

# ENTOG EXCHANGE 2022

Claudia Condon

## Norway

- Population 5.4 million
- Birth rate 1.53 births per woman
- Maternal mortality ratio 2 per 100,000 live births
- Neonatal mortality 1.8 per 1,000 live births
- Caesarean section rate 17% (2017)



## Ireland

- Population 4.9 million
- Birth rate 1.7 births per woman
- Maternal mortality ratio 3.5 per 100,000
- Neonatal mortality 5.8 per 1,000 live birth
- Caesarean section rate 35%



# BERGEN

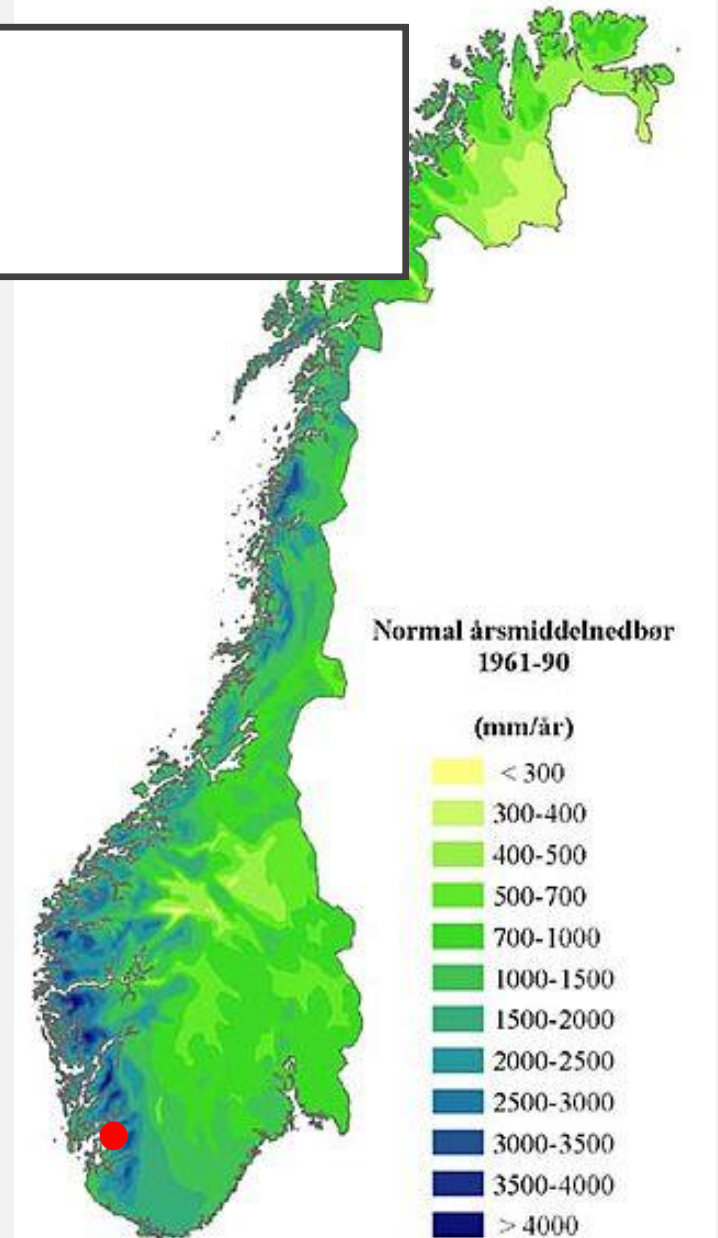


**Population 270,000**

'Kvinneklirikken'= Women's clinic  
Obstetrics, gynaecology and benign gynaecology  
5,000 deliveries per year



Jorgen Lovset



# DAY 1

## **Labour ward**

3 labour wards with 4-5 beds each: midwife led, medical led and high risk

Dry round

Inductions:

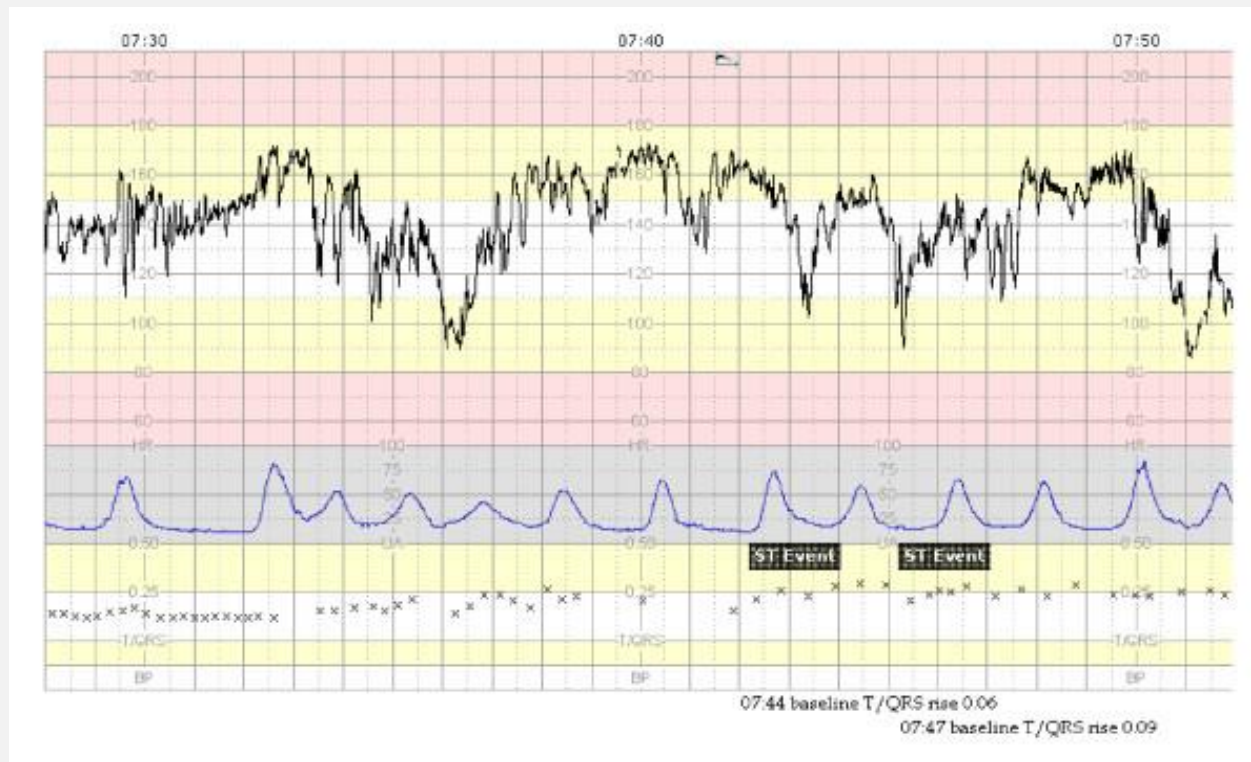
P0, 42 weeks, EFW 4.0kg, breech. Induction with catheter balloon for 24 hours, followed by misoprostol 100 micrograms tds PV, then 200 micrograms tds PV.

PI, 33+4 weeks, monochorionic twins



White scrubs is a brave choice!

# STAN (ST SEGMENT ANALYSIS)



# LABOUR WARD PRACTICE

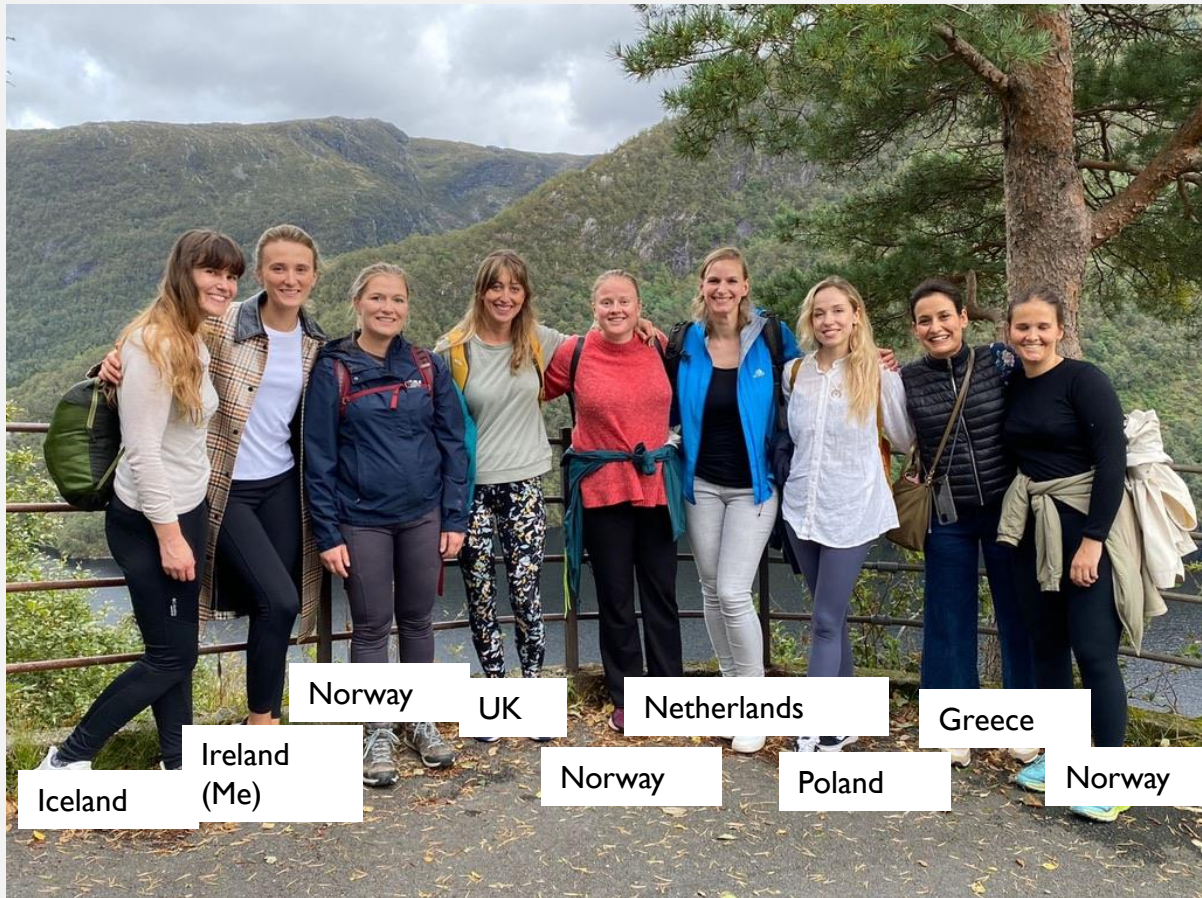
- Widespread use of tocolytics
- Use of amniotic fluid infusion
- Induction with balloon catheter, misoprostol PV, oxytocin infusion once membranes ruptured.
- Vaginal breech delivery- inductions, post term.
- Vaginal breech preferred over ECV.

## DAY 2

- Gynaecology clinic
  - 8-10 patients per doctor in a full day clinic
  - TVUS done on every patient in clinic
  - Bed with stirrups and electric controls in every room
  - Use of IOTA- Adnex model, rather than RMI for ovarian masses
- Gynaecology rounds
  - Long dry round with several consultants with EPR
  - Only 1 or 2 patients seen.
  - Not seen at bedside, seen in examination room with stirrups, TVUS etc.



# HIKE UP ULRIKEN





## DAY 3

- Theatre
  - No elective caesarean sections on the list!
  - Diagnostic laparoscopy for endometriosis
  - Diagnostic laparoscopy and dye for infertility
  - Sacrocolpopexy (continue to use mesh)
- Afternoon
  - Sauna and swim



## BACK TO OSLO: CAMPFIRE BY THE LAKE

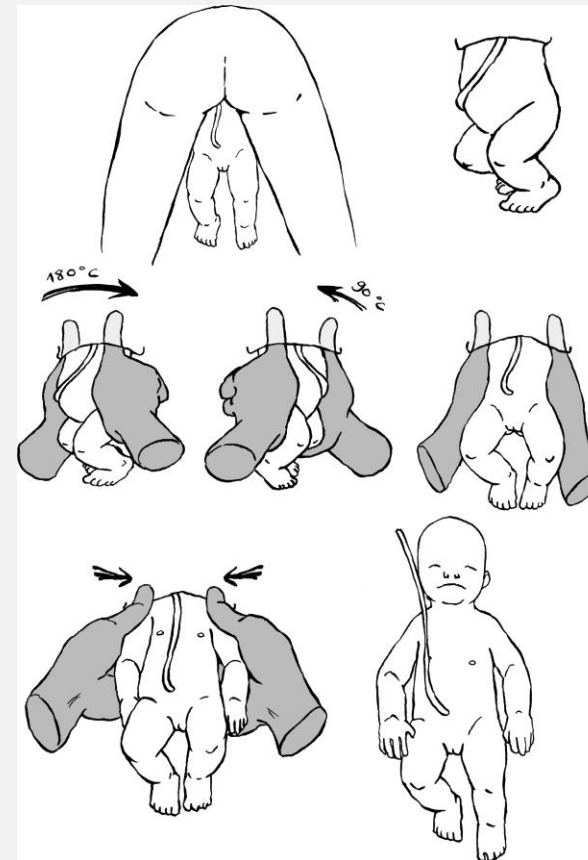


# ENTOG SCIENTIFIC MEETING

**‘Teach the Breech’** with Prof Frank Louwen (Germany) and Dr.Trond Melbye Michelsen (Norway).

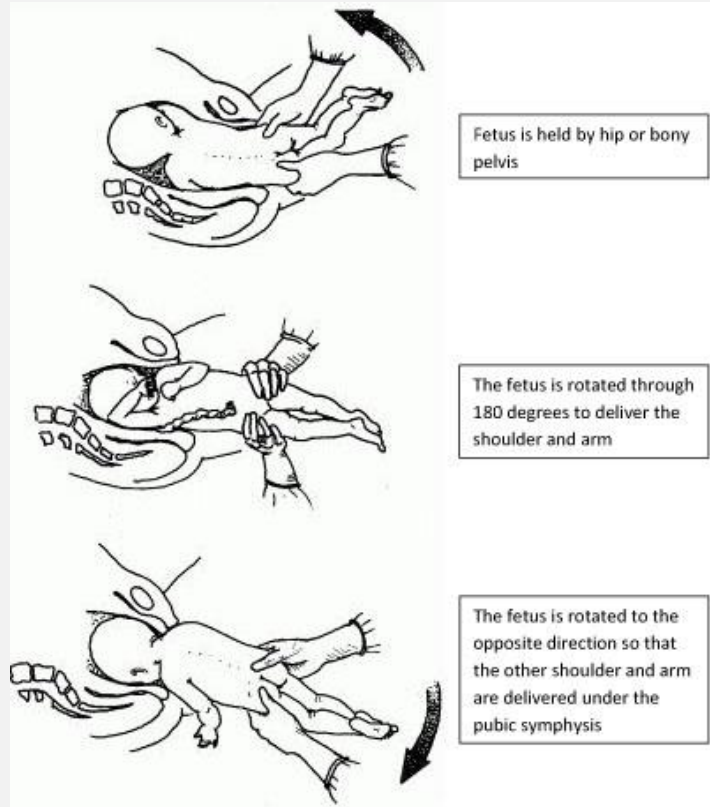
## Take home points

- Vaginal breech delivery is as safe as vaginal cephalic delivery in the presence of trained team
- Upright breech- fewer manouvres, fewer birth injuries, shorter second stage, less perineal injury.



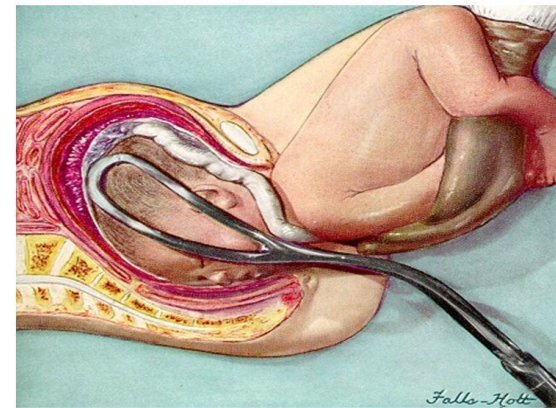
**‘Franks Nudge’**  
Manouvre to disimpact  
shoulder in **upright**  
**breech** delivery

# ENTOG SCIENTIFIC MEETING



‘Lovesets Manoeuvre’ to disimpact anterior shoulder in **supine breech** delivery

PIPER FORCEPS(AFTER COMING HEAD OF BREECH)





## CLOSING DINNER AND BOAT TRIP

