

A Knowledge Gap in Neonatal Tissue Donation in Irish Maternity Units

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Dear Sir,

Dr John Murphy's piece on organ donation in young infants aroused curiosity about the understanding and awareness of the process among Health Care Professionals (HCPs), especially when it comes to the neonatal age group¹. In addition to organ donation after neurological or circulatory death, the discourse must also include tissue donation after death. This includes removal of tissue, usually cardiac tissue such as valves, and/or cornea in the hours after death. Such tissue can be used to provide valuable human allogenic valve repairs to infants and small children, or potentially improve vision in up to 6 people per infant donation. Umana et al concluded that there is a need to increase awareness along with implementation of educational programmes among HCPs regarding organ donation and transplant in their survey which assess the attitudes and level of knowledge of HCPs regarding organ donation².

There is a paucity of data about Irish neonatal tissue donation in the literature, which prompted us to undertake a telephone survey of all 19 neonatal units across Ireland, to assess the level of knowledge and awareness of caregivers for this age group. This was performed by targeting Clinical Nurse/Midwife Managers (CN/MM's), advanced nurse practitioners or senior physicians and reflects the average level of awareness about the process amongst the neonatal community. The 'Yes or No' questionnaire focused on the awareness of the process itself, the presence or absence of a written policy relating to neonatal tissue donation in their unit, who to contact in case of donation, what tissues could be donated and finally we asked if information relating to neonatal organ donation would be useful to have in their units.

We found that no single unit across Ireland reported having a written policy or guidelines for tissue donation process in neonates. Only 15% of units contacted were aware about the process itself. When contacted 30% knew what tissues could be donated, and 10% knew who to contact if required. Twenty per cent of units reported having a case of tissue donation in their unit and 94% of units believe that the above information would be useful to have in their units. During the course of the survey a common misconception among HCPs relating to the process of tissue donation/retrieval was noted that it should be carried out in a tertiary centre.

However, this is not the case. The retrieval procedure requires an operating theatre and the assistance of one surgical nurse so that the transplant team can operate in the hospital where the donor is present or has died, thus potentially avoiding having to unnecessarily move families from their support networks and homes in a very trying time.

This survey exposed a gap in the knowledge and awareness of the tissue donation process in neonates in Ireland and sheds light on the importance of having a national policy for it. It also suggests that there is a substantial room for improvement of training and orientation especially for the caregivers who are likely to initiate this process.

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