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Short report from Haydom Lutheran Hospital – 2011

Haydom Lutheran Hospital (HLH), Mbulu district, Tanzania was first built by Norwegian Lutheran Mission in 1953. It had a capacity of 50 beds. During the years the hospital has expanded. Today HLH has total of 350 beds.

The hospital has been part of Tanzanian central health plan since 1967. In 2010 HLH approved as a referral hospital at regional level. The hospital is rural and serves a very poor and isolated population. The nearest city, Arusha, is located over 6 hours by car.

It has been estimated that Haydom serves approximately 500 000 people primary care and 3 million as tertiary care. In the village of Haydom lives 20 000 inhabitants.

The hospital is staffed mainly by locally trained doctors and nurses. The current staff is three Graduate Doctors, four Assistant Medical Officers, several Clinical Officers, three laboratory technicians, technical and auxillary staff.

In addition, there are 125 nursing students on the 4 year diploma course.

Available departments are general medicin, general surgery, pediatric, maternity ward, OPD (open patient dep), infectious disease.

The hospital serves 27 out-reach clinics outside Haydom. The reproductive and child health mobile clinics, provide servicies to more than 28 000 mothers and 83 000 children annually.

CUC – Child Unit Care , caring for 6-7 orphanes at the time. Oftenly their mothers had died during or after delivery. The children stays at the unit up to 9 months. During this time the family tries to find a solution to take care of the child. Sometimes the family do not come for the child. In these cases the child will be adopted or someone in the staff brings the child home to their own house and family.

I worked voluntary as the gynecologist at the hospital for 6 weeks during October and November. It was my second stay at HLH. I worked here for 10 weeks in 2008. This time I was more prepared for the situations I could meet and the environment at the hospital.

The estimated deliveries at Maternity Ward for 2011, is over 5000. This is a fast increase, in HLH annual report for 2009, the number of deliveries was then 4622. The same year the number of cesarean section was 589.

The most frequent indication for CS is obstructed labour, followed by antepartum haemorrhage (placenta previa, abruptio placentae), and fetal distress. During my stay I also had a patient with rupture of uterus, with healthy mother and child after the emergency surgery.

During the 6 weeks I attended MW, there were no need for postpartum hysterectomies, even though there were several cases of postpartum bleedings, which could be handled successfully conservatively. Misoprostol has also been accepted in treatment of postpartum bleedings since last time I was working at the hospital.

The use of partograms has improved since 2008, even if action line in several cases still were exceeded with many hours. This topic was oftenly discussed at the morning-meetings. I also hold a lecture about prolonged and obstructed labour for staff and students at the hospital.

The use of vacuum is not very well established and the staff showed scepticism when I had to use it, due to bad experiences earlier.

The death rate of delivering mothers and infants remain comparably low, which gives an indication that maternity ward has succeeded in both increasing in safe deliveries and quality. I was told that the maternal and perinatal mortality at HLH is the lowest in the sub-Saharan area.

The hospital offer free transport costs for women coming for delivering mothers, which partly attributes the increase in hospitalized deliveries in the area.

Maternity is a ward with 90 beds, 15 beds usually used for patients with gynecological diagnosis. The antenatal room consists of 16 beds, usually with two patients in each bed. The need for expanding the ward has been a topic for several years and in the beginning of November this year, building of the new Maternity Ward started.

The new area increases the number of delivery rooms, gives improvement of premature rooms, a new intensive care unit for newborns and a theater within MW.

In the plan is also to provide a waiting house for pregnant mothers in another building.

There can be long periods without a specialist in Ob/Gyn. Therefore the need for treatment and surgery is enormous whenever a specialist arrives to HLH. I had to go on with several cases immediately when I arrived. I met two patients with fulminant sepsis, peritonitis and a history of illegal abortions. They had been treated with different kinds of antibiotics for many weeks, periods with improvement and relapses. During laparotomy the bowel was found with adhesions, pus in the abdomen and necrotic uterus. The only way to treat these two very young women was to perform a hysterectomy. Several laparotomies had to be done, mostly due to big myoma, ovarian cysts and extrauterine pregnancies.

Vecico vaginal anal fistulas is referred to Moshi Hospital and patients with cancer is referred to Ocean Road Hospital in Dar Es Salaam. Even if some of the costs for treatment are free, there are patients who could not afford it.

The operating theater is basic equipped, but usually I got what was needed for do emergency obstetrical surgery and general surgery. Spinal anesthesia is well implemented and is given in most of the cases and Ketamin is used when spinal fails or is not suitable.

I had a good time in my stay. I learned a lot and hopefully also could implant small drops of knowledge, which can be useful for the local staff in the future. When one are staying a short time as an foreigner, the most important issue is to show respect for the people working in these hard circumstances, not to change methods or organisationsystems. One should also remember that there are a lot of white people passing through the hospital, mostly with an humble attitude, but this is not always the case. I worked close to four of the interns doctors, who were located mostly at MW. It was a pleasure to do so. They were hardworking, with a lovely attitude willing to learn all the time. Without their company, helping me translating from Swahili to English and sharing the workingload with me, I would never have been able to see so many patients as I did. In general the staff was good to collaborate with and I was also met with warmth and hospitality from the director and his wife.

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