

# Amos Update: Jan 2010

It seems only last week I was doing last month's missive but a lot seems to have happened in the interim .....

I finally succumbed to the pressure last week and ran a seminar on Advanced Life-saving Skills in Obstetrics. Having done this a number of times before it was challenging to reach some of the new midwives with the basics while also enthusing those whom I'd taught before. My new perinatal mortality work came to the fore and I was able to pick out case after case of poorly managed ladies with classic problems and sad outcomes. I now need to get round the wards often enough for "in-service follow up". So often we only need the basics to be done well in order for mothers and babies to survive –

but that is the basics right up from decisions at home, through clinic to us and beyond.

Hawa was at a seminar last week and my HIV mums and tots clinics was rather full. A number of women turned up to get their baby's tested. They are certainly very keen for these results. I managed to get Hawa's box of goodies from her locked office (some sweet talking needed there) and did 4 lots of samples myself before the blotting papers that you put the blood onto ran out. I'm not sure I've quite got the technique sussed .... I ended up hot and sticky with a screaming baby, but got the sample. It was an interesting experience and great to get yet more exposed babies tested. There's still a way to go however – 6 of my 27 perinatal deaths in the last 6 weeks involved HIV positive mothers which is more than double the expected rate. Half of these didn't manage to get enrolled into the system at all, but of the three that had reached us, one got severe malaria and another a breech baby that got stuck .....

HIV positive mothers have the same problems as everyone else as well as other ones. Meanwhile an offshoot of my trip last year to the BHIVA conference is that Laisha and Hawa have started to do some online HIV teaching modules. Its rather a new way of learning for them which is intriguing but they are certainly gaining.

The new training course in the school of nursing is sending us lots of students – sometimes we are slightly overwhelmed with 2nd year, 4th year and conversion course students all wanting to come on the ward round. The conversion course ones are of course useful as many have lots of experience and its good to re-meet old friends in unusual parts of the hospital but it still doesn't quite make up for the overall decrease in regular staff on the ward.

The final part of the basic region-wide roll out of Morphine usage and Palliative care (to Pangani district) has begun with the arrival of Stephen and Heather. Stephen is a GP with a Palliative Care interest and they were here 14 months ago with a group from their daughters church. It's always nice to welcome back old friends and we are sure they will be as helpful in Pangani as their predecessors have been elsewhere.

We've had problems with the theatre – the German team that built the new theatre complex have been assessing the facilities all over the region and gave a rather horrified review of the situation here in Muheza .....

so there has been frantic scrubbing all week and the in charge has been replaced. We can only hope that the improvements will be persistent.



Laisha and Hawa Learn!

Two weeks ago Ben managed to be holding the espresso machine when it fell off its handle .... the resultant scald was rather painful and he had a week at home but thankfully is now well onto the road to recovery, although extra strong sun-cream in certain places will be necessary for a while yet.

The lab itself has been less dangerous. We have got CD4 reagents back again through the government stores. So what appears to have been a dispute over payment got resolved – but not until the hospital had been without this test for a couple of months. We have continued to see some malaria this month -but it has not been the big return that the malaria researchers were (trying not to) hope for. Another Tanzanian shortage we have been having this last couple of months – which has been a problem for the researchers, has been that of dry ice. Dry ice is solid carbon dioxide and it is very cold so its good to use for keeping samples cold whilst transporting them. We normally get it sent up from Dar – but haven't been able to get it of late. You can actually make it by putting a sock in front of a CO<sub>2</sub> gas outlet and cranking the valve wide open – the solid CO<sub>2</sub> collects inside the sock. So we have been talking to Anjari's, a fizzy drink manufacturer here in Tanga. He has his own “secret” recipe, a sort of Iron-Bru type soda called “Healtho” - rather a misnomer. Anyway, he was able to explain that all the CO<sub>2</sub> in Tz comes from one factory near Mbeya , where we were in August. It is made by heating up limestone (we visited a marble mine there) and there have been electrical supply and access problems due to heavy rains. He can let us have some but only when the supply picks up again. I was then able to explain at the yacht club on Saturday why the Coke-Cola has been a bit on the flat side of late!

School is up and running once more – with more angst as one of the teachers has decided to leave in the summer and the board needs to make sensible decisions about the school's future generally and how we should manage the low enrolment.

Its sad as in many ways things are looking good at TIS with two other excellent teachers and happy children but times are tough .... Our boys are doing well with Max really starting to read, if a bit slowly still and Zack starting to conquer the maths issues and discovering that it can be quite fun. Piran still isn't really talking although is pretty much out of day time nappies and loves the beach.

We are glad its nearly the end of the heat, and are looking forward to slightly cooler times – bizarre to see yet more snow falling in the UK ....

God bless

Love to you all

Sally, Ben, Zack, Max and Piran.



Piran on Sophies (via Rachel, Zack and Max) trike

## Prayer and Praise

1. For the early diagnosis of exposed babies
2. For improvements in the theatres
3. For more dry ice in Tz
4. For the future of TIS