ELECTIVE (SSC5c) REPORT (1200 words)

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

Title: Obstetrics in Sabah

I undertook a placement in the maternity wing in hospital Likas which is situated 10 km outside Kota Kinabalu, the capital of Sabah. This unit is the tertiary center for the area which contains 22 labour room beds, a maternity ICU and HDW, antenatal and postnatal wards. My placement was focused on the care of patients in labour and immediate postpartum care. This varied from latent phase clerking and scanning to conducting deliveries, assisting Caesarean sections to episiotomy repair in the immediate postpartum period.

1. Discuss common maternal health issues in Malaysia and discuss common obstetric complications in Malaysia.

The most common obstetric health problems include, hypertensive disease of pregnancy, anaemia, infections and haemorrhage and increasingly gestational diabetes.

Eclampsia, preeclampsia and HELLP syndrome are one the leading causes of maternal mortality in Malaysia. In 2005 16% of maternal deaths were due to hypertensive disease in pregnancy. This percentage has increased from 8.9% in 2000. HDP affects the fetus also, with an increased risk in IUGR, prematurity and stillbirth (Koshy, 2006).

Anaemia (Hb < 11 g/dl) is also very common affecting roughly 30% of women in Malaysia by their third trimester. Haemoglobin levels is checked antenatally and is treated accordingly with iron supplementation, and B vitamins. Anaemia in pregnancy increases risk of maternal mortality and stillbirth (Koshy, 2006).

In 1998 routine screening for HIV was introduced to all women in the antenatal period. All mothers tested positive are provided with AZT treatment and formula milk, to help reduce the transmission rate (Koshy, 2006).

Postpartum haemorrhage is the most common haemorrhage complication. It is defined as greater than 500mls EBL or signs of hypovolaemic shock. Postpartum haemorrhage was the leading cause of maternal death in Malaysia up to early 2000s. Better management of in order to prevent and treat PPH has been the lead cause of this reduction in incidence. In 2005 it was responsible for 14% of maternal deaths; this is down from 21% in 2000 (Koshy, 2006).

In 2010 the almost 10% of pregnant women in Malaysia suffered from diabetes. The vast majority 8.8% were cases of gestational diabetes (Noor Aini, 2011). Increasing age, raised BMI, and Indian ethnicity were some of the risk factors for predicting gestational diabetes. Diabetes is associated with increased morbidity and mortality for both mother and fetus.

2. Discuss screening progammes within womens health in malaysia and discuss the care for women in the antenatal, perinatal and postnatal periods and compare it with the UK.

In Malaysia the antenatal care begins at booking which should happen before 12 weeks. In this the doctor provides a lot information from lifestyle advice to what to expect during pregnancy. Information is also provided about antenatal visits and screening tests which are offered to the mother during pregnancy. A full history is obtained from the mother including past obstetric history and complications and the patient is examined.

Between 10 – 13 weeks a ultrasound scan is offered to determine the gestational age by measuring crown rump length. Patients are also offer nuchal translucency test for Down's syndrome at this point.

Antenatal appointments are every month up to 28 weeks, from 28 to 35 weeks they are fortnightly and once a week from there on.

The most common blood tests offered are ABO and Rhesus testing. Full blood count is taken to check for anaemia and infections. Infections such as syphilis, hepatitis B and HIV are also screened for. Rubella immunology is also done.

Any further testing such as detailed ultrasound scanning for fetal abnormalities, chorionic villus sampling and amniocentesis can also be done in private hospitals.

This is very similar to UK antenatal care. With the exception of fetal anomaly testing is carried out on the NHS as opposed to privately in Malaysia.

3. Identify the lifestyle and cultural factors which contribute negatively and positively to women's health in Malaysia.

Among the obstetric population, there are a number lifestyle factors which negatively effect women's health. Firstly, health beliefs of many women from lower socioeconomic classes result in them not attending antenatal appointments. I notice quite a substantial amount of late bookers, attending hospital for the first time when in labour. This has been shown to increase the risk of maternal and fetal mortality. Secondly grand multiparity appears to be quite common among the women which presented to the labour ward. This has an associated risk with post partum haemorrhage and maternal mortality.

4. Actively put reflection in to practice in order to improve my clinical communication skills.

This was difficuly to achieve due to the language barrier between the patients and I, for this reason I based my reflection on my communication with the medical staff on the obstetric ward. This again was difficult I was not in a position where I had to delivery information frequently, however I did reflect on how built relationships over the six week period. The first few weeks I was very I notice my communication was solely asking medical questions and answering questions. I found this was a good was to show interest and also have a conversation with someone, as I began to learn peoples names I allowed myself to be a little less formal. I struggled very much in the beginning with be overly cautious about cultural difference. I was afraid to insult someone at every point. I think next time I am in a similar situation I will be less cautious and deal with any problem that arises if it does so. The largest contrast between Malaysia and the UK from a medical student's perspective is the willingness of patients to allow students to be involved in their care. As a male medical student in the UK there is a greater boundary between the patient and the medical student. Women often decline medical student attendance to view a delivery. Examining patients as a medical student is limited to the

antenatal setting where we perform abdominal examinations of the pregnant woman. We must perform five vaginal examinations while doing our Obs and gynae placement. It was difficult to achieve those five due to the unwillingness of the patients. Malaysia on the other hand is much more conducive to learning. Women are much more willing to allow me to be involved in their care. I have conducted 10 deliveries, attended countless, performed many vaginal examinations, assisted 8 caesarean sections and repaired 5 episiotomies/perineal tears. The experience has made me feel more encouraged than before to pursue a career in obstetrics and gynaecology.

Bibliography

Noor Aini H. et al., N. A. (2011). Diabetic Pregnancy in Malaysia.

Koshy, D. R. (2006). NATIONAL COMMITTEE OF PARLIMENTARIANS ON POPULATION, DEVELOPMENT & REPRODUCTIVE HEALTH: Maternal morbidity.