

Sri Lanka College of Obstetricians & Gynaecologists



SUPPLEMENT ISSUE

SLJOG

The Sri Lanka Journal of Obstetrics and Gynaecology

57th ANNUAL ACADEMIC CONGRESS 2024

30th August to 1st September 2024

"Quality Healthcare Through Standards in Training and Service Delivery"- A right of all women.



Abstracts



SLCOG

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OP/G – 02

FEASIBILITY OF COMMUNITY HEALTHCARE WORKERS FACILITATED FERTILITY CARE IN NORTHERN SRI LANKA.

Raguraman S¹, Balagobi B¹, Kumaran S¹, Kiruththiga T², Shanmuganathan Y¹, Kanesamoorthy S¹, Arulkumaran S³

¹ Faculty of Medicine, University of Jaffna

² Independent Gender and Communication Consultant, University of Jaffna

³ Emeritus Professor, St. George's University Hospital

Introduction

Subfertility poses a significant global reproductive health challenge, impacting couples' mental, social, and economic well-being. In low- and middle-income countries, subfertility affects approximately 16.5% of the population. Studies in Sri Lanka, especially in Colombo and recently in Jaffna (22% - under review), indicate higher rates of subfertility.

Social stigma, lack of knowledge among young couples, inadequate primary healthcare resources, and the high workload of Public Health Midwives (PHMs) hinder effective subfertility care. Thus, we propose a model that integrates Community Health Workers (CHWs) into the healthcare system to address these challenges.

Objective

To assess the acceptability and feasibility of the Community Health Workers Facilitated Fertility Care (CHWFFC) model in the Nallur Medical Officer of Health (MOH) area in Jaffna, Sri Lanka.

Design

This qualitative research method used focus group discussions, in-depth interviews, and thematic analysis to identify the model's acceptability and feasibility.

Methodology

CHWFFC model was implemented from June to November 2023 in six randomly selected PHM areas within the Nallur MOH in the Jaffna district. CHWs were recruited from Mother's support groups, and training was given according to the standard module based on the FIGO fertility toolbox. CHWs were assigned to selected PHM areas and provided on-the-job training to identify and interact with sub-fertile couples, provide health education, and facilitate clinical work. Focus Group Discussions and in-depth Interviews were conducted with PHMs, Primary Care Doctors and MOHs. Discussions were recorded, transcribed to Tamil, then translated to English, and thematic analysis was conducted.

Results

The main themes identified are the significant reduction in PHMs' workload, the acceptance of community, concerns about the position of CHWs in the hierarchy, and CHWs' proactive nature in learning subfertility care activities.

Acceptability:

Qualitative measures indicated positive feedback and promised administrative support from stakeholders. Public health midwives showed increasing acceptability of CHWs over the period. CHWs showed a proactive nature in learning new tasks, and PHMs requested an increase in the frequency of clinic visits.

Feasibility:

In this intervention, 47 health awareness programs were conducted to identify and refer 61 subfertile couples to primary health care. Subsequent consultations with specialist family physicians and referrals to tertiary care centres further facilitated subfertility management. The involvement of CHWs proved instrumental in guiding couples through the healthcare system at all levels.

Conclusion

In conclusion, the Community Health Workers Facilitated Fertility Care (CHWFFC) model has shown promising outcomes in addressing subfertility issues within the Nallur MOH area, Jaffna, Sri Lanka. The study highlights this model's acceptability and feasibility. Continued monitoring and refinement of the model are essential to optimise its effectiveness.

OP/G – 03

A COMPLETE AUDIT CYCLE ON SURGICAL NOTE DOCUMENTATION IN MAJOR GYNAE-ONCOLOGICAL SURGERIES

Dissanayake, DMC¹, Wijeratne, YMTY², Hapuachchige, C²

¹Medical officer, National Cancer Institute (Apeksha Hospital), Maharagama, Sri Lanka.

²Senior Registrar in Gynaecological Oncology, National Cancer Institute (Apeksha Hospital), Maharagama, Sri Lanka.

²Consultant Gynaecological Surgeon, National Cancer Institute (Apeksha Hospital), Maharagama, Sri Lanka.

Introduction

Operative notes of the patient's clinical records are crucial for patient management as well as for legal grounds. Poor documentation has been observed in all surgical specialties worldwide. Proper documentation in gynaecological procedures is important as they almost always require long-term follow-up which mainly relies on the operative notes. Royal College of surgeons (RCS) England has published the guidelines for good practice points in surgical documentation. This audit aimed to improve the quality of operative note documentation.

Methods

Eighteen criteria (date, time, elective/emergency procedure, names of the operating surgeon and assistant, anaesthetist, operative procedure, incision, operative diagnosis, operative findings, complications, any extra procedure, details of tissue removed, added, or altered, use of any implants/ prosthesis, blood loss, closure technique, antibiotic and DVT prophylaxis, postoperative care instructions, signature) from RCS as stated in 'Good Surgical Practice' and seven additional criteria (patient position, indication for operation, mode of anaesthesia, surgical stage, completeness of the surgical cytoreduction, state of hemostasis and the insertion of drains) that were relevant to operation notes were assessed retrospectively over the 3 months. Scores 0, 1, and 2 were given for zero, incomplete, and complete documentation respectively. Pre-intervention data were collected between January and March 2022 and presented in the audit meeting in March 2022 and SLCOG sessions in 2022. Printed proforma was introduced and attached to all patient tickets as a guide for surgeons/ assistants. Re-audit was carried out in March-July 2024.