

What's Happening

at the Sonja Kill Memorial Hospital – January 2015



SONJA KILL MEMORIAL HOSPITAL OPENED ITS MATERNITY WARD ON 6 NOVEMBER, 2014



Ribbon cutting by Dr. Winfried Kill



Neonatal Room to Take Care of the Newborn



Operating Room for Caesarean Section

This is exciting news for everyone! The occasion was celebrated with a lively ceremony. We were pleased to have the Kill Family, Mr Randy Jordan (CEO HOPE WW), Her Excellency Lork Kheng (Member of Parliament) and His Excellency Saut Yea (Vice-Governor Kampot Province), attend the ceremony along with staff and other well-wishers. We are so delighted to have opened this ward and would like to extend a massive thank you to everyone who has supported us in achieving this milestone.

Dr. Michael Moreton, a very experienced Canadian obstetrician is leading the team of doctors and midwives. The ward is staffed by 10 young Cambodian midwives supported by two experienced international midwives. Facilities include a large birthing suite and an operating room for Caesarean sections, private and twin share rooms, a water-birth tub, a baby nursery and comfortable consulting rooms. The spaciousness of the maternity ward provides privacy and ample room for visiting families and mothers to care for their babies.

The first delivery at Sonja Kill Memorial Hospital

Sy Hortay decided to deliver her baby at the Sonja Kill Memorial Hospital after she had heard about the opening of the maternity unit. On 12 November 2014, she delivered her second healthy baby boy (Weight at birth 3.5 kg).

She is very happy with the services provided and will continue to get treatment here if needed. She will also tell her friends and family to come to SKMH.



Sy Hortay surrounded by our team of doctors and midwives

Develop a Center-of-Excellence for Pregnancies with Medical Challenges

Mol Meas, a 37-year old woman from Kg Som province was hoping to have a better future with her third husband. After having been married twice, with three teenage children from the previous marriages, she got pregnant a fourth time. She and her husband would have been excited to have another baby although their work in a restaurant did not give them a lot of financial security. However, she had been treated for diabetes and hypertension in private clinics in Phnom Penh many years already. Due to the medical problems, she and her husband opted for an abortion because she was worried that the baby would not be healthy.



Spacious Delivery Room, Including Water Birth Tub



Our Obstetric Team

IMPROVING MATERNAL HEALTH

Poverty is one of the major causes of mother and infant mortality. Maternal nutrition problems such as anaemia and malnutrition not only undermine the health of mothers, but also influence child health. Sixty-six percent of pregnant women in Cambodia are anaemic. When mothers are sick or malnourished, their babies face a higher risk of disease and pre-mature death. Babies born to malnourished mothers are more likely to be underweight. Babies born underweight die at significantly higher rates than those of normal weight and are at greater risk of infection, malnutrition, and long-term disabilities, including visual and hearing impairments, learning disabilities, and mental retardation.

"Women are not dying of diseases we can't treat. ... They are dying because societies have yet to make the decision that their lives are worth saving."

*Mahmoud Fathalla
Past president of the International Federation of Obstetricians and Gynecologists*

Since 2000, low resource countries like Cambodia are working towards the United Nation's Millennium Development Goals (MDGs) to reduce poverty as well as improve child and maternal health. For the Cambodian people still living in extreme poverty, the MDGs are a life-and-death issue. These Goals are the means to a healthy, productive life.

Cambodia had the second highest maternal mortality ratio with 320 deaths/100,000 live births in Southeast Asia in 2005. The initially set target at 140 for the Millennium Development Goals in 2015 was later revised to 250/100,000 live births due to the negative performances in 2000 and 2005. From 2010 till 2013, much progress has been made, and the maternal mortality ratio decreased to 170/100,000 live births in 2013, compared to 26/100,000 in neighbouring Thailand. In 2013, 670 Cambodian women died due to maternal causes, and the proportion of deaths in women of child-bearing age due to maternal causes was 7 %.

It appears that Cambodia has met the maternal mortality targets of the Millennium Development Goals before 2015. The challenge will be to sustain the progress made. Since the opening of the maternity building in November 2014, we have experienced firsthand the challenges pregnant women in Cambodia face. Four out of twelve women needed a Caesarean section, two for failure to progress a normal

She visited a women's health clinic to have an abortion but was told that they were not able to help her due to the underlying medical diseases. She was referred to the Sonja Kill Memorial Hospital as we have a good reputation for treating chronic medical diseases. After having seen our team of obstetricians and midwives in the prenatal clinic, she got advice for her diseases and treatment with insulin for her diabetes from one of the doctors specializing in diabetes care. She is overjoyed to know that she will be able to keep the baby and that it will be healthy if her medical conditions are treated well. She is happy to come back for the follow up visits and is very confident about care and counseling provided. She has shared with us that she will tell her neighbors with similar problems to come to the SKMH.



Mol Meas Waiting for the Ultrasound Examination

Many of the doctors at the Sonja Kill Memorial Hospital including the obstetric team are very experienced in treating chronic medical conditions after one or two years of training with us. Therefore, we are confident that we can offer holistic care in pregnancies and become a center-of-excellence even for difficult medical situations.



Dr. Winfried and Rosemarie Kill's Visiting the Pediatric Ward Before the Opening of the Maternity Building: A Dream Come True.

delivery, one for foetal distress in pre-eclampsia and one an elective operation to remove a big ovarian tumour at the same time. One of the four women had not been diagnosed as diabetic during the pregnancy, and the baby's weight was 4.8 kg, no chance to be delivered in a normal way. Several women have come to our prenatal care with medical conditions and have been told by medical professionals outside to have an abortion as there is lack of knowledge on how to treat these medical problems during pregnancy.

Even worse was the case of a 31-year old woman who bought medication without prescription in a pharmacy to abort her baby. She came to the hospital complaining of vaginal bleeding and a sudden onset of abdominal pain three days later. We diagnosed a ruptured ectopic pregnancy and treated her surgically right away. She recovered well. Other women with this condition are not that fortunate and die due to massive bleeding.

This case reveals a real problem in Cambodia where the private health sector lacks proper regulation. Almost any medication can be bought over the counter without prescription. When a woman has a positive pregnancy test, it is assumed that the pregnancy is in the uterus, but in fact a small number will be ectopic. Occasionally the new pregnancy gets stuck in the tube and makes its home there. Unfortunately the tube is very small and thin-walled. As the pregnancy grows, it is too big for the tube and bursts – a ruptured ectopic pregnancy with life-threatening consequences.

In this case, an ectopic pregnancy could have been diagnosed before it ruptured if the patient had seen an experienced medical professional as it is the case in a well-regulated health care system.

We envision our maternity unit to become a centre for women with difficult pregnancies, especially underlying medical conditions so that they stay healthy during the pregnancy and deliver healthy babies.

The Sonja Kill Memorial Hospital is now fully engaged to support the provincial health department in reaching the Millennium Goals for mother and child health. This shall occur by collaborating with the provincial health department and clinics from the operating district immediately following the opening of the maternity building. This collaboration has enabled Sonja Kill to receive donations of vaccines as well as oral supplies of Vitamin A and worming medication. Our staff also received training from the provincial health department on vaccination, breast feeding, nutrition and birth spacing.

A small baby boy's suffering relieved



Nat Chanthu and her mother-in-law Wan Sokean on admission

21 year old Nat Chanthu and her mother-in-law Wan Sokean didn't have to think twice about where to go when Chanthu developed severe upper abdomen cramps eight months into her pregnancy. "We were just waiting for the maternity ward to open, so now we are here!" Chanthu had been in good health until her lower legs began swelling two weeks prior to her abdominal pain. She knew something was wrong. Upon arrival at Sonja Kill Memorial Hospital, Chanthu was placed in a wheelchair and whisked into the emergency department. Her blood pressure was slightly elevated and both lower legs swollen. A urine analysis showed 4+ protein. The resident physician diagnosed probable preeclampsia, a potentially dangerous situation for mother and child. A quick Doppler of her uterus revealed that the baby was not in immediate distress. The ultrasound showed no evidence of bleeding in the placenta and good movement of the fetus, but we saw that the baby was too small for its age.

Chanthu was then sent to the new maternity ward and monitored closely by our midwives. Next day, Chanthu was without pain, and the blood pressure was normal. Thus, she and her mother wanted to go home.

BREAST FEEDING INITIATIVE



Little Baby Boy Mora, 1800 gram, tries to catch up and takes his mother's breast eagerly

the development of chronic diseases later in life. If infants are breastfed, they are much less likely to die from diarrhoea, acute respiratory infections and other diseases.

Therefore, UNICEF has developed the Ten Steps to Successful Breastfeeding

Sonja Kill Memorial Hospital enforces these steps. We hope to be certified as "Baby Friendly Hospital" if we are successful in this endeavour. Our staff has received training from the supervisor of the nutritional program at the Provincial Health Department who is very supportive of our mother and child program and has given us educational material to enforce our teaching.

The first two years of age are critical for a child's growth, health, and behavioural and cognitive development. Therefore, infants and young children need optimal feeding during this important period of life.

Exclusive breastfeeding is the best for a baby's first six months of life, not only because it is the perfect mix of ingredients but it also supports infants' immune systems and helps to prevent

"It is my aspiration that health finally will be seen not as a blessing to be wished for, but as a human right to be fought for."

United Nations Secretary-General Kofi Annan

Ten Steps of Breastfeeding (UNICEF)

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within half an hour of birth.
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practise rooming-in, that is, allow mothers and infants to remain together – 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

During the follow up consultation two days later, the blood pressure was increased again and laboratory tests showed a decrease in kidney function and low platelet count. Thus, we decided to induce the delivery. However, during the induction, there were signs of fetal distress which was an indication for Cesarean section. The little baby boy Mora, 1.9 kg,



Little Mora guarded by both grandmothers

was very happy to see daylight and cried immediately before the umbilical cord was clamped.

"We have wanted to come here earlier in the pregnancy", Sokean stated, "but you had not opened the maternity services yet. Our neighbors have come here already and appreciate the quality services in this beautiful setting. We have received prompt attention. Patients are not discriminated against based on their ability to pay. Care of the patient comes first. There is good hygiene, and healthy patients are not placed close to those who are ill. We will tell others about our good experience."

Volunteers

We are grateful for following volunteers who have helped us in the last three months:

Jewel Maeda
Dr. Kendrick Kahler
Jessica Worland
Claudia Fiedler
Lindsey Carlson
Dr. Michael Tibbles
Diane Abramson
Dr. Ulrike Dahmen
Dr. Nicandro Castaneda
Dr. Donna Venezia
Dr. Bob Mc Carron
Dr. Jo Reisner

Midwife
Family practitioner
Public relation/volunteer coordinator
Human resources management
ICU nurse
Emergency physician
Ultrasound technician
Family practitioner
General Internist
Emergency physician
Emergency physician
Internist, ICU specialist

Statistics

23,693

Patients treated April 2012–Dec.2014

9,980

New patients treated
January 2014–December 2014

61,396

Consultations April 2012–Dec.2014

28,208

Consultations
January 2014–December 2014

Needs

We are looking for following volunteers to develop the hospital in 2015:

- Anesthesiologist/Anesthesia nurse
- Laboratory Medicine, especially hematology and blood bank
- Public relation/Marketing
- General surgeon and pediatric surgeon
- Gynecology/Obstetrics

"A volunteer is a person who can see what others cannot see; who can feel what most do not feel. Often, such gifted persons do not think of themselves as volunteers, but as citizens – citizens in the fullest sense: partners in civilization."

Anonymous

Opportunities to give

\$100 will sponsor

- A simple birth delivery free of charge.

\$250 will sponsor

- Prenatal consultation with ultrasound for ten women free of charge
- A Caesarian section free of charge

\$500 will sponsor

- One emergency abdominal surgery free-of-charge

\$1,000 will sponsor

- One year of training for a young doctor

Information

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