

ELECTIVE (SSC5c) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

During my experience at the JNF hospital in obstetrics and gynaecology I have learnt a lot about how different the health care systems are between St Kitts and the UK. My first objective was related to maternal mortality, I was unable to determine exact figures about the maternal mortality rates in St Kitts as figures were carefully guarded and I even found it hard to find out the amount of births per year. However, with regards to antenatal care this was mainly private and community lead which I found different to the UK where the care is mainly all government paid and free to patients. Pregnant women visited their doctor as well as midwives whereas in the UK it is mainly a midwife lead service unless there are any other risk factors in the pregnancy. There are approximately between 300-400 births per year in St Kitts, this is not surprising considering it is only a small island however this meant that there were not a plentiful supply of patients with different conditions during my time there. I came across one diabetic pregnant mother and few mothers with hypertension. The one thing with regards to maternal mortality which did strike me was the few numbers of emergency cesarean sections. High risk women are not continuously monitored by CTG, this monitoring is done intermittently therefore this could mean the physicians are missing abnormal changes in the traces which in the UK would indicate an emergency Caesarean section. The hypertensive women's blood pressure is not continuously monitored during labour, therefore again the threshold for an emergency CS may be higher than in the UK. I am unsure due to the lack of data but perhaps the lack of monitoring of high risk ladies during labour could lead to a higher maternal mortality rate in St Kitts.

With regards to family planning, condoms are free but oral contraceptive pills are privately paid for. They are easily accessible as can be bought over the counter however are paid for, this may prohibit some ladies from accessing this effective method of contraception. I note in my objective I mentioned the Christian culture may inhibit the people of St Kitts access family planning services however I did not find this the case even though every woman did have a faith, and this was noted in their notes, the culture is very open with regards to sex. In fact there are many unplanned pregnancies and most pregnant ladies are single mothers without the support of the babies father. Therefore maybe the cost and lack of education are the more important factors preventing effective uptake of contraception.

The antenatal services are all community based. These are both private and government funded and are both midwife and doctor lead. The women then go to their private doctor as their first port of call and then attend midwife antenatal clinics along side the private appointments with their doctor. Of course some ladies will only visit the government midwives and doctors. This is different to the UK as the majority of women will first register their pregnancy at a GP clinic rather than accessing the obstetric services straight away. Also largely all women choose to receive their antenatal care free of charge throughout their pregnancy. I found the women did have the similar access to appointments from the healthcare professionals as in the UK. I found because the women were seeing both midwives and their private doctor there was no transfer of notes between the two services. There was also no transfer of the written notes from these consultations to the hospital. I felt the nurses in

the hospital did not have all the information to fully provide care for the ladies during labour. However due to St Kitts being a small island, their private doctor knows all the women he treats both in the community and in hospital very well and they lead their care in the hospital. I also found the nurses would call the doctor informing them about more information than in the UK. Maybe because the doctors have fewer patients than in the UK they were able to know their patients very well and took all the control for their patients needs rather than the nurses making decisions.

With regards to antenatal HIV testing in the UK this is opt out, so everyone is offered this test unless they specifically request for it not to be taken. In St Kitts antenatal HIV testing was opt in, however the uptake was high. This could mean that more cases of HIV are undetected in St Kitts and HIV rates may be an underestimate in St Kitts. From talking to health care professionals and women in St Kitts the main set back from having the antenatal test was confidentiality. As the island is so small if a woman is HIV positive the news will travel around the island. To prevent this women are sent to health care centres across the other side of the island from where they live. Doctors will also pick up antiretrovirals for patients to avoid them going to the pharmacy themselves avoiding having them to see anyone they know. This is not to say the stigma of HIV is not present in the UK, but I found it is less than in St Kitts mainly due to lack of education and people with HIV presenting to hospital at a late stage of the disease. Therefore there is an association of death with HIV which was the case in the UK but now with effective medical treatment this association is less and less.

The main cultural factor which struck me was that the majority of women have vaginal deliveries. This is the culture and it is deemed as a failure of the pregnancy and labour if it is delivered by a cesarean section. They are not given much pain relief during the labour, the main medicine administered is pethidine, an opioid, but this is infrequently administered. The other cultural factor that I was unexpected to see was their relationship with sex. They are free and easy with who sleeps with who and most pregnancies are out of wedlock with a majority of children being brought up by single mothers. Considering the fact that there are regular churches and services and a strong Christian culture I did not expect that a majority of mums bring up their children on their own with their family's support.

Even though St Kitts is English speaking so some cultural barriers were not a problem I did find initially the health care professionals were slightly frosty initially. This was until we realised that the polite way to greet people was always to say 'good morning' as the initial greeting. Once this was said the conversation could resume in a comfortable style, however I was caught off guard before I realised this with some frosty initial conversations especially to some nurses. Something as simple as a greeting can change the path of the conversation, this is found really interesting and made me realise the importance of understanding and learning the subtlety of a different culture. I did feel comfortable in applying my knowledge in a different environment.