

ONE OF THE BABIES DIED IN THE UTERUS WHILE THE OTHER TWO DIED DUE TO LACK OF

59-year-old gives birth to 3 babies, loses 2

By Gloria Nakajubi

After three broken marriages and the stigma of society that reminded her daily that she was barren, 59-year-old Magdalene Namakula is probably the happiest person at Mulago Hospital's gynaecology and obstetrics department in Kawempe, Kampala.

In the highly skilled hands of two senior gynaecologists, two senior paediatricians, two senior anaesthesiologists and a host of nurses, Namakula last week underwent a successful C-section, becoming a mother for the first time. It was not just one baby, but three. She originally had quadruplets, but one died in the womb while two died after they were born.

"I always asked God why he gave me breasts, yet I could not bear children. This is an answer to my prayers. It is confirmation that God truly answers prayers," Namakula said from her hospital bed.

Background

Her first marriage, for where the couple had been legally married in church, ended after 10 years. Her husband wanted children.

"He moved on and married someone else. I got into another relationship, but after a few years with no children to show for it, he, too, left me," Namakula narrates.

In 2006 (at 44 years of age), she was diagnosed with fibroids. The doctors, she said, recommended an operation to clear the fibroids if she was to revive her hopes of having children. She was lucky to find a well-wisher who offered to pay for the operation at an amount she never got to know.

Namakula and the father of the newborns are peasant farmers from Kasambya village in Mubende district.

Fertility treatment

In her quest to have a baby, she underwent fertility treatment at Women's Hospital in Kampala, a procedure she says was also offered at no cost "after the doctor realised how much I wanted to have a baby and yet could not afford to pay for the treatment".

Despite her advanced age, she says her pregnancy did not have any major complications.

"I was going about my usual tasks at home and since I do not have children, I was doing almost everything on my own. Being pregnant was a joy for me," she says.

At 30 weeks, the babies were born weighing between 1kg and 1.3kg.

The pregnancy, according to Dr Eve Nakabembe, a consultant gynaecologist who led the team, could not come to full term because one of the babies died in the uterus. The doctors, therefore, decided to deliver all of the babies.

Namakula checked in at Mulago at the end of January and was closely monitored for two months, to avoid complications.

Considering the fact that it



Namakula's baby son Issac was the only survivor of the pregnancy of quads



First-time mother Magdalene Namakula

was a high-risk pregnancy, many, according to the experts, worried that Namakula would not be able to make it out of the operating theatre.

Doctors say she had elevated blood pressure and there was fear that her body would not contain the anaesthetic drugs due to her advanced age.

"Everything went perfectly well. We controlled everything; stabilised the mother and handed over the babies to the paediatricians. They were premature, but showed very high prospects of survival," Nakabembe said.

The tragedy

As the beautiful story was being narrated on level seven of the facility, the events had dramatically changed a few floors below where the babies were being handled in the special care unit.

Two of Namakula's babies passed away. They died when the oxygen cylinder on which they were sucking ran out, according to medics at the ward who preferred anonymity.

According to the source, the hospital has been having challenges with oxygen after

For years, Namakula could not conceive until she sought fertility treatment

the plant at Mulago developed challenges.

"What they are producing at Mulago is not enough. They will tell you that they also have to supply the other facilities at Kiruddu and Mulago main hospital," the source says.

That night, a total of five babies passed away and although the doctors argued that some were too underweight to survive, oxygen challenges contributed significantly.

On average, the special care unit houses a total of 80 babies. However, on most nights, according to the source, there are just about two nurses for all of them.

"We can say there is usually one nurse because one has to sit at the reception area since we don't have security at the entrance," the source says.

The source adds: "We cannot expect two nurses to offer the close supervision that the babies in here need. It is impossible. By the time a nurse makes a complete round, a lot has happened and that is how we lose these babies."

The unit has a total of four paediatricians and a senior medical officer. These, however, have to cater for the

outpatients' clinics on Monday, Tuesday, Wednesday and Friday at both Mulago main and the Kawempe branch.

"The paediatricians are also teaching at Medical School," says the source, pointing at one of the paediatricians who had failed to go for the day's class after the depressing events of that morning.

"So you see, there is a whole ripple effect. Now the students have to also miss their class."

On the day of the visit, the unit had a lot of medics with each baby seemingly getting the deserved attention. However, as the source explains, these are mostly students and can only be available during the day.

One of the critical drugs that are given to premature babies, according to the doctors, is not supplied by the Government.

Surfactant, for instance, which is usually given to pre-term babies immediately they are born to prevent respiratory problems, is not on the essential drugs list and, therefore, not provided by the Government. This also leaves the pre-term babies

Dr Evelyn Nabunya

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vulnerable to complications. With the high cost of the drug, many children at the public hospital can barely afford it.

"It is the usual challenge. No gloves, no syringes, no drugs. But these are high-risk babies and every minute counts," says the source.

Delivering the bad news
For the doctors who worked tirelessly the previous night to save the babies, the pain of losing them was unbearable that they cried.

However, there was another hurdle. Breaking the sad news to the mother, who was already sending messages to her kinsmen, asking them to keep her three babies safe through prayer.

After thinking of how to break it to her for hours, they eventually agreed it was time to face reality and the mother had to be taken to the special care unit to see her only surviving son and the two dead ones.

Unbeknown to them, Namakula was way stronger than they could have imagined. She stood there expressionless as she saw the tender heartbeat of her baby. After a seemingly deep reflection, she said: "This is my Isaac. And I ask God to protect him for me," she said, alluding to the biblical story of Sarah who had a son at 90 years of age.

Hospital overwhelmed?
Dr Evelyn Nabunya, a consultant obstetrician-gynaecologist, who heads clinical services at the hospital, says Mulago Hospital has been serving as a health centre II, III, IV and a national referral hospital at the same time. This, according to Nabunya, is quite challenging and, therefore, compromises service delivery.

One major challenge is the supply of oxygen.

"If you get 10 cylinders, for instance, and yet you have two special care units, a very active theatre and other cases that require exchange, you get overwhelmed," Nabunya says. The hospital requires at least 14 cylinders of oxygen per day, but often gets less.

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