ELECTIVE (SSC5c) REPORT (1200 words) – Saint Kitts

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

Having spent a month in Saint Vincent I was expecting the healthcare system in St Kitts to be of a similar standard so I was pleasantly surprised when I arrived. The hospital is much more developed than the one in Saint Vincent and from the time I was there I did not observe the hospital running out of any essential supplies as they had done in Saint Vincent.

I was working in a different department – obstetrics as opposed to orthopaedics. I would like to pursue a career in obstetrics and gynaecology so was keen to experience this field of medicine in a different country to the one I will be working in and one which, I felt, would have differing management pathways and a more challenging approach to childbirth.

Unfortunately I did not spend as much time on the labour ward as I would have liked, instead doing more post-Caesarean ward rounds, antenatal clinics and theatre sessions. I observed some caesarean sections and the women that were having caesareans had all had caesareans previously so were booked for elective caesareans for any subsequent pregnancies. In the UK there is a big emphasis on VBAC (vaginal birth after delivery) but it did not seem that this is an avenue of treatment that is offered in St Kitts.

However, whilst in St Kitts I saw the most distressing thing I have ever observed in my medical training and for a short period of time it made me doubt whether I could pursue a career in obstetrics. An 18 year old girl came in with contractions. It was her second pregnancy and her first child was born by caesarean section. She had seen no doctors or midwives during her pregnancy but said that her last period was 'sometime in August last year' which would make her around 40+/40 gestation at the time of presentation. She had an ultrasound scan and was told that she was full term and ready for delivery. Her contractions did not progress so the decision was made to undertake a caesarean section the following morning. She was put under spinal anaesthetic and taken to theatre. The procedure was straightforward until the moment that the baby was removed from the womb and it was clearly evident that the baby was very small and not a full-term baby. The baby was also cyanosed. Despite the best efforts of the paediatrician the baby died shortly after delivery. The distraught mother had to be sedated as she was so distressed it was too difficult to continue with the surgery without fully anaesthetising her.

I found the whole incident very distressing and I difficult to comprehend how such an error occurred. It is unusual to come across women in the UK who have not had any antenatal care during a pregnancy, but even if that were the case I still find it hard to see how a sonographer/radiographer could get it so wrong.

The consultant was clearly upset and angry about what had happened. It got me thinking about how difficult it can be at times as surgeon – he undertook a procedure based on the information he was given. Unfortunately the information he was given was wrong and it ultimately led to the death of a baby; however he is the person that wielded the knife and he has to come to terms with that himself. This situation got me thinking about how I would deal with that if it were me in that situation. The individual circumstances of this particular situation are not likely to happen in the UK, but to be responsible for events that have life-changing consequences is something that I feel I may never be fully able to cope with. It is, for me, all about finding a way to accept what has happened and move on from it, yet still maintaining a level of empathy and compassion. I feel it is also important to have a good support network around you and I feel I am lucky enough to have that.

When discussing the situation with the consultant I asked him what would happen to the staff involved in this incident. He asked me what would happen in the UK and told me that it was likely they would try to find out who had performed the ultrasound and he would read the formal report and then go from there. Despite the tragic events resulting from this error it did not seem that it was going to be investigated and dealt with in a

manner that I would expect for circumstances like this and I was quite surprised at the casual attitude from the staff members. Although they were obviously saddened by the events that had occurred it seemed that there would be few repercussions and nothing to prevent this from happening again.

I think that an event like this could have been prevented, or would be at least a lot less likely to occur, if the patient had received antenatal care throughout her pregnancy.

I attended an antenatal clinic during my time in St Kitts and was given some information on the antenatal programme on the island. All women are entitled to free antenatal care but a lot of women prefer to pay for it as it is a sign of wealth and prosperity to have privately funded antenatal care. With state funded antenatal care women are seen every four weeks until they are at 24/40 gestation, then every three weeks until 36/40 gestation and finally every week until they deliver. They book in at the hospital from 34/40. Booking bloods are similar to those in the UK – blood group and save, FBC, hepatitis B, syphilis and HIV. However, privately not all patients have HIV testing during antenatal care. One midwife told me that there is only one private obstetrician on the island who conducts HIV testing during antenatal care, despite WHO recommendations that all women are tested. It seems that on the island there is still a very stereotypical image of HIV and to even have the test is something that many people would refuse to do. This is causing problems on the island with transmission of HIV and very few people admitting to being HIV+ when receiving medical care.

Overall I enjoyed my placement in St Kitts. Unfortunately I did not gain any gynaecological experience as I was based purely in obstetrics, but I did develop some skills in examining pregnant women and identifying the lie of the baby and locating the foetal heartbeat. It was interesting to see the similarities in the antenatal care in St Kitts and the UK versus the differences. It was also a good learning experience to see how people's perceptions and attitudes towards conditions like HIV can have such an impact in the approach to screening and antenatal care.

Seeing something as distressing as the foetal death was also an emotional learning curve for me. I think it was beneficial for me to witness this as a student rather than as a doctor for the first time as it means now that I have seen it before and it will not be such a shock to me. It helped me to realise that there are truly saddening events in medicine that will always upset me but it is important to maintain a level of professionalism for the patient as well as demonstrating empathy and compassion.

This placement has cemented in me the decision that a career in obstetrics and gynaecology is the right path for me.