My experiences from a 3 month stay in the Kilinochchi District Hospital, Sri Lanka

Period: Feb to April 2011
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Sri Lanka is an island of beauty, the size of Ireland posed as a teardrop in the Indian Ocean just off the tip of India. It is a country of incredible cultural treasures, beautiful shores and mountains and friendly people which makes it unbelievable that it was the scene of one of Asia's most cruel civil wars which came to a bloody end in May 2009. It is also the native place of my husband, who comes from Kilinochchi in the northern most war-ravaged district. This area was inaccessible for many years due to war and then military control but finally in 2010 civilians were allowed to resettle.

We travelled the whole family, my husband to help his father and family to resettle and me to do an internship in the Kilinochchi hospital and our 2 year old son. It was not my first time in Kilinochchi, I came as a young inexperienced intern just 4 days after the tsunami which affected Sri Lanka very much who was then experiencing a period of cease-fire. We had planned to visit my husband's family and the tickets were already booked and ended up spending 3 months helping out in the district Hospital, with the district then under the control of the Tamil Tigers together with several Ngos and private persons. I learned more there than during my 5 years of study.

Senior nurse who also was there during the tsunami period and who recognized me

Now as a 3-rd year resident I gynecology/obstetrics I came to do an internship in the same very hospital with the ambition to in the future open up a maternity clinic in my husband's native village. We encountered several obstacles on our way as we went in January, some time before my internship was supposed to start in order to obtain all the necessary documents.

Firstly, the red tape, I spent one week in Colombo in the Health Ministry to get an approval to be in the hospital. The hospital director had already approved of my stay beforehand but nothing could be done without permission from the Ministry I wrote a letter to the Minister of Health, whose secretary was kind enough to see me and approved of my letter, put a stamp and signature on it and passed it on to the next secretary, than the Minster of Health services than the Director of Health… and so on and so forth…It helped having a Sri Lankan husband. I had to meet at least 10 different ministers and directors who each put a stamp and signature on my letter at the end totally covered with signatures and tampons, but finally I had passed all levels to the one official who could actually write the required document…

Secondly, Mother nature again. On our way up north from the capital Colombo, a trip of 260 km which normally takes a day to travel due to bad roads, Sri Lanka was experiencing the worst flooding in a lifetime. We got stuck in between 2 burst dams and had to spend the night in the car with no food and our 2-year old. The next day we managed through 1 m of water to find a by-pass and we finally arrived in Kilinochchi.

Thirdly, the military… Sri Lankan authorities are accused of war-crimes during the last stage of the civil war, and are very suspicious of all foreigners (white ones) and especially Scandinavians since us Norway acted as a mediator in the conflict. No NGOs or foreigners (white ones) are allowed to enter the Northern district without special permission from the defense ministry. X-Sri Lankans travel freely however that why being married to an ex-Sri Lankan although a French citizen made it easy to pass the border control especially with the permission already granted from the Health ministry. After some time though the military came to the hospital and made enquiries about me, and the Director of the Hospital told me that I had to get permission from the Ministry of defense and the Presidential task force to be

able to be in the hospital… With the help of some friends in the Military and another trip to Colombo we managed this also…

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Kilinochchi hospital

Being an old British colony the Sri Lanka health care system and medical education follows the British system. A District hospital is a first referral center from provincial hospitals and dispensaries.

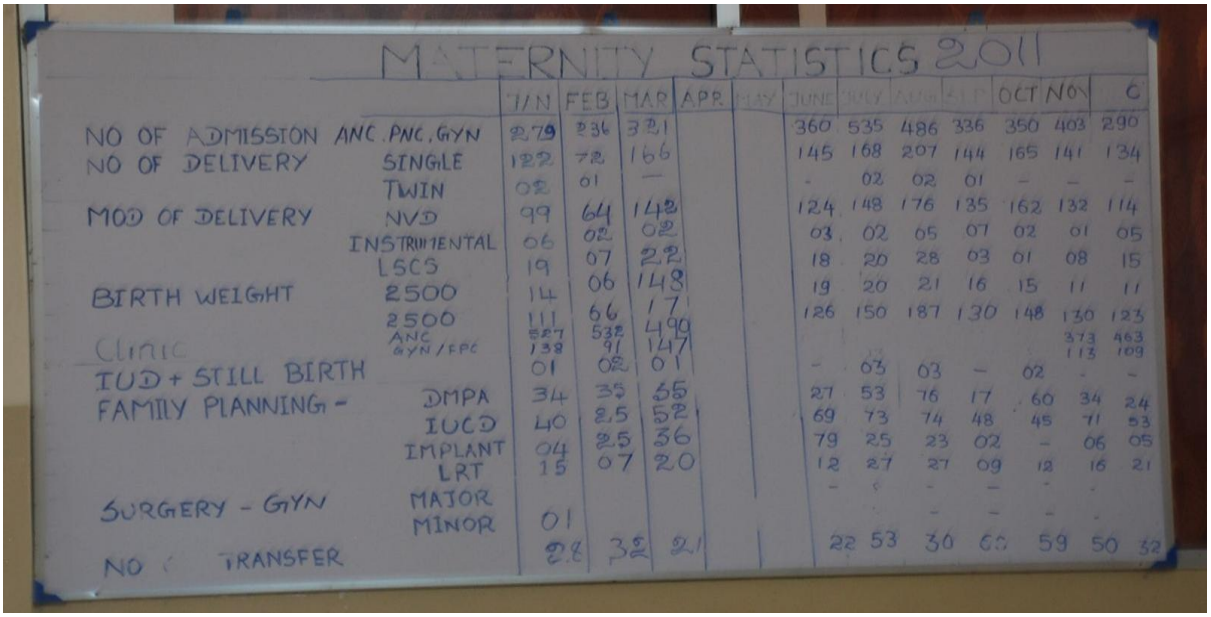
Kilinochchi hospital was rebuild by a Japanese NGO during the cease-fire and was a much better hospital than the District hospital I was in after the tsunami even though it was heavily bombarded in the last stages of the war and under renovation. But it had a newly refurbished gyn and obs ward and delivery room with all mod-cons, ultrasound, ctg etc and an obstetric operation theater and an anesthesiologist. There was a blood bank, rudimentary lab facilities, chest x-ray facilities, and some neonatal resuscitation equipment but no functioning intensive care unit or respirator. There was a shortage of staff, two residents, one Senior House officer with the delegation to perform emergency caesarians, sterilizations and instrumental deliveries and a Medical officer who was not allowed to perform more advanced procedures. The 2 of them were running the gyn and obstetric clinic with the help of senior consultants from the nearest university hospital in Jaffna 3 hours away who came every two weeks to have antenatal "clinics" for the pregnant population , about 200-300 visits on that day. This meant that some days there were no doctors and then I had to help about even though I was not allowed to have any medical responsibilities not being a registered doctor. - The alternative was to transfer the patient to the university hospital very hard to do with a woman in the last stage of labor… In February a consultant was employed which made it much easier for the two residents.

Sign with all the expenses for the new wards.
Maybe we should to the same in Sweden…

Emergency reception, not very busy in the afternoon but crowded in the morning

Happy mother

When I came the hospital hey had been having about 200 deliveries a month, a decline from the war period when women got pregnant in order to avoid forced recruitment by the Tamil Tigers and the hospital had 5-600 deliveries monthly with no equipment and under heavily bombardment. With the resettlement of civilians the figure was now on the rise. During wartime they also married young, which is not a common practice in Sri Lanka and now you could see 14-15 year old widows already with children.



The doctors were very war weary and most of them wanted to work abroad or in the capital. Sri Lanka has a centralized Health care ministry who sort of post the doctors at the government hospitals according to merits and Kilinochchi was not the most popular place to and thus received a lot of foreign graduates who had studied mostly in Russia who had difficulties finding post elsewhere. Most of them took the post in order to be able to apply for transfer to some other hospital like in the military. The salary from the government is not very high but has some retirement benefices which are why most Sri Lankan doctors work in the government hospital during the day time. After 4 o'clock they are allowed to work in the private hospitals which were more lucrative. In Kilinochchi some private dispensaries were emerging but there is much more opportunities for the doctors in the cities and in the areas not affected by the conflict.

Statistics were very important ant and very well maintained

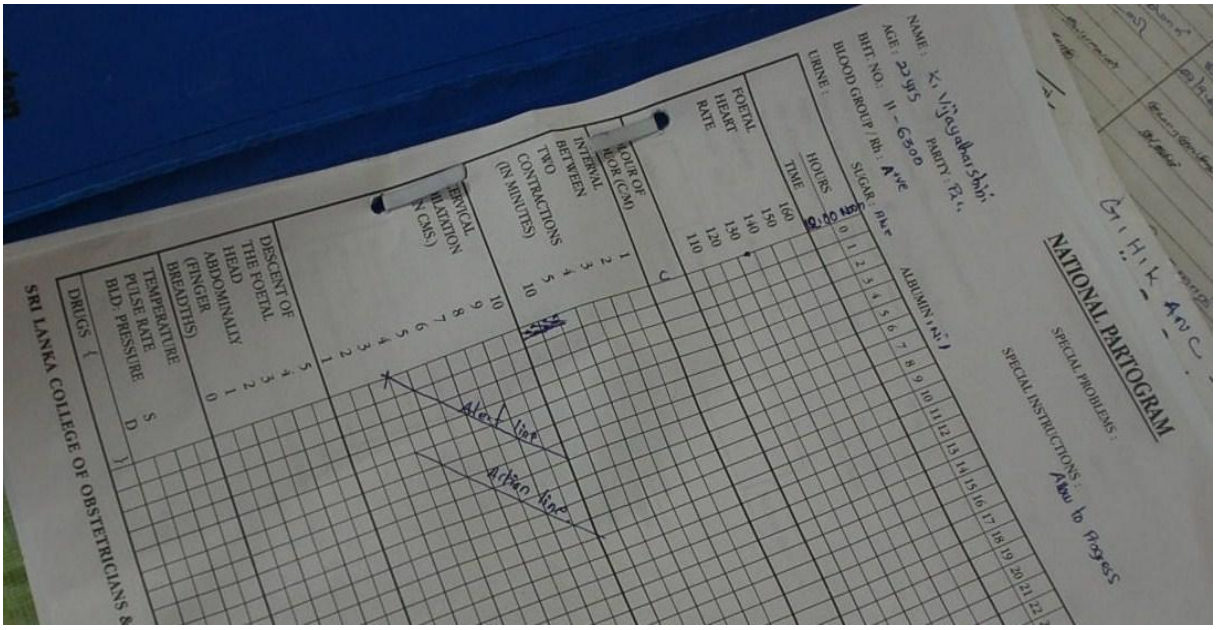
Ambulance

I spent a lot of time with the nurses and midwife who in opposite to the doctors were very enthusiastic about their work. A midwife in Sri Lanka is less skilled than the nurse and only delivers the baby while the nurse administers the medications. The doctors evaluate the progress of labor every 4 hours according to WHO standard. They maintain a partograph with an alert and an action line. There was oxytocin, familiarly called synto, forceps vacuum and possibility for c-section, there was no pain-killing method provided during labor except for some tablets of tramadol, although there were possibilities of spinal anesthesia we had a lot of vaginal breech deliveries, a procedure I was familiar with since we do that in my hospital in Sweden. 5-6 women delivered at the same time. The midwives awaited the sensation of having to go to the toilet for the mother. No vaginal examinations were performed.

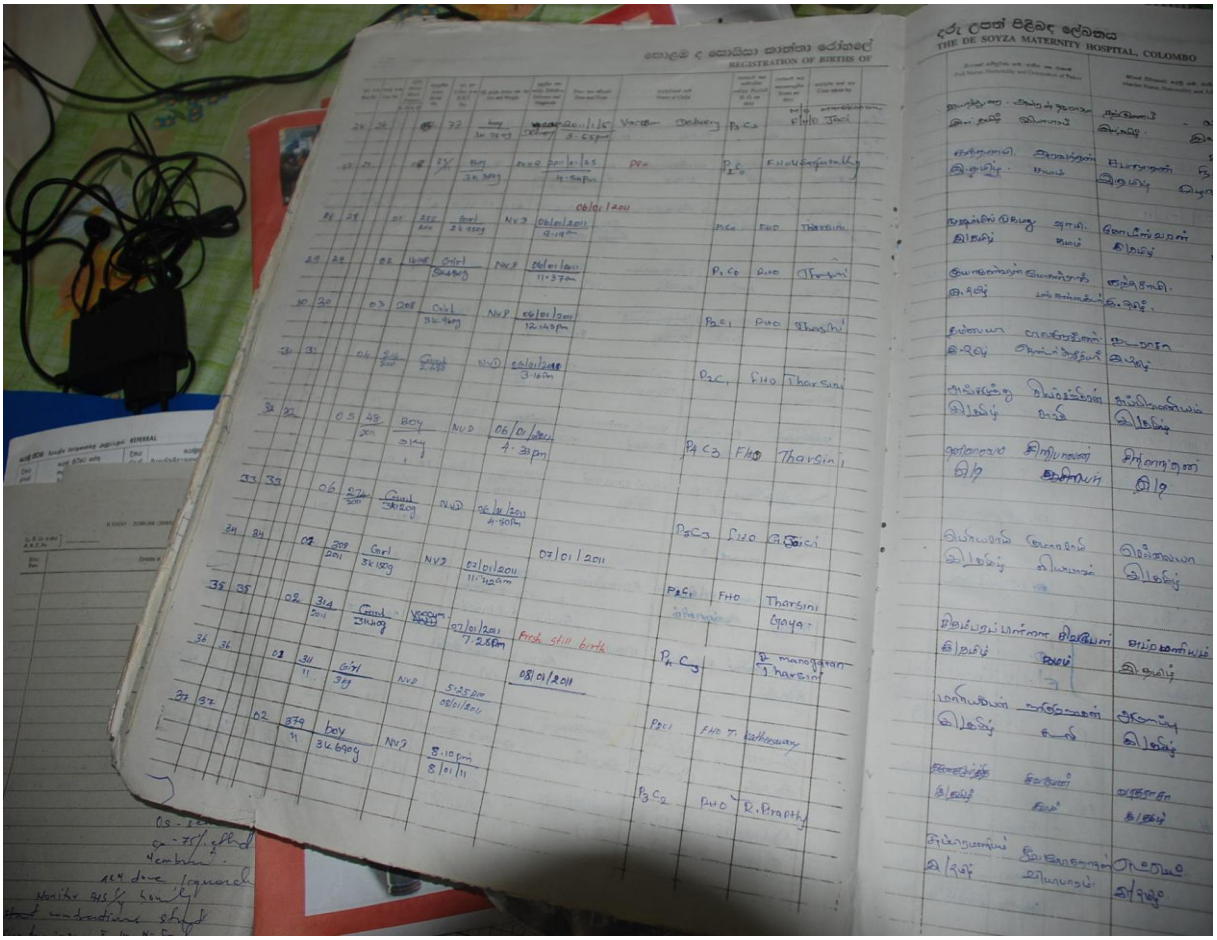
The labor room and midwife properly dressed for delivery. The labor room was kept very clean and you had to change shoes to enter.

Modern obstetric equipment and also air- conditioner used very occasionally... a luxury in the hospital.

When the midwives began to see the head, to my astonishment and abomination they took off the ctg-registration and came all staff around the mother had urged her to push. Not one-to-one care here, more of a 5-to one care. The labor room was never left empty. The women were not allowed to change positions but had to lie down in fear off cord prolaps. They were not allowed to scream or walk around even during the first stage of labor. Sometimes the midwives then got a bit angry. All primiparae received a perineotomi and many of the multiparae as well, 80 % of the patients, Some of the midwifes had been working with NGOS and foreign doctors during the war and had some acceptance of my reluctance to perform episiotomies but were surprised that we did vacuum deliveries without the episiotomy. The midwifes generally performed the suturing of the cut and it is strange that during my 3 month I did not see any serious perineal damage except for the epis, familiarly called and also no bad ctg (maybe because they did not use it in the second stage of labor). The patients were much harder to suture anyway maybe because of a strong perineum due to much squatting and we had to use really big needles so it may then the epis was necessary…



Partogram



Record of delivery with mode of delivery, complications etc

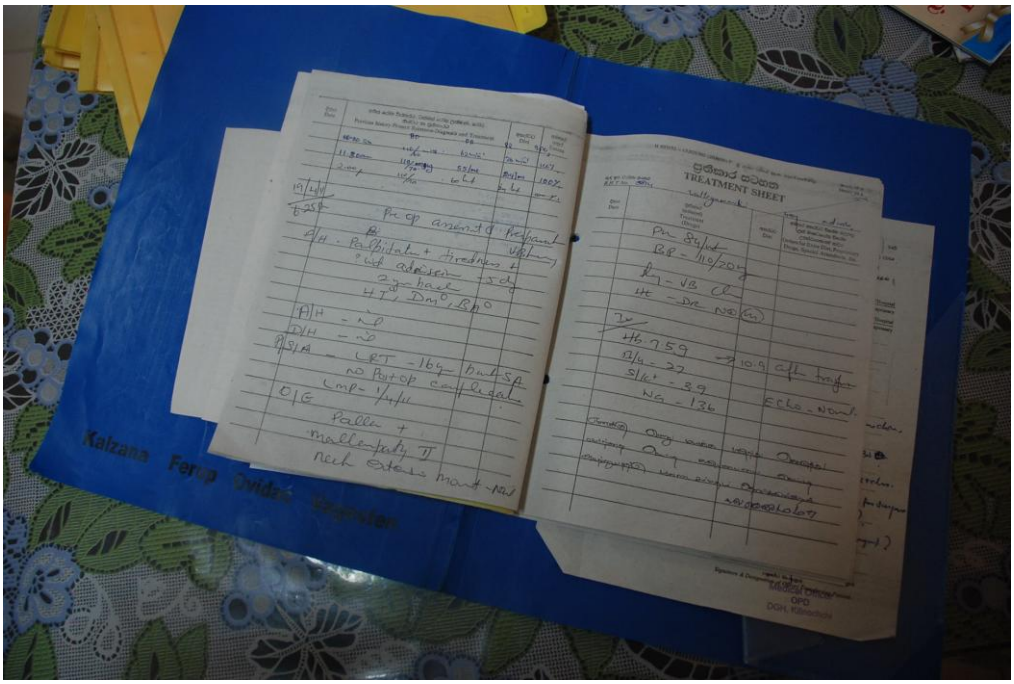
Once a week there were " Gynecology clinics" which mostly meant family planning, sub fertility examinations and pessar changing and some investigations. No gynecology chairs were used, but the examinations were carried out in the British way, on a bed, with a self holding speculum held in my opinion upside down. There was also a reluctance to perform vaginal ultrasound even though the equipment was there and most patient had an abdominal ultrasound. There was no means to do histological exams and the cervix was assessed by looking at it. Kolposcopy would be a great advance her since there was a possibility to send

biopsies to the capital if needed. Contraceptive intra uterine devices were used as well as implants but most patients preferred depot injections. Abortions are illegal in Sri Lanka, even in presence of malformations but performed illegally and septic abortion is a major cause of maternal mortality. Contraceptive medications and treatments are provided for free. The hospital did not however have any pregnancy test; the patients had to buy them in the pharmacy outside Sterilization by mini-laparotomy is a very common procedure advocated by the doctors and legal after having 3 children with the consent of the husband and it is also performed in the postpartum period. It took only some minutes for my Sri Lankan colleague to make a small sub-umbilical incision, with his finger localize the fallopian tubes and take them out of the abdomen and ligate and cut them and put them in again… Fortunately most patients were very slim; I do not think it would have been that easy to perform in Sweden. The overall management of surgery was much more efficient than what I am used to and he could to 10-15 such procedures or Cesarean section in one day meanwhile they also managed to keep the hygiene by using a lot off minor staff to help out in between the operations…. Over all nothing can beat the doctors I saw in Sri Lanka regarding efficiency having to see so many patients but it also meant that patient education and information was a bit neglected. However some doctors managed even that…

The Gyn examination room

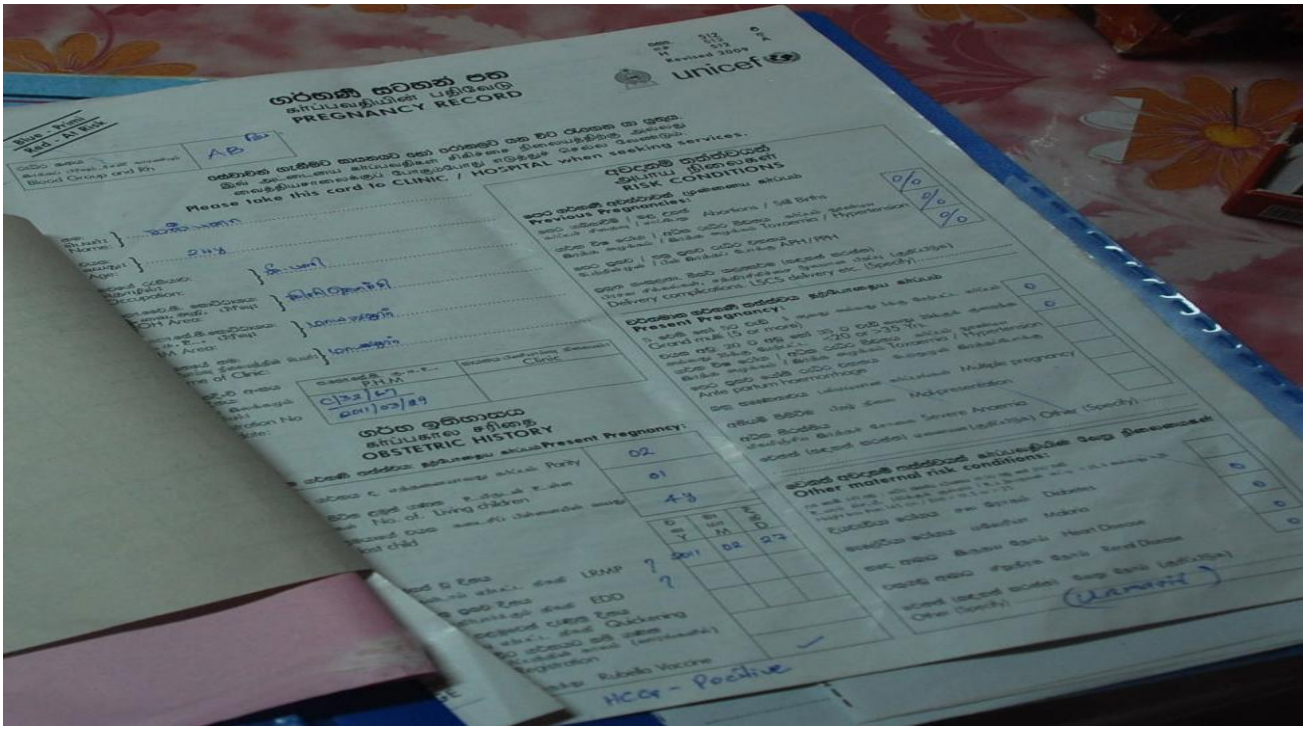
As for antenatal care during pregnancy and postnatal care it turned out to be fairly organized. There were community midwives doing home visit in some villages before and after pregnancy. Each mother kept a pregnancy record sheet where blood pressures and other parameters, BMI were noted and the pregnancy classified as a high risk pregnancy who needed the attention of a specialist gynecologist consultant , the VOG or low-risk which could be managed by the local GP. There were antenatal clinics every 2 weeks when all the high risk pregnancies and also other issues came to see the Vog. It was quite a sight! 200-300

mothers sitting outside the reception room, the head nurse calling in and out patients in a steady queue with no privacy what so ever to the room where the VOG was together with some medical students and interns doing assessments and plans for the pregnancy. In another small room was the resident doing very quick ultrasounds with weight estimation and all the time, nurses and minor staff pushing patients in and out to make everything as efficient as possible... It was almost impossible for me to follow the medical charts, although written in English, which is the common medical language used by all doctors and charts they were filled with abbreviations and bad handwriting but after some month I could manage to make some sense out of them..

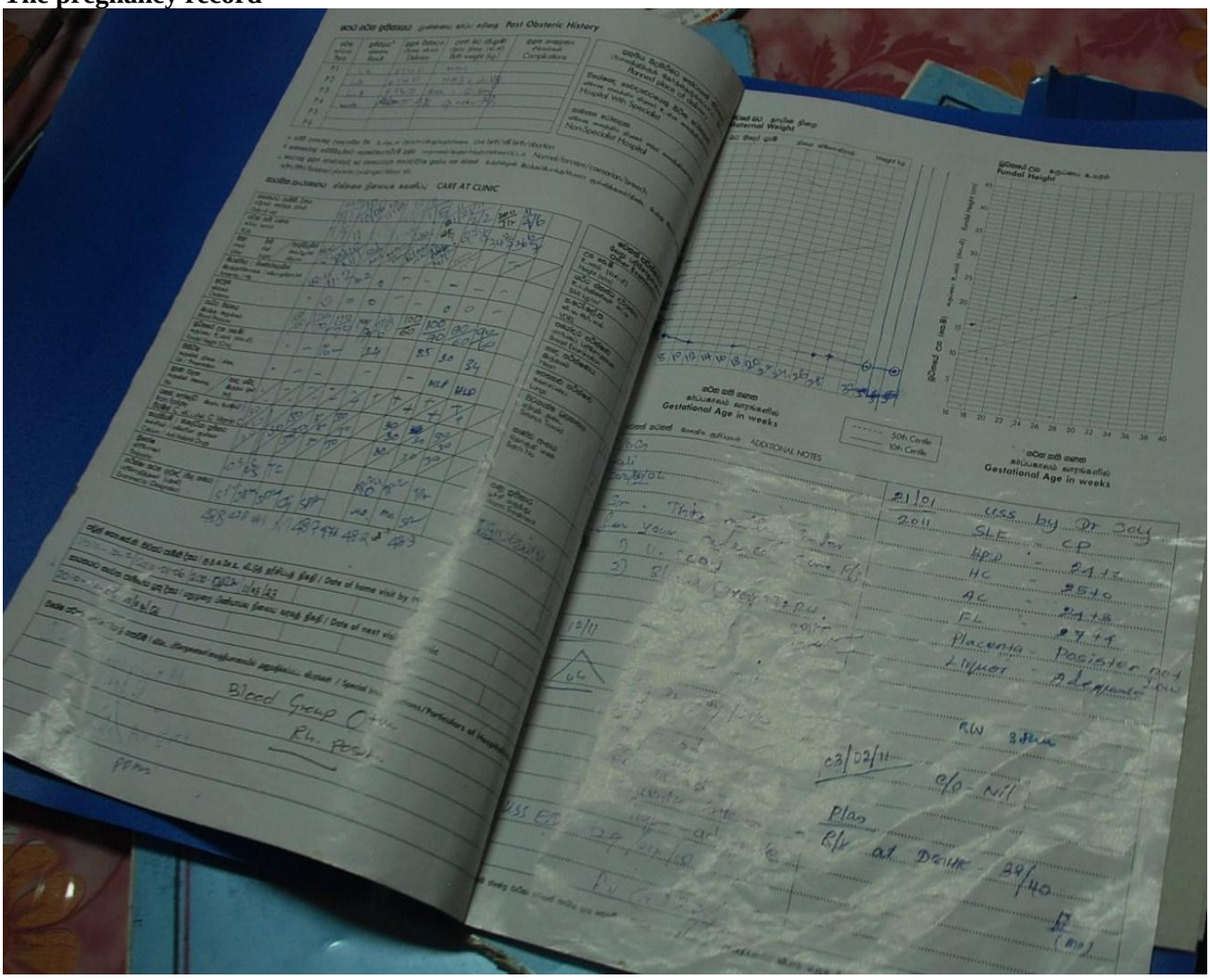


Charts- impossible to read.

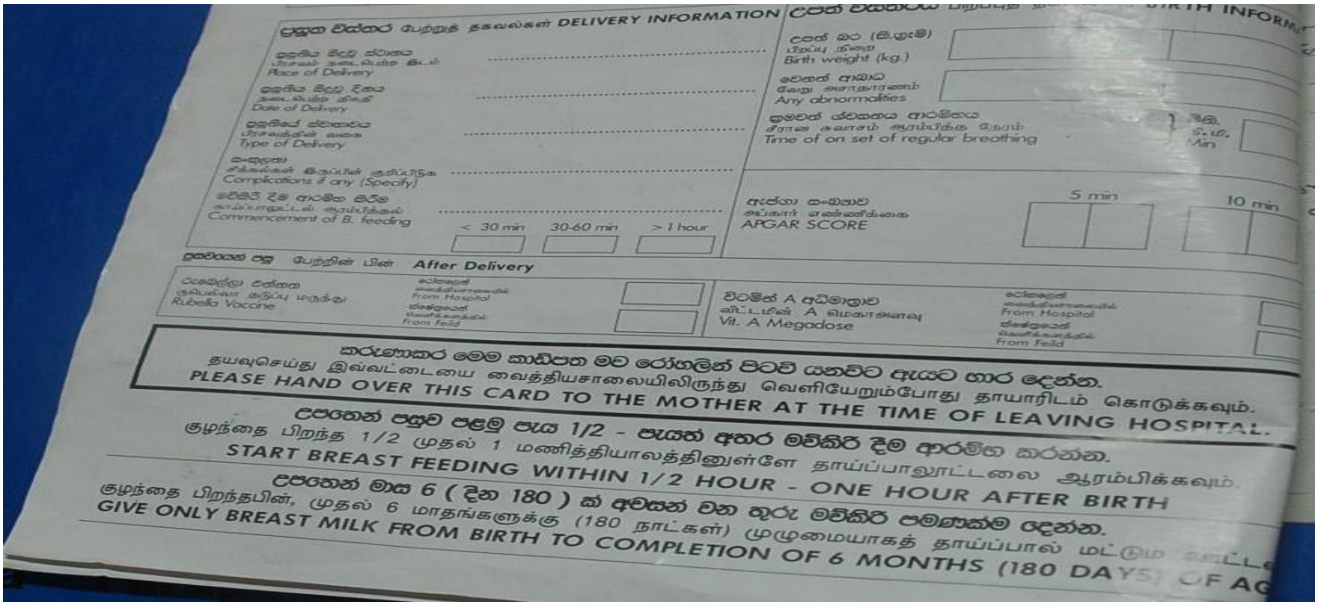
Considered as High risk was often Low BMI, multiparosity, diabetes. Teenage pregnancies... Sri Lanka has a high genetic prevalence of diabetes, about 15-20 % of the population which complicated many of the pregnancies… Most had at least 2 ultrasound examinations during their pregnancy.



The pregnancy record



Pregnancy parameters



Breastfeeding advice

The women were admitted at term and induced after 41 weeks. The roads are very bad and many had a day of traveling to reach the hospital even though the distance was short which is why there were many women in the antenatal ward just waiting for labor too begin… Even so on the way deliveries were common in this very multiparous populations. However almost 95 % of the deliveries in Sri Lanka are in hospitals, a figure that Sri Lankans are very proud of… They have also succeeded in reducing the neonatal mortality to almost "western" standards in spite of war.

I learnt a lot during my three months and the opportunity to be able to follow many deliveries simultaneously has provided me with a much better understanding of the normal and " natural" process of labor which is impossible obtain in our high-tech obstetric care at home.

As for our plan to open up a maternity clinic in my husband village about 1 hour traveling time from the district hospital, many steps have been taken, I have made many valuable contacts with the health ministry, politicians, military and acquired an understanding of the medical culture in Sri Lanka and the needs of the people in Sri Lanka… However, I also have realized the difficulties and encountered much bureaucracy but anyway when we described our project it was met with admiration and appreciation. It is very difficult for the people to get to the district hospital, roads are very bad, and travelling is time consuming, people are poor and need local initiatives. Unofficially people show up at the doorstop of our rented hose to ask for medical advice before going to the hospital. They also often do not know for what and with what they have been treated and confide completely in the doctors and their medications…

Nevertheless I will have to be a specialist before attempting to work officially and independently as a doctor in Sri Lanka. During wartime there were a lot of NGOs and foreign doctors could obtain a temporary registration to work very easily. Now all that has changed and Sri Lanka is facing a normalization period says the Health Ministry and that they are managing with their own resources and do not need NGOs or foreign non- ex- sri-lankans doctors working. But on the ground the inadequacies and lack of staff in the former war-torn district are very obvious but no observers are there and people are afraid to criticize the government openly. I would also have to do their internship and residency, the same, as foreign doctors have to do in Sweden… But being married to an Ex- Sri Lankan when being a

specialist I can obtain a residence visa and the Ministry of Health said that I was very welcome to join them. There is no logic in the red tape and bureaucracy whatsoever…

An effort to adorn the hospital with some greenery in the otherwise arid north

Government-approved free medications

A mother with a child properly dressed up according to tradition in the 40degree heat

I nevertheless strongly recommend all residents to do voluntary work and training in low-resource countries, I think we can learn a lot from them and their way of managing things. I also recommend visiting Sri Lanka, it is one of the most amazing places on earth with gentle, friendly people who have faced so many tragedies and still are always smiling…


2011
HAPPY NEW YEAR-2011
Ca Lactate
Folic acid
FeSO4
Blood Bag

Sri Lankans celebrate New Year in April.

Antenatal ward with mosquito nets

Acute antenatal mother site used for miscarriages, infections...

Patient education on breastfeeding and weaning was held by the midwives in a group session for the postnatal patients with these kinds of posters…

Postnatal ward

Postnatal ward with new wooden beds...Patients have to bring their linens and no diapers are used…

A new pediatric intensive care unit was inaugurated just when I left in April

Doctors car

Internally displaced refugees still live in these kinds of shelters

Schoolchildren with donated UNICEF bags are a common sight.

A Grandmother with the traditional crystallized sugar brought to the hospital when a baby boy was born. For girls they brought chocolates…

On my last day the nurses (with the caps) and midwives organized a farewell party for me...


Point Pedro
Jaffna
Nagadipo
Delft
Elephant Pass
Killinochchi
Irranamadu
260km
Mullaittivu
280km
395km
Talaimannar
312km
Mannar
GULF
OF MANNAR
Markulam
Vavuniya
Madukanda
Tiriyaya
Karativu
Tantiramale
257km
Trincomalee
Marichukkadi
Medawachchiya
229km
254km
Horawpotana
China Bay
Wilpattu
183km
254km
Anuradhapura
Mihintale
Kantale
National Park
209km
Medirigiriya
Chaitiya
Pelagala
Galoya
Minneriya
Habarana
142km
Puttalam
Galgamuwa
Ambadawa
Yapahuwa
108km
Sigiriya
169km
216km
Dambulla
148km
Naula
Kalonnaruwa
Hot and
cool springs
280km
Elephant point
282km
303km
Batticaloa
Wasgamuwa
National Park
Chilaw
Panduwasnuwara
93km
142km
Alawwa
Kurunegala
Matale
Maduruoya
National Park
Maha Oya
Galoya
National Park
Pinnawela
116km
Kandy
Mahiyangana
185km
Amparai
350km
35km
Negombo
31km
Katunayake
Pasdeniya
Botanical Gardens
Gampola
Regalle
77km
320km
54km
Gampaha
58km
Nawalapitiya
180km
230km
Badulla
Nuwara Eliya
205km
Colombo
Ella
Monaragala
197km
254km
322km
Mt.Lavinia
Ratmalana
Hatton
Wellawaya
Lahugala
Adam's Peak
191km
Haputale
Moligawila
222km
Little Basses
Ratnapura
101km
121km
Balangoda
Buduruwagala
164km
Uda Walawe National Park
Kalutara
43km
305km
283km
Sinharaja
National Park
Deniyaya
Tissamaharama
Great Basses
64km
Kosgoda
Ambalangoda
264km
Hambantota
Hikkaduwa
99km
Mulkirigala
238km
INDIAN OCEAN
Galle
116km
195km
Matara
160km