

Neonatal review 2020 with Tanzania Oxford collaboration trip

This trip was part of a continuous ongoing strengthening of ties between the Oxford team and Muhimbili National Hospital in Tanzania.

I saw massive improvements: a clear division of the intensive care, high dependency and low dependency areas of care and KMC was also ongoing. Practice of developmental care was evident with babies' positioning and containment in their cots and with no more than two babies in a cot. More equipment was found to be in use in terms of an open radiant warmer, ventilators, CPAP, infusion pump and more cots, while the unit was better organized with easier accessibility of basic consumables, cot sheets and new bubble CPAP with a rep from the supply company teaching the nurses the use of bubble CPAP. There were a few at-a-glance check signs on the wall. And most impressive was the nurses' grasp of intensive care, managing ventilated babies, quickly attending to admissions and even updating parents on the babies' progress.

Mothers continue to come in to feed frequently. They continue to hand express their breast milk and are involved in cup and tube feeding the babies. Most mothers were doing skin to skin care. And the mortality rate in terms of daily deaths was less than observed on previous visits

I continued my opportunistic/ad hoc clinical bedside teaching for nurses, medical students and doctors, reinforcing information on management of HIE, merconium aspiration, neuro protection and stabilization of premature babies. I also provided instruction on comfortable and beneficial positioning for the babies, troubleshooting temperature alarms of the overhead omnibus, stomach decompression - OGT/NGT aspirates and replacement fluid, non pharmacological pain relief during procedure- containment and other breast milk benefits such as personal medicine and preventing infection.

Again, the staff were very receptive, the medical students eager to learn and asking so many questions. This change has been the result of staff having formal training on neonatal courses and the program is ongoing, a clear demonstration of improvement in staff education leading to improved patient care and better outcomes.

Recommendation: The following are needed:

1. More education for the nurses- CPD
2. Transcutaneous bilimeter
3. Blood gas machine on the unit
4. Checklist, protocol within easy reach
5. More staff- perhaps training care assistants
6. Targeted education at referring hospitals on stabilization and transfer of sick neonates
7. Establishing call centre for clinical advice support
8. Involving staff in audit/datix- for root cause analysis
9. Monthly joint meeting with obstetrics to review and learn from cases

I am looking forward to my next visit. Well-done to you all at Muhimbili.

Josephine