

# **Normalising High Risk using a Team Approach.**

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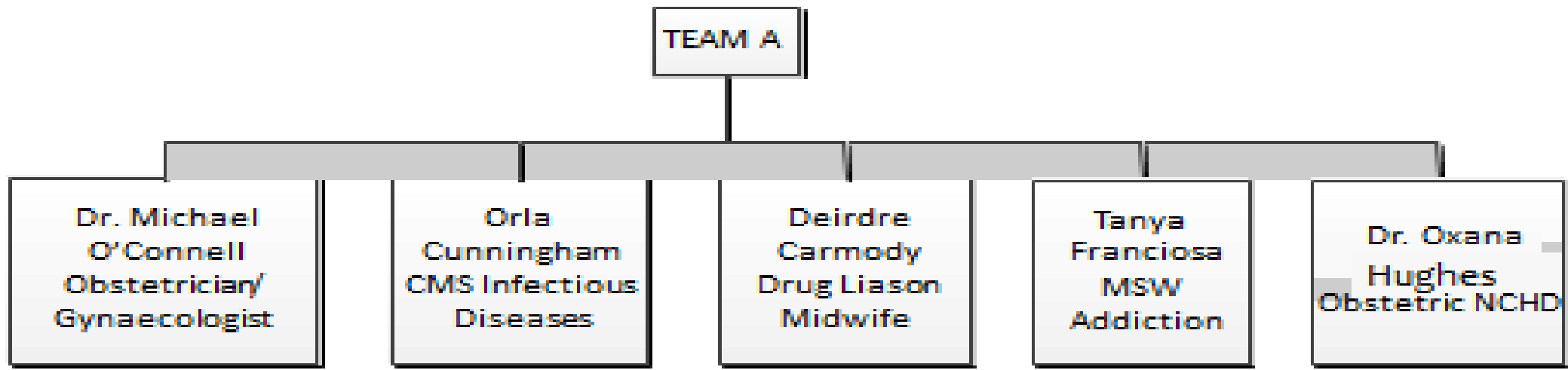
# Guiding Principles

- Non –Judgemental
- Direct Access
- Part of Normal team Structures in the Hospital
- Full Care provided
- Small Core Team
- Multi-Disciplinary ( Holistic care model)

# Aims of Dedicated Service

- Continuity of care
- Improved attendance to antenatal appointments
- Role of an assigned medical social worker who links in with women early in their pregnancy and known to the women on future pregnancies
- Introduction of repeat serology later in pregnancy for women at risk of HIV and Hep B and C
- Multi-disciplinary care
- Encouraging contraception in the postnatal period

# Our Team





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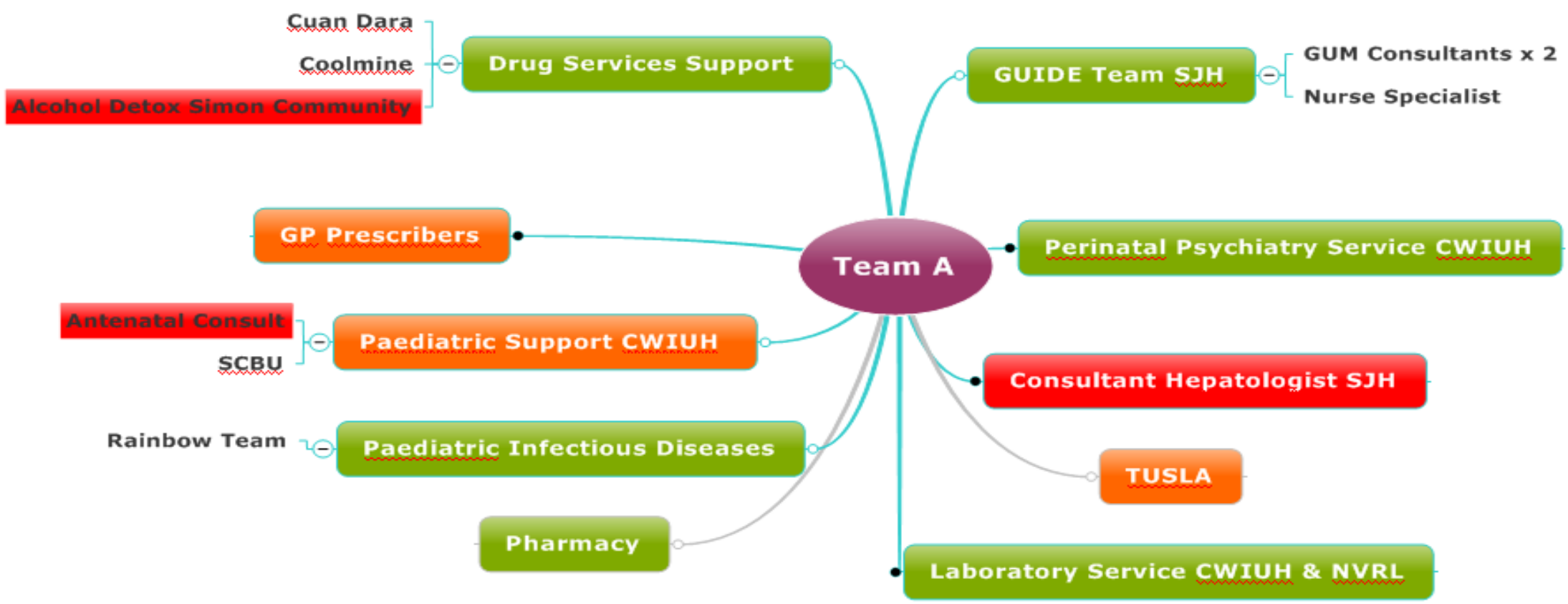
# Coombe Women & Infants University Hospital Ospidéal Ollscoille Ban agus Náionán an Chúim

*Excellence in the Care of Women and Babies  
Foirfeacht i gCáirum Ban agus Náionán*





# Support Services





# Role of GUIDE Team:

**Clinic x2/month**  
Looking after general health  
Serology  
Prescribing, Drug interactions

Participating in developing of plan for delivery ,  
postnatal management,  
follow up

**2 ID physicians with special interest in managing of ID in pregnancy,  
ID nurse**

**6/52 visit:**  
meds given for 4/12,  
then back to adult physician

**36/40:**  
MDT agreed plan for delivery





# Example of Patients records

Gynec 120 1995 1205195

RY PLAN:

RELEVANT HISTORY/CONDITIONS		ACTION/INVESTIGATION	
(HIV-1)			

DATE	URINE	BP	WEEKS	FUNDUS	FM	FH	OBSTETRIC COMMENTS
2/1/18		130/80	12'	-	normal	100%	tolerating ARTs. pending serology. Vomiting. Tolerating ARTs. pending serology. PMTCT discussed.
11/21/18		120/60	18'		?	?	well. FHV HIV. LW @ = 1 data. 2 clean
24/1/19		120/92	24'	(21-24)	low	100%	low. 100% ART. 100% ART. 100% ART.
24/2/19		122/80	28'		low	100%	low. 100% ART. 100% ART. 100% ART.
14/3/19							no issues with meds. Paracetamol. 100% ART. 100% ART. 100% ART.
17/3/19							discussed. + assessed no varicella status. Outbreak in circle. (last)
17/3/19							backache (work related). 100% ART. 100% ART. 100% ART.
14/4/19							100% ART. 100% ART. 100% ART.
14/4/19							100% ART. 100% ART. 100% ART.

SJM ADDRESSOGRAPHY		RELEVANT SOCIAL HISTORY	
NAME	120 5195	No frequency detail	
MRN	120595 DOB	No frequency detail	
CONSULTANT		No frequency detail	

DATE	TEST	RESULT	COMMENT
	HIV Ag/Ab	(1)	Final 10/1/18
	Syphilis	0	
	Hep C	0	
	Hep B	C/Ab 2.05	
	STI Screen	- C/Ag 0.0 18/8/18	
	VZV	low	
	Other	metastatic	
	Other	Kidney	

DATE	CD4	VL	GEST	MEDICATION AND COMMENTS
2/1/18	92 (24)	ND	12w/18	on Empava and preprava
20/1/18	815 (38%)	VL-ND	24w/18	on Empava and preprava
17/3/19	624 (35%)	VL-ND	32w/19	on Empava and preprava
16/4/19	57	VL-ND		on Empava and preprava



# Role of Drug Liaison Midwife

- Trust relationship
- Encouraging women to reduce or stop illicit drug use
- Improving antenatal attendance and compliance to care.
- Liaise between the obstetric service and the drug treatment service to ensure that the women are followed comprehensively in both services and that good communication exists between both teams.



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# Pregnancy: a motivator for change

In the last 10yrs of women attending our service,

- 88 women were enrolled onto an opiate substitute programme for their opiate addiction showing that pregnancy is a good motivator for change.
- 90 admissions to Cuan Dara, Cherry Orchard Hospital for 4 week stabilisation programme.
- 7 women admitted to Ashleigh House, Coolmine for further inpatient recovery programme either directly from the CWIUH or from Cuan Dara.



# The Role of Social worker

## Opportunities

Encourage  
Antenatal  
Attendance

Encourage  
Engagement

Improve Social  
Outcomes for the  
mother and baby

Provide support  
with other  
psychosocial  
stressors



# Effective team



Trust



Listening



Questions



Reflections



Accountability

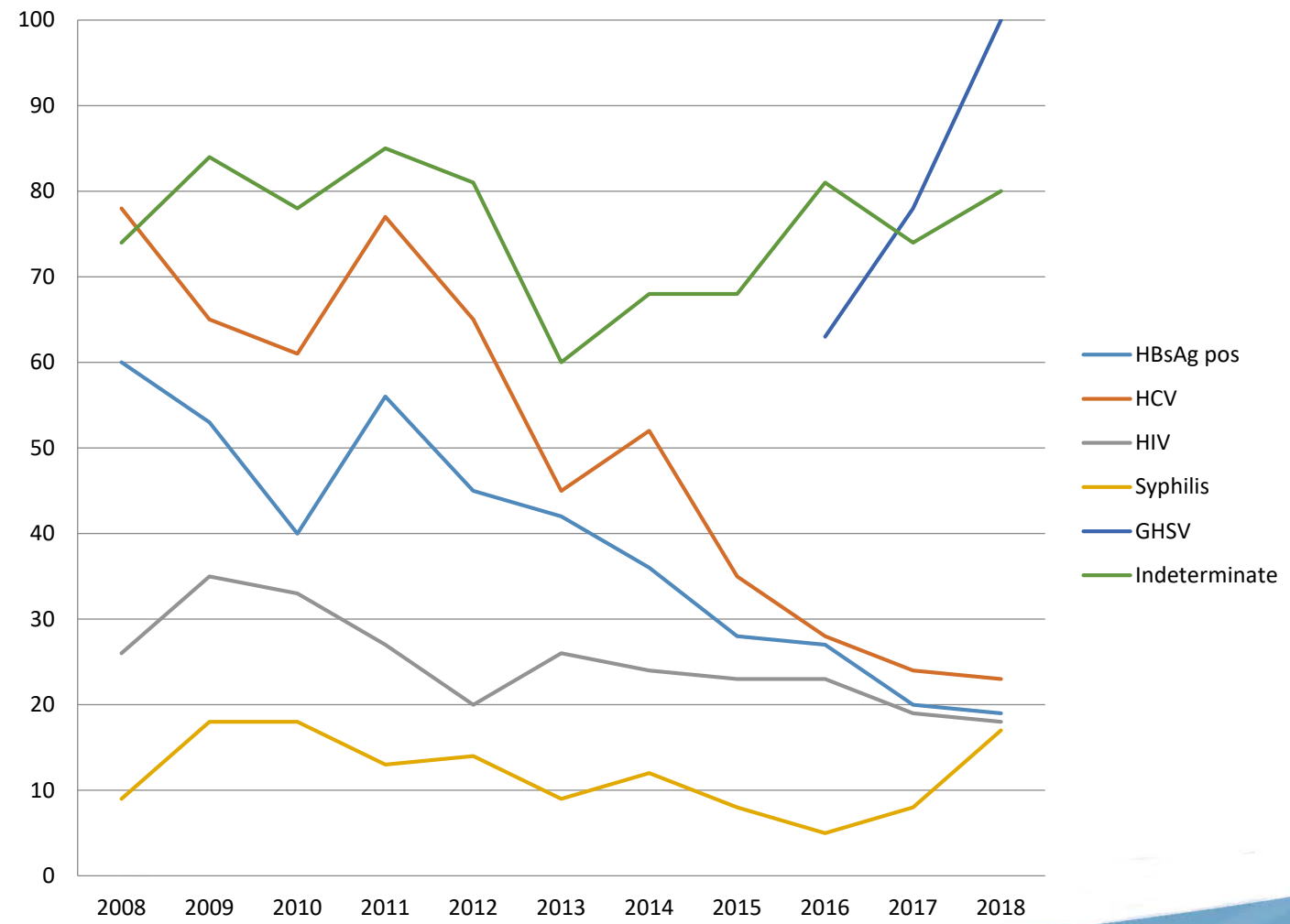
Trust creates the safe space needed for honest exchanges, constructive feedback, and true growth.



# Trends

## Serology Positive Antenatal

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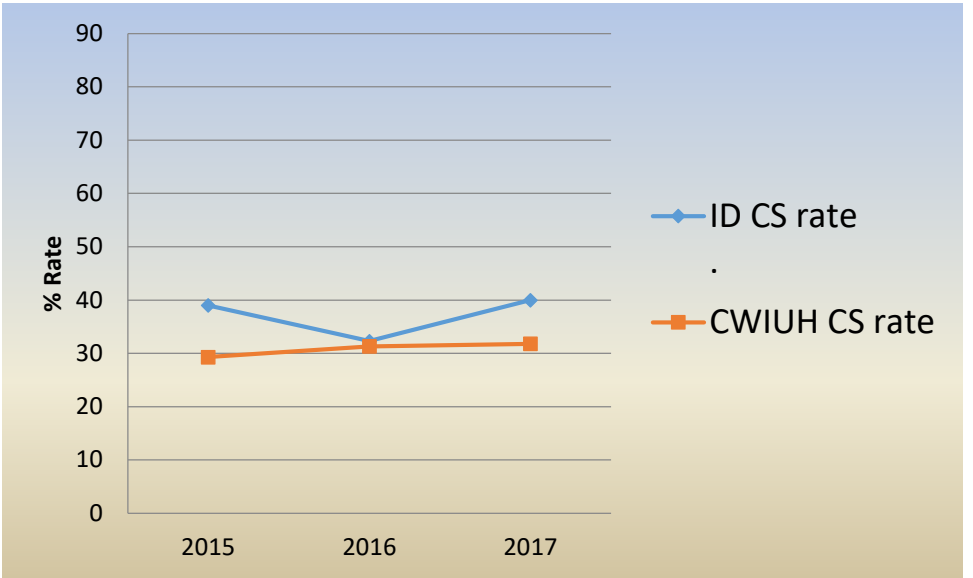
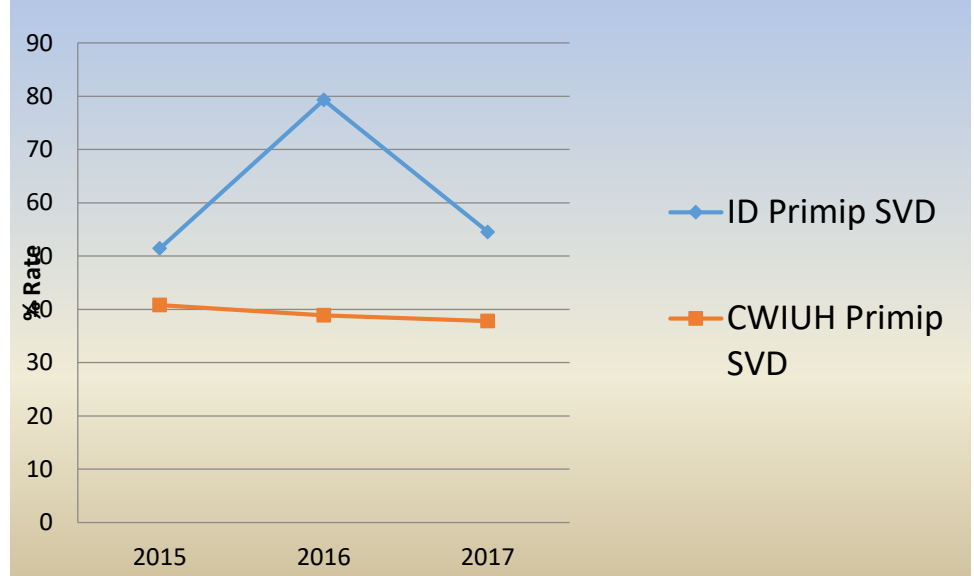




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# Birth Outcomes ID High risk patients

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# Evidence-based Medicine

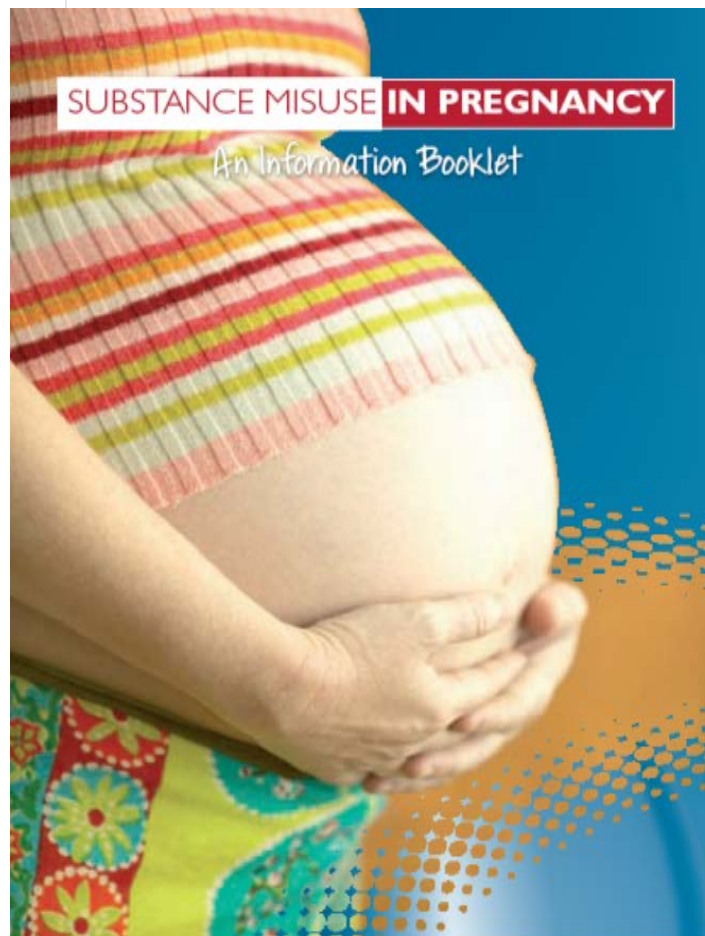


CLINICAL PRACTICE GUIDELINE  
METHADONE PRESCRIBING AND ADMINISTRATION IN PREGNANCY

Institute of Obstetricians and Gynaecologists,  
Royal College of Physicians of Ireland  
And  
Directorate of Strategy and Clinical Care  
Health Service Executive

Version 1.0  
Guideline No.22

Date of publication: April 2013  
Revision date: April 2015



## Preventing Perinatal Transmission:

A practical guide to the antenatal and perinatal management of

HIV  
Hepatitis B  
Hepatitis C  
Herpes Simplex  
&  
Syphilis

*Ultimately each pregnancy calls for an individualised care plan.*

To replace all previous editions

Date: August 2015  
Review date: August 2018

The Rainbow Clinic  
Our Lady's Children's Hospital, Crumlin, &  
The Children's University Hospital, Temple Street,  
Dublin, Ireland



# “Excellence in the care of women and babies”



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# MIND THE GAP



# TESTIMONIAL

‘Continuity of care: I don’t need to explain who I am, what I need or what my journey to motherhood has been thus far at every appointment.

The medical team will always follow up on any questions or concerns that I may have, and there is a sense of progression at each appointment – that together we were always moving towards bringing both our babies safely into the world.

An empowering and close relationship.’

Service User 2018



**Thank you. Any questions?**