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## Dear Friends,

It was clear things were quite different than usual in Uganda the September morning I flew from Entebbe, where the international airport is, to Soroti. The journey from the guesthouse to the Kajjansi airstrip is only a few miles, but we always leave an hour for the journey. One reason is the terrible, deeply rutted dirt road the airstrip is on. Very slow. But mostly we leave an hour because of the terribly intense traffic, “the jam,” that is the Kampala/Entebbe Road. This September though, schools were in their second year of closure. John the taxi man said many people have left the city and returned to their villages now that they’re unemployed due to COVID. It was eerie, how many fewer people were walking, how many fewer cars were on the road. It took us only 30 minutes to reach the airstrip.

A lot of storefronts are closed in Soroti, and a lot of organizations as well. Yet the TSMP clinic is still open, creating lasting change when many things are collapsing. I am so grateful to all of you. There is such a high level of excitement among the staff about building our own place. At a time of great loss, there is also a sense of a beginning.

I need to ask you for some things. If this newsletter has interested you, moved you to help us help people whose needs and poverty are well beyond what we see in our country, I would like you to think about some questions.

- *Do you know an IT person who might be willing to donate some time to IMA?*
- *Do you know anyone in the public health/maternal child health arena who might be needing, for example, graduate hours, to help us crunch some data?*
- *We will need more medical volunteers to travel to Soroti in the next year or two. We'll especially need folks with a specialty in caring for newborns.*

We plan to embark on a capital campaign early next year to raise the rest of the Phase One building costs. For now, I hope you can continue to support the work we do. I hope what we continue to accomplish might even inspire you. This is an extremely worthy cause you contribute to, one that has changed so many people's lives profoundly. Thank you for being a part of our journey. I cannot thank you enough.

Most Gratefully,  
Jennifer Elizabeth Braun



# IMA's Teso Safe Motherhood Project

## *Lasting Change*

By Jennifer Braun

While I was in Soroti this September, I spent many of my days in the labor "suit" working alongside the midwives. In the US we say "labor and delivery room," in Uganda we say "labor suit." I'm not certain, but I think that at some time in Uganda's history, these must have been called labor suites, and over time that became labor "suits." We have two labor suits at TSMP, and we would benefit from twice that number. Crowded though we often are, there is no question that everyone is better educated and more confident, and that the staff skill level is at an all-time high. The diplomas and degrees people have pursued in the last several years are evident in the labor suit. I think of that kind of education as lasting change, real sustainability.



One thing we need to do in the labor suit occasionally is resuscitate newborn babies. At TSMP, we use a protocol called Helping Babies Breathe™, which is part of the American Academy of Pediatrics suite of programs named Helping Babies Survive™. We introduced Helping Babies Breathe (HBB) at Teso Safe Motherhood just a few months after the first training was held at the Mulago National Referral Hospital in Kampala. Follow-up studies at Mulago have shown disappointing results. Skill-retention has been poor. Asphyxia is a major cause of death. With good HBB training, the rate of neonatal death should go down. But in the cities, Uganda's neonatal death rate has remained stubbornly high at 27/1000.



In the rural areas like those surrounding Soroti, the newborn death rate is 34/1000. At TSMP, where skill retention is high and resuscitating NeoNatalie™ is a part of ongoing continuing education, neonatal death went from 8.2/1000 before the adoption of HBB to 4.6/1000 since mastery of HBB (for an average overall rate, in over 12,000 deliveries, of 6/1000). Our clinic offers a counterpoint to the disappointing findings at Mulago. It is extremely difficult to make the kind of change required for an asphyxiated baby to get what it needs within the first minute of life, "the golden minute." It is hard to change behaviors. But at TSMP, we have seen that it is entirely possible.



Dr. Ouna

## Partnership in Education

In Soroti, there is a school adjacent to the Regional Referral Hospital called The Soroti School of Comprehensive Nursing. They offer a three-year Diploma in Midwifery. As the school has matured and improved, TSMP has been sending more staff there for training. In the past, we had sent people to Kampala and Gulu. A partnership has been growing between the school and the clinic, and while I was visiting, I sat in on a meeting between a professor and Dr. Ouna, TSMP medical director. They were discussing of a Memorandum of Understanding between our clinic and the school to formalize terms for students preparing to attend practical rotations at TSMP. The TSMP staff will supervise the students. The midwifery professor was visibly enthusiastic about the partnership because of the quality and quantity of experiences the students are bound to have. The TSMP staff appreciates the learning they do through teaching and value the opportunity to influence future practice. They are poised to make big ripples in the clinical pond.

## Thoughts About Their Education

**Okori Mary** upgraded from certificate (enrolled nurse) to diploma level, becoming a registered nurse. She is currently working in the family planning department.



*"I learned about integrated management of childhood illness and other related conditions in detail. (The certificate level doesn't teach it in detail.) I learned various methods of family planning, the side effects of the methods and how to counteract side effects. These are just two of the subjects which I have improved in practice compared to before I went back to school."*

**Adongo Sarah** upgraded from certificate (enrolled nurse) to diploma level, becoming a registered nurse. She is currently working in the maternal/child department.



*"Before going to school I had some knowledge of maternal child health management but not in depth. I expanded my knowledge and skill managing childhood illness, obstetric and gynecologic conditions."*

**Eyanu George** upgraded from certificate (enrolled nurse) to diploma level, becoming a registered nurse. George works in the maternal/child department. We all contribute something, George distinguishes himself, though. He is our wiz with the ultrasound, for example.



*"The bottom line is there is much great change in terms of understanding pathological conditions and the way they are addressed. The level of confidence I have is much greater than when I started. Also, the exchange of information with our partners that come from the United States has helped a lot. I used to only hear about ultrasound and its advantages. A very big thanks to Sister Jennifer, Dr. Abby, Dr. Holly, Dr. Audrey and Dr. Gonzalez for giving a very tremendous gift to our clinical management of patients with ultrasound. I am able to tell that the AFI (Amniotic Fluid Index) is little, and we have been able to save babies from suffering severe distress."*

## Culture Shift

Years ago in 2010, when the MAIA Foundation first funded TSMP's Bajaj program, we talked about how the funding could become unnecessary some day in the future. We believed that the new behavior we were modeling, paying for transport to the birth center, would become normalized. Bajaj drivers are motorcycle taxi drivers who transport laboring women and their support people to the clinic when it's time. The TSMP midwife pays the driver. It's been working since its 2010 inception, the Bajaj program. It has helped mothers overcome their inability to reach the clinic, particularly at night. This year the midwives are reporting that more and more of the mothers are paying the drivers themselves. They see it as a standard part of their birth plan now. Our vision is coming to fruition. I believe by making a long-term commitment to Teso Safe Motherhood, we have had the opportunity to create sustainable change that is good for all those involved.



# Building a Permanent Home

The compound that currently holds TSMP is a rental. When we moved there ten years ago, it was a significant increase in space. It's been a great home, and a lot of progress has happened there since 2011. The midwifery team has grown bigger and better. We are busier than ever, much more than in 2011. We provide many more services than ten years ago, like comprehensive care to the HIV-positive patients, more family planning methods, cervical cancer screening, cryotherapy – we have a blood bank. But one thing that hasn't improved over time is the building. We manage with what we have, but we have grown crowded. We need more space.

We also need a permanent home and the stability that this will bring. We have the land, and the authorities support TSMP expanding and building on this land. This year, the Estate of Bruce and Shirley Sutherland provided a generous gift to begin development. We are so grateful for this donation, which will make such an enormous change. The plan is for Phase One to be a permanent home for TSMP's current services. The estate gift provides \$100,000 of the \$250,000 Phase One cost. The more ambitious Phase Two plan will elevate the clinic to a maternity hospital and allow for more participation in the training of Ugandan midwives and doctors – TSMP already provides clinical experiences for the local midwifery school. The ability to influence the training of more Ugandan midwives and physicians by partnering with schools would multiply the impact of TSMP's clinical excellence immensely. We also plan to establish the first NICU – neonatal intensive care unit - in the region.

A great deal will be upgraded in the new clinic, in addition to the benefits of relieving overcrowding. We need more reliable power, more reliable and safer water, and more reliable internet. Working with the Engineers Without Borders Uganda (EWB), with whom we are negotiating terms, will allow us to green the facility. The greening should also allow for the reliable power and water that is so vital. A consistent power source will provide the laboratory what it needs to keep blood much more safely, which is an important consideration. In fact, the benefits of a consistent power source are far-reaching, into every department, and make some lifesaving services possible.

TSMP's medical director, Dr. Ouna, feels strongly that we should integrate one operating room – operating theater is what we say in Uganda – into Phase One. He wants to prioritize the ability to provide our patients with cesarean sections when necessary, and seize this chance to get a theater at TSMP before we do the second, much larger Phase Two. While that was not the original plan, his idea would provide a critical, lifesaving service much sooner. We are hopeful that we might integrate what is necessary within the budget constraints of Phase One.

The sense of permanence and stability this project offers the community is profound. Beginning Phase One is an important and exciting step in making TSMP truly sustainable. We are committed to working with EWB every step of the way, so we will begin after documents are signed. We are working on finalizing those documents and plan for building to be underway by early 2022.

***The land you see here is the location we own to build TSMP's future home.***



# Maternal Mortality Research at Teso Safe Motherhood

Written by Marion Toepke, RN CNM FNP

For the past four years, a team from Teso Safe Motherhood has been doing a study in Soroti District on maternal mortality from 2000 to 2021 – the final data was collected recently. Our study data consists of interviews with people who have lost a loved one to maternal death during the study period. It is a retrospective mixed methods study. "Mixed methods" refers to using two very different types of data that complement each other. Quantitative data refers to things you can count, like dates, diagnoses, ages, numbers of people, or conditions. Qualitative data refers to the story behind the numbers. What happened? Who was there?

Dr. Ouna and I started talking about this study in 2016, when he first started at Teso Safe Motherhood. I would go out early to make rounds with him, and then we would often have a chat. He would tell me about the experiences he had with emergencies in which the mother, child, or both did not survive or barely survived; often, these were people who went to the hospital late after a home birth.

I was reading "Beyond the Numbers," a reference on studying maternal mortality, and I suggested that we might learn a lot by doing some interviews. We ended up having Richard Ocen go out to do some case finding. I thought we might get 8-10 people. Maybe even a dozen, or 20. Wrong. That first case finding yielded 83 people. I managed to get a good-sized donation from a family member. We had to get IRB permission from a university department. Preparing a proposal and then modifying it and finally getting approval took a couple of years... we started interviewing in 2019.

Richard Ocen sought out the cases at the local level, visiting the village councils and other appropriate leaders, asking for names of people who had lost someone during pregnancy. Richard has worked for TSMP in the past. After medical leave some years ago, he returned to work for the study as office manager and research assistant. He is perfectly suited for this work! He is fluent in the two major local languages, Itesot and Kumam, as well as English, and he has a friendly and reassuring presence. He is also a trained counselor and offers counseling services to those in need. Our study subjects consist of the people who were identified in this process and who agreed to be interviewed. The data is filed apart from the informant's name, and all the information is confidential.

Our research questions were designed to identify the experiences of people who lost a loved one to maternal mortality. How were the individual and the family affected?



Richard Ocen, Office Manager and Research Assistant

Do they have any suggestions on what might have helped the loved one to live? What might have made the death easier for the informant and the family to get through the experience? Can we learn anything from those who went through the loss of a loved one in pregnancy, birth, or postpartum that might save women's lives in the future?

*"We have learned so much from the work we have done so far, including some concrete things that we hope may save mothers' lives in the future."*

We have had a good response from the subjects. It also seems beneficial to them to talk about their losses. We are now working on the analysis of data from over 300 interviewees. We have learned so much from the work we have done so far, including some concrete things that we hope may save mothers' lives in the future. The study isn't published yet, so I can't disclose much here now. But one thing I can say is that by far the most deaths were caused by hemorrhage and delay of care. It also shows that TSMP's services are desperately needed, from trained staff to transport to providing emergency surgeries one day. As we finish analyzing data, we have also been preparing a Maternal Mortality Prevention Handbook, which we will print in English, Itesot, and Kuman, to provide to the communities in the study. We are hopeful this study will prove to have a lasting impact.

# Thank You!

A lot of people contribute to International Midwife Assistance, and that makes the work at the Teso Safe Motherhood Project possible. So many people do all sorts of things to support IMA. We sincerely thank you all. This work wouldn't be possible without you. We would particularly like to mention:

A deep and heartfelt thanks to our board of directors, They provide terrific help and supportive guidance to the organization. They are: **Claudia Wyrick, Jennifer Barr, Marty McCarthy** and **Liza Patrick**.

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Every Mother's Day, I write cards asking for gifts for Ugandan mothers in honor of the holiday. I write these Mother's Day cards mostly, but not entirely, to mothers. I think of the group as IMA's "**Generous Mothers**." It's become an important annual fundraiser, and I appreciate everyone's participation. Thank you.

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It was a huge loss to the project this year not to have volunteers the way we usually do during, as we say in Soroti, "this Corona!" In the spring of this year, things did look good for travel, and **Dr. Juan Gonzalez** of the Ventura County Medical Center Family Medicine Residency Program spent some weeks working at TSMP. The staff appreciated him so much, many people told me what a good teacher he is. We are very grateful.

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This year we have a big thank you to send to **the Estate of Bruce and Shirley Sutherland** and their children **Joan Burke** and **Bill Sutherland** for the gift that begins construction of Teso Safe Motherhood's permanent home. Their contribution will create a kind of lasting change we have been working up to for many years.

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Shirly Sutherland was **Marion Toepke's** older sister. Marion has served women and children in so many ways and done that with IMA in both Afghanistan and Uganda. Marion also traveled to Soroti in the spring of this year and is likely there again as you are reading this newsletter. Thank you Marion.

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We are very grateful to be embarking on a relationship with **Engineers Without Borders, Uganda**. Their partnership will be very valuable in maintaining the highest standards as we build.

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**Elke Adler's** official title at IMA is accountant. That is an important job, but it doesn't really capture Elke's level of support to IMA and TSMP. She is deeply appreciated, it would be hard to do this without her.

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**Dale Halton** makes sure it all happens. I've never known how to thank her enough.





## Vehicle Donation

We are hoping to be able to make up for our COVID-related fundraising shortfall with vehicle donations this year. Do you have a car, truck, trailer, boat, RV, or motorcycle, working or not, that you might choose to donate rather than sell, or deal with having towed away? Do you know someone who might?



Support IMA when you donate it! Visit [midwifeassist.org](https://midwifeassist.org) and click the donation icon up top or simply call (855) 500-7433

## *New!* Donate Appreciated Stock

We are now able to receive your gift of appreciated stock. **Please contact Jennifer** at (303) 588-1663 or [jbmidwife@midwifeassist.org](mailto:jbmidwife@midwifeassist.org)



## Donate Online

This year, Community First Foundation and FirstBank will present Colorado Gives Day on **Tuesday, December 7**. Every donation given to IMA on Colorado Gives Day is increased by a portion of a one-million-dollar incentive fund.

Busy on the 7th? You can schedule your Colorado Gives Day donation ahead of time. **To donate go to [coloradogives.org](https://coloradogives.org) and type in IMA.**