

ELECTIVE OBJECTIVES

1.) What are the most common causes of Obstetric complications in Belize?

Over 50% of pregnancies in Belize are delivered via Caesarean sections. The main reason for the high surgical rate is because instrumental delivery is scarce. Usually, during a difficult vaginal birth doctors can decide to use instruments such as the Ventouse or Forceps to assist delivery. However, these instruments are rarely found in the Belizean delivery suites. Instead, doctors immediately transfer patients to theatres where they will deliver the baby via C-section. Due to this, their complication rates are substantially low. C-sections are renowned world wide for their safety and low risk. Instrumental delivery has a reputation for causing high rates of post partum haemorrhage, usually due to atonic uterus.

The main complication of childbirth was infection. Women who were due to have C sections were routinely provided with antibiotic prophylaxis, to protect them from any harmful infection during surgery. I am unaware and unable to find the actual value but I have been informed by the main surgeons at the hospital that the infection rate is substantially higher in Belize than in the UK.

As expected, another common complication I witnessed was failure to progress in labour (leading to C section) and heavy post partum bleeding. Post partum bleeding is very common in the UK and the rest of the world and is mainly due to atonic uterus. The uterus becomes exhausted after prolonged and forceful contraction. As a result, it becomes fatigued and can no longer contract to stop the bleeding. Therefore, the patient continues to bleed and the doctors must administer medications such as Syntometrin in order to stimulate the uterus.

Finally, supplements such as folic acid were rarely affordable in some of the remote villages in Belize. I did not see any complications such as Neural tube defects but was involved in a prolonged discussion with the obstetric team about the use of folic acid, its importance in preventing neural tube defects and the problems surrounding the funding of supplements to pregnant women in Belize.

2.) Describe Antenatal care provision in Belize and state similarities and differences between UK and Belize

I was able to consult a few high risk patients. During my time on the wards I was able to speak to patients suffering from eclamptic fits, diabetic patients suffering from polyhydramnios, and women with previous complication whom were closely followed during their antenatal period. Similarly to UK, these patients were closely monitored on

a weekly basis to ensure their condition was maintained at an optimal level. For example, those suffering from pre-eclampsia had their urine and their blood pressure monitored very frequently, whilst the patients suffering from gestational diabetes also had their blood sugars checked, whilst also using ultrasound to ensure the size of the baby and the volume of amniotic fluid were controlled. Protocols for patients suffering from pre-eclampsia were also very similar to the UK. These patients were closely monitored and then delivered via C section prematurely at roughly 34-35 weeks.

In addition to the routine questions and examinations provided in the UK, Belize also focuses on sexually transmitted infections. Belize has high rates of infections, including HIV, so doctors always ask a focused sexual history. This also includes aspects such as rape, which is very common, especially in Belize City where crime rates rival those of Mexico City, one of the most dangerous cities in the world. In addition, due to rape and sexual assault in general, Belize has commenced providing counselling for many of the patients, especially those who decide to continue with the pregnancy.

3.) Compare prematurity between UK and Belize?

Having asked the majority of the staff in the obstetrics ward I was unable to get a great idea of the prematurity rates in Belize. I researched on the internet for any accurate values but was unsuccessful. However, if I were to divulge into the matter and make an educated guess I would say prematurity rates are much higher in Belize. The main causes of premature labour in women are multiple births, pre eclampsia, infection and illness such as Diabetes. Infection, such as Chlamydia and Gonorrhoea are potential triggers for premature labour and are found in high numbers in Belize. Also, these infections are poorly treated.

4.) Analyse differences in protocols in care of patients? Formulate reasons for differences.

Whilst on elective I managed to spend some time on the Accident and Emergency ward. Here, I was successfully able to implement my knowledge from teaching into practise. I was able to treat patients who were breathless, help suture minor injuries and effectively counsel someone about diabetic ketoacidosis.

The ward staff informed me that asthma was a very common cause of admission. They designated a separate area in the ward purely for those admitted with breathlessness, suspected asthma attacks. Here, an oxygen canister plus face masks were present. However, in comparison to the UK, there was less variety. They were supplied with a non rebreath mask, a Hudson mask for delivery of medication, and a Venturi mask.

However, the Venturi mask only had one fixed valve meaning it was not interchangeable and the flow rate of oxygen was fixed.

When counselling another patient on Diabetes and the risk of DKA, I noticed the informal presentation of emergency protocols. Information regarding the Insulin sliding scale was merely written in marker on A4 paper and stuck to the wall using tape. The protocol was slightly behind UK because the UK no longer favours the sliding scale. Instead doctors in the UK prefer to use the Fixed Rate Insulin IV Infusion (FRIIVI). The reason for this is because Belize is a third world country, whose research was not up to date and availability of material and medication was scarce, thus making it difficult for them to keep up to date with medical intervention worldwide.

REFLECTION

Upon arrival In Belize city, I was not surprised at what I saw. This was quite clearly a 3rd world country. Belize was also quite clearly behind Brazil in terms of development. Roads were merely forged, buildings did not look stable and the only object that looked out of place was our luxury coach that we were to board to get to our actual elective destination, San Ignacio.

San Ignacio is a quiet rural town situated in Western Belize. It is located approximately 68 miles west of Belize City and 22 miles west of Belmopan (capital city of Belize). On arrival, we were hounded by men and women attempting to lure us to their stalls in order for us to purchase some of their goods. By making promises to return once settled we were able to escape the grasp of various sole traders and make our way to the hostel we were to stay for the duration of our elective. We were not happy. We had to move. So we did. The next few weeks we were looked after by a loving family who owned accommodation, a restaurant and a tour company. They drove us to the hospital and back every day, provided us with food and on the weekends we were taken to see many of the features in Belize.

Having spent the majority of our time on the labour ward, we were able to consult many patients during their stay. We were also able to assist in delivery, help prescribe medications and speak to doctors about their work in Belize. The majority of Doctors were volunteers who came from Brazil in order to gain experience, before moving onto another country where they would continue training. Some would stay on as permanent staff/volunteers. I found this truly inspirational and it really has made me think of following in a similar pathway.

I was also able to spend time on A+E where I was able to implement the knowledge acquired in the UK into practise. On reflection, I would like to have spent more weeks on the emergency ward to ease the workload on an already understaffed ward. In

addition, I would also like to return and work in the outpatient's clinic as well as the walk in centre. These areas are also hugely understaffed and are places where I can potentially gain ample knowledge and experience.

Another reason why I would like to return is to continue my interest in Tropical Disease. Common infections such as Dengue fever and Malaria are treated in the community hospital, as well as snake bites, for which they carry anti venom. It would be a great opportunity in the future to return here in order to experience treatment of conditions such as those mentioned above and to continue gaining experience in the field of obstetrics.