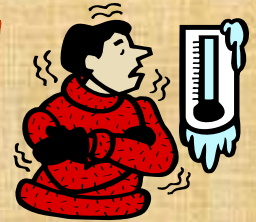




Bambino News



WINTER EDITION



LUDWM Hospital saves pregnant mothers and babies

PMTCT DUAL THERAPY



Dr. Tselane Thebe
TB/ARV and PMTCT Coordinator

Previously a Single Dose Nevirapine was given to the mother when she was in labour, but with dual Therapy two drugs are given to an HIV + mom namely; Zidovudine (AZT) and Single Dose Nevirapine.

Even though a Single Dose Nevirapine reduced transmission of HIV from Mother-To-Child, the benefit of Dual Therapy is to further reduce Mother-To-Child transmission of HIV so that lesser children will contract HIV.

Mothers has to go through VCT to know her status; when HIV Positive her CD4 Count is taken. At 28 weeks her Haemoglobin (HB) will be checked and she is started on AZT if she is not on HAART. Sisters or Doctors can dispense drugs and mom will take one tablet twice daily until delivery and at every visit her HB will be checked.

At the beginning of labour she will then take her Single Dose Nevirapine.

At birth the baby is given Single Dose Nevirapine Syrup and AZT Suspension. If the mother took AZT for more than four weeks the baby will receive AZT for seven days and if the mother took it for less than four weeks then the baby will receive AZT for 28 days. Post delivery the mother will be advised on infant feeding and choices available. At six weeks, blood is taken to check if the baby contracted HIV or not. After six days the mother and baby goes to the clinic for a post delivery follow up and will also have to go again after six weeks.

At six weeks baby will be taken bloods to assess if she has contracted HIV or not. AZT and NVP are available at all Government Institutions that have Antenatal Clinics.

This Provincial Programme Roll out of programme started on 01 April 2008 LUDWM Hospital, but since then there have been no outcomes because PCR Test Results are still unavailable.

Approximately the reduction in contracting HIV from mother to child is:

- about 11% on Nevirapine alone
- about 4 to 5% Dual Therapy and about 2%
- about 2 to 2.5% Full HAART. (highly active Antiretroviral Therapy)



HOSPITAL REVITALIZATION

Revitalization projects continue to improve the image of our institution. Although there is a delay in the Programme but there is light at the end of the tunnel.

This Programme covers the refurbishment of the existing structures, new buildings and equipment. Funding is allocated by the National Department of Health through Provincial Health Department.



Management teams of Ngwelezane and LUDWMH with Revitalization team discussing Revitalization progress.



In the previous financial year 2007/2008 some of the projects were suspended due to financial constraints. Currently Hospital Project Plans are currently reviewed because of the shortage of funds some projects will be rescheduled for years to come.

Once the Project has been finalized the Paediatrics Department which currently is at Ngwelezana Hospital will move to our institution. This is a long term plan which will materialize one day. This facility will become a fully flashed Mother & Child Hospital.

ADVERSE EVENTS Compiled by Mrs. Paliam, Quality Assurance

An adverse event refers to any unintended incident in care that may result in adverse outcomes and may require additional care efforts. Any occurrence that does not comply with the routine functioning of the health service, or compromises patient care must be reported.



All adverse health events should be recorded retrospectively. The reporting procedure is highlighted in the form of a management policy to be implemented by staff in all departments. Reporting of negative incidents serves as legal protection for staff and is an important control measure in the Quality Improvement process.

The Adverse Health Event Monitoring and reporting system (AHEM) project was rolled out in 2006, where LUDWMH was amongst 10 institutions selected to pilot the project. Patient related incidents are captured on the programme.

Therefore, heads of departments are expected to implement the system on an ongoing basis. Specifically designed tools are used to report clinical incidents (patient related) and incidents relating to equipment, staff and property. All clinical incidents are classified according to Surgical, product/device, patient protective, care management, criminal and environmental

Development of action plans is the most important step in adverse health event reporting. The goal is to develop improvements that can be implemented and tested. How can one prevent this problem from happening again? Education and training is also vital, as the process is viewed as a learning exercise.

Monthly Infection Control Audits and Awards



Mrs. Zuma awarding Theatre staff with a trophy for their achievement.

The following departments were compliant with implementation infection control practices, Programmes, guidelines, policies and procedures because they obtained 80% and above.

- **Operating Theatre** = 81.01%
- **Laundry Services** = 81%
- **High Care Unit** = 80.5%
- **Neonatal Ward** = 83.5%

They were thereafter awarded; each with a trophy which they keep for a month depending on the performance of other departments/wards.



Mrs. Zuma awarding Laundry staff with a trophy for their achievement.

Objectives of this exercise are:

- To ensure that appropriate and adequate measures are implemented to prevent health care associated infections.
- To identify achievements, challenges and remedial actions to overcome those challenges.

They were all awarded with a trophy after writing action plans for identified deficiencies/challenges and bringing them to the attention of this department as a reassurance that those deficiencies will be corrected and proper practices put in place.



Mrs. Zuma awarding High Care Unit staff with a trophy for their achievement.



Mrs. Zuma awarding Neonatal staff with a trophy for their achievement.

FROM WASHINGTON TO LOWER UMFOLOZI



Mrs. Paliam, Dr. Mhlongo, Dr. Joy Dlamini(Unizul)
Prof. Michael Relf, Mrs. Mdletshe (Unizul), Mrs. Zuma, Sr. Mkhize



Staff listening attentively to Professor Relf.

Professor Michael Relf from Washington visited LUDWMH on 11 June 08. He shared vital information and updates with staff on HIV/AIDS and management of HIV/AIDS in pregnancy. Emphasis was placed on the importance of the autonomy of the patient. Aids can be a manageable chronic disease if adherence is maintained.

SOCIAL WORKERS CORNER

26 May –6 June 2008 was Child Protection Week. It is important `Uyisidomu' that everybody protect children from abuse.

Types of abuse

- Physical abuse- any non-accidental injury
- Sexual abuse
- Child labour
- Child neglect

Emotional Abuse

What is emotional abuse?

- Attacks on the child emotional development such as
- Criticism and name calling e.g. "big head"
 - Belittling and insulting e.g.

- Withdrawal of love, support and guidance
- Rejection
- Yelling at a child

Consequences

- Lack of self-confidence
- acting out the label as she is perceived
- Under achievement/ poor performance
- Poor decision making such as early start of sexual intercourse
- Poor concentration at school
- Unexplainable aggression/ withdrawal
- Regression

What to do:

- Display love and care when communicating with your child.
 - Do not take out your stress on your children. Manage your stress properly.
- Do not overburden your children with your responsibilities e.g. " I curse the day I had you".



DISASTER DRILL EXERCISE

Recently LUDWM hospital had a disaster drill exercise in order to ensure that every employee knows exactly what their duties are, how to carry them and whom to report to in case of a disaster.

This was done in order to prevent injuries that may be associated with an emergency. Miss Zethu Sithole pointed out that protection of patients' lives is first priority.

"The purpose was also to minimize complication of the disaster, identify shortfalls during exercise and take action to correct any problems which arose" concluded Sithole.



LUDWM Hospital Team with EMRS team planning for the Disaster Drill.

NUTRITION AND HEALTH BY SUSAN SCHOONWINKEL



Nutrition is an important part of our daily life due to the fact that we need food to give us energy so that we can survive. We all know that a healthy lifestyle also includes a healthy diet. No food is either good or bad but a combination of the right type of food can improve your overall health and also decrease the incidence of some chronic diseases of lifestyle.

Some chronic diseases for example; diabetes, hypertension; cholesterol, etc. can be prevented and also treated by the diet that we take in. For instance if we look at cholesterol: If you have a diet high in fat then that you may develop high cholesterol. By lowering your fat intake you can help reduce your cholesterol.



This means that your diet has an effect on your health. By having a healthy lifestyle that includes a balanced diet that is low in fat, high in fruits and vegetable (fibre) and also some physical activity can improve your overall well-being and also help your body to cope better with illness.

LETS TALK RESCUSCITATION

Recently we had an interview with Sr. Mdima who is Leading Resuscitation in the institution.

**What is Resuscitation?**

Basic life support is that phase of emergency cardiac care that includes early recognition of a cardiac or respiratory emergency interventions to gain prompt entry into the emergency medical system and the application of rescue breathing, chest compressions and defibrillation shocks of the victim arrest.

Who should Resuscitate?

All healthcare workers should be trained according to their level of training because inadequate resuscitation will result in many lives being lost which may otherwise have been saved if proper techniques had been applied.

Where should it be done?

It must be done in a place where the safety of the rescuer and the victim is guaranteed.

When it should be done?

Resuscitation must commence immediately to reverse brain damage or permanent death which occur within few minutes usually 4-6 minutes.

The institution has an ongoing resuscitation training programme where staff are given adequate information and evaluated on the skills learnt.



Doctors, clinic supervisors and District Dietician and team attended the training on Baby Friendly practices conducted by Dr. Ngozo (Medical Manager).



Medical and Clinic staff who attended the BFHI training.



On the 12 May 2008, LUDWMH underwent and external assessment as part of the BFHI programme. Amongst the team of National of assessors were representatives from Mpumalanga, Eastern Cape and Northern Cape. The aim of the programme is to ensure that staff members support mothers confidently with early and exclusive breastfeeding. The BFHI initiative is an exercise to restore breastfeeding as a natural process for nurturing babies. A BFHI training programme at LUDWMH is a strategy to encourage implementation of the Ten Steps to Successful breastfeeding.

Words are powerful: the things you say can dictate all experience. So let your words be sweet and caring especially to all those around you.– Adapted from Dr.

Bookmarks designed by dietician, Miss Schoonwinkel were distributed to mothers educating them on Breastfeeding on mother's day and during the week that followed.

OLD MUTUAL VISITS LUDWM HOSPITAL



Staff checking their Cholesterol during Old Mutual visit.



Staff member checking her policies with Old Mutual Consultant

Old Mutual Group scheme visited the institution in May as an initiative to promote the health of staff members. Staff attended in numbers to have their blood pressure, and cholesterol levels taken. Staff members having Old mutual policies were also invited to update them on the day. Old Mutual's effort was well appreciated !

FAREWELL - PRO



It's hard to come up with words for this editorial. Many things have happened on a personal level and also work wise. We all know we did not start this year well as we were informed that our Department has overspent which meant we will have to survive on a tight budget.

On a personal level, I would like to take this opportunity to thank everyone I had contact with for the past four years while I was at Lower Umfolozi District War Memorial Hospital. It might happen that by the time you read this I will no longer be around to accept your compliments about this edition. I have accepted an offer somewhere else.

I had my good and bad days at LUDWMH, I think that is common with everyone. After all I had some good times. I will miss my colleagues as I have learnt so many things from them. I will really miss you all and also my colleagues in my league- we had our good and bad times during our workshops.

The good thing is that the Public Relations Office will remain open as the PR Intern will keep the lamp burning.

I thank you!

Blessings and peace to all of you.

NOMBUSO



Footprints on the sands of time are not made by sitting down.- Unknown

FAREWELL DEAR COLLEAGUE!



Nombuso shares a joke with colleague, Khanyi Malambule at her farewell function.



Nombuso with PR intern Khethiwe Dlamini receiving gifts from colleagues at the farewell function.



Mr. Gumede HR Manager, joined the well wishers and spoke on behalf of Management Team.

Sikufisela inhlanhla ohambeni lwakho olusha, Ntombazane!

