

NF number: 13049

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Assignment: Volunteer work at OB/Gyn Clinic Mutomo Hospital, Kenya

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Background information

I have spent 6 weeks as a volunteer in a small countryside hospital in southeastern Kenya. The Hospital will celebrate 40 years in September and was built as a missionary hospital by the Sisters of Mercy in Mutomo. It has 4 inpatient wards; medical, surgical, delivery and a nursery (pediatric). Outpatient wards for general patients include maternity and HIV clinics. There is one major surgical theater room and one minor theater where smaller surgeries, examinations and give treatments are performed. There is also a dental clinic in the hospital. Staff consists of one consultant with skills in all medical areas, one consultant in the HIV clinic and then Rotary doctors for either gynecology and obstetrics or surgery, as well as a Rotary dentist. The Scandinavian Rotary doctors and Läkarbanken has sent doctors and dentists to this hospital for the last 20 years. As a way to recruit new consultants they let resident doctors work at the hospital at the same time as a fellow consultant is there.

I chose this assignment because I found the project interesting but also because I wanted the "hands-on" training which is hard to find with other organizations offering work in developing countries for resident doctors. My consultant on this project was Johanna Nordengren, a gynecologist from southeastern Sweden, who I previously met at one of the hospitals that I worked in.

The work

As a Rotary doctor you are in charge of, and fully responsible for, the maternity clinic which consists of delivery ward, postnatal ward, gynecological patients and all the newborn children belonging to the mothers in the ward. One is also responsible for surgical procedures and outpatient visits of gynecological and obstetric patients. After one is done with work in maternity ward, it is appreciated if you help out with outpatients in the minor theater.

Obstetrics

The number of hospital deliveries has increased since the government introduced a maternity health insurance, where each pregnant woman can buy a booklet (at the small cost of 200 Kenyan shillings, approximately 16 Swedish kroner). This booklet gives them free medical care during pregnancy, delivery and 12 weeks post-partum. In Mutomo the estimation of hospital

versus home deliveries was 30-70%. Last year, Mutomo hospital had approximately 1200 births and a cesarean rate of roughly 20%. Mothers usually stay 24 hours after normal deliveries and four days after cesarean section.

The delivery ward is divided into 2 sections; one for the first stage of labour and the other for the second stage. In the room for the first stage of labour, the patients will mostly be alone apart from the time when the midwife does vaginal exams and listens to the fetal heart rate. The only available analgesia is the antispasmodic Buscopan which is believed to relax a firm cervix. When the cervix is fully dilated and the patient starts to push, she will be moved to the other room where a midwife/nurse will assist her delivery. An episiotomy is performed on most nullipara. The delivery is registered on the partograf from WHO and interventions are made if the progress is abnormal.

I started the day by making rounds in delivery and postnatal wards. During the day I followed patients in the delivery ward, assisted deliveries with vacuum or cesarean section if needed. The normal deliveries were very much like the ones at home. Differences included lack of analgesia as well as cultural. The Kenyan women didn't express their pain as explicit as patients do at home. They were given less support during the delivery compared to patients in Sweden, and their relatives weren't allowed in the delivery ward. Another difference that I experienced was that Kenyan women were mobilized sooner after the delivery. I remember being surprised every time I saw a patient in the postnatal ward and realizing that she had delivered less than 1 hour prior. I had the feeling that the Kenyan women had a strong faith in themselves and that they believed that their bodies were strong enough to handle a delivery. In Sweden, an increasing number of patients fear the birthing process and request cesarean sections.

We had a couple of tragic cases; 2 uterus ruptures, one of which had a total bladder tear that later developed a vesico-vaginal fistula. An 18 year old woman with a breech delivery at home, came in with a bad perineal tear. The baby died and her sorrow was heartbreaking. A young woman, who had made several attempts to abort her pregnancy, came in and gave birth prematurely. After the delivery she became emotionally attached to the baby but unfortunately her daughter, just like almost every other premature we had, didn't survive. This woman was the only woman who I saw crying openly. We had many mothers who had been in labour at other health facilities for more than one or two days, came in with poor condition, exhausted and in pain. They were referred to our clinic for cesarean section but most of these women actually managed to give birth to healthy children after given some rest, nutrition and support.

Gynaecology

Cervical cancer is common in this area. Unfortunately there are no means to either diagnose or to treat CIN. When cancer is present, there is no available treatment other than surgery or radiotherapy in the capital, which is so expensive that no ordinary woman is able to afford it. We had a couple of cases of sexual assault. I remember one especially tragic case. A nine month old girl was raped by a 30 year old man with HIV, because of the horrific mis-belief in Africa that HIV can be treated by intercourse with a virgin female.

A big frustration for me was that we weren't able to prescribe contraceptives since we worked at a mission hospital. We had an 8 para with 8 home deliveries that came to the hospital to give birth to her ninth child with hope for sterilization afterwards, but her wish was denied. We had a 16 year old with heavy menstrual bleedings leading to extreme anemia with Hb 35, but we still couldn't prescribe her contraceptives. Abortion is not legal in Kenya and there are women who risk their lives by conducting unsafe methods at home. We didn't see any of these cases during our stay but we heard that it is a big issue in some parts of the country.

Other patients

In minor theater we had many different types of patients. In Sweden, many of these cases would be handled by different specialties, but in this small hospital we had to take care of these patients when on call.

We had many orthopedic patients who came with old fractures. All of these patients left the hospital with a splint, so called "backslab p.o.p" and a follow-up after 3-4 weeks, regardless of how dislocated the fracture was. During my time we had a couple of laparotomies due to obstructed bowels which were operated with bowel resection and anastomosis. There was no colostomy material so that was not an option. Many catheter-bearing urology patients with prostate problems were in need of cystoscopy but the equipment for that wasn't available. The largest patient group we encountered were those with different infected wounds and cellulitis. After working in this hospital you became an expert on "incision and drainage".

For me the most difficult patients to handle were the pediatric ones; both due to my shortcomings in this field but also due to the fact that one wishes for all children to have the same chances in life regardless of where they are born. As mentioned above, all the newborns were the gynecologist's responsibility, such as newborn seizures, prematurity, infections, breathing difficulties, growth restriction etc. When on call, responsibility also included the in-ward patients. One such patient was a 10 year old boy who was intoxicated with epileptic medication. He came in unconscious, vomited and aspirated which led to oxygen saturation level of 50%. No respirator was available and I was able to use suction to alleviate his breathing. As with this boy, many of our patients would have needed treatment that we could not provide, due to lack of supplies, as transfer to other clinic was seldom an option. In this environment, the term "survival of the fittest" becomes very clear. In my experience, it truly was the fittest of my patients that survived.

The spare time

Normal working hours for a doctor at this hospital are Monday to Saturday 8 am to 5 pm, a couple of night calls every week and roughly 2 weekends on call per month. So we worked most of the time but had some spare time too. We made friends with a midwife who took us to a nearby school one day and to her own house and shamba another day. A shamba is a plot of land where people grow their own vegetables and grains. We visited a nearby government owned health clinic where patients are referred to for e.g contraceptives. Every Saturday there was a big

market in town and we went there whenever we could to buy vegetables or just to take in the atmosphere.

What I have learned

It's hard to say how an experience like this changes you as a person, but I am sure that it has in many ways. For one, you learn how medical care can be conducted with far less financial resources. This teaches you to evolve your hands-on examination skills rather than relying on the fancy technological machines we have at home. You also get a close up perspective on the lives of ordinary people and how economical, political, infrastructural and cultural issues affect their diseases, treatments and prognosis. At the same time you learn to appreciate the welfare system in our Northern countries.

For me personally and professionally, I feel that I have learned many things about myself during this time. Important lessons like teamwork despite cultural differences, how to handle frustration when working in a new setting and how to find a common ground and make friends with people from another world than my own, has made me more flexible. Of course I have also evolved my clinical skills, both in diagnosing, treating and operating patients. To anyone considering volunteering in an underdeveloped country, I have just one word for you...GO!