**SSC 5c Report**

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Dates of elective: 21/04/14 - 16/05/14

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1) Comparing the obstetric care between a developing country versus developed countries, e.g United Kingdom

After experiencing one week in reproductive health outpatients and another in reproductive inpatients, I've learnt that there are many differences in obstetric care in a developing versus a developed country. Firstly, in outpatients, the antenatal clinic – each pregnant woman only had 1 main first booking visit where they would do the ultrasound scan to confirm pregnancy and its age. That would be the only ultrasound scan they would usually get, unless they presented later on in their pregnancy with problems. Down syndrome and other screening tests for chromosomal abnormalities were also not offered, whereas in United Kingdom various screenings such as the triple test was offered. A second ultrasound scan would always be done later on in the pregnancy in United Kingdom, mainly to look out for potential markers of developmental abnormalities. Procedures like amniocentesis and chorionic villous samplings were also not performed at Mae Tao Clinic, understandably so due to the lack of manpower training and equipment to carry out such procedures that also had potential risks of inducing miscarriages and fetal injury – without access to a setting that could quickly intervene in case of complications. Dr Valentine told me that the main point, of antenatal care in Mae Tao Clinic was essentially to prevent maternal and neonatal deaths above all – which indeed, I saw them striving towards. Simple things like giving each pregnant woman sufficient folic acid, ferrous sulphate were ensured – fundamentals of a healthy pregnancy.

Also,the disease profiles were slightly different. In United Kingdom, the standard screenings were for infections such as symphilis, hepatitis B, HIV and rubella. However here, it was quintessential that every pregnant woman got screened for malaria at her very first visit. Malaria was a disease that had so much higher prevalence in this region of the world and was potentially devastating to pregnancies.

One interesting point that I learnt was that many of the medics and midwives here were trained to use a pinard stethoscope to listen for the fetal heartbeat, whereas in United Kingdom we tended to drive straight for the use of a Doppler ultrasound. One of the midwives offered me a go at using the pinard stethoscope, and even though I had placed it in the exact same position, I could not hear a single thing! I was amazed at how good the medics were at using these really simple but important tools for antenatal care, and felt in a way, embarrassed that I was so reliant on technology for aid.

For inpatients, I had the opportunity to see many deliveries being performed. The thing that stood out probably, was the lack of anaesthetics used in labour, and this was where I saw the resilience of Burmese women shine through. Labour was so much quicker, and every pregnant woman showed unquestionable strength in dealing with it – whereas in United Kingdom, wmany would opt for pain relief. Also in Mae Tao, the junior community health workers were all really good at the actual delivering of the babies, under the

guidance of perhaps a single midwife with slightly more experience. In United Kingdom, I did not actually get the opportunity to deliver a baby as it was mainly the midwives and the midwifery students that were involved in doing so. However here, it was crucial that the community health workers all got that fundamental trainings not just in general medicine, but also in reproductive health to ensure that they were equipped with basic skills for delivering babies. That was one thing that I admired about the CHW's training – just in one year, they had so much practical experience.

2) Comparing different diseases and different clinical presentations

There was a different spectrum of diseases that patients presented with – some were similar, like high blood pressure, but there were also a lot more tropical diseases like worm infestations as well as malaria. I learnt that every child gets prophylactic deworming treatment every 6 months, and it was also part of the protocol to test every child with a fever who lived in Myawaddy, for malaria.

However, for patients with same diseases, they had completely different clinical signs from the patients in United Kingdom. Many times, we would read about certain features like massive livers and skin changes, that reflected their disease state and we would see pictures of them in textbooks. However due to the advancement of in more developed countries many times patients do not reach the severity of the stage whereby they display these characteristics. However, many of the patients in Mae Tao Clinic did have these characteristics, simply because of their lack of access to medical treatment in their earlier stages of the same disease. For example, there were many children with thalassaemia on the paediatric inpatients ward, stable but awaiting blood transfusions and there simply was not enough blood donations available. For the first time ever, I felt massive livers and spleens in these children. I did find it really sad, but at the same time it was heartwarming how the parents gave so much care to their children and I really admired both them and the medics' dedication to these children.

Another aspect that this influenced was also the management of patients. Because patients generally presented later in their disease states, not only because of the lack of medical accessibility for the villagers but also perhaps the lack of patient awareness, many of diseases such as cancer were left with no actual treatment.

3) Comparing management and healthcare provision

Due to the lack of certain resources like laboratory tests and medication, a lot of times medics had to base their diagnosis on simple results such as haemoglobin counts, and importantly clinical judgment such as location of the pain, or facial pallor. It was more crucial that their clinical judgment determine their next step of management as a lot of more elaborate tests such as urea & electrolytes, liver function tests were more expensive and could not be as easily done. Medication that was easily available in the United Kingdom was also not as accessible here – for example, I saw in medical inpatients a patient with severe diabetic complications. In the United Kingdom the patient would have gotten treatment with insulin, but I learnt that insulin was not something the clinic could give and hence at best diabetic patients received metformin. As a result of the lack of insulin treatment with her severe diabetes, the patient developed complications and hence it was a decision to refer her to Mae Sot Hospital for insulin therapy.

I think my time at Mae Tao really showed me how resourceful the medics can be, and despite limited resources they try to treat patients to their best of their abilities, with a large part being due to their clinical judgments. Often in developed countries we tend to take clinical clues for granted and are over-dependent on laboratory investigations. I've learnt a lot from both the medics as well as the patients, and will definitely hope to one day be able to come back to Mae Tao Clinic.