

2 weeks clinical visit to Royal North Shore Hospital, Sydney, Australia

I work as a specialist consultant at Rigshospitalet in Copenhagen.

My main areas of responsibility are preterm birth and abnormal invasive placenta.

I was put in contact with Prof. Jonathan Morris, who has done a lot of research in the field of preterm birth. Cervical cerclage is an Australian invention, so the country has many traditions and a lot of experience in this type of surgery.

Sydney has a number of large tertiary hospitals, each servicing smaller units in the area. North Shore is one of the smaller tertiary hospitals. It has around 3,000 births a year and receives patients from 4-5 smaller hospitals. My impression of the department more or less lived up to my expectations: British traditions, high academic level and highly evidence-based. This was blended with the laid-back Australian attitude based on a good sense of humour.

I participated in the department's Academic Day at which doctors, nurses and midwives present their research. The Keynote speaker was Prof. John Newnham from West Australia, who held an outstanding presentation on preterm birth, cerclages and progesterone. He told about a project they had been running to increase awareness about preterm birth. Based on this project, in which all the pregnant women were screened in week 20 for cervical length and were given Progesteron and a cervical cerclage if the cervix was short. They were able to reduce the share of preterm births by 20%. In that part of Australia they will therefore start to screen cervical length with a view to progesterone treatment and cerclage. During my 2-week visit to the department, I saw a few cervical cerclages procedures.

With respect to abnormal invasive placenta, North Shore has developed its own concept for placenta percreta surgery: staged embolization hysterectomy.

I was fortunately enough (from a professional viewpoint) to see a single case of this during my visit. Greg Gard performed a very smooth operation. Bleeding: 300 ml. The patient, who weighed 120 kilos, was in full anaesthesia for a full 7 hours!! No post-operative complications. I am not sure whether we should adopt this concept in Denmark, but it was exciting to see the operation.

In addition to my focus areas, I saw how the labour ward functions at North Shore, where they are dedicated to using forceps delivery, which I saw on several occasions. These were elegant procedures, but they involve a higher sphincter rupture frequency of 7%.

I am very grateful that NFOG has given me the opportunity to visit North Shore. I think these clinical visits NFOG are supporting are very crucial to our work not only to improve clinical skills but also important networks will develop by these visits.