Written assessment for my placement in Obstetrics and Gynaecology, at Mahamodara Maternity Hospital in Galle; Sri Lanka

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How do the rates of post-partum haemorrhage, within Sri Lanka, compare to that within the United Kingdom

The diagnosis and management of post-partum haemorrhage (PPH) following labour is an essential component of the maternal healthcare services all around the world. This condition represents a significant burden in terms of maternal mortality figures in certain regions of Asia, and therefore I wished to research its rate within Sri Lanka.

In the United Kingdom, PPH presents in around 5 - 10% of pregnancies, and is not a significant cause of maternal death. Maternal haemorrhage of > 1,000 mL, occurring in just 0.3 - 1.9%, triggers a 'code-red' alert where multiple senior healthcare workers (obstetricians, anaesthetists, and midwives) are called in collectively to oversee the care of the woman. The overall mortality rate within the UK is 0.39 per 100,000 maternities for PPH, where for varying reasons care is unsuccessful or, rarely, not obtained.

Conversely, Sri Lanka has had in the past relatively higher rates of PPH related maternal mortality. Those levels have dropped substantially over the last few decades. In 2008, the maternal mortality rate due to PPH was calculated at ~4.3 per 100,000 maternities. This accounts for 12.7% of maternal deaths in the country. Whilst this figure is higher than the UK, it shows that maternity services treatment of PPH in areas of Asia such as Sri Lanka has progressed massively since the twentieth century.

Interestingly, a recent audit at Mahamodara Hospital showed that around 60% of PPH cases at the hospital were related to vaginal and cervical trauma. This is interesting, as one difference I have noticed in Sri Lanka is an apparent higher rate of instrumental deliveries. Additionally, there is a higher rate of episiotomies, albeit to prevent larger tears. Such factors may in part explain the higher rate of trauma-related PPH comparative to the UK. Conversely, PPH due to uterine hypotonia is less common in Sri Lanka, than that seen in the UK.

Is the provision of gynaecological services, within Sri Lanka, comparable to that in the United Kingdom? What level of care is commonly offered, or affordable, to the poor?

Before I set off to Sri Lanka I was not expecting the gynaecology services to be as encompassing and accessible as those in the UK. In particular, I did not expect that I would see any evidence of intensive sub-specialty care, such as urogynaecological surgery, as we do in England. In part, this assumption was due to the fact that my expectations in terms of the Sri Lankan healthcare system were quite off from what I found.

Whilst I cannot adequately comment on the accessibility of gynaecological services in Sri Lanka, as this is primarily witnessed in a community medicine rather than hospital placement, I was surprised at the similarities in care offered at Mahamodara Maternitiy Hospital to those within the UK. Women in the gynaecology wards were being treated for a wide variety of gynaecological conditions. In addition, I found that these women were being treated in a free healthcare system, and therefore cost itself should not be an issue for the poor.

Whilst there are certainly areas of specialized care that the NHS caters for more intensively, there are specialist services available in different regions of Sri Lanka as within the UK. During my placement I myself observed procedures, such as Transobturator Tape insertions, that I had not originally expected to see in this placement. I found that a bigger difference than the services offered, compared to the UK, was rather the healthcare culture. Certain aspects, such as patient-centeredness and patient privacy, were far less pronounced than within the UK. Conversely, the physical examination skills of doctors seemed superior to that within England.

Explore the usage of contraception in Sri Lanka

Contraception is a healthcare service integral to family planning and female choice. Importantly, it also significantly reduces unplanned pregnancy rates. Historically high unplanned pregnancy rates were associated with higher maternal mortality figures through their association with subsequent non-specialist terminations. This morbid association has luckily been largely broken with the advent of mainstream contraception within the developed world.

A large proportion of our O&G teaching in the UK relates to contraception. In our country this service is easily accessible, widely used, and always free. Having talked to Sri Lankan medical students about the differences in the availability of gynaecological care, it quickly became apparent that the provision of contraception in Sri Lanka is largely comparable to that in England. However, in the last decade its uptake within Sri Lanka has greatly increased. This in part seems due to increased knowledge of the public in regard to methods that are available, as well as the notion of drastic side-effects (e.g. a false belief in future sterility with use of the COCP) being dispelled. This is particularly true of poorer classes, as digital information has empowered women to make informed decisions.

However, a recent report showed that amongst Sri Lankan adolescents aged 16-19 there are issues in school-based sexual education that could be addressed in relation to contraceptive teaching (Rajapaksa-Hewageegana et al, 2015). This study found there were gaps in the adolescents' knowledge of reproduction and sex that could leave them vulnerable to making mistakes when using contraception. Of the 2020 studied adolescents, however, only 1.7% were sexually active. Whilst this figure appears much lower than that expected of adolescents within the UK, nearly half these sexually active youths admitted to not using any form of contraception.

Gain further insight into the speciality to decide whether Obstetrics and Gynaecology is a field I may wish to pursue in my future career

During my time at Mahamodara Maternity Hospital I really enjoyed the atmosphere on the obstetric ward. Having seen the care offered to patients at the hospital, I am reminded by how varied this specialty is. I think O&G is a unique career within medicine, given it encompasses such a variety of clinical conditions, sub-specialties, and skills. Doctors within this specialty have the daunting responsibility of overseeing the care of both mother and child in the antenatal period, as well as the task of treating any subsequent peri-partum emergencies. They are skilled at managing gynaecological conditions both conservatively and medically, in clinic, whilst also performing complex pelvic surgeries. Furthermore, obstetricians must master practicalities such as ultrasound scanning, amongst others, which are key to modern practice.

Having seen the utilization of these skills at the hospital, where there is less technological support available to doctors than that within the UK, the expertise of the healthcare workers was inspiring. Throughout the placement the staff and students were very keen to involve us in their work and teaching. We were quickly able to get hands on; assisting doctors in their work in the delivery room on our first day. Additionally we were able to sit in on the Sri Lankan students' teaching. During the teaching I was reminded by how interesting I found obstetrics in my fourth year placement. Seeing these students subsequently perform fairly advanced practical procedures, such as suturing episiotomies, which we would never dream of performing at our junior stage left me quite envious of our contemporaries' experience. During the placement, I realised that the practical aspect of surgical specialities is something I find more appealing than I had previously thought.

However, the communication barrier we encountered with most patients made parts of the placement difficult. During gynaecology clinics, and on ward rounds, there were times where we were unable to keep up with the patient-doctor exchange. Whilst staff and students often acted as translators when they could, any meaningful conversations with patients were quite rare. Therefore, it was the opportunities to practice practical skills I enjoyed the most. The placement has made certain I want to pursue a speciality with a strong procedural, basis. However, I am still unsure whether that speciality is O&G itself.