

Case study October 2011

Giving life to low-birth weight infants the Kangaroo-way with support from PRRINN-MNCH, Katsina

"Our responsibility is clear; we must safeguard each woman and child, so they may live to their fullest potential"

-Ban Ki-Moon, Secretary General of the United Nations

When a woman is pregnant in northern Nigeria, it is assumed that she has one foot in the grave and that her chances of being alive after birth are very slim. The Hausa's will say 'Kafar ta daya na duniya, gudar kuma na kiyama'. The same is true for the infant, especially those delivered with low birth weight.

Infants that weigh less than 2.2 kg at birth are considered fragile and in critical need of special care for their healthy growth and development.

Caring for delicate infants is no cheap endeavour and a complex web of poverty and want in rural areas of Katsina state has made delivery of babies with low birth weight almost a death sentence for the innocent baby.

Imagine been a woman, very heavy for nine months with an undisclosed package, a husband that can barely put a single square meal on the table and deplorable living conditions that can best be described as survival-living, only to put to bed three (3) bouncing but low birth weight triplets!

Although gory and horrendous, this story is very true for Malama Sailuba Hamisu of Maikiliya Community of Baure LG of Katsina State. Baure is a border LGA sandwiched in-between Niger Republic and Nigeria.

Sailuba was lucky to have realized the importance of ANC visits in the early stages of her pregnancy and with guidance and support of the caregivers at Baure General Hospital she was able to deliver all her three babies safely.

But that is not the end of her perilous journey!

She was told and advised that she and her babies needed special care, good and nutritious foods and sustained supervision for them until they attain full growth.

"The hospital staffs asked me to change my dietary intake; that I begin to eat more eggs and fish for my good and that of my kids, something I honestly can't afford. I was prescribed some medications/drugs which I can't afford as well, and my husband has no job to support us through this trying time. Because of this situation, he left home in search of our daily bread and he is yet to come back,' said Malama Sailuba.

Low birth weighted infants requires incubators to nurse them immediately after birth but Baure General Hospital did not have one as at the time of Malama Sailuba's birth to her triplets. And to compound issues, the caregivers are poorly equipped and trained to handle cases like that of Sailuba and her triplets, at least not until PRRINN-MNCH Katsina office waded generously into the fight of the staff and clients at the facility.

"PRRINN-MNCH has done a lot to uplift the face of antenatal care and post natal care services at



Partnership for Reviving Routine Immunization in Northern Nigeria; Maternal, Newborn and Child Health Initiative

this facility. It sponsored 5 staff of this facility for training on Kangaroo Mother Care (KMC), which was held at the local government secretariat here," Malama Halima Bukari, the Maternity In-Charge at the Hospital alluded.

Kangaroo Mother Care (KMC) is used particularly to care for premature and low birth weight babies, but can also be used with all newborns. It encourages skin-to-skin contact between mother and baby and exclusive breastfeeding, to keep babies warm and to facilitate emotional bonding with the mother, infection control, and breastfeeding on demand.

Kangaroo Mother Care filled the gap created by the absence of the baby incubators at the facility. Malama Halima also said that 'PRRINN-MNCH has supplied enough KMC kits to the hospital, and Sailuba is one of beneficiaries of this gesture.'

Each KMC Kit or bags have the following in them;

- 1. Baby diapers
- 2. Baby socks
- 3. Baby cap
- 4. A silver cup for exclusive breastfeeding

The kit is given free to each woman that delivers low birth weight baby/babies at the facility.

Sailuba and other mothers that deliver low weight babies are trained on how to handle their babies, and encouraged them to cultivate the habit of sustaining skin-to-skin contact between their babies and them. Follow-up checks are also arranged for them by the facility taking into due cognizance their situation.

'I am now a happy mother despite my challenges and my babies are up, healthy and doing well' a happy but concerned Sailuba confessed.

She admonished PRRINN-MNCH to continue their good work towards ensuring that women have access to skilled care during labor and delivery.

Although the intervention is recording encouraging success, there are still challenges to overcome.

Malama Halima confided that clients with low birth weighted babies don't like to be admitted at the facility. Their admission could have allowed for close monitoring and care for the mother and baby for an appreciable time period.

She also said that most clients don't like to come for follow up checks and advised that outreach services be sponsored, lamenting that the hospital is financially incapable of sponsoring such visits.