

The logo for Kybele, featuring the word "Kybele" in a stylized, serif font inside an oval shape.

...for safe childbirth worldwide

## KYBELE WORLDWIDE\* OUTREACH PROGRAMME TO REPUBLIC OF GEORGIA SPRING 2009

The programme in Georgia began in 2004, the focus of which has been to change clinical practice: to reduce the rate of general anaesthesia for caesarean section (initially 100%), to increase the rate of regional anaesthesia for caesarean section, to introduce the use of epidural analgesia for labour and to enhance neonatal resuscitation techniques. Our attempts have had more than modest success, as the caesarean section rate under regional in some establishments is now over 96%. Our visit in Spring 2009 was for one week and included hosting a joint obstetric and anaesthetic conference, with 'hands on' teaching in four hospitals.

I purchased my ticket to Tbilisi, Georgia two days before hostilities broke out between Russia and Georgia in August 2008. Consequently, the trip was postponed until the following March. I first boarded a plane alone when I was 11 years old, but must admit to feeling a little nervous boarding the plane to Tbilisi. I need not have worried as I was met cordially, and whisked off down 'George Bush Highway' to my accommodation. The main group were arriving the next day from the USA, and included seven obstetric anaesthetists, an obstetrician and a neonatal/paediatric anaesthetist.

My host gave me a tour of the capital the next day, between his trips to the airport. The traffic in Tbilisi defies any rules of the road and seat belts are an anathema, but despite this, I wore mine! The sights of Tbilisi feel very European and cosmopolitan. Hospitality is central to Georgian culture as is food, and I was beginning to feel like a diplomat or V.I.P, being chauffeured around and taken from one amazing meal to another!

During the week, I visited three contrasting hospitals and observed practice in two of them, the Health House and the Maternity Hospital no.4. I demonstrated the use of regional anaesthesia for caesarean section in the Health House. Regional anaesthesia has now reached the mainstream in Tbilisi, with the majority of establishments moving over from general anaesthesia to regional anaesthesia. In the third hospital, the Orioni Clinic, which is headed by Dr David Gagua, the regional anaesthesia rate is over 96%. Here we were involved in epidural analgesia education and the development of a safe 'low dose' epidural protocol.

It was also interesting to note how UK practice differed from US and Georgian practice. I was viewed with incredulity by the anaesthetists from the US, when I let slip diamorphine was standard labour analgesia in my hospital! "You give pregnant moms heroin!" were the comments! I was able to share with them our practice of not giving 'routine iv fluid' for low dose epidurals, which translated well into Georgian practice because intravenous fluids are very expensive, thus making an epidural more affordable. The obstetric professor at Health House was staggered that we put our post-natal women in rooms of four, as their women recover in tastefully decorated single rooms with a plasma TV! "Surely one could 'pay' for a single room?" to which I replied "Not in my hospital". I came home with the revelation that a caesarean section can take less than twenty minutes to perform when done by a consultant and two senior trainees, with a total blood loss of only 100 ml. This practice is driven by the fact that blood is hard to obtain quickly. The skill of surgery I saw was exceptional. I saw triple uterotonics being given as a standard, and saw uteri that resembled bowling balls!

In addition, the presence of the father during labour and delivery including caesarean section was viewed cautiously by the midwives and obstetricians but seemed welcome by the occasional father, who we persuaded to be present. Otherwise, fathers are confined to pacing up and down outside the delivery suite, smoking furiously, and emitting large clouds of smoke every time the doors open. Smoking is still popular in all public areas in Georgia with smoking permitted anywhere!

The conference entitled 'Painless Labour and General Anaesthesia' was maximally attended, and marked the introduction of bupivacaine into the country directly due to the Kybele intervention. This is a real achievement, as up until that point, it was only obtainable on the black market. The conference lectures were given both in English and Georgian, and provoked much debate. The conference was followed by a Georgian 'supra' banquet which was enjoyed by all concerned.

The visit was really well organised and led by Dr Brittany Clyne, consultant anaesthetist (Charlotte, North Carolina), our local hosts lead by Dr Nino Ninidze (Bibida Hospital, Tbilisi) and by Sopiko, our trip facilitator. The visit was sensitive to what the Georgian anaesthetists and obstetricians wanted, and the involvement is still on going. For example, one of our obstetric trainees, Dr Suzi O'Neil has been instrumental in getting Cook to supply some intra uterine balloon catheters to the Orioni clinic, with a view to making them available in Georgia. Kybele is committed to establishing an on going and lasting relationship with each country it is involved with. The changes seen in obstetric anaesthesia in Georgia are a testament to this.

I would like to thank Kybele for the opportunity to work with them, all my Georgian colleagues, my Trust for providing paid leave and the OAA for receipt of a travel grant. I would recommend anyone to get involved in this or one of the other Kybele projects. I came back energised, refreshed and viewed the smooth running of our delivery suite with new eyes.

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**\*Kybele Worldwide is a humanitarian organisation dedicated to improving childbirth conditions worldwide through medical education partnerships. Kybele brings international healthcare professionals into host countries to work alongside doctors, nurses and midwives in their home environments. The team provides hands on training in techniques that improve healthcare safety. Their goal is to prevent childbirth related injury and death which affects millions of women and newborns each year.**

**The next round of Kybele trips to Ghana will be September 25 - October 2, 2010 and January 23 - February 6, 2011.**

**The Kybele Egyptian Cairo trip is on February 10 to 17, 2011. This will be the third trip to Cairo.**

**Anyone interested should go to the Kybele website ([www.kybeleworldwide.org](http://www.kybeleworldwide.org)) and submit an application.**