



Medical Elective Report

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30 days in Vanuatu. 20 babies born each week. 10 midwives we worked alongside. 9 essential phrases in Bislama. 8 new medical student friends. 7 witnessed surgeries (3 tubal ligations, 2 caesarean sections, 1 tooth extraction and 1 tongue tie release). 6 scuba dives in the South Pacific Ocean. 5 blue holes. 4 deliveries performed by me. 3 natural disaster warnings (2 tsunami warnings and a cyclone warning). 2 Christmas parties. 1 girl's dream elective experience thanks to the Andrew Dent Student Scholarship. And countless friendly smiles, delicious mangoes and memories that will last a lifetime.

For my medical elective, I wanted to go to a developing country to experience a different health care system and see the impact of resource limitation on patient care. I applied to do my elective in Luganville, the second largest city in Vanuatu, because of its wonderful reviews from previous medical students, who had such rich clinical experiences and tropical adventures. Vanuatu did not disappoint. During my elective at the Northern Provincial Hospital, I spent majority of my time in the maternity ward, which is made up of a six bed antenatal room, a three bed delivery room, an eight bed postnatal room, a post-surgery room and a nursery. Over the month, I attended daily ward rounds with the obstetric team, conducted antenatal clinic, scrubbed into surgeries and delivered babies. I also spent some time in the busy emergency department, on the paediatric and internal medicine wards, and in the Churches of Christ medical clinic.

The most memorable experiences of my elective were in the delivery room. Even when the maternity ward was bursting with labouring women, there were only ever two midwives or nurses working, which meant that they were grateful for any help they could get from medical students. This was especially true on our first evening shift, where there were five deliveries. After a full day of ward work and antenatal clinic, I left the hospital for a quick dinner, and when I returned I had missed a birth by 5 minutes! I had arrived just in time to see the placenta being delivered. While I was initially disappointed, it was not long until another woman presented to the ward fully dilated and ready to push, which was followed in quick succession by three more women! Over the course of the night, I was lucky enough to be involved in three of the births, one of which involved a primiparous woman, who I assessed and coached throughout her labour and got to deliver her baby. It was such an incredible experience! I left the hospital at 1.30am and was back again at 8am for the ward round, knowing that most of the women who delivered that evening were likely going to be discharged home. With help from another medical student, we conducted postnatal checks on all of the women going home, which involved checking their breasts for colostrum, their abdomen for uterine contraction, and their perineum. The midwives then arranged for the women to return on day 3, 5 and 7 post-birth to monitor the baby's weight and ensure breastfeeding was going well. There were several cases where I was fortunate enough to be involved in the entire process from the initial labour assessment, to assisting with or leading the delivery, conducting the postnatal assessment, and post-



Mayline, baby Joseph and me

birth checks. There were two women who wanted us so involved in their care that we got to help name their newborn babies! These experiences were extremely valuable and I will forever treasure the feeling of connectedness with those women.

I also spent a lot of my time on maternity in antenatal clinic, which was primarily run by the midwives, with an obstetrician available only for high-risk women. During clinic time, I not only improved my obstetric clinical skills and learnt how to use a Pinard horn, but it was a great opportunity to learn and practice Bislama, the local language in Vanuatu. After observing several consultations, I was able to start conducting clinic myself in basic Bislama and some

charades, which greatly improved my communication skills and helped me develop effective ways of overcoming language barriers.



Medical student Emily, Sister Anna Maria and me, with our personalised bags handmade by Anna Maria

During my time in Vanuatu, I noticed some key differences to obstetric care in Australia, but also some similarities to my experiences in rural and remote Australia. Most obviously, there was a lack of analgesia used in labour and the language used by the midwives to the patients was very different. There was also very rarely a support person with the labouring woman and no husband in sight, with some midwives believing that women do not labour effectively when their husbands are present. The midwives told labouring women to accept the pain they were experiencing and not to cry out, as they should instead use their energy to deliver their child. While I initially thought analgesia was not used in labour because of limited resources, it turned out to be more of a culturally informed practice. I learnt this after I assessed a woman who was thought to be in labour, but actually had a urinary tract infection. Once we diagnosed the infection, she was immediately given paracetamol because the pain she was experiencing was not labour pain! There was also far less monitoring during labour, and less investigations and screening performed during the antenatal period. This meant that the gender of the baby was almost always a surprise and genetic disorders were unlikely to be picked up during the pregnancy. There was very little discussion about perinatal mental health, except for a poster in the medical ward on postnatal depression. In the family planning clinic, I learnt about the different forms of contraception used in Vanuatu, such as the Jadelle rod that is used instead of the Implanon, and how a woman is only able to have a tubal ligation if her husband consents to the procedure. Interestingly, I saw a case where a woman became pregnant with the Jadelle in situ and needed it removed when she found out she was pregnant at about 30 weeks gestation. In Vanuatu, there is currently no legal option for terminating a pregnancy.



An afternoon storm at Port Olry

Vanuatu is a male dominated and largely patriarchal society and it was a confronting experience seeing women as second-class citizens. One of the doctors was quite frank about the role of women in Vanuatu, which he said was to have and rear children. However, meeting local Ni-van women with successful careers gave me hope that women are breaking gender roles and not letting their gender define them. There were two female junior doctors at the hospital (out of five junior doctors in total), and one female pharmacist. I hope these women inspire local girls to dream and pursue careers outside gender stereotypes themselves. Personally, I would love to be able to go back to Vanuatu and work with the local women to advocate for improved access to basic health care resources and increase their health literacy.

<i>The nine essential Bislama phrases</i>	<i>English translation</i>
<i>Nem blong mi Marney</i>	<i>My name is Marney</i>
<i>Mi blong Australia</i>	<i>I am from Australia</i>
<i>Bebe move move?</i>	<i>Have you felt fetal movements?</i>
<i>Belly sore?</i>	<i>Do you feel contractions?</i>
<i>Mi wandem checkem basket blong bebe</i>	<i>I want to check your tummy/uterus</i>
<i>Plis toktok slow</i>	<i>Please talk slowly</i>
<i>I stret</i>	<i>I understand</i>
<i>Tank yu tumas</i>	<i>Thank you very much</i>
<i>E gud blong lookem yu</i>	<i>It was nice to meet/see you</i>



The maternity Christmas party with all of the clinic and ward midwives, nurses, doctors, cleaners and medical students



All of the medical students staying at the Hibiscus Motel with our homemade piña coladas