ELECTIVE (SSC5a) REPORT (1200 words)

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

OBJECTIVE 1: Gain an insight into the most common O&G conditions that affect the local population in Algeria and compare this to the global prevalence of these conditions.

According to the World Health Organization (WHO), the maternal mortality rates, in Algeria, have significantly declined over the past few decades with a maternal mortality ratio (the number of maternal deaths per 100 000 live births) of 140 in 2015 compared with 216 in 1990.1 Worldwide, this maternal mortality ratio dropped from 385 deaths to 216 deaths during this same time period. To put these numbers into a better perspective, countries such as Greece and Poland have the lowest maternal mortality ratios at 3 and the highest ratios at around 1360 in Sierra Leone.2 Hence, it can be seen that Algeria is doing consederably well but with some room for improvement.

Often women die during labour or shortly after as a result of heamorrhage and shock, infection, cardiovascular complication or eclampsia. From what I gathered by talking to the different O&G doctors there, this decline is mainly due to the increased rate of ceasarean sections. Upon identification of a high risk pregnancy or suspicion of a difficult normal vaginal delivery, the doctors often opt for a cesarean section. In fact, the rate of cesarean section is almost equal to that of normal vaginal deliveries. Their justification for this is the lack of resources required to manage a complicated vaginal delivery or deal with obstetric emergencies hence they prefer to avoid getting into such delicate situations in the first place.

Other than one case of pre-eclampsia that results in the death of a 33 week gestation baby and a case of soulder dystocia, the bulk of the cases that I saw consisted of fibroids, menorrhagia, infertility, early pregnancy bleeding, gestational diabetes, normal labour and cesarean sections. It was difficult to quantify the prevalance of these conditions given the small size of the population in the region and the small capacity of the hospital.

OBJECTIVE 2: Gain an understanding of the management approaches of the commonest O&G conditions in Algeria and contrast this with those adopted the UK

O&G at the EPSP D'Azzefoun is run slightly differently from what I had experienced at the RLH during my 4th year O&G placement. They have a single maternity ward consisting of two bays (one gynaecology and the other obstetrics) and one birthing room. It is staffed by 1 nurse, 2 midwifes and 2 O&G specialist doctors during the day shift. The role of an O&G doctor in this hospital involves looking after the patients on the ward, assisitng in the birthing process, providing specialist input in A&E when needed, performing cesarean sections and other gynaecological operations and running clinics once a week.

I spent a considerable part of my elective in theatres assisting with the O&G procedures namely cesarean sections, hysterectomies and myomectomies. The consenting and pre-operative assessments are identical to what is practices here in the UK. The theatre environments are also very similar as well as the scrubbing up technique and the importance of the surgical count. I had also encountered some unusual differences such as the lack of sign in and sign out checklists, the use of reusable linen for

surgical gowns and sterile fields. Most importantly, the frequent power cuts, albeit for very short periods as they have power generators that take over the provision of electricity, can leave both the patient and the doctors in a very difficult situation.

Also, it was interesting to see that episiotomies were performed electively on all labouring mothers and without the use of local aneasthetic which I thought is an unnecessary added source of pain for the labouring woman.

In terms of management plans, in general, the Algerian health care system follows the french recommendation and protocols. This is mainly due to the historical link between the two countries as well as the lack of local research to aid the customization of such management plans.

OBJECTIVE 3: Evaluate the use of iron and folic acid supplementation preconceptionally and during pregnancy and the impact of it on anaemia prevention in the mothers and neurological problems in the babies

During my elective, I attended a number of antenatal clinics which enabled me to gain a good insight into the antenatal care women in Algeria receive and compare it to what we offer here in the UK. Comparable to the UK, women attended a booking consultation whereby they are asked about past medical history, given health advise including foods to avoid, offered a dating scan and a blood test. They are then given follow up appointments.

Contrary to the UK, however, testing for Down syndrome and other trisomies does not form part of the routine program. The argument behind this is that abortions are prohibited in Algeria and the only indication for one is anencephaly, therefore identifying a Down syndrome fetus would not change the course of the pregnancy.

Other differences that I picked up include the offer iron supplements to all the pregnant women regardless of their iron blood levels and this is in order to prevent anaemia. Folic acid is also offered but not preconceptionally.

Furthermore, unlike the UK, ultrasound scans are readily available and are performed on every woman who attends the maternity clinic as a means of monitoring the wellbeing of the baby. This formed a great learning opportunity for me as I received considerable teaching and experience on both how to perform them and interpret the images.

OBJECTIVE 4: Explore how the doctors study medicine in one language and communicate with patients in a different native language and the potential difficulties that consequently arise.

The language barrier is one of the interesting aspects of practicing medicine in a Algeria that I was interested in exploring especially that medicine is studied in french, which is considered a third language in the region I was in; and usually only spoken by intelects.

The doctors often find themselves in a difficult and sensitive situation particularly when it comes to explaining diagnoses and consenting for surgical operations such as myomectomies which require full

knowledge of the associated risks and benefits including the possibility of a hysterectomy should an uncontrolable heamorrhage occur.

There is always a level of uncertainty whether the patients actually understood what the doctor is saying. Moreover, some patients' minimal medical knowledge added another layer of difficulty to the communication problem.

However, as time went by, I began to notice the doctors' extensive experience in dealing with these difficulties as it constitutes the bread and butter of their work. I found that they tend to allow extra time for explaining and consenting. They have developped ways to explain the diagnosis in lay terms and would often use real life examples to illustrate some physiology principles in order to aid understandings. Most importantly, they use the teach back technique with almost every case. Finally, they have developped an exquisite skill in recognising confused patients and would often offer another appointment with the patient and a relative to help.

References:

1. Maternal mortality in 1990-2015. World Health Organization (WHO). 2015 [online] at: http://www.who.int/gho/maternal_health/countries/dza.pdf [accessed 01/05/18]

2. Country comparison: maternal mortality. Index Mundi. 2018 [online] at: https://www.indexmundi.com/g/r.aspx?v=2223 [accessed 01/05/18]