

## **ELECTIVE (SSC5c) REPORT (1200 words)**

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

**Obstetrics and Gynaecology in Harlow was slightly different to my experience during my fourth year placement at Newham. The population in Harlow is majority white caucasian, and it was evident that maternal health is frequently poor. The greatest struggles I witnessed were of obesity, gestational diabetes and substance abuse. I saw some very young women become mothers during my placement; commonly some already had other children.**

**An interesting case I saw on Labour Ward was a 22yo female drug abuser, 32 weeks pregnant who had not felt fetal movements for 2 weeks. She had not attended multiple antenatal appointments and had lost her pregnancy notes. She was accompanied by a 19yo male, who was not thought to be the father. Abdominal distension was minimal, inconsistent with 32 weeks gestation. The CTG was described by the consultant as “pathological”, and he decided to do an urgent ultrasound scan which revealed intrauterine growth restriction; the fetus measuring an approximate size of 26 weeks, reversal of blood flow through the umbilical artery and reduced liquor. A category one emergency lower segment caesarean section on Labour ward delivered a baby with extremely low birth weight, approximately 800g. The baby required immediate paediatric resuscitation before transfer to PAH NICU, and was eventually transferred to a grade 3 NICU.**

**In contrast, during an EPU clinic I attended, a 15 year old girl who was 5 weeks pregnant was struggling to decide whether to keep her baby, with a lot of pressure from her mother to terminate the pregnancy. Her mother appeared young and had a baby with her; they argued during the consultation, the young girl protesting that her mother had not made the decision to abort when pregnant with her, suggesting her mother had also been young at the time.**

**During an Antenatal clinic, I met a nulliparous 18 year old gestation 35+5 weeks, who found out she was pregnant 3 weeks ago. She was malodourous of body odour and smoke. She had poorly controlled asthma and currently smoking, though recently cut down and felt this was sufficient. Her family history included schizophrenia and Angelmann Syndrome. She lives with her boyfriend who attended the clinic but waited outside, and slept in the waiting room.**

**The delivery of maternity services in the UK begins with the community booking appointment between 8 and 10 weeks of pregnancy with community midwives or the GP, which includes a basic patient and partner clerking, detailed obstetric history and calculation of due date based on LMP. An ultrasound scan for estimating due date occurs between 8 and 14 weeks. There is an antenatal check at 16 weeks and thereafter, anomaly scanning is done between 18 and 20 weeks. Antenatal appointments after this time include obstetric examination of the abdomen, whilst frequency depends on the parity of the woman. Regular maternal testing includes blood pressure, urinalysis and blood tests (and glucose tolerance testing if necessary), monitoring for pre-eclampsia, gestational diabetes**

and anaemia. Expectant mothers should receive counselling on methods to remain healthy during pregnancy, such as exercise, diet, folic acid supplementation.

I joined Mr Wee for an ultrasound clinic, where we saw patients referred by sonographers after previous concerning ultrasound scans. There were cases of suspected Down's Syndrome, antibody incompatibility and exomphalos (who unfortunately did not attend).

The experiences of young unplanned pregnancies were a huge contrast to the older generation of women I met in gynae outpatients presenting with infertility/subfertility, desperately trying to conceive. There were discussions about fertility treatments and eligibility for in vitro fertilisation.

The rate of teenage pregnancy in Essex is perhaps not greatly indifferent to rates across the country; in 2009, 30-45 per 100,000 in those aged 18 and under (see Figure 1 below)(1). Factors found to contribute towards unplanned pregnancy include lower levels of education, first episode of sexual intercourse below the age of 16, substance abuse, smoking and depression (2), which I witnessed commonly in Harlow.

(See attached picture)

Figure 1. Teenage Pregnancies in England and Wales (2009). This diagram shows the teenage pregnancy rate across England and Wales per 100,000. Most areas had between 15 and 60 pregnancies per 100,000 women below the age of 18, with exceptional areas such as Southwark and Stoke-on-Trent having rates above 60 per 100,000. (1)

1974 saw the introduction of free contraception available to all through the NHS in the UK. In theory this should greatly reduce the rate of unplanned pregnancy and keep it to a minimum, though it should be questioned whether its maximal benefits are being seen in modern practice. Counteracting this intervention are myths surrounding of reliability of other "contraceptive methods", such as the withdrawal method, or the use of barrier contraceptives only for prevention of spread of STIs.

Unfortunately I was not able to attend the colposcopy clinic timetabled during my short placement, because I received my timetable for the week later that day. However during my previous O&G placement in fourth year, I attended colposcopy clinics and learned about screening for cervical cancer. The national cervical screening programme is provided free of charge by the NHS to all female UK residents between 25 and 64 years of age. It is three-yearly between ages 25 and 49, then 5-yearly between 50 and 64. By screening for the causative agent Human Papilloma Virus (high-risk strains 16 and 18) as well as early dysplastic changes, early interventions are highly effective in preventing the progression to malignancy. Approximately one in 20 screening test results is abnormal. Colposcopy defines the cervical abnormality by acetic acid/iodine stain and biopsy to determine the requirement for treatment of Cervical Intraepithelial Neoplasia; methods include large loop incision of transformation zone, cryotherapy and laser therapy. Before the age of 25, the visual microscopic appearance of cells is not sufficiently reliable for diagnosing nor excluding early dysplastic changes; any abnormalities may later revert to normal. Means of promotion for public awareness include information leaflets and booklets, invitation to screening through GP- records and public posters. Awareness of cervical cancer has arisen with celebrity patients being open about their diagnosis and cancer battle with the public, as well as the introduction of the HPV vaccine in young girls and women as a preventative measure (3, 4).

With regards to my personal professional development goals, I was able to achieve most of my objectives. I was able to practice my O&G clerking skills on gynae outpatients and present the cases to the consultant, scrub up and assist in theatres during a hysterectomy plus bilateral salpingoophorectomy. My experience on the Labour Ward was brilliant, thanks to the midwives. I saw multiple normal vaginal deliveries (one of which I was able to hands-on assist), a waterbirth (on birthing unit), forceps deliveries, emergency LSCS, as well as induction of labour by pessary. I carried out an observed speculum examination to take a swab to test for spontaneous rupture of membranes, and I was lucky to witness a (successful) external cephalic version.

The team were very willing to offer an insight to the speciality as a career. Senior female doctors emphasised the flexibility of training when considering having a family, whilst experiencing a night shift demonstrated the reality of the long shifts and the jobs each training level is expected to carry out. I am pleased to say all experiences were thoroughly enjoyable and not off-putting at all!

## References

- 1) The Guardian. Teenage pregnancy rates through England and Wales [online] 2011. Available at: <http://www.theguardian.com/news/datablog/2011/feb/22/teenage-pregnancy-rates-england-wales-map>
- 2) Wellcome Trust. One in six pregnancies among women in Britain are unplanned [online] 2013. Available at: <http://www.wellcome.ac.uk/News/Media-office/Press-releases/2013/Press-releases/WTP054814.htm>
- 3) Public Health England. NHS Cervical Screening Programme. [online] 2015. Available at: <http://www.cancerscreening.nhs.uk/cervical/>
- 4) Macmillan. Treating CIN. [online] 2012. Available at: <http://www.macmillan.org.uk/information-and-support/diagnosing/how-cancers-are-diagnosed/cervical-screening/treating-cin.html>