

FIGHT AGAINST INFANT DEATHS UPPED

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By Tselane Moiloa

QWA QWA – A 2011 United Nations Children’s Fund and World Health Organisation report stated that while deaths of newly born babies have dropped worldwide, the problem still persists in sub-Saharan Africa, under which South Africa falls.

The report indicates that in 2010, 19 000 neonatal deaths were reported, while 41 000 infants died during the same period. The highest number of deaths was among children under five years, standing at 58 000. It also stated that between 1990 and 2010, the average annual rate of reduction stood at 0.3 percent.

The report, titled Levels & Trends in Child Mortality stated: “The highest rates of child mortality are still in Sub-Saharan Africa – where 1 in 8 children dies before age 5, more than 17 times the average for developed regions (1 in 143) – and Southern Asia (1 in 15)...Almost 30 percent of neonatal death occur in India. Sub-Saharan Africa has the highest risk of death in the month of life and shown the least progress.”

Despite the disparaging outlook, the Free State government insists that it is making strides in combating maternal and infant mortality rates in the province through its high-care units in some of the big hospitals.

An increase in fatality rates culminated in a Child Health summit in Bloemfontein last year, paving the way for the establishment of the Provincial Specialist Unit on Maternal and Child Health “to co-ordinate the departmental efforts of improving maternal and child health services,” Health MEC Fezi Ngubentombi announced during her budget speech in March.

The Mofumahadi Manapo Mopeli Regional Hospital in Thabo Mofutsanyana is said to be making strides in keeping up with the 2015 Millennium Development Goals to reduce the rate of maternal and infant mortality deaths by two-thirds and also promoting child health.

In 2011, Manapo became the latest hospital in Free State to welcome the Neonatal High-Care Unit and Kangaroo Mother-Care Unit into its structures. The high-care unit, which admits high-risk cases, has admitted 109 babies since December last year. The unit initially had two beds, which have since increased to six because of growing demand.

Mampho Mofokeng gave birth to premature twins on Monday, May 7, just over two months before their due date. Since their birth, one of the twins has been in an incubator, while the other spends its days and nights nestled between in its mother’s bosom in Manapo Hospital maternity ward.

Mofokeng is one of numerous new mothers who celebrated motherhood in the ward, where nurses are at their beck-and-call 24 hours a day. “It took a short time to settle in. It is different from the first time I gave birth because at first, we did not have the opportunity to be with their children during their stay in hospital,” she said. Mofokeng has been practicing kangaroo mother care since Kutlo and Kutlwano’s birth, a system which is said to be decreasing infant deaths.”

Area Manager of the High-Risk Unit Rebonny Mohale explained what happens in the unit: “What we do here is to stabilise the baby and check whether it will be able to grow on its own; then it goes to the baby care unit, which is the nursery and they stay there until they are fit to go home. The babies discharged when they reach 1.7 or 1.8 kg.”

Mohale also said that while the unit can cope with major high-risk cases, they do not perform any operations and these are referred to the Universitas Hospital in Bloemfontein. The smallest baby they had weighed 800 grams at birth, she said. Once out of harm’s way, the babies are transferred to neonatal care – depending on the need for that, or Kangaroo Unit, as was the case with Mofokeng.

The Kangaroo Care Unit has since December 2011 admitted 97 babies, without any fatalities. Maternity and Neonatal Manager, Nomusa Mathe said.

“We admit babies with low birth weight; that can suck and do not need oxygen. We keep them here with their mothers. The baby stays in the nappy, hat and booties to facilitate skin to skin. When the mother’s warmth gets into the child, it serves as a womb.

This is a 24 hours process. They get a chance to refresh and bathe in the evening. During visiting hours, their partners come and spend time with them as part of kangaroo father care; we are also practicing it.

When they started, they were not happy, but they now love it. They don’t stay a long time in hospital,” she said.

Mofokeng is one of the mothers who did not accustom easily to the method.

“It was different from my first birth. But it is also great because we all get the chance to be with our babies while they are gaining their strength; instead of just being at home and having to come in daily,” she said.

The deputy-director general of Clinical Services in Free State, Dr Teboho Moji, said that these units are indeed working towards curbing the deaths of new mothers and their babies because they focus on pregnant mothers and their babies.

“Before we had this unit, everybody went into the same unit i.e. Ante-Natal Care (ANC). In ANC, it is everyone who has not given birth. We did not differentiate a mother who is high-risk from one who may have high-blood pressure, was bleeding or just needed monitoring. You would go in there and find, maybe one nurse tending to five or ten people.

“With the opening of these high-care beds, we are able to take the high- risk cases where there is one nurse dedicated to two cubicles only,” Dr Moji said.

He continued: “So the high-risk cases, before and after giving birth are able to receive better attention than they used to. Equipment is there, but this is more about dedicating a resource which is specific for those high-care cases.

“Say for example you gave birth prematurely and your child was small, in the past, we had to put you in an ambulance, which is not dedicated and take you to Bloemfontein.

Manapo, which receives referrals from Elizabeth Ross, Harrismith and Phumelela hospitals and surrounding clinics too, has 270 beds. The CEO of the institution, Dr Diphoko Ntsutle said the biggest challenge before the units operated was training staff and equipping them with the necessary skills.

“We had to train and orientate our staff to ensure they could deal with the cases, and also do their job well,” he said.

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