



ST. JOHN XXIII HOSPITAL-ABER

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Christian care for quality health

Date: 17th June, 2025.

INTERNATIONAL DAY OF THE MIDWIFE CELEBRATED IN HOIMA CITY FROM 3RD - 5TH MAY 2025.

Back ground

The international day of the midwife is celebrated on the 5th may worldwide .since 1992 when it was established by the international conference of midwives to create awareness about the midwifery profession

Uganda joined the rest of the world to celebrate the International Day of the Midwife under the global theme “*Midwives: Critical in Every Crisis.*”

The national celebrations in Uganda was held in Hoima City from 3rd to 5th , may 2025, with a national midwifery scientific conference from 3rd and 4th of May 2025, and climax of the celebrations took place on the 5th of May 2025. Featuring speeches from national leaders, exhibitions, awards, and community engagement activities to raise awareness about the critical role midwives play, especially during crises such as emergencies, conflicts, pandemics, and climate-related disasters.

The conference brought together midwives, health professionals, researchers, policymakers, and partners to share innovations, research findings, and best practices that shape midwifery care in Uganda and globally

We submitted three abstracts titled:

1. STRENGTHENING NEONATAL RESUSCITATION TO REDUCE BIRTH ASPHYXIA MORTALITY, A CASE OF ST. JOHN XXIII HOSPITAL ABER IN OYAM DISTRICT
2. INCREASE UTILIZATION OF HIGH RISK CLINIC BY PREGNANT MOTHERS AT ST. JOHN XXIII HOSPITAL ABER, OYAM DISTRICT.
3. INCREASE INITIATION OF BREASTFEEDING WITHIN THE FIRST HOUR OF BIRTH FOR BABIES BORN BY CAESARIAN SECTION IN ABER HOSPITAL, OYAM DISTRICT.

Which were all selected for oral presentation on the 4th of May 2025.

The purpose of attending the conference:

To raise awareness of the critical roles health care providers play in improving maternal and newborn care.

Advocacy and visibility

To connect with other professionals, policy makers and stakeholders for future collaborative initiatives, mentorships and support.

Recognition and motivation, by celebrating the achievements of maternal and child health, health care providers and recognizing their essential role in the health system.

Objective of the presentation

1. Raise awareness on birth asphyxia on neonatal mortality, utilization of high risk clinic and immediate initiation of babies born by caesarian section within the first hour of birth
2. To share best practices and evidence based interventions for the above and,
3. To promote continued professional development and capacity building.

Summaries of the abstracts presented

1. STRENGTHENING NEONATAL RESUSCITATION TO REDUCE BIRTH ASPHYXIA MORTALITY, A CASE OF ST. JOHN XXIII HOSPITAL ABER IN OYAM DISTRICT

Introduction

Birth asphyxia is the failure of a neonate to initiate breathing at birth, and Apgar score of less than 7 at 5th minute. globally accounts for 24% of all neonatal deaths in Uganda neonatal mortality has remained high at 27/1000 live birth and birth asphyxia accounts for 59% At St John XXIII hospital birth asphyxia accounts for 36%(31/186)

The major factors contributing to birth asphyxia related mortality include: Maternal delay to seek care, poor labor monitoring, inadequate preparation of resuscitation corners, poor resuscitation, Skills. Inadequate post resuscitation care during transportation.

Aim

The aim was to reduce asphyxia related deaths from 30% in July 2024 to 15 % in December 2024 by enhancing neonatal resuscitation and referral practices.

Interventions done

Training midwives from 29 health units on neonatal resuscitation, Labor monitoring, intrauterine resuscitation and post resuscitation care, Continuous medical education sessions and resuscitation drills were conducted monthly for nurses and midwives in the hospital, Improved resuscitation corner in theatre, Continuous follow up and mentorship for lower health units, Equipped the ambulance with resuscitation equipments and oxygen for stabilization during transportation

Results

Birth asphyxia related mortality reduced from 30% in July 2024 to 12% in December 2024. There was improved preparedness of resuscitation corners and better stabilization of neonates during referral.

Conclusion

Focusing on training Resuscitation equipments, strengthening early new born care and transportation systems and improving referrals have the potential to significantly reduce birth asphyxia related mortality.

QUESTIONS ASKED

Qn 1. What motivated you to take up the study?

Response: the motivating factors was that all the interventions that need to be put in place were possible with minimal resources needed, except equipping the ambulance but even that was possible with support from partners (CUAMM)

Qn 2. What is the recommended rate of birth asphyxia?

Response: The global recommended rate for birth asphyxia mortality. 02/1000 live births when compared to our hospital the rate was still high which prompted us to come up with interventions to reduce in the mortality.

Qn. 3. What do other study talk about?

Response: we realized that across developing countries the same challenges were face that led to poor outcomes for babies born with severe birth asphyxia.

Challenges faced during implementation.

Changing the attitude of mothers towards timely reporting to the health facility was not easy since many mothers believed that they would end up being referred or being delivered by caesarian section if they reported early to the health facility during labor

There was still challenge in the referral pathway that babies were being transported off oxygen leading to poor outcomes, this happened due to the breakdown of the ambulance.

Communication was also a challenge due to poor network signal sometimes led to delayed referral

Delayed referrals due to inadequate preparation on the mothers' side (not having resources to facilitate transfer of care to a higher facility).

Training was conducted once for midwives in the lower facilities of which they needed refresher training and feedback of the interventions this was limited due to limited funds.

2. INCREASE UTILIZATION OF HIGH RISK CLINIC BY PREGNANT MOTHERS AT ST. JOHN XXIII HOSPITAL ABER, OYAM DISTRICT.

Background.

A high-risk pregnancy is any pregnancy that carries increased health risks for the mother, the fetus or both. These include pre-eclampsia, previous scar, bad obstetric histories (still birth, recurrent abortion), multiple pregnancies, etc. People with high-risk pregnancies may need extra medical care before, during and after they give birth (MOH, 2022). The Uganda MOH recommends a minimum of 8 antenatal care visits for women with normally progressing pregnancies, with more frequent visits from those with complications or risk during pregnancy (MOH, 2022). This helps to reduce the possibility and severity of complications that majorly lead to maternal and perinatal mortality. Factors that can be prevented and need intervention during ANC still accounting for over 70% of maternal death.

St. John XXIII Hospital Aber runs a high risk clinic every Thursday, However attendance remains low at only 37.9% by March 2024 (high risk register, Aber hospital). The major contributing factors were knowledge gap on the importance of attending high risk clinic, lack of social support, Lack of financial support.

Aim.

To increase the percentage of pregnant mothers attending high risk clinic from 37.9% by March 2024 to above 90% by December 2024.

Interventions.

Creating awareness about high risk clinics and its importance during health education at the facility, screening, sensitization of the community on high risk pregnancy and need for early birth preparation, follow up of mothers using phone calls to remind them about appointments.

Results.

The percentage of mothers attending high risk clinic increased from March 2024 December 2024

Conclusion.

Strengthening health education, community sensitization, and follow up of mothers using phone calls to remind them of their appointment improves the utilization of high risk clinic.

QUESTIONS ASKED:

1. What was the numerator and the denominator?

ANSWER:

The numerator was the number of mothers who attended the high-risk clinics and the denominator was the total number of mothers booked to attend the high-risk clinic.

Challenges faced during the implementation:

Some mothers had no mobile phones and so very hard to follow up and some their phone numbers could not go through

During the community dialogue, the target group did not turn up in large numbers

3. INCREASE INITIATION OF BREASTFEEDING WITHIN THE FIRST HOUR OF BIRTH FOR BABIES BORN BY CAESARIAN SECTION IN ABER HOSPITAL, OYAM DISTRICT.

Background.

World Health Organization recommends that all infants should start breastfeeding within one hour of birth. Mothers who undergo caesarian section often face challenges in initiating breastfeeding within the first hour after birth, with studies indicating lower rates compared to mothers who deliver vaginally. (WHO, 2017). The MOH Uganda also recommends 100% initiation of babies on breastfeeding within one hour however it is low at 36.4% (uganda, 2022).

At St. John XXIII Hospital Aber, the percentage of babies born by caesarian section initiated on breastfeeding within the first hour of birth was at 10.5% as of January 2024(Integrated maternity register). The major factors contributing to that were knowledge gap on the importance of early initiation of babies on breastmilk, Babies not bonded together with the mother immediately after the procedure, maternal and infant conditions not stable.

Aim.

To increase the percentage of babies born by caesarian section initiated on breastfeeding within the first hour of birth from 10.5% as of January 2024 to 80% by December 2024.

Interventions.

CME on the importance of breastfeeding conducted to the maternity staff, health education on the importance of early initiation of breastfeeding was in cooperated as part of pre-operative preparation, Babies being put on breastfeeding immediately after procedure.

Results

The percentage of babies born by caesarian section and initiated on breastfeeding within the first hour of birth improved from Jan to Dec 2024 respectively from 10.5%, 15.6%, 20.6%, 33.1%, 40.8%, 45.2%, 50%, 60.6%, 66%, 70%, 69%, 74%, and 76%%.

Conclusions

Continuous medical education and strengthening health education improves early initiation of babies born by caesarian section on breastfeeding within one hour.

Recommendation.

Continuous health education from ANC and during labour on the benefits of early initiation of breastfeeding within one hour.

Midwives to stay with mothers in the recovery area to initiate breastfeeding.

Comments from the presentation

SJHA was to reach to other facilities within the catchment area especially HC iv and implement the changes through conducting CME

It was recommended that other facilities would also adapt

Lessons learnt from the conference.

We were motivated to join the National Midwives association of Uganda which supports so much the activities of midwives and carrier developments,

Information & Technology workshop: work shop on how to utilize the social media platforms to promote and create awareness in health care.

Soft skills presentation to facilitate carrier development

Self-care which is very important in our day to day work

Many evidence based practices done in other facilities across the country, like use of warm birth during labor as a non-pharmacological measure to reduce labor pains and increase comfort during labor. Among others

Achievements from the conference

The symposium was a timely and impactful plat form that empowered us with important knowledge and skills which was evidence based

Facilitated social interactions and experience sharing which also led to improvement of knowledge and skills in maternal and newborn care as well as making new friends

Challenges faced

The time was not enough for all the presenters to present the remaining abstracts this made us not to share all the intended objectives of the symposium

Too little time was given for each presenter thereby not able to explain into details.

The number of midwives/nurses who attended the symposium was limited.

During the breakout sessions, other rooms were small hence could not accommodate the numbers making others to seat from outside

There was unequal distribution of T-Shirts, Collar T-shirts were given on technical know who which was very unfair.

Recommendations

Increasing budget allocation for nurses and midwives to participate .by advocating for increased financial support from hospital administration, implementing partners ,or district health offices to enable more frontline midwives and nurses to participate in future capacity building events.

Decentralizing training and knowledge sharing through CME and departmental skill sharing sessions.

Photos



Sr. Scovia Ameri presenting on the increase initiation of breastfeeding within the first hour of birth for babies born by caesarian section in Aber Hospital, Oyam District



Sr. Monica Aceng making her presentation on increase utilization of high risk clinic by pregnant mothers at St. John xxiii Hospital Aber, Oyam District



Sr. Nalubega Regina presenting on strengthening neonatal resuscitation to reduce birth asphyxia mortality, a case of St. John xxiii Hospital Aber in Oyam District



During commemoration of the international day of the midwives on the 5th may 2025 in Hoima City.

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