

Akureyri 08.02.2012

Report of AML course held in Dublin november 9th-november 11th 2011

The course was well organized and useful.

It was interactive with 11 participants from Denmark, Sweeden, Singapoure and Iceland and I think we were all inspired by dr M.Robson and Ms A. Rath's enthusiasm.

They have a big maternity ward with around ten thousand births pr year and the housing and conditions are not very good. However, they have very good results and all the staff seemed happy to be working there. We went on rounds at the delivery ward 2-4 times a day and were introduced to the women in labour and thus got a good feeling about how the ward was run.

The active management of labour is very interesting. It has been used in the National Maternity Hospital in Dublin for many years with good results. Yet there as almost everywhere else the caesarean sectio rate is going up.

It was useful to learn how they diagnose labour and how they handle it after the diagnosis is made. This applies only to the nulliparous woman with single cephalic baby over 37 weeks. The diagnosis is made if the woman has painful contractons and the cervix is fully effaced. Then the membranes are ruptured, no matter the cervical dilatation. They expect delivery within 12 hours and in most cases within 8 hours. Many women have epidural but the use and doses of oxytocin are relatively small. They get good results, but as mentioned before the caesarean rates are getting higher.

The ten group system for classifying births has been in in use in my ward for over ten years so I knew it quite well, but yet it was very useful to go through it with Mr Robson himself. It was also useful to see how the other participants used it. Some knew it quite well while others were just beginning.

Overall I think it was a good clinical course and very inspiring. I would recomend for all those who are interested in labour and how to manage it the best way possible.

Yours sincerely,

Ragnheiður Baldursdóttir