

OBSTETRICS AND GYNAECOLOGY HANDOVER DOCUMENT

By Akwasi Bamfo-Quaicoe

Location

The Obstetrics and Gynaecology Department is located in the Maternity Wing, which is near the Medical Education Centre, towards the back of the hospital. The Department is spread out across 5 floors:

Ground Floor	Antenatal Clinic Whisby Suite Obstetric Ultrasound Department
First (1st) Floor	Pre-Assessment Unit
Second (2nd) Floor	Antenatal Assessment Clinic / Unit Nettleham Ward: Antenatal and Postnatal Ward
Third (3rd) Floor	Branston Ward: Gynaecology Ward
Fourth (4th) Floor	Hemswell Ward: Gynaecology Outpatient Department, Colposcopy Clinic, Early Pregnancy Assessment Unit
Fifth (5th) Floor	Bardney Ward: Labour Ward

Antenatal Clinic

This clinic is extremely senior lead. By this I mean that as an FY1 doctor, you will have zero significant input into the running of this service. The best way to get something out of this service as an FY1, might be to observe the midwives when they see patients.

The Whisby Suite

This is where Consultant offices and their secretaries are located. Friday teaching sessions (usually from 12:45) may also take place here or on MSS Teams.

Obstetric Ultrasound Department

There may be times when it is easier to talk to the Obstetric sonographers in person to resolve issues and if so, this is where to find them.

Antenatal Assess Clinic / Unit

This is where emergency antenatal patients are seen. Some of the jobs here will require senior doctor assessment and as an FY1, you will be expected to escalate these issues to the registrar. FY1 tasks will involve assessing patients with abdominal pain, PV bleed etc. and escalating to the SHO. Your other tasks will involve e.g. venepuncture, cannulas, prescribing, examining etc.

Nettleham Ward: Antenatal and Postnatal Ward

As an FY1, your biggest input here will be conducting Postnatal Reviews on women who have recently given birth. Your tasks will also involve regular ward jobs e.g. venepuncture, cannulas, prescribing, examining etc.

Branston: Gynaecology Ward

As an FY1, this ward will provide you with the most expected and generic FY1 experience. This ward looks after gynaecology patients and surgical patients but you are only responsible for the gynaecology patients. Apart from during emergency situations, if a surgical patient needs a doctor, then bleep the Surgical Cover doctor.

Your tasks on this ward will include general ward duties: working with the SHO/registrar/consultant, attending ward round in the morning, clerking emergency patients, completing Electronic Discharge Documents (EDDs), venepuncture, cannulas, prescribing, chasing results, ordering tests etc.

Hemswell Ward:

Gynaecology Outpatient Department
Hysteroscopy Clinic
Colposcopy Clinic
Early Pregnancy Assessment Unit

Bardney Ward: Labour Ward

This ward is largely run by senior doctors but as an FY1 you can help with general ward duties, including: working with the SHO/registrar/consultant, attending ward round in the morning, assisting in caesarean sections, venepuncture, cannulas, prescribing, chasing results, ordering tests etc.

*Main Theatres

During this rotation, you will have the opportunity to attend Main Theatres in the main part of the hospital. This is potentially the most amount of theatre time that you will have as an FY1, so even if you do not like being in theatre, I would advise that you make the most of this opportunity to work on your surgical skills. The gynaecological theatres tend to be Theatre 6 or Theatre 8 but always check at the Reception Desk on the day.

Daily Routine

Change into scrubs in the Changing Room on Bardney Ward: Labour Ward, Fifth (5th) Floor

09:00. Attend Handover in the Staff Room on Bardney Ward: Labour Ward, Fifth (5th) Floor

*Work schedule according to your routine

17:00. Labour Handover in the Staff Room on Bardney Ward: Labour Ward, Fifth (5th) Floor

17:30. Gynaecology Handover in the Staff Room on Bardney Ward: Labour Ward, Fifth (5th) Floor

Common Prescriptions on Obstetrics and Gynaecology

There are a few medications commonly prescribed on Obstetrics and Gynaecology that may not be seen in other departments, these include:

Peppermint Oil (Mintec), Oral, 2 Capsules, 3 times a day

- This is commonly prescribed for patients with trapped wind. For up to 2-3 months if necessary.

Dihydrocodeine Tartrate, Oral, 30mg, 6 hours as required, Maximum of 120mg in 24 hours

- Dihydrocodeine is used instead of Codeine in women who are pregnant or breastfeeding

Ferrous Sulfate, Oral, 200mg, Once daily

- This is normally given for a month, with a plan for the GP to review the patient's Haemoglobin in 3 weeks. Despite what it says in the BNF, evidence shows that a once daily regime of Ferrous Sulfate is just as effective as giving it 2 or 3 times daily.

Anti-D Immunoglobulin, Intramuscular injection, 500 Units, Once ONLY.

- Check the BNF

Enoxaparin Sodium

- Check the Royal College of Obstetrics and Gynaecology VTE Risk, to see if postnatal women need to leave with Enoxaparin and how much

Clotrimazole

- Check the BNF

Terbutaline Sulfate

- ONLY prescribe when instructed by a Registrar or Consultant

Intravenous Fluids for Hyperemesis Gravidarum

- Check the Trust guidelines

Benzympenicillin Sodium

- This is used prophylactically in women who are/were GBS positive

Magnesium Sulfate

- Check the Trust guidelines
- This is given for prevention of seizures in pre-eclampsia or for the treatment of seizures in eclampsia