

NORTH HANTS TEAM DELIVER IN VILNIUS

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“You are going to do what?” said a colleague, exasperated at another of my wild ideas.

“I’m going to take some midwives to Lithuania to run a Conference.”

This unusual idea was spawned by a conversation with a Lithuanian friend, Dr Arthur Irlinas, an anaesthetist who was enthusiastic about epidurals but was not happy to give top-up doses, especially those at night. So who better to persuade midwives to do top-ups than other experienced midwives? Hence our visit nine months later to Vilnius to run the first UK-Lithuanian Midwifery Conference.

Preliminaries

The arrangements were facilitated by inviting Lina, a charming Lithuanian midwife, to spend a week looking at the various aspects of Midwifery at the North Hampshire Hospital. She had recently finished three years training but was currently working as a secretary for a charity (the “Socrates Foundation”) where her salary was 50% greater than she would be paid as a midwife. Lina’s visit allowed us to discuss not only the most suitable topics for lectures but also the arrangements which were needed prior to our arrival in Lithuania. We agreed to pay for our flights and than all costs including accommodation, food and entertainment would be paid for by our hosts.

A major worry of my team was lecturing via a translator and the consequent standard of medical interpretation. After practising their presentations using a Spanish translator, medical and colloquial terms which might not be directly translatable, were eliminated. But in the event the Lithuanian translator, an obstetric registrar who had taken two days annual leave, proved to be excellent. Not only did she speak fluent English but she was expert in medical terminology having worked in the USA.

The five of us arrived in Vilnius on a freezing cold October morning to be met by Arthur, Lina and the other member of the organising committee, also called Lina. We were taken to lunch in a spectacular revolving restaurant at the top of the infamous Television Tower outside which Russian tanks had disrupted a demonstration in January 1991. There was a poignant museum to the memory of the fourteen Lithuanians who had died and the several hundred who had been injured. Arthur pointed to the picture of one young girl whom, sadly, he had not been able to save after she had been run over by a tank.

Local facilities

After checking the surprisingly modern lecture theatre which had both slide and overhead projectors and a full-time projectionist, we were given a guided tour of one of the four maternity hospitals in Vilnius. We all had to dress up in the obligatory gowns and white linen overboots. All patients admitted in labour had a compulsory enema and pubic shave. (Perhaps a testimony to this was the rusty razor blade lying on the pavement when we came out of the hospital!)

The delivery rooms, which could each cater for up to three women in labour, were equipped with not only normal looking beds, but also incredibly hard second stage beds with formidable looking stirrups. The neonatal unit was well-equipped with donated monitors and incubators, in one of which were 38-week twins with Patau’s syndrome (cleft lip, polydactyly and cardiac problems). Access to the wards was by a lift, ‘manned’ by a female attendant.

The next day we woke to an extremely cold morning (-5°C) and had to remove ice from all the car windows. In Vilnius, hot water and heating are supplied from one of three main sources in the town but the heating is not turned on until there has been a sequence of at least three days where the noon temperature is less than 9°C. Hence there was no heating in either the conference hall or the flats in which we stayed. Some members of our party appeared to be wearing the entire contents of their suitcase day and night for the duration of the trip.

The Conference

There were 153 delegates from all over Lithuania which was really remarkable considering there are only about 1800 midwives in the whole of the country and that the average pay of a midwife is about Lts400 (\$100) a month, compared with twenty times that rate for a British midwife who has just finished training.

Obstetricians perform most of the deliveries in Lithuania, all of which are in hospital, so there was great interest in home births, in the fact that 75% of deliveries at the North Hampshire Hospital are performed solely by a midwife and that 30% of the women in the area are only seen by a midwife during the whole of their pregnancy and labour.

Jill gave a powerful talk on the management of fetal death *in utero*. One in five parents have long-term effects after losing a baby and she described the management of this tragedy at the North Hampshire Hospital.

Carol then discussed the function of the Confidential Enquiry into Still Births and Deaths in Infancy which documents the 10,000 deaths per annum (20 weeks to one year) in Britain and described the panel meetings which look at the degree of sub-optimal care (if any) and how these findings were used.

I discussed analgesia in labour and the advantages and disadvantages of pethidine, Entonox and epidurals, with a brief mention of water baths and transcutaneous nerve stimulation. A show of hands indicated that only ten would personally opt for pethidine or other locally available drugs, including buscopan and 'antispasmodics', thirty preferred an epidural, but the majority wanted nothing at all if they were to be in labour that afternoon. Arthur said that in recent television and radio panel discussions on analgesia in labour, the general consensus had been that epidurals ought to be more readily available in Lithuania. Four midwives in his unit had recently had epidurals themselves and this definitely led to an increased local demand for this procedure.

On the second day, Jill gave an excellent talk on evidence-based medicine, stressing how clinical skills and women's wishes were combined with research evidence obtained from sources like the Cochrane database, journals and the Internet. As illustrations she used the evidence for antibiotics given at Caesarean section, trial of labour after previous section and the use of steroids in pre-term labour. My talk on feeding during labour elicited the information that in Lithuania no feeding is allowed although some units do allow sips of water. Since recent evidence from St Thomas' Hospital has shown that feeding during labour compared to 'water only' can lead to markedly increased gastric volumes,

I recommended that they should not start feeding in labour, particularly as most Caesarean sections there are performed under general anaesthesia.

In Lithuania most women who have had normal deliveries stay in hospital for three days, which sharply contrasts with practice in our unit where women can go home from 6 hours post-delivery.

The final session was a panel discussion. During this time it became apparent that midwives in Lithuania do not regularly perform vaginal examinations for normal deliveries as these are normally done by doctors unless, of course, the doctors were asleep! The reason seems to be that it is normal custom for every patient to pay the doctor after she has delivered making it unlikely that the doctors will relinquish the supervision of normal labour. Other local traditions include the use of abdominal ice for PPH and ultraviolet lighting which is supposed to sterilise a room between deliveries. The only question which really stumped the panel was "How is Princess Diana and her family?"

Feedback from the delegates suggested that the conference was a success for three main reasons: firstly, plenty of open discussion was both allowed and encouraged; secondly, the lecturers were not patronising and thirdly, the Lithuanian midwives were amazed at the service provided by midwives in Britain, as this was almost exclusively provided only by obstetricians and paediatricians in Lithuania.

The social programme

The First Night

On the first evening we attended a remarkable three and a quarter hour performance of a combined opera, comedy and ballet. At the first interval I asked my host to explain the plot. He said it was a common theme – "one man with too many womans!" After the show we returned to the flats of our hosts. Luckily we had arranged to stay with the local Lithuanians in order to save them money. We obviously got a good deal since some of the delegates stayed in a hostel costing all of \$1 per night each!

On the second evening we went for a fascinating walk round the old walled city with its cobbled streets and beautiful baroque churches. We visited a chapel which was a sort of Lithuanian 'Lourdes' with silver hearts pinned to the wall by those whose prayers for healing had been answered. After visiting a few of the local pubs I went for some money from a local glass-fronted, cubicled cashpoint which was accessed by Visa card. Having obtained the money I found I could not get out of this square goldfish bowl. My team found this hilariously funny but luckily one of them had a credit card and sufficient pity to allow me to escape. We were then taken for an excellent meal in a typical Lithuanian restaurant with live folk music. The food consisted of stuffed roll-mop herrings followed by pike in a cheese sauce, which was certainly interesting.

Private hospitality on the final evening involved a huge amount of food and drink. One could get very used to the local combination of cranberry liquor and vodka while dancing to well-known sixties music.

The final morning we went to a huge market which in many respects was very like those I have been to in West Africa, except that it was very cold, everyone was white-skinned, there was no smell and one wasn't groped by stallholders trying to show you their wares. All in all we had spent an amazing 72 hours in Lithuania; a country which has been kept in the dark for many years by an oppressive Russian regime, but is now trying hard to drag itself into the latter half of the twentieth century.

