

Maternal tragedy: Mother, child die looking for doctors

6:06 am



The late Shonuga when she was pregnant

Poor attitude of health workers claims the life of a pregnant woman in labour, BUKOLA ADEBAYO reports

When Omowumi Shonuga tapped her husband that her water had broken at 5 am on Thursday morning, being a sign of labour pain, anxiety took hold of him. Although he, Ayobanji Shonuga, was remotely happy that his second child was about to be born, he was as nervous as many men would be in that situation.

As the wife's labour pains increased, the 33-year-old man quickly packed his baby's things and rushed her to the Rauf Aregbesola Health Centre in Egbeda. Alimosho Local Government Area of Lagos.

His joy and hope began to diminish when he got to the health centre and found out that

the hospital gates were locked.

Shonuga said, "We got to the hospital around 5 am to meet the hospitals locked. I horned and horned, nobody came out. After a while a woman came out and said there was no doctor to attend to me, that I should take her to the Igando General Hospital.

"I said it was impossible for a doctor not to be on duty in a hospital as big as this. She ignored any other enquiry I was trying to make. As I got back to my car, I saw that my wife had delivered the baby and that she was in a pool of blood and she was also bleeding. It was when I started shouting, 'Blood! Blood! Baby' that two nurses rushed out from the hospital."

Moribund, grounded ambulances

Shonuga related the ordeal that Omowunmi went through in the hands of health workers at the health centre last week to our correspondent, saying the hospital's negligence had turned him into a widower.

Instead of coming to his wife's aid, Shonuga alleged, the nurses blamed him for not shouting loud enough to have attracted their attention to get the keys to open the gate .

"After they opened the gate, I drove in. One of the attendants picked the baby, but the nurses refused to touch my wife. I asked for a stretcher to take her in, they said they didn't have. I asked for an ambulance to take her away from there, they said they were not with the keys.

"I had to carry her upstairs with no help from them because they didn't want to touch her. They said there was no doctor to attend to her."

After much persuasion from him, the nurses told him to go and buy some injections and drugs that would stop the bleeding while they began stitching a cut his wife had.

"She was shouting that the pain was too much while they were stitching her but they kept telling her to keep quiet. I knew something was wrong and told them to get a doctor. They said he was on his way," he added.

'We cannot handle this case, take her to Igando'

Shonuga said that in spite of the stitches, Omowunmi did not stop bleeding and the doctor who came in while they were cleaning her up said they should take her to the Igando General Hospital as her case was too critical for them to handle.

"He looked at her eyeballs and said that she had lost a lot of blood and would need to be transfused but they could not do that at that moment.

"I asked again for the ambulance so I could take her to Igando. They said they didn't have the keys yet. It was just packed there doing nothing. It was then I asked after my baby. They kept quiet. Later, someone went out to check the room the baby was supposed to be and said the baby was no longer breathing.

"It was obvious that they abandoned the baby. I went in to carry my wife with the drip on her but insisted that they must give me a referral note and a nurse to go with me to Igando so that her case could be treated as an emergency.

"They refused until their supervisor instructed them to go with me when she heard me shouting. It took another 25 minutes before they came with a note and one of the members of staff went with me," Shonuga lamented.

No bed space, please go to another hospital

It was a similar scenario that played out when Shonuga got to the Igando General Hospital with Omowunmi around 6am on the same day.

She was rejected. Shonuga said the nurses told them to go to another hospital as there was no bed space to admit his dying wife.

"For another 45 minutes, we couldn't get a bed. After I threw a tantrum that attracted some attention, they began running up and down and said they had created a bed space for her.

"They took her blood sample and insisted that they wouldn't transfuse her till I had paid

N20,000. We argued again that it was an emergency that they should go ahead but at this stage she was already losing consciousness. While they were trying to secure a drip for her, she died.”

Shonuga told our correspondent that he buried his late wife and his newborn baby later that day.

Omowunmi , a graduate of Accounting from the Lagos State University, died at the age of 30, leaving a three- year-old baby girl behind.

Still shaken by the circumstances that led to his wife’s death, Shonuga said he would petition authorities of the public hospitals and vowed that he would not relent until justice was served.

According to the widower, Omowunmi and his baby would have been alive if health workers at the two hospitals had given them the speedy attention they deserved.

“The most painful thing for me is that she suffered so much before she died. She cried and bled on and on, but that did not even move them. There was no doctor on duty and they could not give me an ambulance to handle her case.

“I only took her there because that was where she had her antenatal and they knew her and her health history. If I had known I would have taken her to a private hospital.”

When contacted, the Medical Officer, Alimosho Local Government, Dr. Micheal Ariyibi, said that the Ministry of Health had received a complaint and had begun an investigation into the case. The ministry, he said, would not hesitate to punish those involved in the unfortunate incident.

Ariyibi said, “The report is with the Ministry of Health already and we are trying to investigate who and who were involved. I’m assuring you that they will not go unpunished.”

The Director of Information at the ministry, Mrs. Deola Salako, corroborated Ariyibi’s claims, saying that an investigative panel had been sent to the health centres involved

and any one found to have contributed to the deaths would be sanctioned.

A peep into the past



Oduwoye

This is not the first case of negligence and mismanagement to have occurred in hospitals in Nigeria. Shonuga is not the only husband to have lost his wife to such horrible circumstances.

The death of a 32-year-old mother of four, Mrs. Folake Oduyoye, at the Lagos University Teaching Hospital, Idi-Araba, sparked a lot of protests and fury among women groups and activists last year.

The deceased's husband, Mr. Adeyemi Oduyoye, a printer, claimed that the hospital detained and abandoned his wife without adequate medical care for 43 days due to the family's inability to pay hospital bills.

The Executive Director, Women Advocates Research and Documentation Centre, Dr. Abiola Akiyode-Afolabi, described the woman's death as one of the many unnecessary and preventable ones that occurred in the country.

Akiyode-Afolabi said that 144 Nigerian women died daily as a result of maternal complications.

She said, "It is very unfortunate that women are dying of negligence. This is contrary to Sections 32 and 35 of the Nigerian Constitution. (Section 32 is about power to make regulations while Section 35 is on right to personal liberty. These women have died in their prime leaving behind children. It is a waste to the nation. We must say no to such maternal deaths in Nigeria,"

Though a hospital is where patients, especially pregnant women, should meet with professionals who have empathy and sympathy, this fellow-feeling spirit is lacking in many cases in many health institutions in Nigeria.

A nursing mother, who had her baby in one of the state-owned general hospitals in Lagos, likened what she went through in the hands of the midwives to sheer “humiliation”.

She had nothing positive to say for the obstetric care she received on her day of delivery.

She said, “I got to the hospital around 7pm. I was taken upstairs and told to wait while I was in labour. I was there for an hour, crying and shivering because of pain. The midwife that was supposed to attend to me abandoned me and was engaged in an endless conversation with another nurse.

“I overheard her telling the other nurse in Yoruba, ‘See her shaking, she is catching cold. She barked at me again, saying, ‘You had better not push until you have contractions. Otherwise, you will just injure yourself.’

“Even when I felt the baby coming, she still did not show much concern. It was the other nurse that told her that the baby was showing before she came to meet me. She kept lamenting that she had never had a delivery this messy. She said, ‘Both mother and baby are just a mess.’

“While I was praying aloud, saying, ‘God, don’t let me die here,’ she shouted back, ‘Eh! Look at this woman saying she is going to die. Whatever you say will happen. If you knew you could not handle labour pains, why didn’t you do a Caesarean Section?’

Another nursing mother told our correspondent that she still had scars to show for the bitter experience she had during her baby’s delivery at the maternal and child centre of another hospital.

She said that on getting to the hospital on the day of delivery, it took the health records’ personnel an hour to find her medical records.

“It was not until my husband bribed them before they brought out my file. It took another two hours before I saw a doctor. They said they were busy with other women in the theatre. I just lay there in pain.

“All the while, the midwives were shouting on me to keep quiet. While she was stitching

me up after the delivery, she was in a hurry. Even the doctor complained that she did a shoddy job some days later when it was observed that I was still seeing blood. I had to be re-stitched. It was a very painful experience for me.”

Death traps in PHCs in Ikota, Ibeju-Lekki and Alimosho local government areas

Lack of medical personnel is a major challenge in health facilities across the country. But it is a deadly situation for a woman in labour. Not only is her life at risk, her baby could also be harmed.

A group of experts with the Lagos State Civil Society Partnership and the Lagos State Community Coalition and Innovation Matters Limited, which undertook a survey of 20 Primary Health Care Centres in 20 local government areas in the state, found out that they were grossly short staffed.

The survey, which was to check the availability and accessibility of maternal and child emergency services in these primary health facilities, showed that some did not have laboratory services.

It stated, “some centres only have a midwife and a nursing officer was available to attend or take deliveries. Out of the 20 centres, seven did not have laboratory services. Ten of the PHCs did not have any supplies to handle emergencies at all while the other PHCs have these available in varying degrees

” Some centres are still using lantern to take deliveries in some of the PHCs while members of staff contribute money for electricity in February 2013, 45 per cent of the responding PHCs stated that they did not have one form of functional equipment or the other. Only 27 per cent of the centres had tap water, the rest depended on well water or borehole in the community. This is not what should be used in any hospital.”

Speaking with our correspondent, one of the evaluators, Mrs. Dede Kadiri, noted that equipment and medical supplies were lacking in most of the PHCs.

She particularly decried the state of facilities in the primary health centres in the Ikota/Eti-Osa, Ilasamaja, Ikotun/Alimosho, Ibeju-Lekki, Epe and Ketu.

Kadiri said, "The state of facilities in many of these places is appalling. They don't have generators. They lack basic obstetric equipment like shock garments. Even a weighing scale is a luxury there.

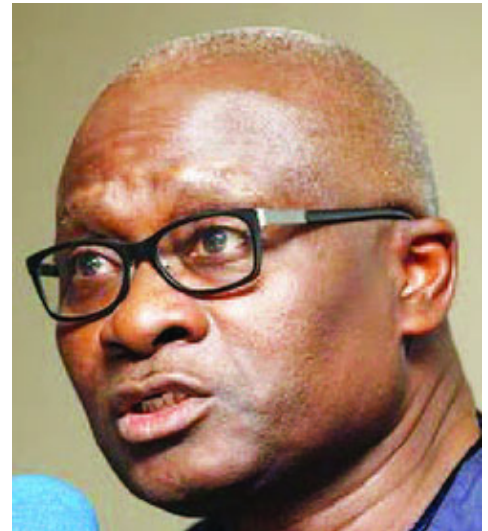
"In Ilasamaja, pregnant women were told to come with candle as part of the things they should bring when they want to give birth."

Grounded and non-functional ambulances.

An ambulance is a vehicle specifically designed to transport someone who requires medical attention rapidly to the hospital. It is sad to note that as essential as this service is to saving lives, it is rarely available when people need it in Nigeria.

Many critics of the health industry say the average hospital ambulance in Nigeria carries more corpses than the sick.

For instance, in the survey of the centres in Lagos, ambulances attached to some primary health care facilities were not functional, while some were grounded.



Idris, Lagos State commissioner for health

Kadiri, who also assessed the ambulances in these centres, said they were grossly mismanaged.

"The health centres in Seme, Asogbo/Bariga, Awoyaya/Ibeju-Lekki, Epe and Ketu had no functional ambulances.

"Some had been grounded for months, while some were damaged. In many local governments that we surveyed, the ambulances were parked at the secretariat. Nobody was using them. We need to ask why are these ambulances there?"

Kadiri stated that it was high time citizens demanded accountability and responsibility from their leaders to equip the tax payers' hospitals.

She said, "I mentioned the names of the local government areas so that their residents can hold the chairmen accountable; so they can wake up. Alimosho, has the highest maternal mortality rate in Lagos. Yet its health facilities are a shame. The women in these local governments need to hold their leaders responsible for their health."

Overhaul training of nurses in Nigeria

While patients receive treatment as kings in civilised climes, many of those in Nigeria are seen as paupers begging for medical attention.

The negative attitude of nurses who are supposed to show compassion and care to patients is a problem that could no longer be ignored, experts said.

Observers have expressed worries that the actions and inactions of health workers, especially nurses in some public hospitals, have endangered some patients' lives.

They noted that nursing care in Nigeria was deteriorating each day, warning that if this poor attitude among health professionals in public hospitals was not nipped in the bud, more Nigerians would die in their cold hands.

Consultant neurologist, Dr. Biodun Ogungbo, noted that the attitude of nurses, who are usually the first set of professionals that patients meet, could either make or mar the hospital.

He said, "The Nursing and Midwifery Council of Nigeria has a huge task in hand to restore dignity to the nursing profession. They have to overhaul the training of nurses and make it a serious business.

"The schools of nursing need to be upgraded and restructured to deliver quality training. Some doctors should be involved in the training of nurses, both in the practical and theoretical aspects, for relevance in the work place.

"Nurses seem to have lost pride and passion for the job. The council should take a clue from other professional bodies and give the profession a facelift. Career upgrade should be encouraged among nurses, even to the PhD level (postgraduate nursing school with

varying specialisation); for there is something that continuing education does to an individual. It refines you and brings about a positive change in perception and behaviour. Nurses need to be proactive and confident in their ability.”

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