

ELECTIVE (SSC5a) REPORT (1200 words)

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

Spending three weeks at the Nicosia Polyclinic in Nicosia Cyprus has given me the opportunity to explore and appreciate how healthcare systems in Europe differ from the NHS, to understand the incidence of preterm birth in Cyprus, a European country and appreciate how this is managed, identify the main factors contributing to preterm births in Cyprus and develop invaluable skills in Obstetrics and Gynaecology.

Shadowing doctors working under the newly launched National Health System in Cyprus has allowed me to understand the importance of a nationally funded healthcare system, as is the NHS in the UK, but also acknowledge how similar and how different the two systems are. GESY, the National Healthcare System in Cyprus, was launched on 1 June 2019, as one of the structural reforms required after the 2011 bankruptcy in Cyprus. The main features of the fairly new healthcare system are: 1) universal coverage of the population, 2) equal and equitable treatment of all beneficiaries 3) provision of a comprehensive package of healthcare services 4) freedom of choice of provider by the beneficiaries 5) social reciprocity. GESY puts together the public and private sector, under one umbrella and under the same paying system, allowing for a new and fierce health environment to be formed, as a quasi-market, in which the public and private providers compete for patients, on the basis of which provides the highest quality care to patients. This aims to eliminate inequality, safeguard providers from disastrous health expenditure and allows for a whole range of health services to be provided, while defending the standard of care through the implementation of national guidelines and audits. Similarly to the NHS UK, beneficiaries are obligated to pay contributions, on the basis of their income. However, in contrast to the NHS in the UK, beneficiaries of GESY in Cyprus have to pay a small fee after a visit at a healthcare provider, as part of co-payment. This has been generally well received in Cyprus, as the co-payment is a very small amount compared to the amount of money they would need to pay prior to 2019 for healthcare services, before the implementation of GESY. Delving into the similarities and differences between the Cypriot and the UK healthcare system allowed me to appreciate the importance of a system that is free at the point of delivery and available to all.

During my time with the obstetrics and gynaecology team at the Nicosia Polyclinic, I was given the opportunity to explore the prevalence and management of preterm birth in Cyprus. Cyprus is characterized by the highest prematurity rate in Europe. Specifically, in the last 5 years, more than 1 in 10 births in Cyprus were preterm, and since prematurity and low birth weight are important indicators of perinatal morbidity and mortality, this is a substantial issue for doctors in Cyprus. Since preterm babies do not have optimal fetal development, their birth weight and hence survival rates and social development may be affected. As follows, the reasons leading to prematurity can aid in the prevention of preterm births and hence lead to a decrease in the morbidity and mortality of babies born in Cyprus.

The high levels of prematurity in Cyprus has been attributed to the socioeconomic status of Cypriot women and more specifically, to mainly three factors: advanced maternal age - with the average maternal age at the time of childbirth in Cyprus being 30 years - maternal stress and unfavourable working conditions due to long working hours and manual labour. Maternal age at childbirth has been increasing over the past thirty years, especially in women in high income countries like Cyprus. Advanced maternal age is a recognized risk factor for premature birth, partly because of its association with hypertension in

pregnancy and gestational diabetes, which also increase in incidence with increasing age. Additionally, non-ideal working conditions, attributed mainly to manual labour which correlates to physical exertion and long working hours put women at risk of preterm deliveries, as with exertion more catecholamines are released leading to poorer blood flow towards the placenta and also affects the release of hormones which can in turn also have an effect on the distribution of nutrients to the fetus and lead to smaller babies. Lastly, stress during pregnancy has been largely found to contribute to preterm deliveries in Cyprus and hence healthcare professionals are advised to monitor pregnant women at a minimum of one time every three months in order to identify high risk cases and offer appropriate treatment.

The most effective management of preterm labour is its prevention. Hence, screening mechanisms to identify women at risk of preterm labour are in place, with regular ultrasound checks, extensive history taking at booking, blood tests and urine tests in order to be able to identify and treat prophylactically women who seem to be at an increased risk of preterm deliveries.

Overall, my time with the obstetrics and gynaecology team at the Nicosia Polyclinic has given me the opportunity not only to understand how GESY differs from the NHS in the UK and appreciate the importance of a healthcare system that allows all of the population to have equal access to doctors and medical treatment, but has also given me the opportunity to appreciate the incidence of preterm birth in Cyprus and how this is addressed. Since Cyprus has the highest level of preterm births in Europe, this puts an increased responsibility on doctors to address the factors leading to preterm births and try and prevent premature deliveries. In all, this was a very special experience as it has also allowed me to enhance my laparoscopic skills and further develop my communication and teamworking skills.