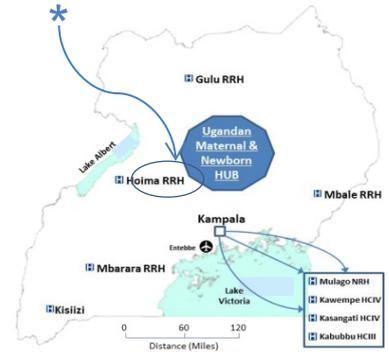


Hoima, Uganda – October 2014

Thank you to SEA UK for supporting this recent visit to Uganda in October 2014. The visit was focussed around obstetric anaesthesia and was undertaken in collaboration with the Liverpool-Mulago Partnership (LMP). This partnership was formed in 2008 and has now expanded activity and focus to improving several healthcare centres in Uganda. It is now part of the Ugandan Maternal and Newborn Hub, a network of 8 Ugandan obstetric healthcare partnerships. The focus of the LMP is to reduce maternal and infant mortality and improve the quality of obstetric and neonatal healthcare through exchange of knowledge and training of local staff.

I travelled to Hoima in Uganda in October this year. Hoima is a small town in the West of Uganda served by the Hoima Regional Referral Hospital (HRRH), a hospital with 246 beds and two operating theatres. The hospital is a regional referral centre serving Hoima, Kibaale, Buliisa, Kiryandongo and Masindi districts. Its catchment area is around three million people. In addition, there are a high number of immigrants and refugees from the neighbouring Democratic Republic of Congo. Only around 45% of staff vacancies are filled and Hoima has only 1 doctor per 38,917 people, less than the national average of 1 per 24,725, while WHO recommends 1 per 800. The hospital is government funded and drugs and medical supplies are in short supply. There is a limited laboratory service and electricity and water supplies are erratic. There is no recovery room.



The hospital has specialists in obstetrics, paediatrics, medicine, ophthalmology and surgery. The maternal mortality rate in Uganda is 440 per 100,000. HRRH has a maternity unit with a labour ward, postnatal ward and a theatre with two operating tables. Obstetric anaesthesia is provided by three anaesthesia practitioners, none of whom have medical training. Only one of these is usually present at any one time and they frequently care for more than one patient simultaneously.

I joined a volunteer UK obstetrician currently based in Hoima and worked with this obstetrician, local obstetricians, residents and anaesthesia providers in the maternity unit. In addition, I participated in a local educational meeting the focus of which was effective handover, and both a maternal mortality and paediatric mortality meeting. During the first week there were also a group of paediatricians and midwifery staff from the Basingstoke Hoima partnership for Health (BHPH) present whom I was also able to work with.



Although my time in Hoima was short, this was an extremely busy maternity unit and I was able to be involved in numerous cases and a variety of obstetric emergencies including managing severe pre-eclampsia and major haemorrhage with limited supplies and available monitoring or equipment. One day we had three cases of uterine rupture to manage simultaneously! Anaesthesia equipment varied from draw-over vaporisers with ether to a glostavent and halothane and I learned first-hand of the profound bradycardias associated with halothane use. One theatre was equipped with a more sophisticated anaesthetic machine although use of this was limited by the erratic electricity supply. I also became involved in a slightly different line of work when I learnt the dual role of the anaesthesia provider in neonatal resuscitation!

I also spent a day at the Azur Christian clinic located in Hoima, a private not-for-profit hospital in Hoima run by the 'Help Hoima' charity, with its own theatre although unfortunately this was not functioning due to a problem with the anaesthetic machine. This was causing problems when managing obstetric emergencies at the clinic as patients required transfer across town to HRRH or anaesthesia providers were called to attend but there would be delays in awaiting their arrival if cases were ongoing in HRRH, and they were then limited in anaesthesia provision due to the faulty machine. I spent a rather interesting day attempting to restore the function of the machine which involved effectively taking the machine apart and putting it back together again and did manage to locate the cause of the problem – a missing cable. The next few hours were then spent locating the correct cable for purchase but despite our best efforts, alas we were unable to restore the machine to working order.

My time in Hoima was short lived but one which I will remember. I was humbled by the experience and impressed with the knowledge and abilities of the staff whom welcomed me and with whom I worked closely, and whilst I hope they were able to learn from me during my time there, I most certainly learnt a great deal from them.

Dr Jolene Moore, STR6 Anaesthesia, NHS Grampian

Undertaken in collaboration with The Liverpool Mulago Partnership <http://www.liverpoolmulagopartnership.org>