

## **Elective report**

### ***What are the common complications that occur in obstetrics and/or gynaecology in Belize?***

Having spent time shadowing in the San Ignacio Community Hospital in Belize, I gained an appreciation for the common conditions that affect people in this part of the world. As with most places in the world, the complications of pregnancy remain similar to those patients may experience in places such as the United Kingdom and Africa. In relation to obstetric complications, premature delivery, miscarriage and caesareans were prevalent. However it is noted that in the case of the premature delivery and caesareans, there was only one doctor inside the hospital (which covers a patient field of up to 3000 locals) who specialises in gynaecology, thus meaning he is not an obstetrician yet is the most qualified to deal with obstetric cases, highlighting a massive difference between a large London hospital and those around the globe in developing areas. Having spoken to the specialist in the community hospital he stated that whilst cases are not always present, situations do occur when there may be multiple obstetrics cases at a single time, in which case other doctors within the hospital (which has 32 beds) will be required to delve into medical knowledge they may not have used for a long time to aid with the treatment of patients. It's also worth noting that as this is a community hospital, it cannot cater for the most severe of medical emergencies, in which case patients are transferred to the Belmopan Hospital in the Belize capital, a forty five minute journey away.

### ***Describe how maternity care is provided in Belize and compare similarities and differences between the care given in the UK***

As highlighted above, the medical care provided in the small community of San Ignacio varies massively to that provided in the United Kingdom. As mentioned, the community hospital covers an area containing 30 000 inhabitants and provides 32 beds. This is also only recently extended from 20 beds last year. This means that doctors in the community hospital have to naturally be very careful in regards to who they admit, putting them under greater pressure to both make the correct decision and ensure that patients are treated as quickly as possible. Having spent time in the hospital, I was able to walk around the two departments (accident and emergency and obstetrics and gynaecology). In the accident and emergency department I came across an 'asthma bay', which was essentially a wheel chair in the corner of the room with a spirometer on the seat. This really put into perspective the difference in care provided in Belize and the United Kingdom, where in the Royal London the asthma bay will be multiple beds/rooms wide with clinically excellent consultants manning them, who may have multiple publications to their names. The maternity care differences are of a similar vein. The hospital contains no specialist obstetrician. In addition the multidisciplinary team of midwives and nurses to aid with the postpartum stages of birth are non-existent. Essentially mothers are left in the community with very little education about what to expect, things that may help with the pregnancy and things to avoid during the pregnancy. In addition to midwife and nurse support in the United Kingdom, within the community there are a variety of support groups for pregnant women and partners to attend, as well as books available and articles and videos on the internet to view and educational aides during pregnancy. In Belize, none of this is offered or internet

may be very difficult to access in rural areas and as a result provides a massive difference in both the care and support provided in the United Kingdom and Belize. Whilst there, it was noted however that steps have been put in place in an attempt to provide more support post pregnancy and I even noted leaflets being provided towards the end of my stay.

***Explore patient education and government incentives for public health knowledge of common obstetrics and gynaecology related conditions and how these compare with the UK***

As mentioned above, the patient education aspect of obstetric and gynaecological related conditions was very poor in San Ignacio Community Hospital. Having spoken to the specialist Gynaecologist whilst there this was something that he appreciated was very poor and mentioned that plans had been put into place to improve this over the coming period. This had started with more posters being placed around the hospital highlighting various conditions and advice if you suspect yourself or someone you know may be suffering from. Whilst the idea is great and a good form of advertising and information providing, the way in which the posters were laid out were not appealing to the eye, with large chunks of small writing present. As noted above the hospital was becoming more keen to educate its patients, especially mothers who have just given birth, in which case the doctor would sit down with them and explain what should happen and what to expect in the coming weeks, as well as which situations should require them to come back to hospital and also providing them with information highlighting the points made.

***Describe how my experiences in Belize has helped me as a health care provider.***

My experiences in Belize have opened my eyes to the vast differences in the quality of care in Belize and the United Kingdom and have definitely highlighted the advantage that educating patients can provide. Educating patients has a huge effect in terms of aiding the workload of doctors and also ensuring that in cases where the patient may not feel acutely ill, having a suspicion of specific symptoms and coming into hospital immediately can have a massive effect on the outcome of the case.