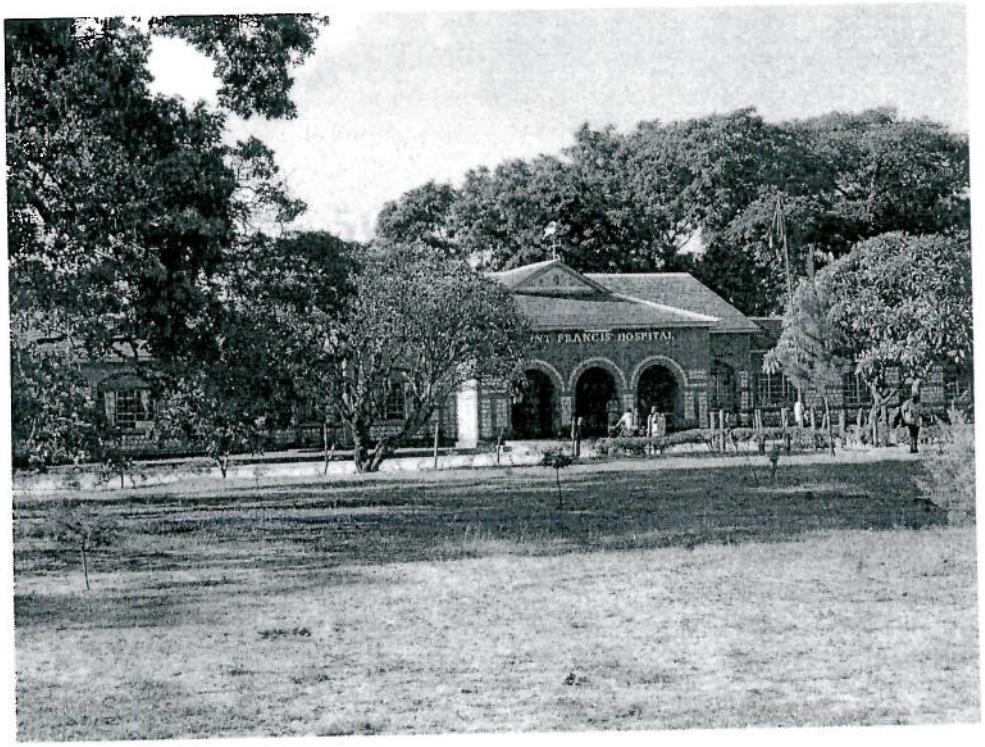
OBS+
GYNAE

SSC 5C Elective Report

Six Weeks Spent at St. Francis' Hospital, Katete, Zambia



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Objectives

1- What is the maternal mortality in Zambia and what are the main contributing factors? How does this compare to the rest of Africa?

2 - How are the maternity services organized in Katete and the rest of Zambia? How does this compare to the UK?

3 - Be able to competently manage common Obstetric and Gynaecological conditions

4 - Develop consultation skills where the patient does not speak English and where an interpreter is required

N.B.

St. Francis' hospital provides training for Zambian doctors and licentiates. During my time here the surgical and O&G departments have had several trainees on placement, therefore the opportunities for elective students, such as myself, to receive teaching and get involved with activities have been few. The hospital also relies to a certain extent on the foreign students to help with the management of its patients, whether in the out-patients department or providing ward cover. For these reasons it would not have been the best use of resources for me to have spent my time with the O&G department when the medical wards were in need of help. As a result I spent only a short time with O&G, I have still tried to address my objectives for the most part but I have not been able to gain the experience which I had hoped for in this area.

Report

St. Francis' Hospital is a large rural hospital in Zambia. It has around 360 beds and provides care to a local population of around 300,000 and accepts referrals from a larger population of 3 million spread across three countries. The hospital itself is run jointly by the Roman Catholic and Anglican Churches under the direction of the Zambian health ministry. St. Francis' offers services in obstetrics, gynaecology, paediatrics, general surgery and medicine, with specialist HIV and TB clinics. All patients are admitted through the out-patients department whether they have brought themselves in or have been referred from a smaller clinic. This leads to an interesting experience where one patient can be seen with a slight headache then the next with a septic abortion, shocked and close to death. Out-patients serves as an emergency department, follow-up clinic, repeat prescription service and referral clinic.

Overwhelmingly, the majority of patients present with HIV (and it's complications), TB and Malaria. There is also an increasing amount of patients presenting with diseases which are a result of lifestyle decisions such as COPD, non-rheumatic heart disease, Type II diabetes. Interestingly these are the least well managed patients here. The Zambian medical staff have enormous experience with the tropical diseases (Malaria, Typhoid, Shistosomiasis, etc.) but don't have as much experience or knowledge of the more "western" diseases.

Zambia is a sub-saharan country in Africa which gained its independence from the United Kingdom in 1964. It has a population 12.6 million with 35% in urban areas (global average is 50%). The gross national income per capita is $1,230 which compares to an

average of $10,307 globally. Life expectancy of both sexes is 48 years (global av. 68) and as of 2004 68% of the population lived below the poverty line

The government spends 4.8% of GDP on healthcare. There are 0.6 doctors and 7.1 nurses per 10,000 population which compares to regional levels of 2.4 and 10.9 respectively. The HIV prevalence is 152 per 1000 adults and the TB prevalence is 260 per 100,000 population.

One would be forgiven as a Briton for thinking that Zambian women spend most of their lives pregnant or raising the children. Culturally men are the ones who work and rule the roost, women are expected to marry early and start producing children as soon as possible. It would be rare for a woman to reach her mid-twenties and not be a mother. 48% of deliveries in Zambia occur in a healthcare facility most of which are rural health clinics and the overall caesarean rate is 3%. In the UK only 2-3% of births are at home and around 25% will deliver by caesarean section. Anecdotally there is a rise is elective caesareans currently, particularly in the richer classes, similar to the UK. It is interesting to note that there is a lot of discussion in the UK about reversing the trend of 'medicalising' birth and trying to encourage more home births. Here in Zambia there is a drive to get woman to engage with services and receive their maternity care in the medical setting in order to reduce maternal deaths and pregnancy-related complications. Hopefully they can learn from the UK and not throw the baby, figuratively, out with the bathwater.

Maternity services are generally run through the small rural heath clinics, the intention is to have midwives present for antenatal clinics and deliveries but often it is nurses who are the only medical staff around. Ideally the mother will book as early as possible where she will receive some education particularly on nutrition. The mother will also have some blood tests and receive some medications. All mothers are assumed to be anaemic to a certain extent and are given Iron and Folic Acid for their entire pregnancy, they also get a stat dose of Mebendazole at 16 weeks for hookworm which is very prevalent, on top of that they will receive Malaria prophylaxis. With the higher levels of monitoring in the UK mothers there are not automatically treated for anything unless diagnosed, however Folic Acid is obviously encouraged.

Mothers in Zambia have their haemoglobin checked and are offered HIV and syphilis screening due to the high prevalence of these diseases. These are the only tests the mother will receive unless she becomes symptomatic or has a history of previous pregnancy-related diseases. There are no routine MSU's or antenatal ultrasound scans and the intention is to measure the blood pressure regularly but this depends on whether the rural health clinic has a sphygmomanometer and someone who can use it correctly. The situation in the UK is very different for fairly obvious reasons. A mother in the UK can expect additional tests for blood grouping, Rh status, Rubella and Down's syndrome screening. They would also have two ultrasound scans and part of normal pregnancy. Gestational diabetes is not really monitored at rural clinics or St. Francis', whether that is due to a low incidence.

Engaging with services is a big problem in Zambia, particularly in the rural setting, due to many factors but mostly the logistics of getting to the clinics as well as the education of the mothers. Whether it's the quality of the roads or the public transport or the money required to get around getting the mother and the midwife in the same room is a challenge. Education is not only about nutrition or prevention but also about the benefits of engaging with services and how the mothers can receive support and counseling. After the booking visit mothers are encouraged to come back every two/three weeks, 72% of mothers attend four or more antenatal visits, this is an overall figure for Zambia, the figure for the rural setting is likely to be much less. Anecdotally, many medical staff often see women present for booking visits at greater than six months

gestation. In the UK booking visits occur by 12 weeks for the vast majority of pregnancies.

Overall 47% of births are attended by a skilled health professional however in the rural setting it is only 31% compared to 83% in urban areas. The difference is slightly greater when looking at how poverty factors in, for the poorest 20% of mothers 27% of births are attended by a health professional whereas for the richest 20% it is 91%. After the booking visit mothers are encouraged to come back every two/three weeks.

In the UK a mother is likely to attend appointments with her husband or partner and has many different professionals who can be accessed from the GP and Obstretrician to the midwife, dietician, physio, specialist nurses. In Zambia women rarely see a doctor and will mostly be seen by midwives or nurses. In order to be seen at St. Francis' for antenatal care the mother would have had complications with previous pregnancies. Patients with bad obstetric histories, for example 3 or more miscarriages, are admitted to the hospital and will stay there until delivery.

The maternal mortality in Zambia is 591 per 100,000 pregnancies, while there is no breakdown of the cause haemorrhage is likely to be a massive component as blood is so scarce, especially in rural hospitals and clinics. This compares to 6 per 100,000 in the UK where thrombosis and thromboembolism account for almost a third of cases.

Gynaecology services are provided in the form of out-patient clinics on Tuesdays and Thursdays and operating lists on Monday, Wednesday and Friday. Bilateral Tubal Ligations are one of the most common operation provided by the hospital for women who have "satisfied parity". It is an interesting example of culture here that it is only available to married women and they must have the husband's permission to have one. Fibroids are a common reason for hysterectomy here and often present late with huge uteruses. In a similar way gynaecological cancers prevent very commonly after the point at which surgery is helpful. Cervical cancer often presents here at Stage III or IV beyond the point where surgery has any benefit.

With only a small part of the population around St. Francis' speaking English and so many of the medical staff coming from outside of Africa consultations can be difficult. The hospital employs translators in the out-patients department and the nurses help with translation on the wards. However, there are still problems with taking a history. The local language, Cheua, simply does not translate easily on occasions and it is important for the doctor to choose his or her words carefully and simply. This helps the translator, who is not medically trained, to understand what you want to know. After a few weeks it is possible to learn some keys words which get the information easily, for example 'Tulula' means diarrhoea.

General opinion states that St. Francis' is an excellent hospital by Zambian, and African, standards. It is large, relatively well stocked and efficiently run. However, it, like Africa, still faces many challenges; logistics, training, staffing, attitudes and an over-reliance on foreign aid be it money or people. One feels a general inertness to change and apathy towards predicting or preparing for future requirements amongst some of the staff. Ability and possibility are not lacking, just the desire to act. The challenge of the next 20 to 50 years will be how do countries like Zambia develop so that they create a sustainable workforce without reliance on foreign doctors and aid. How can they disentangle themselves from the many outside pressures, which strangle progress. Be it the capitalists with their big internationals mining the copper or the liberals with their aid which has helped so many but now paradoxically binds its hands and feet.

Words: 1601

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