

CHRISTINE ALABI

OBS +  
GYNAE

**ELECTIVE REPORT: WESTERN REGIONAL HOSPITAL, BELMOPAN, BELIZE**  
**CHRISTINE ALABI**  
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I undertook my elective placement at the Western Regional Hospital, Belmopan, Belize. Belize is an ethnically and culturally diverse country perched on the Caribbean coast. Most Belizeans are of multiracial descent. Belize is quite unique in the Americas as it is the only country in the region that was previously colonised by the British, and thus the only country in the region where English is the official language. Spanish and English Creole are also commonly spoken.

**Objectives:**

**Briefly describe the healthcare system in Belize**

According to the WHO, Belize has a population of about 312,000. In 2012, the life expectancy at birth for men and women is 74 and 77 years respectively. The main causes of death are diabetes mellitus (9.5%), ischaemic heart disease (7.7%) and murder or injuries purposely inflicted (7.7%) (1). According to the WHO, in 2011, 5.7% of Belize's GDP was spent on healthcare; although the government claims that 9% of its GDP was spent on healthcare.

Prior to our arrival at the hospital we assumed that as with most developing countries, the healthcare system in Belize would mostly be privately funded, with the exception of maternal care. We were pleasantly surprised to learn that there is a national healthcare system in Belize, although private healthcare does also exist. The national healthcare system pays for all doctor visits in a clinical setting (with non-invasive procedures), all obstetrics and gynaecological care including contraceptive and prenatal care, all standard vaccinations given to infants in the United States, and the BCG/TB vaccination, most prescription drugs (although, expensive treatments such as those for cancer, are only partially subsidised) (2). Dental care such as tooth extractions is also covered under the national healthcare system. Surprisingly to us, abortion is still illegal in Belize, and thus not publicly funded. The cost of emergency transportation to the national hospital in Belize City, the capital of Belize, and the cost of emergency surgeries are covered by the national healthcare system. Elective surgeries however are only partially or not subsidised by the state. CT scans are only available in Belize City and not subsidised by the state. MRI scans and other forms of nuclear medicine are not available in Belize.

There are only a total of 12 clinics and hospitals in Belize. The major hospital is located in Belize City, the capital of Belize, and where more complicated procedures, investigations and services are provided. The Western Regional is a small hospital located in Belmopan, the administrative capital of Belize. The hospital provides both primary and secondary care services to a population of about 61,000 in the region. Several specialities are present at the hospital, to include, trauma and emergency medicine, general medicine, surgery, paediatrics, gynaecology/maternity and psychiatry. This small hospital has only 50 beds divided between two wards, the general and maternity wards. It also only has two surgical theatres.

Unlike in the UK, where general practitioners (GPs) are the main point of contact for the general healthcare of a patient, and responsible for referring patients to hospital if further care is required, GPs are not available in Belize. Should a patient wish to see a doctor, they have to

attend the hospital to make an appointment, effectively self-referring themselves. During my time at the hospital, I witnessed quite a lot of hospital consultations that in my opinion were a waste of the hospital doctor's time. Such routine consultations will not have happened in a UK hospital, but rather dealt with by the patient's GP. These consultations further made me value the fundamental role GPs play in the care of a patient.

### **What are the prevalent obstetrics and gynaecological diseases in Belize?**

The main focus of my elective was obstetrics and gynaecology. I also spent some time in the accident and emergency and general medical departments. Within the O&G department, most of my time was divided between antenatal and gynaecological clinics, labour ward and theatres.

Belize has a maternal mortality ratio of 53 per 100,000 live births, compared to only 12 per 100,000 live births in the UK (2008-2012 figures) (3). 17 out of 1000 live births will result in death under the age of 5 years, over 3 times that of the UK (4). According to the World Bank report in 2009, 99% of pregnant women received antenatal care at least once during their pregnancy. This figure strikes me to be incredibly high and one must question its accuracy. From my discussions with healthcare professionals and patients in the hospital, it is my understanding that patients often have to travel very long distances to their nearest hospital, with those in the rural areas most affected, and often unable not to access the care they need. Some strongly believe that the healthcare system in Belize is a two-tier system, one mainly centred around Belize City, the capital, and the second, which covers the rest of the country who are then left to fend for themselves.

The clinics were always busy and chaotic. Patients often had to wait for hours in a very hot waiting area. I once witnessed a patient ask the doctor when she will be seen as she had been waiting for hours past her scheduled time. She was told quite bluntly that she would be seen when she is seen. The doctors there had a very authoritative role, often being quite blunt with their patients. Like in the UK, the antenatal clinics were for high-risk patients. However, unlike the UK where it is a risk management protocol, in Belize, a lot of patients have long standing chronic diseases such as hypertension and diabetes. As mentioned above, the main cause of death in Belize is diabetes mellitus. Thus a lot of pregnant women were diagnosed with pre-eclampsia during the clinics, with some scheduled for emergency surgeries the next day. All patients had their blood pressure measured, urine tested, fundal height and fetal heart rate measured. All these test mostly conducted by myself. Although the hospital does have an ultrasound machine, ultrasound scanning is not routinely performed on pregnant women due to availability; technicians were only available two days a week. Should more urgent scans be required, the patient was referred to Belize City.

One of the two sterilisation machines had been broken for some months prior to our arrival, remained broken during our 5 weeks placement, with no estimated time of repair. This resulted in the closure of one of the two surgical theatres. As a consequence, all elective surgeries were cancelled, creating a very large backlog of patients. Only emergency surgeries were performed. I had the opportunity to observe some emergency caesareans sections, mostly due to fetal distress and/or pre-eclampsia. I had to provide my own scrubs due to limited cleaning resources. The theatre was similar to those in the UK, but with older equipments. The WHO theatre checklist was not done. The c-sections were very quick, with



vertical midline incisions done on all patients for quicker access. APAR scores were not formally done or recorded; the midwives briefly assessed the neonates at birth. During my time in theatres I did not observe any neonates that needed resuscitation or any that was born prematurely. Following discussions with the healthcare professionals, it is my understanding that any neonates needing resuscitation are seen by the anaesthetists. As the hospital does not have any incubators, those needing incubation are transferred to Belize City.

I spent majority of my time on the labour ward, which I thoroughly enjoyed. It was a very busy unit with several deliveries each day. After a few days of observing and gaining the trust of the midwives I had the opportunity to get stuck in and perform several duties such as performing and recording all observations for each patient during labour, administering medication and fluids, and also delivering a few babies. I was surprised to see that the midwives scrubbed in for each delivery, as an infection control strategy. But I was also surprised to see that hands were not always washed and sheets were not always changed between patients, which in my opinion are probably more effective infection control strategies.

### **Describe some public health initiatives in Belize. Discuss these in the context of global health**

Public health and education was evident all throughout the hospital. Posters were present everywhere, educating patients on breastfeeding, TB and HIV/AIDs. Pregnant women were educated in antenatal clinics about the importance of breastfeeding in the first 6 months of life. On the maternity and labour ward, I was pleasantly surprised to see the number of posters advising mother's to exclusively breastfeed the infant for at least the first 6 months of life. These posters were everywhere, on every free wall; you were unable to get away from them. The maternity ward had a dedicated breastfeeding room, to allow women to breastfeed in comfort. Immediately after delivery, the neonate was placed directly on the mother's chest, with skin-to-skin contact, for up to 1 hour (the golden hour), to encourage actively searching for the breast and suckling. I observed this process several times with amazing results. Most neonates started suckling within a few minutes. Overall, the public health campaign on breastfeeding in Belize is perceived to be successful.

During one of the gynaecological clinics I attended, a young woman with an abnormal smear test attended for follow-up. I incorrectly assumed that there is a national cervical screening programme in Belize, but was told this is not the case. Women are tested if symptomatic or opportunistically, i.e if seeking family planning advice. The lack of a national cervical screening programme results in some patients with cervical cancer presenting at a late stage.

### **References**

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