

Elective Report: San Ignacio Community Hospital, Belize
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What are the common complications that occur in obstetrics and/or gynaecology in Belize?

During my elective at the San Ignacio Community Hospital, I had the opportunity to see and learn of the common health problems faced in both the emergency department as well as the obstetrics department. I was expecting to see an array of conditions that were not common in the UK, however most of them were identical to what I had seen in my fourth year placement. These included miscarriages, haemorrhaging and premature delivery, as well as unplanned caesarean sections.

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

The main difference in terms of maternity care is the access to pre-natal check-ups and, even when present, it's reduced frequency. Ante-natal checks during the 9 months in the UK are fundamental to the healthy growth of the baby and is also a great source of relief for the mother. Without this it is harder to track the progress of the baby as well as not being able to catch other problems early enough, including the position of the baby and placenta. There is a post-natal midwifery service in Belize but there are few midwives and this leads to further problems. Without midwives we were told that a lot of women in Belize struggle with initial care for their child and even if there is access to a midwife a lot of the time we have been told that mothers do not know of the help available to them. This is something that they are trying to address now.

In my experience of the UK healthcare system, I can say that when I have been on placement I have always been in the presence of competent doctors and an abundance of them. In this hospital in Belize, there are not enough doctors present and those that are present were not as qualified as they should have been. For a hospital specialising in emergency medicine, obstetrics and gynaecology there was only one specialist in gynaecology. There were 32 beds in this hospital, having only increased from 19 last year, and this is the main hospital in the area available to a population of 30,000 people. There was only one labour bed which meant that if there were multiple simultaneous labours, they would have to occur in the ward itself. This as well as the lack of staff on the wards was leading to a mismanagement of patients. One thing that really stood out to me was that in the middle of the emergency ward there was a chair with a sticker on it labelling it as the asthma bay. There was simply not enough funding for this hospital.

A final major point for me was the lack of the patient-centred approach to treatment. I had completed some shadowing work in a hospital in India 2 and a half years ago and it was the same there as it was here; patients treated doctors as Gods and just did as they were told. There was no input from the patients and this led to them sometimes not even being fully

aware of what they were consenting to as well as not understanding their own condition properly. One patient had had asthma for ten years, but didn't understand how it affected him other than at times his lungs stop working properly.

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

Public health education for patients in the area was limited in San Ignacio. There were a few posters here and there regarding HIV and the importance of breastfeeding, however compared to the UK, where you cannot walk into a healthcare locus (be it a GP surgery, walk in centre, A&E etc) without seeing 20-30 different posters and leaflets. Staff should be made aware of the benefits of these posters and leaflets. Re-iterating what I have mentioned before there was a lack of patient education from some of the doctors. This was being addressed and patients were being involved more and more in their own care. This is vitally important.

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

I believe that as a health provider we have duties to educate. Through effective communication with the patient as well as knowledge it is our duty to explain everything to the patient. This goes in regard to their condition, their investigation results, their treatment and plan of care and finally whatever further information is available to them. Without such education patients are vulnerable to poor healthcare standards as well as struggling when in the community. The gravity of this is not understood in the hospital as there is always someone nearby who can answer their questions however in the community if a patient does not understand their condition, their medication or in the case of new mothers doesn't understand that there are midwives who can help them cope with their child after birth, there can be severe problems.

Due to the small healthcare teams in San Ignacio it was even more important to be thorough with communication between professionals. This was a strong point in the care for patients in San Ignacio which led to an efficient care pathway for the patients.

It is important I take these experiences with me and remember how important education, communication and professionalism is when it comes to patient care.