



Mt Hagen Hospital by Denise Smith (Cowra, NSW)

Mt Hagen is the major town of the Western Highlands Province. "The Mt Hagen General Hospital is a public base referral hospital for the Highlands provinces of Southern Highlands, Chimbu, Enga, Eastern Highlands and Western Highlands Provinces. The Hospital is mandated to serve as a provincial hospital to the Western Highlands province with a total population of about 1/2 million people, and serve as the base referral hospital to the other 4 Highland provinces". Mt Hagen General Hospital Annual Report 2004.

In 2004, there were 309 beds. The Hospital is continuing to be upgraded and new OT and surgical ward is being built, so perhaps these figures aren't the most up to date.

For the O&G and Maternity side of things: - the unit consists of the main ward with 52 beds, [of which 26 are for gynae and 26 obstetric], an 8 bed Labour ward and SCN that can have as many as 15 or more babies [either born in the hospital or born in the local villages], and a 6 bed ward area for mothers with their babies in SCN.

I come from a very small rural Maternity Unit in Cowra where our birth rate struggles to get over the magic 200 births / year. I remember nearly falling off my chair while at the Mount Hagen Hospital Labour Ward scrutinizing their Birth Register on my first visit in August/September 2005. August recorded 308 births that month, not year!!!!

What a fascinating read the Birth Register was! When I look at our statistics for pain relief, induction of labour and compare it to Mt Hagen's..... one nurse made the comment that "women just get on with it, it's life", referring to very little [if any] pain relief given. I did see a doctor performing a manual removal of a placenta and he had given the woman 50 mgs of pethidine!!!! That was the only time I ever saw an opioid given. Problems that have been identified for labouring women include prolonged labour [hours to days] before being brought to hospital [? Cost, transport problems, unskilled attendants at delivery in outlying villages], fear/reluctance of women to come to Hospital to give birth [separation from support system - mother/sisters/grandmothers forbidden to be in labour ward, just the often very frightened woman. Coming from a very low risk/ very pro active birth hospital, I was very dismayed at the number of episiotomies routinely performed, and the idea of women giving birth off the bed was a very foreign concept. Instead, women were expected to lie on their backs, legs in stirrups for a very long time and push, push, push! It reminds me of a "Maggie Myles time warp zone!!!! Active birth -what is that? Kate and I were very subtle when we gave our talk on "Birthing in Australia" to the Nurses and Midwives, but I think it was such a new idea for some of them.

However, one senior midwife was familiar with Active Birth principles, and was overjoyed that we were going to speak about it.

The Hospital has only O&G Registrars [? x2] and have had ongoing problems trying to obtain the services of an Obstetrician. Thankfully, Obstetricians from Australia and elsewhere go up regularly to help out and teach/ train the Medical Staff. From a Nursing perspective, there are only a few trained Midwives working in Labour Ward [the cost and difficulty of training for the nurses to go to Pt Moresby or Madang is prohibitive on their meagre wages, compared to Australian wages. Staffing is limited to RN's and EN's. 2 per shift in Labour Ward. It can get quite hectic!!!! The skills of these nurses are amazing. Coping with breech deliveries, ventouse, repairs to episiotomies/tears etc. I remember remarking to one RN, saying that we aren't credentialed

[allowed] to do these at our Hospital. She paused and looked at me with great surprise and asked, "what do I do as a Midwife?"

I was left speechless, and wondering the same thing! I would love for our Nurses' Union to hear of the workload that these nurses have to cope with 1:30 patients. Because there is no [or extremely little use of opioid analgesia in labour], the babies are usually more than ready to breastfeed (never mind the sometimes bad experience that mum went through), so breastfeeding problems are rare, and in fact breastfeeding is just accepted as the norm [no choice like our mothers have: bottle or breast]. In fact, Mt Hagen has actually banned bottle feeding. What a great move for a developing country - perhaps we could learn some things from them.

The original design of the Unit is the best I have seen, despite the lack of privacy in Labour Ward-8 beds, separated by partitions and shower curtains in front. Off to the far end of LW was set up for OT procedures - tiles on walls, gas outlets, operating theatre lights capable for performing Caesarean sections.

At the side of the operating theatre was a small CSSD area, and at the other end off LW, was the entrance to SCN. Off to the front of labour ward was the entrance to the O&G unit - so all is on one floor and within easy reach. It is interesting that the Japanese Government contributed to the funding of the Hospital.

I suppose the challenges that Mt Hagen Hospital face are reflective of those elsewhere in PNG - lack of resources, lack of much needed money to purchase equipment, pay for training [midwives, nurses, medical personnel etc] and the overwhelming health problems that the people of PNG face - AIDS/HIV the biggest problem. I have nothing but the highest respect for the CEO and Nursing Administration of Mt Hagen Hospital as they cope with these many challenges and problems, all with a sense of grace and dignity in spite of every thing! They are so keen for their staff to learn from us -- what a privilege to be able to contribute in a small way. I certainly have learnt many things from my brief time in PNG, the most important of which is the beauty of the human soul-so rich with so little. I'm the richer for the experience!