

Newsletter January 2006

Introduction:

One of the rewarding aspects of being involved with COINN is the opportunity to hear and share experiences with some wonderful people. Sometimes we get caught up in our own environment and the local frustrations of work conditions, shortages and concern regarding maintaining best practice.

This month a letter was circulated to all the managers and educators in the NICUs in Australia. The letter was from an Australian neonatal nurse (Nicole Lloyd) who went to Western Kenya as a volunteer and ended up staying eight months running the small neonatal nursery, transforming the care provided to an acceptable standard for the babies and their mothers. In her letter she sent a plea for support, asking for second hand equipment, such as monitors, pulse oximeters, syringe pumps and equipment for bubble CPAP. Also any supplies that are a surplus or indeed any doctors or nurses who would like to volunteer some time in the hospital.

Below is her story and some photos that show some of her great work. Nicole has volunteered to become a COINN contact for Kenya and will work with the local nurses to give neonatal nursing in Kenya a voice at COINN.

Kaye Spence

NEONATAL NURSING: THE KENYAN EXPERIENCE

“The baby girl was brought to the health centre by her grandmother. The child was less than two weeks old and weighed less than one kilogram. The mother of the child had died a week earlier from birth complications when the child was born prematurely. The baby was all skin and bones, her face looked like that of an old woman and she appeared to not have been fed since birth. I inserted a nasogastric tube and initiated feeds. The baby was wrapped in blankets and given to the grandmother to hold in the sun for warmth. The child died about one hour later.”

This incident was described to me upon my arrival in Kenya this year. I had come to do voluntary work in Nyanza province, western Kenya. This is one of the poorest areas of the country with a very high HIV infection rate. The above story was recounted to me by a fellow Australian nurse, ANF member and neonatal intensive care nurse specialist, Nicole Lloyd. This incident helped to prompt Nicole to develop the neonatal unit at Siaya District Hospital, which she had been establishing since her arrival earlier in the year to do voluntary work. I began accompanying Nicole to the unit and assisted her in the provision of care to these tiny babies. I decided to donate

the money entrusted to me by the ANF to the future development of this unit. Nicole had previously been funding the unit from her own personal finances.

When Nicole arrived at the hospital the nursery was incorporated into the maternity unit. The maternity unit was staffed by only one nurse who was responsible for the nursery, postnatal care, birthing mothers as well as accompanying difficult births to theatre. The incubator in the nursery was broken with a permanent temperature setting of 34 degrees. There were four babies in the one incubator, all naked and without nappies, so the inside was constantly wet with urine. The babies were extremely cold and weighed from one to one point five kilograms. The mothers expressed breast milk three hourly and fed this to the baby using a spoon. The mothers were given no assistance or guidance on how much to feed the baby and how to do it properly. Nicole approached the medical superintendent and requested to develop the nursery during her six months in Kenya. She then proceeded to purchase basic equipment including a bar heater, chairs, nappies, clothing, cot sheets, blankets, nasogastric tubes, syringes, digital scales, tin cups for expressed breast milk and a stainless steel pot to boil and sterilise with. After one baby choked, aspirated and nearly died spoon feeding, Nicole was able to convince the mothers to use nasogastric tubes for feeding. The mothers were taught how to do nasogastric feeds and Nicole calculated the quantity of feed needed for each baby.

The babies had all been losing weight up until this point. With a heated room, dry clothes and nappies the babies eventually warmed to an acceptable temperature. With nasogastric feeds the weights began to increase and stabilise. At one point eight kilograms the baby would be removed from the incubator and placed in an open cot and would be discharged at around two kilograms if all went well. The babies were discharged earlier than Nicole would have liked as many parents could not afford to pay the cost of an extended stay in hospital. Most babies would go home with a nasogastric tube in and mothers would return weekly for tube changes and weighs. Usually within one to two weeks of discharge the mothers would be fully breastfeeding and the nasogastric tube could be removed.

Nicole had made these improvements when I began assisting her in the unit, although I still found the conditions primitive with the nurses employed by the hospital uneducated on how to nurse a premature neonate. One day I left the unit after inserting a nasogastric tube so that the mother could feed the baby. Upon returning to the unit I was informed that a nurse had removed the tube. The baby had starved for three days and dropped to a weight of one point one kilograms. I proceeded to reinsert another tube and instruct the mother on a feeding regime for the baby. The money that the ANF had entrusted to me is helping Nicole to purchase an incubator that works properly, phototherapy lights and pulse oximeter. As the hospital had no funds to purchase these Nicole has purchased them out of her own savings. The ANF money as assisted her in this.

While developing this unit has been a big task it is also rewarding. The mothers are so grateful and babies are now growing and flourishing. At times it has also been frustrating as with more resources more babies could be saved. Nicole has begun doing teaching at another district hospital on the care of the premature neonate and basic resuscitation. The medical superintendent at Siaya hospital has also asked her to form protocols and begin teaching their staff on how to effectively care for a

premature baby. Nicole has just returned to Kenya in January 2006 to further establish the unit in order to prevent the death of more premature babies. Nicole is doing this as a volunteer and if anyone would like to offer her support to help further enhance the unit she can be contacted via email at nicolejadelloyd@hotmail.com

*Written by Theresa Cahill, Nicole Lloyd and Emma Gibson.
September 2005*



On arrival in Kenya – Maternity Hospital



On arrival – four babies in incubator



On arrival in Kenta – mothers spoon feeding premature infants



The nursery



New equipped nursery



Mother and baby with nasogastric tube



Still four babies, now clothed and with NGT



A prem infant, warm and growing