

Mother and Child in Cape Maclear Foundation Newsletter

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www.jeannette.tremele.nl

Introduction

My name is Jeannette van Os, I'm 34 years old and working as a medical doctor in Billy Riordan Memorial Clinic in Cape Maclear, Malawi.

In February 2006, with the help of my parents Antoon and Freddy van Os, I started the 'Mother and Child in Cape Maclear Foundation'. My motivation to start the foundation came from my experience with Joey, which I described in my first newsletter, July 2006. To receive these earlier newsletters, please write to the following email address. Or look at my website: www.jeannette.tremele.nl.



Picture above: Jeannette

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The Clinic

The clinic is very similar to a GP practice. Since May 2005 we opened an observation unit for short admissions. Here we administer medication and observe patients. Since February 2008 we run a HIV testing, counselling and treatment centre, where we administer antiretroviral treatment.



Picture above: one of the children in the feeding program.

Aims



Picture above: mother and child from feeding program

Our objective is to improve the general health of pregnant women, mothers and children.

Due to new rules from the government, the aims of our foundation have changed slightly. To reduce maternal and neonatal mortality and morbidity, pregnant women are not allowed to deliver in the village anymore. Every pregnant woman has to give birth in Monkey Bay, where there is a government hospital with clinical officers, midwives and nurses. The problem is that many pregnant women cannot afford to go to Monkey Bay (25 km from Cape Maclear) or that they are too late to go. Before these rules were introduced I was working hand in hand with the traditional midwives who were allowed to perform uncomplicated deliveries in the village. I helped them in case of complications. The traditional midwives are not allowed to do their

job anymore so I don't attend obstetric care anymore in Cape Maclear. Hopefully in the future we will be able to set up an obstetric unit with Malawian nurses/midwives to ensure a safe pregnancy, a safe delivery and enhance the post delivery care. For now we try to screen every pregnant woman for her HIV status and do a CD4 count in every HIV+ pregnant woman, to achieve that we start antiretroviral treatment early in pregnancy to improve maternal health and to prevent mother to child transmission.

Our other objectives are to improve nutritional status and medical condition of malnourished children and to improve care for mothers.

What we do

We provide bottle feeding to newborn orphans and newly born babies with severely ill mothers.

We provide supplementary food for malnourished children who I have been seeing in the clinic for medical care.

We finance transport costs for patients, who are referred to another hospital.

Since July 2008 I'm using an ultrasound machine donated from Holland. I scan every pregnant woman who attends the clinic, to identify complicated pregnancies and refer them as early as possible.



Picture above: feeding program with dorothy.

We take blood samples from people who are HIV+, but not yet symptomatic, so not yet on treatment. We send these samples with a taxi to Lilongwe, to be tested for a CD4 count, which reflects the immune status from the patient. We do this to enable us to start patients on treatment as early as possible. This is especially important in pregnant women. As it can prevent mother to child transmission.

In children it's important to do this test at an early stage as children are at much higher risk of deteriorating. Of HIV+ children, 40% die in their first year, 50% before they turn 2

and 80% die before their 5th birthday.

Our aim is to do a CD4 count in every HIV+ woman to start them on antiretroviral treatment as soon as possible.

We also ask every pregnant woman who is HIV+ to come to our clinic with their newborn baby. We do this to take a blood sample from the baby to look at their immune status and judge if they should start on antiretroviral treatment.

We trained one of our female staff members to test patients for HIV and to counsel them.

The pictures below are of Yoey. In the first picture he is only 3 weeks old and severely malnourished. Yoey was the first baby who received bottle feeding from the 'Mother and Child in Cape Maclear Foundation'. In the second picture Joey is four and a half years old. He is doing well and his HIV status is negative!



Problems

The biggest problem at the moment is that there is a shortage/lack of diesel and petrol. It started off one and a half months ago with a lack of diesel. Since three weeks ago petrol is also a problem.

Because of this problem everything is more expensive than previously. Hopefully this problem will be solved soon.

Plans

In the future I hope to be able to change something in the obstetric care in this village. An obstetric unit would be great, but there is still a long way to go. Not only financially but also logistics and politics are involved in this problem.

What is important is that if I start something here, I want to be able to maintain it.

Another problem is that many women in this village get pregnant while they don't really want to be pregnant or have children. I would like to encourage people, especially HIV+ people, to think before they become pregnant. This is a big problem at the moment. It will take a lot of education, but I hope something will change in the next few years.

There is a family planning team who visit the clinic 1x/month and condoms are every day available.

Thanks

I would like to thank everyone for supporting me and the Mother and Child in Cape Maclear Foundation.

I would also like to wish everyone Merry Christmas and a Fantastic 2010!!!



Picture above: children playing in the streets of Cape Maclear