



October 2024 Report for Serving In Mission



In Partnership with ELWA Hospital Paediatric department, Monrovia, Liberia

October 2024 involved several exciting developments at ELWA hospital, particularly the arrival of two new incubators and an opportunity to develop the newborn care space further by facilitating a team from ELWA hospital to attend a conference on newborn care and neonatal sepsis. This combination of infrastructural changes, training and clinical care will set the department up for continued success.

Clinical Activities

There were 393 admissions to the inpatient services (paediatric ward and emergency room) in October. Many of these were treated in the emergency room with shorter admission times. The ETAT plus training taught in previous workshops is being steadily rolled out across the hospital and compliance with these is much easier to track in the emergency room now that new admission proformas have been adopted with dedicated order sets for physician assistants. This is only possible because of the support from SIM for the staff in the emergency room and pediatric ward.

We are thankful to God that there were only 2 deaths on the paediatric ward during the month of October. This is a testament to the much improved nursing care and rapid response to changes in children's conditions. Efforts have also been made to improve the handovers between shifts to ensure that all nurses on shift have a good awareness of the children admitted. The department was recently strengthened by the addition of two incubators:



The under 5 clinic treated 1400 new children with a total of 2316 consultations. These are the highest numbers of children treated to date through the outpatient department and reflect both the dedication of the physician assistants and other staff serving daily as well as the increasing needs in Montserrat county for basic treatments of conditions such as respiratory infections, diarrhoeal illnesses and malaria.

Special Malnutrition Update

There were 87 admissions to the inpatient feeding unit, primarily from the under 5 clinic, although children continue to present through the hospital emergency room. There were more children once again admitted due to problems with breastfeeding and maternal health conditions. This program has been strengthened by recently by the provision of formula milk by Canada Reformed World Relief Fund to babies who are unable to access breast milk on discharge. There are currently 35 babies enrolled on this program.

The incubators were brought into action very quickly to take care of 3 month old baby Clarice who came in through the emergency room. Her mother had tragically passed away during childbirth, and Clarice was left to her Aunt, who was doing her best but already carried the responsibility of her own children with no real income. Within a few days Clarice had become unwell, her tiny body burning with a fever as she became unable to even drink the little milk available.

By the time she reached ELWA her tiny body weighed just 3 kg and her breathing was rapid and shallow. In desperation her Aunt had come to the ER with the whole family. Recognising the danger, the nursing team rapidly established oxygen and moved her upstairs to the ward. Clarice was so small that her little body worked more like a newborn, and by now she had started to get cold. Thanks to God's provision of the incubator, the nurses were able to rapidly stabilise her temperature and provide the right percentage of oxygen to treat her

well. This was critical in helping her to finally begin to absorb the milk fed via tube feeds and stabilise her blood sugar. Overnight her suckling reflex returned and she started to settle. The next morning she began crying for the first time in over a week, much to the relief of her Aunt. Thanks to God's provision of the comprehensive program we offer at ELWA and the dedication of her family Clarice has a bright future!

The outpatient feeding program treated 124 new children with a record 131 discharged as cured from the program. This left 58 children continuing on the program at the end of October. It is anticipated this number will increase in the run up to Christmas.

ETAT plus training ongoing:



Patient Story

Baby Success, age 3 months, came through the emergency room having had diarrhoea for the last 2 weeks. She had become unable to feed and was constantly vomiting. When she came through the under 5 clinic the PA in charge very quickly realised that she was dehydrated, her eyes sunken and cheeks floppy. The team recognised that without urgent intervention she was not going to make it and rushed her upstairs to the busy paediatric ward. Within minutes, the nurses had recognised the signs of shock, established an IV line and were following the protocol to organise rapid boluses of fluids pouring into her bloodstream. Somehow, Success began to come back to life, her eyes returning to normal and her body becoming more lively. She began to feed a little, smiling at last.

The next day unfortunately success began to take a turn for the worse, breathing faster and becoming less able to feed. She needed a little oxygen at first, until she needed a lot. Thankfully our team had very quick access to antibiotics and were able to start her on treatment urgently, but still her temperature continued to rise and her oxygen requirement

went up. Several doctors became involved, cycling through a range of antibiotics and trying to get her temperature and breathing back under control. Eventually one of the nurses thought about tuberculosis as a possibility, recognising the combination of worsening difficulty breathing, a persistent fever and weight loss. Strong teamwork meant that within a day she was able to start on observed therapy for TB while also continuing the therapeutic feeding. At the time of writing, Success is off oxygen and gaining weight, soon on her way home to a grateful family!

Educational Activities

- A 4-person team from the paediatric and maternal health department spent over a week in Arusha, Tanzania at the largest annual African Conference on care of the neonate. 18 different African nations were represented. Our team included a physician, nurse practitioner, nurse, and midwife. There was a strong emphasis on utilizing low cost/low tech solutions. Evidence was presented for significant reduction in neonatal death and illness as well as improved neurological outcomes for the babies with the new techniques and protocols/practices. Multiple topics were covered at the conference including delayed cord clamping, kangaroo care, care of the very small birthweight and/or premature child, treatment of respiratory illnesses, breastmilk fortification, management of sodium disorders, thermoregulation, research.
- ETAT plus training workshop carried out at Jesus Loves Me children's centre in Bong County involving 33 participants.
- Daily mentoring ward rounds carried out between doctors and nurses to encourage good practice.
- Improvement plan to create more compassionate care implemented on the paediatric ward.

Future Goals

- Educational follow up from neonatal conference to be rolled out throughout paediatric and maternal health departments.
- Opening of a follow-up clinic for children suffering from chronic conditions to start early 2025.
- Improvement plan for under 5 clinic airflow to be implemented.
- Further ETAT plus workshops: Early 2025 throughout Liberia.
- Ongoing partnership with Ministry of Health to train and mentor interns and other doctors coming through the paediatric ward, set to restart early 2025.

Dr Michael Bryant MRCP MRCGP DCH DTM&H
ELWA Hospital paediatric clinical lead

West Africa clinical lead, Swansea Bay Health Charity Africa Links programme