



TEAM

- Sabine Berger, RN
- Regina Kaufmann, RN
- Thomas M. Berger, MD

A more detailed report
can be downloaded from
www.neo-for-namibia.org

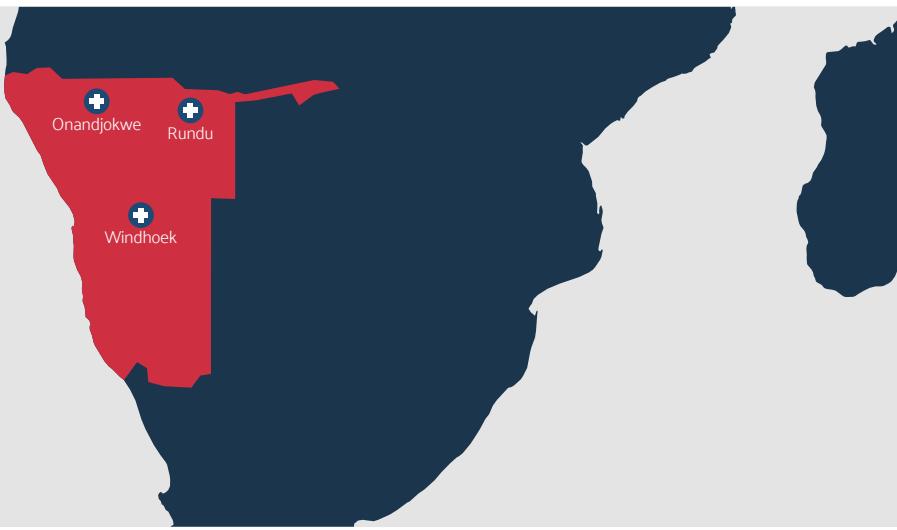
MISSION REPORT 2019-1

SHORT VERSION

January 29, 2019 to February 22, 2019

Mission goals

- Bring additional and new equipment and continue in-depth training
- Introduce Regina Kaufmann to the local health care professionals
- Follow-up on the CPAP registry and discuss the introduction of a Namibian Minimal Neonatal Data Set (Nam-MNDS)
- Meet the new Permanent Secretary (Executive Director) of the Ministry of Health and Social Services (MHSS)



Hospitals visited

- Rundu State Hospital
- Onandjokwe State Hospital
- Windhoek Central Hospital



A near-term baby lying on a Wallaby® warming table supported with a Pumani® bubbleCPAP device and monitored with a Masimo® Rad-8 pulse oximeter.

11 Pumani® CPAP devices	14 Masimo® pulse oximeters	7 Wallaby® warming tables	5 Colibri® LED PTx Units	11 LifeKit® infant cot beds



Equipment

Previously donated equipment has stood the test of time. Overall, the following medical devices have been donated over the past two years:

- 11 Pumani® bubble CPAP devices
- 14 Masimo® Rad-8 pulse oximeters
- 7 Wallaby® warming tables
- 6 Colibri® phototherapy units
- 11 LifeKit® infant cot beds
- 1 Bilimeter 3 (Pfaff Medical, Germany): allows for point of care testing (POCT) of serum bilirubin in jaundiced neonates

Nurse Cecilia Ndepavali caring for an extremely low birth weight baby, observed by the infant's mother.

Teaching sessions

At Onandjokwe State Hospital, nurses, interns and medical officers attended a total of five formal lectures.

At Rundu State Hospital, individual cases were discussed with the 5 pediatricians. Once again, the importance of following standard operating procedures (SOPs) was emphasized.

Sabine Berger instructs nurse Cecilia to draw a small blood sample for POCT of serum bilirubin concentration in a jaundiced neonate



LEFT To better understand what the cause of respiratory distress might be, chest X-rays should be obtained and interpreted.

RIGHT To curb the highly prevalent overuse of antibiotics, serial CRP measurements can be very helpful.

**OBTAI
CXR**
IN INFANTS WITH SIGNIFICANT
RESPIRATORY DISTRESS
TO MAKE A DIAGNOSIS

WHEN TWO CONSECUTIVE
CRP VALUES
ARE WITHIN NORMAL LIMITS
STOP ABX

UNLESS CLINICALLY CONTRAINDICATED

Clinical work

We enjoy working with our colleagues on a daily basis. The Prem Unit is now well organized and, led by the head nurse Cecilia Ndepavali, the staff continues to implement changes that improve patient care.

Prof. Thomas M. Berger demonstrates the insertion of an umbilical venous catheter to Dr. Mapanga and Dr. Matthäus (visiting intern from Onandjokwe State Hospital).



Due to their immature skin, extremely low birth weight infants (birth weight <1000 g) have large insensible water losses during the first days to weeks of life.



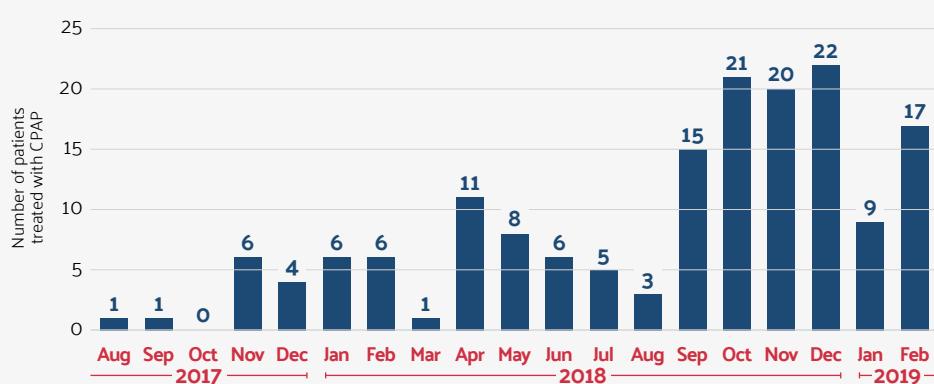


Nicoteh

Nicoteh was born in September 2018 with a birth weight of 1150 g. Due to an ill-defined gastrointestinal inflammatory process, she was transferred to Windhoek General Hospital for more advanced care. Fortunately, she made a full recovery. We were very happy to meet her and her mother 5 months later!

LEFT Sabine Berger taking care of Nicoteh during her first weeks of life.

RIGHT Meeting again: Nicoteh and her mother visiting us at the Rundu State Hospital – they are both doing very well.



Impact analysis

Between August 2017 and February 2019, a total of 163 patients with a median birth weight of 1550 g (600–4170 g) have been treated with CPAP. Of these, 112 have survived to discharge (survival rate 69%).

CPAP registry: number of patients treated by month since August 2017.



survival rate **44%**



survival rate with
Pumani® bubble CPAP **69%**

NNT 4.0 (number needed to treat)

From July 2017 to February 2019, 163 babies have been treated with bubble CPAP at Rundu and Onandjokwe State Hospitals resulting in an estimated number of (163/4.0)

41 additional survivors

CPAP therapy for infants with respiratory distress is a highly effective medical intervention that improves survival rates with a number needed to treat (NNT) of only 4.

Donate and help babies survive

neo-for-namibia.org/donate

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