ELECTIVE (SSC5c) REPORT (1200 words)

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

Objective 1: Describe the pattern of disease/illness of interest in the population with which you will be working and discuss this in the context of global health-

The WHO universal guidelines with regards to uncomplicated labour and childbirth state that a women should be able to have access to antenatal care and care during labour. Whilst women in Nepal do have access to antenatal care and care during labour, they must pay for this service and as a result, realistically, it is not available to all women. Hospitals such as Kathmandu model hospital in which we were placed are able to offer subsidised rates for procedures, but these fees are still more than many people can afford. Accessability is also an issue, with most healthcare being provided in cities. Women generally do not travel alone in Nepal without a male companion, so for women from rural areas to access the hospitals, their husbands often have to take time of work, in addition to the expense of travelling and the fee at the doctors when they arrive. Women living in urban areas are much more likely to access antenatal care and assitance during labour than women living in rural areas. In addition, educational level plays a role, with more educated women being more likely to seek medical advice. The biggest factor in whether a women accessed healthcare services during pregnancy or labour or not seemed to be finacial considerations, with women from more affluent backgrounds accessing healthcare to a much more significant extent.

In developed countries Women are much more likely to have routine antenatal care and give birth in a hospital or a specialised birthing centre. In Nepal, although levels of women accessing antenatal care is rising; a very large proportion of women recieve no antenatal care. Whereas in countries such as the UK most women give birth in hospital; in Nepal, hospital labours are reserved for complicated cases. Although there are some community birthing centres which women can access, access depends upon a women's financial situation.

2.Describe the pattern of health provision in relation to the country which you will be working and contrast this with other countries, or with the UK

There are many similarites and many differences in the management of the pregnant lady both antenatally, during labour and in the post natal period. In the UK all pregnant women routinely recieve antenatal care both in the community and in secondary care. This however is not always the case in Nepal and there are a number of important factors which leads to these differences. In the UK all healthcare is free, and during pregnany women are entitled to further benefits such as free dentistry care, free prescriptions and free pregnancy supplements if they cannot afford them. There is no such system in Nepal and if women seek care they will incur costs. Although at institutions such as phect Nepal these costs are heavily subsidised, so I suspect PHECT Nepal recieves a higher than average uptake for their antenatal services. Whether or not a women takes up antenatal care will also depend on her level of education, with more educated women being more likely to utilise the services. Additionally if somoene's mother, mother-in law, or Grandmother has not ever accessed hospital care in regards to antenatal care or labour, a women is much less likely to see the need for herself to use that service. PHECT Nepal is actively encouraging women to participate in high quality

antenatal care, involving often a viability scan, an anomaly scan and often a scan just prior to the estimated delivery date to ensure foetal position and to check cord position. In the obstetrician lead clinic service, women are also educated and encouraged to take both folic acid to help prevent spina bifida and iron sulphate, and have their blood and urine screened for common antenatal problems, such as anaemia.

Many women in Nepal elect to give birth at home and are more likely to access community services than hospital services. This is very different to the UK where the vast majority of women opt to give birth in a hospital setting.

We were fortunate enough to observe and assist in many elective caesarean sections, which has proved an invaluable learning experience.

The effect of available resources on a health care system cannot be underestimated. The staff and management at PHECT Nepal are doing an impressive task in operating a very high standard of care when resources are limited often due to expense. This clear management and careful use of resources means that costs can be kept lower for the patient, which in turn makes healthcare more accessable for the people of Nepal.

We were fortunate enough to be able to undertake several examinations during our time in the Out Patient department. This experience was very worthwhile and also challenging, as we had to overcome a language barrier and operate efficiently and quickly in the context of a busy department. In particular it was useful to palpate the abdomens of several pregnant women and gain more experience in assessing gestation age by manuel palpation alone, which I feel helped improve our examination skills. Due to the language barrier and the busy nature of clinics it was perhaps a shame that we could not be of more assistance to the team, and help add our skills to those of the team. We also gained further experience in learning to listen to the fetal heartbeat by using a stethoscope as in the UK we have become quite reliant on using doppler technology to assess the foetal heartbeat. Whilst in clinic we were able to assess and look at several ultra sound images which had been taken at various stages of gestation, and this helped improve our skills at intepreting radiological investigations, particularly ultrasound. We additionally we able to compare and contrast the way cervical dysplasia is assessed for in Nepal as compared to the UK. In Nepal a visual inspection of the cervix is first performed and then then acetone is applied to the cervix. A positive result shows up as white lesions on the cervix. In the UK this test is only performed second line, after a positive screening test which involves a cervical smear and then consquent cytological investigations.

3. Discuss the complexities of a complicated labour in a resource limited enviroment

The complexities of a complicated labour in a country such as Nepal, are twofold, not only is there limited equipment within the hospitals, there is a limit on what an individual patient can afford to pay for their treatment. This is especially important in an emergency setting, as a women's life may be saved, but the bill may cripple her and her family financially. The emphasis therefore was very much on trying to prevent any emergency procedures, by trying when possible to identify early women who would experience problems in labour and booking her for an elective caesarian section, well before her due date. The doctors where careful with how resources were used, and even equipment taken

for granted in UK hospitals was carefully rationed. For instance cannulas had to be signed for before they could be used.

4. To improve and develop communications skills

Communicating was a definite challenge due to the language barrier. There were some instances were communication was extremely challenging, such as in a busy clinic, where everything was rushed. However when things were slower paced and on the wards, it was possible to communicate with patients to a better degree. I believe I have become more skilled in non verbal communication as trying to read peoples body language and gestures became more important when we did not share a common language.