

Elective Report  
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*1) What are common complications that occur in Obstetrics in Belize?*

In the United Kingdom, when a problem arises during labour, cesarean section can be avoided thanks to the great success rate of instrumental delivery. However in Belize and majority of the countries in central America, more than 50% of pregnancies end in cesarean section secondary to the lack of equipment and training in regards to instrumental delivery. As a result, this means the complications of child birth are minimalised due to the safe and decreased risks associated with cesarean section compared with that of instrumental delivery. An example of such risks which are avoided are post partum hemorrhages.

The main complication of childbirth in Belize is infection. It is very difficult to find statistical data in regards to complications however in 2005, 134 out of 1000 mothers died during labour. On conversing with medical staff and midwives, it became apparent that a lot of complications arose due to poor hygiene and unsterile equipment due to lack of funds and resources. Women that were for Cesarean section however were given prophylactic antibiotics. In addition, in the antenatal clinics, eclampsia was noted to be a major cause for concern in a lot of mothers to be. This was attempted to be reduced via anti-hypertensives but due to the poverty of the area, not every mother was able to receive them.

In regards to the actual process of labour, a major complication was post partum hemorrhages in women failing to progress to labour. The emergency setting was not equipped enough to deal with such profound bleeding and I was informed by theatre staff that there is rarely much anyone can do.

*2) Describe the similarities and differences of antenatal care between Belize and the UK.*

In the United Kingdom, antenatal care is provided for every pregnant woman. This is the main difference between the two countries. In Belize, antenatal care was only provided to mothers who had a complication or previous complication.

Firstly, where all mothers at the beginning of their pregnancy are advised as to what to do to ensure minimal complications, this was not the same in Belize. For example folic acid in Belize was seldomly taken by mothers due to unawareness and cost.

However, mothers that did have complications such as gestational diabetes, pre-eclampsia etc were monitored closely and advised in the best possible manner as to how to reduce risks. In addition medication was available for mothers with medical problems. For example a lady with gestational diabetes had regular blood sugar readings as well as occasional ultrasounds to monitor the growth of the baby.

The major difference is in the UK, mothers come in at regular intervals for checks and scans. In Belize, this does not happen unless a patient is not well. There are no regular scans and updates and infections are not routinely screened for. However all mothers have a HIV test and Belize has the largest population of HIV sufferers in central America.

### *3) Analyze the difference in protocols between the UK and Belize.*

As one might assume, protocols are very different in Belize than in the United Kingdom. Firstly in the NHS, algorithms are instrumental in dealing with patients in an acute setting. Whether it be atrial fibrillation to acute coronary syndrome, medical staff can log onto the intranet and look at preformed algorithms and protocol. Compare this to Belize. After spending some time in accident and emergency I quickly realised that protocols were non-existent and all care was based on an ABCDE approach.

However saying this, there were two protocols in place for the two most common presentations. The first was in regards to asthma. There was a predesignated area for asthma patients so when they first arrive a nurse assess the patient's peak flow. Depending on the results the patient's care will be determined. For example, I recall a patient that came in short of breath and therefore was taken straight to the asthma station. His peak flow was assessed to be 350 so he was moved to a bed where local protocol dictated he needed to be supplied with oxygen. However here the protocol ended. In England patients would be tiered into how much oxygen they would need plus any additional medications such as nebulised salbutamol. In Belize, after the oxygen was delivered, the protocol ended and patients were managed more from the Doctor's opinion. A main reason for this was the lack of equipment as there were only one type of oxygen mask and no nebulisers.

### *4) Reflect on aspects of medicine that are readily available in the UK but not so in Belize.*

I found medicine in Belize quite a shock to the system. The infrastructure was mediocre with a new building just finished for the main hospital. However only two main services were provided and these were child health/maternal and emergency. For me this was surreal as in the NHS there are so many subsections and specialties. I found myself wondering how patients with cardio and neuro problems were seen to. Another point to note was when asked to clerk a patient in the emergency room, when the doctor was asking what investigations or plans I'd like to implement, everything I suggested was not possible due to the lack of equipment. For example, simple blood tests cannot be ordered unless they were absolutely necessary where as in the NHS they are just routine. This made me re-evaluate how much of my medicine and diagnosing is based on investigations, rather than the history and examination. It taught me to focus more on working out the problem with out the help of medical equipment and make sure I take a thorough history covering all avenues (including social care) and perform detailed examinations so I could only order necessary tests.