

Elective Report

What are the common complications that occur in obstetrics and/or gynaecology in Belize?

Having completed an elective at San Ignacio community hospital in Belize, I developed a better understanding of the common health problems faced in the obstetrics and gynaecology department. In fact, the majority of problems I observed in Belize were not too dissimilar to those I experienced during my placement at the Homerton University hospital in London. Problems including premature delivery, miscarriages, and post-partum haemorrhage were complications I observed in both placements. One of the known problems in developing countries is the lack of resources such as medication, trained healthcare workers and equipment. This naturally led to some difficulties whilst providing care. For example, a mother giving birth to a baby in breach position suffered a prolonged delivery, whereas the same case in a developed country would have been avoided by ECV and application of the relevant skill. San Ignacio was a small community hospital serving a community of 3000 local people. It was not a specialist hospital. Any cases which could not be accommodated in San Ignacio would be directly transferred to the nearby referral hospital, Western Regional Hospital, in the neighbouring village 45 minutes away.

Describe how maternity care is provided in Belize and compare similarities and differences between the care given in the UK

To some extent maternity care in Belize can be similar to that provided in the UK. However, in the UK a pregnant woman is attached to a midwife from the early stages of the pregnancy, with regular checks and appointments throughout the 9 months. In Belize, although there are opportunities for pregnant mothers to be seen by midwives, there are fewer midwives to be accessed. This leads to many issues. This leads to fewer pre-natal checks of the health of the mother and the baby, meaning there is a smaller window to catch problems early. Another problem in Belize I noticed was that some patients were not aware of the help available to them. Maybe the government should set-up a system where mothers could access help 24/7 over the internet.

In general terms, the hospital contains only 32 in-patient beds. These beds are available to a population of 32000 local residents in San Ignacio. As you can imagine, there is enormous pressure on doctors and health care providers both in the community and the hospital to select the patients who need in-patient treatment as a matter of priority. Naturally, this leads to some patients being mismanaged. One of the biggest differences in healthcare provision is due to the lack of funds and resources. I saw an asthma bay in the A+E department which comprised a chair in the corner of a ward with a nebuliser machine on a table. This one area was dedicated to emergency asthmatic patients. What would happen if two patients came in with an acute asthma attack?! I also observed that there was no qualified obstetrician working for the hospital. When I asked the supervisor about this, they replied by saying that the gynaecologist had a dual role as an obstetrician as and when needed. This obviously has its own implications such as lack of immediate support during delivery if help was to be needed from a doctor.

Explore patient education and government incentives for public health knowledge of common obstetrics and gynaecology related conditions and how these compare with the UK

Compared to the UK, where patients have access to information from the internet, books, leaflets, posters and other healthcare staff, patients in Belize has fewer resources to access. Whilst walking through the hospital, I saw a few notices on information boards regarding HIV/AIDS, influenza and STI's. The information was not however eye catching. I feel healthcare staff should be made aware of the benefits of effective display boards for informing patients of certain conditions. This could in turn benefit patients, who may learn about certain conditions and have more of a role in managing their disease. I feel there lacks much support within the community for new mothers and pregnant ladies. Once a mother has delivered, a healthcare worker would brief the parent with no formal follow-up appointment made. I feel a community midwife community nurse allocated to each district would help new mothers if they require assistance with their baby. Due to the lack of education amongst mothers about potential new-born baby illnesses, they may be delayed in spotting illness which could of course have serious consequences.

Describe how my experiences in Belize have helped me as a health care provider.

My experiences in Belize have highlighted the importance of patient education and communication skills as a healthcare provider. Patient education is an important factor of the healthcare pathway regardless of where in the world you are. In Belize it soon became apparent that patients did not have enough access to information regarding their health. Healthcare in developed countries has been changing towards a more patient-centred care system where patients receive all necessary information and this has shown to be beneficial. I feel that there is plenty of room for patient education in Belize. Ways in which this can be achieved include publishing information leaflets on the common conditions, posters, individual specialist nurses ready to talk to and answer patient's questions. An important aspect of providing good patient care includes an improvement in communication skills within the healthcare team. During my placement I saw a good interaction between the nurses and doctors which led to a system where patients were seen to and assessed based on clinical need. Both of these things are important in providing the best care possible.