Dear Dr. Saeed

Thank you so much for having me stay as part of the International Volunteer program. It has been a privilege and a pleasure to join you and your teams throughout the Atoll and I would like to thank them all for their warm welcome and enthusiasm.
Particular thanks go to Dr. Ahmed for looking after me so well. You asked me to put some of my thoughts about possible projects or ideas for the future on paper so here they are. Please do not be offended if I they sound critical in any way it has not been my intention. I have been greatly impressed by the cleanliness of all your facilities and the knowledge and expertise of the staff.

Hithadhoo Regional Hospital

Obstetrics and Gynaecology

1.Develop and introduce written protocols to cover common obstetric and gynaecological problems: e.g.

Induction of Labour
Augmentation of Labour
Treatment of Pregnancy induced Hypertension (PIH)
Eclampsia
Anaemia in pregnancy
Preterm ruptured membranes
Post Partum Haemorrhage
Management of miscarriage

2. Laminated cards in the delivery room with common drug protocols

e.g.Magnesium sulphate
Anti hypertensives
Oxytocinon
Antibiotic prophylaxis

Anti embolic prophylaxis

3 Partogram for ALL women in labour

4 Governance meetings: Regular ?weekly meetings involving all available staff and in particular doctors involved in the care of cases should meet and chaired by a senior nurse to review cases that occurred in the previous week.
The criteria you might choose for inclusion might be all caesarean sections, major PPH, IUD, Obstetric cases taken to theatre and cases transferred to IGMH.

The antenatal record, partogram and operation note should be available for discussion.
NB: The point of these meeting is not to apportion blame but to see if protocols are working commend staff when they have worked well and highlight when things have not been so effective to try and establish whether the protocol needs altering or whether there have been issues of staffing, communication, equipment or resource that needs to be addressed. In this way you have some way of auditing how effective you are being.

5. Suggest supplies of Labetalol and Hydralazine IV be available together with nifedipine at HRH
Misoprostol tablets and Magnesium sulphate IV/IM at all centres where deliveries are conducted

Obstetric Services

There appears to be under utilisation of the resources available in medical health centres with regard to premises and staff.
Particularly those situated very close together.
Two solutions come to mind:
Radically all births could be centralised at HRH with medical

officers and specialists being based at HRH on call but also offering an outreach OPD/Antenatal service at the healthcare clinics.

Continue loss risk deliveries at the health clinics but totally under the care of nurse/midwives. In order to pursue this option agreed patterns of care for 'Low' and 'High' Risk women would have to be agreed.

For example:

Low Risk : Parous women with previous normal delivery, medically fit and well, Hb over 9g/dl? Etc

High Risk: Previous caesarean section, Diabetes, PIH , previous PPH etc

Once such criteria have been agreed they should be used by <u>all</u> staff through out the Province with location specific criteria and protocols for transfer to HRH once women become high risk.

Health Centres

Consider scheduled appointment system so doctors could regularly attend for set sessions when patients know they are available and are not wasting their time waiting for patients to attend. In this way the total number of doctors needed could probably be reduced their rota for on call improved and they would get more experience when working.

Amalgamate the closer health centres especially as some patients chose not to use them any way and go direct to HRH.

Professional Development and Training

Continue in service training of staff as at present with program

of workshops etc. However structure the program for the year? with an obligation for all staff to attend training in key areas e.g. resuscitation etc during the course of the year. The job plan of staff should include those areas specific to their areas of work. e.g. All medical officers' treatment of eclampsia, all nurse/midwives shoulder dystocia

Consider group directive prescribing of drugs so that key experienced nurses appropriately training can give a limited number of drugs in their clinical area without a doctor's prescription egg. Paracetamol, ergometrine, some antiemetics etc.

I am sure there are lots of other ideas you and your staff will come up with after our discussions at the workshops etc and if I can be of any help in the future please do not hesitate to contact me.

Kind Regards

James Forsey