

DEFAN

LAWRENCE

Elective Report 2014

**Dates of Elective: 17/04/2014-30/05/2014**

**Elective Address: San Ignacio Community Hospital, San Ignacio**

**Elective Supervisor: Dr Guillermo Rivas**

**Subject: Obstetrics and Gynaecology**

**Objectives:**

**1) Describe the common obstetrics complications in Belize and compare to the UK**

Hospitals in Belize are ranked in levels from 1-3. San Ignacio Community Hospital is a level 1 hospital. This meant that most pregnancies dealt with here are mostly uncomplicated and with a high success rate of deliveries. If there were more complicated issues relating to a patient's pregnancy the patient would be referred to a level 2 hospital, such as Belmopan Hospital or if the case needed more specialist resources and care then the patient would be referred to Belize City Hospital which is a level 3 hospital.

The most common co-morbidities encountered in pregnancies in the UK are those relating to cardiovascular disease. These include diabetes and hypertension affecting the management of these pregnancies. In Belize the main obstetric problem I witnessed was eclampsia. Dr Rivas gave us further teaching into eclampsia and explained that eclampsia was responsible for over half of the deaths in pregnancy. In the UK the treatment of eclampsia is with selective anti-hypertensives to lower the mother's blood pressure. It is treated the same way in Belize.

There are a few differences in the way that complications are treated in the UK compared to Belize. In the UK there is the option of caesarean delivery, whether it be elective or emergency. In the UK this method is deployed for even some relatively minor complications as well as if the patient prefers to have a c-section. In Belize caesareans are reserved for very complicated cases. This is due to the smaller number of trained staff and facilities. This leads to a lower rate of complications relating to surgery.

The main post-partum complication is infection. This is much more common in Belize compared to the UK. This is due to a less sterile environment including equipment and decreased government funding. A big problem for the Belizean population is the increased prevalence of HIV. There is a prevalence of 2.1% of the population which is the highest in Central America. There is decreased patient education, HIV awareness and HIV prophylaxis in Belize compared to the UK.

**2) Describe Antenatal Care in Belize and compare to the UK**

In the UK through the NHS, every woman is offered very high standard antenatal care throughout their pregnancy, and even more specialised care if they were to use the private health care system. They are given regular appointments, meet with many members of the multidisciplinary team if necessary and are offered many scans and tests. This helps achieve an optimal pregnancy with help avoiding multiple problems and complications.

In Belize due to decreased education about pregnancy and its issues, many patients only come to see obstetricians or general practitioners late in their pregnancy, sometimes even 6 months into the pregnancy as opposed to the 8-12 weeks normally seen in the UK. Many people in Belize try more traditional methods of delivery such as herbal medicine before resorting to medicine from the hospital. Another difference I have seen is that in Belize very few women take folic acid, most likely due to economic and educational reasons, and therefore the prevalence of neural tube defects is higher than in the UK.

In Belize there is an equivalent to the red booklet used in the UK to monitor a patient's pregnancy. This booklet is used across central and South America. However, the major difference is that the patients have less appointments and scans in comparison to the UK.

### **3) Describe the way medications are prescribed and compare to the UK**

In Belize drugs are prescribed in a similar way to the UK. There is a drug chart and the drugs are prescribed in a safe manner. Trainee doctors are able to write up most prescriptions and have adequate resources to look up and confirm doses, route etc. if they are unsure. There are no pharmacists of the ward in the hospitals of Belize like there are in the UK but this may be due to financial restraints placed on the hospital.

The prescriptions of antibiotics are done mainly by consultants. There are no pathologists or labs in San Ignacio Community Hospital, and hence cultures for sources of infections cannot be done as they are in the UK. This may lead to the build-up of antibiotic resistance as well as the use of inefficient antibiotics.

With regards to labour, there is a government policy not to use pain relief during a normal delivery. This I found intriguing, however, I can understand the reasoning to reduce cost of medication and to save the limited resources.

### **4) Reflect on aspects of Medicine available in the UK but not in Belize, Improve on skills of medicine I encounter more frequently in Belize in comparison to UK**

I feel that being able to practice medicine in the UK is a huge privilege because of the large number of trained staff, the advanced facilities that we have in most hospitals here as well. There is a lot of help provided for most junior doctors, whereas in Belize there wasn't as many resources or as much help provided for me. This helped build up my practical and communication skills. It also greatly helped me feel more confident with practicing medicine.

I feel very lucky that in the UK that each hospital has specialists from most disciplines of medicine, and if not there is a nearby hospital which has the departments another hospital may lack. In Belize there are apparently no haematologists and patients are often sent to Guatemala, just to see one. Also as previously mentioned there was no pathologist in this hospital, which in the UK is crucial for treating many patients.

Like in medical school we were told that many diagnoses can be made through a thorough history and examination. I was having to rely on these skills very much throughout this elective.