

ELECTIVE (SSC5b) REPORT (1200 words)

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

Introduction:

I decided to spend my elective time in Sri Lanka as it was a country still recovering from the Tsunami in 2004, a developing country, and had areas of scarce resources. The hospital I had chosen, Mahamodara Teaching Hospital, was located in Galle, a city in the southern part of Sri Lanka, and associated with the University of Ruhuna. After speaking to some nurses and doctors during my time there, I soon discovered that the hospital was a tertiary centre for the more complicated cases seen and had women admitted from beyond Galle as a result. I chose to carry out my elective in Obstetrics and Gynaecology, particularly wanting to experience the obstetrics aspect as I had some interest in the field having carried out audits and case reports on women's health in the past and enjoying my placement previously in fourth year.

Objective 1 -

Across the World, one of the most common cause of death affecting women prior to delivery include pre- eclampsia, and eventually, eclampsia, according to the World Health Organisation. As Sri Lanka is a developing country, women are at risk of being lost to follow up, especially monitoring their blood pressure due to a lack of resources and skilled professionals. However, during the antenatal ward round, it was clear that doctors were monitoring for signs of hypertension, a sign that could indicate the development of pre-eclampsia, as well as looking at urine samples for any obvious signs of protein on those admitted into the hospital.

Another concern highlighted in ward rounds includes a risk of diabetes with patients having their blood sugar levels monitored in order to prevent the many complications associated with diabetes in pregnancy. I was expecting to find different diseases prevalent in Sri Lanka, such as, infection, however, regardless of income status, it seems similar to the United Kingdom (UK) in the types of diseases found. My firm experience in fourth year was in Barts, and so the population of Bangladeshis fared similarly in characteristic and diseases to the Sri Lankans I came across on my elective.

A common complication that occurred in Sri Lanka was the premature rupture of membranes, an issue that is similarly problematic in the UK due to the increased risk of infection. These patients were then carefully monitored by the recording of their temperature and blood tests for signs of infection thereafter.

Objective 2 -

Compared to the UK, the hospital in Sri Lanka had a very different way of managing and assessing obstetric cases. What was striking to notice on my first days there was the use of a pinard device, something I had never experienced previously, to monitor foetal heart sounds for each patient. This contrasts with the UK where we normally have the luxury of bedside ultrasound devices to do the same. Additionally, the pain relief provided to patients in Sri Lanka is very minimal, with only the use of nitrous oxide.

One particularly complicated case of a patient with mixed mitral valve disease made me realise the contrast in care a patient would receive compared to the UK. In the UK, such patients would be admitted under observation in the high dependency unit section of the labour ward with a one to one ratio of midwife to patient and will normally either deliver in the labour room or in theatre with a planned caesarean section or assisted delivery. In Sri Lanka, as in this case, patients are transported

from the labour room to the intensive care unit and deliver in the unit instead as they are better equipped to deal with any acute cardiac complications.

In addition, patients were provided with regular antenatal follow ups with an appointment assigned monthly until week 28, bi-monthly until week 36, then weekly until week 39 and bi-weekly thereafter until delivery. This seems like more appointments than patients in the UK, especially for uncomplicated cases, however, like the UK, patient compliance to appointments can be an issue thereby allowing for early signs of complications to be missed.

Objective 3 -

Most women in Sri Lanka undergo an episiotomy, and within minutes of delivery, whilst being sutured closed, are also simultaneously breastfeeding their baby with the assistance of a midwife. Documentation of post-natal care is quite extensive, with a standardised proforma used amongst all patients. After delivery, women were expected to breastfeed their baby within one hour of delivery as per the instructions on the proforma, and told to solely breastfeed until the baby was six months of age. This contrasts with the UK, as mothers are normally told to breastfeed, however, they have the option to formula feed too.

Moreover, most women are discharged from the hospital quite quickly in Sri Lanka and followed up by the community team, depending on the resources available in the community. The most common complication after delivery in Sri Lanka was postpartum haemorrhage, a change in recent years from cardiovascular disease. As a result, patients blood types are documented in advance in order to anticipate any future blood replacement products that may be required.

Objective 4 -

My experiences at the hospital has provided me with insight into the health inequalities experienced around the World, where a lack of resources can lead to such contrasting antenatal and post-natal care globally. On the other hand, it has shown me that regardless of location, diseases are similarly as common amongst pregnant women. This placement has also provided me with the experience of a clinical setting where medicine is deemed paternalistic in contrast to the shared decision making process encouraged in the UK.

Conclusion:

I have enjoyed my time at Mahamodara hospital as it has presented to me with the most invaluable experience. In contrast to the UK, doctors in Sri Lanka use adaptive approaches in order to minimise wastage and make use of the resources to the full potential. However, the patient experiences differs vastly as a result. I hope to further widen my experiences in women's health to continue to develop my interests in the future.