TINY PRINTS - struggle for life

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This is the story of a baby born severely premature and her struggle to compete for existence, to prove herself fit to be fittest for survival. Kick up your feet and keep reading. This child is a miracle.

The baby was brought to our hospital in the afternoon on a busy day. The casualty medical officer was busy with all the severely ill patients; this baby suddenly caught his eye as she was brought into the room. He was shocked to see such a tiny baby. The baby was brought from 200 kms away, by road, after being denied admission in every hospital along the way. This was their last hope; the parents were not ready to push any further. The baby, she came 3 months early, straining the limits of what is possible and what is right. The baby was 24 weeks old and weighed a meager 900 gms. When a baby is born at the edge of viability, which is the greater act of love: to save him, or to say good-bye! The medical officer gave the option to take the child to the higher centre, Guwahati which was another 250 km away. The tired, worn out parents losing hope said they cannot go any further. So taking the chances, the medical officer admitted the baby in our nursery.

Some babies are born so early that they are beyond rescue. Other babies ripen in the womb into the third trimester but arrive a little early. In between those scenarios is a zone between life and death, between viability and futility. In the hands of experienced specialists, though, babies born slightly earlier may have a chance at survival. Babies born at 23 weeks may survive with these specialists in a state-of-the-art NICU, but the odds of survival are much lower. The earliest baby to have ever survived premature birth was born at 21 weeks and 6 days, and this was reported in the news as having been a "miracle." But they spent nearly 2.4 million dollars on that baby.

The odds of survival increase as the pregnancy progresses, and even an extra week in the womb can make a difference. In general, premature babies born closer to 37 weeks will be much better off than those born before 28 weeks. So the survival chance for our baby was about 50% with the best care possible. And we did not have incubators, mechanical ventilators preterm nutrition or pediatric surgeons or. But we planned on doing the best for the baby. The child stayed in the nursery for 10 days. She was adequately warmed and her mother was taught how to give kangaroo mother care (See box 1). Initially she was only on IV fluids and then cautiously after 5 days nasogastric feeding was started till the baby was able to tolerate the full feeds. Although the weight fell to 700 gm during her hospital stay, she started gaining weight toward the discharge. The parents wanted to take the baby home by day 10 as they were daily wagers and had no money. The mother was taught to give nasogastric feeds with adequate hygiene and kangaroo care for warmth and the baby was discharged.

The parents were unable to bear the hospital expenses and so the entire bill was written off by the hospital.

The baby was reviewed after a month and she now weighed 1.8 kg, was able to suck well and so, breastfeeding was initiated and the child was called 2 weeks later for immunization.

THIS IS A TRUE STORY.
This incident happened in July, 2015. Since then we have been receiving a lot of preterm, low birth weight babies who are referred, even from our nearby government medical college.
And it is so humbling to see how GOD takes cares of these preemies that He has never let even one die during the hospital stay. The odds of them dying of other illness, becoming disabled are still there, and for this reason they are asked to review every month for developmental assessment.

Baptist Christian Hospital (BCH), Tezpur, Assam is where this story unfolded. Assam, the state of beautiful tea gardens does not boast itself as having good health services. The health services are poor, quality compromised, quacks practicing and access to proper health care is even considered a boon by many. BCH provides health services to the nearby districts and states. We, as a unified team, want to touch the lives of forgotten people, heal the wounded and give hope to the weary. We strive to bring the love of Christ to the people in a way that makes a real difference in their lives. The joy that comes from this surpasses anything that money can buy!

AND...THERE IS NOT JUST ONE SUCCESS STORY, THERE ARE MANY......!

REFERENCES:

Box 1: What is ‘Kangaroo care’?
Kangaroo care is an effective method of caring for the neonate if they are low birth-weight (LBW) infants, especially in resource limited settings. It involves holding a baby with maximum skin-to-skin contact. The baby is naked except for a diaper and a piece of cloth covering his or her back, and is placed in an upright position against a parent's bare chest. Since this position is similar to a baby kangaroo in its mother’s pouch, it is termed "kangaroo care."  

Low birthweight (LBW) (less than 2500 g) is associated with an increased risk of neonatal morbidity and mortality, neurodevelopmental disabilities, and cardiovascular disease at adulthood. Conventional neonatal care of LBW infants is expensive and needs both highly skilled personnel and equipment. A Cochrane review found that Kangaroo care is an effective and safe alternative with similar and even superior benefits to the newborn and since it is cost-effective, is a useful strategy in resource limited settings.

The major component of kangaroo care is skin-to-skin contact (SSC) between a mother and her newborn. The other two components are frequent and exclusive or nearly exclusive breastfeeding and attempt of early discharge from hospital. The Cochrane review found that compared with conventional neonatal care, kangaroo care was found to reduce mortality at discharge and at latest follow up and reduce severe infection/sepsis, nosocomial infection/sepsis, hypothermia, severe illness, lower respiratory tract disease, and length of hospital stay. Moreover, kangaroo care resulted in increased weight, head circumference, and length in infants compared to conventional care. Kangaroo care also resulted in better breastfeeding, and better satisfaction in the mother.