

## **ELECTIVE (SSC5c) REPORT (1200 words)**

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

**1) Describe the key gynaecological problems that affect the local of population of women in the San Ignacio community in comparison to London?**

On meeting patients with our supervisor, we were able to gain some insight into the various gynaecological and obstetric pathologies that affected women in Belize and in particular, San Ignacio; the largest town in the country. We were made aware upon arrival that an estimated 10-15% of the local youth population was HIV-positive. The high prevalence of HIV in young people in Belize has been considered to be due to low rates of contraceptive use from a lack of education, as almost two-thirds of secondary school-age children in Belize were thought to be not attending school. This was made to be very evident where we came across various HIV-positive expectant mothers in The Women's clinic. The diagnosis of HIV had also meant that many new mothers were advised to avoid breast-feeding in order to reduce vertical transmission to the baby, which was particularly challenging for them because of the strong trend towards breast-feeding (rather than bottle-feeding).

Gynaecological pathologies appeared to be less prevalent in San Ignacio, with the main gynaecological issue that women presented with being pregnancy. Prior to going to Belize (a developing country), I had assumed that possibly high risks of maternal mortality would be the key issue affecting pregnant women in Belize but we learnt that in recent years, this was not the case and actually quite not as common in Belize. On the labour ward in San Ignacio, we however came across many patients with complications or issues of pregnancy such as preterm delivery and multiparous pregnancy. The latter was found to be particularly common in San Ignacio.

**2) Describe the system in which Obstetric care is delivered in San Ignacio, Belize, compared with the UK.**

In the UK, healthcare in the NHS can be distinguished by different levels of care: primary care (GPs, community services), secondary care (acute care trusts) and tertiary care (specialist centres). In Belize, healthcare services are both private and public and used to serve a population of over 300,000 individuals and there are also 3 distinguishable levels of care. San Ignacio Community Hospital and the Women's clinic were the equivalent of primary care services in the UK, which most individuals of the local community would use as first port of call for urgent care needs. Any care needs that could not be dealt with by San Ignacio Community Hospital, were referred onto the level 2 care Western Regional hospital in Belmopan, which was an hour's drive away. The most urgent and specialist cases were managed in Belize City hospital; a level 3 centre.

The Women's clinic was independently run by our supervisor, an Obstetrician and Gynaecologist well-known to the whole community, with assisting nursing and administrative staff. He would see the pregnant women regularly in clinic, who were deemed to be low risk and he used ultrasound scanning, as routine assessment of the pregnancies. Any pregnancies, which were assessed and found to be high risk, were referred to and managed in Belmopan or Belize City. In the UK, antenatal care follows an organised system with the booking appointment and the woman being offered the choice of various antenatal screening tests. The same tests and post-natal child immunisations were also performed routinely in San Ignacio and our supervisor considered antenatal care to be very good in Belize despite

the lack of resources compared to UK. However, we noted that antenatal care did not have the same level of coverage in San Ignacio as you would get in London. It was once again thought to be due to the amount of poverty and lack of education, which presented as barriers for accessing healthcare. Furthermore, in the UK the obstetric care is often midwife-led (especially low-risk pregnancies) but in Belize it was coordinated mostly by “health support-workers” and doctors.

San Ignacio Community Hospital had a small Accident and Emergency unit, consisting of an asthma bay, a paediatric bay, obstetric bay and an injuries unit. It was in the obstetrics unit, where most women with low-risk pregnancies would deliver their babies with the assistance of the on-call medical team and health-support worker. Obstetric emergencies would be urgently transferred to Belmopan.

### **3) Discuss whether the care for pregnant women in San Ignacio is well-provisioned.**

A key example of why the care for pregnant women in San Ignacio was well-provisioned was the health promotional strategies that I observed whilst seeing patients in the labour ward of San Ignacio Community Hospital. In every single corner of the ward and near every entrance or exit or by each bed, there were strong bold posters. The majority of these posters were centred on promotion of at least 6 months of breastfeeding or advising contraception or even childhood immunisations. The local population were mostly able to speak English and read or write despite not being educated up to secondary school level and so I felt that this was a very effective way of health promotion. I have noticed leaflets and small posters around our London hospitals but not as bold and eye-catching to visitors and I wonder if this is something that could be improved upon by following the example of San Ignacio Community Hospital.

Prior to coming to Belize, I was under the impression that due to lack of resources in health care, policies such as infection control may not be prioritised. I was faintly surprised to find “alcohol hand gels” on the walls of the labour ward and step-by-step pictures of the adequate hand-washing technique. Although, the infection control policies may not have been as strictly imposed on the staff, they were present and followed to a certain extent. Furthermore health records were still manual with no use of computers but the notes were kept very well and organised. It showed that the care for pregnant women in San Ignacio was not just well-provisioned but of good-quality health care. The only downside was the proportion of the population that could not access health care adequately.

**4) Personal/professional development goals:** - Experience of obstetrics and gynaecology medicine in the developing world and appreciation of any limitation of resources. - More experience in clinical history taking, examination and risk-assessment of the pregnant woman. - Improve my clinical diagnostic reasoning of conditions in obstetrics and gynaecology

From undertaking my elective in San Ignacio, I was able to appreciate how in developing countries such as Belize, despite the limitation of resources, medical staff are able to deliver health care services at good quality. A key limitation in resources was reduced staffing levels to cover the entire San Ignacio and San Elena (neighbouring town) communities. Various individuals in the local community mentioned to us that “Belize has a shortage of doctors” and this was evident when we found that many of the doctors were in fact brought over from Cuba or neighbouring countries. The medical and nursing

teams however worked well together in order to deliver the best possible care. We gained a good insight into obstetrics and gynaecology.

Whilst meeting patients in the Women's clinic, we had the opportunity to take histories and examine these patients and observe ante-natal consultations (to assess risk in pregnancy). This has given me more experience and practice of these skills, which will help me in my career as a doctor. I have encountered more obstetric pathologies in particular, which have helped to improve my diagnostic reasoning. I thoroughly enjoyed my elective in San Ignacio and would like to thank my supervisor, the hospital/clinic staff and university who supported me well throughout the 6 week period.