OBS + GYNAE

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Subject: Obstetrics and Gynecology

Introduction

Belize is a small country in Central America, it is bordered by Guatemala and Mexico and has a population of just over 300, 000 people. One of the main reason I picked Belize as an elective destination was the fact that it is an English speaking country.

1. **What are the prevalent obstetric complications in Belize? How do they differ from the UK?**

During my time in the hospital, one of the first things I noticed was that there were a lot of teenage pregnancies as well as unplanned pregnancies. Speaking to the Doctors it seemed that pregnancies are on the rise in Belize and staff numbers are limited meaning that when obstetric complications occur it can be difficult to have enough staff to treat them. Also co-morbidity's such as hypertension, cardiovascular disease, and diabetes all complicate pregnancies - as in the UK, however lack of staff and resources mean the complications are sadly more dangerous.

Eclampsia is a very common obstetric complication in Belize and in 2005, the maternal mortality ratio was 134 per 100,000 live births with 60% of deaths due to eclampsia. During my elective I observed how eclampsia was managed similarly to in the UK, with anti hypertensive medications and bed rest being prescribed as well as blood pressure monitoring by nurses.

Another condition common in Belize is HIV, whilst this is not necessarily an obstetric problem it of course complicates labour and pregnancy. UNICEF have estimated that in 2011 there were around 2.3% of the adult population living with HIV. They have also provided statistics showing that per 1000 women 2 are living with HIV. So the statistics show the prevalence is high, and this is something that we saw during our elective. Having studied in Barts, we have seen a high prevalence of HIV in this area as well so it was interesting to see how the disease was managed during pregnancy. One of the most obvious things I noticed was the use of health promotion around the hospital. There were many posters and information leaflets about HIV in pregnancy and how to reduce risk of transmission to the unborn child, and this is something that was reiterated in practice. However as with most conditions, the most important factor in health promotion would be prevention of the disease in the first place through health promotion on safe sex practice and other factors, this is something we discussed with the Doctors but again lack of staffing makes it hard to set up such initiatives.

2. Outline how labour is monitored and managed in Belize. How does this differ from the UK?

The biggest difference I noticed in labour care is that abortion is illegal in Belize. As I previously mentioned, the rates of unplanned pregnancy and young teenage pregnancy is on the rise, and the lack of terminations means the birth rate is rising.
In the hospital itself there is a rota for the week and the doctors are split between the outpatient department (usually with 3/4 doctors there) and one doctor covers the accident and emergency in rotations. There is also a Doctor on call covering the maternity ward. The wards themselves are fairly small but they are effective for the job in hand. This means pregnant women have different ports of call - they can come in for the regular checks to the outpatients department, whilst in the UK the doctors may see more high risk pregnancies, here the Doctors deal with everything as there is only one midwife to cover the wards, compared to UK where each patient has there own midwife. This means that the Doctors end up seeing cases that perhaps could have been dealt with by a midwife and so time is not managed as efficiently.

Labour itself is monitored similarly to the UK. High risk pregnancies are given more attention, and the wards are there for these cases. However C-Sections are not carried out much in the hospital we were in, with patients being moved half an hour away to another hospital near by.

3. How does the prescribing medications in Belize compare to the UK? Are drugs prescribed safely?

Medications are not prescribed as freely as in the UK, and this is to do with resources. Whilst the medications are available they do run out and so care has to be used when prescribing. However I did notice that sometimes antibiotics would be prescribed for infections without swabs being taken. I think this was maybe because the investigations also cost money so the thinking was treat what they thought was wrong. However then if the strain of infection is not treated by the correct antibiotic other medications need to be given and it isn't cost effective as well as resistance can build up.

In terms of safe prescribing, drugs charts were used similarly to in the UK. I did not see any dangerous prescribing, and it seemed to be junior doctors who prescribed the most and wrote up the medications. The only thing I noticed was maybe that the drug charts weren't checked by a pharmacist as regularly as the UK I didn't come across one when there.

4. How does the delivery of clinical medicine vary in Belize and how did I adapt to communicating in a foreign country?

The delivery of clinical medicine was similar in Belize to UK, most consultations began with a history being taken and then an examination. The one thing I noticed was less investigations were done, as resources are less available. The clinics are very very busy, and sometimes rushed. However the Doctors worked to ensure patient care was not compromised. Patients come with their entire families and sometimes wait for a long time before being seen.
The Doctor patient relationship is different to the UK. In the UK we have moved to a very patient centered model, whereas in Belize patients still view Doctors as being very important and therefore will listen to them without question. As staff and resources are

limited and time is short, sometimes consultations would be more the Doctor telling the patient what to do without much room for questions.

Belize is mainly english speaking and so there were not many communication difficulties that arose during hospital time. Some people also speak Creole but usually there would be a family member who spoke english. Sometimes though there are other communication issues that arise such as not understanding what we mean or cultural differences, in these instances it was important to break down what was being said and try to ensure the patient understood. Having done firms in East London we have had communication issues before, so it wasn't too dissimilar to some of the problem seen here.

Thank you

Having written this report I am able to reflect on my time in Belize and understand some of the differences I have encountered. It has been a fantastic opportunity and I would like to say a huge thank you to Dr Rivas and Dr Ramirez for providing me with the opportunity.