



November 10: Dispatches from Mboro, Senegal 1

We arrived in Senegal late on the night of November 6 – six interns, three instructors and two volunteers, all safe and well. The heat has broken here, meaning it is in the 80s rather than the 90s or 100s. We are only a few blocks from the ocean; with a good breeze most of the time.

Monday, the first crew of three interns and an instructor began work in the clinic, with the interns working 24-hour shifts. As of Wednesday morning, we have experienced the births of six babies and the death of one.

The first baby to be born since our arrival, was not born in the clinic, but en route. A man and his wife arrived at the clinic. She was weak and bleeding, but not obviously pregnant. At first our crew believed she was suffering a miscarriage. Then a friend accompanying them presented a package – a swaddled newborn covered in sand underneath her coverings. The parents had been hurrying to the clinic, when the mother suddenly gave birth on the road.

The second twenty-four hours saw more births and our first death, to an Rh negative mother. The same crew also had another newborn who needed extensive resuscitation efforts, but as of today is doing fine. The second 24 hours also brought the first set of twins since our arrival. The second crew left exhausted and grieving. In some ways, grief is a luxury we have as Americans. Here death is more commonplace, and the demands of everyday life allow little time for grieving.

The mama-baby packs are a big hit. Word is out in the town that we have gifts for mothers in the clinic, and even mothers coming in for well-baby checks are asking for them. We brought 150 to 200, but may run out.

We have experienced one mother who needed to be transported to the hospital when her labor did not progress. Transport takes about 45 minutes, once on the road, and it takes much longer to arrange the transport. This means the need has to be anticipated some time ahead.

Chris McManus

MOMS/ISTM/African Birth Collective

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Friday morning. We have now seen 12 births, plus the "sand baby." Out of those 12, we've had to resuscitate 5. "Wonder baby" was born to a mother who had just been hospitalized for three days with an acute malaria episode. The baby seemed dead. The team worked on him for 35 minutes before finally stabilizing him. The resuscitation efforts are handicapped by a lack of proper equipment. Nevertheless, wonder baby went home this morning, doing well and with no apparent bad effects from his birth experience.

"Sugar baby" also needed extensive resuscitation. He would seem to be fine, then lose respiration again. A little sugar water finally did the trick!



This morning we took a young pregnant woman to the clinic. She had approached some of our group on the beach and wanted an exam right then. Our host convinced her to come to the clinic instead.

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All,

Just a note about the internet facilities here. The computers are quite old and have various problems. The computer I used last time would not scroll down. Consequently, after the first four lines of the last dispatch, I could not see what I was writing. That would not have been so bad, since I've been a touch typist for 40+ years, except, the keyboards are French. The a, q, w, z, m and comma are all in different places. Last time I mentally lost my place and, since I couldn't scroll down, I'm not sure how I ended or how many typos. Today it seems to be working better.

I should tell you a few words about the town of Mboro. We are staying a bit outside town in Mboro Sur Mer, right at the beach. All the soil in the whole country (so far) is sand; nevertheless, there are trees and even a marshy area. Produce of various kinds is grown here. The houses where we are staying are made of concrete block covered with plaster or concrete slip. We have beds or mats on the floor and slowly trickling cold running water from tanks on the roof. Kitchens are separate to keep the heat from the sleeping and living quarters.

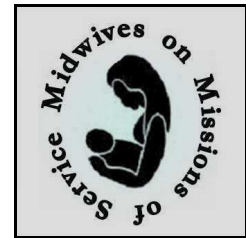
Food is good, but high on carbs and low on both protein and fruits and vegetables.

Sunday we had a day off from the clinic and took a trip to another village. This village is a Sufi community. They make craft items for sale, dye their own fiber, weave the cloth and sew various items. They have a small "clinic" made from an old chicken coop and grain storage building. A nurse's assistant tends to the needs of over 8,000 people in the surrounding areas. We took them some medical supplies, instruments, etc., as well as some of the mama/baby packs, also fresh vegetables we bought in the market. That village was far inland and away from any large towns.

Mboro, where we are staying, is a moderate sized town with a paved central road. The town does have electricity and water, although many residents do not. Along the main road is the marketplace, consisting mostly of small stalls on the side of the road or cave-like store fronts in buildings that open with garage-style doors. Donkey carts are more common than cars. Taxis are not marked but must be recognized through some sixth sense which actually we are developing.

People are extremely friendly and forgiving of our lack of language skills and other foreign oddities.

At the clinic on Saturday, two more births and one more resuscitation. Many of the babies who need resuscitation are born to mothers with malaria, which is a huge problem here. It is difficult and expensive for people to get treatment. Sometimes treatment means injections on



successive days, so the people must find transport to the clinic for the shots, as well as money. It can take most of the day to get transport, go to the clinic, get the shot, return and do it all again the next day. Consequently many wait until they are quite ill before seeking treatment, which compounds the problem.

We also had another just-born baby walk in. We dubbed him premie baby, since he appeared to be about 6 weeks early. Although under 5 pounds, he was doing OK Sunday morning. Of course, on the one day we weren't there, the clinic had 8 births and two more mothers transported to Theis to the hospital. I'm sure this week will be busy again.

Chris McManus

MOMS/ISTM/African Birth Collective

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All,

The last couple of days have seen fewer health problems in the clinic. We did have one still birth on Monday. The woman had been in the clinic last week with problems. She was sent to Theis, a larger city, for ultrasound, but sometime between the ultrasound and Monday afternoon, she lost the baby.

However, we have not seen the need for so many resuscitations in the last few days. Four healthy babies born yesterday with no complications. During the quieter times, our supervising midwives have held classes for the Senegalese matrons in neonatal resuscitation techniques and suturing techniques, with very positive results. We are forming good relationships with the midwife and matrons here. They are very eager for the exchange of information, as well as the extra hands during busy times. We are hoping to enlarge the training aspect during our remaining time here, to make a more lasting impact here. Tomorrow we will be visiting a larger district clinic about 25 km away.

We are also forming a better picture of the needs here for supplies as well as for information. In some of the smaller places, such as the clinic in Darou N'Dem that we visited last Sunday, the need is almost infinite. And even here, we could bring many more things such as sterile gloves and baby hats without ever filling the need.

Already we are thinking about the next trip. At the same time, we are getting more skilled at navigating daily life here – transportation and communication continue to be challenging, but we are learning how to find things in the marketplace, and I have increased my French vocabulary five fold.

Chris McManus

MOMS/ISTM/African Birth Collective



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All --

Hard to believe we are in our last week here. Last week some of us went to the district clinic and met the doctor who is in charge of the district for the Ministry of Health. We are gradually getting a better picture of maternity care in this country. The maternity clinic here in Mboro, where we have been working, sees an average of 100 patients per month, including pre-natal exams, family planning, and well-baby checks, in addition to actual deliveries.

The district clinic sees about 135 patients per month. Although we had heard that the district clinic is bigger and better equipped than the Mboro clinic, except for a modern ultrasound machine, it really was not better equipped. In fact, the delivery room was smaller, with two delivery tables side-by-side in a room about 8 feet square. There was barely room to walk between the two delivery tables, and women stay in the room for only 10 minutes before they are hurried out.

It is difficult to describe the poverty and the difficulty of daily life here. Where we are staying, we have only cold water, which must be hauled from the well or pumped to tanks on the roof with a portable generator and pump. We have no electricity. And yet, we are living in greater comfort than most of the town. The chores of daily life can be exhausting, from washing laundry by hand to traveling to market by donkey cart. Stalls in the market consist of mats on the ground covered by a canopy of rushes or perhaps tin held up with tree branches. Although our living expenses here for three weeks are quite low, about 200 dollars per person, that is equal to the annual wages of many in Senegal.

By this time in our trip, many women are coming to the Mboro clinic from outlying areas because they have heard that the Americans are there. We have the reputation of being kind and of bring presents or "cado." It is difficult to know which is the bigger draw, although many women have expressed profound gratitude to us. Relatives of women who delivered with one of our group come up to us in the market to express their thanks.

Because infant mortality is so high here, most women approach pregnancy with a great deal of fear. They generally do not receive a lot of tenderness in their normal medical care, perhaps because their lives in general are so difficult and lacking in tenderness. They have appreciated our hugs and kisses, pats and back rubs a great deal. Perhaps, like grief, tenderness is an American luxury.

This morning I went to the local college to talk to a group of students learning English. They asked fascinating questions about America – what do I think of George Bush? what are my feelings about 9/11? why do girls in America become prostitutes? Do I think America is the biggest polluter in the world? etc. Many people here dream of going to America and becoming rich. Some of them have expressed a desire to correspond with someone in America, so we may try to set up some "pen pal" relationships.

We are currently pondering what impact we might be able to have on malaria among the mothers and children here. Malaria is the number one health problem at the maternity clinic, with the disease and/or the treatment leading to serious pregnancy complications. Although the

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Journal: Trip to Senegal, November 2005



government has a program of providing very inexpensive mosquito nets to pregnant women, the nets must be treated every six months to one year with insecticide, and this becomes a real barrier to effective use. Even the district clinic had mosquito nets hanging from the ceiling, unused and covered with live mosquitoes.

Chris McManus

MOMS/ISTM/African Birth Collective