

ELECTIVE (SSC5c) REPORT (1200 words)

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

Describe the key gynaecological problems that affect the local of population of women in the San Ignacio community in comparison to London.

One of the biggest problems in San Ignacio is infection. The main concern being STIs, including a 1.5% prevalence of HIV. Additional to this, condoms are not widely and easily available and sometimes their quality is inferior to what is available in more developed countries. As a result there is a high risk of contracting STIs including HIV. Education is also a contributor as men and women alike may not be aware of the availability of condoms or even what STIs there are and how they are transmitted. I did see posters on correct condom usage within the hospital itself which helps with education.

Describe the system in which Obstetric care is delivered in San Ignacio, Belize compared with the UK.

The hospital is only a community hospital thus care for pregnant women is limited to uncomplicated deliveries which are low risk. The differences including the team assisting in the delivery itself being much smaller. There is a lack of specialist nurses and specialist care. There isn't even a consultant obstetrician present at all births. The community support is scarce. Although there are various posters dotted around the ward, it isn't the same level of aftercare as is present in the UK.

Additional to this, there is variable nutritional status of women and children due to income of families varying. This means that women would need to be particularly educated about having a good diet during pregnancy especially vitamins and having enough calories. Furthermore the importance of Folic Acid in the diet would need to be stressed. This wasn't really occurring within the community, again, due to the lack of resources and primary point of contact as is present in the UK. Again, posters are around and post-birth the babies were assessed for their nutritional status using an American scoring system but it would be better to take a preventative approach rather than assessing post-birth. That being said, with this assessment done it is possible to ensure education about adequate nutrition for the future.

There were many posters promoting breast-feeding as it is considered better than bottle feeding for the babies. More nutritious, more protein, and better for immunity of the baby. There is also screening and education of patients with regards to gestational diabetes and blood glucose monitoring as well as pre-eclampsia and blood pressure monitoring for hypertension. In these cases, the patients will be considered high risk and urgent transfer to a hospital capable of dealing with them will be arranged. In the case of the former, there is an increased risk of shoulder dystocia if a vaginal delivery was attempted so a caesarian section would have to be considered. Similarly for the latter, a caesarian section may have to be carried out. HIV is also something which has to be thought about as vertical transmission from mother to foetus may occur so prior testing and education about STIs in general is important.

Discuss whether the care for pregnant women in San Ignacio, Belize is well provisioned.

As before, since the hospital is only a community hospital, care for pregnant women is only really well provisioned for basic assessment and uncomplicated deliveries. A lot of the basic provisions are similar to those in the UK like birthing facilities, IV access equipment and fluids, oxygen and masks, analgesia. The hospital is able to deal with vaginal births. However, what differed in the hospital I was working at was

that, high risk patients or complex cases are referred to bigger hospitals like Belmopan (such as those requiring caesarian sections). There is an ambulance to facilitate the transport of patients.

There is also a distinct lack of support within the community with no support groups or provisions for care after birth. With a population of around a third of a million, and poverty among half of those, the level of medical care does not compare to the standard available in the UK. Often it is faster for patients to get basic blood tests done privately.

Experience and observation of obstetric and gynaecological medicine in the developing world.

It is a 3rd world country, therefore it is expected to be of a different standard to the UK. My observation and experience in the developing world has been very different to the UK, in summary, in this hospital, high risk patients are referred to larger hospitals whom have the ability to deal with high risk patients.

There is scope for improvement of care and better education of patients, as well as expanding the resources and skills available. With continued education and improvement, patient care will improve and with continued research and insight from other countries and practitioners.