

1. Which obstetric complications are commonly seen in Belize?

The most common obstetric complication seen in Belize included DVTs, PEs and post partum haemorrhage. DVTs and PEs as a result of venous thromboembolism are complications seen in the UK but not commonly seen due to compression stockings for patients and adequate anticoagulation and monitoring when required. Access to treatment and prevention methods in Belize are reduced comparatively to the UK due to the lack of resources and financial difficulties of many patients. Post partum haemorrhage on the other hand is a complication that is also commonly seen in the UK in regards to obstetric complications.

2. Describe similarities and differences between Antenatal and Obstetric care in UK compared to Belize?

In San Ignacio Community Hospital there was a heavy push and encouragement for patients to breastfeed and not consider formula feeding. In the UK although the positive factors of breastfeeding for both the mother and baby are promoted, ultimately it is down to the mother to decide with personal and practical reasons for formula feeding being understood and accepted. However here in San Ignacio there are signs and posters all over the wards and clinic promoting breast feeding as the only acceptable approach. There is obviously very good reasons for this with the level of poverty meaning formula feeding can often be too expensive for many to afford. The hygiene and quality of water can lead to detrimental effects on a baby's health from using formula with this water. In the UK these factors are generally not a factor for mothers here especially the issue of safety due to hygiene and water.

In the San Ignacio Hospital obstetric care and emergency management is set up in a very different way to the UK. In the UK during labour a patient will enter the room where they are to give birth and will stay here through all the phases until the birth of the baby unless emergency or need for C-Section in theatre. While in Belize the patient will move to separate sections of the ward for each phase from the beginning of labour to delivery of the baby. Also in the UK if emergency arise or there is a need for C-Section this will be dealt with by an Obstetrician on site in the same hospital unless labour is taking place at home or similar in which case the patient will go to the local hospital for this care. However this San Ignacio hospital is not equipped to deal with emergencies especially in the need for C-Section where the patient will need to move to another hospital for this care with their being different levels of Obstetric care and Surgery provided at different hospital sites.

3. Compare and contrast prevalence of antenatal complications and congenital defects between UK and Belize?

In the Belize there seems to be a higher amount of congenital defects and antenatal complications. This could be due to the reduced amount and quality of screening in comparison to the UK. Also in the UK there is a lot of encouragement for all patients to take Folic acid and any other necessary supplements. As mentioned previously patients do not often have the financial ability to pay for preventative medications such as folic acid while resources limit the ability for the hospital to provide this to all expectant mothers for free.

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

This aspect of the placement was an area that concerned me prior to departing for my elective. However surprisingly it was a lot smaller of a problem than I had anticipated. In regards to the healthcare staff they spoke perfectly good English as the English is the Official language of Belize. This made it extremely easy for me to communicate with the staff and made me feel a lot more comfortable during the placement in a foreign country, at times there were differences in accent and dialect however this was a very small obstacle to overcome. With regards to communicating with patients this at times could be a lot more difficult. Some patients were able to speak good English and in this case it was easy to communicate and care for these patients. In other cases patients did not speak good English and often it was a muddle of their attempts at English and my attempts at speaking Spanish which would be very challenging. Where possible I tried to communicate as well as possible but sometimes I would need a member of staff to help bridge the gap between myself and the patient. As the staffs were very friendly, helpful and supportive this was never an issue.