obstetric complications, and longer term cognitive and emotional problems later on. While aware of the risks, she preferred to avoid medication in pregnancy, preferring a psychological approach to her difficulties. She was seen by the clinical psychologist antenatally for attachment therapy.

After the baby was born, Marie was concerned about her lack of bond with her baby. She was offered Video Interactive Guidance (VIG), and intensive bonding therapy. The VIG sessions helped her develop her bond and helped her adjust to motherhood. Her partner was invited to some of the sessions to help support them as a family, and help her partner understand how she could be supportive. She decided to start sertraline postnatally, as it is the safest SSRI in breastfeeding, so she was happy there was minimal risk to the baby. She engaged with the Baby Massage course offered by the SPMHT.

The GP was kept informed of Marie's management plan along the way. At 6 months postnatal, she was ready to be discharged back for follow up with her GP, with a plan to continue sertraline for another few months, until after she was back at work.



**If you are interested in joining our GP Liaison Committee
which meets quarterly, please email The National Maternity Hospital
Quality Manager, Rachel Irwin at: rirwin@nmh.ie**