



A NIGERIAN 550g, 28 weeks-GA NEONATE SUCCESSFULLY DISCHARGED – FMC Owerri makes history with the Handy-approach flowchart

A baby, fondly nicknamed “Her Majesty” by the nurses at the Special Care Baby Unit (SCBU) of the Federal Medical Centre (FMC) Owerri, arrived as the second of a twin birth on the 27th January 2015. FMC-Owerri, the only nearby referral centre that might attempt to save their lives, was totally shut down due to workers’ strike action. Little hope remained for baby-Majesty and her twin sister as very few senior nurses at the SCBU secretly attended to very trivial cases using the hospital’s second SCBU ward, located at a more hidden location to avoid aggressive attacks from trade union members. Extremely low birth weight (ELBW) neonates in Nigeria rarely survived at SCBUs until the introduction of the Handy-approach technique for neonatal thermoneutral control, of which FMC-Owerri has been Nigeria’s leading tertiary hospital in its application.

The Neonatal Concerns Outreach (NCO) at FMC-Owerri started in 2005, at which time the SCBU had only one functional incubator. Through the excellent and hard-working hospital Management, most of the NCO’s validated procedures for minimisation of neonatal mortality were introduced and enforced; and each of these played a role for the survival of baby Majesty and many other ELBW neonates before her: these include (1) Consistency of available functional incubators (2) Enriched knowledge base through concerted training and retraining of the nursing and clinical crew members in the art of thermoneutral and infection control in the management of extremely preterm newborn (3) Stoppage of nurses intra-hospital wards re-shuffling that often depleted SCBU’s corporate knowledge (4) operation of SCBU with Power-banks (5) Operation of independent neonatal apnoea monitors for each ELBW etc. Through these combined techniques and dedication of the hospital’s Medical Director and the SCBU nurses and doctors, FMC-Owerri presently has a very high neonatal success rate, far better than any other Nigerian tertiary hospital, including those applying NCO techniques anywhere in the country. The unit that looks after neonates born within FMC (referred to as in-born baby Unit or SCBU1) has repeatedly recorded some months of no or singular mortality since 2012. Both SCBU1 and SCBU2 (out-born unit) presently discharge these very tiny neonates successfully with ease, due especially to the practice of excellent and appropriate technique of thermoneutral control and uninterrupted incubation supported by the Power-banks. Units have saved very many 600g-ish BW and above, the best records held until baby Majesty’s case.

Baby Majesty was happily discharged after 82 days of nursing on the 20th April 2015 and presently doing very well at home. This is the tinniest neonates to survive in any Nigerian SCBU by our records. We have published the admission and discharge pages from Baby Majesty's raw data file and wish to encourage any other hospital with better records to so do.

Our literature search revealed that the closest recent African record was a Namibian hospital that successfully discharged baby Victoria, born at 595g BW (<http://allafrica.com/stories/201505131129.html>).

ADMITTING A BABY INTO SPECIAL BABY CARE UNIT (SBCU)



1st time
G-6A

SURGEON _____
 I. BLOODS Received 2 doses
 DATE OF DELIVERY 27/01/15
 TYPE OF DELIVERY VD
 TIME OF DELIVERY 4:45
 SEX Female 1st time
 APGAR SCORE 4' 6 5
 BIRTH WEIGHT 0.55kg
 OCCIPITO FRONTAL CIRCUMFERENCE 26cm
 BL. BABY LENGTH 31cm
 INDICATION FOR ADMISSION Pneumonia & low tone ut
 REMARKS _____
 NEXT OF KIN'S PHONE NUMBER 051



OWLEKI MEDICATION SHEET

4/15
20am

BED NO: 82 DOL

WARD: Re CWR

Given by	Time	Notes
		82 day old (2nd of a set of twins, 1st died within 24hrs of life) delivered vaginally at GA. 2.8kgs being managed for preterm
		ELBW. WGA: 0.55kg wt: No episodes of hypothermia. Signs, green or hypercyanosis
		Completed course of antibiotics on Tetracycline oralmed. fever free for > 13 days
		Taken 35ml of EBST via cup with a total of 42mls
		2. not pale, mucous membranes clear RR 16/min, SpO2 Resp: RR 65/min BUBS
		CNS: Conscious, alert, with good tone
		Abd: FMWR
		D good clinical progress
		Plan
		C