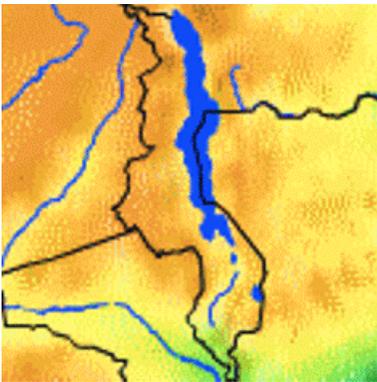


# Mother and Child in Cape Maclear Foundation Newsletter

July 2006

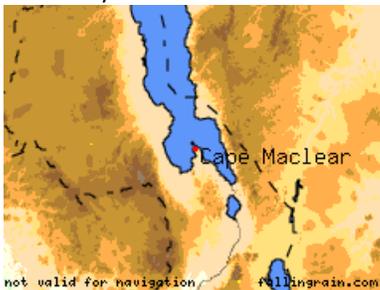
## Introduction

My name is Jeannette van Os, I am 31 years old and working as a medical doctor in the Billy Riordan Memorial Clinic in Cape Maclear, Malawi, since June 2005.



*Above: Malawi, along Lake Malawi in Southern Africa.*

*Down: Cape Maclear*



Cape Maclear is a little village in a remote area along Lake Malawi in Southern Africa.

The clinic has a catchment area of about 10,000 people.

The clinic has been functioning since August 2004, as a health centre. It is a primary care facility closely resembling the traditional GP surgery in Europe.

The nearest medical facilities are located in Monkey Bay, 20 km from Cape Maclear. Because of difficult access to transport, this hospital is not easy to reach. This hospital has no doctors and there is a shortage of nurses and clinical officers (function between nurse and doctor). The hospital is equipped for admissions and has a maternity department. Mangochi District Hospital has surgical facilities and is located 90 km from Cape Maclear, but has the same transport problems.

The motive to set up the Foundation 'Mother and Child in Cape Maclear' is the following event which I faced in the clinic.



*This is Catherine, a 32 years old woman in Cape Maclear.*

*September 6th I referred her to Monkey Bay Hospital because of*

*obstructed labour. She gave birth to a son Joey with a birth weight of 4.8 kg. Because of haemorrhage post delivery she was referred from Monkey Bay Hospital to Mangochi District Hospital. Due to arriving there during the weekend, she had to wait till September 10<sup>th</sup> before she underwent a curettage.*

*Afterwards she stayed in hospital until September 26<sup>th</sup>, unclear for me what kind of medical treatment she had received in that time.*

*September 27<sup>th</sup> her sister attended our clinic with Joey. I saw a newborn baby with all signs of severe malnutrition. This sister told me that Joey didn't breastfeed because of the medical condition of his mother. They could not afford to buy baby formula for Joey. I visited Joeys mother at the end of the morning at her house, she was malnourished and in a severe medical condition.*

*Shocked by this situation I asked someone to buy some baby formula in Monkey Bay.*

*After examination of Joeys mother I found that a retained placenta despite the curettage on September 10<sup>th</sup>. I was not surprised that she didn't recover from the delivery.*

*I treated mother with i.v antibiotics iron supplements and multivitamins.*

*Joey received baby formula.*

*This episode I send to family and friends. I received a lot of response. That's why my parents set up the*

charity 'Mother and Child in Cape Maclear'.

Unfortunately Catherine died 3 months later. Joey is doing well after getting the baby formula. This is a picture when he is 5 months old:



With this story I want to show that here in Cape Maclear babies just die from hunger if their mothers are not able to breastfeed.

Malnutrition is a developing problem in Cape Maclear. In our clinic about 50% of children under five are malnourished. Half of this group are severely malnourished.

## Contact details

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*Above: Jeannette with 2 children living in Cape Maclear*

## Aims

Improvement of antenatal care.

Warranty of safe pregnancy, delivery and post delivery care.

Prevention of complications during pregnancy and delivery and improvement of care if complications occur.

Improvement of nutritional status and medical condition of malnourished children.

Improvement of care for mothers.

## Done until now

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

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

Providing likuni phala (porridge with extra nutritional supplements) to all children between 2 and 14 years old, this was a general project by Billy Riordan Memorial Trust

Financing transport costs for patients, who I refer to another hospital.

Referral and encouragement for people to go for testing for HIV and financing transport for testing and treatment with ARVs (AIDS inhibitors) if necessary, especially in pregnant women and mothers.

## Plans

Setting up a delivery-room in clinic. At the moment uncomplicated deliveries take place at home with traditional birth attendants. This traditional birth attendants call me if complications take place. If so I am usually sitting on my knees with a petroleum light trying to solve the problem, which is not always easy. I hope to have a delivery-room, where

traditional birth attendants can attend the delivery and if there is a problem it will be much easier for me to help them. This to decrease maternal death and death of newly born children, due to infection, haemorrhage and obstructed labour. Continuing care for newborn orphans and newly born children with severely ill mothers.

Continue providing food supplements to malnourished children.

Extending to get pregnant women, mothers and children, who are HIV+, on ARVs.



*Above: children waiting for their likuni phala, during the feeding project.*

Billy Riordan Memorial Trust, the clinic I am working for, is extending at the moment. The extension will have two wards of 4 beds where patients can be admitted, for observation and treatment. It will also be a centre for education, counselling, testing and treatment of HIV/AIDS.

## Thanks

I would like to thank everyone who was supporting me when I started working in Africa and of course I would like to thank you for all the support with setting up the foundation 'Mother and Child in Cape Maclear'.