

## **ELECTIVE (SSC5c) REPORT (1200 words)**

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

In San Ignacio, Belize, the primary obstetric condition is eclampsia; in 2005, eclampsia was responsible for 60% of maternal mortality in Belize.<sup>1</sup> Eclampsia is characterised by hypertension, proteinuria and tonic-clonic seizures. This is less common in the UK due to stringent blood pressure and urine monitoring, as well as the common use of cardiotocography. From my experiences in Belize, the scarcity of resources naturally led to some difficulties in care giving. I observed a pregnant lady experiencing a traumatic and prolonged delivery due to a breech presentation where external cephalic version had failed. A similar case in the UK would almost certainly have been avoidable through the application of forceps or Ventouse, in good time. Further obstetric complications I experienced included premature delivery, spontaneous termination and breech presentations. It is prudent to note that in the case of relatively simple obstetric complications such as caesarean sections or premature delivery, there was a mere one obstetrician residing in the hospital (San Ignacio Community Hospital, a Level 1 hospital serving a patient demographic of 3000 people). The hospital has 32 beds in total. This is juxtaposed to any obstetric unit in the UK which has at least one consultant on site at any given time; supported by a plethora of more junior doctors and multi-disciplinary team members. In San Ignacio, if complications persist, or escalate, the patient can be moved to Belmopan (Level 2 hospital) or Belize City (Level 3 hospital). However in grave emergencies, where time is extremely limited, patients may be transferred to the nearby Western Regional Hospital, in the adjacent village 40 minutes away.

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (Constitution of the WHO, 1948).<sup>2</sup> The quote, contextualised in the Alma Ata Declaration, embodies greater healthcare provision using a universal healthcare model. Healthcare in Belize is publicly funded, which works well with universal coverage throughout all districts. San Ignacio receives proportionately less public funding than Belize City, and thus a greater proportion of the population rely on the private health sector. The private sector is subsidised by the State and thus can be afforded by the majority of the population. Focussing on obstetrics in Belize; due to a dire lack of resources and minimal beds (32 in total, recently extended from 20 beds the year previously), doctors have greater responsibility in triaging patients. The level of aftercare provided to mothers post delivery is sparse, if not non-existent. There are minimal midwives, which from my short experience, rendered new mothers lost with very little information on how to approach the next few weeks and months. It is to be noted however, that breast feeding is continually encouraged to all mothers, except those testing positive for HIV. This has dual advantages of saving already sparse resources and encouraging passive immunity. This contrasts with the UK, where, within the community, there are an abundance of support groups for women (and partners) all throughout their pregnancy and beyond; as well as free access to books and internet articles to view to use as educational aides. In Belize, free educational materials, as well as the internet, are difficult to access – especially in more rural areas – and as a result, a grave discrepancy in both care and support provided in the UK and Belize is made evident. However, the benefits of breast feeding are well recognised in the UK and actively encouraged also.

A survey conducted by the United Nations Population Fund (UNDP) revealed a high rate in teen pregnancies in Belize: approximately 7 million girls under the age of 18 are falling pregnant and

consequently giving birth per annum.<sup>3</sup> Use of contraceptives has plummeted in Belize in the past decade and limited family planning education is available to teenage girls. The main practising religion in Belize is Catholicism. The Catholics hold stringent views against contraception. Community opinion is held in high regard, and the taboo subject of contraception – particularly condoms – would be brushed under the carpet during my clerkings. HIV is a prevalent disease in Belize, and in particular the younger generation are contracting the disease at higher rates than before. This is particularly prudent in areas of migrant labour and tourism, where schoolgirls engage in unprotected intercourse with older men to obtain enough money for food, goods or transportation. It is understood that adolescents who are victims of abuse have greater chances of contracting sexually transmitted infections than their peers engaging in consensual intercourse with partners more their own age.

My experiences in San Ignacio, Belize have highlighted the grave importance of one particular policy initiative: furthering patient education. Educating patients in health, as well as providing an appreciation for service provision, will have three main benefits. Firstly, better health outcomes can be achieved by progressing towards a more patient-centred care system where patients receive all necessary information not only from doctors, but from specialist nurses, as well as free literature circulating in hospitals, clinics and pharmacies. Secondly, by educating patients, the workload of the multi-disciplinary team will be reduced as patients seek care from their family physician, instead of the hospital in cases which are not urgent. Finally, an economic benefit will result from reduced wastage of resources. This can be ploughed back into the healthcare system, further subsidising the public funded nature of Belizean healthcare. The funds can also be used to level out the discrepancy in funding between the capital city – Belize City – and other cities across the country. As mentioned in Objective 3, young people's sexual health is an area that requires increased attention in programmes and policies. Largely owing to the absence of youth services, teenagers face increasing risks for poor reproductive health. Compounding this are educational policies prohibiting teen mothers to continue their education. They are shunned by school teachers who deem the girls to be a bad influence on their peers. This must be tackled at the grass roots level to reduce the incidence of teenage pregnancy and sexually transmitted infections. The negative connotations behind barrier contraceptives must also be broken in order to dramatically reduce the incidence of sexually transmitted diseases in Belize.

## References

1. Improving Maternal Care in Belize. Accessed on: 26 May 2015: [http://www.urcchs.com/uploads/resourcefiles/Improving\\_Maternal\\_Care\\_in\\_Belize\\_Sept2011.pdf](http://www.urcchs.com/uploads/resourcefiles/Improving_Maternal_Care_in_Belize_Sept2011.pdf)
2. Constitution of the World Health Organization. In: World Health Organization: Basic documents. 45th ed. Geneva: World Health Organization; 2005.
3. Unicef Belize. Accessed on: 26 May 2015: [http://www.unicef.org/belize/20582\\_21822.htm](http://www.unicef.org/belize/20582_21822.htm).