THE SHO GUIDE TO
OBS & GYNAE

The things we wish someone had told us before we started!
We hope that you will enjoy your time in obstetrics and gynaecology. This booklet has been designed to ease your way into our department and a speciality that can seem very different from other branches of medicine. The most important advice we can give is: if you're unsure, ASK. During your attachment you will be surrounded by registrars, consultants, nurses and midwives with lots of experience and they will be only too willing to help you out - you're not alone!

**SHO DUTIES - NINEWELLS**

A standard day in Ninewells is 0845 til 1645. You may be covering one of several duties:

**Obs oncall - #4213**

- Transfer bleep at 0845
- Attend handover on labour suite (duty room)
- Go to antenatal (ward 37, door code 3412 at present) and do ward round with reg.
- Do ward round jobs and see ward reviews in postnatal (ward 38, same door code as 37) probably on your own but call reg for help (they will have their own bleep with them but will probably be in antenatal clinic) The midwives keep a list of patients to review in their ward diary.
- See ‘triage’ patients on ward 37 (e.g. PV bleeding in pregnancy, raised BP etc) Discuss all patients with reg.
- Sign/act on blood results in tray at midwife station
- Handover at 1645 back on labour suite

**Labour ward - own bleep**

- Write your name and bleep on white board at 0845
- Attend handover on labour suite
- Do ward round with MDT
- Reg has #5400
- Jobs include siting grey venflons, prescribing and making up antibiotics and sliding scales and assisting at c/sections
- If you have no jobs, tag along with the reg. They will be happy to teach you and you may be helpful as an extra pair of hands.
- If things are quiet you might be able to see a normal delivery - speak to the midwife in charge.
- If you're interested in learning more about obstetric emergencies, the department regularly runs an obstetric emergency course ('PROMPT') that you can attend. Contact Dr Lynch for more details.
- Sign/act on blood results in tray at midwife station
- Handover at 1645 on labour suite
Gynae oncall- #5609
◆ Transfer bleep at 0845 and attend handover on labour suite
◆ Go to gynae ward (ward 36) and do ward round with reg. Reg bleep #5610
◆ Do ward round jobs and see GP/A&E referrals on ward 36 (reg will take referral calls).
◆ 'gynae' includes pregnant women up to 14 weeks.
◆ 3 different proformas used, each for a different emergency referral (pregnant/non-pregnant/hyperemesis). Nurses will see them first and do a set of routine obs and urinalysis.
◆ Always ask for a chaperone if doing speculum/PV exam (this may be the reg until you become more confident). If you take a chlamydia swab please 1) ask the patient before you take it 2) put the patient's telephone number on the request form (helps the sexual health clinic to perform contact tracing if there's a positive result.)
◆ Emergency referrals may need an ultrasound scan. Obstetric/gynae scan department is on level 7 and will do their best to see emergencies asap. Scan closes at 1630 everyday except Fri (1230).
◆ May have to attend Nairn Suite (TOP service, Ward 41) for routine prescribing and emergencies (eg heavy bleeding) You don't have to prescribe TOP medication if you don't feel comfortable with it but you do have to attend if someone is bleeding/unwell. Phone the reg if you need help.
◆ Pitch in with gynae clerking if free
◆ Handover at 1645 back on labour suite

Gynae clerking
◆ Can go straight to 36 without going to handover
◆ Clerk day cases first (usually only require cardio/resp exam)
◆ Then clerk major cases for following day- see grey clip board at nursing station. Patient’s notes will be at nurses station or on bookcase. Need history/exam/bloods/maybe ECG (use phlebs and ECG techs)
◆ Do ward jobs eg discharge scripts- whiteboard messages from nurses will keep you right!
◆ Help out with gynae on call if needed
◆ It is also your responsibility to do bloods/discharge scripts/simple things for any medical borders on the ward.
◆ Request bloods for next day (elective and post ops). On Friday, don't forget to request for Monday! There is an SHO diary where you can record which bloods you've requested so the team the following day know what to look out for.
◆ There are no phlebs at the weekend.
◆ Worst case scenario 1 person can do gynae on-call and clerking. If you are gynae clerking you may be asked to cover another duty e.g. if someone phones in sick.
**Other duties**

As well as the on-call rota that you've already been given, the duties rota is issued on a monthly basis. Occasionally you will be lucky enough to be allocated for the caesarean section list, clinics or even a 'float' day - enjoy!

For the caesarean section list- please be prompt (O&G trainees are expected to see and consent the patients in the observation area of labour ward prior to the list starting at 0845). There should be a consultant running the list and you will be the assistant. Let them know if you're interested in O&G/surgery and they might let you do some of the suturing.

There are antenatal clinics running every morning Mon-Thurs on level 7. Other clinics (including general gynae/pessary/infertility/colposcopy etc) are on in area 3 of the main outpatient department on level 7. (See timetable in green room). There is also a TOP clinic run in Nairn Suite most days.

If you are on a float day- please attend handover at 0845 and check that you are not required to cover for someone's sick leave. If not, you can help out on wards 36/37/38, do some self-study/audit project or attend an interesting clinic etc.

**Sickness**

Please contact the on-call SHO (or labour ward if they do not answer) via switchboard as soon as you know you will not be able to come to work so arrangements for cover can be made. You should also email the rota organiser and the line manager (Jenny Brown).

**A/L, S/L AND SWAPS**

- All swaps should be arranged amongst yourselves.
- If you have been rota'd for a late or weekend shift when you wish to take A/L or S/L you are responsible for finding a swap for this.
- Please notify switchboard and the rota organiser of any swaps. You should also note it in the red SHO diary (lives in the Green Room)
- To request A/L or S/L, fill in the appropriate form (in Jenny Brown's office, level 6) and return it to Dr Chien's tray for approval (in the room next to Jenny's office). You should also note it in the SHO diary and send an email to the person responsible for the rota (especially if the monthly duties rota has already been issued!)
- Maximum 3 people off at any one time.
**SHO DUTIES-PRI**

- Previous groups have really enjoyed their PRI rotation and felt they learned a lot from going to clinics. This is why all GP trainees now spend 2 months in PRI.
- Maty block is separate from the main building- also signposted breast/day surgery
- There will usually be 2 of you, 3 if reg not there (nights/annual leave)
- There is one reg for PRI. The PRI team also includes Dr El-Miligy (associate specialist), Dr Laxman (SpR), Dr Tkacz and Dr Gordon (Consultants).
- Day begins from 0830 and ends 1630 (no out of hours in PRI, you do your out of hours at Ninewells). If you are oncall in the evening, make sure you leave PRI in enough time to get to Ninewells for the start of your shift (1645).
- Friday afternoon- 1 person stays behind in PRI til 1630 to allow the others to attend teaching in Ninewells.

**PRI oncall**

- One person is oncall for GP calls and ward referrals- phone switch board as soon as you arrive in the morning and let them know your bleep number. Let the ward know you're oncall by putting 'O/C' next to your name and bleep number on the whiteboard on the gynae ward.
- Emergency patients must be able to get to the ward by 1500 for review (1200 on a Friday) if not refer to Ninewells. Very unwell patients can be referred straight to Ninewells.
- Another person is oncall for day care/obstetrics- go there first thing to let them know who you are and your bleep number.

- There is no formal oncall rota for PRI but it may be useful to work one out amongst yourselves.

**Gynae ward**

- Best to go here first thing. See pre-op patients, check nothing has changed since they were pre-assessed and do cardio/resp/GI exam.
- Complete discharge scripts asap (even pre-op) so meds are available for patients going home that night. Scripts can be sent to pharmacy via pod system (located upstairs in clinic area). You may have to complete Fit forms for patients too.
- The general surgeons have a list in the same building a couple of times per week. Pre-assess them/complete scripts for them as for the gynae patients.

**Clinics and theatre**

- Occasionally an SHO will be needed in theatre.
- SHOs are expected to help at the urogynae and general gynae clinics. If you get a spare minute, it is useful to attend the other clinics as you will learn a lot. (See timetable)
- An SHO is expected to help at the antenatal clinic if there is no registrar present.
- You should dictate letters for any patients which you have seen in clinic

**Day Care**

- 9am – 2pm – Monday, Wednesday, Friday
- 9am – 3pm – Tuesday, Thursday
- This is the equivalent of triage in ward 37, Ninewells.
**Pre-assessment Clinic**
◆ Every Tuesday afternoon, one doctor is expected to go to the pre-assessment clinic in ward 2, PRI.

**Early Pregnancy Assessment Clinic**
◆ Based on the Gynaecology Ward and run by the midwifery staff, 10am – 2 pm Mon – Fri

**Termination of Pregnancy Clinic**
◆ Runs every Thursday on gynae ward. SHOs willing to be involved in the termination of pregnancy clinic need to complete the required paper work and drug kardexes, after the patients are seen by the midwives.
◆ Very occasionally, you will be asked to see patients requesting a termination of pregnancy if the clinic is overbooked. You will find it useful to sit in with the midwife for a couple of patients first to learn what needs to be discussed, and what paperwork needs to be completed.

**Midwife-led Unit**
◆ Occasionally, you will be asked to review patients who have delivered on the midwife led unit.

**Ultrasound Scan Department**
◆ Monday + Wednesday CLOSED
◆ Tuesday, Thursday, Friday OPEN
GP referrals may need an ultrasound scan. On the days that scan is closed, or if the department is fully-booked, it is worth asking one of the Consultants if they could scan the patient on the ward.
OUT OF HOURS (NINEWELLS)

Late shift 1645-2045
◆ Transfer both bleeps at 1645 and write name and bleep on labour suite board
◆ Attend handover on labour suite 1645
◆ Cover labour suite, obs on call and gynaec on call
◆ Reg cover- Gynae reg (#5610) til 1900, Obs reg (#5400) til 2145
◆ Relieved by night person at 2045, handover on labour suite. Remember to contact HAN if you have any non-pregnant gynaec stuff to handover.

Night shift (maty) 2045-0845
◆ Transfer both bleeps at 2045 and write name and bleep on labour suite board
◆ Attend handover on labour suite 2045
◆ Only see pregnant patients on ward 36- HAN will see all non-pregnant gynaec patients.
◆ Cover labour suite, obs on call and gynaec on call
◆ Reg has #5610 and #5400
◆ Attend handover 0845

HAN nights 2030-0830
◆ The 2 FY2s that are usually based in Ninewells do HAN nights, not maty nights
◆ Handover at 2030 in canteen, level 5.
◆ Cover oncology/haematology and non-pregnant gynaec.

Friday afternoons/weekends
weekend rota commences at 1300 on Fridays to allow most folk to attend Friday afternoon teaching.

‘Short weekend’ ie late shift Fri, 0845-1645 on Sat & Sun
On Friday at 1300, you take over obs on call and take over from labour ward SHO. Transfer #4213 and put name on board. Attend teaching if clinical activity allows. At 1645 you take gynaec as well (#5609) and work til 2045. Sat and Sun you cover gynaec only. No phleb service on ward 36 at weekends.

‘Long weekend’ ie til 1645 Fri then 0845-2045 Sat & Sun
On Friday at 1300, you take over gynaec on call and work til 1645 then you handover to the person on the ‘short weekend’. You may or may not get to teaching! Over the weekend you cover obs and labour ward 0845 til 2045 and take on gynaec as well from 1645.

Other door codes
13524 Green room & education room
5124 Coffee room, labour suite
531 Girls changing room labour suite
3254 Boys changing room labour suite
Ward 41 code usually same as 37/38 (NB this changes every time a relative manages to work it out!)
BLOOD RESULTS AND DICTATION

Due to the different physiology of pregnancy, we accept different normal ranges for blood results (see table).

Some general rules:
- prescribe iron for anyone with a Hb below 10.5 g/dL
- expect urea and creatinine to be below the normal reference range (increased plasma volume). If higher than normal range this is very abnormal.
- in early pregnancy, TSH may be low (suppressed by βhCG which is structurally similar).
- alk phos will be high as the placenta produces an alk phos isoenzyme
- urate should not be higher than gestational age e.g. if someone is 32 weeks pregnant, urate should be <0.32 mmol/L
- biochem don't always process βhCG out-of-hours. If you really need a result to make a clinical decision best to give them a ring prior to taking it (especially at the weekend)

<table>
<thead>
<tr>
<th></th>
<th>Non-pregnant</th>
<th>Pregnant</th>
<th>1\textsuperscript{st} trim</th>
<th>2\textsuperscript{nd} trim</th>
<th>3\textsuperscript{rd} trim</th>
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<tbody>
<tr>
<td>Hb g/dl</td>
<td>12-15</td>
<td>11-14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WCC x 10\textsuperscript{9}/L</td>
<td>4-11</td>
<td>6-16</td>
<td></td>
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<tr>
<td>Plt x 10\textsuperscript{9}/L</td>
<td>150-400</td>
<td>150-400</td>
<td></td>
<td></td>
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<tr>
<td>Urea mmol/L</td>
<td>2.5-7.5</td>
<td>2.8-4.2</td>
<td>2.5-4.1</td>
<td>2.4-3.8</td>
<td></td>
</tr>
<tr>
<td>Creat mmol/L</td>
<td>65-101</td>
<td>52-68</td>
<td>44-64</td>
<td>55-73</td>
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<tr>
<td>Na+ mmol/L</td>
<td>135-145</td>
<td>130-140</td>
<td></td>
<td></td>
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<tr>
<td>K+ mmol/L</td>
<td>3.5-5.0</td>
<td>3.3-4.1</td>
<td></td>
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<tr>
<td>ALT IU/L</td>
<td>0-40</td>
<td>6-32</td>
<td></td>
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<tr>
<td>Alk Phos IU/L</td>
<td>30-130</td>
<td>32-100</td>
<td>43-135</td>
<td>133-418</td>
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<tr>
<td>Bilirubin µmol/L</td>
<td>0-17</td>
<td>4-16</td>
<td>3-13</td>
<td>3-14</td>
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<tr>
<td>TSH mU/L</td>
<td>0.3-4.2</td>
<td>0-5.5</td>
<td>0.5-3.5</td>
<td>0.5-4</td>
<td></td>
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<tr>
<td>Free T3 pmol/L</td>
<td>2.6-5.7</td>
<td>3-7</td>
<td>3-5.5</td>
<td>2.5-5.5</td>
<td></td>
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<tr>
<td>Urate mmol/L</td>
<td>0.18-0.35</td>
<td>0.14-0.23</td>
<td>0.14-0.29</td>
<td>0.21-0.38</td>
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(Adapted from Handbook of Obstetric Medicine, Nelson-Piercy)
Signing results - the bain of everyone's life! But if everyone does their fair share it ain't so bad. When you're obs on call you're responsible for the two trays on 37 and 38 respectively and when you're on for labour ward you're responsible for the one at the midwives desk.

A few pointers:

◆ Establish if the patient is an inpatient or if they've been discharged.

◆ There are discharge books in ward 37 and 38 that usually document the patients discharge medication (antibiotics/iron etc).

◆ If this doesn't help you have a few options:
  • there are letter templates on the clerkesses computer in 37 that you can adapt as required (swab results/low Hb/urine culture) and send to the patient.
  • You can get the GP details from Central Vision and give them a ring (sometimes doesn’t go down well- we did the test so we should sort it out).
  • You can get the patient's number from the discharge book and give them a ring (not always the most professional approach)

◆ When someone has a stillbirth we do a whole raft of bloods. The patient's consultant will usually see them back at a clinic appointment to discuss the results so if you make sure they're signed they'll make their way to notes in time for the appointment.

Everyone has a tray in the room next to the demo room on level 6. Please check it regularly for info/dictation. Hint- if you complete the carbon copy paper on the non-pregnant gynae proforma when you're seeing the patient, this can be sent to the GP and saves you from dictating a formal discharge letter!
MEDICATIONS

As a general rule try to avoid unnecessary medications in pregnant or breast-feeding mothers. Here are a few of the more common medications used in obstetrics and gynaecology that you may not have used in other parts of the hospital (doses correct at time of print Jan 2012):

Obstetrics:

**Ferrous fumarate** 210mg TDS
When Hb <10.5 g/dL

**Venofer** 200mg IV
Give 2 doses 24 hours apart if blood loss >1000ml. Otherwise calculate number of doses using protocol (available in paper form on labour suite/ward 37/ward 38)

**Betamethasone** 12mg 2 doses, 12 or 24 hours apart depending on degree of urgency
For fetal lung maturation when preterm delivery possible/likely.

**Erythromycin** 250mg QDS for 1 week
Prophylaxis against endometritis for pre-labour rupture of membranes.

**Dalteparin/fragmin** 5000 IU SC once daily (at 1400) for 5 days
Current standard thromboprophylaxis post caesarean section. Use 5000 IU or 2500 IU once daily at 1800 on the gynae ward after assessing DVT risk.

Cefalexin 500mg TDS for 7 days
Treatment of choice for suspected UTI in pregnancy (37 have it available to take away for triage patients)

**Magnesium sulphate** IV
Used as seizure prophylaxis in pre-eclampsia.

**Labetalol** PO or IV
First line antihypertensive. You may be asked to make up IV labetalol on labour ward - instructions are on the pre-eclampsia trolley. Second line antihypertensive is nifedipine MR.

Try not to prescribe cocodamol and tramadol together.
Don't forget diclofenac is a good analgesic (unless patient has had large blood loss/renal impairment/asthma or thrombocytopenia).
Cocodamol, dalteparin and warfarin can all be given to breast-feeding mothers.

Gynae:

**Ofloxacin** 400mg BD and **metronidazole** 400mg BD for 14 days. For suspected PID. Can add IM ceftriaxone 500mg once off if high risk for gonorrhoea

**Mefenamic acid** 500mg TDS
NSAID. For menorrhagia

**Tranexamic acid** 1g TDS
Inhibits fibrinolyisis. Used for menorrhagia.
Norethisterone 5mg TDS
For dysfunctional uterine bleeding.

Ergometrine 250micrograms IM
A useful uterotonic- can be used for heavy bleeding as a result of miscarriage/TOP in early pregnancy. Both ward 36 and ward 41 should have this in stock.

Levonelle/EllaOne
Emergency contraception (you may be required to prescribe this out-of-hours on labour suite) Levonelle is licensed for use up to 72 hours post unprotected sex, EllaOne is now available for use between 72 hours and 5 days.

Nexplanon
The newest version of the contraceptive implant.

Laxatives
Patients undergoing pelvic floor repair will often be discharged home with prophylactic laxatives.