

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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