

Tally Ho - It's off to Riga we Go!

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Introduction

A strange title for the report on the latest 'Thomson Tour' to the Baltic States, but one member of our multi-disciplinary team was an avid foxhunter (fig. 1).



Fig. 1. Wear the fox hat!

We returned to Latvia following a successful previous visit in 2001 to participate in the second Latvian conference on 'Medical Aspects of Childbirth'. The local organising committee consisted of Professor Antonina Sondore (President of the Latvian Society of Anesthesiologists), Dace Mutola and Maria Jansone (both senior Obstetricians) and Midwife Rudite Bruvere.

The Baltic Air flight from Heathrow was uneventful and at £100 return, good value. It may be even cheaper now as Ryan Air is scheduled to start flights from Stansted Airport at the end of October. Time spent in passport control and customs was minimal. We were accommodated (unregistered) in the pleasant but no frills 'N B Hotel' (fig. 2) which was the venue for the European



*Fig. 2.
The team at the NB hotel.*

Under 18 Snooker Tournament in 2003 (fig. 3). The rooms were basic but functional with plenty of hot water, a big walk in shower, a double bed, television and an empty mini-bar.

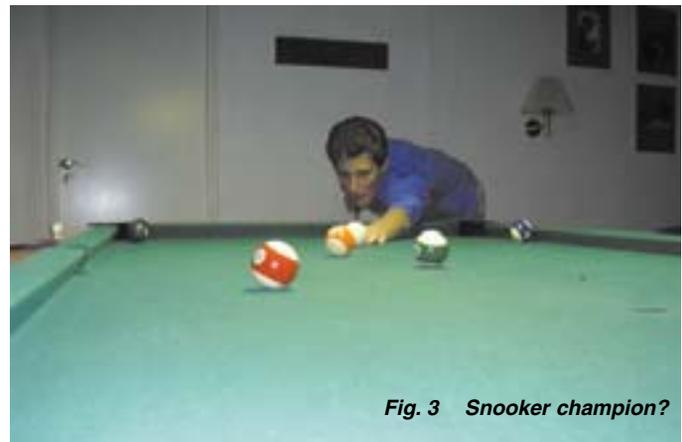


Fig. 3 Snooker champion?

Thursday

Our hosts had arranged a special tour of the city of Riga, but unfortunately our driver took us to the wrong monument and we never met up with the guide. After waiting for 30 minutes we went off to find the (in?)famous 'Garlic bar'. In 2001, after two visits there within 24 hours, my wife kept her distance for several days after my return! After discovering the aforesaid restaurant our group split up after agreeing to meet back there in a couple of hours for what was to be an excellent meal including beer and wine at less than £10 per head.

After lunch several of us went to the 'Museum of the Occupation' which highlighted very graphically the suffering of the people of Latvia from 1940-1991, firstly under the Russians (40-41), then the Germans (41-45) and finally under the Russians again until 1991. Historical documents, artifacts and pictures showed the impact of two totalitarian regimes on Latvia as a state and nation.

Personal keepsakes testify to oppression and persecution, but also to defiance and resistance, to inhumane conditions in prisons and Siberian exile, but also to the strength of the human spirit in extreme adversity. Museum texts and explanations are provided in Latvian, English, German and Russian. There was one very unpleasant mock-up room in memory of the atrocious living conditions for those thousands taken

forcibly to gulags in Siberia. The inmates slept on bare floorboards with no pillow and were so closely packed, that an agreement had to be made that if one person wanted to turn over at night then everyone had to turn in unison.

That evening we were taken to the spectacular opera house with its beautiful crystal chandelier and ornate gold carvings round the sides and boxes. The title of the opera was 'Demon'. The main characters were the Prince, all his retainers and family friends. Opposite him was his love, the Princess Tamara, all her maids in waiting and her father. The demon who had fallen in love with the Princess organised the death of his rival who was allegedly stabbed to death by Muslims. Opposing him was the Angel who was played by an amazing male counter tenor with a superb voice. By the final curtain call the prince and the rest of the cast had left, it was just the four other main characters who took the bow.

Friday

Getting out of bed that morning was difficult as Latvian time was 2 hours ahead of the UK. Incredibly over 500 people turned up for the first day of the conference. This was 200 more than the organisers were anticipating so lunch had to be delayed for an hour while more food was arranged.

Jill started the conference in her customary fine style with an excellent lecture on evidence-based medicine and how guidelines are produced. She discussed those recommendations for breech delivery, which included all women with an uncomplicated pregnancy at term being offered ECV. She said there was Grade A evidence that Caesarean sections decrease perinatal and neonatal mortality and morbidity. She also told us there was no evidence that an epidural was essential for vaginal breech delivery.

Claire then joined her on the podium to talk about Caesarean section. In the UK over the past 20 years the Caesarean section rate has increased from 9% to 21% but there are large differences between units and amongst individual obstetricians. The recently published NICE guidelines state that the 'quest for Caesarean section with no medical indication should not be acceded to'. Specific indications include term breech, twins with the first one breech, HIV (reduces risk of vertical transmission), primary genital herpes in third trimester, and placenta praevia grade 3 or 4. She also talked about the risk of uterine rupture which is 1 in 10,000 for a repeat Caesarean, 50 per 10,000 for VBAC, 80 per 10,000 with ARM and syntocin and 240 per 10,000 with prostaglandins.

Vicky gave an excellent talk on pre term (before 37 weeks) rupture of membranes, which occurs in about 3% of pregnancies. Maternal Risk factors include loss of weight, pulmonary disease with coughing, short cervix and bacterial vaginosis. Lab tests include a previous

positive fibronectin test, raised levels of interleukin 6 and a strong correlation with high levels of matrix metalloproteinases (MMP). Pre term labour is associated with 65% of neonatal deaths and 50% of childhood disability. For children born at 23-25 weeks gestation the chances of a normal life are very small. The dilemma in these cases is whether to allow the foetus to die *in utero* or to deliver a baby which is highly likely to have long term problems. Claire then talked about skills and drills in obstetrics and the usefulness of practising scenarios for major obstetric haemorrhage which occurs in about 5% of parturients.

My own presentation on 'Maternal Mortality and Morbidity in Africa' illustrated the difference in maternal death rates between the UK (10 per 100,000) and Sierra Leone (1800 per 100,000 but in practice much higher).

As a result of non-medically supervised childbirth in many countries in West Africa about twenty women develop vesico-vaginal fistula (VVF) for every one who dies. Since November 2001, surgeons, including several from the Fistula Hospital in Addis Abababa, have been performing VVF repairs on board the Mercy Ship *Anastasis*.



Fig. 4. Dr Grabe with VVF hospital poster

Dr Zane Grabe (fig. 4) from Riga has visited this hospital in Ethiopia and it occurred to me that some Latvians gynaecologists might consider being trained to perform VVF surgery at a new purpose built hospital in Freetown financed by the foundation of a group called Addax and Oryx based in Geneva. The Mercy Ships organisation has been asked to staff and administer it.

That evening we were taken by our delightful hosts (fig. 5) to the Lido Restaurant situated in a large log



Fig. 5 Charming hosts



Fig. 6
Excellent meal

cabin where we had an excellent meal (fig. 6) accompanied by large jugs full of beer, live music and dancing.

Saturday

Karen gave an excellent photo illustrated presentation on home delivery in the Southampton area. She also discussed water births, 308 of which occurred in her unit last year. In answering a question concerning the safety of home delivery Claire spoke about the profound experience she had being present at the home delivery of her sister's child which strongly influenced her to give birth to both her own children at home. Margaret, the only 'Thomson Tour Virgin' in our team, gave a comprehensive talk about the structure of midwifery training in the UK. In many ways it wasn't what she said but the fact that she had the confidence to give a presentation in front of several hundred Latvian Obstetricians, which somehow empowered the Latvian midwives who were there.

James' presentations, on 'CEMD' and 'Stand and Deliver' were well received, the latter discussed the pros and cons of walking epidurals. He said there was only one reported fall and women were generally good judges at assessing their own sense of balance. Walking did not improve the instance of spontaneous vaginal delivery and only 20% of women wanted to walk if they had the option.



Fig. 7 Sue on NALS

Sue gave an excellent talk on NALS (fig.7) and followed this up by organising, with Margaret's help, an impromptu two hour practical session including the placement of intra-osseous needles, using the dummy she had hauled around.

Surprisingly, in spite of all its electronic circuitry, the 'baby in the suitcase' was never queried at airport security or customs.

Paediatrician Andy gave a superb broad based illustration of the state of paediatrics in the UK under the new 'National Service Framework'. He also looked at European comparative studies of health indicators for childhood and adolescence like infant mortality, breast-feeding rates, immunisation coverage, management of disabled children and teenage pregnancy.

His first slide was of the statue in the Vigeland Sculpture Park in Oslo called 'The Angry Boy'. The boy was angry because his mother had taken too much alcohol, cigarettes and illicit substance during the pregnancy. She hadn't breast fed him, his parents did not care for him and so on.

There were several interesting presentations by the Latvians. In particular, the case of a pulmonary embolism at 34 weeks gestation, performed using cardiopulmonary bypass followed by a successful Caesarean section at 38 weeks. But during these presentations there was some inaccurate and amusing simultaneous translation into English! At one time the Apgar score of a baby at birth was described as '6-7 balls' and the coagulation cascade as different copulatory positions! One wonders how English terms like 'ho-hum' and 'nitty gritty' translated into Latvian!

Overall the conference seemed to be rated a great success with over 500 participants. It took me one and a half hours to sign all of the attendance certificates! At the finale we were all given presents and Professor Sondore said that they were very keen to have another meeting in three years' time perhaps lasting for a third day. I suggested that there should be more presentations by Latvian doctors.

That night James and I were invited to dinner by a couple of anaesthetists Eriks and Dace Sliders with their baby Reinys, Dace's parents and gynaecologist Natalja Kalashnikova (nicknamed by us AK) and her husband Sasha. They told us about the financial difficulties of living in Latvia on a relative low wage. Anaesthetists are only paid the equivalent of £200 per month. In fact on 1st November they are planning to go on strike for a 500% increase.

This is a dilemma for the government because as Latvia has recently joined the EEC it is easier for trained anaesthetists to leave the country and seek work elsewhere. In the past four years nearly 25% of Latvian anaesthetists have left and there are now only 333 remaining. The Sliders also told us that until recently the rent of flats in Riga was fixed at so much per square metre but as the government had now removed this scale prior to an election, their Russian Mafia boss landlord was planning to treble their rent from January.

Natalja said that she earned the equivalent of £1500 pounds per month doing private gynaecology but had to work very hard for this and would be happy to give up private work if she was paid that amount for working full time in a government hospital. A midwife's salary is about £90 per month. We returned to the NB hotel to find the rest of the team in great form (fig.8)!



*Fig. 8 .
In party mode!*

The UK Team:

Miss Claire Iffland,

Consultant Obstetrician, Basingstoke

Miss Vicky Osgood,

Consultant Obstetrician, Portsmouth

Mr Ben O'Sullivan,

Consultant Obstetrician, Basingstoke

Dr Keith Thomson,

Consultant Anaesthetist, Basingstoke

Dr Susan Mann,

Consultant Anaesthetist, Radcliffe Infirmary, Oxford

Dr James Eldridge,

Consultant Anaesthetist, Portsmouth

Dr Andy Mitchell,

Consultant Paediatrician, Basingstoke

Ms Jill Parnham,

Senior Research Fellow, National Collaborating Centre for Chronic Conditions, RCP, London

Ms Karen Baker,

Director of Midwifery Services, Southampton

Ms Margaret Beattie,

Senior Sister, Delivery Suite, Basingstoke

Sunday

We visited an interesting market, which was situated in 5 huge parallel hangers (fig.9), previously built to store air ships.



*Fig. 9 .
Market in hangers.*

We then went to the beach resort of Jurmala in the pouring rain, did some shopping and had an enjoyable lunch, after which we were transported to the airport by our hosts Zane and Yeva, who kindly said that my presentation on Africa and Karen's on home deliveries were the talks that the residents found most interesting.

Our return flight to London was uneventful. We had an amazing trip to a fascinating country populated by charming hospitable people. Not only what a brilliant weekend for only £100 a head but what a team!