TEAM

- Sabine Berger, RN
- Flurina Prevost, RN
- Thomas M. Berger, MD
- Marcel Bösch, Assistant

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

MISSION REPORT 2018-2

SHORT VERSION

August 28, 2018 to September 27, 2018

Mission goals

- Bring additional and new equipment
- Continue training at the bedside
- Introduce Flurina Prevost to the local health care professionals
- Assess the impact of the interventions of NEO FOR NAMIBIA
- Assess the neonatology services at Onandjokwe State Hospital

NEO FOR NAMIBIA
HELPING BABIES SURVIVE

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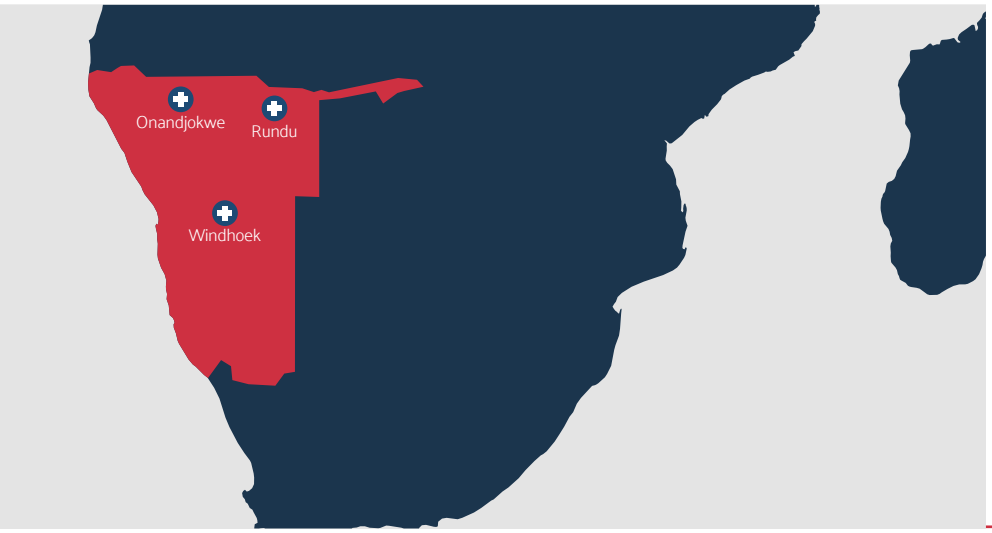


Hospitals visited

- Rundu State Hospital
- Onandjokwe State Hospital
- Windhoek Central Hospital

Windhoek Central Hospital is the tertiary referral center for both Rundu State Hospital and Onandjokwe State Hospital.

At Onandjokwe State Hospital, 7'000 babies are born in this delivery room every year.

Equipment

- 3 Pumani® bubble CPAP devices
- 5 Masimo® Rad-8 pulse oximeters
- 3 Wallaby® infant warmers
- 2 MTTS Colibri® phototherapy units
- 5 MTTS infant beds
- **Total value: CHF 30'000.00 (NAD 420'000.00)**

Pulse oximetry is vital to monitor the effect of respiratory support given to infants with respiratory distress.

One of the Wallaby® infant warmers and one of the Masimo® Rad-8 pulse oximeters can now be used in the delivery room at Rundu State Hospital.

Teaching sessions

- Fluid and nutrition orders (Rundu State Hospital)
- Practical neonatal resuscitation training (Rundu State Hospital)
- Bedside teaching (Rundu State Hospital)
- Physiology and pathophysiology of neonatal adaptation (Onandjokwe State Hospital)
- Neonatal respiratory distress (Onandjokwe State Hospital)

Lecturing on fluid and nutrition requirements of newborn infants, emphasizing structured written orders.

Clinical work

Due to an unforeseen shortage of physicians (and nurses), the NEO FOR NAMIBIA team members supported the local staff in the Prem Unit during their three-week stay in Rundu.

LEFT Prof. Thomas M. Berger with a stable very low birth weight infant., a "feeder & grower"

RIGHT Flurina Prevost, RN, during Kangaroo Care with a baby whose mother is too sick to visit the Prem Unit.

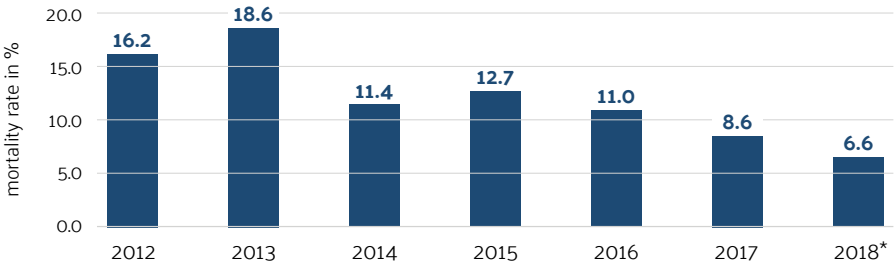
Sabine Berger, RN, helping the local nurses to put a newly admitted baby on CPAP.

CPAP registry

- Patients treated since implementation of CPAP (July 2017): 62
- Median birth weight: 1760 g (range 610 g – 4170 g)
- Median duration of CPAP support: 2.5 days (range 1 – 20 days)
- CPAP days provided: 210
- Survival rate of patients treated with CPAP: 67% overall, increasing from 52% during the first 7 months (July 2017 – March 2018) to 76% in the most recent 5 months (April 2018 – August 2018)

	Rundu State Hospital Rundu, Namibia	Queen Elizabeth Central Hospital Blantyre, Malawi
All birth weights	**62 67 % (n = 41)**	**62 71 % (44)**
Birth weight < 1500 g Survival rate	22 45 % (n = 10)	29 66 % (n = 19)
Birth weight 1500 – 2500 g Survival rate	27 81 % (n = 22)	24 67 % (n = 16)
Birth weight > 2500 g Survival rate	13 69 % (n = 9)	9 100 % (n = 9)

Comparison of survival rates at Rundu State Hospital with survival rates published in a study from Queen Elizabeth Central Hospital in Blantyre, Malawi.



*Data from January to August 2018

Analysis of impact

- Admissions increased from 260 in 2012 to 755 and 701 in 2016 and 2017, respectively
- Mortality rates were 16.2 % (2012), 18.6 % (2013), 11.4 % (2014), 12.7 % (2015), 11.0 % (2016), 8.6 % (2017), 6.6 % (2018)
- Since our first mission in 2015, the **mortality rate has decreased by almost 50%** (from 12.7% to 6.6%): interventions supported by NEO FOR NAMIBIA – Helping Babies Survive do improve survival chances of sick babies!

NEO FOR NAMIBIA MISSIONS →

Donate and help babies survive

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