

## 2016 AMSF Travel Scholarship

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For my student selected experience I travelled to Tanzania to undertake a three week obstetrics rotation in Amana Regional Hospital, located in Dar Es Salaam, the capital of Tanzania. I then spent a week in Kidodi village, working at their regional healthcare centre. Having had no prior experience of medicine being practiced in the third world, my four weeks in Africa were definitely eye opening and incredibly rewarding.

The first three weeks were spent at Amana Hospital, as mentioned, on an obstetrics rotation. Our supervisor was not affiliated with the O&G department and consequently we had to find our own way around during the first few days. However this also meant we had a lot of flexibility in determining where we spent our time in the hospital. The hospital itself was fairly large, with around 300 beds in total. Within the obstetrics and gynaecology department, there was an antenatal outpatients area, a triage assessment area, labour ward, postnatal and neonatal wards, and a gynaecology ward.



I spent the majority of my time on the labour ward. The ward had eight beds in total, and there were between 30-100 deliveries a day. The ward staff included midwives, midwifery students, obstetricians (during morning rounds) and medical students. There were also midwifery students from the UK also on placement. These girls were a great support, particularly during my first few days when I was trying to adjust to a very different hospital environment. The midwives allowed elective students the opportunity to take on a lot of responsibility. Initially I felt quite hesitant about looking after a laboring woman by myself, as during my previous O&G rotation I had always had a lot of supervision from the midwives. During my first two weeks I spent a lot of time with the midwifery students and the local midwives, trying to learn as much

as I could. Following this I felt more comfortable looking after patients by myself and was even able to deliver a baby by myself. As there were no paediatric doctors on the ward, I was also able to perform neonatal exams on the newborn babies, something I had not been able to do previously in Adelaide.

It was pretty incredible to see how the hospital managed with such limited resources. I was asked to bring my own gloves (sterile and non-sterile), masks and aprons, as there was generally not enough available on the ward throughout the day. There was a lot of creativity used when certain equipment ran out; I saw gloves used as catheter bags, and also as tourniquets. Between the two operating theatres there was only one working anaesthetics machine. In the other theatre, the anaesthetist only had an oxygen saturation probe for monitoring. Each pregnant woman during her antenatal care was given a list of equipment she was required to purchase herself and bring to the hospital when she went into labour. This list included sterile gloves, a sterile needle, oxytocin, suturing materials and a roll of cotton wool to use as wipes. If a woman couldn't afford these items, she would run the risk of not having such crucial items available during her labour.

Some moments on the rotation were particularly confronting. As Amana Hospital had so many women delivering everyday, the midwives pushed for quick deliveries, even when the women weren't ready. There were several vacuum deliveries performed incorrectly and without a clear indication, leading to maternal and foetal complications. I saw rare obstetric complications such as cord prolapse and undiagnosed twins. One of the biggest differences between obstetrics in Adelaide to Tanzania was the total lack of any sense of 'emergency' amongst the medical staff. If an emergency caesarean section needed to be done, the patient would normally wait at least two hours before going to theatre. I saw a stillborn delivery during an emergency section on my second day, and it was a death that would have been avoided if she had been able to go to theatre straight away. There were a lot of amazing moments at the hospital as well. Being able to be actively involved in so many women's labours and deliveries was amazing. I was able to get more hands on experience than I would in a similar rotation in Adelaide, and I felt genuinely useful on the ward, as there are often lots of patients and not enough staff to attend to everyone.

Swahili is the official language of Tanzania, and whilst most of the healthcare staff spoke excellent English, almost all the patients I saw on placement spoke only Swahili. Myself and the other students were lucky enough to have Swahili lessons every week at the Work the World house, which quickly gave us enough language skills to be able to introduce ourselves to patients, and ask for their basic details. We also quickly picked up the Swahili words for 'breathe' and 'push', which were very pertinent to our rotation.

There was a stark difference in how we in Australia regard childbirth as opposed to Tanzanians. The women at Amana Hospital received no pain relief (the hospital did not have the resources to make this available), however they also received little sympathy from the midwives and doctors. It was very common to see a midwife yell and even slap a woman who was screaming or crying with pain during labour. This was initially quite confronting to see and very different to the patient-midwife interactions we see at home. It was also extremely rare to ever see the father of the baby at the hospital. It is generally accepted in Tanzania that labour is 'women's business' and so males involved are not expected to go to the hospital.

My last week was spent in Kidodi Village with two other students. This was a village of about 2,500 people, almost 500km inland from Dar Es Salaam. We spent our mornings at the local healthcare centre and our afternoons doing activities with our guide. The healthcare centre was much more relaxed compared to our hospital rotation. We were able to see a wider variety of conditions more prevalent in the third world, including HIV, TB, malaria and cholera. It was great to see the really positive health campaigns occurring in the village and surrounding area. While we were there the centre was conducting free cervical cancer screening for all women in

the region, which we were able to help out with. They also had free vaccination clinics for all children and pregnant women. During our stay at the village, we also got to do different activities, which included going to see a traditional healer, bike riding around the sugar cane fields, hiking to a waterfall and learning traditional dancing.

On our weekends I was able to do some travelling with other students from the house. On our first weekend we went to Zanzibar, where we stayed in the capital Stone Town. We had a local tour and learnt about the history of the Eastern slave trade. We did some day trips and got to go swimming with dolphins and hiking in a rainforest to see monkeys, which only live on Zanzibar. We also did a tour of a spice farm. On our second weekend we went on a safari in Mikumi National Park, which was close to where Kidodi village was located. This was absolutely amazing and an experience that I will never ever forget.



I really enjoyed my time in Tanzania. The hospital was initially quite confronting, but after a few days I got used to the differences and was able to apply myself and really feel like I was able to contribute and make a difference. The village experience was really enjoyable and a nice contrast to our time at the hospital. To be able to have the chance to go on a safari and visit Zanzibar was amazing. Thank you so much to the AMSF for your support of my elective, as I would not have been able to experience so many different things in just four weeks without it! I made some great friends, had opportunities I would not have had in Australia and have come home feeling more confident in myself.