Cuidiú Irish Childbirth Trust
Consumer Guide to Maternity Services 2007

Survey to update 'Preparing Together for Birth and Beyond'
Cuidiú's Online Consumer Guide to the Maternity Services in Ireland 2007

Coombe Women's Hospital

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GENERAL INFORMATION

Hospital or unit name: Coombe Women's Hospital

Number of beds: -

Public: 143 Semi-Private: 40 Private: 30

Number of midwives: -

Qualified [whole time equivalent (WTE)]: 248 Student (WTE): 72

Number of consultants: -

Obstetricians (WTE): 9 Paediatricians (WTE): 2 Anaesthetists (WTE): 3.82

Non-consultant hospital doctors in maternity unit (WTE): 38

Number of live births in 2005: 7925 Number of still births in 2005: 34

Number of multiple births per year (average of last four or five years):
Twins: 246 Triplets: 9 Quads: 0

ANTENATAL CARE

Accessing Services:
Direct Contact or G.P. referral letter

The following services are available:

Service	Yes	No	Location	Degree of Continuity of Carer
Midwives clinic	☒	☐	On site (2) plus outreach at Clondalkin,Tallaght, Naas	Same team involved
Domino	☐	☒		
Community midwives	☒	☐	Extern Midwives provide ante & post natal care in the Deansrath & Rowlagh areas as well as Clondalkin, Mary Mercer H.C,Tallaght and Naas General Hospital	Same team involved
Midwifery-led unit	☐	☒		
Public	☒	☐	on site, satellite clinics -Trim, Tallaght, Clondalkin, Naas	Some continuity of care
Semi-private	☒	☐	Semiprivate clinic	Some continuity of care
Private	☒	☐	Separate private clinic	

Average waiting time for a scheduled antenatal appointment in these clinics is:

	Not applic-able	Waiting time (mins)	Play area available for children?	Refreshment/cafeteria facilities provided at or close to these clinics
Midwives clinic	☐	10 mins	no	Café Escape in Coombe Women's Hospital - light meals, cakes, sandwiches, tea, coffee & Coffee Shop in Naas Hospital - coffee, tea & light meals
Domino	☒			
Community midwives	☐	0 mins		
Midwifery-led unit	☒			
Public	☐	2.5-3hrs	no	Café Escape
Semi-private	☐	2hrs	no	Café Escape
Private	☐			Café Escape

Combined care with their G.P. is an option for women.
Hospital-only care with midwives or a doctor is available for women.

Information leaflets provided on the following topics:
Midwife Antenatal Clinic and Parent Education Classes, Early Transfer Home Scheme, Folic Acid, Rhesus Negative, HIV antibody testing and Pregnancy, Receiving a Blood Transfusion, (English); Dublin 12 Domestic Violence Service, Healthcare Associated Infection, Information for Public and Patients, Clean hands saves lives, Breastfeeding, Breastfeeding Support Group, Breastfeeding Out and About, (English); Sexually Transmitted Diseases (English, French, Russian, Romanian); Contraception (English, French, Russian, Romanian).

The following tests are available at booking appointment:
Blood Group; Rhesus factor; FBC; Rubella Status; VDRL; HIV (with consent); Varicella (2005); Hepatitis (2007)

Routine ultrasound scanning of mothers in early pregnancy:
Dating scan offered at first visit.

Hospital policy on changing due dates on the basis of ultrasound scanning of mothers:
Dates changed if menstrual dates outside the confidence interval of ultrasound date.

Diagnostic tests available during pregnancy:

Test	Technique used	Criteria under which the test is offered	Routine	Non-routine	Maternal request
Dating scan	Ultrasound	Offered to all women from 2006	☒	☐	☐
Anomaly	Ultrasound	When indicated	☐	☒	☐
Biophysical Profile	Ultrasound	When checking on fetal wellbeing	☐	☒	☐
Amniocentesis	Amniocentesis	Rhesus Negative women - fewer indications since MCA Doppler	☐	☒	☐
Amniocentesis		Checking for fetal anomoly	☐	☒	☐
Nuchal Translucency	Ultrasound at 11-13 wks	Clinically indicated "high risk", request	☐	☒	☐
Urinalysis	Dip stick test on urine		☒	☐	☐
Mid Stream Specimen of Urine		Suspected Urinary tract Infection	☐	☒	☐
Blood Pressure			☒	☐	☐
Check Fetal Heart	Pinards Stetescope or Doppler	Check for fetal wellbeing	☒	☐	☐
Cardiotocograph		Suspected fetal compromise	☐	☒	☐
Abdominal Palpation		Check fetal growth, lie, position of fetus and fetal head/presenting part	☒	☐	☐
Protein	24 hrly collection of urine	Suspected Pre Eclampsia or renal disease	☐	☒	☐

There is an out-of-hours support by phone for the antenatal clinic.

Policy of care in relation to women with diagnosed breech presentations during pregnancy:
Full consultation with woman and senior obstetrician. Offered External Cephalic Version at 37/38 weeks. If woman declines or the procedure is unsuccessful, a Caesarian section is advised in nulliparous women, care is individualized for parous mothers.

Policy of care in relation to multiple pregnancies:
Early booking, serial scans for chorionicity, growth, twin - twin transfusion, dedicated twin ultrasound clinic.

Staff who diagnose multiple pregnancies during ultrasound scanning have received special training in communicating this information to parents.

Policy on Caesarean Section on maternal request:
Each request discussed on an individual basis with mother by a senior obstetrician.

85% of antenatal care staff has attended a WHO/UNICEF breastfeeding programme.

ANTENATAL EDUCATION

Antenatal classes are provided

Types of courses: First-time parents, and refresher.

Other:
Teenagers.
Women with disabilities or special needs are provided with education on a one-to-one basis.
Classes are also provided by the extern midwives and public health nurses in Rowlagh and Deansrath Health Centre, Clondalkin, Mary Mercer Centre, Tallaght and Naas Hospital

Length and time of classes:
In August 2005 the duration, location, and number of classes, which were held in the hospital, was changed.
Refresher Classes are of 2 hrs duration. The Parent Education Course (5 classes) consists of sessions lasting 2 - 2.5 hours. These are held at 08.30 and 12.00 hours in Donore Community Centre. In 2005 the Partners Class (the last class) was of 3 - 3.5 hrs duration. From August 2005, partners were invited to all the midwife run classes. The 3 Physiotherapists classes of 2 hrs duration are held in the hospital. The classes in the Health Centres and Naas Hospital are in the morning at 10.00 hours. Information leaflets are available on times dates and contents.

Average number of women / couples in each course:
7 couples or up to 40 women.
Partners are welcome.

Topics typically covered in a course:
Exercise in pregnancy, complications of pregnancy, recognition of onset of labour, pain relief and coping with pain in labour, birth of baby, preparation and coping with baby, infant feeding-breastfeeding.
Education is also provided in the postnatal period on infant feeding, baby care, pelvic floor exercises.
Birth plan preparation is not provided as part of the courses.
There is a specific class on breastfeeding as part of the courses.

Cost:
No charge.

66% of antenatal education staff has attended a WHO/UNICEF breastfeeding programme.
100% of antenatal education staff has attended a specific antenatal educators' training programme.

CARE DURING LABOUR

Early Labour:-

Admission procedures:
If the woman is deemed to be in established labour with intact membranes she will be offered both a cardiotocograph and a vaginal examination. An artificial rupture of membranes is performed only with her consent.

When a woman presents herself but is not in established labour:
A full assessment is carried out and a CTG is offered to ascertain fetal wellbeing. If all is well she may go home if she wishes.

When membranes rupture spontaneously:
Women with pre-labour SROM at term are offered admission to the antenatal ward. Syntocinon induction is offered 24 hours later if the mother has not gone into labour herself. Special consideration is given if mother has had a previous Caesarian section.

Accommodation for women in early labour:
Once labour is deemed to be established the woman is admitted to a single birthing room if available otherwise the mother will be cared for in a 4-bedded room during labour and moved to a single delivery room for the actual birth.

Midwife: women ratio:-	In early labour:-	1:1	In established labour:-	1:1	At birth:-	2:1
Policy on number of birth partners for women: 1 birth partner of her choice						
Policy on birth plans: Facilitated as much as possible						
One midwife / student midwife assigned to each woman						
Policy on eating and drinking in labour: Mother's choice ☐ Light diet ☐ Fluids ☐ Ice ☒ Nil by mouth ☐						
Baths / showers available to labouring women: single rooms have an ensuite shower, four bedded rooms have a shower.						
Accessibility in early and late labour:	Accessible		Communal or en-suite:		En-suite	
Policy on induction for post-maturity:	In normal pregnancy induction is offered at term + 10 - term + 12. Special consideration if previous caesarean section.					

Pharmacological pain relief methods or anaesthesia available and at what stage:

	Early labour	1st stage	2nd stage	3rd stage	After birth
Entonox	☒	☒	☒	☐	☐
'Mobile' epidural	☐	☐	☐	☐	☐
Epidural	☒	☒	☐	☐	☐
Spinal	☐	☐	☐	☐	☐
Combined Spinal/Epidural	☐	☒	☐	☐	☐
Pethidine / Diamorphine	☒	☒	☐	☐	☐
Other:	☐	☐	☐	☐	☒

Non-pharmacological pain-relief / coping strategies facilitated:

Bath /shower	☒	
TENS	☒	4% of women use this form of pain relief and are instructed and practice use before labour.
Acupuncture / acupressure	☒	Contact Master (CEO) re bringing in own acupuncturist
Hypnobirthing	☐	
Psychoprophylaxis (Breathing & Relaxation)	☒	Taught in antenatal classes
Homeopathy	☒	
Aromatherapy	☒	
Hot or cold packs	☒	
Massage	☒	

Following birthing aids are available:

Birthing balls	☐	Beanbags	☐
Floor mats	☐	Chairs	☒
Chairs to straddle	☐	Pillows	☒
Birthing stool	☐	Adjustable lighting	☒
Music system	☐	Privacy (door closed, knock before entering)	☒
Aromatherapy vaporiser	☐		

No birthing pools available.
Mothers may supply their own birthing aids.
Women are not facilitated in bringing their own birthing pools into hospital.

Following positions are facilitated:

	During 1st stage	During 2nd stage
Recumbent	☐	☐
Semi-recumbent	☒	☒
Left / right lateral	☒	☒
Upright positions		
All-fours	☒	☒
Kneeling / kneeling leaning forward -		
- on bed	☒	☒
- off bed	☒	☒
Walking	☒	☐
Standing	☒	☐
Sitting upright on stool or chair	☒	☐
High squat	☐	☐
Supported squat	☐	☐
Low squat	☒	☒
Knee-chest	☒	☒
Pelvic rocking	☒	☐

Policy on conveying benefits & risks procedures to parents:
Explanation by the Midwife and /or Obstetrician

Methods used to monitor fetal well-being and indications for their use:

	Indications for use	
	Low risk women	High risk women
Pinard stethoscope	yes	yes
Dopler	yes	yes
Cardiotocograph	Admission CTG	yes
Fetal scalp electrode		yes only if ultrasonic contact is poor
Fetal blood sampling		yes if indicated

Assessing progress of labour:

	Primips	Multips
Abdominal examination	on admission and prior to vaginal examination	on admission and prior to vaginal examination
Vaginal examination	when indicated or maternal request	when indicated or maternal request
Maternal indicators	breathing, behaviour,vomiting, can also indicate progress. urge to push, involuntary pushing, concern re progress of labour are indications for V.E	breathing, behaviour, vomiting, can also indicate progress. urge to push, involuntary pushing, concern re progress of labour are indications for V.E

Policy on length of the first stage of labour:
98% of all mothers deliver within 12 hours of admission to the Delivery Suite.

Indications for the following:

	Primips	Multips
Induction	maternal or fetal well being	maternal or fetal well being
Use of Syntocinon	in conjunction with amniotomy for induction, to accelerate labour.	in conjunction with amniotomy for induction, to accelerate labour.
Episiotomy	Expedite birth of baby when there is fetal distress or when the woman is delivered using a forceps	Expedite birth of baby when there is fetal distress or when the woman is delivered using a forceps
Elective Caesarean section	Maternal or fetal indication	Maternal or Fetal indication
Unplanned /emergency Caesarean section	Maternal or Fetal indication	Maternal or Fetal indication
Forceps	Neville Barnes Forceps	Neville Barnes Forceps
Ventouse	Kiwi, or Buff Vacuum	Kiwi, or Buff Vacuum

Policy on length of the second stage of labour:
In mothers with epidurals in situ, the active phase (i.e. pushing) is restricted to one hour.

Policy on the mode of birth for women who have had one previous Caesarean birth:
VBAC is encouraged. Prostaglandin is not used for induction of labour.

Percentage VBAC (Vaginal Birth After Caesarean) rate:
33% of mothers have an elective Caesarean section, 22.4% have an emergency Caesarean section and 44.6% have a VBAC (66.4% of those who labour)

Policy on the mode of birth for women who have had two previous Caesarean births:
Elective Caesarean Section

Percentage VBAC2 (Vaginal Birth After Two Caesareans) rate:
0.6%

Methods and percentage rates of anaesthesia used for Caesarean births:

	All Caesarean births (Numbers & %)	Elective Caesarean births (Numbers & %)	Unplanned / Emergency Caesarean births (Numbers & %)
Epidural	439 (18%)	1 (0.2%)	438 (41%)
Spinal	1216 (76%)	688 (97%)	528 (49%)
General anaesthetic	124 (6%)	21 (2.8%)	103 (10%)

Policy on women having their babies with them in the recovery room after a Caesarean birth:
Mothers may have their babies with them in the recovery room.

Additional skilled assistance provided for breastfeeding mothers who have had a Caesarean birth compared with women who have had a vaginal birth:
Midwives are educated and trained to assist as necessary all mothers who choose to breastfeed. WHO 20 hour BF course is run at CWH.

Managed third stage: Yes

Physiological third stage: No (maternal request will be facilitated having first discussed the request with the mother and a review of her case history.)

Policy in relation to cord cutting:
Midwife /student midwife will clamp, cut cord following delivery of baby.

Typical first half hour for mother and baby:
Skin-to-skin contact and breastfeeding encouraged
It is the unit's policy that babies have their first feed before they leave the birthing room.

Tests and checks performed on the baby soon after birth:
Apgar score while may be done in mother's arms.

SPECIAL CARE UNIT

There is a Special Care Baby Unit (SCBU)/ Neonatal Intensive Care Unit (NICU)

Number of cots in this unit:	33	Number of paediatricians / neonatologists on your staff:	4
Full or part time	FT	Number of midwives on your staff in the SCBU / NICU:	32.4 WTE
Number of neonatal nurses on your staff in the SCBU / NICU:		27.6 WTE	

Policy on visiting for:-

Parents:	open visiting	Siblings:	with permission	Other family:	in special circumstances

Room where the parents can stay.....Yes ☒	No ☐
Kangaroo care ……...Yes ☒	No ☐
Details	skin-to-skin contact once infant is stable
Baby-led feeding ……Yes ☒	No ☐

Support for breastfeeding women:

	Yes	No
Storage facilities for milk	☒	☐
Training in hand expressing	☒	☐
Training in use of pumps	☒	☐
Loan of a pump for home use	☐	☒
Seating so as to pump at their baby's bedside	☒	☐
Quiet room to express in	☒	☐

Support given to a breastfeeding mother who is discharged before her baby:
Baby led feeding depends on infants condition.
Advice given regarding expressing, maintaining supply, obtaining breast feeding pump and information given regarding support groups.

Supplements used:
Donated human breast milk from the milk bank may be used.
Other liquid to supplement the mother's breast milk may be used.

Details:
Breast milk fortifier used. Formula as indicated if no expressed breast milk is available

Methods used to give the baby the supplement:
Tube feeding or bottle feeding depending on infants condition and mother's preference.

Additional support in the case of multiple births:
Education re. breastfeeding, expressing, maintaining supply and use of support groups

Hot refreshments/microwave available 24/7:
Whilst these are not readily available at present, in special circumstances, tea and toast will be provided if required.

Information leaflets available for the parents:
Breastfeeding ill or premature baby, Breastfeeding and returning to work. Both in English

Percentage of neonatal midwives / nurses / doctors that has attended a WHO/UNICEF breastfeeding programme:					
Midwives:	50%	**Nurses:**	25%	**Doctors:**	2%

POSTNATAL WARD

Postnatal accommodation:
3 postnatal areas: Public Wards-
6 bedded room x 3,
5 bedded room x 1,
4 bedded room x 1,
3 single rooms
1 Public Ward: 5 bedded room x 2 , 4 bedded room x1 (not open yet)
1 Semi Private Ward: 4 bedded rooms x 4, 3 single rooms
1 Private Ward: 19 Single Rooms

A woman who is availing of public care cannot book (and pay for) a private or semi-private bed.

Policy on routine administration of Vitamin K and how it is administered:
Verbal consent is obtained from mother and Vitamin K is given by intramuscular injection to baby.

Policy on BCG immunisation:
The BCG immunisation is given in the hospital.

Routine tests typically performed on the baby:
Top to toe examination of the newborn immediately after birth.
Daily baby examination by midwives including temperature, identity tags, feeding, skin for hydration, rashes, jaundice etc, wet/dirty nappies.
Metabolic screening of the newborn (Guthrie)
Paediatric examination of the newborn prior to discharge home

Policy on rooming-in:
The baby rooms-in with the mother

Policy on babies sleeping in the same bed with their mothers:
Not encouraged

Policy on baby-led feeding:
Baby-led feeding is practised 24 hours per day.

Policy on supplementing breastfed babies:
Medical indication only. Increase number of breastfeeds, or give formula as top up.

Policy on the following:

	Demon-stration	Instruction / Education	Policy
Cord care	☒	☒	at each nappy change
Frequency and methods of bathing babies	☒	☒	Daily
Baby eye care	☒	☒	at bathing
Provision of nappies, cotton wool, etc.	☐	☐	not routinely given
Making up formula	☒	☒	on an individual basis
Provision of formula	☐	☐	6 bottles of formula given in 24hrs, more if required by infant
Hand expression of breast milk	☒	☒	
List of breastfeeding support groups in their area	☒	☒	List of support groups on the ward, displayed in nurseries and given to mothers

Mother can obtain something to eat between her evening meal and breakfast.
There is not a microwave in the postnatal ward.
Staff does not wake sleeping women and babies to perform routine checks.

Visiting times for the woman's:					
Partner:	All day apart from meal times. Given a pass	**Children:**	17.30 - 20.30	**Family:**	17.30 - 20.30

Children who are not siblings are not allowed to visit.
There is a designated area for smokers.

General length of stay of primips following:

	Public	Private
A spontaneous vaginal birth	3 days	3 days
An instrumental birth	3-4 days	3 days
A Caesarean birth	5 days	5 days

General length of stay of multips following:

	Public	Private
A spontaneous vaginal birth	1-2 days	3 nights
An instrumental birth	1-2 days	3 nights
A Caesarean birth	5 days	5 days

Breastfeeding:
51% (2005) of women initiate breastfeeding soon after birth.
63% (2006) of women initiate breastfeeding soon after birth.
48% (2005) of women are exclusively breastfeeding going home.
88% of postnatal staff has attended a WHO/UNICEF breastfeeding programme.

Number of lactation consultants: 4
Number of Clinical Nurse Specialists Lactation: 2

Information on voluntary groups displayed:
On notice board in nurseries, mothers education room. On information racks in wards and in out patient department.

POSTNATAL PERIOD

Policy on mothers contacting the hospital after being discharged:
Mothers can contact the hospital for up to 6 weeks

There is an emergency 24-hour service the woman can avail of for up to 6 weeks.
There is a drop-in mother and baby clinic available for up to 6 weeks.
There is no drop-in breastfeeding support service.
Support is given on a one to one basis by phone or by appointment.

Where the women and babies have their 6-week postnatal check:
With their General Practitioner usually.

How women are referred to their public health nurse:
Automatic from IT system and Notification of Birth Form also sent to Health Centre, Nangor Rd.
Mothers/ babies with problems can be referred to the Liaison Public Health Nurse

How women are referred to their G.P.:
Automatic from IT system

How women are referred to Community Midwives:
Women are referred to the Extern Midwives for the Early Transfer Home Scheme and for antenatal care in their area by the Midwife at the first visit in the booking clinic and by midwives in the Delivery Suite or postnatal ward if they live in Dublin 12, 22, 24, Naas, Newbridge, or Sallins in Co. Kildare.

SPECIAL NEEDS, UNUSUAL CIRCUMSTANCES

Wheelchair accessibility:
The hospital (all departments) is wheelchair accessible.
There are wheelchair accessible toilets on every ward.
There is wheelchair accessible parking available.

Provisions made for communication or language difficulties including visual or hearing impairment:
Communication /language difficulties.
Interpreter available to staff for women attending antenatal clinics, in the delivery suite and for care in postnatal area and/or neonatal unit. There are some translated information sheets available.There is one to one antenatal education available for women with visual or hearing impairment. Some members of staff have sign language.

Special provisions where there are cultural or religious needs:
Every effort is made to respect and meet the cultural and religious needs of women and babies. Female medical staff are available, chaplains/clerics from the relevant religions are contacted in the event of a baby's death so religious or cultural rights can be observed. The provision of ethnic foods is being explored. Interpreters are available so needs can be ascertained.

In the case of a stillbirth or miscarriage the kinds of special support provided to parents:
The views of mothers/fathers who had stillbirths/miscarriages were ascertained in the 1980's, 1990's and again recently. The service has been organised to meet their psychological, physical and social needs. Staff are trained to support parents in the areas of miscarriage, stillbirth, and neonatal death. Following the birth of the baby, keepsakes (photographs, hand and foot prints, piece of hair) are collected with the consent of parents for the parents; parents and family can spend time with the baby on the gynaecological ward where there is a special room for mothers/fathers.

The Chaplain and staff provide psychological support; arrangements are made for the religious service and burial of the family's choice. The parents are offered an appointment to meet with the senior obstetrician to discuss results of the post-mortem / other tests, care in pregnancy and possible causes of death and to ask and be given answers to questions. A register of stillbirths is kept in the oratory. Women who miscarry are invited to return to a miscarriage clinic to discuss their miscarriage; all receive information on support services.

In the case of a traumatic birth the kinds of special support provided to parents:
Explanation from Senior Obstetricians or Neonatologist, allocation of experienced midwife to provide care.

Maternal / parental satisfaction is measured by:
Surveys (Servqual) have been done to ascertain womens views of service and care provided within the Coombe Women's Hospital. OPD questionnaire re. facilities also distributed and analysed. Hygiene questionnaire being developed. The Complaints and Compliments log.

DEVELOPMENTS AND SERVICES

Mission statement:
"Excellence in the Care of Women and Babies"

Awards in recent years:
Centre for Midwifery Education (for the three Dublin Maternity Hospitals),
90% score in National Hygiene Audit,
Advanced Nurse Practitioner in Neonatal Nursing,
Participation in Marquis European Accreditation Programme 2007,
Membership of DATHS
Risk Management Group,
3 Full Professorial Chairs,
First Biological Resource Bank,
Research laboratory has ISO 9002 accreditation.
In the past 7 years the research laboratory (under Prof.O'Leary) has had a sum of 12 million euros in grant allocations.
Holds the Irish Cervical Screening Research consortium (Cerviva) and the PREG (Proteomics Research Enhancing Gestation) consortium.
The Department of Ultrasound is involved in a 4 million euro, multi centre Health Research Board study on intra uterine growth retardation.
Food Safety Authority is funding a €100,000 study on Folic Acid.
Silver Level 2006 European Network for Smoke Free Hospital

Status in the Baby Friendly Hospital Initiative:
Membership - Plan for Commitment in September 2007

Pre-conceptual services:
Advice about optimal heath / fertility before pregnancy
Maternal medical clinic for mothers with medical complications.

Family planning:
Family Planning Midwife visits the postnatal wards daily to advise mothers and their partners on all methods of family planning. She also attends the miscarriage clinics. Information leaflets in English, French, Russian and Romanian are available in the out patient and wards

Genetic counselling:
Referred for genetic counselling as appropriate

Sterilisation:
Tubal ligation is available; male partners are advised re. vasectomy if relevant.

Incontinence:
Coombe Continence Promotion unit provides a comprehensive service to women with continence related problems. The unit has 3 specialist subdivisions Urogynaecology, Specialist Nursing Service and Physiotherapy.

Consumer representation:
In 2007 Consumer focus groups and Client Partnership Forum established.

Home Birth:
Not provided by hospital

Domino care:
Not provided, but antenatal clinics in the community and early transfer home following birth is provided to mothers living in Dublin 12, 22, 24, Naas, Newbridge, and Sallins in Kildare

Early transfer home:
Mothers living in Dublin 12, 22 (Tallaght), 24 (Clondalkin), Kill, Johnstown, Naas, Newbridge and Sallins can transfer home 12hrs after birth if suitable and receive postnatal care from a team of midwives who will visit mother and baby for up to 5 days.

Midwifery-led care:
While there is no specific midwifery led schemes, there are a number of areas where midwifery managed care is provided including the Midwives Clinics, Parent Education, assessment unit on the ground floor, Early Transfer Home Scheme, Neonatal Transition Home Scheme and the Evening Smear Clinic.

Affiliation to the Direct Entry Midwifery programme:
In September 2006 a four year BSc Honours Degree Pre Registration Midwifery commenced in conjunction with TCD.

Postnatal depression:
Women with a history of, and with, depression both are referred from the antenatal clinic, ante and postnatal wards to a Support Clinic run by a Consultant Psychiatrist and Registrar

Publication of a consumer-accessible annual report:
Part of the annual report is available on the Coombe Internet Site, www.coombe.ie

Participation in research studies:
Staff from the Coombe Women's Hospital take part in national and international studies. Doctors, Midwives and Paramedical staff do research as part requirement of Higher Degrees. There is a research ethics committee, which approves studies.

Complaints procedure:
Yes. There is a hospital complaints policy and procedure.

Infection control:
There is a infection control team led by a Microbiologist which includes 2WTE Clinical Midwifery Specialists (Infection Control and Infectious Diseases) and Surveliance Scientists.
Continuing education is provided on aspects of infection control including handwashing.
Infection Control Guidelines are developed.
The Hospital achieved 90% in The National Hygiene Audit in July 2006

Provision of full information for women on benefits and risks of routine policies and practices:
Verbal explanation is given to women supplemented by written information leaflets in certain specific areas.

Other relevant information:
A new capital development programme is due to commence in 2007 with the building of extensions to the Delivery Suite, Neonatal Centre, Perinatal Centre and Ultrasound Dept.
A new recovery area for Theatre, additional postnatal accomodation, new reception area and entrance to the hospital plus refurbishment of staff dinning room and new education centre have already been provided. Refurbishment is being provided to the wards and to the Antenatal OPD and Emergency Room.
The Early Pregnancy Assessment Unit and the Colposcopy Service has been expanded.
The Early Transfer Home service, provision of midwives clinics has been expanded.
A Neonatal Transition Home Service has been developed to support parents on discharge of babies from the Neonatal Unit.