

## PEOPLE

# Seeing babies and mothers live is my joy

BY RICHARD WETAYA

**M**y trip to see this phenomenal woman were met with a heavy down pour. My boda boda rider and I had to stop our journey to Kiwoko Hospital in Nakaseke District to seek shelter at a nearby school. Hours dragged by, but eventually the rain subsided.

Upon our arrival, the hospital's gates creaked open. The guard on duty must have been told about my visit. Brimming with excitement, he ushered me in. I was in Kiwoko Hospital to meet Sister Christine Otai, a nurse who, in 2010, was one of three nurses honoured with the first International Neonatal Nursing excellence award, at the international conference for neonatal nurses, held in Durban, South Africa.

Otai's trailblazing and pioneering exploits as head of the hospital's maternal and neonatal departments, got her nominated and eventually, garnered her the award.

And that pushed her to work harder. The expert and round the clock treatment and care of premature infants at Kiwoko hospital improved a great deal. She is on top of things when it comes to attending to high risk deliveries, professional neonatal resuscitation techniques, complicated intensive therapy and her painstaking guidance to student nurses.

Under Otai's supervision, Kiwoko Hospital embraced the Kangaroo care initiative, the safe motherhood project and other neonatal health interventions.

Kangaroo care, primarily for low birth weight and preterm infants, involves infants being carried on the mother's chest (skin to skin contact). The safe motherhood project aims at promoting the health of pregnant women and educating them about pregnancy-related complications, among other topics. As a result of these initiatives, there has been a significant improvement in maternal health coverage at the hospital. Otai says 5% of 1kg babies born at the hospital, are saved because of the improved care, feeding and treatment.

The resuscitation programme Otai introduced has also helped many newborn infants, especially those suffering from birth asphyxia, to breathe easier. In the intensive care unit, babies can be seen in incubating cots meant to keep them warm. Birth asphyxia is a medical condition resulting from deprivation of oxygen to a newborn infant that lasts long enough during the birth process to cause physical harm, usually to the brain.

With a reputation earned, it seemed only inevitable that Otai would win another award. She was nominated for the 2014 International Midwife Awards held in Prague, Czech Republic on June 3. She did not, however, win, but that did not faze her.

"I was a finalist. That in itself is an achievement. What brought more joy and satisfaction to me was the fact that the panel recognised my work. There were two winners and I am glad one of them was from Uganda, Sister Agnes Kasaiigi. When I set out to work, it is not always awards I am thinking about. I have a heart to serve. It is more like following what my heart is dictating. Seeing babies live and mothers having healthy and sound babies is what motivates me and brings joy to my heart," Otai says.

## Starting out at Kiwoko

Otai started working in Kiwoko Hospital in 1989. Nakaseke, like the other districts in the Luwero triangle, were still recovering from the effects of the bush war.

"After training and qualifying as a midwife from Ngora Predacarr Hospital, Soroti then, I worked in Anaka Hospital in present day Nwoya district. After a while, I moved to Gulu Hospital before I came to Kiwoko. I did not know anything about Kiwoko. Coming here was something of a Godsend. There was little semblance of normalcy in the area's health care sector. The majority of the expectant mothers were having babies using unsafe traditional birth methods," Otai says.

As a result, there were many cases of obstructed labour and mothers presenting with ruptured uteruses. The infant survival rate in Kiwoko and surrounding districts like Nakasongola, Masinde and Luwero was grimly low.

"Mothers and babies were dying day in, day out. Pregnant mothers were naively relying on traditional birth attendants. Many died in labour. A new lease of life dawned in 1998 when Kiwoko Hospital, under the auspices of the ISIS group, an international development organisation, introduced a radical clinical programme to provide specialised newborn baby care and intensive neonatal care. Part of the package was maternal health care training," Otai says.

This had a direct effect on the numbers of mothers coming to the hospital to give birth. Cases of birth asphyxia, a leading cause of neonatal mortality, at the hospital also drastically went down.

At present, there is an 86% chance of survival for all babies born at the hospital, thanks to improved resources and the specialist care of Otai and her staff.

In 2013, 2,908 pregnant women were admitted in the maternity ward; 2,045 babies were born; 743 premature babies were admitted in the neonatal intensive care unit at the hospital.

The neonatal intensive care unit treats over 750 premature and sick infants.

The maternal ward delivers more than 2,000 babies annually.

Otai says she handles and cares for 30 to 40 babies daily.

"I dedicate most of my time to babies, even coming in at late hours to help out. I have to make sure my nurses have the right attitude as they shoulder their responsibilities. Invariably, I move out in the communities following up on babies who are not brought back for review by their mothers," Otai says.

However, the majority of the mothers bring their babies back for postnatal treatment and care, Otai says.

"The attitude of many mothers in Nakaseke and Luwero changed significantly after the hospital, in conjunction with the ISIS foundation, introduced the clinical programme. On top of our ministrations and treatment, we offer them free health education on why it is important to breastfeed, to observe proper hygiene and to give their babies proper nutrition," she adds.

## Lessons learnt

"I have learnt to cherish compassion, hard work and patience. Being a born-again Christian just makes it better. As a midwife, I owe it to myself to save lives, not only of newborns, but also of other people in need,



Otai and a friend from Australia with a mother and her baby at the neonatal intensive care unit at Kiwoko Hospital



Otai at work in the neonatal unit at Kiwoko Hospital. Because of the well equipped neonatal centre, the numbers of mothers and babies dying has reduced

PICTURES BY RICHARD WETAYA

**NURTURING COMES NATURALLY**

"Growing up, babies took my fancy. My younger siblings often basked in the glow of my care. It felt good caring for babies from a young age," Otai says. Casting her mind back, Otai recalls cutting out old boxes to make improvised aprons, akin to those worn by nurses, and Otai's mother encouraged her to pursue her passion.

"My mother played a big role in motivating me to become a nurse. She encouraged me to go to nursing school. The story of Edith Cavell, a heroic British nurse killed in the line of duty in Belgium during the First World War was an inspiration as well," Otai says.

especially mothers. I have deduced with time that if a midwife is not keen on her work, the life of a mother and her baby are at risk. Life is precious, so I try as much as possible to save lives. When Save the Children called me, congratulating me on my award, I was more than exhilarated. I did not, however, expect it. Many people had always told me I was doing great work, but it never occurred to me that somebody was taking notice. Through it all, I learnt that hard work pays," Otai says.

**Challenges**

Otai says though working far from home has been tough, she has, made the best out of her experiences. "With my kind of work, it is only once in a blue moon that you get to see close family, especially those in the village. It is tough, but you have to accept it. If the work you do brings a smile on people's faces, it is worth every while," Otai says. "In my kind of work, you come across many dampening and challenging experiences. One sad experience has remained imprinted at the back of my mind - seeing this buoyant expectant mother whose name I do not recall, die after we were ambushed by gun wielding thugs on our

way to Nakaseke from Luwero. Despite our pleas, they could not let us go right away."

**Who is Christine Otai?**

Christine Otai was born on May 25, 1956, to the late Zerubel Evelyn Otai in Oteten Parish, Ngora District. She was the third born in a family of six. Despite the family not being well off, Otai's dad was able to sustain his family. Otai attended more than one primary school. "My father was a teacher. In my primary days, he would move a lot and we were compelled to move with him. I joined Bukonte Secondary School for O'level and later, Kumi Girls' School. It was from there that I joined Ngora Predacarr Hospital for midwifery training." Otai is a single mother. She lives with her 30-year-old daughter and an adopted son, 23 years old; his mother died on her way to deliver at Kiwoko Hospital. The father of the child reportedly brought the boy to the hospital and disappeared.

**Life away from work**

Otai says she does both small and large scale farming. She grows maize, beans, mushrooms and simsim (sesame).



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CHRISTINE OTAI

Otai helping a mother learn the kangaroo care technique