

ELECTIVE (SSC5c) REPORT (1200 words)

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

Exploring Women's Health in Seoul, South Korea - a reflective report

Before coming to South Korea I had little knowledge of the healthcare system. However during my 3 weeks on Obstetrics and Gynaecology and my 3 weeks on Neonatology I was able to gather much from the staff and students about women's health in Korea as well as reasons why fertility rates are so low. The objectives I set for myself were as follows:

- 1. To study healthcare provision in South Korea with regards to women's health and care of the new born**
- 2. To explore attitudes, behaviours and cultural beliefs regarding women's health and care of the new born in South Korea, and to understand how these have altered healthcare provision.**
- 3. To learn about common health issues in Obstetrics, Gynaecology and Neonatology in South Korea and to compare these to those in the UK**
- 4. To gain clinical experience in the fields of Obstetrics, Gynaecology and Neonatology so that I can prepare for work in an NGO**

Seoul National University Hospital (SNUH) is one of the top hospitals in Korea. It is a tertiary referral centre, meaning that it accepts complicated/rare medical cases alongside the usual medical case load. I found out about the health



Figure 1: Patau's Syndrome

insurance system in Korea, and how normal birth was covered by insurance, however if further interventions were required such as caesarean section or epidural then an extra charge would be added. In the neonatal intensive care unit (NICU) the insurance cover was a bit more complicated, however only extreme cases were referred to the NICU and in these cases depending on the condition and severity, the parents are required to pay a certain dividend of their care.

I discovered that the labour ward was mainly filled with doctors and there were barely any midwives, whereas in the UK labour wards are mainly midwife led with doctors on hand for support and more complicated cases. In SNUH, a consultant was present at every birth compared to the UK where consultants were not expected to be on the ward unless an emergency. These differences in

working environment did not change the care received however. I soon realised that the reason for this difference was partly due to cultural beliefs. I was astounded to find out how far people were willing to travel in order to see a specific doctor. Patients in Korea are able to choose who they see, and therefore sometimes this can become troublesome.

I now believe that reasons for the low birth rate are due to cultural reasons. Indeed, it is well known to the general public that birth rates are low in Korea. The reasons given however reflected the current lifestyle and expectations of women. I believe there are several barriers to increasing the birth rate in Korea. Firstly, the work place is not amenable to women. Following the birth of a child, although stipulated in contracts that they are allowed leave from work to look after their child, the majority of women choose not to do so. This is often because leave is discouraged as the workload will increase and strain other members of the work place. Elders place high expectations on women, a common theme in Asia, which means that they are expected to raise their children in a certain way. The costs of raising a child here are exponential. Education is paramount and children are expected to attend private tutoring after school, which does not come without cost. I met women that were now deciding not to have children not only due to financial restraints, but also due to social restraints and the lack of freedom it offered women. The low numbers of immigrants into this developing country also has an impact on low birth rate. As a homogenous society, it is still a rare sight to see someone not of native origin, especially outside of Seoul. I believe that this lack of immigration and social mixing also impacts on birth rate. For example, in the UK, the birth rate was previously falling, however due to an increase in immigration, birth rate has now stabilised and is on the rise again.



Figure 2: NIC-NAVA Machine



Figure 3: Cool-Cap machine for inducing hypothermia post brain injury

At SNUH, daily I was privileged to observe a wide variety of clinical presentations. On labour ward I bore witness to many interesting cases, namely one case where a multiparous pregnant woman had dichorionic dizygotic twins. In this case, one of the foetuses had been found to have Edward's syndrome, and a termination was carried out where the foetus with the condition had Potassium Chloride solution injected into their heart. This was something I had never realised occurred, therefore it was intriguing to find out about this practice. In the UK this is something that is extremely rare and would not occur in normal circumstances.

In the case of NICU, I was astounded by the high levels of care infants received. As a tertiary referral centre they accept the most complex cases in South Korea. I was extremely privileged to observe neonates born at just 21 weeks of gestation, weighing less than 500g. It was incredible to see neonates at such an early stage of life. The conditions I was able to witness included Patau's syndrome (Figure 1), Costello Syndrome and Down's syndrome, as well as neonates suffering from hypoxic ischaemic encephalopathy and complications of twin to twin transfusion syndrome. It was fascinating to see the equipment being used. I learnt about the NIC-NAVA machine (Figure 2), which acted as a ventilator for the foetus, however also stimulated the diaphragm electrically to aid ventilation. I also saw a cooling machine being used post brain injury for a foetus (Figure 3). I was also lucky enough to witness difficult births and help with the care of the newborn in the labour ward. I witnessed a neonate who suffered from omphalocele (figure 4) being born and the complications that followed.

In the UK I had never been able to witness all these conditions, so I felt incredibly lucky to observe so much pathology in such a short space of time. In my time on paediatrics on the UK, I was placed in a hospital that had a very small NICU (10 beds) therefore was not able to see many conditions. However in Seoul, since it was a tertiary referral centre, I was able to observe an incredibly wide range of conditions, which helped me to understand the



Figure 4: Foetus suffering from omphalocele



Figure 5: The "British" gift I prepared for the team – Afternoon tea and scones, and whisky

rationale behind the treatments. I was able to witness many caesarean sections and twin births as well as amniocentesis, hysteroscopy and surgical gynaecology whilst at SNUH. It was a brilliant learning experience for me and certainly sharpened my knowledge!

I found my time in OBGYN and NICU extremely rewarding and as a result I have a much better understanding of women's health. Words cannot express my gratitude to Professor Choi, the NICU team and Dr Ha-Shin Kim

for all their kindness. Without them I believe my time at SNUH would not have been half as enjoyable! Thank you ☺



Figure 6: From left going clockwise. A. NICU team, B. Professor Jung Hwan Choi and I, C. The whole team that looked after me, D Dr Ha-Shin Kim who looked after me on labour ward