

Department of Obstetrics and Gynaecology

Global Health Unit (GHU) Newsletter

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"Global Health is an area of study, research and practice that places a priority on improving and achieving equity in health for all people worldwide. Global health emphasizes transnational health issues, determinants and solutions, involves many disciplines within and beyond the health sciences and promotes interdisciplinary collaboration and is a synthesis of population based prevention and individual level clinical care."

- Koplan, 2009

Introducing the Department of Obstetrics and Gynecology's Global Health Unit

The Department of Obstetrics and Gynecology's Global Health Unit (GHU) was established in 2013.

With a focus on education, research and outreach activities, the GHU works to enhance an understanding of what global health is, promote the importance of being involved in global health endeavours and provide support to department members who choose to pursue global health efforts on both international and local levels.

The Global Health Advisory Committee consists of both members of the Department and others in support of global health, and was created to support and advise the Medical Director in the direction of the GHU. The committee also acts as a champion for Departmental global health efforts. From the creation of a resident global health elective, to creating connections with local and international organizations, to conducting academic sessions, the GHU is working to improve access to healthcare for vulnerable populations.

If you have suggestions on activities for the GHU or are interested in getting involved in global health initiatives, please contact a member of the Global Health Advisory Committee.

Dalhousie University Global Health Office's Grand Rounds

Shawna O'Hearn, Director, Global Health Office, Dalhousie University

In July 2014, Dalhousie University's Global Health Office announced the launch of Global Health Rounds, a free and public series with the goal of highlighting and discussing global health activities at Dalhousie as well as contemporary global health challenges with leaders in the field. The overall theme of rounds is health of the underprivileged, regardless of location, and addressing disparities. The subject matter ranges from consideration of diseases (e.g. malaria or HIV) to the concern about specific populations (e.g. children, mothers or marginalized communities like Aboriginal peoples). The audience is encouraged to propose topics for future rounds.

Faculty members and students/residents undertaking global health research or programs, or research in related topics, make presentations on their work. Students and residents of all the health faculties undertaking global health electives or field work are also encouraged to present their work.

Sessions run monthly (typically on the third Wednesday of the month) from 4:30-5:30 pm in the Tupper Medical Building. For more information on future speaker sessions visit: http://www.medicine.dal.ca/departments/core-units/global-health/news-events/news/2014/07/23/global_health_rounds.html.

For more information on the Dalhousie University Global Health Office and future events, please visit: <http://www.medicine.dal.ca/departments/core-units/global-health.html>.

GHU Advisory Committee



Dr. Heather Scott
Medical Director
Heather.Scott@iwk.nshealth.ca



Kelly Chisholm
Staff (Midwife)
Kelly.Chisholm@iwk.nshealth.ca



Dr. Catherine Craig
Staff (Obstetrics & Gynecology)
catherine.craig@gmail.com



Dr. John LeBlanc
Staff (Faculty Advisor,
Dalhousie Global Health Office)
John.LeBlanc@dal.ca



Kelly Maher
Director, Finance & Admin.
Kelly.Maher@iwk.nshealth.ca



Shawna O'Hearn
Director, Global Health
Office Dalhousie University
Shawna.OHearn@Dal.Ca



Dr. Barb Parish
Staff (Obstetrics & Gynecology)
b.parish@ns.sympatico.ca



Dr. Grace Parr
Resident
Grace.Parr@iwk.nshealth.ca



Dr. Elizabeth Randle
Resident
el484469@dal.ca

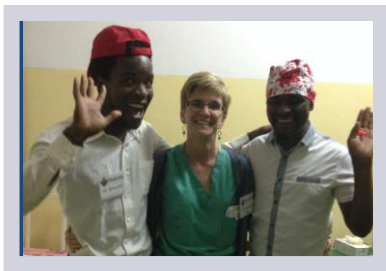


Megan Chipp
Global Health Coordinator
Megan.Chipp@iwk.nshealth.ca

Chalice – Trip to Tanzania

Dr. Catherine Craig

On August 9, 2014, we set out with an NGO called Chalice on a maternity medical mission to southern Tanzania. There were 21 of us, including my 16-year-old daughter, Mairi, my 17-year-old niece, Allie, and various other volunteers



Family doctors (with Dr. Craig – centre) at St. Norbert's Clinic in Songea

including nurses, nursing students, LPN's, social workers, and an ultrasound technician. During our three week mission, we worked in three remote communities, Songea, Makongo and Mbangamao. Medical care in these areas was quite basic and we had to rely on our clinical skills, a handful of blood and urine tests, and minimal imaging. Several diseases were more common, including hypertension, fibroids, cervical carcinoma, malaria, typhoid, schistosomiasis, and HIV. Although the mission was focused on women's health care, when the Tanzanian people learned there was a medical team in the area, they walked several kilometers to see us. This included not only women, but a multitude of children and men, placing me well outside my comfort zone as an obstetrician/gynecologist!

About fifty percent of my time was focused on teaching while

we were there. The learners were family physicians, obstetrician/gynecologists, nurses and midwives who worked in our clinics or travelled from nearby communities. We also did a lot of hands-on teaching using a pelvis model I brought to teach complicated vaginal deliveries. In addition, we used abdominal walls created from ice cream containers and vaginas created from toilet paper roles to practice perineal laceration repairs and abdominal wall suturing. One Saturday morning in Songea, we were invited to speak at the local medical school, teaching second year students about first trimester pregnancy complications and postpartum hemorrhage.



Practicing suturing

During our three week mission I was constantly aware of the level of poverty that surrounded us everywhere. With very limited resources it made the provision of medical care at the level that we're accustomed to, quite difficult.

However, at the same time I was struck by the resilience, creativity and happiness of the Tanzanian people, who on the surface appear to have so little, but who in many ways are so rich.

Kybele...for safe childbirth worldwide

Dr. Heather Scott

Ghana is located in Western Africa and is a coastal country. It is bordered by the Ivory Coast, Burkina Faso and Togo. In 1957 it became the first African nation to become independent from colonial rule and in many ways, it has been an inspiration to other African nations. Despite many improvements in health, health care across the country is quite variable. In particular, the northern part of the country suffers from many adverse outcomes.

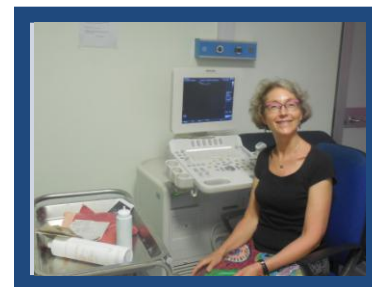
Maternal and perinatal mortality remains high nationally with the MMR (maternal mortality ratio) estimated to be approximately 350 deaths per 100,000 live births. In an effort to address the Millennium Development Goals, efforts have been made to review maternal deaths, implementing strategies outlined by the WHO (Maternal Death Surveillance and Response). Other initiatives are underway to improve outcomes by looking specifically at antenatal and intrapartum care. Antenatal care coverage has improved over time and it is now felt that more than 70% of women attend at least four antenatal visits.

As a part of this effort to improve maternal and perinatal outcomes, Kybele, a non-profit organization founded by Dr. Medge Owen, an obstetrical anesthetist, has introduced several programs in Ghana.

A team from Dalhousie, including Dr. Ron George, Dr. Heather Scott, Dr. André Bernard, Annette Elliott-Rose, Dr. Grace Parr and others, has visited Tamale Teaching Hospital (TTH), located in

Tamale, Northern Ghana. The focus has been on Quality Improvement. A team of individuals, including clinicians (pediatrics, anesthesia, obstetrics, midwifery) laboratory staff, administration, IT and others has been formed to look at the quality of care provided at TTH to determine where improvements in maternal and neonatal care can be made.

With the help of the Kybele team, a list of key indicators has been developed to assess the quality of maternal and newborn care to help identify where changes can be made that will potentially result in improved outcomes.



Dr. Scott at TTH in February 2014

A visit in February was hampered by hospital politics (a reality in African hospitals as elsewhere) and the recent Ebola virus outbreak prevented a follow up visit in the fall of 2014. Nevertheless, the work continues and the team is planning another visit early in 2015. In addition to looking at quality of care indicators the plan is also to assess the feasibility of implementing an obstetrical check list (much like the surgical checklist).

For more information on Kybele, please visit <http://www.kybeleworldwide.org>.

Dr. Scott is currently on sabbatical in South Africa working on a project for the WHO. Find out more about her work in the next issue!