

ELECTIVE (SSC5a) REPORT (1200 words)

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

Objective 1

There are specific patterns that influence the high-risk pregnancies in the Hackney population. This is also an important area to understand well because Hackney as a borough exhibits a higher prevalence of high-risk pregnancies compared to its neighbors. Hence this puts pressure on Homerton maternity unit because the complexity of antenatal, intrapartum and post-partum care also increases proportionally. Maternal factors that contribute to the increased risk of pregnancies in Hackney are mainly high blood pressure, raised BMI, co-morbidities (ITP, renal disease, sickle cell disease), diabetes as well as increased maternal age. During my placement I realized it is common to see pregnant woman at higher end of the ages of fertility such as over 40 years of age, as well as BMI as Homerton is a specialist in this regard. Another maternal risk factor can arise from the religious belief of the pregnant woman. I have observed that Hackney has a prominent Jehovah's witness population. Not all but some are opposed to getting a blood transfusion even in the case of a life-threatening emergency. Giving birth can be a state whereby the mother can lose blood from atonic uterus, or low-lying placenta, infections etc. This in return increases the pressure on the maternity care and requires extra special planning to make sure that all can be done to prevent the need for blood transfusions for these ladies. Moreover, socioeconomic factors on maternal side can also make a pregnancy high-risk. For example, lower income and educational levels can increase the risk of missing antenatal appointments which can lead to complications. Additionally, specific to Hackney there are many groups of people with different backgrounds that live in the area. Maternal heritage can therefore also be a pattern detected in high-risk pregnancies. For example, maternal language barrier can increase the anxiety of the pregnant woman, lead to miscommunication hence a higher risk pregnancy. There is a big Turkish population in Hackney that cannot communicate very effectively in English. This can generate a barrier in healthcare acquisition for these ladies. Foetal factors that can increase the risk of the pregnancy ranges from genetic abnormalities, multiple pregnancies and intrauterine growth restriction. During my placement I observed many foetal factors that can determine the outcome of a pregnancy both in the foetal medicine unit and also at the termination of pregnancy clinics and theatres. These ranged from severe cardiac anomalies to T21 to T18 and omphalocele.

Objective 2

Health provision for the population in Hackney, which is by virtue high-risk due to the factors mentioned above, have distinct characteristics when compared to the rest of the UK. Higher risk populations require

more specialized healthcare services to deal with the complex issues these women present with. As a result of the demand for specialist services the healthcare provision of Homerton puts an emphasis on a comprehensive model of antenatal and obstetric care keeping in focus early detection, monitoring, and management of these high-risk pregnancies. This includes the combination of specialized clinics, the MDT and a teamwork approach between obstetricians, midwives and other healthcare professionals. Perhaps the best example of this is the high-risk antenatal clinics that run on Thursday afternoons. These clinics vary from high blood pressure clinics to neurology and hematology. During pregnancy it is common for women to suffer from changes in blood pressure levels, or red blood cell levels however these clinics are aimed to women who have more complex issues such as pre-eclampsia, genetic blood disorders (sickle cell disease, hereditary spherocytosis), or pregnancy related new conditions such as ITP. The joint clinics with the maternal medicine consultants and the specialist consultant allow an MDT approach that allows the best care for the women and the baby. For example, in the high blood pressure clinic it is not only women who have currently pre-eclampsia or hypertension are seen but it's also people who have a history of this. This allows for the early detection mentioned before, as well as putting in place the steps for proper monitoring such as growth scans, 20-week dopplers. Moreover, having these higher-risk women in monitoring the management and planning for the delivery to get the safest outcome also then becomes easier as good planning of the delivery with clear communication and a plan is a very important step in the antenatal care.

Objective 3

Social determinants of health play a huge role in the care of a patient hence patient outcomes. This is particularly important in the context of high-risk or complex pregnancies. Social determinants of health can be thought of many things ranging from socio-economic to environmental factors that affect women's health and overall wellbeing. As explored in section 1, socioeconomic status is a key determinant that can affect outcomes. For example, lower income levels and or instability in a women's financial status can lead to a poorer outcome due to increased hardship in adopting healthy lifestyle habits that contribute to better outcomes i.e. reducing salt intake and preparing fresh food can be harder for such people than others increasing the risk of uncontrolled blood pressures in case of gestational hypertension or pre-eclampsia. Another social factor I observed that had an impact on antenatal care was the home environment and support system of women. I have seen women who could not attend or were not willing to attend certain appointments because they didn't have any childcare support and would not be able to leave their duties to attend such important appointments. Additionally, women's health can be affected by the cultural context they live in. For example, at TOP clinics I have come across women who didn't want their partners knowing they were getting TOP due to religious reasons, and this creates an additional pressure on them as firstly its not an easy process to go through and secondly due to increased complexity of arranging the

logistics of the TOP for the women with maintaining their confidentiality. Lastly, education is also a very important social determinant of health. Limited knowledge about the pregnancy can make it more challenging to convey the importance of antenatal appointments, the use of supplements such as folic acid and the importance of seeking medical attention in cases of bleeding, signs of infection, PPRM etc. This can further complicate pregnancies and lead to worse outcomes.

Objective 4

The MDT is key for the running of a successful pregnancy and delivery. Anaesthetic department is crucial in C-sections as well as providing pain relief during vaginal delivery to optimize pain control to provide the best possible labor experience to women. Obstetricians are the key to planning the antenatal care, the delivery, deciding the complexity of pregnancies and managing conditions throughout. Moreover, they are the key people to decide when the baby should come out to make sure both the baby and the mother are as healthy as possible. Midwives are the key contact of women, the person they communicate with the most perhaps who work in close contact with the obstetrician to provide women a good pregnancy and delivery at the end. Moreover, midwives also have community roles whereby they follow-up the women to make sure care provided is all-rounded. Overall obstetric care, especially for the high-risk population seen in Homerton is a team effort and benefit greatly from the MDT