

Report for the NFOG Fund: Clinical Visit at Kenyatta National Hospital in Nairobi, Kenya

My name is Henrik Makokha-Sandell and I am a resident doctor at Uppsala University Hospital (UUH) in Uppsala Sweden. During the spring of 2023 I spent two months working at Kenyatta National Hospital (KNH) in Nairobi Kenya as part of my residency in Sweden, funded by the NFOG Fund. My focus for my stay was complicated obstetrics so most of my time was spent in the labor ward where KNH, being the biggest and highest referral hospital in Kenya, receives the country's most complicated cases. Although we also do get complicated cases at UUH, there were things I saw in Kenya that I would never see in Sweden.

Even though KNH and UUH are both public, high referral hospitals in their respective country, the scope of what the field of obstetrics and gynecology entails does vary between the two, mainly due to differences in resources, culture and politics. Despite the fact that diagnoses such as myomas and preeclampsia may be more prevalent in an African setting like Kenya, the main reason for the difference in outcomes may still be the above-mentioned factors. In the labor ward at KNH we were frequently faced with patients who had little or no antenatal care, severe and late stages of infectious or pregnancy related diseases, extreme poverty and social distress. Issues such as these and other complications related to pregnancy would have been picked up and addressed at an early stage in a setting like Sweden but may often be missed or unmanaged in Kenya leading to severe and complicated outcomes. While I might see a handful of eclamptic patients during my entire residency in Sweden, there was a whole maternal intensive care unit at KNH filled with these patients, many of whom sadly passed away. Experiencing the loss of a pregnant woman's life due to preventable causes is an experience not shared by many Swedish obstetricians or gynecologists. It is not an experience I wish unto anyone but an experience I value deeply.

In my previous experience as a master student in Swahili and an undergraduate medical and PhD student in the neighboring country Tanzania I have obtained valuable insight into not only the cultural but also the systematic differences in the health care apparatus. Throughout my stay in Kenya, I have deepened this knowledge and I have come to realize what an outlier Sweden and the Scandinavian countries are when it comes to the structure and funding of public health care. Our unique set up, although filled with its' own problems and challenges, is now something I value on a much greater level than ever before. However, it has also become clear to me that our efforts to develop and improve the system we are working in only helps our patients within the system and other factors outside of it, which may be even more determining for the outcome of the patient, is dependent on a multitude of factors outside of our control. How can we help a teenager who becomes pregnant because of stigma surrounding family planning? How do we help her get an abortion when it is illegal? How do we welcome her to antenatal care when she is too scared to disclose of her pregnancy? How do we save her life when she has eclampsia in her home?

Questions like these are too big to be solved by an individual, but they are still often present at the labor ward at KNH. At my labor ward in Sweden I don't have to consider these matters, the system of care and the society at large is already catering for it. But it is a system I am a part of and I have to understand what works for us and why. At times I believe we in Sweden are becoming somehow distant from what the field of obstetrics and gynecology may entail. Our health care system has for so long and with such efficiency prevented and treated the most adverse outcomes of pregnancy that we may not even consider them at times. Visits like this, to setting where you are constantly reminded of the need for antenatal care, material and human resources, equitable laws and women's rights are always beneficial to health care professionals.