

ELECTIVE REPORT

Newham borough of London, comprises of one of the most ethnically diverse populations within the UK. Asian/British Asian (Indian, Bangladeshi, Pakistani) account for 46.5% of the population, followed by 26.5% white and 18.1% black residents (1). Socioeconomically, Newham was ranked as the 25th most deprived local authority within the UK. As a consequence of the diversity and socioeconomic status of Newham compared to the national average, I was able to observe certain patterns and conditions prevalent to the region during my elective at Newham University Hospital.

Whilst attending antenatal clinics, I noticed that Gestational Diabetes (GD) was a common reason for women to be referred for consultant-led antenatal care. GD is characterised by the development of hyperglycaemia, commonly observed during the second or third trimester (2). Risk factors predisposing to GD include: family history of diabetes, BMI > 30, GD in the previous pregnancy, previous baby >4.5kg at birth, ethnicity (South Asian, Chinese, African-Caribbean) (3). Since a large proportion of the Newham population is of South Asian origin, it is a major factor attributing to the higher incidence of GD within the region compared to the national average. GD poses complications for both the mother and child; therefore, earlier diagnosis and intervention is essential. Complications from GD affecting the child include: Macrosomia (resulting in complications during birth), preterm birth, hyperglycaemia at birth, stillbirth, Type 2 diabetes later in life. Complications affecting the mother include: pre-eclampsia and Type 2 diabetes (4). Upon diagnosis of GD, the pregnancy is escalated to 'high-risk', requiring consultant-led antenatal care with more frequent routine appointments. Lifestyle changes and regular home glucose monitoring is initially advised for all patients, with further intervention using medication if required. Post-natal follow up in the community is essential in detecting onset of Type 2 Diabetes in mothers with a diagnosis of GD during pregnancy.

The most prevalent gynaecological conditions in the UK include Pelvic Inflammatory Disease (PID), menstrual disorders (menorrhagia), uterine fibroids, menopause and urinary tract infections (5, 6). In the UK, these conditions are commonly seen by the General practitioner initially, before being referred to secondary care if required. Common obstetric conditions include pre-eclampsia, ectopic pregnancy, miscarriage and gestational diabetes, both within the UK and globally. The incidence of infections during pregnancy is higher globally, in comparison to the UK. A noticeable trend towards an increase in C-sections was seen both within the UK and Globally (7).

Endometriosis was a common condition I observed in outpatient gynaecology clinics during the placement. Endometriosis is extremely common in the UK, affecting 1 in 10 women of reproductive age (8). It is characterised by the development of uterine tissue (endometrium) outside the uterine cavity, commonly confined to the pelvis but rarely it may develop within distant organs (9). The common symptoms women presented with during clinics included: Dysmenorrhoea (painful periods), Dyspareunia, infertility and excessive bleeding. Earlier diagnosis is essential in preventing complications, such as infertility. Management of endometriosis is based on pain relief and hormone therapy.

I had thoroughly enjoyed my Obstetrics and gynaecology rotation at Homerton Hospital during 4th year and consequently wanted to arrange my elective within the same specialty. My fourth-year rotation, provided a basic understanding of Obstetrics & Gynaecology, nonetheless a very exciting experience, which I wanted to explore further. During the elective, I was able to complete clinical procedures including cannulas and catheters, which will be beneficial for me before commencing my foundation year training. Since I have an Obstetrics & Gynaecology rotation in FY2, I found it particularly useful shadowing fellow FY2 junior doctors to get an idea of the tasks & responsibilities that the job entails. I was able to understand some of the challenges faced by the labour units, including shortage of midwives, and the impact this had on the remaining team. I observed and became familiar with a range of obstetric & gynaecological procedures during time spent in theatre. My elective has certainly allowed me to explore and strengthen my decision of wanting to pursue obstetrics and gynaecology as a potential career path in the future. I have thoroughly enjoyed my elective within obstetrics and gynaecology, and it has been an extremely insightful experience, which will certainly benefit me in my future medical training.

REFERENCES:

1. Newham facts and figures 2015 [Available from: <http://www.newham.info/factsandfigures>].
2. Gestational Diabetes 2018 [Available from: <https://www.diabetes.co.uk/gestational-diabetes.html>].
3. Gestational diabetes - NHS.UK. 2016.
4. Kim C. Gestational diabetes: risks, management, and treatment options. *Int J Womens Health*. 2010. p. 339-51.
5. Global, regional, and national incidence, prevalence, and years lived with disability for 310 diseases and injuries, 1990–2015: a systematic analysis for the Global Burden of Disease Study 2015 - PIIS0140-6736(16)31678-6.pdf: s were excluded from our analyses because of; 2016 [Available from: [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(16\)31678-6.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(16)31678-6.pdf)].
6. Gynaecology 2018 [Available from: <https://www.birmingham.ac.uk/Documents/college-mds/haps/projects/HCNA/008HCNAchap8.pdf>].

7. Maternity statistics - England 2015 [Available from: <https://www.nct.org.uk/professional/research/maternity> statistics/maternity-statistics-england.
8. Endometriosis Facts and Figures | Endometriosis UK 2018 [Available from: <https://www.endometriosis-uk.org/endometriosis-facts-and-figures> - 3.
9. Bloski T, Pierson R. Endometriosis and Chronic Pelvic Pain: Unraveling the Mystery Behind this Complex Condition. Nurs Womens Health. 2008;12(5):382-95.