

A Difficult Beginning Yields Joyous Results

Helena's pretty young face lights up in front of cameras. "She loves having her picture taken," her mother Anna says, smiling lovingly at the 6-year-old girl. "Helena is a wonderful dancer . . . she studies at a special school for artistically inclined children where they teach singing, drawing, and dancing. She has also been studying English for two years and is learning the language quite well," Anna



PHOTO: KATHRYN UJAN

Anna smiles down at her 6-year-old daughter, Helena, who was one of the first tiny newborns treated according to Western protocols introduced at the L'viv Regional Neonatal Center through the efforts of AIHA's L'viv/Detroit partnership.

continues proudly. "She is like a gift to her father and me." A gift made even more precious by the fact that the child came a hair's breadth from death soon after she was born.

"I remember everything leading up to Helena's birth," Anna says quietly. "It started on October 6—that's my own birthday—at six in the morning. I was taken to a maternity house in L'viv immediately but, because I was only 27 weeks into the pregnancy, the doctors there tried to delay the birth with a variety of medications. They wanted to give the baby more time to develop." After two days, however, the physicians could do no more to impede the birth.

"When she was born, Helena weighed only 900 grams and was just 33 centimeters long," Anna explains, noting that the local maternity house was not equipped to handle infants with very low weights and the severe complications that so often accompany premature births. The decision was made to transport the tiny newborn to the L'viv Regional Neonatal Center—at that time called the Unit for Sick Infants and Premature Babies at the L'viv Oblast Clinical Hospital—which was the only facility in the area with the capability of treating such a critical case.

Helena was very weak and quickly developed a host of physical problems ranging from respiratory distress and apnea to infections and difficulties stemming from her inability to nurse. "It is a terrible thing to witness your own child struggling for her life . . . but the staff here explained everything to us in great detail. They never gave us false hopes and always told us the truth about what Helena's chances were," Anna says.

Over the course of the six weeks Helena stayed at the Center, the physicians and nurses painstakingly taught the tiny baby how to nurse—first from a tube, then a bottle, and later her mother's breast. Slowly, she began to gain weight until, finally, her mother and father were able to take her home. "Helena weighed two-and-a-half kilos when she was discharged and looking at her now, no one would ever believe she weighed so little at birth," Anna beams, noting that the caring attitude of the Center's staff did not end there. "The doctors gave us very detailed instructions on how to look after Helena once we brought her home and, as you can see, there are no problems with her growth and development—she caught up within two years."

Just like many girls her age, Helena says she loves playing with dolls and gives each one of them a special name. . . . One is called Anna in honor of her mother; another is named Jasmine after the character in the cartoon *Aladdin*, she explains shyly. Anna laughs and ruffles the little girl's hair. "She is a beautiful child and I owe her life to the doctors here. I would

Improving the survival rate of newborns is the underlying goal of AIHA's neonatal resuscitation program and the driving force behind the dedicated medical professionals who act as trainers at the 12 Neonatal Resuscitation Training Centers (NRTCs) established in the NIS through the efforts of AIHA partnerships. Since the program's inception, some 15,000 healthcare professionals received practitioner training at these Centers and more than 155 instructors were trained between 1997 and 2001. In L'viv, Ukraine, and surrounding areas, the survival rate of Very Low Birth Weight (VLBW) infants increased by more than 12 percent during the first year of operation of the NRTC. This is the story of one of these babies—now a bright and healthy 6-year-old; the story of the physician who helped save her life is on the other side.*

love to have another baby and dearly hope that the pregnancy and birth would run a normal course . . . but if something were to go wrong, I am certain that the staff here would do everything in their power to ensure that baby received the best possible treatment."

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Training Leads to Dramatic Improvements at L'viv Neonatal Center

“In the early 1990s, the medical care of newborns still followed the standards set up under the former Soviet Union,” explains Dr. Zoriana Salabay, a neonatologist since 1990 at the L'viv Regional Neonatal Center—formerly the Unit for Sick Infants and Premature Babies at the L'viv Oblast Clinical Hospital. “That meant that all births took place at maternity houses. Infants who were premature or had severe

But pouring over medical journals and reports was just the tip of the iceberg, according to Salabay. “For me, the real eye-opening experiences came when I was introduced to so many new protocols for neonatal intensive care ranging from respiratory and infusion therapies to a variety of monitoring techniques such as the use of blood gasses. When I witnessed first-hand how effective they were, I knew that my

colleagues and I were obliged to bring these methods back home with us.”

Later that same year, with the assistance of her partners from Detroit, Salabay helped implement the new protocols in L'viv and the staff there soon began training physicians, nurses, midwives, obstetricians, gynecologists, and anesthesiologists from prenatal centers throughout the region. In 1997, the facility formally became the first AIHA-sponsored Neonatal Resuscitation Training Center in Ukraine.

“These new techniques and standard clinical practice guidelines proved very effective for us—especially for treating very low birth weight babies such as Helena. She was one of the

very first newborns we treated according to the protocols we learned in the United States and we were determined to save her,” Salabay says. “Thanks to the brilliant teachers in Detroit, we were able to do just that—now she is a lovely and charming 6-year-old girl.”

In 2000 alone, Salabay explains, more than 250 premature infants were successfully resuscitated at maternity houses throughout the region and transported to the L'viv Neonatal Resuscitation Center. And while admission rates at the Center have steadily increased, infant mortality rates have been significantly reduced since the new protocols have been implemented. Still, she admits, one of the biggest obstacles the partners faced was getting some people to acknowl-

AIHA partnership Neonatal Resuscitation Training Centers (NRTCs) provide cost-effective clinical training using evidence-based protocols and reproducible curricula that are easily adapted to local needs. At these Centers, healthcare professionals learn how to assist infants who experience difficulty breathing on their own or develop complications soon after birth. Medical teams are taught procedures such as thermal management, infant positioning, suctioning, and stimulation, as well as more specialized skills such as ventilation, intubation, and the use of medications and volume. This is the story of how the advanced training available through AIHA's neonatal resuscitation program affected one neonatologist at the L'viv Regional Neonatal Center; the story of one of the first infants she saved using that training appears on the other side.

edge the need for change. “I imagine it is always like that,” she continues, noting that until people begin to understand that improvements can be made through a few relatively painless changes, they resist the unknown.

“The training I received through our AIHA partnership has dramatically altered both my understanding of neonatal care and my ability to practice medicine,” Salabay concludes, noting that being able to save the lives of sick or premature infants who would most likely have died had they been born less than a decade ago is the greatest gift that she can give to her community. “I've never been afraid to put the knowledge I gained in Detroit to good use here in L'viv. As my experience with these techniques grows, I become more and more convinced that this is the right way to help our babies survive.”



Dr. Zoriana Salabay tends to one of the newborns at the L'viv Neonatal Resuscitation Center.

health conditions stayed at these centers for 10 days. . . if they were still in distress after that, they were then brought to our facility for further treatment. Of course, many of the babies died before they made it to us.”

As a participant in AIHA's L'viv/Detroit partnership, Salabay spent six weeks training at the neonatal unit of Detroit's Henry Ford Hospital in 1994 and was immediately struck by the differences between methods of treatment in the United States and Ukraine. “First of all, I was thrilled by the wealth of medical information that was available at the hospital's library and began reading everything I could get my hands on—something that was not possible in Ukraine at that time,” she says.

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