

ELECTIVE (SSC5c) REPORT (1200 words)

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

I spent the first day of our placement in Accident and Emergency before moving into maternity as this department is more relevant to my future career interests, The birth rate in St Kitts is 13.6 births per 1000 women, which is similar to the UK birth rate of 13. However the number of children on average born to a typical woman is higher in St Kitts at 2.7 compared to 1.9 in the UK. Contraceptive use is lower in St Kitts estimated to be at around 50 percent, whereas in the UK about three quarters of women of child bearing age are using at least one form of contraception. This could be due to the religious beliefs of the local population, which might impact on beliefs about the appropriateness of contraceptive use but also impact upon the level of sex education provided in schools.

Abortion is quite common in the UK but remains illegal in St Kitts. This came to light during a discussion with the consultant while we were observing a procedure of Evacuation of Retained Products of Conception. This was a common procedure in St Kitts for women who had already miscarried. We were told that abortion is legal in neighbouring Cuba and that women would travel to have one, or have an illegal abortion performed privately. As there is legal and safe abortion available to all women in the UK there is no need for such difficulties for women who wish to end a pregnancy.

The set up of the labour ward was similar in St Kitts to in the UK, however the nurses had not undergone special midwife training. Working in labour ward was part of training for all nurses, for whom specialist training in any area was not readily available. The general set up was similar to the UK with private rooms available for women actually giving birth and a labour ward for women to be on pre and post birth. There was a very heavy emphasis on breastfeeding with bottle feeding being actively discouraged on the ward. This was also the case in St Vincent where I observed several posters stating that bottle feeding was not allowed within the hospital. While breast feeding is encouraged by midwives in the UK, bottle feeding is also welcomed on the wards and is viewed as something that women are entitled to make a personal decision over.

The research project we had hoped to participate in (looking into uptake of antenatal HIV screening in St Kitts) did not quite run to plan as there was an election and subsequent change over of Prime Minister, which caused some disruption with the ethics approval that Dr Estcourt had been arranging. As a result we did not have permission to conduct any surveys, so instead asked general questions to gain an overview of the attitudes of health professionals towards HIV. One nurse told us that screening for HIV is routinely offered as part of antenatal screening if women attend publicly funded services but it is often refused due to the stigma attached to a diagnosis. She said that many of the private doctors on the island do not offer such testing and these doctors are more popular as there is also stigma attached to using the publicly funded services as it is a sign of poverty. We visited a public antenatal clinic one afternoon, and noticed many posters around relating to HIV and AIDS. They made

up the majority of such posters with a few others on topics such as vaccination. The message in the posters were mainly aimed at dispelling the stigma around HIV rather than encouraging testing. Another one was encouraging abstinence, sporting the message AIDS standing for Abstinence Is Definitely Smart. I did not see much literature encouraging condom use or providing much education around what HIV actually means for a patient, which may well be contributing to the stigma preventing people from getting tested. The antenatal clinic was a difficult experience as many of the patients were speaking Spanish or Portuguese. I did however have chance to examine a pregnant woman, using a doppler to locate the foetal heartbeat. This was one of the few opportunities I had to develop any examination skills during the placement. We did not have the opportunity to discuss attitudes towards HIV with any of the patients and deemed it inappropriate to do so in light of the issues with the ethical approval for the study. However, the study is ongoing and I hope to remain involved from England with a view to more students attending on elective in future and perhaps being able to collect more data then.

I enjoyed gaining further experience in obstetrics and gynaecology and do think this is an area I am still interested in as a career. The elective provided some challenges however, in terms of a particular event we witnessed in which a baby did not survive a Caesarian section. The death of a baby at birth is thankfully something I have never had to witness in England, but is something I have always accepted as a possibility whilst working in obstetrics. The circumstances surrounding the event in question were confusing for all staff involved as the pregnant patient had supposedly had an ultrasound confirming that she was full term and had presented in labour so the c section was arranged and performed. In St Kitts it is still the case that a caesarian is always performed if a lady has had one previously, whereas now in the UK vaginal delivery is often performed for births subsequent to caesareans. However, upon birth in the case above the baby was extremely small and the paediatrician was of the opinion it was not full term and in fact more like 20 weeks. Unfortunately the baby did not survive and the conclusion was drawn that there had been an error with the scan and the dates that the patient had provided. This seemed like a horrendous example of human error that was upsetting for everyone involved, but nobody was exactly sure what had happened. The patient had not had any other scans during pregnancy that could be drawn upon. I found the event difficult to witness and upsetting as it seemed so preventable. However, I feel it was a valuable lesson in careful checking and performing your own examinations rather than relying on evidence from or the word of others.

Overall it was interesting to gain an insight into maternity care in another country, but I would have liked more opportunity to develop my practical skills or be more involved with deliveries. The nurses on the maternity ward were however fairly unwelcoming so we felt this was not really possible. I hope the research project will succeed in future and that I can continue to be involved to support our relationship with the medical students in St Kitts and perhaps make a positive public health contribution to their antenatal care.