January 12, 2010

Attn: Tasha de Vasconcelos

From Lifeline Malawi

Maternal Health Services for November, 2009

Family Planning stats for November 2009					
	Method				**Total**
	Injectible	Pill	Tubal ligation	Condoms	
New	59	7	0	0	**66**
Revisit	175	6	0	0	**181**
Restart	8	1	0	0	**9**
Total	**242**	**14**	**0**	**0**	**256**
Antenatal Care	257		New Visitors 102		
			1st trimester =21		
			Third trimester =21		

AMOR Maternity Unit Report
# of admissions = 45
# of babies delivered= 29; Live Births =28
Intrauterine Death (IUD) = 1
# of cases referred to upper level = 13 including, 1case of PPH, 6cases of incomplete abortions
Twin delivery =1

Family Planning is a whole different group. The injectable form is preferred because it lasts three months, does not require a pill to be taken every day. A Restart is someone who has missed at least two injections

Anti-natal care (currently pregnant women)

You will see there are a total of 257 women in the program, including 102 new visitors. They receive attention throughout the pregnancy, medication and vitamins as necessary, and are monitored for things like weight gain, and other signs of "normal"

We had 45 admissions in the month of November, which is above the target of 40. We delivered 28 live babies and one was delivered stillborn.

I thought I would expand somewhat on the referrals and partial abortion figures. Seven of these were most likely first time births for young women or women we determined had problems we could not handle. In all cases we feel these lives have been greatly impacted, because the alternative would be to leave them in the hands of the TBA Traditional Birth Attendant.

We take care of them throughout, but there are guidelines about which should be referred to a district hospital and we follow these guidelines. In that way they receive the best of care from our program, and are in the safest place at delivery should there be complications.

The second group were spontaneous incomplete abortions. The women from our program or anyone who has miscarried, come to us, we assess that the pregnancy has aborted naturally (usually in the first trimester) and we refer them to the district hospital for further care (D&C). The last case was Post Partum Haemorrhaging. This is bleeding after birth that is continuous and needs some surgical intervention to stop. In almost every case these women rely on our professional judgement as well as they are transported in an ambulance with a trained attendant. (We do NOT perform abortions on demand)

So, as much as the main focus is the actual delivery of the babies in a safe environment for both mother and child, our decisions and physical support in these other cases is critical to preserving the safety of the women and babies. It would be my guess that if we were to speculate on where we might be "saving lives" many of them would come from the referral ranks, plus the greatly improved conditions of the Maternity Ward itself and the trained staff that attend every birth.

Hope that helps you to see the picture more clearly.

Best regards

VP Malawi