

UGANDA PRIVATE MIDWIVES ASSOCIATION. UPMA VOICE :

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Message from the president

Welcome to our newsletter the “UPMA VOICE”. Let me take this opportunity to recognize your tireless efforts in realizing that we achieve our goal of contributing to the reduction of infant and maternal mortality in the country. This newsletter gives us an opportunity to communicate to members and other stakeholders on what has been taking place and future interventions. It includes a lot of activities which have been happening for the past few months , a piece of midwifery update and performance in data reporting. This is to request you all to adopt the SQIS handbooks in order to improve the quality of services provided. And always endeavor to turn up fro trainings whenever called upon. Enjoy reading

Mary Gorret Musoke

President



2017 Annual General Meeting in Hoima.

Special points of interest:

- *2017 annual general meeting*
- *Community celebrations in Hoima*
- *ICM congress in Toronto*
- *Training on emergency obstetric care in Soroti*
- *SQIS Handbook updates*

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Trainings conducted

Training	Date	Trainers	No. trained	Outcome
Midwifery mentorship	Jan-April 2017	Uk midwives/RCM	7 UPMA members	Draft mentorship standards, improved clinical sites, improved knowledge, skills & attitude
Participatory Hygiene and Sanitation Training (PHAST). Hygiene promotion in schools	May 2017 At UPMA	Reckit Bekinzer-Dettol	8 members	Improved hygiene in schools and
BEMOC in Soroti	June/July	UPMA master trainers/UNFPA	60 Members	Improved knowledge on the management of third stage of labour, partograph use and use of magnesium sulphate.

2017 Annual general meeting

This year's general meeting was attended by 60 members. The annual activities were reviewed, identifying challenges and proposing way forward. A new executive member was elected. Members were briefed on the need to fill in the SQIS forms as these will determine the extent to which one can be considered for the voucher system.

The views received from the member survey have been considered and feedback will be communicated in the next meetings—thank you for your genuine feedback as always!

Major meeting outputs

- New executive member. Specioza Kasibante
- Best performing branch: Masaka
- Best performing member: Mary Gorret Musoke
- Audited accounts presented by Base Associates limited



Masaka Branch which emerged the best performer of the year in terms of data reporting, paying dues and attendance in meetings.

2017 community celebrations

The community celebrations took place in Hoima district in July 12-13. The major aim was to give back to the community where our members serve through a two day outreach at Hoima regional referral hospital. This outreach involved cancer screening, family planning services, health education and the results were as below.

IUD	Jadelle	Implanon	Depo	CxCa	Suspected	
28	9	4	10	57	1	
Total	99 clients worked on					

We would like to thank all the members for your participation in these activities and we hope to increase on the number of outreaches days in future activities to ensure that we serve our communities to the fullest. We would also like to thank DHO Hoima for accepting to work with us and ensuring that the day's activities were successful. Thanks also goes to Hoima school of nursing and midwifery and Kitara ss for your in kind support.



Members in a match past during community celebrations in Hoima District.

Self-Regulatory Quality Improvement System update (SQIS)

Self-Regulatory Quality Improvement System (SQIS) is a comprehensive checklist with guiding questions and clear definitions focusing on 16 key quality health management standards, including infrastructure and amenities, laboratory services, occupational health and safety, infection control and prevention, records, imaging and radiology, and mortuary of the health facilities. It was launched in August 2015 with the primary objective of improving and standardizing the quality of health services availed to the general public through the private health sector. This tool was developed by UHF and USAID/Uganda Private Health Program in collaboration with the Ministry of Health. Since the inception of SQIS, great strides towards its implementation have been made including inter alia, piloting of the tool to ensure its comprehensiveness, training of trainers and regional dissemination workshops for central, western and eastern regions have been held. The tool is used both UHF members and non-members who are committed to health service quality improvement. This is therefore to request all UPMA members to adopt the SQIS booklet for proper provision of quality services since its going to be one of the requirements for license renewal at the council.

PRE ECLAMPSIA AND ECLAMPSIA

Introduction

Globally between 5 - 8% of pregnancies are complicated by hypertension and of these pre-eclampsia accounts for 80%. Pre-eclampsia and eclampsia are among the major causes of maternal mortality in

Pre-eclampsia: Is a condition specific to pregnancy, arising after the 20th week of gestation, characterized by hypertension and proteinuria? Oedema may also be present.

-Is a severe pre-eclampsia that occurs suddenly? This is an obstetrical emergency and management should be started immediately. Eclampsia is a condition peculiar to pregnant or newly delivered women.

-It is characterized by fits followed by more or less prolonged coma.

-The woman usually has hypertension and preteinuria. - The fits may occur in the antepartum, intrapartum or postpartum periods.

Normal blood pressure during pregnancy:

Systolic BP is less than 140mmhg

Diastolic BP is less than 90mmhg.

2nd trimester both the systolic and diastolic blood pressure usually fall pregnancy. A mild rise in BP in the 3rd trimester can be normal.

Pre-disposing factors to pre-eclampsia:

- ⇒ Existing hypertensive diseases
- ⇒ Renal diseases
- ⇒ Primigravida
- ⇒ Previous pre-eclampsia
- ⇒ Twin pregnancy
- ⇒ Poly hydramnios
- ⇒ Diabetes

Signs of pre-eclampsia

BP: Usually asymptomatic

A rise of 15 mmhg of Dia BP

A Diastolic BP of 90 +

A rise in systolic BP of 30 mmHg

Systolic - 140/90 +

Blood pressure rise

Rise of 15mmhg above the normal mother's diastolic blood pressure, or an increase above 90mmHg diastolic on two occasions checked 6 hours apart when the mother is resting.

Rise of systolic BP of 30mmHg above the mother's normal systolic BP or an absolute measure of 140/90mm Hg and above is significant.

Proteinuria:

Proteinuria is defined as an excessive amount of protein in the urine. Protein concentration of 0 .3g/l or more in at least two random urine specimen collected six or more hours apart. Normally the urine contains no protein or only a trace of protein.

Complication to the mother

Condition may worsen and eclampsia may occur.

- ⇒ Placental abruptio
- ⇒ Respiratory Asphyxia, aspiration of vomit, pulmonary oedema and Brocho-Pneumonia.
- ⇒ Heart failure
- ⇒ Cerebral haemorrhage, thrombosis and oedema.

Complication to the fetus

If high blood pressure persists for two or more weeks there may be reduced placental function leading to intra-uterine growth retardation and low birth weight. Hypoxia during the antenatal and intrapartum periods leading to foetal distress and stillbirth.

Management of mother with pre-eclampsia

- ⇒ Bed-rest: both in and out of hospital
- ⇒ Balanced Diet
- ⇒ Record Weight twice weekly:
- ⇒ Urine-Test twice daily
- ⇒ Record Fluid intake and output
- ⇒ Blood Pressure: every 4 hourly
- ⇒ Abdominal Examination should be done twice daily.
- ⇒ Fetal Heart Rate should be recorded twice daily.
- ⇒ Referral to the hospital

TREATMENT

- ⇒ Magnesium sulphate dose or varium to control convulsions
- ⇒ Hydralicine or Naphedopine to lower the blood pressure
- ⇒ Calcium gluconate as an antidote for magnesium sulphate.

MONTHLY DATA REPORTING FOR THE LAST SEVEN MONTHS

There has been an improvement in data reporting compared to the past months. Members are now keen in delivering their reports and this indicates that the more data UPMA has the more encouraging it becomes to do evidence based advocacy for private midwifery in the country. This is therefore to encourage all members to improve on the monthly data reporting. Please look at the performance of your branch and put in more effort. Thank you for your active participation and collaboration on this!

Branch	JAN	FEB	MAR	APR	MAY	JUN	JULY	SCORE %
Masaka	10	10	13	14	4	11	12	74
Mbarara	4	1	1	1	1	0	3	11
Kampala	10	6	6	8	8	5	3	46
Wakiso	15	14	11	10	9	8	11	78
Hoima/kibale	4	4	3	1	2	0	1	15
Mpigi	1	1	1	1	1	0	0	5
Soroti	0	0	0	0	0	0	0	0
Iganga /Jinja	1	1	1	1	1	0	1	6
Kayunga	1	0	0	0	0	0	0	1
Mityana	0	0	0	0	1	0	1	2

UGANDA PRIVATE MIDWIVES ASSOCIATION

Vision:

To reduce maternal and infant deaths in Uganda.

Mission:

To be the leading midwifery organization advocating for Sexual and Reproductive Health/Rights and providing high quality Reproductive Health and Maternity Services and Primary Health Care in Uganda.

Goal:

To empower UPMA members to provide quality Reproductive Health and Maternity Services and Primary Health Care

Please forward any comments to;

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@UPMA_Midwives



*One of my favorite things
about being a midwife is...*

*my constant search to be better,
to know more, and constantly
love what I do.*

Feminist Midwife
#MidwivesMakeADifference