

BACKGROUND

Climate change is a public health emergency with a well-described global impact on women's health. As a key tool in this arena, social prescribing enables climate-conscious, cost-effective, and holistic solutions to many patient concerns by encouraging local, environmentally friendly care that can effectively prevent carbon-heavy outpatient appointments and surgical procedures.. This study aims to explore existing social prescribing frameworks in the context of Obstetrics and Gynaecology to evaluate their efficacy in tackling common conditions in an environmentally-conscious manner.

CLIMATE CHANGE AND HEALTHCARE

The NHS was responsible for roughly 6% of all UK emissions in 2020, equivalent to about a third of the entire residential sector ^{1,2}. The sources of these emissions range from pharmaceutical and medical equipment supply chains (30%) to patient and staff travel (10%). 10% of NHS emissions are from energy use in buildings, with operating rooms and delivery suites being 3-6 times more energy intensive than ward environments ^{3,4}.

WHAT IS SOCIAL PRESCRIBING?

Social prescribing has been defined as a pathway “to refer patients to a link worker [in order to] co-design a nonclinical social prescription to improve their health and wellbeing” ⁵. Examples include prescribing exercise groups, education on dietary choices, ‘birth buddy’ schemes, educative courses, and information pamphlets.

GYNAECOLOGY AND THE CLIMATE

In 2017-18, gynaecology referrals made up almost 4% of all outpatient appointments, mostly concerning benign conditions such as heavy menstrual bleeding and urinary incontinence ⁶. Importantly, high referral rates are significantly correlated with high operative rates ⁷. The environmental impact of this trend is staggering. For example, in 2015-16 27,208 hysterectomies were performed in the UK, of which 9,283 were indicated by heavy menstrual bleeding ⁸. Emissions produced from vaginal hysterectomies have not yet been calculated, but even after excluding these patients the hysterectomies of the remaining 7,501 released approximately 287,178 kgCO₂, roughly equivalent to the combined annual emissions from 100 family homes ⁹.

USING SOCIAL PRESCRIBING TO REDUCE IMPACT

Though the use of social prescribing in heavy menstrual bleeding has yet to be trialled, there are other areas of care in which positive outcomes are already apparent. One interesting example is a trial of a community-based one-to-one caseload group practice program implemented at Guy’s and St Thomas’ in 2005 ¹⁰. Remarkably, women receiving caseload care had higher rates of vaginal births, home births, and breastfeeding, and lower rates of caesarean sections, epidural anaesthesia, missed antenatal appointments, and preterm birth. Another example is an education program implemented in 2014, which enabled women to learn how to manage their own vaginal pessaries for pelvic organ prolapse¹¹. 17. 73% of women enrolled on the program were able to continue self-care at six-months, which allowed for 126 outpatient appointments to be avoided.

A similar approach used in Chorley and South Ribble was the establishment of a nurse-led telephone clinic for post-surgical patient-initiated follow-up for patients with benign gynaecological conditions ⁶. Remarkably, 87% of patients enrolled did not initiate a follow-up appointment, and those who did were able to settle their concerns through the telephone consulting system rather than travelling to hospital.

CONCLUSION

Through encouraging a shift towards services in the community, healthcare practices may take another step closer towards achieving the ‘triple bottom line’ of financial, social, and environmental return on investments ¹². As a key tool in this arena, social prescribing enables climate-conscious, cost-effective, and holistic solutions to many patient concerns, and thus provides a substantial benefit to the patient, clinician, and climate simultaneously. The field of obstetrics and gynaecology is ideally situated to encourage and develop the existing societal trend towards environmentally conscious choices due to its broadly young patient base and the receptiveness of pregnant women to try new initiatives with the motivation of providing a better environment for their children. Although further trials are needed to demonstrate the efficacy of social prescribing in a variety of conditions, small successes such as those seen in previously initiated programs can pave the way for decisive, collective action.



REFERENCES