

Obstetrics and Gynaecology: a different perspective

Elective Report – St Kitt's.

I chose to do an elective in St Kitt's for several reasons: an opportunity to see a part of the world which I have never visited, a chance to experience medicine in a lower resource setting and it also allowed me to set up a link with the Barts health trust. St Kitts allows the opportunity for me to experience Obstetrics and gynaecology in a setting quite unlike the UK, I find this country in the Caribbean particularly interesting as the Prime-minister, until very recently (early 2015), was originally an Obstetrics and gynaecology consultant and was pushing for national advances in this sector of healthcare.

I heard of this island specifically, through a colleague within Barts health trust who is currently working closely with the government of St Kitts to set up health links between the trust and St Kitt's. Specifically looking into the treatment of HIV during antenatal and postnatal care. Until now talks with the government to obtain permission to adapt the healthcare system in this area have been good but being on the ground allowed us to obtain a wealth of knowledge surrounding current practice, attitudes to change and health belief of both the patients and healthcare staff.

In St Kitts, access to the same cervical screening program, which is available in the UK is offered. Although unlike the UK it is not regulated and women appear to have to ask for a smear whenever they would like one. One private doctor I spoke to said that with his patients he advises they receive a smear every year from the time they are sexually active. However, this practice did not appear to have been adopted in the public sector, meaning that the coverage was patchy at best. The personnel, infrastructure and equipment is all available. But the uptake is incredibly low, when compared to the UK, probably because most women do not think to ask for the service. This is possibly as a result of sexual/women's health being seen as a taboo topic in the culture, a viewpoint which is strongly driven by the strong religious roots within the community. This is a major public health problem and the rate of cervical cancer is also high in this area, not least due to the concurrent high rates of HIV within the population. These issues are not only a public health problem on this island but also reflect wider global health issue which mirrors many other islands in the area. Interestingly, while sexual behaviour and women's health remains taboo, there are a high number of both single and young mothers on the island.

The consultant I was placed under worked for the government funded sector of the healthcare system within St Kitt's, which fortunately allowed me to make direct comparisons the NHS. During my time at St Joseph N France General Hospital, I was able to actively participate in ward rounds on the labour ward and community based clinics. Unfortunately, there was no opportunity for me to scrub in during theatre as operations were performed without the need of an assistant and during my time there, I was unable to observe a single caesarean section. This is partly because the birth rate in St Kitt's is dramatically different to the UK, being only 300 births last year but also because the marked used for the sign of a successful Obstetric department was the number of SVD births meaning that Caesarean sections are rarely done as it is seen as a failure of the staff and the system.

One of the biggest comparisons I can make between the system in St Kitts and the NHS is the strain placed on the system. This was never more evident than on the labour ward. In London there are multiple births every day, all the beds are normally occupied with mothers in labour. Midwives tend to give the care to the mother, while the doctors are available if required. As previously mentioned the number of births in St Kitts is less than 1 per day. Despite this the labour ward is large with upward of 20 beds. The unit is also very well staffed with the professionals easily outnumbering the patients on some days although only 3 of these will be doctors (all at consultant level). This phenomenon means that rather than discharging patients on the same day that they have given birth, as frequently happens in the UK. Women in St Kitts remain on the ward with their babies for 3 or 4 days. Being visited each morning by both a doctor and a nurse on the daily ward round, in which a postnatal check is performed on the women to check for signs of shock, evidence of bleeding, expression of milk and DVTs. Like in the UK the infants are seen by the paediatrician before discharge can occur. I think this is very reassuring for the women, particularly for first time mothers who probably feel they receive a good level of care and support. One comment I would make about the care received postnatally, is the examination itself. This is performed on the women without gaining consent. This is a theme that seems to be rife within all areas of the hospital. When asked to perform the examination myself I felt uncomfortable not gaining consent especially as it involved undressing the mother. So I chose to ask her to remove her bra etc, although the lady was happy to comply I think they are so used to the doctor just doing and not asking there was initially some confusion and I think people thought I was being slow.

The healthcare system on the island is actually very good, although the access to diagnostic equipment such as CT scans which is England are taken for granted and not available. The system is very different to the UK. There are only consultant doctors, no trainees. Therefore all of the consultant have been trained in the UK/USA/EU or a combination of the three and then moved back to St Kitt's. There are also a large number of doctors recruited from Cuba. Due to their training, the consultant knowledge and surgical technique is excellent. However there are large differences in surgical technique, often as surgeries are performed without an assistant and because the equipment used routinely in the UK is unavailable. For example, a D&C procedure would be performed under GA by one surgeon, often while the anaesthetist covered both theatres. The procedure itself lasted up to 4 minutes and was done by sound of the curette against the inside of the womb, without any visual confirmation the products of conception were completely removed. Once over the patient would be wheeled to recovery and as it was only a short distance away this journey would be undertaken without maintaining the patient's airway. The knowledge of what should be done and how things should be performed is there but protocol if there is one, is followed very loosely. While in the UK each surgery will start with the time out and WHO checklist in St Kitt's I witnessed on occasion the patient being put to sleep without even being spoken too.

During my time in the hospital I was treated with respect and encouraged to become part of the team, for this I am immensely grateful. It has certainly been an excellent experience which has led to me appreciate the differences in cultures even where the language barrier is not present.

ELECTIVE (SSC5c) REFLECTION

This information will be used to monitor placements for safety and to provide useful information that we can pass on to students for the future. (Please complete the sections below).

Was it what you expected?
In some ways I think it was what I expected, the infrastructure and the level of equipment was similar to my expectations however I don't think I have appreciated the cultural differences. Things that we take for granted like consent.
Clinical experience?
During my time at St Joseph N France General Hospital, I was able to actively participate in ward rounds on the labour ward and community based clinics. Unfortunately, there was no opportunity for me to scrub in during theatre as operations were performed without the need of an assistant
What did you learn about the people and the country?
I learned that the people of St Kitts were incredibly friendly and generous but there are certain social etiquettes that need to be followed in order for you to experience this for example you HAVE to say good morning/ good day/ good afternoon when starting a conversation or indeed just passing someone in the hall. Hello will not suffice and you will be treated as rude until the situation is rectified.
What did you learn about the health care professionals you worked with?
That all of the doctors are trained elsewhere and so have a good understanding of other systems. However, there are many differences in the systems, in St Kitts there is a very pronounced hierarchy almost for the sake of hierarchy. People are very resistant to outside influence or help were it has not