A 2-Year Analysis of the Effectiveness of the Teaching Methods in SALSO

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ABSTRACT

Introduction: SALSO – Sarawak Advanced Life Support in Obstetrics, a training programme that focuses on managing the obstetric emergencies, employs various teaching methods which include short lectures, small-group case-based discussion and hands-on practice sessions. The effectiveness of the training programme has always been our utmost priority and the programme was improvised in 2018 to allow more small-group discussion and hands-on sessions as well as to emphasize on early recognition of obstetric emergencies. **Objective:** To assess the effectiveness of the teaching methods with the analysis of the written pre-, post-test results and viva results for 2017-2018. **Method:** The results of both written and viva assessment in 2017-2018 were analysed with descriptive analysis. Paired sample T-test analysis were performed for written assessment (pre- and post-test) for respective year and their score difference was then analysed with independent T-test. **Results:** Results demonstrated a significant improvement of post-test result for both years with mean score difference of 3.50±3.48 in 2017 and 5.69±3.66 in 2018 (p<0.001). Mean score difference was significantly higher in 2018 (p<0.001). However, mean score for viva in 2018 was 2 marks less than that of in 2017 (46.65/60±8.07 and 44.67/60±8.89 in 2017 and 2018 respectively) (p=0.005). **Conclusion:** SALSO has successfully improved the knowledge of participants. Nevertheless, there is always room for improvement in our training programme. Following the results of this analysis, a minor revision to the SALSO programme will be carried out to allow more time for case-based discussion and hands-on sessions.

Evaluation of 2015 Revised FIGO Cardiotocograph (CTG) Classification for Intrapartum Fetal Hypoxia/Acidosis in Hospital Permaisuri Bainun Ipoh

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ABSTRACT

Objectives: To determine the sensitivity and specificity of FIGO 2015 cardiotocograph (CTG) guidelines. To determine the risk factors leading to foetal distress. To ascertain the neonatal outcomes in cases of foetal hypoxia/acidosis. **Method:** This was an observational cross-sectional study, which involved 539 women that delivered in HRPBI between 11th of May 2017 and 10th of June 2017. These women's period of gestation was >37 weeks and delivered either via Caesarean Section or vaginal delivery. CTG tracings prior to delivery were collected and interpreted by independent observers. Following delivery, all these women had the arterial cord blood taken and sent for analysis of cord blood gases. **Results:** The sensitivity of FIGO 2015 CTG classification is 46%, higher compared to NICE 2017 CTG guidelines which is 29.6%. Specificity of FIGO 2015 fared worse at 66.9% compared to NICE 2017 at 87.7%. Intrapartum risk factors that lead to abnormal CTG tracings and foetal hypoxia include, advanced maternal age, primigravida, prolonged rupture of membranes and nuchal cord. Of the 539 babies born, only 14 had an APGAR score <7. Of these 14, only 2 babies required intubation and ended up with seizures and HIE and both these babies had cord ABG pH<7. **Conclusion:** There is still a lot of room for improvement of CTG classification in order to achieve better sensitivity and specificity. Further studies need to be done to evaluate the role of assessing risk factors and its potential to be incorporated into any future new amendments of CTG classification. Babies born with moderate and mild hypoxia/acidosis usually don't experience severe morbidity.