

Mothers patiently wait their turn at the health centre, hopeful that the check-up and ultrasound scan will ensure the safety of both themselves and their unborn babies. PHOTO/CAESAR ABANGIRAH

How ultrasounds are saving mothers in Acholi, Lango

From uncertainty to early detection, the rise of ultrasound scans, skilled health workers and community outreach is transforming maternal care in northern Uganda.

BY CAESAR ABANGIRAH

For nine months, mothers carry the hope of delivering a healthy baby. However, in many rural communities across northern Uganda, that hope has often been overshadowed by uncertainty and, at times, tragedy.

Despite progress, maternal and newborn deaths continue to be a significant concern. The 2022 Uganda Demographic and Health Survey (UDHS) estimates maternal mortality at 189 deaths per 100,000 live births and neonatal mortality at 22 deaths per 1,000 live births.

In regions such as Acholi and Lango, where access to institutional healthcare has historically been limited and traditional birth attendants play a vital role in the community, the risks are even greater.

Fortunately, a quiet transformation is underway, driven by the introduction of ultrasound scans, enhanced training for health workers, and increased community engagement.

What was once unknown

At Ngai Health Centre III in Oyam District, Adie Dayana lies still as a midwife guides an ultrasound probe across her abdomen.

Moments later, relief washes over her.

"I did not know how old my pregnancy was. I was not feeling well and was not sure whether my baby was alive," she says. "But they told me the baby is fine, positioned well, and even gave me my expected delivery date."

For many mothers such as Dayana, ultrasound scans are doing more than offering reassurance; they are detecting complications early.

Health experts note that many pregnancy-related risks, from abnormal faetal positioning to low amniotic fluid, can be identified through scans and managed before they become fatal. In fact, studies suggest that a significant proportion of maternal deaths in Uganda are linked to conditions that could be detected early through ultrasound.

Previously, such services were rare in lower-level facilities, leaving many women unaware of complications until it was too late.

A shift in behaviour

Across Acholi and Lango, the availability of ultrasound services is also changing how mothers interact with the health system.

Research shows that when ultrasound services are available, women are significantly more likely to attend antenatal care, sometimes up to five times more likely than in areas without access. This shift is visible on the ground.

Health facilities that once struggled to attract expectant mothers are now seeing rising numbers of antenatal visits and institutional deliveries. Traditional birth attendants, once the first point of care, are increasingly transitioning into "birth escorts," guiding mothers to health centres instead of conducting home deliveries.

Inside the neonatal ward

At Gulu Regional Referral Hospital's Neonatal Intensive Care Unit (NICU), rows of incubators hum softly as nurses monitor newborns.

Barbara Hope Akidi watches closely as her baby undergoes phototherapy treatment for jaundice.

"One good thing is their machines were able to detect the real problem," she says. "They told me what to expect and started treatment immediately."

For doctors such as Dr Baifa Arwinyo, a consultant obstetrician and coordinator of maternal and newborn services in the Acholi region, such outcomes reflect a broader improvement in care.

"The availability of equipment and trained personnel has improved how we handle both mothers and critically ill newborns," he explains.

Technology meets training

At Lira Regional Referral Hospital, which serves more than 2.6 million people, the integration of ultrasound into maternity wards has been a game changer.

"In the past, if a mother came in at night with complications, it was difficult to send her for investigations," says Dr Andrew Odur, the hospital director. "Now, midwives can perform a quick scan and identify problems immediately."

The hospital handles between 600 and 800 deliveries each month, with about 40 percent conducted via caesarean section.

Beyond equipment, training has played a critical role. More than 40 health workers in the obstetrics department have been equipped with skills in emergency obstetric care, neonatal resuscitation, and ultrasound use, knowledge that is now being extended to lower-level facilities.

Building a system, not just services

The impact goes beyond individual facilities.

District health teams are now using digital systems such as DHIS-2 to track services and outcomes more accurately, improving planning and response.

"We are now able to document and report services such as ultrasound scans, which was not happening before," says Sidonia Akello, Oyam District's Assistant Health Officer for Maternal and Child Health.

Integrated community outreaches have also become critical, helping identify high-risk pregnancies early and refer mothers before complications escalate.

As a result, some districts are exceeding national targets for institutional deliveries, with rates climbing above 70 percent.

Changing community mindsets

At St. John XXIII Hospital Aber in Oyam District, community outreach has reshaped long-held beliefs.

"Each pregnancy is unique," says Dr Samuel Okori, the hospital director. "Mothers now understand the importance of delivering in health facilities."

The hospital now records nearly 300 deliveries per quarter, with dozens of caesarean sections performed weekly.

Perhaps most notably, the facility has reported no maternal deaths in the last two quarters.

Male involvement is also improving, with men increasingly accompanying their partners to antenatal visits, a shift encouraged through targeted community dialogues.

The gaps that remain

Yet, even as progress is evide challenges persist.

Some facilities still face shortages of equipment and trained personnel, particularly in remote areas. Transport barriers, long distances, and occasional costs continue to limit access for some mothers.

There are also concerns about sustainability, as many of the gains are supported by donor-funded programmes.

And while maternal survival is improving, neonatal deaths remain a concern.

"We are doing well in saving mothers," says Dr Okori. "But we need to put more focus on saving babies."

Experts also caution that while ultrasound improves detection, it must be paired with timely intervention and strong referral systems to fully reduce mortality.

A future taking shape

Across Acholi and Lango, the combination of technology, training, and community engagement is steadily transforming maternal healthcare.

Ultrasound scans, once a distant luxury, are now becoming a frontline tool in saving lives.

For mothers such as Adie Dayana, that transformation is deeply personal.

Where there was once fear and uncertainty, there is now something far more powerful: The ability to see, to know and to prepare.

STILL A CHALLENGE

Maternal mortality in Africa remains unacceptably high, with sub-Saharan Africa accounting for about 70 percent of global deaths. Most fatalities are preventable, caused by severe bleeding, infections, high blood pressure, obstructed labour, and unsafe abortions, often worsened by indirect factors like malaria and anaemia.

The World Health Organisation (WHO) stresses that quality antenatal care, skilled birth attendance, emergency obstetric services, and postnatal support are critical. Despite progress, access gaps, rural inequalities, and workforce shortages persist. Achieving the SDG target of fewer than 70 maternal deaths per 100,000 live births by 2030 requires accelerated interventions, stronger health systems, and community.agement.

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