

Report from my visit to the Fetal Medicine Center at Trondheim university Hospital

My objective for this stay was mainly to see more anomalies than I could possibly see at the small center where I normally work. My day is filled with normal tasks of a small gynecological polyclinic. Since long I had followed the development of the Trondheim center. I am leading the obstetrical ultrasound department at Motala

I was happy to have two weeks following the work of drs *Brantberg, Blaas and Röset. I was able to see the patients from their arrival to the diagnosis. Above all I was impressed by the short time passed from the referral call to the examination, often followed directly by testing for the karyotype. At the same time a contact was taken by a socionomist.

Information is given by the doctor with the socionomist present

This contact was withheld all through the process up to three months after a possible termination of pregnancy or all the way to birth.

The patients come accompanied by their husbands from all Norway and stay until full diagnosis is set. The socionomists use a battery of tests to be able to document the development and compare the status of the couple over time.

All pregnancies are identified uniquely and all TOPs or deaths are followed by autopsies and all diagnoses at birth are registered, thereby enabling good and complete statistics and future research. The babies with congenital anomalies are followed likewise.

I could read the theses based on the experience already achieved and I have brought them home together with the educational material compiled to be used at training of doctors and ultrasonographers and I have been able to share my experiences with my coworkers at our hospital. We have implemented

Furthermore I got a personal experience meeting all these coworkers, seeing the very good ambience and the good and rapid reception of the patients inspiring to further efforts in improving our own procedures especially at a point where these will be expanded and the cub will be introduced.

I am impressed also by the development over the years of this center led by dr EikNes who has been able to gather all these coworkers around him. The training given to doctors and midwives all over Norway has been decisive for the quality of obstetrical ultrasound. We have all met the results of the research at conferences and in scientific magazines. I would like to see this organization in Sweden.

In all, I enjoyed immensely my stay at Fostermedisinskt senter in Trondheim and I believe my experiences will be to some benefit for my patients and coworkers at home

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