OBS + GYNAE

Nesha Vivegananthan
Ha07122

Elective Report

1) Maternal care and limited staff availability

The number of pregnant women, particularly teenage pregnancies and unplanned pregnancies, seem to be on a rise, and the number of medical staff to attend to each patient is very limited. The doctor patient ratio is quite low, around the 1990s only 76% of births were assisted by skilled medical personnels, however this has improved in the recent years to a figure of 95% as of 2008.
A combination of inadequate staffing, large population of patients for the available resources, lack of equipment and medicine means that at times even if the diagnosis is made, the necessary medications may not be provided.
Although a few scans may be booked in for throughout the pregnancy, some mothers may not even get this opportunity and for others this may be the only contact they get with a medical professional till the time of their birth, if that.

2) Different approach to medicine/difference in healthcare system

Generally the healthcare in Belize is publically funded; however there are some private sectors that exist too. Obstetrics and gynaecology is free to all, however a procedure such as an elective termination would not be funded for as it is illegal in Belize. Belize has limited resources and therefore poses a challenge when practising medicine out there. For instance, Caesarean sections are not commonly performed, especially at San Ignacio Community Hospital, therefore the patient would have to be transported across to another hospital in a different district, which may be a fair distance away.
Dental care is funded privately, and therefore those who cannot afford it may lack dental hygiene, which is not an uncommon problem in Belize. This was a detail even the obstetricians picked up when performing their routine examinations (as explained below).

3) Antenatal care in Belize Vs UK

The antenatal care in Belize is a little different compared to the UK yet some regimes are alike. Due to the shortage of medical professionals they are unable to assign an individual midwife to every pregnant woman. However, sometimes arrangements can be made for an individual to meet up with the community health worker or public health nurse if required. In 2005, only about 94% pregnant women had received prenatal care, however this figure has now gone up to 100% which is a promising sign.

Though there may be statistical differences, the general consensus about timings of a booking scan, anomaly scan, etc is all the same in Belize as it is in London. The timings are justified by the purpose of each of the scans like here.

Health promotion aimed at pregnant mothers is very good, and readily available. A whole range of topics are addressed, including details about: checks during the pregnancy, advice on diet, weight, hygiene, lifestyle, breastfeeding and even caring for the baby.

4) Practising medicine in a culturally different environment

The healthcare system in Belize and the UK is somewhat similar in certain aspects. Clinics were run as they are in London; examinations were similar with very minor variations catered for their population. For example, assessment of oral hygiene was part of an obstetrics examination, which I found interesting. This was justified by the staff as an indicator of the woman's overall sanitation and therefore her ability to care for a newborn. Although it was not scientifically proven, the doctors used it as a marker of how competent the woman would be as a mother.

Occasionally, after performing an obstetrics examination the doctors would also do a breast examination to inspect the nipple for suitability for breast-feeding. This was done regardless of the gestation of the pregnancy which was interesting to note. Breast feeding was widely encouraged across the hospital, and every mother was provided with in-depth advice about it. Specific attention was paid to the outcomes of its natural immunity cover and nutritional value for the baby; as a result most mothers would agree to breast-feed following the pregnancy.

Seeing patients in out-patient clinics allowed me to get a snapshot idea of the range of patients they encounter in Obstetrics & Gynaecology. The sheer number of patients that waited for the few doctors running the clinic was an eye-opening incident. Being able to offer any little help such as clerking and examining was enough to alleviate the workload for them. Occasionally going into theatre, and watching normal births was also a good comparative experience. Additionally, the supervisor we were with provided us with sufficient teaching between patients which was much appreciated amongst their busy patient lists. There were also a few opportunities for me to do some basic clinical skills such as taking bloods, doing blood pressure, glucose measurements and urine dipstick.

The elective overall was very useful to highlight how the healthcare system works in another country. Even if there are similarities in the way it is run their limited resources makes you understand the level prioritising required out there, and makes you realise the small equipments that we take for granted. It is an experience that I would highly recommend to anyone else, especially to compare with what we have in London.