

Experiences of three trainee obstetric clinicians

Korpo Borzoi Trainee obstetric clinician.



“As an obstetric clinician I have learned a lot. From this training I'm able to attend to obstetric emergency promptly, timely, confidently and with no fear while calling or waiting for a doctor's help. I can also manage and or supervise the labour ward properly because we are also trained as a manager and supervisor. And most of all I'm able to do a caesarean section. This training has also helped to build my confidence and most of all my self-esteem.

One of my challenges during the course of my training happened about a year ago with a patient who was transferred for obstructed labour and my senior doctor had just left to find food to eat. So, he asked me to do the caesarean section along with the intern Doctor. During the surgery, the patient had a deep posterior tear in the uterus which was repaired without senior doctor help. It was difficult but it was done. I monitored the patient, especially the vital signs the whole night worrying about bleeding, but she did not bleed. She was discharged 8 days later along with her baby. We kept the urinary catheter in for seven days to prevent a fistula forming because of the original obstructed labour.”

Naomi N. Lewis qualified obstetric clinician.



“One of my greatest experiences has to do with a patient who had a home delivery and was rushed on the labour ward because she was bleeding, and at this time I was in my second year in training. On arrival, my MD was in surgery, and I was left on the ward with the midwives. Guess what happens! The midwives were all terrified because of the excessive bleeding. I

quickly informed my MD who was in surgery, and he ask me to start with some management until he could arrive. These were the managements. Established intravenous lines, resuscitated with normal saline 1000ml to help shock, put on an anti- shock garment, ordered lab tests, and requested for 3 units of blood for transfusion. We continued monitoring vital signs and tried to find out the cause (s) for the bleeding. I found that our patient had bilateral tears in her cervix, and these were repaired by me and our patient was stabilized.

I firstly thank God for the opportunity given me through MCAI, MOH, and our trainers especially Dr. Dolo to improve my professional life and taking me to another higher level of work. I am grateful that other women can benefit from my achievement today. May our God who gave the training to me bless you all”.

Ariza Jolo Qualified obstetric clinician.



Ariza undertaking obstetric outreach including ultrasound scanning (see later in this report).

“A 25-year-old pregnant woman spent 24 hours in obstructed labour at a clinic a long way from the county hospital before finally arriving for treatment. On presentation, she was shocked and severely anaemic with an enlarged tender abdomen. An ultrasound scan confirmed rupture of the uterus and fetal death.

As the obstetric clinician on call, I was the only person in the hospital with the skills needed to treat this patient The patient was treated for shock, given 4 units of fresh blood for transfusion obtained from relatives, and I operated and successfully repaired major anterior and posterior ruptures of the uterus. The patient eventually fully recovered and was discharged home”.