

BY JOHN MUSENZE

On December 21, 2019, Uganda registered its first on-record successful conjoined twin birth at Bala Health Centre III in Kileleshwa, after midwife Stella Akite helped deliver twins under extremely difficult conditions in a rural maternity ward.

There was no ultrasound scan, no doctor and no specialist support. It was just Akite and the mother.

To date, Uganda has recorded four successful conjoined twin births, although some of the babies later died due to complications linked to congenital abnormalities and illnesses such as malaria. Akite was among more than 500 midwives recognised during the 2020 World Midwives Day celebrations in Moroto on May 5. When I met Akite, the memories of the difficult night she delivered the country's first recorded conjoined twins were still vivid.

When Brenda Ajok arrived at Bala Health Centre III on December 21, 2019, Akite immediately sensed that the labour would not be easy. Months earlier, during antenatal visits, she had advised the mother to undergo an ultrasound scan after suspecting an abnormal pregnancy.

However, the scan was never done because the mother could not afford the trip to Lira Regional Referral Hospital, Bala Health Centre III had no ultrasound machine to assess the pregnancy. So, midwives had to use their eyes and experience to detect and assess the pregnancy situation.

On the fateful evening, when Ajok arrived at the facility, she was already in active labour after travelling more than 13km on a bicycle through heavy rain. "She was already 8cm dilated and there was no time left. My biggest worry was that I did not know exactly what kind of pregnancy I was going to deliver because she had never done an ultrasound scan," Akite recalled.

ALONE, FRIGHTENED Akite said she was alone on duty that evening without a doctor, theatre team or senior support. The only ambulance in the area then reportedly required fuel

AKITE: MIDWIFE TO UGANDA'S FIRST



Akite with the twins after birth at Bala Health Centre III, Kileleshwa district on December 21, 2019. The twin girls after they were separated at Mulago Hospital in Kampala on November 18, 2020

money before referral could happen. "I could only feel one baby whenever I examined the abdomen using my hands. So, I expected a single baby," she said.

Knowing abnormal pregnancies can easily develop complications, Akite prepared emergency drugs, fluids and delivery equipment beside the labour bed while closely monitoring the mother's contractions.

"At around 6:00pm, the mother started pushing. The baby's head came out normally, but the rest of the body remained stuck [in the birth canal] despite the mother's efforts. That is when I realised this was something I had never handled before," she said.

Fearing both the mother and baby were becoming weak, Akite inserted one hand to assess what was blocking the delivery. "I could feel many limbs inside and I started asking myself what exactly I was dealing with. I learnt that I was dealing with twins."

"I first

Professional life

Stella Akite has worked as a midwife under the Kileleshwa local government since 2013. She has conducted more than 1,000 deliveries while serving in several rural health facilities, often handling maternity wards alone during night shifts.

Akite said the conjoined twins remain the most difficult delivery she has ever handled.

"I have never forgotten that night. Everything happened so fast (about 30-40 minutes), and there was no one to guide me," she said.

However, the conjoined twins are only one chapter in years of sacrifice and emotional trauma associated with rural midwifery. At one point, Akite said she conducted deliveries while her own nine-year-old son battled a sickle-cell disease crisis on a hospital labour bed because she had nobody to leave him with at home while she was on duty. Sadly, by morning, Akite's son had died.

"My child kept crying and asking why I was not attending to him, but I also had mothers waiting for me in labour. I laid him on the floor in the same ward. I sadly saw him cry in a lot of pain. There are sacrifices people never see behind this profession," she said.

Akite said the highest number of deliveries she has ever handled was 12 mothers within 24 hours while working at Aboke Health Centre IV.

Akite still works as an enrolled midwife under the Kileleshwa local government. She has previously worked at Okole Health Centre III, Bala Health Centre III and Aboke Health Centre IV. Akite is currently working at Ayara Health Centre III.

thought maybe the babies had cords wrapped around them," she said.

Thinking the umbilical cord was trapping the babies, Akite clamped and cut it (from the baby whose head was already out), but the delivery still failed to progress. The baby whose head had already emerged started gasping while the contractions became weaker.

babies were joined together. "I had never seen conjoined twins before and I could not imagine it," she said.

REFERRAL STRUGGLES

Akite said even getting support inside the facility became difficult because the staff member present was not a midwife and feared the unusual delivery. One attendant reportedly collapsed after seeing the babies joined together.

"The twins urgently needed specialised care. I initiated a transfer to Lira Hospital. Doctors there referred them to Mulago National Referral Hospital in Kampala for specialised treatment and eventual separation surgery," Akite said.

She added that because of COVID-19, the twins took almost a year to be operated on. At the time, Ajok and the twins could not travel to Kampala because of lockdown restrictions.

In November 2020, Ugandan surgeons successfully separated the twins during a 20-hour operation at Mulago Hospital, attracting national attention because it was Uganda's first recorded successful separation of conjoined twins.

However, one of the babies later died due to complications linked to abnormal blood vessel development. The surviving child, named Gladys, later died at the age of three after developing severe malaria complications.

CRY FOR BETTER CARE

Akite believes the lack of ultrasound services in lower health facilities continues exposing mothers and babies to preventable complications, especially in rural communities where transport remains expensive and referral systems are weak.

"Many health centres still lack simple equipment that can save lives, although the ministry has improved some services compared to before," she said.

Akite also said Uganda still needs more midwives and better staffing in maternity wards because many health workers continue operating under overwhelming pressure.

"Sometimes, it is only by God's grace that mothers and babies survive," she said.

CALL TO GOVT

Speaking during the International Day of the Midwife celebrations in Moroto earlier this month, the United Nations Population Fund

SUCCESSFULLY SEPARATED CONJOINED TWINS

(UNFPA) described Ugandan midwives as the backbone of maternal healthcare, noting that they conduct nearly 75% of deliveries in lower health facilities despite overwhelming workloads and limited resources.

The UNFPA country representative, Kristine Blokhuis, said many Ugandan midwives currently handle an average of 500 deliveries annually, almost three times the World Health Organisation's recommended workload limit of 175 deliveries per midwife each year. "You are the first hands to cradle Uganda's future. When you feel exhausted, remember that you are the bridge between despair and hope for thousands of families," Blokhuis told the gathering in Moroto.

She warned that the continued shortage of midwives is contributing to burnout, stress and exhaustion among health workers, while also compromising maternal and newborn healthcare services



Gladys (left), one of the twins, with her mother, Ajok (right)

across Uganda's overstretched public health system. Although Uganda's maternal mortality ratio has reduced to 189 deaths per 100,000 live births, UNFPA said many midwives

continue working under difficult conditions with limited staffing, inadequate equipment and high patient numbers in labour wards. UNFPA also renewed calls for Uganda to urgently recruit at



TO DATE, UGANDA HAS RECORDED FOUR SUCCESSFUL CONJOINED TWIN BIRTHS.

least 15,000 more midwives to strengthen maternal healthcare services and reduce pressure on existing health workers.

The concerns were echoed by the acting commissioner for nursing and midwifery services, Evelyn Kyomugisha, who acknowledged that many public health facilities remain severely understaffed despite years of training additional nurses and midwives.

"We want to commend all

midwives across the country for the effort they make. We have health centres where a single midwife handles up to 80 deliveries in a month. That workload is too much," Kyomugisha said.

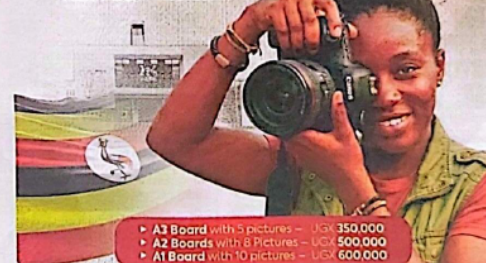
She said the pressure has significantly affected the wellbeing and social lives of many midwives who spend long hours in maternity wards responding to emergencies and handling deliveries with little rest.

Figures from the health ministry indicate that midwives across Ugandan health facilities manage over 30 deliveries per day. This is almost double the recommended World Health Organisation maximum deliveries per health official.

Coupled with long working hours, the daily routine of midwives in Uganda includes supervising patient care, running maternity wards and constant monitoring of both normal and caesarean deliveries.

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