

ELECTIVE (SSC5c) REPORT (1200 words)

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

What are the common problems facing maternity medicine in the Belmopan district of Belize

Describe the provision of maternity care in Belize and compare/contrast with the UK.

Outline potential public health measures to improve maternal and fetal health in Belize

Experience maternal medicine in a resource poor setting, and explain how this has been beneficial for me as a healthcare professional

I undertook my elective placement at the Western Regional Hospital, a 30 year old hospital in Belmopan, Belize. Whilst Belmopan is the capital of Belize, it's population is small, comprising of only 17000 individuals. In the field of Obstetrics & Gynaecology, Western Regional Hospital, a level 2 hospital, accepts referrals of complicated cases from other smaller public hospitals in the area, such as the San Ignacio Community Hospital or the Southern Regional Hospital in Dangriga, as these hospitals do not have operating theatres. Caesarian section is the main operation undertaken at the hospital. However, the rate of caesarian sections is much lower in Belize compared to the UK, owing to the lack of resources and obstetricians. Most are hence performed as emergencies rather than elective. The delay in care due to transfer of patients from hospitals without operating theatres results in a higher level of maternal morbidity and mortality in the country versus the UK. For example, the ambulance takes 45 minutes to transfer a patient from San Ignacio to Belmopan. If more specialist care is subsequently required, these are then referred to the only level 3 hospital in the country in Belize City. The distances that need to be travelled for care in Belize poses a problem. Outside of hospital I met a man who had unfortunately been shot at Caye Caulker, one of the islands of Belize. He was transferred to two different hospitals before finally being treated, at which point a large portion of his bowels had necrosed and therefore had to be resected. This could possibly have been avoided with a more developed and available health care system.

Whilst working at the hospital, it strook me how empty the hospital was. When I first arrived, I struggled to find any working doctors, only finding a couple of nurses per ward. Dr Jesus, my supervisor, was the only one present for large periods of time. In total, the hospital have 4 doctors that rotate to carry through the caesarian sections at the hospital. Few doctors are educated in the country, and usually arrive from countries like Cuba. Speaking to many Belizians, I realised that these doctors have worse reputation than Belezian doctors amongst the population. This is possibly due to these doctors' poor ability to speak English. The lack of doctors in the country however necessitates the presence of them, as Belize do not educate enough doctors.

Patients in Belize have to pay to see a medical practioner, unlike in the UK. The cost of a visit is usually around 40 pounds. However this includes any minor procedures and prescriptions that may be needed. All procedures are also covered by health insurance if the patient has one. If a patient cannot

afford the cost of medical care, the fee is usually waived. This procedure is not controlled for and usually relies on the good-spirit culture of Belizeans. The people of Belize were extremely friendly and welcoming. I was frequently asked where I was going. In the UK this question would obviously be met with caution. However people simply intended to help me find what I was looking for, in the quickest and simplest way, to my surprise.

Due to the cost and unavailability of health care in Belize, some Belizeans opt to take the bus to Merida or Chetumal in Mexico, where they are able to find better and quicker treatment at a cheaper cost. Another popular destination is Flores in neighbouring Guatemala. Coming from a European country, the thought of travelling to another country for health care seems alien. The desperation for quality treatment is something I have never experienced or probably never will, and it was eye-opening to see this aspect of health care in Belize.

There was also a lack of patients for a long period of time at the hospital. I learnt that this was because of the presence of USNS Comfort, a hospital ship that arrived just before me. The Continuing Promise 2015 mission aims to support poorer countries in Central and South America with medical, veterinary and dental aid. The mission also aims to provide health education to the population. Other countries on the route of the ship include Colombia, Dominica, Dominican Republic, El Salvador, Guatemala, Haiti, Honduras, Jamaica, Nicaragua and Panama. This led to most beds in the hospital being empty, as people were seeking care from what was perceived to be superior health care professionals.

The main complication affecting pregnant women in Belize is eclampsia, which causes half of maternal deaths in the country. Rates of eclampsia are higher versus the UK, owing to the higher prevalence of diabetes and hypertension of pregnant women. The rates of post-partum infections are also higher, as a result of lack of sterile environments. Belizean mothers present to obstetricians and general practitioners late in their pregnancy. In the UK, the normal antenatal care schedule suggests women should be seen within 8-12 weeks by a midwife. In Belize, it can take up to 6 months for women to present to the relevant health professional. The lack of health education is the main reason for this, and also leads to a higher incidence of easily preventable disorders such as neural tube defects due to lack of folic acid supplementation. In recent years however, more effort has been placed on providing patients with education about matters such as pregnancy and breastfeeding. Outside of the hospital, I saw posters advocating breastfeeding. In the hospital I also saw leaflets being passed around promoting antenatal checks. This opened my eyes to the importance of public health promotion of something that we in the UK see as obvious. These measures may in the future lead to a decreased incidence of easily preventable problems.

In 2011 the hospital expanded to add extra operating theatres, bringing the total to 4. In the process, patient health records were also computerised. This helped to integrate services across the region and to make it easy for health professionals to access information about their patients' health and prescriptions quickly and efficiently. This is contrast to the UK, where the lack of electronic patient records slow down a lot of referrals from primary care to secondary care, and results in delay in care.

It seems ironic how a country with such lower levels of funding have moved towards this system sooner than the NHS. It could be argued however that the number of patients in the NHS makes the process that much harder.

English is the official language in Belize, and is spoken by most educated individuals. However, a large portion of the poor population are much more comfortable speaking Spanish. Therefore, I had to push the limits of my Spanish knowledge to speak to some patients. I found it very helpful to practice speaking with them, and gained a lot of ground in my quest to learn Spanish during the elective.

My time at Belmopan hospital and in Belize was filled with enjoyable experiences. It opened my eyes to the resource-poor areas of the world, and the difficulties to health care that these countries experience. The arrival of USNS Comfort provided a stark contrast of westernised health care with practically unlimited funding versus the health care of Belize. I have also gained an appreciation for the importance of public health promotion in poor areas, preventing conditions that can be avoided, in order to save precious funding. I do not have any doubts that my experiences in Belize will help me start my medical career with motivation and a sense of humbleness.