

***What are the prevalent obstetric problems complications in Zanzibar and are these similar to the common obstetric problems in the UK?***

By far the most common obstetric complication that I witnessed was perineal tearing. On average, whilst I was observing in the delivery room, 3 in 4 women would have a perineal tear following the delivery. The degree of the tear varied from 1<sup>st</sup> to 3<sup>rd</sup> degree but 1<sup>st</sup> degree tears were the most common. Despite such a high rate of perineal tearing, I was surprised to find that it was not within the hospital's practise to perform episiotomies. This is in complete contrast to the UK where if a perineal tear is anticipated, an episiotomy will be performed to limit the damage caused by a tear.

Whilst in Zanzibar I was able to observe and note the most prevalent obstetric problems which patients presented with. Unsurprisingly, some of these were similar to the ones seen in the UK but due to the demographics of the patients, some problems which are seen only in complicated cases in the UK were found to be common day to day occurrences in Zanzibar.

***What % of newborn babies contract HIV during delivery and how does this compare with the rest of the world?***

Before starting my placement, my supervisor had informed me that the prevalence of HIV/AIDS in Zanzibar was 0.6%. From speaking with doctors and midwives I came to learn that the vertical transmission rate at Mnazi Mmoja Hospital was approximately 3%. I was told that the hospital offers free HIV testing to pregnant women and there is a specialist nurse who is in charge of the care of HIV positive pregnant women. The women are given antiretroviral therapy free of charge throughout their pregnancy and also in to the postnatal period. However, very few women sought medical advice prior to becoming pregnant - picking up on all the women who required antiretroviral therapy remains an ongoing challenge. Interestingly, the rates of vertical HIV transmission in Zanzibar are 5% lower than those in mainland Tanzania. This can be put down to the general higher prevalence of HIV on the mainland (10%). In comparison with the rest of Africa, particularly sub Saharan Africa where the rate is between 25 and 50%, vertical transmission rates can be considered as 'low' in Zanzibar and indeed many Doctors at Mnazi Mmoja would proudly state the figure of 3% to me. Despite being amongst the countries with the lowest vertical transmission rates in Africa, Zanzibar still has much scope for improvement in order to have rates of transmission lower than 1% as in developed countries such as the UK and USA.

***Learn to communicate with patients for whom English is not their first language. Also reflect on the challenges of practising medicine in a third world country and how these obstacles can be tackled***

When it came to communicating with patients, my first two weeks on the labour ward were a challenge. The midwives were brilliant and very eager to teach me some basic Swahili. Before I knew it, I was able to confidently comfort women during labour armed with the basic Swahili language I'd been taught and it was always a satisfying relief when the women appeared to understand my attempts to communicate! It was surprising how far even just a few words of Swahili could get you – I was able to talk women through the delivery of their baby with only the help of the two words 'Heyma' and 'Sikuma' meaning breathe and push.

The main challenge I noticed in Mnazi Moja hospital was the lack of beds. I was astounded on my first day when I saw that each bed was shared by two women and even three women during particularly busy periods. It was almost impossible for both women to lie down and when examining them on the ward round it was exceedingly difficult to perform a PV examination on a lady who was practically falling off of the bed.

Another major problem was the lack of resources, particularly medication. During the entire five weeks, I did not see a single patient being given any form of analgesia during labour. Perhaps even more shocking was the suturing of perineal tears without the use of a local anaesthetic. When questioning this practice, I was told that the patients were given the option to buy analgesia but clearly none of these patients were able to afford it.