

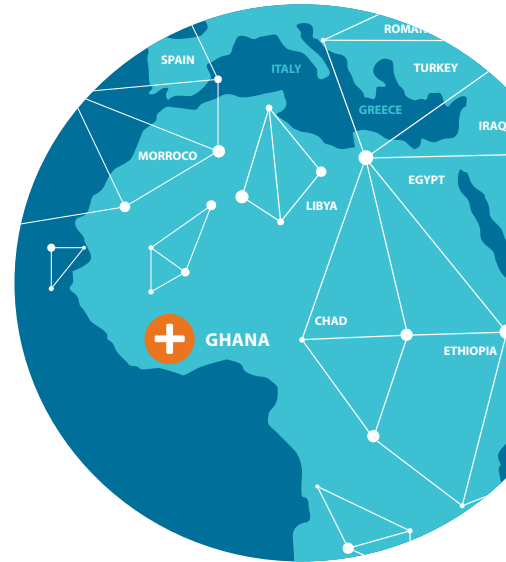
Elective Grant Report



A premature baby
I saw delivered

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Undertaking my elective in Ghana is probably the best decision I've made since deciding to pursue medicine as a career. I was exposed to a completely different cultural and medical environment than anything I will ever see in Australia, and had the opportunity to learn about customs and traditions rarely encountered in Melbourne hospitals. I definitely recommend undertaking an overseas elective and think that it was by far the most valuable placement I undertook as a medical student.

The Ghanaian people were a vision in enthusiasm and happiness. It is considered quite rude to walk past someone without saying hello, and so I felt extremely welcome from the moment I stepped off the plane.

Long bus journeys when travelling on weekends (I'm talking 19 hours one way) were never dull with locals often wanting to chat to you for large portions. The popped tyres, leaking roofs and multiple trips to the mechanic mid-journey also livened things up a bit! Due to the peaceful and safe nature of Ghana I was able to travel to various different regions each weekend with other healthcare students staying in Takoradi. I saw wild elephants on a safari in the North, swam in waterfalls and hiked into Togo in the East, toured one of the British castles where they previously held African slaves on the Southern coast, visited the only stilt village in the whole of Ghana in the West, and much more. Truthfully though, I think my favourite part of the entire placement was the incredibly welcoming and kind locals and hospital staff. They allowed me to feel like I was really living in Ghana, rather than just an outsider looking in, and made the entire experience feel far more authentic and meaningful.

I undertook a six week placement at Effia Nkwanta Regional Hospital in Takoradi, Ghana. Whilst there, I was part of the Obstetrics and Gynaecology team as well as the Accident and Emergency Department.

I spent the majority of my placement focusing on obstetrics as that's where my interests fall. I saw conditions common in Australia, such as pre-eclampsia, premature rupture of membranes, ruptured ectopic pregnancies, normal vaginal births and caesarean sections. I saw the complications of these conditions when managed sub-optimally, such as eclampsia and sudden foetal demise. I was able to witness caesarean sections of mothers having their ninth or tenth babies, and the associated atonic and friable nature of the uterus when attempting to suture it closed.

Interestingly, I did not see any cases of diagnosed gestational diabetes, although I saw several babies born weighing over 5kg. This is likely due to a lack of diagnosis rather than such a marked decrease in prevalence, as there is no routine glucose screening. Additionally, I saw very few assisted births, although the hospital did have access to forceps and vacuums. This is because of the time and supervision required to train new doctors and midwives well enough to achieve good results. As house officers with only a few weeks' experience in obstetrics run the wards alone overnight, they are able to achieve better patient outcomes by instead performing caesarean sections to manage cases of obstructed labour. I was able to witness several sets of twins born, both through normal vaginal delivery and through caesarean section. Unfortunately I missed the birth of triplets by a couple of days, but other students were lucky enough to witness that.

Heading into the placement I expected to be shocked by the healthcare being provided for these mothers. I think I was expecting to see very outdated medicine and horrific outcomes as a subset of that. In this I can thankfully say that I was wrong. My preconceptions of healthcare in Africa were of the true 'third world' country documentaries from the previous century. Instead, I found extremely skilled doctors and nurses performing highly difficult and complex procedures with ease. I found doctors that were far more confident and prepared





Assisting in an emergency
caesarean section



Baby vaccination clinic in
a rural town



At Nzulezu - the only still
village in Ghana



At the top of a mountain
on the border of Ghana
and Togo

to tackle frightening cases than I have seen in Australia. I found mothers that were actively seeking out further education about how to best care for their baby during pregnancy and after birth. I saw health outcomes that really were not that different from those seen in Australia. Certainly the mothers who accessed the major referral hospital for all of their antenatal care had complication rates very similar to international standards. Although I only visited Ghana, I was assured by the hospital staff that the majority of African countries had experienced similar drastic changes in the healthcare system over the recent decades, particularly with the goal of reducing maternal and child mortality and morbidity.

The overwhelming difference between medical care in Australia compared to Ghana is the access to resources and the communities' ability to pay for them. For the past ten years Ghana has had an affordable (~\$10 AUD per year) National Health Insurance Scheme which covers pregnancy-related conditions. Whilst on paper this is excellent, there are in fact still many potential additional costs which patients may not be able to afford. Whilst the operating cost of a caesarean section is covered, medications such as the spinal anaesthetic, post-op analgesia and antibiotics are not. If the procedure is not an emergency, then patients must also purchase disposable drapes and gowns as the hospital cannot provide enough reusable ones. Blood tests, ultrasounds and urine dipsticks all incur a cost. If patients require a blood transfusion, then they must provide their own blood donor as supplies are so low. The quality of the medical staff in Ghana was truly outstanding and I would happily entrust my healthcare to any one of them. The junior doctors in particular really impressed me with their confidence in handling extremely complex issues, and their surgical prowess after just weeks or months of training. However, the unreliability of access to resources would still make me incredibly nervous to receive medical treatment in Ghana.

The \$1,500 community component of MIGA's Elective Grant was met with great excitement by all members of the Obstetrics and Gynaecology team. Unfortunately hospital funding is very limited in Ghana, and they often have to make do with extremely old equipment or even go without. The prospect of brand new equipment brought smiles to each of the staff members' faces. They were able to purchase a much needed suction machine for theatre, two fetal heart monitors, eight digital blood pressure machines, and eight digital thermometers to be used across the pre-natal, labour, post-natal and gynaecology wards (previously there was just one thermometer and one manual blood pressure machine). I believe this Grant will make a real difference to the care the doctors and nurses at Effia Nkwanta Regional Hospital are able to provide for their patients, and will lead to tangible improvements in health outcomes for the brand new mothers and their babies.

I was also lucky enough to spend a week working in a Community Based Health Planning and Services (CHPS) clinic in a seaside fishing village called Akwidaa. These clinics are run by a single nurse and are the first port of call for all health needs for those living in nearby villages. These clinics are massively under resourced in terms of personnel and equipment.

With just one solo nurse running the clinic, Nicholas was on call 24/7 every single day and would often be woken in the middle of the night to attend to an ill patient a few villages away. He was provided with only two years of formal education as a nurse before undertaking the role, and due to the isolated nature of his practice often had to make medical decisions usually made by experienced doctors. He was further hindered by limited access to appropriate equipment and medications. He had to buy things like disposable gloves out of his own salary, and only had access to four medications (an antibiotic, anti-malarials, analgesia and anti-inflammatories). With the nearest regional hospital over 30 kilometres away and transport limited to walking for all but a few villagers, their access to more advanced care is extremely limited.

During my time at the clinic I was able to use my experience from a Burns Unit placement earlier in the year to assist in managing full thickness burns on a young lady's hand and lead a tutorial on CPR for the local junior high school students. A vaccination clinic for babies and young children held outside in the middle of the village was a particular highlight of the week.

All in all, I really cannot recommend an overseas placement enough! As well as being a great travel opportunity, I got to see some interesting conditions that I had not previously seen in Australia, experience first hand a truly welcoming and generous culture that is so different from my own, and was able to challenge some of my previous biases about maternal and child healthcare in Africa.

Each year MIGA's Elective Grants Program offers 10 Grants of \$3,000 to medical students undertaking electives in developing communities. Each Grant includes \$1,500 to cover the student's personal elective costs and \$1,500 to provide medicine or other aid to the local community. To be inspired by other past recipients and find out more about applying, visit our website.

MIGA's free Protection Package for medical students provides automatic cover for your elective and clinical placements. Insure with MIGA and undertake your elective with confidence – complete our simple online Application Form for immediate confirmation of your cover.

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