

Mother and Child in Cape Maclear Foundation Newsletter

December 2008

Introduction

My name is Jeannette van Os, I'm 33 years old and working as a medical doctor in Billy Riordan Memorial Clinic in Cape Maclear, Malawi.

In February 2006, with 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.



Picture above: My daughter Timba and me with 3 of the 5 traditional birth attendants of Cape Maclear

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The Clinic



Picture above: feeding program

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 antiretrovirals.

Aims

Our objective is to improve the overall obstetric care in Cape Maclear. To ensure a safe pregnancy, a safe delivery and

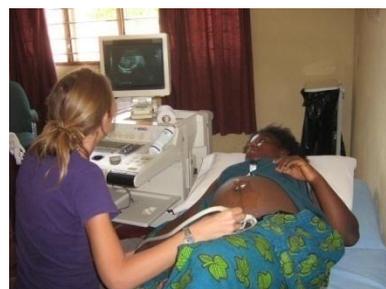
enhance the post delivery care. We are striving to identify any potential complication during pregnancy and delivery, to effectively deal with any complications that should arise. Our other objectives are to improve nutritional status and medical condition of malnourished children and to improve care for mothers.

Done until now

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 I refer to another hospital.

We developed an obstetric room for emergencies in obstetrics, cases referred from traditional birth attendants (local midwives). Since July 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.



Problems

Because of enormous raise in fuel prices, all costs are much higher than before. To show the size of the problem I compared monthly costs in December 2008 with monthly costs in December 2007. To feed 1 child with likuni phala (porridge with extra nutritional supplements) cost in 2007 100 euro. To feed the same child with the same feeding supplement in 2008 cost in excess of 200 euro. We extended the program from 50 to 65 children. Years supply for these 65 children will cost 13.000 euro!!!

Bottle feeding for 1 baby for 1 year cost in 2008 450 euro compared with 260 euro in 2007. Costs for transport for people we refer to another hospital were in 2007 200 euro per month and are now in 2008 500 euro per month. Conclusion: costs have more than doubled over the last year.

Picture below: children in Cape Maclear with donated clothes from Holland



2 weeks ago we got an official visit from Monkey Bay Hospital with a message from the government. They told me that the traditional birth attendants are not longer allowed to attend deliveries in the village. This is a general rule through the country in an effort to reduce the rate of maternal and neonatal deaths. All women have to deliver in hospital. In theory this is a good plan, but in practice it's not working. Women don't always feel when the delivery starts, particularly where mothers have delivered before. Then costs of transport and costs to stay in Monkey Bay, play an important role. Up to now the system was that traditional

birth attendants attend the uncomplicated deliveries, if they had any problems they referred the patient to me. During pregnancy screening for complicated deliveries was done. The ultra sound machine is a big help in the screening. Referral as early as possible.

Picture below: arrival of ultrasound machine in the clinic.



For myself, I think, not much is going to change in this obstetric part of my job. They will still call me in obstetric emergencies. And during outpatient department I will keep screening pregnant women. But it's sad that the traditional birth attendants lose their jobs. I also think that in villages as Cape Maclear, these rules won't lead to less maternal and neonatal deaths. Women will deliver along the road or at home by themselves, without any help.. That's not safe mother hood!

Plans

Continuing care for newborn orphans and newly born children with severely ill mothers. Continue providing food supplements to malnourished children. To buy a CD4 count meter to test in which stage of HIV/AIDS patients are. This is particularly important in pregnant women. Because pregnancy and giving birth can change the development of the disease drastically. It's important to start antiretroviral treatment early, especially in pregnant women. This piece of equipment will cost 37.000 euro. A lot of money, but hopefully we can afford to buy it in 2009.

Beginning of 2009 one of our local staff members will do a lab training. Afterwards we will open a small laboratory for testing malaria and tuberculosis. To be able to test for tuberculosis in HIV patients will be a big help. It will prevent delay in starting with antiretroviral therapy.

Thanks

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

As well I would like to wish everyone Merry Christmas and a Fantastic 2009!!!

Picture below: children playing with duplo donated by the children from my old primary school.

