

Introduction

“Why do you want to come to Moscow?” asked Russian Obstetrician Katya Khersonskaya. A difficult question – my private thoughts: good laugh, intriguing venue, plentiful vodka might not have transcended the cultural and intellectual divide! A medical conference is an interesting and challenging forum, a reason for traveling abroad, meeting fellow professionals and sharing ideas.

Members of our multidisciplinary team were mainly from the North Hampshire Hospital in Basingstoke. All but one had previously visited Eastern Europe – Lithuania (Vilnius) in 1999 [1] or Latvia (Riga) in 2001. An evidence based approach was promoted for the theme of the meeting: 'Medical Aspects of Childbirth.' This time the team were off to Moscow.

The Journey

Our BA flight from London landed on time at Moscow (Sheremetyevo) airport where anaesthetist Andrey who had visited us in the UK and his friend 'the Major' guided us rapidly through passport and other control points which can take up to 2 hours. The doctors travelled by taxis to the Hotel Sputnik and the midwives stayed in the Moscow flat belonging to Leonid, which although in the same road were about 10K apart.

The traffic in Moscow is a nightmare. The roads have up to six lanes with battered old cars weaving in and out.

or family members were not allowed. There were two labour wards which alternated on a monthly basis between being used and cleaned.

Our visit to the delivery suite was like being in a huge goldfish bowl because the partitions and walls were all glass so one could stand in the corridor and observe several parturients at a time – privacy did not seem to be an issue. These women were four to a room during the first stage but were in a single room for the second stage during which they HAD to deliver in lithotomy.

It was mandatory for a doctor to observe the perineum during pushing for any evidence of third degree tear, regarded as a major tragedy and also to routinely inspect the cervix after delivery. The episiotomy rate was about 15% and it was not permitted to put the baby on the maternal abdomen after the end of the second stage in case all its blood drained back into the mother! The baby was normally taken away from its mother for up to 48 hours after delivery but 90% of the babies were breast fed.

An enema and shave was mandatory for every woman arriving at the hospital in labour, the implementation was monitored by Sanitation Inspectors who have power to close a hospital. Every delivery was performed by an obstetrician with a midwife in attendance. Apparently Anti D is available but rarely used.

Extra Curricular Activities

On the Saturday morning, Ben and I were invited by Vladimir to experience a Russian bath in the centre of Moscow. We travelled on the efficient Metro system where the platforms were all scrupulously clean with attractive marble pillars and some fresco-like designs. Apparently during the rush hour the trains run at 40 second intervals and only cost about 10p per ride however far you travel.

The exclusive 'Sanduny Banya' was a very interesting experience you began by lounging around a rest room where you could also eat and drink. You then entered a large and very hot sauna bath dressed only in a little protective hat and gloves, clutching your own personal leafy birch branches. The idea seemed to be to stay in the hottest part of the sauna for as long as possible and flagellate either oneself or each other with the birch branches. This was not as bad as it sounds particularly with the addition of a honey massage! One then either plunged into a freezing cold tub of water or else into the swimming pool which was surrounded by marble columns and figures like a Roman bath. One then repeated the complete cycle several times. The whole experience was very relaxing and took about 3 hours.

We then returned to the conference where I delivered the final lecture on '*Maternal Mortality and Morbidity in Africa*'. This was predominantly about the fistula work on board the Mercy Ship *Anastasis* in West Africa.

This generated considerable interest particularly among the younger gynaecologists, several seemed enthusiastic about working in Africa, particularly if sponsorship was available. I suggested they initially considered the training course available at the Fistula Hospital in Addis Ababa.

That evening we were taken to the World famous Bolshoi Theatre to see *La Sylphide*. The opening scene, according to the programme, featured the lead characters, James and Effie, in a Scottish 'shack' with moose heads on the walls! It was interesting to watch the interpretation of Scottish reels by a 24 strong '*corps de ballet*' and the fantastic body language of the evil witch-like character.

Continuing on the topic of witches Leonid, who had been translating at the satellite midwifery conference, said that he reckoned that 50% of the midwives present were witches! There certainly was a suggestion that some of the ladies were unconventionally trained; apparently some performed up to 1000 home deliveries annually in Moscow (probably illegally) and others supervised water births in the Black Sea! A local obstetrician referred to them more generously as 'spiritual' midwives.

After the ballet we visited Red Square and saw the walls of the Kremlin and Lenin's tomb before returning to our hotel for a curry. The Indian waiter told us in impeccable English that job opportunities were better in Moscow than Bombay!

The Final Day



The Team outside Route '66' after breakfast!

After visiting the highest vantage point in Moscow overlooking the river and the football stadium we were taken to a restaurant called '*Route 66*' (above) for an interesting breakfast consisting of blinis, red caviar and several shots of excellent vodka. The highlight of this excellent meal was while Karen was absent in the wash-room her 50ml 'shot' glass was filled with more vodka while the rest of us topped up our glasses with water.

After a short speech by Andy thanking our Russian hosts we downed the contents of our glass and all of us then, bar one of course, burst out laughing! We then spent time in a local street-market purchasing various items ranging from Russian fur hats to binoculars and attractively painted wooden boxes.

Sadly we then had to leave for the airport, braving the nightmare roads once again. Andrey and the Major were there once more to ease our way through the formalities. The plane had to be jump started but we all arrived safely back at Heathrow on time after a remarkable four days.

References

1. THOMSON KD. Wessex Team Plants Seeds of Changing Childbirth in Lithuania. *Today's Anaesthetist* 2000:15:35.
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Final Comment: Several factors contributed to the undoubted success of this meeting which took nearly nine months to organise. Firstly two members of the Russian organising committee, Andrey and Katya, visited Basingstoke five months before the conference to discuss the programme. Secondly we included Leonid and Vladimir, Russian anaesthetists who are now working in the UK. Thirdly the excellent presentations and team spirit shown by the whole group.

Finally, without the facility of email the organisation of the conference would have been much more challenging or even impossible.