



## EDUCATION ISSUES

# Passage to India: Lessons to be learned?



Sharon Nurse, Msc., BSc(Hons)\*

*School of Nursing & Midwifery, Queen's University Belfast, Medical Biology Centre, 97  
Lisburn Road, Belfast BT9 7BL, Northern Ireland, UK*

Available online 27 July 2015

### KEYWORDS

India;  
Neonatal;  
Breast feeding;  
Education;  
Developmental care

**Abstract** Sharon Nurse describes a recent visit she and Mary McCullagh made to India to visit Neonatal and Paediatric units in New Delhi. The aim of their visit was to gain a greater understanding of cultural and nursing practices in the Neonatal units of New Delhi with emphasis on feeding, developmental care and nurse education.

All of the visits were kindly arranged by her friend Dr. Hans Nagar (Orthopaedic Surgeon)

© 2015 Neonatal Nurses Association. Published by Elsevier Ltd. All rights reserved.

## Sir Ganga Ram Hospital

Our first visit was to the 35 cot neonatal unit in Sir Ganga Ram Hospital where they have 1000–1200 admissions per annum. The Neonatal Intensive Care Unit (NICU) consists of ICU (14 ventilator beds) and step down Intermediate care (High dependency HD) units; they are in the process of acquiring Nitric Oxide for future treatment of PPHN. All of the babies we saw were orally

intubated and this appears to be their preferred method. We were not permitted to visit NICU but spent most of the morning in the HD unit with staff and mothers. Fathers and grandparents are only permitted to visit in the evenings giving mothers valuable time establishing lactation and confidence in holding and feeding their babies. The HD areas can accommodate 16 babies in a temperature controlled environment provided either by incubators or servo controlled open care systems. The unit now offers a special lactation room with multiple pumps and comfortable chairs where groups of mothers express their milk (See [Picture 1](#)).

\* Tel.: +44 028 90975836.

E-mail address: [s.nurse@qub.ac.uk](mailto:s.nurse@qub.ac.uk).



**Picture 1** A mother expresses milk.

Mothers spent all day in the unit and expressed milk as and when it was needed; there was no milk bank or EBM fridges and any milk not used within 4 hours after expression was discarded. The babies had orogastric feeding tubes in place and these were taped onto a layer of Tegaderm reducing trauma to the skin. If the babies were stable but too small to breastfeed, they were given sips of EBM by their mothers using a Palladai; we saw this used widely and the mothers seemed to enjoy the experience (See [Picture 2](#)).

Very premature babies are started on expressed breast milk as early as possible. Mothers are very involved in the care of the baby and are actively encouraged to engage in Kangaroo Mother Care (KMC) (See [Picture 3](#)).

There was a dedicated lactation counsellor, Charu Chandra who took sessions on advantages and techniques of breast-feeding and helped mothers with expression of breast milk. The mothers all gathered together in "the Den" and



**Picture 2** Using a Palladai feeder to give EBM.



**Picture 3** Mother enjoying Kangaroo Mother Care with her twins.

chatted in Hindi as they pumped milk, providing support for each other as well as producing breast milk.

The developmental support team consisted of a Developmental Paediatrician and an Occupational Therapist who were both very involved in the developmental support of the sick preterm babies. Staff provided physical, visual and auditory stimuli once sick babies were stable enough to respond positively. The survival of babies weighing <1000 gms is 60%; babies weighing >1000 gms has reached 77% and babies weighing >1500 gms is 98%. With improving care and medical advancement mortality rates have been reduced in the unit by 50% in the last 10 years. The sepsis rate in the nursery has fallen from 9% to close to 3% in the last 5 years. The unit has a nurse: baby ratio of 1:2 for intensive care area and 1:3 nurse: baby ratio for babies not requiring intensive care; which is similar to N. Ireland. Currently they do not use Sucrose or any other local analgesia for minor procedures.

Excellent neonatal transport facilities are available round the clock. The transport team, a doctor and a technician have a transport incubator fitted with ventilator and monitoring equipment. Over the last 8 years, they have transported (both road and air) nearly 1000 babies from Delhi and surrounding states. Babies less than 1000 gms born in the hospital, are not placed inside plastic bags, but are wrapped in Clingfilm for transfer from D/S to the NNU. Neopuffs are not yet standard equipment in the NNU but are available in the Delivery Suite ([Pictures 4 and 5](#)).

Download English Version:

<https://daneshyari.com/en/article/2631291>

Download Persian Version:

<https://daneshyari.com/article/2631291>

[Daneshyari.com](https://daneshyari.com)