

ELECTIVE (SSC5a) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

1.To gain an insight into the most common O&G conditions that affect the local population in Qatar and compare this to the global prevalence of these conditions.

My elective placement in Obstetrics and Gynaecology at Sidra Medicine allowed me to observe a range of conditions that commonly affect the local population of Qatar. The increased prevalence of these conditions may be influenced by various factors, including demographic, lifestyle, environmental and health-care related factors. As Qatar's population consists of Qataris that form the indigenous population but also workers from Asia and other arab countries, there may be a genetic predisposition to certain conditions.

During my time in the obstetrics clinic, I noticed how the majority of women had gestational diabetes. The doctor took the time to explain to the women the importance of monitoring and recording their blood glucose levels throughout the day, and the risks high blood sugar can have on the baby (including macrosomia, shoulder dystocia, increased amniotic fluid, and hypoglycaemia after birth). This can be due to Qatar's high obesity rates compared to the rest of the world, particularly among women. The traditional food they consume tends to be high in carbohydrates, sugar and fat, and the high prevalence of diabetes amongst the population further increases the risk of developing gestational diabetes during pregnancy.

Although I didn't observe many gynecological consultations, I am aware that PCOS has high prevalence rates in Qatar. This once again may be due to the high obesity rate and sedentary lifestyle, as well as genetic factors in certain ethnic groups. Qatar's rapidly changing demographics, urbanization, and economic development have contributed to shifts in lifestyle behaviors, such as diet and physical activity, which impact the incidence of these conditions.

2. To understand the structure and provision of Women's Health services in Qatar in comparison to the United Kingdom and explore the effect this may have on retrospective patient outcomes.

In Qatar, the structure and provision of women's health services differs significantly from the NHS in the UK, which may impact retrospective patient outcomes. The Hamad Medical Corporation is Qatar's leading governmental healthcare provider which offers comprehensive maternity care across four maternity hospitals, ensuring accessibility to high-quality services for all women in the country.

Women in Qatar also have the option of accessing private healthcare, such as in Sidra Medicine, where I did my placement. Sidra offers consultant-led care, with staff-grade doctors only working in triage and post-natal wards. This consultant-led approach offers a personalized and comprehensive approach to women's health services. This model prioritizes continuity of care, where patients are overseen by the same consultant throughout their pregnancy journey. This personalized approach fosters strong patient-doctor relationships, enhancing trust, communication, and better adherence to individualized care plans, all improving health outcomes. The consultant-led system ensures that patients receive expert guidance and oversight from highly qualified specialists, providing reassurance and confidence in their healthcare. However, this system can be demanding on consultants who are tasked with managing various aspects of patient care, from diagnosis and treatment planning to delivery and postpartum follow-up. The increased responsibility and workload may place additional pressure on consultants, necessitating effective time management, teamwork, and support systems to maintain high standards of care.

In contrast, the NHS offers universal access to maternity care provided by midwives, obstetricians, and other healthcare professionals. The NHS employs more of a multidisciplinary approach, with more emphasis on midwife-led care whereby the women will be seen by a midwife throughout their pregnancy journey and will only be seen by an obstetrician if there are issues during the pregnancy. This eases the work-burden on consultants and allows them to prioritize high-risk pregnancies. More recently, there has been a slight increase in the use of midwives in Qatar, indicating a growing

recognition of their valuable contribution to healthcare. There is ample opportunity for the advancement of the roles of midwives, for instance carrying out routine check-ups in healthy women and babies, to allow consultants to focus on high-risk pregnancies.

Lastly, another major difference between the NHS and the health-care system in Qatar is the funding. The government in Qatar allocates a significant portion of its budget to healthcare to ensure high-quality services and they have been investing in building state-of-the-art hospitals whilst the NHS is funded through taxation and National Insurance contributions. However, it is well-known that the NHS is under-funded, with long waiting times causing a significant burden on the staff but also making feel patients frustrated and resulting in patients seeking healthcare privately.

3. To explore attitudes, behaviours and cultural beliefs to women's health, pregnancy and childbirth in Qatar.

In Qatar, attitudes, behaviours, and cultural beliefs surrounding women's health and pregnancy are deeply intertwined with the country's conservative society and Islamic values. Modesty and privacy are paramount in women's healthcare, with female patients often preferring care from female providers, particularly during intimate examinations or procedures. This preference reflects cultural sensitivities and religious principles, emphasizing the importance of maintaining gender segregation and modesty.

During my time on the post-natal ward, I encountered instances where respecting these cultural and religious norms was essential. For example, when a male consultant needed to speak with a female patient, I was required to enter the room first to inquire if she was comfortable with a male doctor's presence. This practice not only respected the patient's privacy but also allowed her to uphold her modesty before interacting with a male healthcare professional.

Additionally, I had the opportunity to observe circumcisions, a routine procedure offered to all families following the birth of a male child. Circumcision holds religious and cultural significance within the Islamic faith, as it is seen as fulfilling a religious obligation and symbolizing purification and cleanliness, with evidence of health benefits as well. Hospitals are equipped to perform circumcisions, often within the first few days after birth, allowing families to adhere to religious customs and traditions promptly.

Infertility is another sensitive topic in Qatari culture, often regarded as taboo and rarely openly discussed. This cultural stigma surrounding infertility can lead to emotional distress and social isolation for affected individuals and couples. As a result, consultations regarding infertility may be approached cautiously and discreetly, with limited involvement from outsiders. I witnessed this first-hand as I wasn't permitted to observe majority of the consultations in the IVF clinic.

4. To explore my interest in obstetrics and gynaecology as a career and to gain an insight of the healthcare in Qatar.

During my time in the O&G department at Sidra Medicine, I was given the opportunity to rotate between observing obstetric clinics, being on labour and post-natal wards, women's triage and also seeing various parts of the IVF process. I was able to immerse myself within the field as all the healthcare professionals made me feel part of the team. I was given the opportunity to examine pregnant abdomens, observe different surgical procedures and also speak to patients in the post-natal ward rounds. This has provided me with a comprehensive insight into O&G which has been both enlightening and rewarding and it has undoubtedly increased my interest in O&G as a potential career path.

One aspect that really stood out to me was my time in the IVF department. As IVF is something we don't get the opportunity to see in the UK, I was really privileged to be able to see embryo transfers and hysteroscopies looking for uterine abnormalities. This has sparked an interest in a field that I wasn't expecting to observe, and I am eager to gain more experience in IVF.

Although I was previously aware of the potential work-life balance difficulties in this field, I witnessed how the consultants would have 24-hour oncalls at Sidra Medicine, reinforcing the demanding nature of the specialty, whereby emergencies can arise at any time. The unpredictability of O&G comes with sacrifices, particularly relating to flexibility, family and work-life balance.

Overall, my time in OBGYN at Sidra Medicine has been a professionally enriching and a personally fulfilling experience. I am so grateful for this experiences as it has solidified my passion for women's health and instilled a deeper appreciation of the importance of compassionate and comprehensive women's health care. I am eager to continue exploring my interest in this field and I am looking forward to my FY2 job in O&G!