Obstetrics & Gynaecology Scenarios

REPRODUCTIVE PROBLEMS

Scenario 1: Bleeding in early pregnancy

Suni Eggie is a 24 year old immigrant from a traditional Muslim family, who left an area of high fertility rates and high perinatal, infant, and childhood mortality rates in Somalia, where patterns and trends fertility indicators differ considerably from in the UK. She arrives in the emergency room in a very anxious state. She is bleeding vaginally and thinks she may be two months pregnant. She bought a pregnancy testing kit last week that she thought was positive, but the blue line was faint. Suni also has some mild pain on the left side of her abdomen. Suni has had two previous pregnancies, a boy now aged 18 months and a girl aged 6 months, and expects to have more children in the next few years.

A nurse asks some initial questions and checks her pulse and blood pressure. Later, an ST2 asks more detailed questions about her symptoms, and examines her. Suni finds the examination embarrassing and painful. The ST2 is unable to reassure Suni about the state of the pregnancy without further investigations, including a blood test and ultrasound scan. Suni wants to know the chances that she is having a miscarriage. (The ST2 is aware that obtaining accurate data on miscarriage is problematic for several reasons, especially as most occur before the mother realises that she is pregnant, only a minority result in hospital admission, and *'ONS conception data'* only include 'maternities and legal abortions'.)

The radiographer tells Suni that the scan needs to be done transvaginally to get a better picture, but Suni is not happy to have any further internal examinations. Suni is told the scan and blood tests were not conclusive and she needs to return to the emergency room in 2 days for further tests.

Scenario 2: Unplanned twin pregnancy

Samantha Good was a 19 year-old university student from rural North Wales, living in halls of residence. She did not have a regular partner, but had unprotected sex on three occasions with men she had met while on a night out. Her periods were never very regular, but she became concerned that she might be pregnant – having had no period for 3 months and having a lot of nausea and occasional vomiting. A pregnancy test proved positive. She attended her GP, who discussed options with Samantha, and gave her several information leaflets for dealing with an unplanned pregnancy. Samantha asked her GP if a termination procedure would be done more quickly if she went to a private clinic. Her GP encouraged her to investigate this option.

Three days later, Samantha called her GP and said that she had decided not to continue her pregnancy, but could not afford to pay privately. Her GP referred her to the hospital for a termination. At the hospital, her uterus was found to be large-for-dates, and an ultrasound scan showed a twin pregnancy. Samantha now decided to

continue with the pregnancy. (Like her older sister, she would now contribute to the teenage pregnancy rates.) A further scan at 20 weeks showed no structural abnormality in either fetus: one appeared male, the other female.

At the antenatal clinic, at 28 weeks, Samantha's blood pressure was 140/85 mm Hg (...at booking was 90/60 mm Hg) with *"proteinuria ++"*. She was admitted to hospital for assessment. The male fetus had ultrasound measurements around the mean for this gestation, with normal amniotic fluid volume and Doppler scan. The female fetus had measurements <3rd percentile, with little amniotic fluid, and absent end-diastolic velocities on umbilical artery Doppler studies. Samantha found it hard to understand: *"Is it 'abnormal' to be under the 3rd percentile?"*.

Samantha's mother – who had volunteered to help with the care of the twins – was very anxious that one or both of the twins might be 'brain damaged', or have other 'disabilities', and was reconsidering her offer to help. There had never been *"that sort of problem in the family"*, and Samantha's mother worried what others would think if Samantha *"did not have a normal baby"*.

Samantha was overwhelmed by the decisions facing her. She begged her midwife (who privately had strong views about the morality of abortion) to tell her what to do, and the legal position. She did not know if she could face a life living with one, or possibly two, disabled children. She became increasingly withdrawn and tearful, and slept poorly. An intense general itch was not helping - nor was a magazine article she read, based on 'CEMACH' and 'ONS' data, about the outcomes of twin pregnancy related to various factors, including quality of maternity care.

Scenario 3: Heavy periods

Dawn is a generally healthy 35 year-old woman whose main complaint is heavy periods. She has an otherwise regular cycle of 28-29 days. During her periods, she bleeds heavily for 5-6 days. She passes clots and experiences flooding. This is often accompanied by *'crampy'* lower abdominal pain, which has been severe enough for her to request a hysterectomy. Her GP has mentioned recent *"Cochrane evidence"* about exercise and dysmenorrhoea being inconclusive, and is also aware of cost-effectiveness, cost-benefit analysis, and cost-utility analysis evidence about the impact of new medical and surgical interventions (e.g. on blood loss, quality-of-life measures, and acceptability). He finds it quite challenging to keep up-to-date in this area, despite advances in evidence-based practice.

The accompanying tiredness makes it difficult for Dawn at work as a Year 4 teacher, let alone at home. She is easily irritated and short-tempered, particularly with her family. When she has her period, she wears dark clothing, and often has to leave the classroom to check for bleeding coming through her clothing. She is uncomfortable explaining the reason for her tiredness and frequent absences to anybody but her closest friends. Dawn often has time off from work due to the *'cramping'* and fatigue. She knows that this is starting to annoy the other teachers. She is concerned and worried about the amount of blood loss and the size of clots passed, and is annoyed that it stops her going to running club.

Her problem seems to have started 18 months earlier following laparoscopic sterilisation (which she recalls to a researcher who includes her in a case-control study of risk factors for dysfunctional uterine bleeding). She had no problems

previously. She has two children, 8 and 10 years old. They were both delivered vaginally. Her medical history also includes mild asthma, for which she occasionally uses inhalers.