

HEALTH SERVICES IN BAHRAIN

HIGHLIGHTS OF PRESENT STATUS AND FUTURE PROJECTIONS

Introduction :

THE CHILD is not a miniature adult and care provided to children is not a scaled down medicine as it may occur to the layman and some professionals as well. Children are special human beings who are growing and constantly undergoing dynamic developmental change. This dynamism is also the characteristic of the art/science that provides care to children. Any doctor who does not realize this basic concept will stop short of providing optimal care to children even if he/she makes pediatrics a life-long career.

Childhealth promotion starts as early as the care given to the female infant, the potential future mother. The next natural step in prophylactic care is that provided to the pregnant women all through parturition. Perinatal care (ante-natal, natal and neonatal) is the cornerstone of an extended maternal and childhealth promotion and now become an integral part of the training received by the neonatologist. Having said that now I will turn my attention to the highlights of child care in Bahrain antenatally and thereafter.

Ante-natal Care and Primary Health Care:

Ante-natal care is now available in most Health Centres (Table No. 1). Normal pregnancies are

Child Health Care in Bahrain

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TABLE NO. 1
HEALTH CENTERS IN BAHRAIN
THAT PROVIDE
ANTE-NATAL CARE — 1981

Name	Location
Ibn-Sina	— Ras-Roman- Manama
Jidhafs	— Jidhafs
Sheikh Salman	— Muharraq
North Muharraq	— Muharraq
Sheikh Sabbah	
Al-Salem	— Mohooz-Manama
Sitra	— Sitra
East Ruffa	— East Ruffa
Isa Town	— Isa Town
Western Region	— Malchya
Al-Razi	— Naim-Manama

screened, high risks identified and then referred to the Salmaniya Medical Center for follow up by obstetricians. The efficiency and quality of these services have to be subjected to evaluation periodically. Nevertheless, their availability in itself is a step forward in the armamentarium of preventive maternal child health promotion.

Over 80% of the deliveries are conducted in hospitals, attended to either by doctors or midwives. All sick neonates are transferred to a

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Central Special Care Baby Unit (SCBU) located now at the Central Maternity Hospital (CMH) in Muharraq and will be relocated at Salmaniya Medical Center in the near future. Only 60% of the babies in trouble i.e. born at the Central Maternity and face problems, are handled immediately by pediatricians. The remaining 40% of such babies receive immediate care, if any, by Obstetric Residents (Jidhafs Maternity) or only by midwives (Sattelite—peripheral—Rural—Maternities: Sitra—Riffa—Western Region).

All the babies born at the C.M.H. are checked by Pediatricians within the first three days of life primarily for detection of gross congenital anomalies, significant jaundice or feeding problems. Such care is not extended to babies delivered in the peripheral maternities, private hospitals or at home. All hospital-born babies are requested to make their first follow up visit in the Health Centers at the age of 2 months. Prophylactic baby care encompasses regular weight and length measurements, immunization against preventable diseases (Diphtheria, tetanus, pertussis, polio, measles and tuberculosis) feeding instructions and general health education. Any sick child is entitled to receive care in one of the Health Centers.

So far I have been relating care that is mostly primary in its nature and I firmly believe that it is fundamental, touches the lives of majority of children and has tre-

mendous bearing on the subsequent levels of care namely the secondary and the tertiary.

In the department of Pediatrics at Salmaniya Medical Center sick children receive secondary and tertiary care. The former is provided in the out-patient clinics, while the latter is rendered by admitting these patients to a Pediatric set up. Excluding neonates who are sick right after birth, all sick children from the neonatal period to the adolescence age are cared for at Salmaniya Medical Center.

The bed distribution takes into consideration the age. You, therefore, find a ward for infants, another for toddlers and some wards for older children. We also separate patients by disease categorization; all children suffering from infectious diseases are admitted to a special ward, while surgical pediatric patients have a ward of their own.

A unique aspect of our set up is availability of a ward for breast feeding mothers whose babies have been struck by illness. We hope in the future to be able to allow every mother to stay with her sick child when she/he needs hospitalization.

The medical pediatric consultants on board practice general pediatrics primarily and their subspecialties only secondarily. Our projection for the future is to establish speciality units, such as Hematology-Oncology Unit, Cardiology Unit, Infectious Diseases Unit, neonatology Unit etc. Although surgical pediatrics is getting well established as a unit in the Department of Surgery, its links with the Department of Pediatrics is strong and the cooperation is day-to-day. Establishment of this unit was only possible after the arrival of a Bahraini Pediatric Surgeon. With this kind of future

projection, we will urge Bahraini doctors to do sub-specialization in various fields of Pediatrics. This specialization should only come after mastering the real art of general pediatric practice. The global view of the child care should never be foggy in the pediatrician's mind while zeroing down on a specific area.

Training of Bahrain Doctors in the Field:

Bahrain Consultants in Pediatrics are sparse but we have a good number of Bahraini doctors who have already obtained the DCH (Diploma in Child Health) and are candidates for higher qualification such as MRCP or American Board of Pediatrics. (Table No. 2)

It has recently become extremely difficult to find Medical Centers in the Western Countries (the U.S. & Europe) that will allow non-Europeans without passing a sort of an entrance examination (Visa Qualifying Exam — VQE — USA; PLAB — U.K.) to fit in and receive the proper required training prior to higher qualifications.

Although these limitations apply to all specialities I will limit my remarks here to Pediatrics. Because of these constraints we have sought other alternatives that can serve the purpose of higher qualification. We are tackling the problem through several channels.

1. Enroll some Bahraini doctors for the VQE Courses available in an attempt to open the U.S. door. Some centers there, are willing to accept our doctors competitively once they overcome the VQE hurdle.
2. Establish a link with the conjoined Royal college of Surgeons and Physicians, Ireland to accept some of our DCH holders after passing their primary MRCP, for further training and qualification. Steps are underway in this regard.
3. Upgrade our set up at SMC to get the recognition and credit towards qualification for:
 - a. the Arab Board.
 - b. DCH, Primary MRCP and ultimately MRCP part II.

TABLE NO. 2

DOCTORS AS STAFF-MEMBERS OF THE DEPARTMENT OF PEDIATRICS AT SALMANIYA MEDICAL CENTRE — 1981

Qualifications & Status	Total No.	Bahraini	Non-Bahrainis
Qualified Consultants' Pediatricians			
with American Board	1	1	—
with M.D. (INDIA)	3	0	3
Pediatrician-Specialist level			
with D.C.H.	11	8	3
with D.C.H. — MRCP — 1	1	1	0
Resident Physicians with Experience in Pediatrics	9	6	3
	25	16	9

We are not being unreasonable in aiming this high because our set up already meets the requirements for the Arab Board in Pediatrics and DCH — Ireland. We are however fully cognizant of certain deficiencies that can be remedied. These deficiencies can briefly be numerated as such:

1. Our residents lack in their training the essentials of primary care of children. There is too much emphasis on disease management rather than health promotion.
2. There is little emphasis on the concept of total care of the sick

child which entails a thorough engrossment into the family circumstances and the community at large i.e. the milieu where the child may have acquired his illness.

3. There is now too much emphasis on physical illness while the psychosocial and the psycho-somatic problems are being under played in the set up. With a pediatric psychiatrist now on board and once the training program takes its full-fledged proportions both pediatric surgery and pediatric psychiatry can serve as slots for

rotation of our residents.

It is not out of plan to mention in conclusion that the Ministry of Health in Bahrain has sought all avenues possible to bring into realization its ambitious post-graduate training program for Bahraini doctors. This is done in an attempt to upgrade the level of practice at Salmaniya Medical Center as a budding training and teaching set-up and achieving in the long run the true goal of Bahrainization of the higher posts' in the Ministry. □□