

Four miscarriages and one baby death later: ex-private hospital patient thanks KZN Health Department for her "Miracle-Baby"

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After suffering four miscarriages and losing a prematurely-born baby at seven months, Durban mother Thembisile Mabaso had just about lost all hope of having a second child. She almost accepted that she would remain a mother to her then only son, who is 18 years old.

But today, with help and support from staff at several provincial government hospitals, this 43 year-old resident of Woodlands is the proud mother of a cheerful two year-old baby boy, who was born at Inkosi Albert Luthuli Central Hospital (IALCH) in August 2016.

Now, a few days before the start of February – which is Reproductive Health Month – Mrs Mabaso has shared her journey of despair, trauma and hopelessness; and the unbridled joy of becoming a mother against all odds, thanks to the KwaZulu-Natal Department of Health.

Ms Mabaso, who is a project co-ordinator at the Department of Rural Development and Land Reform, becomes emotional as she recounts how she first had to undergo different types of fertility treatments – while battling stigma - after struggling to conceive since 2003. After finally falling pregnant in 2009, she miscarried at 7 weeks. She had another miscarriage in 2010, at eight weeks. Yet another unsuccessful pregnancy followed.

In 2014, she fell pregnant again, but gave birth prematurely, to a 680g baby, at just over 26 weeks. The baby was admitted for seven months to the neonatal intensive care unit (NICU) at a private healthcare facility, but eventually passed away - allegedly due to poor infection prevention and control.

"In the private sector, they never did an investigation to see why I was miscarrying. They probably never saw the need," she recalls.

Disheartened, she decided to stop trying to conceive. She requested contraceptives from her doctor who advised that since she was overweight, she could not possibly conceive and thus should not bother. He added that if she wished to fall pregnant, she would have to lose weight. Miraculously, she soon found herself pregnant again. This time, however, she sought the help of the public health sector. She was to be pleasantly surprised.

"At the clinic on the Bluff, I was tested to confirm my pregnancy and then asked about my medical history. Thereafter, I was educated about pregnancy, including the foods I should eat, and informed about all the tests that they were going to do, including an HIV test. This was my 7th pregnancy overall, but it was the very first time that I got educated about pregnancy. This had not been done at any of the private hospital that I had been using."

She was referred to Wentworth Hospital which, she says, was more equipped to handle her delicate case. Following tests, the hospital then classified her as a high-risk patient and referred her to King Edward VIII Hospital, where she was once again amazed at the thoroughness of the advice given to her regarding pregnancy

"I was so excited about this and even spoke about it with my husband uMthokozisi... that we were really not aware of these things because public hospitals are always projected as the worst."



Thembisile Mabaso and her husband Mthokozisi, elder son Esethu and their two year-old "miracle baby" Simubonge



During her second visit to King Edward, she was referred to Inkosi Albert Luthuli Central Hospital. There, she received attention from several healthcare professionals, including maternal healthcare specialists such as Prof Motshedisi Sebitloane, who is also the University of KwaZulu-Natal's Head of Obstetrics and Gynaecology Department.

“Ultimately, when I was checked, they found out that I had a shorter cervix, and then told me to use a certain pill – Cyclogest – and take it every night. They told me that it would help ‘hold’ the baby so that I would have a successful birth. I’m thankful to God for using Government hospitals and their staff to help me have a successful pregnancy.”

Asked how she had coped each time she had a miscarriage, she says, “It was difficult, but faith kept me going, as well as support from my family and fellow church congregants, my husband, and my in-laws. My husband was always in awe at how much faith I have in God. I was amazed by the love and support that I received from healthcare professionals of the Department, who told me to leave everything in their hands. They told me I would leave the hospital with a baby in my hands – and indeed it happened. What this showed me is that in the public sector they put patients’ lives and well-being first, rather than profit, compared to the private sector. I got a sense that they really cared about mine and the baby’s safety. It made me view Government in a different light. The level of care that I received – which is extremely expensive in the private sector – was unbelievable.”

Recalling with fondness the day her baby was born – 09 August 2016 – she says: “I was so excited... I was so relieved. I gave praise to the Lord. I’m grateful to the Government. We named my son Simubonge uJehova (meaning Let us give praise to God).”

She describes her two year-old son as a bubbly bundle of energy

“He’s very awake. He makes us feel his presence. He makes us very happy. He’s intelligent, and mostly importantly, very healthy.”

Mrs Mabaso remains concerned, however, about the stigma and lack of support, at community level, faced by women with infertility problems and those who miscarry. She says attitudes must change.

“When you miscarry you’re made to feel like you’re a failure when you’re among other women. You’re made to feel unworthy just because you ‘could not carry a baby for nine months.’ It is very painful, but many people are very scared to talk about it. Some women get depressed to the point of wanting to commit suicide. It also affects relations between them and their in-laws because it is made to seem like they’re the cause for their own infertility, or for having a miscarriage. “I wish that people who cannot conceive or keep losing their babies could receive support, just like those who suffer from other ailments, who have support groups or structures.” She urges these women not to lose hope.

“Private hospitals are usually after money. At government hospitals they can tell you what problem you’re having. But women need to speak up. They must not sit in a corner when they have problems. It is also very important to go to the clinic as soon as you suspect you may be pregnant.”

Reacting to Mrs Mabaso’s story, MEC Dhlomo expressed his joy at its happy ending, adding that it was one of countless acts of heroism performed everyday by employees of the Department. “When I heard about Mrs Mabaso’s bad obstetric history, I felt very passionate. Her story touched me, and I then referred her to Prof Sebitloane, at Inkosi Albert Luthuli Central Hospital. She was taken through and treated as the mother of a precious baby. I want to commend Mrs Mabaso for coming back to say thank you, because that is quite rare. Her story showcases that not everything is doom and gloom in the public healthcare sector. There are success stories. In fact, out of a million women who give birth to babies every year in the country, only 100 000 do so in private hospitals - the rest of the 900 000 do so in state hospitals. There are many more success stories such as Mrs Mabaso’s that we don’t blow our horns and talk about. When you see so many children going to school, it is because of the success stories of babies born in our facilities six or seven years ago.”