

Herald of Hope

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“Akete” to “Obolo” – The Survival of an Extremely Premature Baby



NICU Nurse Attends to “Akete” - a Severely Premature Baby

It was a cold Saturday morning and one expectant mother's fourth day on admission. The calm breeze from the ocean and the rustling of the leaves of the shady trees behind the new maternity home produced a calming effect for the other pregnant women who were all sleeping in their beds, and for the mothers who cuddled with their babies. There were showers of rain that morning and the sun shone its rays through the beautiful clouds, giving hope for a brighter day ahead. But this calmness would not last, and very soon, the midwives, nurses, doctors, physician assistants and family members taking care of this expectant mother would be running back and forth as she delivered the tiniest surviving baby ever delivered in the hospital.

The baby was affectionately called 'Akete' by the nurses and midwives because of her small size; 'ketewa' in Twi (Ghanaian Language) means small or tiny. Her mother was 28 weeks when she reported to the Hospital, four days prior to Akete's birth, as a referral from a Health Center. She was apprehensive and very disturbed because she had broken her water at 28 weeks. Without neonatal intensive care unit (NICU) services, Akete would not survive so her mother's fears were real.

On this fourth day of admission, unfortunately, Akete could not wait any longer. Imagine a baby suddenly delivered at 28 weeks into a different, more hostile environment that she has not armed herself for. In the hands of the midwife



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LOCAL OVERSIGHT

The Elders of
Vertical Centre Church of Christ,
Community Six, Tema, Ghana.

SUPPORT

VOH-Ghana,
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was this small baby, weighing 2.6 lbs and 12.6 inches long with thin, shiny red skin, visible veins, little body fat, little scalp hair but lots of lanugo. At the sight of Akete, her mother shed more tears on her delivery bed, even though a lot of counselling had gone into managing her expectations.

Without delay, Akete was wrapped and sent to the NICU where the team received her with joy and hope. It took several attempts to get an intravenous line secured. Well, I guess she just soaked the pain in as she did not even cry. An adult receiving that number of jabs might have called their lawyer in or yelled at us if we were luckier. Yet securing a line was so central to her survival that we had no option. We managed her breathing difficulties while she was under the radiant heater. She was given appropriate medications and was also connected to a machine (C-PAP) which provided positive continuous flow of air to keep her premature lungs open to ensure proper oxygenation. Staff on duty kept wake to monitor every movement or non-movement of this little one and both family and staff engaged in prayers seeking the face of God.

Akete's mother became more hopeful when her baby was still alive after two days and so were the healthcare workers. Her general muscle tone was good and was well flexed. As a high-risk neonate, she went through the full range of complications of an extremely preterm baby; needless to say, she was managed in an incubator to ensure that her body temperature was well regulated.

First, she could not breastfeed, a situation that made her mother sad. All her babies had suckled shortly after birth, though they all seemed to have come earlier before maturity. To her, this was the worst of her experiences with premature delivery. A tube was passed from Akete's nostril to her stomach to start breast milk feeding on day two, while antibiotics and sugar infusions continued. Because of her immature liver, from day three, Akete developed several episodes of hypoglycemia (low sugar level in blood) which is a common cause of death in neonates, especially, preterm babies. The team of nurses, doctors and physician assistants were on her, around the clock, to manage her and ensure that her sugars were within normal ranges.

Second, as was expected, Akete became very jaundiced with high "bad" bilirubin in her blood. Thanks to the people who were led to donate to the NICU, and may the Grace of God be upon them, phototherapy was started and in three days, the jaundice had significantly cleared to

harmless levels. Then it reminded me of the number of babies we have had to transfer to the teaching hospitals, before our NICU services were available, because of high bilirubin levels that were not even up to Akete's.

Third, because of her underdeveloped breathing muscles, there were times when Akete decided not to breathe because she got tired from the breathing movements, a condition similar to the tale of Ondine's Curse in which Hans had to remember to breathe or die. With the help of gadgets that prompted the nurses that Akete's oxygen saturation was dropping because she had stopped breathing, she was constantly stimulated to breathe while supporting her with medications and a low dose of oxygen.

Meanwhile, Akete's mother struggled with both anxiety and depression. The fear that the baby might not survive and the fact that she was separated from her and could not breastfeed her, as she has done with her other children, made her both anxious and depressed. The counselling unit did and continues to give words of encouragement to the parents, and have promised them our full support. A bigger source of Akete's parents' worry was how they were going to take care of their bills for such specialized and focused care for their daughter. They were so much worried to the extent that they asked for the baby to be discharged although they knew very well that the baby could not even suckle at the breast. Their frustration was palpable. Thank God for good news; joy, happiness and hope filled their hearts again when we made a promise to them that we were going to waive off some of the bills as charity.

The level of poverty in the Central Region and thus, access to healthcare, leaves much to be desired. There are several people who do not have enough money for the National Health Insurance Scheme premium of just 25 Ghanaian cedis (\$5). It is the most depressive aspect of our work at Hope Christian Hospital where despite very low prices for services, quite a number of the patients find it very difficult to pay for those services.

As at the time of writing this story, Akete has gained about half a pound more and now weighs 3 lb (after an initial loss of 0.4lb from the birth weight) and at a gestational age of 30 weeks, 4 days. Like the nurses would say, "she has become 'obolo' now". 'Obolo' is Twi slang for big. She is able to take a larger portion of her hourly breastmilk by mouth with little through the tube. Baby and parents, the mother especially, have bonded well and she is amazed



Panoramic View of NICU Facility

at the progress of her daughter. Akete's mother is learning how to feed her baby as we prepare to discharge them.

Akete is out of danger now and doing very well by the day and the family is ever grateful that you contributed to this success story; that their extremely preterm baby lived because you loved and gave. There is nothing more rewarding than a show of gratitude from patients and their relatives. Parents who were sad, anxious, angry and in despair are now happy, full of hope and smiles and very appreciative of our services – the services you made possible. By the time you would be reading this article, Akete (now Obolo) would be home with the rest of the family.

We believe that this is just the beginning. God has called us to bring relief, hope and joy to the needy communities of the Central Region of Ghana. May you continue to be a blessing to these little ones, our surety to the continuation of the human race.

Dr. Alex Peasah-Koduah
(Medical Director, Hope Christian Hospital)



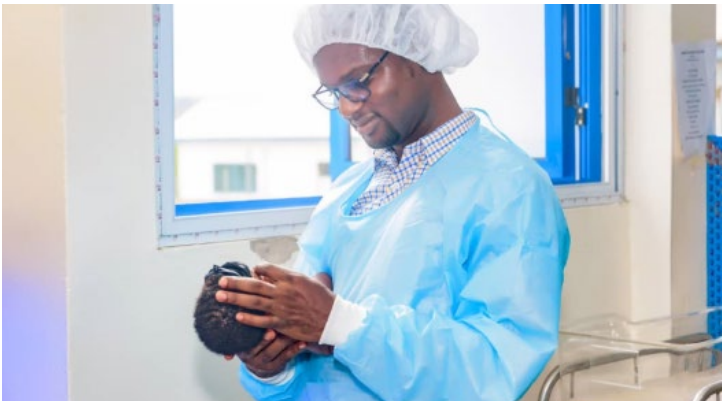
NICU Nurse Takes Care of “Akete” - a Severely Premature Baby



NICU Staff Check on Sick Baby



Doctor Attends to Jaundiced Infant at NICU



Doctor Checks on Baby on Admission



Executive Director of Village of Hope Visits a Child at the NICU



NICU Equipment

Thank You

We asked, you responded; and your response was marvelous! Thanks to your generosity 40 new beds have been secured for Hope Christian Hospital and now the Carolyn Barnett, Joy Barnett and Marita Barnett Houses are all being used to serve patients. The neonatal intensive care unit (NICU) is also now functional and saving lives of preterm babies. [H](#)



Eye Clinic



Pharmacy



Dental Clinic



Medical Laboratory



Nurses Station

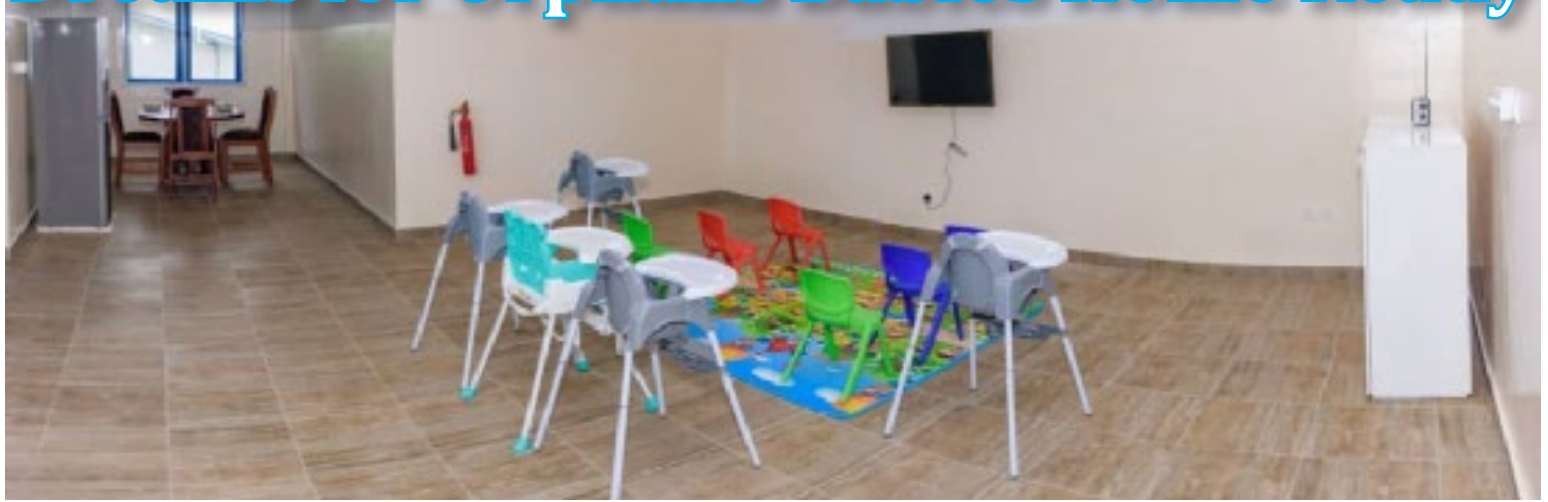


Records Room



New Hospital Beds Placed in Various Wards of Hope Christian Hospital

Dreams for Orphans Babies Home Ready



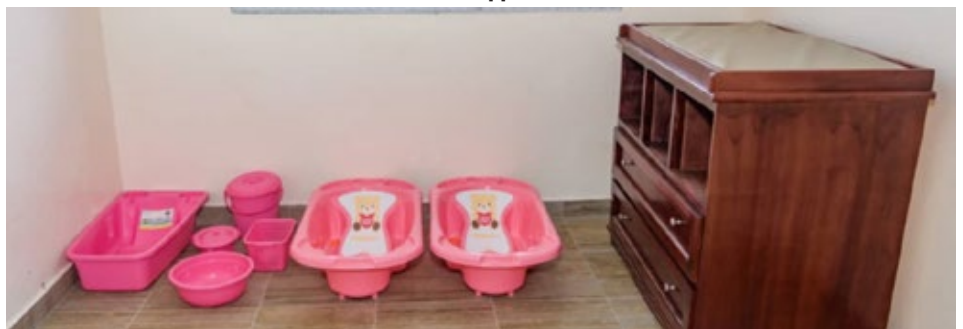
Dreams for Orphans (DFO) has always hoped to have a residential facility in Ghana dedicated to the care of abandoned, orphaned and desperately needy babies. They partnered with Village of Hope to build the DFO Building, part of which is serving as the Neonatal Intensive Care Unit and Pediatric Department of Hope Christian Hospital. The part intended for the abandoned and orphaned babies has now been equipped and is ready to serve these precious, young lives. Village of Hope is working with the Department of Social Welfare in Ghana to begin operating the facility soon. Finally, the dream is coming true. [0](#)



Dining Room



Kitchen Appliances



Babies' Cleaning/Changing Room



Kitchen



Bedroom for Caregiver



Cots for Infants



Cots for Babies



Baby Walkers

Aerial View of Hope Christian Hospital



Uses of Buildings

1

DANIEL BUILDING

- Administration Block (Offices)

2

ANDREA BROWNING BUILDING

- Emergency Ward
- Male Wards
- Medical Records Office
- Dispensary
- Consulting Rooms
- Mental Health Clinic
- Operating Room
- Wound Dressing/Injection Room
- Staff Common Room

3

DFO PEDIATRIC BUILDING

- Neonatal Intensive Care Unit
- Toddlers' Care Unit
- Mothers' Hostel
- Operating Room
- Laundry
- Kitchen
- DFO Babies Home

4

HOSPITAL BACKUP GENERATOR

5

CAROLYN BARNETT HOUSE

- Eye Clinic
- Chaplaincy
- Ultrasound Scan Room
- Medical Laboratory
- X-Ray Room
- Dental Clinic
- Blood Bank
- Maintenance Office

6

JOY BARNETT HOUSE

- Female Wards
- Pediatric Wards
- Staff Common Room
- Stores
- Pharmacy

7

MARITA BARNETT HOUSE

- Maternity Wards
- Delivery Room
- Antenatal Clinic
- Reproductive & Child Health Clinic

8

BALLARD HOUSE

- Duplex for Doctors' Residence



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Lead Door for Hospital's X-ray Room

For years, Hope Christian Hospital has been referring all cases requiring x-rays to the nearest hospital, 45 minutes away. Patients have to travel on bad roads, often making the journey an extremely painful experience. Thanks to the generosity of Methodist LeBonheur Healthcare in Memphis, Tennessee an x-ray machine has been donated to the hospital. The laws of Ghana require that approval be granted by the Environmental Protection Agency (EPA) before x-ray equipment can be used. The EPA, having inspected our facilities, requires that a customized lead-lined door be fixed to the x-ray room before approval is granted. Given the dimensions of the doorway to our x-ray room, this specialized door costs the equivalent of \$4,000. We would appreciate your generous contribution towards the acquisition of this door so that the x-ray equipment will not sit idle and patients will no longer have to travel long distances for their x-rays.

**Please earmark your check for X-RAY and mail to:
Village of Hope, P. O. Box 670394, Dallas, TX 75367.**

You may also make your gift online at thevohgroup.org/donate