

SEA (UK) TRAVEL GRANT AWARD REPORT

Presented at the 9TH INTERNATIONAL SCIENTIFIC MEETING OF THE ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS, SEPTEMBER 2011, ATHENS, GREECE

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INTRODUCTION

I was honoured to be awarded the Greaves-Kumar-Myerson Award by SEA UK to present a poster at the 9th International Scientific Meeting of the RCOG in Athens, Greece. Whilst working as a Foundation Year 2 (FY2) doctor in Obstetrics and Gynaecology in Ealing Hospital, London, I led a project investigating the causes of perinatal maternal critical illness in our district general hospital. We found that, from 2009 to 2010, sepsis, predominantly from the respiratory tract, was the leading cause of maternal critical illness. Compared to patients with postpartum haemorrhage (PPH), septic mothers suffered delays in care, were more likely to require organ support and had a longer length of stay. We recommended better training of all staff in the use of the Modified Early Obstetric Warning System (MEOWS)^{1, 2} and in the implementation of the Surviving Sepsis campaign guidelines³.

ATHENS

Amidst the chaos of a nation in economic crisis, I arrived, albeit on a flight delayed by over three hours due to airport staff strikes. Over the next few days, my journeys between the hotel and conference centre, as well as through town, would be plagued by similar strikes by bus, train and even taxi drivers. However, my fellow delegates and I somehow managed to attend three full days of fascinating lectures and educational seminars on a multitude of topics. The conference itself was very well-organized and the sessions proceeded seamlessly. At the opening ceremony, we were treated to a beautifully choreographed and somewhat primal dance by the Greek National Opera Ballet, followed by a sumptuous feast of Mediterranean canapés. This was set fittingly against the glorious cultural backdrop of Greece, home to Hippocrates, father of western medicine, and Georgios Papanikolaou, inventor of the “Pap smear” and pioneer in cytopathological detection of early cancer. In contrast, the current critical shortages in medical staff and supplies due to austerity measures served as humbling reminders of the impact of a country’s socio-political situation on the ability of its doctors to practise medicine and carry out research.

SEPSIS AS A SIGNIFICANT CAUSE OF OBSTETRIC CRITICAL ILLNESS

For the first time since 1956, sepsis has become the leading cause of direct maternal perinatal mortality, overtaking hypertensive disorders of pregnancy and thromboembolic disease, heretofore long-established as the most significant problems.⁴ It was encouraging, then, to meet a number of anaesthetic and intensive care colleagues in Athens who likewise had an interest in critically ill pregnant and recently-pregnant mothers. Indeed, I attended an interesting presentation by Dr Caroline Shaw⁵, Anaesthetic Registrar in Peterborough, who had singled out for analysis a cohort of obstetric patients admitted to ICU due to sepsis. She also found delays in care due to MEOWS charts not being used systematically or not being acted upon appropriately, as well as problems with communication between different specialties and failure to treat as high-risk those patients requiring opiate analgesia. There were discussions between obstetric anaesthetists and obstetricians centred on strategies to

improve care for critically ill obstetric patients. Suggestions were made to focus on training and education of all staff in early recognition systems, basic resuscitation skills and inter-specialty communication.

LESSONS LEARNT FROM MAJOR TRAUMA

One of the most fascinating and educational lectures was given by the world-renowned Sir Sabaratnam Arulkumaran, President of the International Federation of Obstetrics and Gynaecology (FIGO) and Professor at St George's, London, on "The Future Management of Postpartum Haemorrhage". He drew comparisons to the management of major trauma and reiterated the importance of a systematic approach to assessment and resuscitation, as outlined by the Advanced Trauma Life Support (ATLS) principles⁶. He also emphasized the concept of the 'Golden Hour' within which appropriate, life-saving, damage-control interventions must be promptly carried out.

ISSUES FOR TRAINING

It was somehow reassuring to hear that our obstetric and gynaecology colleagues also faced the problem of balancing compliance with the European Working Time Directive and the shift towards a consultant-led service, against the need to ensure adequate clinical and operative experience for trainees. There were a number of talks on the role of simulation and virtual reality systems in training, as well as suggestions for quality assurance schemes. Attention was also drawn to the decline in experience in female pelvic examination, particularly in medical students. Finally, and rather usefully, an 'Author Workshop' took place, where academics gave seminars on how to design a scientific study or clinical trial, obtaining ethical approval, tips to get successfully published and the insider's view on the peer review process, useful skills applicable to any specialty.

SUMMARY

I thoroughly enjoyed my time at the RCOG conference in Athens. I presented my work in front of an audience of distinguished, knowledgeable academics and clinicians. At the same time, I learnt a great deal that not only applies to the management of critically ill obstetric patients, but to patients of all specialties. Finally, I was able to experience a small part of the wonderful cultural heritage that this historic city has to offer.

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