



## INTERNATIONAL SECTION

# Kitui district hospital's newborn unit — Success story: Transforming a nursery room into an independent newborn unit



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### KEYWORDS

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Way forward

**Abstract** This Success Story is geared towards encouraging nurses globally to work very hard in order to save newborn lives as well as contribute towards meeting Millennium Development Goal Number 4 (Increasing Child/ infant survival). To make them understand that hard work and determination pays. “Practice makes perfect”, it is always good to put what you learn into practice in order to better your best.

The journey of 1000 miles begins with a single step, in this regard, we should focus on positive results always concentrating on our strengths in order to achieve our set goals. We should never let challenges be our obstacles in saving the lives of the infants. Let us not keep on complaining and giving excuses as to why we are not performing, instead, we should be innovative, creative and have positive thinking towards challenges.

For those working in Countries with very limited resources, let us try and use basic and effective measures to save newborn lives, bearing in mind that newborns are helpless and voiceless, let us receive them warmly and be their voice; together we can save the lives of millions of babies in the world hence reducing neonatal/ infant mortality to below 5% with determination. Nothing brings satisfaction in life than diligently working hard and later watching fruits multiply.

Meeting Millennium Development Goal number 4 for child survival will be increasingly determined by how well Countries can reduce newborn deaths, as now more than 43% of under – five deaths globally occur in the first month of life.

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As committed Professionals, let us develop and defend good care to the newborns.

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Before 2010, there was no newborn unit (NBU) in Kitui district hospital. Instead, there was only a single room which was part of maternity ward that had no staff of its own. Neonatal mortality at the rural Kenyan facility was always very high (above 50%) as evidenced by an admission book which had very scarce information. Premature babies were being referred to Machakos level 5 facility for incubator care but majority of them died before referral due to lack of correct resuscitation by knowledgeable and skilled personnel.

Most of the babies who developed severe/moderate birth asphyxia (term babies) and severe respiratory distress syndrome (premature babies), used to die because they could not withstand a distance of 101 km from Kitui to Machakos – the nearest biggest hospital, the number of babies who developed neonatal sepsis was also very high because of lack of infection prevention and control measures in the nursery room.

Most of the healthy babies used to be accommodated in the nursery room together with the sick babies as their mothers got settled either in maternity theatre or labour ward. The same babies were later brought back to the nursery room with severe neonatal sepsis due to cross infection after one or two days. Babies born before arrival e.g. home deliveries were also admitted in this nursery room. This made the room to be very congested and uncomfortable.

As a result, the hospital length of stay in the nursery was increased due to re-infections.

*“Knowledge is Power”* – I had worked at Kitui district hospital for over 10 years and had not seen the need for a newborn unit until when I went for a one year course in paediatric nursing at Gertrude’s Children’s Hospital – Institute of Child Health and Research, Nairobi (Government sponsored) from March 2009 to March 2010. During the training there were several modules on neonatal nursing in which newborn resuscitation and critical care of premature babies was emphasized.

There was also a detailed training on BLS and ALS (Basic Life Support and Advanced Life Support), management of seriously ill child and injured child among other modules.

After completing the course, I decided to initiate an independent newborn unit in Kitui district hospital. My broad objective was to reduce the high neonatal mortality and contribute towards meeting millennium development goal number 4 (reducing child/infant mortality by 2/3 by 2015), at the same time saving the parents the agony of going home empty handed while giving the babies the chance to survive, protecting them from brain damage. “Each newborn has a right to receive the care they need at the level facility at which they are born and with this initiative it is possible to provide the care each infant requires”. I strongly believe that the only solution was to set up a newborn unit at the hospital because basic but effective intervention could have helped to curb newborn and infant mortality in Kenya.

To start, I made a successful personal visit to Nairobi to see the newborn units in Kenyatta National Hospital and Pumwani Maternity Hospital. This provided me with the opportunity to borrow more ideas and see the set up of their units. From this tour, I prepared a budget proposal and presented it to the Health Management Team (HMT) for implementation.

As I waited for the hospital administration to act on the proposal, I did a serious hospital round to look for locally available resources to get me started. For example, I started resuscitating babies who were not able to initiate breathing immediately after birth on a coffee table, which I had turned to a resuscitation table due to lack of equipment! Babies were nursed on the floor due to lack of baby baskets and something to raise them

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