

ELECTIVE (SSC5c) REPORT (1200 words)

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

Common obstetric conditions in Cape Town, South Africa

What I saw most in Cape Town, was pre eclampsia. It was the commonest presentation on all ward rounds and the condition I learnt most about. I saw the varying presentations of this condition, including gestational hypertension, pre eclampsia, and chronic hypertension with superimposed pre eclampsia. I saw patients with positive symptoms and clinical signs. I witnessed its management with magnesium sulphate, and heard histories which included medical terminations of pregnancy for previous serious pre eclampsia. I had never seen a woman with pre eclampsia before.

I also saw and assisted on many Caesarian sections. I was fascinated to learn that South Africa has an extremely high Caesarian rate, one of the highest in the world. I learnt about the complications that may occur during theatre, such as injuries to the bladder and bowel. I also learnt about what increases the risk and makes the surgery more difficult, such as a high BMI or previous caesarians and the adhesions they cause.

A comparison of Health provision at Groote Schuur Hospital and Mowbray Maternity Hospital in Cape Town, with that in London.

I saw that Groote Schurr and Mowbray Maternity hospital provided similar obstetric care for their patients, as do the hospitals i have studied in in the UK. The wards look very similar, the investigation and management of conditions is similar, and the standard of care expected was in both places extremely high. I saw small differences in materials, such as the use of washable cloth gowns in theatre rather than disposable ones, and of reusable metal speculums rather than plastic disposable ones. I also saw there were no handheld ultrasounds to listen to the foetal heart in clinic.

However it was explained to me many times that what was needed most was more staff. During nights on call at Mowbray, non of the doctors seemed to rest for even a moment. I did not see any epidurals given to women for analgesia during childbirth. I was advised epidurals were possible, but the anaesthetists needed to perform them were mostly too busy working on a busy theatre list to perform them, and therefore that Morphine was used most commonly instead. I also saw that medical students were required to perform their on call shifts and contribute to the medical team, particularly when assisting in theatre. Medical students are always supernumerary in London.

I could also see that the number of patients needing care often overwhelmed the facilities and staff available. As such, there was often a long queue of women at Mowbray Maternity hospital, waiting to be seen before being admitted to the labour ward. The most dramatic example was of a woman who gave birth to a breech baby of 27 weeks gestation in the initial assessment area, after which the baby required resuscitation.

The Impact of wealth and low income on health care in Cape Town

I believe the majority of women i saw at both hospitals were from a low income bracket. It was hard to assess in this short time, what difference their socioeconomic background made to their health. However, there were some clear differences between these women and those i had seen in London. Many were HIV positive. Many had not received medical care many times before in their lives, particularly if this was their first child. And many first saw a doctor very late into pregnancy, not giving them the chance to be screened for problems in pregnancy, and therefore to manage them early on. For example, one particular woman who presented with HIV in pregnancy and had not been on the necessary antiretrovirals to prevent transmission to the foetus.

My interest in Obstetrics as a career

I really enjoyed my time in obstetrics in Cape Town, but it has given me new respect for how hard the work of an obstetrician is. I can see that is a 24 hour specialty, and that nights on call involve work throughout the night. I can also see how stressful the daily work is, as it is an area of acute medicine, in which both the life of the foetus and the child may be in danger. I am grateful to have learnt more about obstetrics, but am not sure if it is the right career area for me.