The African Maternity Health Link.
Report on visit to Freetown, Sierra Leone
1.11.15 - 14.11.15

Background to visit

The original Link was made between the Alexandra Hospital, Redditch and Lumley Government Hospital (LGH), Freetown and existed to teach, update and support midwives within that unit. During our previous visits we have been able to supply basic equipment, deliver short in-house training and support midwives in their daily practice. After consultation with the midwives, matron and medical superintendent - Dr Virginia George - it was requested that more formal workshops were provided. This request was responded to and two days of workshops were provided in March 2014 where midwives from LGH, PCMH (Princess Christian Maternity Hospital) and Kroo Bay attended. The feedback was positive and further workshops were planned. Unfortunately West Africa then had the worst outbreak of the Ebola virus in living memory, taking the lives of over 11,000 people - including over 200 health workers in Sierra Leone alone. Lumley hospital lost a fine and well respected paediatrician - Dr O. Buck - a very kind and hardworking lady who was always so welcoming to our team. She will be greatly missed. We were unable to return to Freetown until November of this year.
The night before we flew to Sierra Leone it was announced that the maternity unit at the Alexandra Hospital would be closing on the 5th of November. Although not unexpected, the speed of the closure was a shock to us all. The Link was therefore unsustainable and the implications of this were discussed with the staff at Lumley. We reassured them that the Link with Sierra Leone will continue, but not specifically with Lumley, and we will still be providing educational, practical and professional support to as many midwives and maternity staff as we can. The Link had now reached a stage where we could begin monitoring and evaluating the impact that we were having on the practice of the midwives attending the workshops. The initial evaluation of the workshops has been gathered and monitoring of changes in practice will be conducted on the next visit.

**Visiting team**

Liz Mc Sporran-Bates - hospital based midwife (retired) from Warwick  
Olivia Jeacock - hospital based midwife from Swindon  
Helena White - hospital based midwife from Redditch  
(Pat Rogers - retired community midwife from Redditch  
Katie Johnson - hospital based midwife from Kingston)

Funded by The African Maternity Health Link, Life for African Mothers, Iolanthe Midwifery Trust

**Objectives for visit**

1. evaluate impact of Ebola crisis on existing maternity services  
2. ascertain what services are currently offered at LGH  
3. deliver two sets of two day workshops for Freetown based midwives  
4. scoping visit to Magburaka Government hospital  
5. begin monitoring and evaluation of Maternity Link

**Day 1**

Breakfast meeting with Morlai Kamara - in-country representative of ‘Life for African Mothers’ and a tremendous asset to our team in Sierra Leone. Exclusive
teaching of the correct regime for administration of Misoprostal has been requested from senior doctors at PCMH (Princess Christian Maternity Hospital - the main referral hospital in Freetown), midwives and health ministers. A meeting has been arranged to discuss the details of this for tomorrow.

Purpose and effectiveness of NGO’s are now being monitored in Sierra Leone as it is estimated that there are over 1,000 working there at any one time. It is proposed that we try and meet with the ministry - as we have on all other visits - to discuss objectives and outcomes and suitability of those.

Meeting with Isha Komara from CHPS (Community Health Promotion Service) regarding health, water and sanitation in Kenema. Maternity services are badly affected in this area after the devastation of Ebola. It is difficult to say if the Link will be able to provide any assistance with the project but details will be finalised and a proposal made within the next month.

We were lucky enough to spend the evening with Mr Jawad - owner of ‘Family Kingdom’ where we stay - and Mr Peter Penfold - British High Commissioner to Sierra Leone during the years of civil war. Both of these gentlemen are inspiring. Mr Jawad is in his 80’s having spent his life building up a successful business and employing many local people, encouraging them to take qualifications in IT, hospitality and finance. Some of them he has enabled to go back to school and learn to read and write and supported whole families during the war years when there was very little business for himself. He has vision for the future and has a wonderful family around him to carry that on. Peter Penfold is a Paramount Chief in Sierra Leone bestowed on him after he played a pivotal role in bringing the brutal civil war to an end. He supports several charities there including a school for the blind and setting up partnerships with towns in the UK. His latest role is instigating the revival of growing rice in SL to kick start the agricultural industry and enable the country to feed itself again. He also looks to the future and sees what will work to take Sierra Leone into the global market through natural means.
Day 2

Meeting at PCMH today with Dr Sulaiman Conteh- Head of Reproductive Health, Dr Philip Koroma - national consultant from Eastern Provinces consultant at PCMH, Mary Fullah senior matron manager. Many aspects of maternity health service were discussed. The effects of the Ebola, both on the people of Sierra Leone and the health system will be felt for several years to come. Presently there is a 30% increase in maternal deaths due to lack of infrastructure, lack of health staff, fear of attending health units, lack of appropriate drugs and training. There is fear that it may rise to over 70% increase in the coming months. PPH, unsafe abortion and sepsis are rising above pre-eclampsia in causes of maternal deaths and some incidents are due to misuse of Misoprostal and oxytocin. Hence the plea for stringent training on the use of these two drugs, when used properly can save many lives. It was requested that doctors also came to our training workshops in the future as the numbers of trained obstetricians currently practicing in-country is estimated to be as low as 6. We assured them that we were happy to train and update any health workers who they felt would benefit from attending. We discussed the workbook currently used and they requested that we use it as reference but work with them to produce a country specific version which we will be able to do during our next visit.
Day 3

Visit to one of the biggest slums in Freetown - Kroo Bay. The area was hit badly by flooding in September and approximately 1,000 families have been moved to the national football stadium for temporary accommodation/shelter. The clinic at Kroo Bay was looking very depleted and the staff very demotivated.

The environment bore the marks of neglect due to the Ebola epidemic coupled with extensive flooding. The CHO was very despondent, showing us around the small unit, everything has been affected from cupboards and furniture, doors and floors to all the paper records. Most importantly the vaccine/drug fridge is no longer working and the small computer system they had is also gone now. However, we were able to cheer everyone up with the small supplies that we had brought with us - a few clinical items including gloves of which they had none, some feeding bras for the women with newborns, a new set of baby scales (thank-you SECA) and some old midwifery uniforms that made the midwives laugh and sing and dance around the room!! Small things that make a big difference, not only to practice but also to the morale of the staff.
They were still providing essential services to the community - ante and post-natal clinics, child health clinics in partnership with Aberdeen Women's Centre, delivery facilities and referral support. These staff must be supported in their endeavours as they work in exceptionally difficult conditions providing vital services to an incredibly deprived community.

We wanted to go and visit the displaced families now living under the stands at the football stadium and take a few bags of baby clothes and emergency midwifery supplies - a delivery pack, gloves etc. All donations were, as always, gratefully received and the welcome always so warm no matter what their circumstances. It was heart-warming to see that there had been many donations for this group of people - rice, milk powder, clothes, nappies, and toys - all being sorted and distributed fairly. The government plan for them is to provide a new settlement out of the city where they can start again and try to build better lives. We made a brief visit to Lumley Government Hospital to speak to Dr George but unfortunately she was not on the premises. Spoke to the lab workers who have remained open during the Ebola crisis, maintaining a full service for the community. I apologised profusely to the pharmacist for not being able to bring him an up to date BNF (British National Formulary) and he thanked me profusely for trying. The Ebola tent was still up at the entrance and hand washing/temp checks still maintained.

**Day 4**

First day of the first set of workshops. We were very kindly given the use of a room at the G4S headquarters without charge, and welcomed 18 midwives and health workers.

Topics covered were
· **Infection - prevention and control**, following on from their extensive training during the Ebola outbreak, it is very much at the forefront of their practice now.

· **Normal labour** - encouraging mobilisation, regular fluids, mechanism, progress, solutions for minor problems

· **Use of the partograph** - we spent a long time on this topic as it is an essential tool for the midwives/health workers as an early warning system to reduce incidents of the 1st delay - i.e. encouraging early referral from PHU (peripheral health unit). We were surprised at how many of them struggled to complete it correctly and from the feedback forms it was noted that this was one of the topics most likely to be cascaded to other colleagues on their return to their units.

· **Obstructed labour** - causes, use of the partograph to identify this and act accordingly, possible solutions, consequences - short and long term - including fistula, neonatal and maternal morbidity and mortality.

· **Neonatal resuscitation** - this is a big topic to cover in an afternoon and much of it is new to many of the workers. We were also aware that many of them did not have the ABSOLUTE BASIC ambubag with which to give the essential lifesaving breaths we were teaching them. We distributed the ones we had been donated but it did not cover all of the 20 units who attended. This is a priority for our next visit. The attendees worked very hard on learning these skills and were proficient by the end of the day. This is another topic highlighted to be cascaded within the units.
Day 5
Second day of workshops. We were lucky enough to be joined by Sister Mary Fullah - midwifery matron from PCMH. Mary is very experienced and passionate about improving the skills of the midwives of Sierra Leone to improve the maternal and neonatal mortality statistics. The Misoprostal regime was a priority and a topic that she covered thoroughly. The midwives seemed to enjoy her teaching - as did we.

Topics covered
- IOL (induction of labour) - including use of Misoprostal. Induction is not common in SL so this was an interesting topic to discuss with them especially in view of the high stillbirth rate. We discussed at length ‘post-dates’ and the connotations of this, explaining the research that shows the deterioration of the placenta after 41 weeks and how this will compromise the foetus before labour even begins. How increased care is required at this time - education of the women to observe foetal movements etc. It was noted by the midwives that education of the community is also required to
allow the women to come to the health unit with concerns - highlighting many potential problems that lead to emergency situations and that can be dealt with hours, days or even weeks before they become a life threatening situation.

- Shoulder dystocia - this emergency does not happen very often in Africa mainly due to the shape of the pelvis but it can occur and some very simple techniques can be used to resolve the problem before damage or death of the foetus occurs. We used a short video to show them the mechanics of the boney impact which enabled them to visualise the problem and so helped them to understand the mechanics of the manoeuvres we taught them to resolve it. One of the midwives also taught us how a 'sling' can be used to put around the posterior arm to help delivery - perhaps we can introduce this in the UK??

- PPH - postpartum haemorrhage - one of the biggest causes of maternal death in Africa today. With the use of 'Mama Natalie' - a teaching aid worn by a volunteer who can control the delivery of the baby and the bleeding in the scenario. It is very useful and we used it many times over the course of the afternoon for different causes of the bleeding and all the techniques we can use to identify and treat it. The midwives found it very useful and commented on it many times in their feedback reports. Misoprostal is a huge contributor to the fall in deaths from PPH and the effects of the mass distribution of it by 'Life for African Mothers', and now the government, cannot be overestimated.

We gave each attendee a certificate and asked them to kindly spend ten minutes filling in a feedback form for us so we can monitor and evaluate the workshops to improve next time. The volume of comments, observations, ideas and suggestions was fantastic and incredibly helpful.
Day 6
Travelled north to Magburaka to see Kumba - a friend we had met on our last visit when she was doing her conversion training from ITU nurse to midwife.
Her training had been disrupted by the Ebola outbreak and she had been asked by the government to work at Connaught Hospital in Freetown caring for patients with Ebola. When a colleague became infected and died Kumba and other fellow workers were placed into 21 days quarantine, a period of unimaginable stress and worry both for the staff and their families. Fortunately no one developed symptoms.
Kumba now works at Magburaka Government hospital as a midwife and is very much enjoying her new role. The hospital has a large rural catchment area serving a population of approximately 400,000 and is the main referral unit. There are two permanent doctors, one of whom, Dr Hajidu is very keen to become more experienced in obstetrics. We gave him a copy of 'International Maternal and Child Health Care’ from the charity Maternal and Childhealth Advocacy
International (MCAI) to help him on his way!

The hospital has had increased government and NGO input during the Ebola crisis due to the nature of its locality. 'Concern Worldwide' is still present supporting the staff and maintaining incredible levels of cleanliness - the whole environment was spotless, a credit to them all.

There were two qualified midwives, two RN's with no particular midwifery training and several support workers on labour ward, all of whom were very keen for us to return and provide training workshops. We gave them a few clinical supplies and they were very grateful. We had also saved some fantastic feeding bras donated by 'Bravissimo' in the UK and they were delighted with them and were fascinated by the way in which you could release one side at a time to feed the baby without taking the whole thing off!

Magburaka will be a place we will return to expand the training programme.

Day 7

EBOLA FREE

A day of mixed emotions - huge celebrations yet mourning the loss of over 3,000 people. It is unknown how many people have died because of the knock on effect of the crisis. Our driver, Pina, lost his older brother in the summer to a liver disease because he could not get any treatment at the hospitals that were full of suspected Ebola patients. Ebola is a relatively unknown disease and so the future
is unclear but some results for Sierra Leone have been positive with renewed urgency to strengthen the health system, especially maternal and child health.

**Day 8**

Rest day

**Day 9**

First day of the second set of workshops. Same format used and topics covered. We had a CHO from a hospital practising some traditional medicine. When I asked him if they would try anything different for shoulder dystocia he replied 'No, I don't think so. I have learnt a great deal here today!'

One thing the African ladies love to do is sing and today they sang the most tremendous song for us - 'I want to be a midwife' - Liz managed to record it and you can see it on our Facebook page. It was a very special moment for us.

**Day 10**
Last day of workshops today. Overall we felt they were received very well, the feedback was positive and they were happy. We all feel now that follow up to these workshops is essential for monitoring and evaluation. We had fantastic feedback on the forms but these midwives will need support in their own units to cascade training and implement change where needed. The follow up work is as is as important as providing the workshops to monitor the effectiveness of them and change delivery where required. It might be that doing workshops in a large group is not as effective as small groups training in house, or individual skills sessions in the PHU's for example.

Day 11

The rainy season is lingering in Freetown this year - awoken by a huge storm at 04.30!
Returned to Lumley to see staff and inform Dr George that our Link has come to an end due to the closure of the Alexandra hospital in Redditch.
We also gave her a copy of the referral book from MCAI to be used by all staff. The unit was preparing to begin taking deliveries again having been closed to labouring women for over a year.

We also returned to Kroo Bay to see the delivery of several items we had purchased for them - tables, chairs, filing cabinets, new bed foam, fans and electric stabilisers. We hope this will make a difference to their everyday working lives.

**Day 12**

We were invited to attend the 'National Consultative Conference' today held at the National Stadium - not far from the displaced folks of Kroo Bay.
There was representation from many aspects of the health system from health ministers to district health officers, senior consultants, retired CHO's, NGO's, WHO, UN and a brave man from the ministry of finance. It was a fantastic day, it felt to be a very positive step getting all the different factions together discussing the future of the maternity services and the problems facing them, how they can be resolved and the timetable that should be offered. I did have a feeling that while all the items discussed were essential there was little discussions on what should be implemented immediately with 'post Ebola' international support to prevent the feared spike in maternal and neonatal deaths as a result of the crisis. We chatted with the MSF representative regarding their programme for midwifery training in the provinces and were very interested in their ideas. As our project is very small and our time available is only annual leave we are unable to be of any assistance but it is always great to meet and discuss what other organisations are doing so we can work together wherever possible. We met up with Jude Holden - manager of Aberdeen Women's centre, who invited us to join them in the morning to meet the staff and see the progress of the unit.

**Day 13**

Made a visit to Aberdeen Women's Centre this morning to join them for Morning Worship and meet the girls and women waiting for fistula repair. It was so
wonderful to meet them all as always, their faith and hope is amazing after what they have endured and meeting the staff who run the unit and give these girls their lives back is always so incredibly humbling. Jude Holden is inspirational, she works tirelessly with her team of volunteer doctors, anaesthetists, theatre staff, cooks, cleaners, lab techs, support workers, midwives - all so vital in the work done for the women who come to them for help. They also provide ante natal care and classes, have a very busy delivery suite and post-natal care. One day we aspire to have a unit such as this, to inspire staff and women that maternity care can be of an amazing standard in Sierra Leone.
Day 14

Travelled home.

We left Sierra Leone feeling very positive about what we had managed to achieve, the new contacts we had made and the strengthening relationship between our Link and the influential people wanting to forge ahead with vital improvements to the maternal branch of the national health system. The follow up to this trip will be absolutely essential to monitor and evaluate the effectiveness, in real terms, of what we are beginning to achieve. Developing a robust and effective teaching programme, that can be rolled out country-wide, is the key to empowering health workers, women and communities to improve maternal and newborn health and reduce maternal and neonatal morbidity and mortality and make our contribution towards the global Sustainable Development Goals.