ELECTIVE (SSC5c) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

To appreciate some of the reasons behind the increase in obstetric complications in Ghanaian women and how this relates to African women who present to maternity departments in the UK.

Korle Bu Teaching hospital sees a lot of women with many obstertirc complications. I distinctly remember walking on to labour ward on the very first day of my placement to a woman with eclampsia actively fitting. Despite the fact that this was very harrowing to witness, it was also the very first time I had witnessed eclampsia - up until this day, I had only read about it in textbooks! So why then do West African women have a higher obstetric mortality rate?

Research has shown that even when women from West African have access to a maternity ward with adequate obstertic quitipment, they still develop life threating compications during pregnancy (Hollander, 2001). It is estimatd that 3-9/100 giving birth in West Africa develop severe complications that were directly attributable to preganancy - approximately 1 in 3 of those with sepsis or uterine rupture, and about 1 in 5 of women with eclampsia died, and this is such a shocking statistic! The most common life threating complication is haemorrhage – most commonly in the post partum period. Research has estimated that approximately half of obstertic complications are as a result of haemorrhaging (Prual et al., 2000).. This was evident whilst on placement at Korle Bu. Dystocia is the second most common severe obstetric complication representing , representing 31% of severe maternal morbidity in Western Africa; hypertensive disorders (10%); sepsis (1%); and a variety of other causes (12%) being the other major contributors (Prual et al., 2000). This goes without saying that it is imperative to ensure women in the UK with an African origin are assessed to ensure what risk of pregnancy they carry, and cared and treated for appropriately, and this is something that I have grown to learn over the period I have spent here in Ghana (Prual et al., 2000; Hollander, 2001).

To compare healthcare provision of the NHS system in the UK with the newly developed National Health Insurance System (NHIS) recently commenced in Ghana.

Ghana recently introduced the NHIS system. The NHIS system is a form of National health insurance, with the aim of providing access to the basic healthcare for Ghanaians; in essence similar to the 1948 NHS we have in the UK. Under the policy of the NHIS, three types of health insurance schemes have been set up:

- **The District-Wide Mutual Health Insurance Scheme.**
- **The Private Mutual Health Insurance Scheme.**
- **The Private Commercial Health Insurance Scheme (NHIS, 2003)**

There is some ongoing controversy about the scheme in Ghana, and that is mainly because there have been proposals to ask Ghanaian citizens to pay a one-time premium in order to be offered services under the NHIS scheme. This however hasn't materialised as the date for implementing this keeps shifting. Other critics of the NHIS scheme suggest that a one-off payment isn't sufficient enough to support the scheme, and have rather suggested a yearly premium to be paid. This will put things

almost in line with the NHS system in the UK whereby UK citizens pay a monthly supplement from the wage, which indirectly goes in to supplement the NHS. Of course this is heavily subsidised by the government, but in principle, the Ghanaian NHIS is aiming to emulate the UKs NHS- although there is still a lot of work and planning that needs to be implemented.

To appreciate the Korle Bu Teaching Hospital protocol on the management of Obstetric complications, in particular Pre-eclampsia Toxaemia (PET), and compare and contrast that to Royal College of Obstetric and Gynaecology (UK) guidelines and protocols

KBTH has extensive protocols on the management of PET and Eclampsia. These are broadly in line with the management offered to patients in the UK under the RCOG guidllines. Broadly speaking, classification of PET and management of PET in Ghana and the UK are the same. They are classified as follows:

- **Mild hypertension: diastolic blood pressure 90–99 mmHg, systolic blood pressure 140–149 mmHg.**
- **Moderate hypertension: diastolic blood pressure 100–109 mmHg, systolic blood pressure 150–159 mmHg.**
- **Severe hypertension: diastolic blood pressure 110 mmHg or greater, systolic blood pressure 160 mmHg or greater.**

(NICE Guidelines, 2015)

The mainstay of management of PET is also centered around controlling the hypertension with anti hypertensives. The first line treatment is usuallly Labetalol in both countries. The main difference I noted whilst being on elective in Ghana was just the sheer number of women who were on anti hypertensives during their preganancies. And with the average age of women on the labour ward I spent my time on being 19.3 years, this was a very shocking thing to witness.

To gain a better understanding of obstetrics and gynaecology in the developing world and how this will affect my clinical practice in the future.

All in all, I have learnt a lot from the six weeks that I spent at KBTH! I've seen a lot, done a lot, learnt a lot and will take a lot from this experience. I am still unsure as to whether I will pursue a career in Obstetrics and Gynaecology, but what I have witnessed whilst being here will ultimately shape the kind of doctor that I become in the future. I initially had my 4th year placement at medical school in a small District General Hospital in Essex where what I mainly saw were water births and grossly speaking uncomplicated deliveries, but this experience has made me appreciate just how dangerous labour can be for women and their unborn children. The volume of what I saw, the nature of what I saw, and the complexity of what I saw is something that I will always remember in years to come whatever specialty I eventually end up in as a clinician in the UK.

References

Hollander, J., Obstetric Complications Common in West Africa, Despite Accessible Care, International Family Planning Perspectives Volume 27, Number 1, March 2001

Prual A et al., Severe maternal morbidity from direct obstetric causes in West Africa: incidence and case fatality rates, Bulletin of the World Health Organization, 2000, 78(5):593-599.

The NHIS System in Ghana, Modern Ghana. URL: http://img.modernghana.com/images/content/report_content/NHIS.pdf Date accessed 01/05/15

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