

ELECTIVE (SSC5b) REPORT (1200 words)

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

Plaistow in East London is home to Newham University Hospital, which forms a small part of Bart's Health- the UK's largest NHS trust. It is a 344 bed facility, with a workforce of over 1500. This hospital serves an ethnically rich population of whom four fifths of its population, almost 240,000 are from a minority ethnic background. The borough is one of the Country's most deprived, consistently charting towards the top of socio-economic deprivation charts. These factors combined with a predominantly young population (residents mostly aged between 20 and 39) make the hospital's maternity and women's health incredibly busy, with many unique challenges. Newham has both a birth centre, run by midwives and assisted by doctors if necessary that caters to women with expected uncomplicated deliveries and a labour ward for patients that need more constant monitoring. There is a gynaecology ward as well as an extensive out-patient department spread over two sites.

The antenatal care at the hospital is provided by both doctors and midwives, with much of it aimed at identifying and managing higher-risk pregnancies. In line with its socio-economic issues there are some conditions more prevalent in this borough as compared to more economically stable areas. For example a significant problem amongst pregnant women in the area is diabetes. This includes both pre-existing and gestational diabetes, where the serious risks to the baby include, shoulder dystocia, macrosomia, amniotic fluid excess, still birth, neonatal hypoglycaemia as well as maternal hypertension. Women deemed to be at increased risk are screened as normal, or are referred. These patients are looked after during their pregnancy by a combination of specialist nurses, midwives, and obstetric consultants all aiming to reduce the potential deleterious effects of a glucose rich environment on the developing foetus. These appointments are to ensure that the mother controls her sugar levels and to address psychosocial needs. Other clinics, in which I spent a lot of time included the pre-term birth clinic, whose aim is to identify women at increased risk of either miscarriage or early deliveries. These patients have more appointments than standard with clinics mainly comprising of ultrasound scans to measure several parameters that would indicate an at risk foetus including cervical length and shape and foetal size.

I was able to get involved in an audit of the pre-natal clinic which proved really useful in truly understanding the impact a clinic such as this has on the population it serves. This was also useful in understanding the scope of obstetrics and the various career paths it may herald, foetal medicine was one such that I understood very little about before my elective. This in particular really helped to improve my elective experience beyond sitting in a corner and observing, as it also meant I came away with both tangible experience and the opportunity to present at a conference later on in the year. During my time at the department, I also attended weekly audit meetings. This reinforced why clinical audits are particularly important in this field. With such high risk and emotive outcomes, there is a necessity for continual quality improvement to ensure continual improvement in patient care and outcomes through systematic reviews.

Outside of obstetrics, I was able to both observe and assist in gynae clinics, surgeries and the ward. The department hosts an array of outpatient clinics in addition to its general clinic, these include the emergency gynaecology assessment service, infertility clinic and the gynae oncology department.

Spending the majority of my time with registrars and SHOs was really useful in truly understanding what the challenges and responsibilities of the jobs will entail.

During my time in the department difficulties relating to midwife shortages manifested fairly early on. Often, there was no one to take over from colleagues during much needed breaks. But yet on getting to know a few of the midwives, despite the trials of the job, most people still really enjoyed their work. A problem that is encountered in most departments is the overuse of bank staff (often midwives working at the hospital) and it was no different on the labour ward or birthing centre. The situation was slightly different with the doctors as there seemed to be an even dispersal of junior and senior trainees, but different to other surgical specialties there seemed to be enough opportunity for portfolio building for each trainee in a very supportive environment. The real issue seemed to be a dearth of operating room space and equipment in some cases.

Whilst, it's impossible to really know as a medical student, my experience with both a wonderful midwifery and surgical team has for now consolidated my decision that despite the long hours, trials and tribulations, I can't imagine another career in which I would be more challenged or happy.