A short written report about my stay in Dublin at the Maternity Hospital in November 2010

B. Baldur-Felskov

I arrived in Dublin airport on a rainy Tuesday evening November 2nd. I was very fortunate to have the company of Sandra, one of my colleagues from the department of Gynecology and Obstetrics at Hvidovre Hospital where I have been a register for 2 years. She was also to attend the Active Management of Labour course. We used the Air Coach to get to Merrion Square in central Dublin where the Alexander Hotel is located. Here accommodation was arranged by the course administrator, paid by part of the course fee. At 8.30 all the course participants were to meet in the Hotel bar with Dr. Michael Robson, the master of The Maternity Hospital, for a social drink. The active Management of Labour course is for midwives and obstetricians and it was very interesting to meet Dr. Robson and the others course participants. We were 6 Danish doctors, 3 doctors from Sweden, 1 doctor from Norway, and 1 doctor from Italy as well as 4 Swedish midwifes.

The next morning the Active Management of Labour course began at 8.30 with an introduction to the course and afterwards with a visit to the delivery ward. Throughout the course there was an alternation between lectures and these visits to the delivery ward, which was a perfect combination to keep a high energy all through the days. Unfortunately, it was relatively quiet at the delivery ward, as the number of women in labour was low. The active management of labour approach to labour first started in 1963 in the Maternity Hospital, Dublin, Ireland and has continued to evolve often on the basis of continuous, rigorous peer review audits. The philosophy behind active management of labour is the prevention of prolonged labour, ensuring efficient uterine action together with fetal and maternal wellbeing. The education of the course taught us the principles of the active management of labour which includes the importance of antenatal education, the difference between nulliparous and multiparous women, spontaneous and induced labour, single cephalic pregnancies and malpresentations and multiple pregnancies. Furthermore, the importance and attention given to the diagnosis of labour and the personal attention given to each woman during labour was emphasized. The woman is never left alone, but is constantly together with a midwife or a student midwife. However the main focus of active

management of labour is the care in labour of the single cephalic, term pregnancy, in nulliparous women.

The first evening Sandra and I went sightseeing, we dined in the Temple Bar District and ended our evening at a local pub with live music. Thursday evening all the course participants were invited by Dr. Michael Robson and some of his staff to cocktails and dinner at the hospital. It was a very nice event and afterwards we went on to a night club with Dr. Michael Robson. The Active Management of Labour course finished Friday afternoon after some very intense and enlightening days. We said all our goodbyes, but it was not too sad for me, because I was so fortunate to be coming back to the Maternity Hospital after the weekend for a few days of clinical stay. I enjoyed the rest of the Friday and the weekend exploring the lovely city of Dublin together with my sister who flew from Denmark to spend time with me.

On Monday the morning conference began at 7.30, where the activity during the weekend was presented. I was to follow Dr. Eva Gaughan, who is in her 4th year of specialist training. Dr. Eva Gaughan was assigned to the delivery ward, but was also expected to do the rounds at the post natal ward and cover the fetal assessment clinic. I was hoping for a chance to see her perform a forceps delivery during the day since I have never witnessed one in Denmark and the forceps are used on a frequent basis here. We started out at the post natal ward, where Eva discharged several women who had had caesarean section and were ready to leave the hospital. During the discharges we were briefed by the delivery ward about a multiparous woman who was in spontaneous labour with twins. Later, Dr. Eva Gaughan was summoned to help with the delivery of the twins. I continued to follow Eva and saw her perform a vacuum extraction and an episiotomy repair. During this her pager was busy, but there was no one but me to help her answer it. It was not difficult to see that the organisation of the delivery ward is midwifery based. At the fetal assessment clinic Dr. Eva Gaughan saw several patients, some she scheduled for operations and others she sent home with medicine. Back at the delivery ward there was need for several fetal blood samples (FBS). One induced nulliparous woman's fetal monitoring showed fetal distress and it was not possible for Eva to get a FBS which

resulted in the woman having a caesarean section. All in all it was a busy and exciting day, but unfortunately no forceps delivery.
At Tuesday morning's conference the patients admitted during the evening and night shift were discussed. They had operated a woman with both an intrauterine and ectopic pregnancy, she had 1.5L blood in the abdomen. This resulted in a discussion about laparoscopy versus laparotomy. After the morning conference there was a perinatal meeting where the delivery method was discussed for a woman pregnant with a foetus diagnosed with osteogenesis imperfecta. I spent most of the day with Dr. Jens Knudsen. He is a Danish specialist who has been working at the Maternity Hospital about half a year. This day Dr. Jens Knudsen was assigned the Gynaecology outpatient Department. I watched him perform several colposcopys and cervical conisations. During outpatients he discharged some of his own operation patients from the Gynaecological ward. It was very informative to hear Dr. Jens Knudsen view on his work in Dublin including the dress code, how the midwifes will call a senior consultant if they disagrees with Jens's decisions even though he is also a consultant, and especially that during his six months at the Maternity Hospital he has not experienced a post partum haemorrhage, a cord prolaps or a third degree tear, even though the number of episiotomies is high. There was no doubt in Jens's mind that the active management of labour approach really works.
The rest of the day I spent in Fetal Assessment together with Dr. Shane Higgins. This day he was performing ultrasound examinations and I watched. Ireland is a catholic country where abortion is illegal; this explains a higher number of ultrasound examinations with malformed foetuses than in Denmark, because the women most often continue the pregnancy even though the foetus might not be liveable after the birth and the doctors thus keeping a close watch on them. This day I saw Dr. Shane Higgins diagnose a foetus with a megacyst because of a urethral valve, the foetus's skull and chest were compressed and there was a great risk of intrauterine death. The parents were informed of the possibility to go to Great Britain but they wanted the pregnancy to continue. Afterwards he examined a woman pregnant with twins where one of the foetuses did not have a brain. It was very interesting to talk to these couples and get their opinions regarding abortion.

I was scheduled to take a flight to Copenhagen Wednesday evening but this flight was cancelled and I had to take a flight during the day. Because of this flight change it was

unfortunately not possible for me to visit the Maternity Hospital the last day as planned, however I was grateful for the time I got to spent there. The Active Management of Labour course together with my clinical stay were a huge inspiration and I looked forward to go back to work at the labour ward in Denmark bringing the active management of labour approach with me.