

GYNAECOLOGY



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Professor Jack Moodley has a special interest in high-risk obstetrics, particularly in the aetiology and management of hypertensive disorders of pregnancy. Other interests include perinatal HIV, maternal mortality, and audit in obstetric practice.

Women's health is a priority area for the National Department of Health in South Africa; rightly so, because maternal mortality and perinatal mortality rates in South Africa are unacceptably high. The latest Saving Mothers Report (1999 -2001) on causes of maternal mortality shows a maternal mortality ratio of 170/100 000 births. The commonest cause of death was non-puerperal-related sepsis, the majority of cases being HIV-related. More importantly, a large proportion of women and their children initially seek attention from a general practitioner (GP). Thus GPs, as the first point of contact, have a significant role to play in issues associated with women's health.

Cervical cancer is the commonest female malignancy in South Africa. It is however highly preventable and cervical cancer rates in well-resourced countries with screening programmes have shown significant declines in the incidence of this malignancy. It is therefore not surprising that the National Department of Health has published guidelines for cervical cancer screening. The core feature of these guidelines is that women should have 3 smears in their lifetime, starting at age 30 years, and every 10 years thereafter, up to the age of 50 years. One of the articles in this issue of CME is about screening for cervical cancer, and outlines the various methods of screening.

GPs can play an important role in health education and health promotion, spreading information within their communities, and by ensuring that a screening programme, recall system, and referral pattern are set up in their consulting rooms.

Dysuria is a common clinical symptom among women. Although urinary infection is a cause of dysuria, Dr Ramphal highlights the fact that this complaint is associated with many different clinical entities, some of which require more intensive investigations than just an examination of a urine specimen. The GP should recognise this and have a standardised approach to management of such cases.

Other common conditions affecting women are vaginal discharges and abnormal uterine bleeding. The latter is thought to affect almost 20 - 30% of women at some stage in their lives. Abnormal uterine bleeding also impacts negatively on society from the point of view of the number of days lost from work and the resultant economic and social burden. GPs are reminded that any woman presenting with postmenopausal bleeding MUST have a Pap smear and a speculum examination performed to visualise the lower genital tract — 10 - 15% of women presenting with postmenopausal bleeding have an underlying malignancy.

Obviously, no general review for the GP in South Africa would be worth its salt without a report on HIV. The management of perinatal transmission is highlighted, as is the use of universal precautions during the antenatal, intrapartum and postpartum periods, to prevent HIV transmission. The GP's role in HIV in pregnancy centres mainly around the provision of education on safe sexual practices, advice on breast-feeding and contraceptive services.

Lastly, most women who suspect that they may be pregnant visit a GP initially, to confirm pregnancy. The GP must not only confirm pregnancy but take the opportunity to provide information and education on basic screening tests in pregnancy, the need for antenatal care, and future contraception.

The GP must play a role in women's health by promoting procedures which influence public health in its broader context.