AMAL ABDIRAHIM HASHI

Year 5 Medical Elective: Tawam hospital, UAE

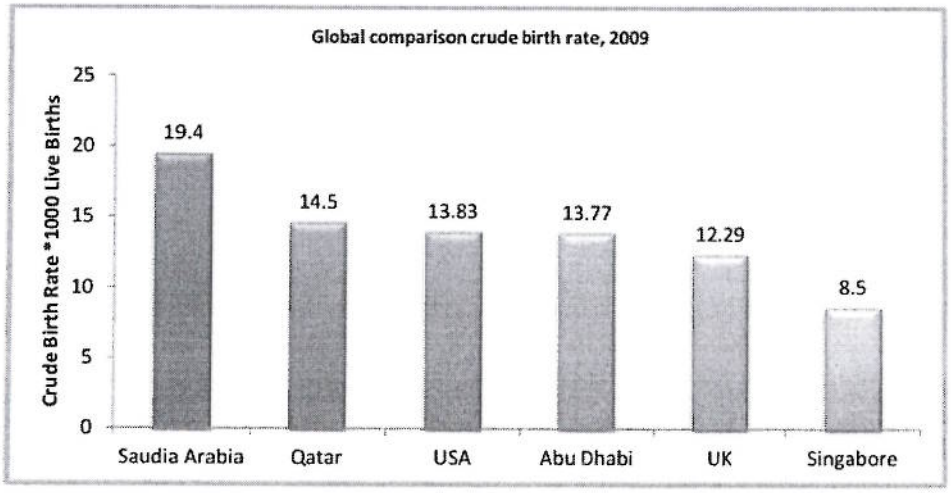
I am interested in a career in Obstetrics and Gynaecology (O&G) and would love to experience more about what the speciality involves. It has been described as a mixture of medicine and surgery, and this is certainly a major attraction. This is why I decided to organise my elective in O&G to develop my knowledge, experience and skills base in this field. I have really enjoyed my time at the tertiary hospital; staffs were very welcoming and enthusiastic teachers. I have had the opportunity to be involved in the various aspects offered in the obstetrics and gynaecology departments which have been educational and a great insight. It has been a truly memorable experience and I hope to return someday.

Overall obstetric and gynaecological conditions that are prevalent in UAE are similar to the ones in the UK. In United Arab Emirates, cervical cancer is the second common cancer in women and most cases of cervical cancer are not detected until they are in the late stages, when it is difficult to treat. In March 2008, Health Authority Abu Dhabi (HAAD) introduced the HPV vaccination for all female students, grade 11, 15-17 years, for the prevention of cervical cancer, in all the schools of Abu Dhabi Emirate. HAAD recommended vaccination of HPV for girls and young women, between 15-26 years old, once in a lifetime. In addition, all women aged 25-65 years undergo regular screening with Pap test, at least once every 3-5 years.

Objectively I noticed there seem to be a greater prevalence of polycystic ovarian syndrome and fibroids which is not surprising having been taught that the incidence is known to be higher in those of Asian and African origin. I personally encountered many more multiparous women in Tawam, although official statistics states the fertility rate per women is 2.1, which is quite similar to the UK. I observed very good antenatal and general health care, the reproductive health indicators are not very statistically different in comparison to the UK. Also I believe a lot of changes are being implemented in the UAE health sector, bringing about great improvements in the quality of healthcare.

Abu Dhabi	2008	2009	2010
CBR*1000 live births	13.29	13.77	12.71

How does the Emirate of Abu Dhabi compare with other countries in crude birth rate?



Obstetrics ward

I observed and assisted various doctors, where we would check the patient's history and their current post-natal vital observations and laboratory results. We would then see the patient and enquire about their wellbeing; whether they were in any pain, noticed any blood-loss, and opened their bowels. We would then examine the patient for any sign of anaemia, breast tenderness, palpate the abdomen to check whether the uterus is well contracted and checking for any signs of a deep vein thrombosis. Protocol at the hospital is for patient discharge on day 1 of spontaneous vaginal deliveries and day three for caesarean sections if there are no contraindications. I further observed the removal of a bakri balloon which was indicated in a patient with post-partum haemorrhage. Patients were generally discharged with a six week post-natal follow-up appointment and given fefol/multivitamins, ibuprofen/paracetemol.

Labour and Delivery ward

I had the opportunity to work alongside doctors, midwives and nurses where I would follow patients through their stages of labour and observe how they were assessed for their progression. A stepwise method of reading a CTG was taught to me using the acronym Dr C Bravado. I witnessed spontaneous vaginal deliveries, including a twin delivery where the 2nd baby was in the breech position so the team ensured it stayed longitudinal for vaginal delivery. I also witnessed a ultrasound guided intrauterine foetal blood transfusion into the portal vein, this was for extreme anaemia in a foetus with gestational age of 27+6, the team managed to increase the haemoglobin level from 4.7 to 8.6. The mother has a diagnosis of systemic lupus erythematosus and pregnancy history with previous neonatal lupus.

Gynaecology and Emergency Room

This role had various pathologies requiring management. Considering women in the UAE often prefer to have a female doctor treating them in general, this is most certainly the case when dealing with the female genital conditions. A woman had been referred to fluoroscopy in the radiology department for a hysterosalpingogram to check the fallopian tubes due to difficulty conceiving. In the UK I have witnessed this procedure being done by a radiologist, however here it is common for a female gynaecologist to enter the dye, with the radiologist standing by to interpret the results on the screen.

Theatre / Operation Room

I have seen various cases in the operating room and was also able to scrub in and assist in some cases, such as a caesarean section which I found very exhilarating. A case also arose of a teenager with Down syndrome who had severe mental retardation; a decision had been made for them to have a hysterectomy for hygienic reasons in regards to their menses. This surprised me, but I can empathise with why the family decided this was required. Other indications for a hysterectomy was for a patient with a third degree prolapse (procidentia), this was further managed with an anterior and posterior repair for cystocele and rectocele respectively.

Outpatient clinics

High risk obstetrics clinic: Here I would practise abdominal examinations on pregnant women, check the fundal-symphysis height and compare this with the gestational age, I also would take swabs from the patient which would be tested for group B streptococcus infection. The consultant also showed me how to use the ultrasonography machine to check the foetal anatomy and measure the foetal heart rate. Various patient were seen in the clinic with medical problems alongside their pregnancy. We would frequently see patients with systemic lupus erythematosus, also patients with antiphospholipid syndromerecurrentl where one had multiple miscarraiges and another experienced multiple deep vein thrombosis. I also came across the management of women with gestational diabetes, valvular heart disease, factor V leiden deficiency and thrombophilia.

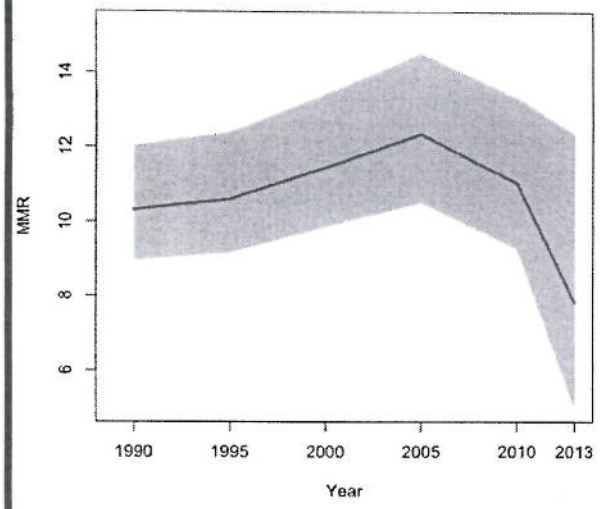
Urogynaecology: during this clinic I again would come across patients with prolapse of perineal organs. This was especially surprising in a 30 year old Polish lady, which led the consultant to suggest she may have a genetic weakness to her perineal muscles. She at this age had not completed her family and therefore a conservative decision was made for a therapeutic ring pessary. I also witnessed the insertion of a intrauterine system for a patient as her ideal contraceptive method. Frequent presenting complaints would be patient with stress or urge incontinence, where a good history is vital to differentiate the diagnosis. Leaflets are available to for patients to take, in order for effective conservative management and first line treatment, from pelvic floor exercises, to bladder training with which the patient could take a bladder diary to input their routines, which wold be used for further management decision making.

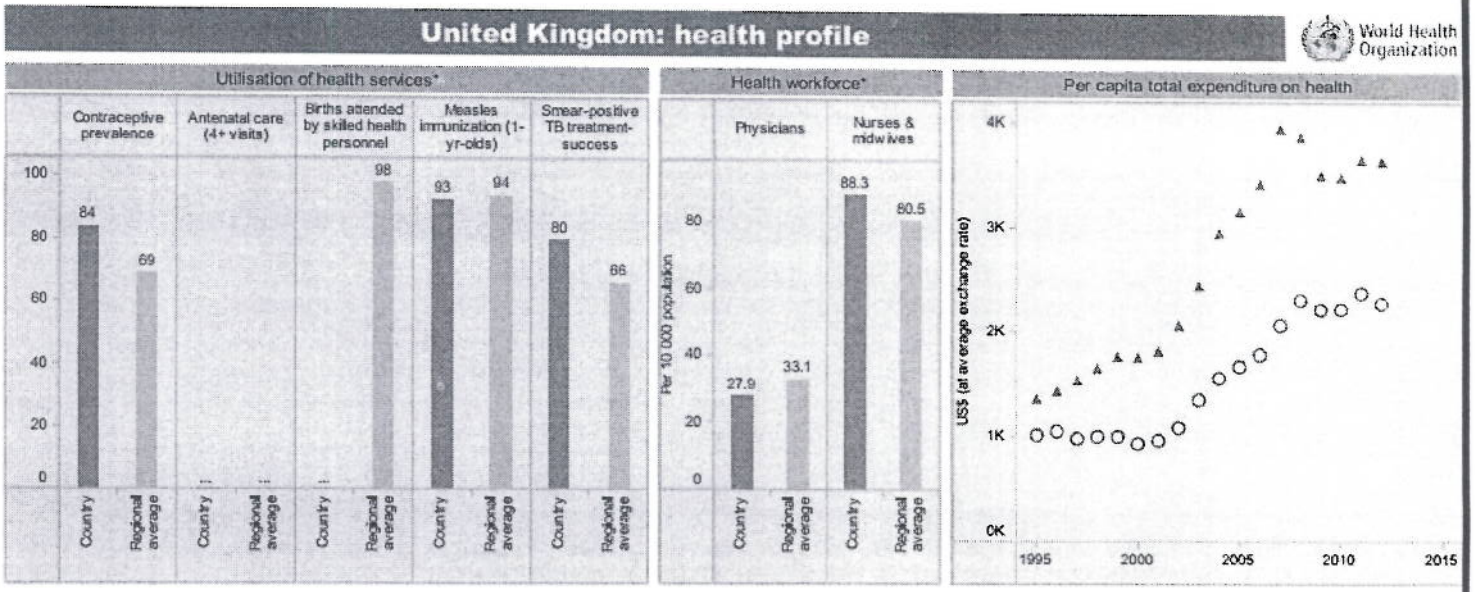
Gynae- oncology: In this clinic we saw a patient with extremely large fibroids, with the largest measuring 20*10cm, it had completely invaded the uterine structure and could be a reason for the patients difficulty to conceive. We would also frequently see patient with varying grades of cervical intraepithelial neoplasia, and check them using the colposcopy machine and use the acetic acid stain and iodine dye to define things more clearly. Some patients from the clinic would be discussed at the tumour board meeting which is held that afternoon. This is a multidisciplinary team meeting involving gynaecologists, pathologists and oncologists from chemo, radio and general surgeons. This is now to me seems a standard route in order to discuss patient management with all the required health care professionals.

Maternal mortality in 1990-2013

WHO, UNICEF, UNFPA, The World Bank, and United Nations Population Division
Maternal Mortality Estimation Inter-Agency Group

United Kingdom





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