

## Elective Report

### **1. What are the most common causes of obstetric complications in Belize?**

Similarly to the UK the most common obstetric complication was post partum haemorrhage. However, the hospital I was at in San Ignacio, Belize was much smaller than any hospital that I have seen or had a placement in in the UK, and I found that the resources to deal with such complications was limited. Our supervising doctor mentioned that although the hospital was a major community hospital, it did not have the resources to handle major emergencies and patients would be transferred to the Western Region Hospital in Belmopan which was approximately 45 minutes away. Thus, women who did have any major obstetric complications had a higher morbidity and mortality rate due to the delay in time to resuscitate.

Other common obstetric complications included: placental abruption and venous thromboembolism.

While on placement I saw a patient with placenta praevia. She was at 34 weeks gestation and she had come in as an emergency as she had been having some bleeding the previous night. The patient was extremely anxious even though a similar episode had occurred a few weeks earlier. However, I was impressed at the skill of the doctor to put the patient at ease.

### **2. Describe similarities and differences between antenatal care and obstetric emergency management in the UK and Belize**

This hospital had a huge amount of attention and encouragement for patients to breastfeed their new-born babies and not consider formula milk. There were numerous posters and leaflets around the hospital and mostly all consultations ended with the doctor reminding the mother-to-be about the benefits of breastfeeding. In the UK, although there is an emphasis on the positive factors of breastfeeding, mainly by midwives, ultimately it is the mother's choice to decide after being given all the relevant information.

It could be that many mothers would not be able to afford formula milk for their babies or that the sanitation of the water was not satisfactory for a new-born baby, and so healthcare professionals were providing more information and pushing mothers to breastfeed.

The obstetric department had an extremely different structure to hospitals in the UK. In most hospitals in the UK, the patient is kept in the same labour room for the entire labour period and after the birth, unless an emergency C-section is needed. However, patients in Belize were moved to different rooms for each phase of their labour so the most experienced doctor could aid the delivery. If any emergency treatment was needed the patient was immediately transferred to a bigger hospital.

### **3. How does the incidence and prevalence of various gynaecological disease compare to the UK?**

The incidence of intrauterine fibroids was much higher than the UK due to the ethnic population. Most of these were referred to the larger hospital in Belmopan and treated by surgical removal.

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Furthermore, because Belize has a very strong Catholic population it was more difficult to persuade patients to use contraception as community opinion was a big factor and contraception was seen as a taboo subject. Thus, although it was not a big health issue currently, I believe that in the future the younger generation will have a higher incidence of sexually transmitted diseases such as chlamydia and gonorrhoea due to the embarrassment or shame linked to used barrier contraceptives.

**4. Reflect on my experience and my ability to communicate with patients and healthcare staff whose first language is not English**

I had previously dealt with a few patients in the UK who did not speak English with much difficulty and thus I felt my elective period would be a good time to improve on this skill, as it is not always possible to have an interpreter, especially in emergency situations. While in Belize, most patients did know basic English but felt more comfortable speaking in Spanish and so I did attempt to improve on my Spanish and also trying to find different ways to communicate with patients i.e. non-verbal communication skills such as eye contact and hand gestures. At other times the nurses and other staff would help me and be very supportive.

Some patients and most staff in the hospital had very good English and there were only slight changes in dialect and accent. This made the obstacle of communicating a lot easier to handle.