

SSC 5c Elective Report

1. What are the prevalent obstetric complications in Belize? How do they differ to the UK? What are the common conditions that affect patients in Belize and how do they compare to the UK?

During my time on elective at San Ignacio Hospital I was exposed to a number of obstetric cases from which I was able to grasp a better understanding of the trends in obstetric medicine and complications encountered in Belize. It became clear to me that the majority of the women who were admitted to the obstetric ward for deliveries were on average much younger than the age group of women I have seen during my time spent in obstetrics in UK hospitals. Due to the relative poverty in the area I was working in, some of the expectant mothers were sometimes undernourished and unfortunately in a few cases this gave rise to the complication of intrauterine growth retardation (IUGR). I observed a number of cases of postpartum haemorrhage, which is a prevalent complication in Belize, and is worsened by the reduced iron and folic acid intake seen in the undernourished expectant mothers. Hypertension during pregnancy was also another prevalent complication that I observed, and the nurses and doctors I was working with explained that one of the factors contributing to this was the poor diet these women had. Surprisingly, these obstetric complications are similar to those seen in the UK, with postpartum haemorrhage being one of the major complications in the UK. In comparison, pregnancy induced diabetes appears to be more prevalent in the UK with associated complications such as shoulder dystocia. HIV/AIDS is a major health concern in Belize and one of the prevalent obstetric complications in the country. The spread of HIV/AIDS is significantly higher than in the UK. The Millenium Development Goals 5 and 6 to be achieved by 2015 target these health concerns with the hope of successfully improving maternal health and reducing the spread of HIV/AIDS.

Although I spent more of my time in Obstetric medicine, I did spend some time in the small Emergency Department at San Ignacio Hospital. There were a wide variety of cases that came in ranging from knife crime to snake bites.

2. Compare and contrast the maternity services in Belize and the UK?

There were both similarities and differences I observed between the maternity services provided in Belize and the UK. Both Belize and the UK offer both home and hospital births. However, the incidence of home births is much higher than in the UK, especially around the region that San Ignacio hospital serves. Women are encouraged to opt for hospital births, however if they do still choose home births they are now more supported by the services; with the option of calling for an ambulance with a midwife if necessary. I was educated that over the past two decades the maternity services provided in Belize has significantly improved, and now nearly all births are attended by a skilled healthcare professional. As seen in the UK, the importance of folic acid supplements is now more emphasised to women planning pregnancies and expectant mothers, and in some areas the government has implemented distribution of iron and folic acid supplements. Mobile clinics are also a strategy used by the maternal services in Belize to reach women who are otherwise less likely to seek help. The most striking difference I noticed between the maternity services in Belize and the UK is the number of healthcare professionals providing the service and the resources they have to work with. San Ignacio Hospital was significantly understaffed in comparison to hospitals I have been in in the UK, with 11 doctors serving 40,000 patients.

3. How is healthcare promoted in Belize?

I was informed by some of the doctors I was working with that my observation of the generally younger age of expectant mothers at San Ignacio Hospital can be seen nationally; this has been an area of targeted education with the aim to reduce the rates of adolescent and teenage pregnancies in the country. Furthermore, there are national campaigns to promote breastfeeding and numerous posters were displayed around the hospital encouraging breastfeeding and educating patients about its benefits for both mother and child. I was taught that in some areas of the country, prenatal and postnatal vitamins are distributed along with fortified foods to reduce rates of undernourishment in expectant mothers. In addition, with the aim of reducing the spread of HIV/AIDS and the health problems associated with the disease, there were posters for the 'National Aids Program' encouraging rapid HIV testing. I was also informed that there are programmes now in place in Belize where healthcare professionals are actively educating citizens about safe sex practices and the ways in which transmissible diseases can be spread and how to avoid the spread of such diseases.

4. To gain exposure to general and obstetric medicine. To reflect on my experiences of working in an unfamiliar environment and my ability to adapt to this.

As I already have a keen interest in Obstetrics and Gynaecology, I did spend most of my time in the Obstetric department. This further instilled my passion for the speciality and I have immense respect for the work doctors do in this specialty in developing countries, with relatively less resources than those found in the UK. I was lucky enough to be involved in cases pertaining to numerous conditions including pregnancy induced hypertension, postpartum haemorrhage, emergency Caesarean sections as well as normal deliveries. Although San Ignacio Hospital was a completely different hospital environment to what I am normally accustomed to, I felt that I adapted well and fit into the team with ease. This was made much easier by the welcoming and extremely accommodating attitudes of all the people I came across in Belize; from healthcare professionals, patients and locals in the town. During my research of the area prior to my elective I had found that the locals apparently did not speak much English and that the area was predominantly Spanish-speaking. I therefore had anticipated that there would be some difficulty with communication as my knowledge of the language is relatively basic, especially with regards to medicine. However this was not the case at all and everyone I interacted with spoke English. This made it easier for me to establish good rapport with patients as well as the healthcare professionals.

In conclusion, I thoroughly enjoyed my time at San Ignacio Hospital and my elective experience was wonderful. I would consider returning to Belize to volunteer for some time during my career or to even work there for a period of time.