Sarah Webb
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Subject: Obstetrics and Gynaecology

Describe the pattern of disease/illness of interest in the population with which you have worked and discuss this in the context of global health.

According to WHO, Australia has the third highest life expectancy in the world. At birth a neonate has a life expectancy of 83 years (average of male and female) compared to the UK's estimate of 81 years. When comparing the two nations, statistics are very similar- neonatal deaths are identical at 3 per 1000 live births, as are infant deaths at 4 per 1000 live births. In the global context, both nations are very well scoring in terms of rates of morbidity and mortality.

One aspect of Australian obstetric healthcare which strongly contrasts to the UK is the aspect of cultural diversity. In the UK, and particularly in the East of London- where I have had most of my clinical experience, there are a wide variety of cultures, ethnicities and languages which healthcare professionals must contend with. London is an incredibly diverse city, where interpreters are frequently required and cultural barriers must be overcome.
Literature from the UK has shown that women from ethnic minorities may have poorer health outcomes in pregnancy in comparison to British born, English speaking women. However, in general, NHS healthcare is able to pick up women reasonably early in pregnancy and provide perinatal care throughout pregnancy and delivery. Perhaps this is something to do with the size of the country and the preference for women of ethnic minority background to live in larger cities and suburban areas. In contrast, here at the Royal Hospital for Women, the need for interpreters seems to be far less, although perinatal health for Aboriginal women seems to be falling behind that of non-Aboriginal women. Up to 60% of Aboriginal women may not have had any contact with healthcare professionals by the 5th month of pregnancy. Perhaps these women are harder to pick up due to cultural or language barriers, and the sheer nature of the size of the country making it harder to catch women early in their pregnancy.

Describe the pattern of health provision in relation to the country in which you have worked and contrast this with other countries, or with the UK.

Healthcare in Australia is part government and part privately funded. 'Medicare' is a publically funded universal healthcare scheme which is funded by taxation. This allows free treatment in public hospitals and subsidisation of care by general practitioners (around 75%) and specialist services (around 85%). Some services e.g. dentistry are not subsidised by

medicare. The patient pays the remainder from their own pocket- although those with low income are given extra subsidies. For those who must pay the extra costs that medicare does not fund, there are private health insurance schemes available. Individuals who can afford to buy private health insurance are encouraged to use it as much as possible in order to save public funds for those who cannot afford private insurance.

There have been some recent changes to the benefits that parents may receive after the birth of their child in Australia. Parents receive governmental parental leave payments based on the minimum wage for up to 18 weeks after the birth of their child. There may also be maternity leave paid for by the women's employer, but this depends on the employer and the contract. There are also tax benefits and childcare benefits available to families. The UK has broadly similar schemes, although in the UK, employers are responsible for paying maternity leave.

Increase clinical knowledge in obstetrics and gynaecology
and
Undertake a project in obstetrics and gynaecology

During my elective placement in Sydney, I have attended lectures and teaching with medical students from the University of New South Wales on the topics of:

- Gynaecological cancers and palliative care
- Breastfeeding
- Pueperal psychoses
- Pain relief in labour
- Hypertension in pregnancy
- Menorrhagia

I have also spent time carrying out a project in the area of patient satisfaction in maternal fetal medicine.

In discussion with my supervisor, we decided that the time I had in the department was not sufficient to carry out a full audit, but that I would get the most reward from joining with an existing study in patient experiences at the department of maternal fetal medicine.

By adapting a questionnaire- my project would be to take a 'snapshot' of the experiences and the satisfaction of women visiting the department in order to see if and how the department had improved its services to these women since a previous, larger scale investigation of womens' satisfaction. In discussion with staff in the department, I adapted some of the questions and added in further questions that would investigate areas perceived to be a problem in the department, such as waiting times.

Collating these responses gave an impression of how the department was performing in terms of meeting womens' needs. It gave me the chance to see what was important to women and to understand how services within the Australian healthcare system run.

In carrying out this project, I have been reminded of the reasons why pregnancy might not progress as smoothly and normally as it should. Since my placement in obstetrics in the UK, I have not had many opportunities to consider how women may be affected by problems in

pregnancy and how important a supportive and attentive healthcare team is to these women. My project has allowed me to hear some of the stories of the women who have had to be referred to the maternal fetal medicine clinic and the wide spectrum of emotions that are experienced by them. For some women, it has been the end of a successful journey to fertility- with multiple pregnancies bringing twice or three times the joy. For other women, fears and anxieties are confirmed with the knowledge that their unborn babies are dangerously unwell and may not survive. I have been reminded of how important emotional support is to these women- and also to women who are going through normal pregnancy. I am confident that I will go on to start my FY1 job with an increased awareness of the emotional needs of these women, should I come across any patient who is pregnant.