

John Christian-Gnanakumar elective report 2014

Dates of elective: 17/04/14 – 29/05/14

Elective address: San Ignacio community Hospital, Belize

Elective supervisor: Dr Guillermo Rivas

Subject: Obstetrics and Gynaecology

Objectives:

- 1) **Describe the common obstetrics complications in Belize and compare them with UK**

San Ignacio community Hospital is what it is known as a level 1 hospital, this means that the women seen and treated here are for the majority uncomplicated pregnancies.

Complicated pregnancies are referred to either a level 2 such as Belmopan hospital or a level 3 such as Belize city hospital which are situated at 42 km and 115 km respectively.

Looking at the patients in the hospital, it was clear that teenage pregnancies and unplanned pregnancies were very common in Belize. Walking around the hospital, health promotion posters were prominent, especially regarding the use of barrier contraception, HIV testing and safe se practice.

According to the "UN AIDS Report on the Global AIDS Epidemic" of 2010, Belize has the highest HIV prevalence in Central America and the 3rd highest in the Caribbean, with a prevalence of 2.1%.

HIV is also common in East London, however due to the lack of funding and staff members in Belize, patient education, HIV prophylaxis and planning of the delivery to minimize vertical transmission to the child is not as developed as in the UK.

Most women have comorbidities such as hypertension, cardiovascular disease and diabetes as in th UK, however due to the lack of resources and the poverty in the area, these complications are more dangerous.

The commonest antenatal complication in Belize is Eclampsia. In 2005, Eclampsia was responsible for 60% of maternal mortality.

Eclampsia is treated the same way as in the UK; with anti-hypertensives and blood pressure monitoring.

When complications arise in labour, in the UK, there is the option of instrumental delivery or Caesarian section. In Belize and other South American countries, complicated pregnancies usually are treated with a Caesarian section; this is due to the lack of equipment and training. This result in a reduced number of complications associated with instrumental delivery such as vaginal tears and post-partum haemorrhages.

The commonest complication after childbirth is infection. This is due to unsterilized equipment and poor hygiene as a result of the lack of resources and funding. Patients undergoing Caesarian section are given antibiotic prophylaxis.

2) Describe antenatal care in Belize and compare to the UK

In the UK, antenatal care is provided to every women; they are given a booklet and go for regular scans and screening tests as well as ultrasounds to monitor the growth of the foetus.

In Belize, one of the problems that was obvious when talking to Dr Rivas was that most women seek medical help late in their pregnancies, usually after 6 months when they are advised by friends or family to go to the hospital or they will not be able to deliver in the hospital. This is a big difference compared to the UK, in Belize most people will try herbal and alternative therapies before going to the hospital.

Otherwise women present to hospital only when they experience complications or when they are close to delivery. For example when, patients experience gestational diabetes or pre-eclampsia, they are monitored closely and given advice on how to minimize risks to their babies.

Because unplanned pregnancies are common and most women do not seek medical advice early, folic acid is taken by a few women due to the lack of knowledge and the cost.

In Belize they have a booklet similar to the one given to pregnant women in the UK, this booklet is the same for all the countries in South America.

However pregnant women do not come for regular screening tests or ultrasounds and therefore the booklet is usually filled closer to the delivery date or in case of complications.

Because of the prevalence of HIV, all pregnant women are tested for HIV when they see their doctor.

3) Describe the way medications are prescribed in Belize and compare to the UK

In hospital, the way medications are prescribed is similar to the UK.

Drugs are prescribed on a drug chart and done in a safe manner. As in the UK, junior doctors write up medications in the drug charts and prescribed most of the medicines. In the UK, pharmacists check drug charts daily, this is not the case in Belize, and this might be due to a lack of staff members.

At San Ignacio hospital, there is no pathologist working, the laboratory is run by technicians. Sometimes medications such as antibiotics are prescribed without investigations such as swabs and culture, this might be due to an effort to save resources and money on investigations.

Medications are not prescribed as freely as in the UK; this is most likely due to a lack of resources and to save money. One thing that was surprising was that pregnant women are not given pain relief in Belize when undergoing normal delivery. This is a government policy.

When medications are dispensed to outpatients, they are given in small plastic sachets with the instructions handwritten on a small piece of paper in the sachet. This is different from the UK where medications are prescribed in the manufacturer's packaging.

4) Reflect on aspects of medicine available in the UK but not in Belize

The way medicine is practised in Belize and the UK is very different.

San Ignacio hospital is a relatively new hospital and only has an emergency department and maternity/child health department. It is a level 1 hospital and in complicated cases patients have to travel up to 115 km by ambulance.

This made me realize how in the UK we are lucky to have so many department and specialities within the same hospital. Talking to some of the doctors I found that there is not an haematologist in Belize and that if patient need specialist treatment they sometimes have to be treated in Guatemala or nearby countries.

The other aspect which I predicted before my elective was the lack of resources in term of investigations and treatment. However I did not realize how this affected the doctors on a daily basis in order to provide care for the patients.

In the UK the pathologist is only a phone call away and investigations can be ordered by clicking on a computer.

We were at medical school that most diagnoses can be made by a thorough history and examination, this is definitely the case in Belize and made me realize not to rely on investigations and tests.

Putting the lack of funding and resources aside, the demographic of patients and the types of cases I seen in Belize are similar to the UK.