

ELECTIVE (SSC5c) REPORT (1200 words)

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

Objective 1: Describe the pattern of disease/illness of interest in the population with which you will be working and discuss this in the context of global health: What are the prevalent obstetric conditions encountered and treated at San Ignacio Community hospital and is this representative of Belize as a country?

Belize is a small, English-speaking country on the North East Coast of Central America, bordering Mexico to the North, Guatemala to the West and The Caribbean Sea to the East. The population numbered 340,844 in 2014 (1) and this is the lowest population density in Central America (2). Despite this, Belize has one of the highest rates of population growth in the Western Hemisphere (1). The life expectancy in Belize is 73.6 with women living an average of 3 years longer than men (3). The Cayo district is the largest in Belize, and has a population of over 73,000, with over half living in rural areas (4). The district capital is the town of San Ignacio where the San Ignacio community hospital is located. The common obstetric conditions encountered include Pulmonary Emboli, Deep Vein Thromboses and Post Partum Haemorrhage. With respect to delivery, common complications include premature delivery, caesarean sections and miscarriage. Thromboembolic events are less common in the UK due to thromboprophylactic treatment being standardised care (such as TED stockings and medications such as heparin) however the latter conditions are regularly seen in UK obstetric care.

Objective 2: Describe the pattern of health provision in relation to the country which you will be working and contrast this with other countries, or with the UK: How is Obstetric care organised and delivered in San Ignacio Community Hospital and does this differ from the rest of Belize? Contrast this with the UK.

San Ignacio Community Hospital primarily focusses on provision of services in General Medicine, Maternity and delivery. Further specialist clinics are carried out by visiting specialists from the Western Regional Hospital. The Provision of Maternity Services encompass: Care for pregnant mother, Care of the Newborn, Postpartum Care, Care for Gynecological Patients, as well as pre and post operation care for C-section and gynae surgeries. San Ignacio community hospital serves a population of over 35,000 and provides 32 beds, in the obstetric department there are two beds for delivery. This means the doctors must practice active resource management by remaining vigilant as to who is admitted and ensuring that patients are treated swiftly. Furthermore there is no specialist obstetrician at the hospital, there is a single talented doctor who specialises in Gynecology who manages premature deliveries and caesarean sections. When there are multiple cases present, occasionally other doctors who are not specialised in Obs and Gynae are required to manage similar cases. Furthermore this is a community hospital so complex medical emergencies must be transferred to the larger and more equipped Belmopan hospital in the Capital, this is a forty five minute drive away. In comparison to the UK Obstetric care is a lot more under-resourced in Belize. The hospital is fairly well equipped, it is small but it is worth noting that it is a community hospital. The striking difference is the staffing levels. Skilled doctors and nurses manage a wide variety of patients in very small teams and as mentioned previously, there is occasionally not a specialist on hand to refer to meaning that doctors must be prepared to be generalists too. Moreover there appears to be a lack of

specialist midwives to assist meaning that the few devoted staff are responsible for a very large remit. The stark contrast with the UK is the lack of resources for provision of aftercare. With few community nurses at the disposal of the hospital, women are discharged with minimal post partum education and often back to rural areas with poor access to information. Despite this I did notice many initiatives aimed at improving these areas. One was a large push to promote breastfeeding among post partum mothers. This included many posters, some leaflets and direct advice from the doctors and nurses.

Objective 3: Health related objective: How is Obstetrics and general healthcare affected by the significant levels of HIV and poverty in Belize?

As mentioned above, there was an initiative aimed at promoting breast feeding in the post partum period ongoing at San Ignacio hospital. This took the form of posters, leaflets and advice from Doctors and Nurses. A large part of the rationale behind such an initiative is the level of poverty especially in the indigenous post partum population living in rural areas. They may not have access to formula and the monetary expense could be significant in a multiple child household. Furthermore the quality of water can make formula feeding less desirable than breastfeeding in the post partum period. This is in contrast to the UK where health professionals are keen to extol the benefits of breastfeeding but advertising campaigns for formula feeding are large scale and pervasive too. As of 2012 the prevalence of HIV in Belize was 0.8 - 6.9% (5). Unicef estimate that 3100 people of all ages living with HIV and approximately 42% of these are women (6). In absolute numbers this is not a particularly high prevalence however as a proportion of the population it is considerable. Furthermore data shows that HIV is most commonly transmitted through heterosexual sex and the fastest growing patient group is young women with nearly double as many women in the age category of 15-19 being diagnosed in 2004 compared to men of the same age (5). This has a large effect on women of reproductive age. One key consideration would be the risk of vertical transmission of HIV through breastfeeding. WHO now recommends breastfeeding in HIV positive mothers who are on Antiretroviral Treatment however the risk would remain in undiagnosed mothers, this means that point of care testing in obstetrics could be a useful policy as in the UK. Despite this I encountered no HIV positive patients during my time at San Ignacio.

Objective 4: Personal/professional development goals: To explore Women's Health as a potential area of medicine that I could work in

I very much enjoyed my time at San Ignacio Community hospital. The staff were warm and welcoming and the town is reflective of Belize in its wide range of cultures, ethnicities and cuisine. There is no doubt that the healthcare provision in Obstetrics and Gynaecology varies vastly between the UK and Belize however at the core it was similar in that it involved a dedicated team of healthcare professionals delivering the best service they can with the resources they have. I felt privileged to experience this and am still considering Women's health as an area of interest within medicine.

REFERENCES

- 1) CIA World Factbook. Central Intelligence Agency. Retrieved 18 May 2015.
<https://www.cia.gov/library/publications/the-world-factbook/geos/bh.html>
- 2) World Population Prospects: The 2008 Revision Population Database". United Nations. 11 March 2009. Archived from the original on 19 August 2010. Retrieved 18 May 2015.
- 3) WHO life expectancy data 2011. Retrieved 18 May 2015.
<http://www.worldlifeexpectancy.com/belize-life-expectancy>
- 4) Main results of the 2010 population and housing census. Retrieved 18 May 2015.
<http://ambergriscaye.com/art/pdfs/belize2011census.pdf>
- 5) WHO Summary Country profile for HIV/AIDS: Belize. Retrieved 19 May 2015.
http://www.who.int/hiv/HIVCP_BLZ.pdf
- 6) Unicef state of the worlds children 2015: Belize. Retrieved 19 May 2015.
http://www.unicef.org/infobycountry/belize_statistics.html