ULTRASOUND IN OBSTETRICS AND GYNAECOLOGY — *QUO VADIS?*

Obstetrics and gynaecology has cause to be thankful to Professor Ian Donald, who despite numerous setbacks pioneered the technique of ultrasound imaging in the specialty. Today no obstetrician or gynaecologist would so much as consider practice without having such a service available.

The benefits of ultrasound imaging continue to multiply.

From the diagnosis of ectopic pregnancy to detection of multiple pregnancy or fetal anomalies and confirmation of gestational age and fetal well-being, the indications for ultrasound examination cover virtually every facet of obstetrics and gynaecology. The ultrasound image has opened a window into the private life of the developing fetus, allowing us to do a detailed fetal examination long before birth.

However, as one surveys the broader South African picture of ultrasound in obstetrics and gynaecology one cannot fail to conclude, in the words of Shakespeare, that something is rotten in the State of Denmark — or in this case, of course, the state of ultrasound in obstetrics and gynaecology.

Let me state immediately that many sonologists in obstetrics and gynaecology are seriously committed to high standards and have attended many courses and congresses covering the subject as well as visiting centres of excellence to get hands-on training. Recently a number of state and private sonologists in

South Africa wrote and passed the very difficult examination of the Fetal Medicine Foundation of Professor Kypros Nicolaides (London), reflecting the very high standards that are available in South Africa — the fact that the course fee was R22 000, to which air travel and accommodation had to be added, is evidence of their tremendous dedication, and I wish to congratulate them.

However, there are many others who use an ultrasound machine in obstetrics and gynaecology without having received, or sought, training. The service they provide reflects their lack of training and skills.

Part of the problem lies with the individual medical schools.

Few academic departments of obstetrics and gynaecology offer their registrars more than 4 weeks of dedicated ultrasound training, while some provide no time in the ultrasound department at all. This is obviously because the clinical needs of the departments are so heavy that it is not possible to allocate dedicated ultrasound time to registrars. Things are often no better in the radiology departments. When the O&G ultrasound service resides in the O&G department, there is little time for radiology registrars to go across and be taught by their obstetric and gynaecological colleagues.

Certainly no attempt is made to make undergraduate students competent in ultrasound skills, yet once qualified, general practitioners, radiologists and obstetricians and gynaecologists all feel the need to provide an ultrasound service in obstetrics and gynaecology without any concern about their lack of knowledge.

This inevitably means that many women get a poor ultrasound opinion. Gestational age is miscalculated and multiple pregnancies are missed or over-diagnosed, while false positives or negatives in the field of fetal anomalies result in unnecessary anxiety or avoidable births of babies with serious defects.

The situation is much worse in the state hospitals, where owing to lack of money even academic departments have to manage with poor or old equipment, and cutbacks in medical posts result in chronic understaffing. In rural areas the situation is worse still. The health departments often do not realise the value of good ultrasound in obstetrics and gynaecology, and therefore do not supply machines in the rural areas — and in any case they do not have the doctors to provide this service.

So, *quo vadis?*

It is incumbent on the national health service to provide an affordable service that is of proven value. Such a service need not be doctor-driven, and in fact in the case of ultrasound would be better if radiographers or midwives were used in all centres apart from referral centres. However, it is central to improvement in ultrasound services that there must be adequate education for those providing the service, both in private and in state institutions.

It is in the area of education that the South African Society of Ultrasound in Obstetrics and Gynaecology (SASUOG) wishes to play a strong role, and in the International Society of Ultrasound in Obstetrics and Gynaecology (ISUOG) it has a strong and willing partner to assist it. We hope that the World Health Organisation will also be able to help in the area of ultrasound use in the primary health care facilities.

As a first step in the education process the SASUOG with the assistance of ISUOG has donated the *International Journal of Ultrasound in Obstetrics and Gynaecology* to all eight medical schools for 3 years to assist with keeping doctors up to date in the ultrasound literature. As Chairperson of SASUOG I have just completed a short tour of most of the South African medical schools, accompanied by the President of ISUOG, Professor Sturla Eik-Nes. The journals were handed over to the medical schools, and Professor Eik-Nes had discussions with leading role players concerning how ISUOG and possibly the WHO could assist in improving ultrasound services in South Africa.

It seems that some form of accreditation is necessary to identify adequate training, and the College of Obstetricians and Gynaecologists (CMSA) together with SASUOG is working on creating a diploma programme for ultrasound in obstetrics and gynaecology which will have practical course work and a final examination. Doctors who have obtained this diploma will definitely be accredited, but some form of recognition should also be given to those who have kept themselves up to date.

In terms of the broader needs of the country, especially at PHC level, we need programmes involving teaching midwives and radiographers to do ultrasound imaging in the rural areas. With the currently available financial resources this would be difficult to instigate from within South Africa, and the President of ISUOG has intimated that the Society is keen to become involved in teaching at PHC level and would be willing to send a team of teachers to South Africa. They are also willing to run a special programme to meet the needs of the various excellent young sonologists in academic departments who do not have the finances to further their skills in O&G imaging overseas by providing a teaching programme in a South African centre specifically aimed at improving the teachers.

These programmes are exciting and bode well for the future, but will need financial input. We hope that finances will be forthcoming, both from the WHO and from the private sector. If all of this were to be made possible by innovative thinking on the part of the various administrative bodies, pregnant women throughout South Africa would be the grateful beneficiaries.

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