

Ishaka Adventist Hospital Reducing Neonatal Mortality at IAH

DR BRIAN Medical Director IAH |
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Back ground 1

- IAH is a SDA PNFP general hospital in ECD Uganda Union, established in 1948 in the western part of the country, serving approximately 500,345 people.
- By 2018 IAH took care of 1057 babies with a neonatal mortality rate of 40.3 babies per 1000 live births.
- This was very alarming and way higher than the set target of 12 babies per 1000 by WHO.
- This gave birth to **every baby matters** quality improvement project,

PROBLEMS AS of 2018 2

- 40.3 Babies per 1000 live births born at IAH labour suit were dying,
- Many babies referred for long distances for NICU care.
- Reduction in number of mothers delivering at IAH.
- Reduced income to hospital.
- Bad reputation to the hospital.
- Poor relationship with the DHOs office and the district.
- Loss of collaborations.
- Frequent district and government supervision visits.

Contributing factors 3

- Delayed referral from lower health facilities
- Traditional birth attendants. By 2018 60% of babies were born at TBAs and referred with complications. Delayed referral by TBAs was also a major contributing factor.
- Lack of ambulance services in the region to transport mothers who need immediate attention.
- Undetermined referral system in the region.
- Limited knowledge about risky pregnancy and risky mother.
- Cultural practices and beliefs ie; use of herbal uterotonics and practices like extraction of false teeth and crude tonsillectomy.

Aim 4

- To reduce neonatal mortality from 34.2 per 1000 live birth to below 12 as per SDGs 2030.
 - To improve deliveries in hospital from 20% in 2018 to 80% by 2023
- Time duration: 2018 to 2023**

INITIAL STATE 5

- Babies born from labour suite.
- APGAR score assessment.
- Resuscitation done with HBB protocol.
- Babys who maintain a poor score are put on oxygen and initiated on antibiotic therapy and referred 60km away for NICU care.
- Those who fall sick are managed on bed side.
- 95% of the premature were referred for better services
- GPs and Midwives monitor babies for any signs of illness.
- Management of the babies was under the care of general practitioners

Gaps in the hospital. 6

- Lack of NICU.
- Lack of paediatric ward.
- Lack of a paediatrician.
- Limited skills in neonatal care
- No paediatrician
- No paediatric nurse
- No gynaecologist
- Poor referral systems
- Limited community engagement.

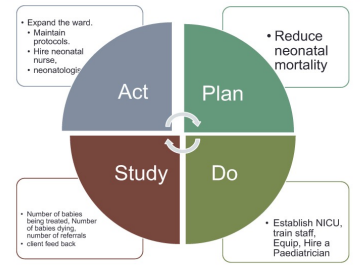
Target 7

- Functional NICU and paediatric ward
- Reduce Neonatal mortality to below 12 babies per 1000 live births
- Reduce referrals for NICU service to 15%
- Start to manage premature.
- Full time paediatrician
- Dedicated CQI team for NICU.

Decisions to be taken 8

- Gazette a neonatal care room.
- Train midwives and GPs in neonatal care.
- Hire a paediatrician.
- Equip NICU with equipment and protocols.
- Start up a neonatal clinic for follow ups.
- Hire a gynaecologist.
- Select a CQI team for follow and data usage.

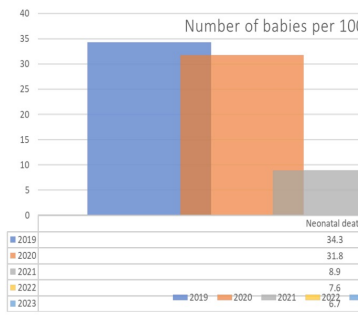
Rapid experiment: *Every baby matters*



Implementation plan 10

Action	who	when
1 Establish NICU	MD, Mat In charge	Feb 2019
2 Train staff, LHF's and TBAs	MD, Mat in charge, CQI	Mar 2019
3 Hire paediatrician	HR	July 2019
4 Design protocols	Paediatrician	Sept 2019

RESULTS 11



FUTURE PROSPECTS. 13

- Expand our NICU and paediatric wards
- Qualified neonatal nurses
- Have a neonatologist
- Recruit a paediatric surgeon



Lessons learnt 14

- TBAs have a close bond with their clients.
- In order to solve the TBA challenge we need to them to be integrated in the hospital care system as linkage facilitators.
- NICU clinics and follow up and community engagements help to reduce on bad cultural practices especially in the new couples.
- Positive attitude is key to change.
- Celebrating every small success is a strong motivator.
- We have learnt that indeed neonatal mortality is not a lion but just a hyena.
- Improvement in one department improves other associated departments too. Maternal mortality has greatly reduced, mortality below 5 has also greatly reduced.

Current status 12

- 90% of the babies are NICU services:
- We still refer babies with severe congenital anomalies.
- We have successfully managed prematures of 26 weeks and above.
- Neonatal mortality rate has reduced to 6.7 babies per 1000 live births
- Full time paediatrician with a whole dedicated team on paediatric and NICU wards
- Continuous professional development in NICU care.

ACKNOWLEDGEMENT 15

- Mr Noble for funding lower health and community engagement and TBAs incorporation as linkage facilitators.
- Health for Uganda for equipping NICU with patient monitor, pulse oximeter, incubator, baby warmer, oxygen concentrators.
- Health for Uganda offering the first Neonatal care skills training led by DR Duncan and Ms Laura Bautler.
- Absolute charity Uganda for equipping NICU with an incubator, radiant warmer, phototherapy machine.
- Dr Joudy Cousins for an infusion pump.
- Dr Kajoba Dickson for CPAP machine.
- Maristopes Uganda for CQI mentorships.
- Government of Uganda for support supervision in CQI, MDPSR and immunisation.
- Hospital staff and management.