

MISAOTRA

"Thanks to you!"

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Saving the Lives of Mothers and Babies: an "Excellent" project!

Ask the midwives at the Ankirihiry Clinic in urban Toamasina to describe the training they received in maternal and neonatal care from Dr. Carol Egner and they will respond in unison: "Excellent!" That one word became the hallmark of the bond they forged with Dr. Carol during the first two weeks of November for it was the word she most often used to applaud and reinforce their mastery of new skills.

The two-week training program designed by Dr. Carol, an obstetrician with a private practice in Cincinnati, incorporated classroom lectures based on best practices in postpartum care; practice sessions with birthing simulators, suturing and resuscitation models; the introduction of new techniques; and side-by-side mentoring at the Ankirihiry Clinic. And since none of the doctors or midwives speak English, the entire student manual was translated into French by



Carol Egner, M.D., and the midwives of the Ankirihiry Clinic celebrate the successful completion of the program designed to teach best practices in maternal and neonatal care.

Isabelle Cole who also provided simultaneous translation for all of the lectures.

Over the past year, CRMF has worked with a U.S.-based team led by Jack Gardner, PA-C, a developing-country medicine specialist, to design a twofold program that would train Malagasy doctors and midwives to handle the postpartum crises that often take the lives of mothers and babies, and would also give them the equipment and medications they needed to implement that training. CRMF's participation in the project resulted from an invitation from the Catholic Doctors Association of Toamasina.

In addition to the training – and as a part of the project goals – the maternity wing at Ankirihiry Clinic was upgraded to include modern equipment such as an ultrasound machine, Doppler, delivery tables and baby warmers, and the supplies and medications needed to respond to postpartum emergencies.

The Ankirihiry Clinic was chosen by

Malagasy physicians to be the site of the project because it is the busiest health center in urban Toamasina, serving some 62,000 people from 45 densely populated neighborhoods. Last year, there were more than 1,300 births at the clinic. That number has already been exceeded in 2011. In fact, during one afternoon at the clinic, the U.S. team witnessed the births of four babies in just 45 minutes!

Fortunately, those were healthy deliveries, but Madagascar, like other developing countries, struggles to reduce the number of maternal and neonatal deaths. The rate of maternal mortality in Madagascar is 440 per hundred thousand live births compared to 24 in the United States, while the rate of infant mortality in Madagascar is 41 per thousand births compared to seven in the United States.

What were some of the new skills introduced during the program? Using a birthing simulator called Mama Natalie designed by Laerdal Global for (cont. p. 3)



Dr. Jennifer Yeung taught midwives to use the ultrasound to locate the placenta and the position of the baby's head before delivery.

Reflections on Mission 2011

by Ginny Wiltse, CRMF Director



I am a believer in the power of grace, that force that shows up at the exact right moment – when logic and reason and planning fail you – to solve the problem, sort the chaos, and assemble the puzzle pieces so that the seemingly impossible task will be accomplished. The project just completed in Madagascar gave me many reminders that when things “just happen,” grace is at work. For example, Darwin James, recruited to our team for his French skills, “just happened” to be a mechanical engineer who evaluated and upgraded the electrical system at the Ankirihiry Clinic. The luggage that contained our birthing simulator and teaching models, left behind by the airlines in Paris due to a strike, “just happened” to arrive at our residence moments before the beginning of the first class. The 20-foot container of medical equipment, delayed in the port at Toamasina due to bureaucratic red tape, was released because an ONG St. Gabriel staff member “just happened” to have a friend in the port office. Yes, of course I know that this complex and important program came together primarily because of the hard work of my dear friends and colleagues in the U.S. and in Madagascar. But I also believe that a force for good beyond our control helped us overcome the obstacles that we could not have foreseen. To all of those who worked with CRMF on this project to “save the lives of mothers and babies,” I express my gratitude; and to that force beyond logic and reason that protected our efforts, I offer my thanks as well. We were blessed.

MISAOTRA

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MISSION

Caring Response Madagascar Foundation is a public charity. Its mission is to respond to the needs of the poor of Madagascar, particularly in the area of Toamasina/Tamatave.

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Saving the Lives of Mothers and Babies: Gratitude for a great team effort

At this season of Thanksgiving, CRMF sends special thanks to the many groups and individuals whose support made this project possible:

- Thanks to the team members who travelled at their own expense to bring medical training to doctors and midwives in one of the world's poorest countries: to **Jack Gardner, PA-C**, for his leadership, to **Carol Egner, M.D.**, for creating and leading the teaching program, to **Jennifer Yeung, M.D.**, and **Theresa Golbeck, R.N.**, for their medical expertise in the classroom and the clinic; to **Isabelle Cole** for her superb French translation skills, to **Ginny Wiltse, Darwin James** and **Frank Golbeck** for organizational expertise and logistical support in the U.S. and Madagascar.
- Thanks to our partners on the ground in Madagascar – **Brother Edwin Joseph, ONG St. Gabriel, Silvester, Vero and Reena, Judith Rabesata, M.D.**, the **Catholic Doctors Association**, and the **Archdiocese of Toamasina**.
- Thanks to the **Peace Corps volunteers** – Aaron, Cory, Bobette, JaJa and Julie – who helped unpack the 20-foot container and move the medical equipment to the clinic.
- Thanks to the **midwives and doctors** whose eagerness to learn so as to better serve mothers and their newborns inspired all of us.
- Thanks to our friends at **IMEC**, the International Medical Equipment Collaborative, for working with us to get the equipment to Madagascar that enabled us to upgrade the maternity wing of Ankirihiry Clinic.
- Thanks to our friends at the **Lucress and Dick Watson Foundation** who donated essential medicines for Ankirihiry Clinic mothers and babies.
- Thanks to **Rich Fry, M.D.**, **Sandy Howe, S.C.**, and **Ken Horney**, our friends at By the Holy Spirit Medical Missions for assistance with travel arrangements, for counting and sorting medications, and for helping us acquire CME credit and certificates for the doctors and midwives who enrolled in the training program.
- Thanks to our friends at **JHPIEGO, USAID/Access**, and **PATH**, and to our friends at **Laerdal Gobal, 3-D MED, Clinical Innovations, Joey Medical, Norgenix** and **Bernen's Pharmacy** for assistance with training materials.
- Thanks to our **Anonymous Donor** and to **SC Ministry Foundation** for financial support.
- **And to all of you who prayed for the success of this mission, a huge thank-you – your prayers were answered!**



Theresa Golbeck, R.N., oversees the preparation of a neonatal emergency cart.

use in developing countries, Dr. Carol taught techniques that prevent postpartum hemorrhage such as active management of third stage labor. Using suturing models, doctors and midwives practiced proper repair of lacerations, another cause of postpartum hemorrhage. And with Laerdal's NeoNatalie, a newborn simulator, doctors and midwives practiced newborn resuscitation.

Equally important as the classroom sessions were lessons on mastering the new equipment shipped to the Ankirihiry Clinic as part of a partnership between CRMF and IMEC, the International Medical Equipment Collaborative. Watching the faces of the midwives as the contents of the 20-foot container sent by IMEC were unpacked was like watching a roomful of

five-year olds on Christmas morning – sheer joy and excitement. Doctors and midwives learned how to use an ultrasound machine to determine the location of the placenta and the position of the baby's head prior to delivery. They learned to use a Doppler to listen for the baby's heartbeat. And they learned to monitor the blood pressure of every laboring woman.

A crowded and antiquated delivery room was transformed into a maternity suite with two delivery beds and a baby warmer in each of two adjacent rooms. Dr. Carol presided over the creation of a postpartum emergency cart where everything is at the ready should a crisis occur. Thanks to a gift from the Lucretia and Dick Watson Foundation, the medicine cabinets and pharmacy at the clinic are stocked with all the essential medications the mater-

nity wing might need. The clinic also has a new data-gathering system for tracking outcomes, and a protocol for ongoing communications between the doctors and midwives in Madagascar and the U.S. medical team.

This project required months of effort, outstanding partners, and some significant donations, and we are grateful (see our thank-you list on page 2)! Ten midwives and three doctors from Ankirihiry Clinic and from Toamasina Hospital completed the program. On the final day at Ankirihiry Clinic, Dr. Carol distributed certificates of completion to the beaming midwives. "I am so proud of these women," she commented, "They listened, they learned and they are putting their new skills into practice." It would be hard to find a better word to summarize this experience than "Excellent!"



The 2011 Madagascar Mission team with our ONG St. Gabriel hosts.

Urban Micro Lending: What a \$7.50 loan can accomplish

What could you do with a \$7.50 loan? Mazy Ramanantena turned it into a small business selling charcoal. Now, having paid back that loan — about 15,000 Malagasy Ariary — Mazy has qualified for another slightly larger one and she is expanding her business.

Mazy is one of eighty women in CRMF's literacy program who are participating in an urban micro lending pilot project. Other women are equally inventive and determined: one is selling fish, another corn on the cob, still another bought supplies to create embroidered table linens.

The template for the urban micro



Mazy Ramanantena in her charcoal shop

lending program came from Michael O'Day, a graduate of Brigham Young University, who spent part of last sum-

mer reviewing and evaluating the CRMF rural micro credit program. Unlike the CRMF's rural micro credit program that focused on animal husbandry, the new urban project is modeled closely on Grameen banking principles and the concept of small women-owned enterprises.

Michael found a ready ally in Vero, who oversees CRMF's fifteen literacy centers. Vero deals daily with literacy center learners who struggle with meager family incomes and rising prices. They are eager for an opportunity to provide for their families. Thank you, Michael! We look forward to more stories of successful entrepreneurs!

A black and white photograph of a large group of children, likely in Madagascar, gathered together. Many of the children are giving a thumbs-up gesture, indicating a positive response or approval. The children are of various ages and are looking towards the camera with different expressions, some smiling and some looking more serious. The background shows some natural elements like palm fronds and a person standing in the distance.

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