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Elective Report

1. Describe the most common obstetric complications in a developing nation and compare and contrast these with those of a 'Western' nation such as the UK.

The most important major obstetric complications faced by Belize and many other developing nations is eclampsia. In the UK eclampsia is a thankfully rare complication of pregnancy. The high incidence in Belize is multifactorial but there is one factor among all others that stands out. Eclampsia is characterised by tonic-clonic seizures, hypertension and protein in the urine. The former distinguishes eclampsia from pre-eclampsia and thus when this sign becomes apparent it is already too late for the patient, they get a diagnosis of eclampsia. In the UK we closely monitor pregnant ladies by checking their blood pressure, dipping their urine and so on. As Belize is ravaged by poverty, resources just don't exist to provide this level of care and monitoring. It is this lack of monitoring that is key and as such pre-eclampsia is not detected meaning that eclampsia, which is a potentially fatal complication to mother and foetus, can and sadly does present to the doctors.
Labour complications also present to the hospital in various guises. One that I often saw was that when ladies would present in labour and had the cardiotocograph monitor attached to them, it would sometimes show type II decelerations. Although these often passed without intervention, the lack of acutely available medical intervention meant that they were monitored very closely, in case an inter-hospital transfer had to be urgently implemented.

2. Investigate how healthcare in obstetrics and gynaecology is provided and how this contrasts with the UK.

The provision of healthcare in Belize for obstetrics and gynaecology has both similarities and differences to that of the UK; these similarities are perhaps more pronounced than they might be in other countries given Belize's closely tied history with the United Kingdom. The clinic itself on first glance appears like a very small UK hospital in that it is clean and white with bays containing a small number of beds and so on. It was only when one scratched beneath the surface that differences became apparent.
The structured care given to ladies in the UK isn't mirrored in Belize. There aren't the resources available for such close monitoring. It isn't uncommon at the clinic for women to present in labour when nothing is known about their pregnancy, something which would be almost unheard of on our shores.
Depending on what a lady presents with, depends on where she will be treated. The hospital system in Belize is conducted in various different levels. Where I worked was only designated a low level clinic and so was not equipped to deal with major problems. Ladies who required more invasive or potentially life threatening procedures were transferred by ambulance to Belize City where they were more equipped to handle more complex cases. I saw this happen during my time there. I saw a lady in her early twenties loaded onto the ambulance they have at the clinic. She was told she could only take one person with her and that the drive would be around two hours to get to the other hospital. I felt a strong sense of empathy for the lady involved and it made me think about what ladies back home would say if they were told they were having complications but it would be two hours before they reached the other medical centre.

3. Are the medications used in obstetrics and gynaecology in Belize the same or are there differences in the types of drugs available. If so, why?

The medications administered to the patients at the Cayo Women's Clinic in San Ignacio were not different from those of the UK per se, merely the medication on offer was of a much more limited range. Dr Rivas made a particular point in explaining to us soon after we arrived that they are extremely limited in the resources allocated to them. When I asked more questions on this topic, I found that it isn't that the medication is unobtainable; that is to say it isn't a logistical issue, but merely one of cost. This even applies to gas and air, something that we in the West think of as the most basic of labour appropriate analgesia. People in Belize who are able to pay privately, largely have access to similar drugs our patients in the UK have. This was perhaps one of the saddest parts about the elective in that pain itself is not likely to be fatal, so due to poverty, it isn't as big as an issue back in the UK where we are taught to 'always treat a patient's pain'.
Another point about medication that I feel I must mention is the format it came in. We in the West are used to single use medications but in Belize that isn't always the case. Often medication that was in liquid form was stored in large, brown Demi-Johns, the likes of which would usually grace any UK high-school chemistry laboratory. In Belize when a given medication was required, the volume could be extracted as needed.

4. Reflect on any difficult situations faced. Continue to transition from medical student to doctor by taking on more (appropriate and safe) responsibilities.

When I came into the clinic, patients would sit on white benches either side of the main entrance waiting to be seen, much like an A & E waiting room (the Clinic also acted as accident and emergency due to a lack of any other medical facilities in the area). This period of a few seconds walking into the clinic allowed me to see a line-up of the local walking wounded/chronically ill and often it was a site that could make me somewhat uncomfortable. The locals were often clearly impoverished with tatty, old and sometimes dirty clothes. Medical conditions seemed to present at more advanced stages of disease, with for example, wounds not having been cleaned much before presentation as one might expect to happen in the UK. I did use this few seconds each day to remind myself of exactly why I had crossed the globe in order to help people with the skills I had accrued in London and I feel it helped me work just that little bit extra hard each day to make a difference.