

# NEO FOR NAMIBIA HELPING BABIES SURVIVE



## TEAM

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**A more detailed report  
can be downloaded from  
[www.neo-for-namibia.org](http://www.neo-for-namibia.org)**

## MISSION REPORT 2023-3 SHORT VERSION

June 6 – 25, 2023

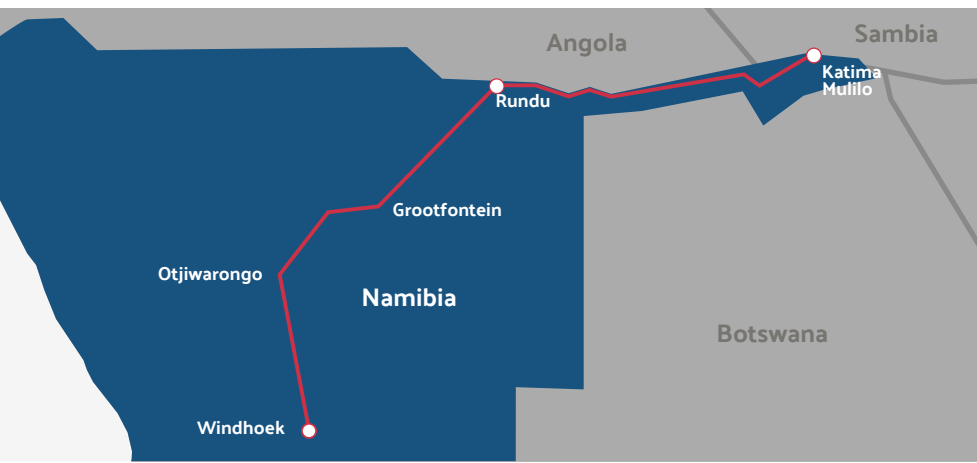
### Mission goals

- To review the current situation at Rundu State Hospital and to evaluate ideas for further collaboration with NEO FOR NAMIBIA – Helping Babies Survive
- To review the use of point of care testing (POCT) for C-reactive protein (CRP) and its impact on the use of antibiotics at Rundu State Hospital and Katima State Hospital
- To train physicians and nurses – with an emphasis on adequate indications for CPAP support, infant positioning, antibiotic stewardship and fluid/nutrition management

**NEO FOR NAMIBIA**  
HELPING BABIES SURVIVE

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## Hospitals visited

- Rundu State Hospital
- Katima State Hospital

Rundu State Hospital in the Kavango East region and Katima State Hospital in the Zambezi region of Namibia: both health care facilities are far away from the country's only tertiary referral center in Windhoek.



## Rundu State Hospital

The team of doctors has grown with additional interns and medical officers having been appointed. Calls at night and on weekends are now covered by separate teams (one team for the Prem Unit, Maternity Ward, and Delivery Rooms; another team for the remaining units of the department of Pediatrics (i.e., General Pediatrics, IV Ward, High Care Unit, Casualty).

Preterm infant (birthweight 1000 g, estimated gestational age 28 weeks) supported on a MTTs Dolphin® CPAP device following exogenous surfactant replacement therapy.



Poorly positioned very low birth weight (VLBW) infant: no support and no boundaries are provided.



Very low birth weight (VLBW) infant in prone position: with appropriate support, arms and legs are in a lower position than the head, chest and abdomen.



A pillow wrapped around the baby provides a boundary to support musculoskeletal, physiological and behavioral stability.

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Additional pillows were brought to the unit: the gentle boundaries should be used to build a nest to provide containment and promote tactile stimulation.

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Blankets (top) are used to shield babies cared for in incubators from ambient light to help them rest (bottom).

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## Katima State Hospital

Within a short period of time, the Neonatal Unit at Katima State Hospital has made enormous progress. Rounds are well organized, and the impact the teaching sessions provided by NEO FOR NAMIBIA – Helping Babies Survive have had is obvious. Fluid and nutrition management is impeccable. Babies with respiratory distress are readily evaluated and put on CPAP without delay. Hyperbilirubinemia is appropriately screened for and well managed by phototherapy; consequently, exchange transfusions have become rare.

Successful care of an extremely low birth weight (ELBW) infant (birth weight 800 g) at Katima State Hospital: support with CPAP (left), ready to go home (right).



The Pumani® bubbleCPAP device that uses Hudson prongs with patient tubing attached to a hat on both sides of the head: prone positioning can still be done!



Consequences of delayed access to care: this very low birth weight (VLBW) infant transferred to Katima Hospital from Botswana on day of life 2 did not survive.

## Donate and help babies survive

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