ELECTIVE (SSC5b) REPORT (1200 words)

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

Compare the prevalence of obstetric conditions in the population of Sri Lanka to those in the UK.

The maternal mortality ratios (MMR) of Sri Lanka and the UK are both low in comparison to the worldwide average of 216 maternal deaths per 1000 live births, at 30 and 9 respectively [1]. Moreover, while the MMR of the UK has shown no statistically significant change over the past decade, Sri Lanka has experienced a dramatic reduction in maternal mortality, with over 50% reduction in MMR over the past 25 years [2]. However, the causes of maternal mortality are found in differing incidences in the UK and Sri Lanka. In Sri Lanka, obstetric haemorrhage is the leading cause of direct maternal mortality, followed by septic abortion [3]. In contrast, in the UK, the commonest direct cause is thromboembolic disease, followed by amniotic fluid embolism [3]. In both countries, the leading indirect cause is heart disease [3]. The high rates of mortality due to septic abortion in Sri Lanka can be hypothesised to be a result of poor access to legal abortion services in Sri Lanka, except under life-threatening circumstances [4]. However, the higher rates of post-partum haemorrhage (PPH) are more perplexing. Most births in Sri Lanka are performed in hospitals, attended by skilled healthcare staff [2]. Furthermore, the approach to PPH prevention and management in Sri Lanka is similar to the UK, including active management of 3rd stage of labour.

Describe how obstetric services are organised and delivered in Sri Lanka, and compare this to the UK.

In the UK, patients should be registered at a general practitioner, and this is their first port of call for all medical problems, including advice on conception and pregnancy. It is also the responsibility of such primary care services to refer patients to secondary and tertiary services where applicable. Pregnant women will typically have around 12 antenatal appointments during a normal pregnancy, including a longer booking appointment to gather information about the pregnancy and provide information and advice, a dating scan at 8-14 weeks, and an anomaly scan at 18-20 weeks [5].

The care of uncomplicated pregnant women is generally undertaken by midwifery staff, and delivery may occur in a variety of settings, including at home or in midwifery-led delivery centres. If the pregnancy is complicated, for example by an underlying health condition or a previous pregnancy with an adverse outcome, then the woman should be referred to specialist consultant obstetric multidisciplinary team clinics, and are usually advised to deliver in specialist hospitals equipped to manage adverse outcomes. Access to obstetric services is free to UK citizens under the National Health Service. However, many people chose to pay for private birthing facilities within the private sector.

Antenatal care in Sri Lanka is provided in a similar fashion to the UK, and is similarly free to access under the public health system. Care is delivered by Public Health Midwives in hospital clinics and the community, and specialist hospital clinics for those at high risk or paying privately. Pregnant women are encouraged to book for antenatal care early, and each woman will have an antenatal appointment approximately every 2 weeks throughout the pregnancy [7]. Utilisation of antenatal services is high, with estimations of 99.4% or pregnant women attending at least one antenatal appointment [6].

There is a skilled attendant at almost all births. In fact, hospital births have become increasingly common in Sri Lanka, and this is where most births are performed, with particularly high demand at the tertiary centres offering specialist services [7]. Women in labour have access to the same analgesia as used in the UK, including Entonox, pethidine and epidurals. However, I saw many more analgesia-free births in Sri Lanka than in the UK, and when using analgesia, pethidine was used much more frequently and epidurals used much less frequently than in the UK.

Discuss the usage of contraception, and attitudes towards sexual health in Galle, Sri Lanka.

Sri Lanka's Family Planning Association was established in 1953 [7]. Although resistance was encountered initially, attitudes towards contraception and sexual health have improved over time, with contraception use estimated at 68.4% between 2008 and 2012. Simultaneously, the birth rate has been declining, from 30.6 in 1970 to 18.1 in 2017 [6]. The role of the Family Planning Association includes providing information and services; training healthcare workers; and improving attitudes, accessibility and quality of sexual and reproductive health in Sri Lanka [8].

On a whole, the pregnant women I encountered on the antenatal ward in Galle were on the whole of a younger age than those of the UK, and those who were older tended to be grand multips. Women were booked in with a visit with the Public Health Midwives following marriage to discuss contraception and fertility. Supplying contraception to unmarried women was generally unaccepted. With regards to contraception methods, the contraceptive pill was the method I most frequently encountered. Nevertheless, I did see a range of contraceptive devices being used. For example, during my time in Mahamadora hospital in Galle, I saw a patient in surgery who had been using an intrauterine copper device. However, I was told that coils were generally only used as an option for women who had already had children for cultural reasons.

Further develop my knowledge and skills in obstetrics and gynaecology

During my time at Mahamadora hospital I got to encounter many patients at quite a fast pace, which was very useful for refreshing and consolidating the knowledge I gained in my 4th year placement in obstetrics and gynaecology. I had the opportunity to practice some clinical skills, for example interpreting CTG monitoring, listening to the heartbeat of a foetus, and feeling for the engagement of the foetal head. I used a Pinard horn for the first time, as this is routinely used in Galle in place of the doppler ultrasound that is used in the UK. I also had the opportunity to go to surgery. There were many similarities between theatres in the UK and Galle. For example, the layout is similar, as is the dress, and they use the same checklist for sign in, time out and sign out from the World Health Organisation. However there were some striking differences. For example, there was use of reusable linens to form sterile fields, and during one caesarean section the power cut out for a few minutes, leaving the theatre in pitch black darkness. The one thing I have had less practice in is communication with patients. This is mostly due to the language barrier, and the lack of Sri Lankan medical students whilst I was at Mahamadora to translate for us. This was due to a medical student strike against the opening of private medical schools, which had been ongoing since January.

References

1. World Health Organization. Trends in maternal mortality: 1995 to 2015: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division [Internet]. Geneva: Green Ink;

2015. Available from: http://apps.who.int/iris/bitstream/10665/194254/1/9789241565141_eng.pdf?ua=1

2. Maternal mortality ratio (modeled estimate, per 100,000 live births) | Data [Internet]. Data.worldbank.org. 2017 [cited 9 June 2017]. Available from: http://data.worldbank.org/indicator/SH.STA.MMRT?end=1998&locations=GB-LK&name_desc=true&start=1998&view=chart

3. Maternal Mortality 1990-2015 [Internet]. Seattle: Institute for Health Metrics and Evaluation (IHME); 2016. Available from: http://ghdx.healthdata.org/gbd-2015

4. Kumar R. Abortion in Sri Lanka: The Double Standard. American Journal of Public Health. 2013;103(3):400-404.

5. Antenatal appointments schedule - Pregnancy and baby guide - NHS Choices [Internet]. Nhs.uk. 2017 [cited 9 June 2017]. Available from: http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/antenatal-appointment-schedule.aspx

6. Sri Lanka: Statistics [Internet]. UNICEF. 2017 [cited 9 June 2017]. Available from: https://www.unicef.org/infobycountry/sri_lanka_statistics.html

7. Maternal and Child and Family Planning Services in Sri Lanka [Internet]. Healthedu.gov.lk. 2017 [cited 9 June 2017]. Available from: http://www.healthedu.gov.lk/web/index.php?option=com_content&view=article&id=88:maternal-and-child-and-family-planning-services-in-sri-lanka&catid=17:special-article&lang=en

8. Overview [Internet]. Fpasrilanka.org. 2017 [cited 9 June 2017]. Available from: http://www.fpasrilanka.org/index.php?option=com_content&view=article&id=110&Itemid=565&lang=en