NEO FOR NAMIBIA
HELPING BABIES SURVIVE

TEAM

- Thomas M. Berger, MD
- Salome Waldvogel, MD
- Katharina Mäder, RN

A more detailed report can be downloaded from www.neo-for-namibia.org

MISSION REPORT 2021-3

SHORT VERSION

October 21 to November 28, 2021

Mission goals

- To support local health care professionals at Rundu State Hospital by helping with daily ward rounds in the new Prem Unit
- To evaluate the quality of care in the new neonatology unit at Katima Hospital
- To train nurses at both hospitals in basic neonatal nursing skills, with a particular focus on proper positioning of sick babies

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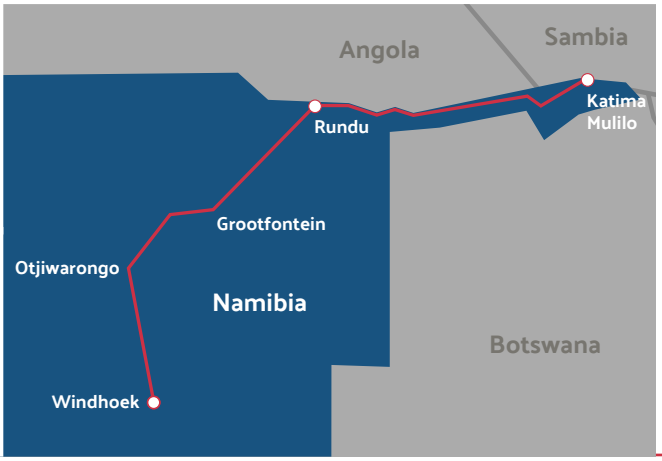
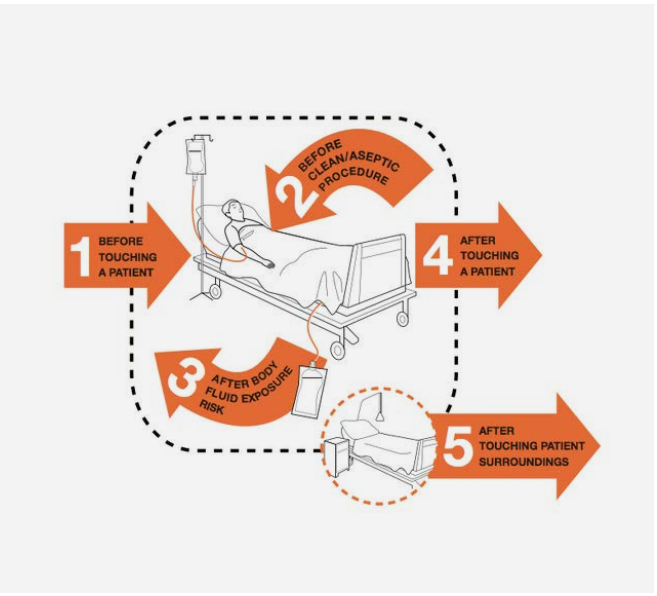


Hospitals visited

- Rundu State Hospital
- Katima Hospital

With two teams on the ground, a total of 30 full days of on-site support could be provided (Rundu: 25 days, Katima: 5 days).

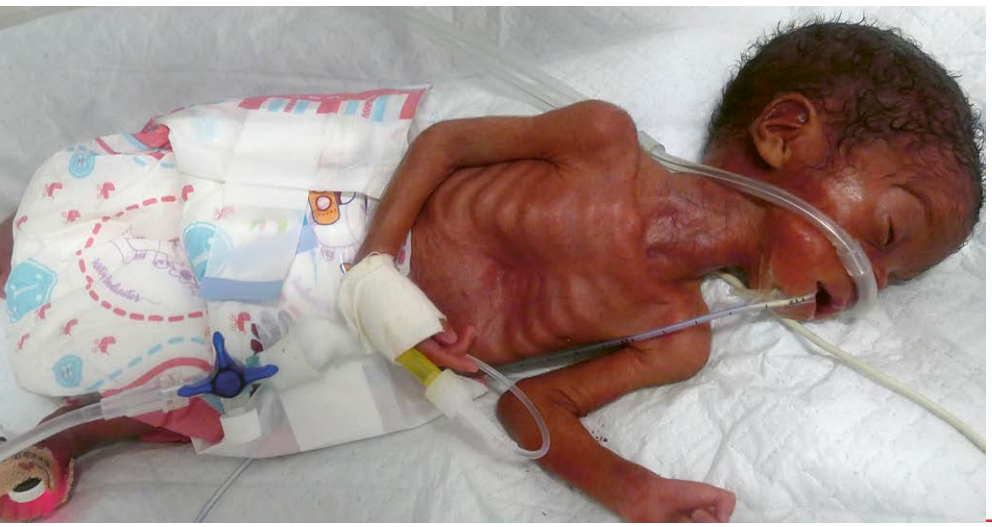


Water supply crisis

Unimaginable but true: because the town council had not paid its water bills, NamWater Ltd. decided to cut the water supply in Rundu. The Rundu State Hospital had no running water!

Man-made water supply crisis (left: standard precautions: hand hygiene (source: OpenWHO); right: every morning, water in small plastic bottles was brought to the unit to be used for handwashing).

Solution in sight: drilling for water on the hospital grounds in Rundu to secure uninterrupted water supply.

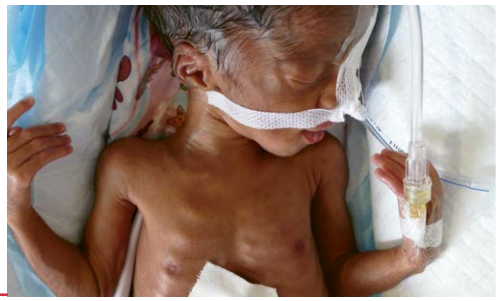


Clinical work

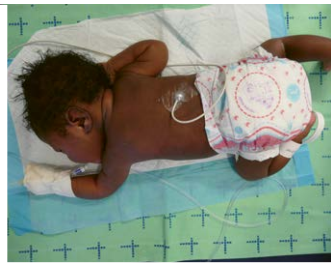
Working together with local staff continues to provide us with important insights.

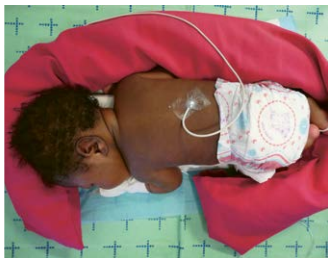
In extremely low birth weight (ELBW) infants, fluid and nutrition management remained challenging because of large insensible water losses and the lack of parenteral nutrition: this infant had a weight loss of 36 % from birth weight (Rundu State Hospital).

Invasive mechanical ventilation (Rundu State Hospital): it can save lives if done properly, but it can also harm patients if knowledge and skills are insufficient.



Properly secured and positioned endotracheal tube (left), adequately taped nasogastric tube (right): covering the basics is essential (Rundu State Hospital).

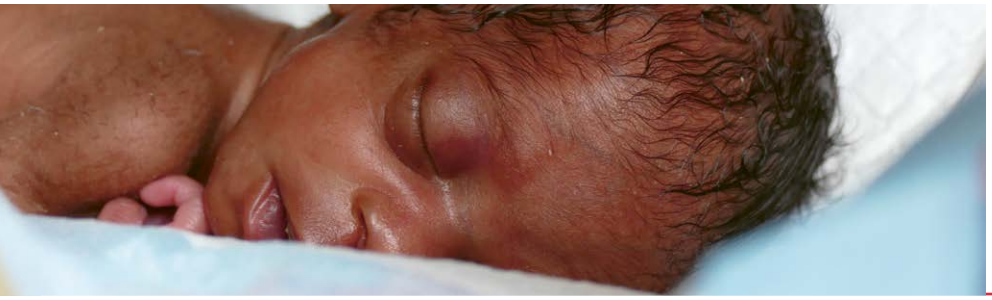




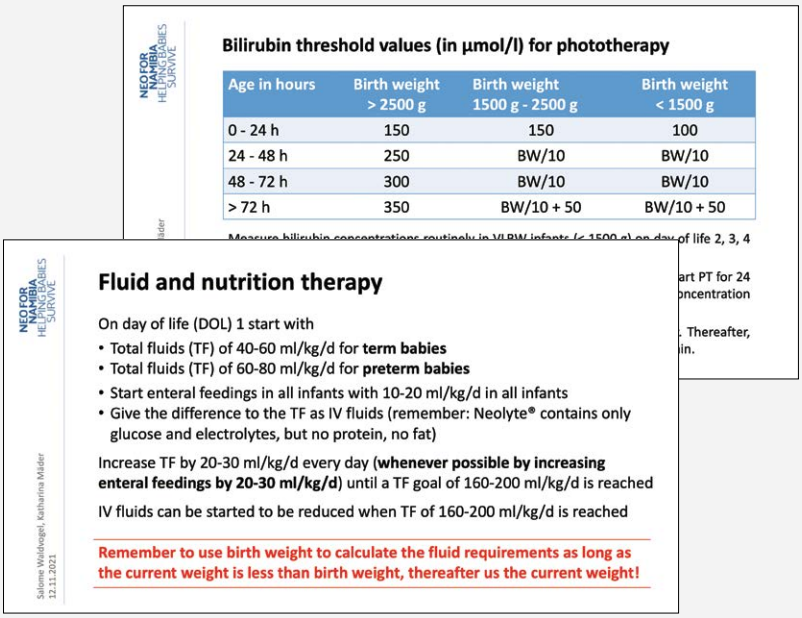
Proper positioning of babies is important (top row: no support, no boundaries; bottom row: linen rolls and gentle boundaries should be used to build a nest to provide containment and promote tactile stimulation) (Rundu State Hospital).

Prone positioning in a baby on CPAP: even with Hudson prongs, babies can be placed on their bellies (Rundu State Hospital).

Twins share an incubator in the neonatal ward at Katima Hospital.



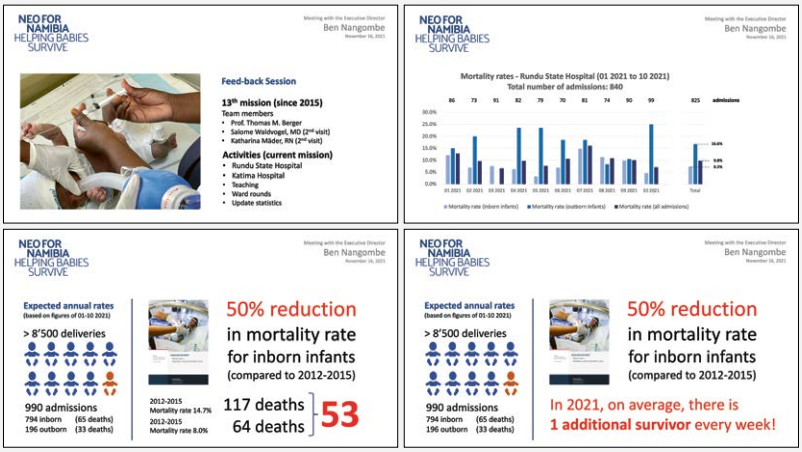
A very low birth weight (VLBW) infant is nursed in prone position in the new neonatal ward at Katima Hospital.



Teaching

Ongoing teaching is of utmost importance: reinforcing good practice and discouraging wrong beliefs. To aid with the management of neonatal jaundice, Salome Waldvogel, MD, and Katharina Mäder, RN, came up with the idea to distribute laminated pocket cards describing the essentials of jaundice management and the calculation of adequate provision of fluid and nutrition.

Salome Waldvogel, MD, and Katharina Mäder, RN, created pocket cards to support local health care professionals.



Feedback to the MHSS

While highlighting the great impact NEO FOR NAMIBIA – Helping Babies Survive has had on survival rates both at Rundu State Hospital and Katima Hospital (50 % reduction and 40 % reduction, respectively), Prof. Thomas M. Berger also pointed out several persisting challenges.

Slides from the feedback session with the Executive Director, Dr. Ben Nangombe.

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