

ELECTIVE (SSC5b) REPORT (1200 words)

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

Getting to see the workings of obstetrics and fertility in the Newham was a fantastic placement that allowed me an unparalleled insight into the workings of the specialty to a greater level than during my placements undertaken in the fourth year of medical school.

It was difficult to differentiate with this placement how Obstetrics in Newham was delivered compared to the rest of the United Kingdom however there were a few issues where a clear contrast could be seen.

Firstly, the London Borough of Newham has one of the highest fertility rates in the country with a rate of 76.6 births per 1,000 women aged 15-44. This is over twice the rate of the City of London and ranks 7th in the country. Because of this maternity services in the hospital are a lot busier than they would be elsewhere in the country.

In addition, there are also several issues that I discovered during my elective that varies between CCGs and this is funding for certain medications that are not necessarily made available on the NHS.

There are a few issues regarding public health on my elective but I found the scope of these rather limited within the given context of my placement. The main public health features of obstetrics and fertility are advice to expectant mothers on how to look after the health of themselves and their baby. One of the most important interventions with the health of a bay is advice for mothers to take folic acid supplements with a view to reducing the risk of neural tube defects development in utero. This is mainly achieved by advice given in either a primary or secondary care setting. Other public health promotions such as poster campaigns and advice leaflets at pharmacies etc can contribute towards this. Other health interventions that can be made are advice of mothers to cease smoking cigarettes or drinking alcohol during the antenatal period.

During my placement I came across a couple of expectant mothers and their partners who were unsure as to the rules regarding pregnancy and the Islamic observance of Ramadan. Ramadan is a time in the year where some practising Muslims observe not to eat or drink anything between the hours of sunrise to sunset for a period of about four weeks. This year, Ramadan falls over the vernal solstice, the longest day of the year, meaning that at sometimes, properly observing the fast would mean going without food for over sixteen and a half hours a day continually. There are some people who are exempt from being expected to observe Ramadan for medical reasons. Women expecting a child come under this category. Despite this dispensation, there are some women who are unsure as to whether or not they are exempt and this information had to be relayed to them in clinic. While some were happy for the clarity there were others that were unsure about this as they still felt the ability to observe that fast would, in the words of one, 'make them closer to God'.

Observing Ramadan during a year where the fasting periods are so long due to the time of the year in which it falls can be dangerous for expectant mothers. Especially so for those that are in the early stages of pregnancy; to not drink water or consume nutrients for a month with such long periods can potentially cause serious medical issues. Where I saw the public health element of this come into play

was that doctors have in recent years enlisted the help of community leaders such as imams to spread the message to people with conditions such as diabetes or pregnancy that there is no religious clout to gain in observing a fast.

The best thing about this placement for me was getting a more in depth experience of the field and being able to assess it away from the guise of exams and knowledge acquisition (such as in my fourth year obstetrics and gynaecology placement).

Overall, I learnt that I quite like the field but there may be some drawbacks. During my placement I got to see how funding for fertility services is allocated. In Newham an effective fertility drug is used over one that is a lot more effective because it is cheaper. If the cheaper drug didn't work then people are usually assessed and referred for IVF instead of using the more effective but expensive medication, despite the fact that it costs less than one tenth of the IVF process. This is obviously met with frustration by some of the consultants but was evidence to the everyday politics that can sometimes hinder someone's job and the changes that should be made. The remedy to this was to be a thorough audit as to the efficacy of the various treatments and then presentation to the various bodies to see that a change could be affected that was both time and cost effective for women seeking to conceive.

The other thing that gave me pause for thought was the training pathway for this career. My main interest I found on this elective was in reproductive fertility. To specialise in this in the United Kingdom you need to undertake training on the Obstetrics and Gynaecology pathway. This placement helped me to observe my limitations with respect to this. Although my main interest is in the subspecialist area of fertility, to get there I would need to undertake a period of training for the best part of a decade, which would give me a more generalised overview. More specifically on this point, despite reproductive fertility being a medical practice, I would need to train as a surgeon to do so even though this is something that I'm not sure best plays to my strengths. All in all this has left me with some serious soul searching to do in the coming years with respect to the area of medicine that I end up specialising in.

In short, I think this placement has been valuable and rewarding. It has given me an in depth insight into the pregnancy process from pre-conception right up to delivery. In talking to colleagues and seeing them in practice I feel that I've got a first hand experience into what work as an O&G doctor is like.