

Premature Births: Why are some babies born too soon?



Many mothers of premature babies feel terrible guilt, they wonder what they did wrong for things to happen that way, a lot of times however, little could have been done to prevent it

According to the World Health Organisation (WHO), an estimated 15million babies are born too soon every year. With 773, 600 babies born prematurely every year, Nigeria has the 3rd highest burden of premature babies in the world after India and China. Medical experts argue that globally, no less than one million babies born preterm die each year.

A preterm baby is one born alive before the 37 weeks of pregnancy are completed. The normal gestation period for humans is between 38-42 weeks which means preterm babies are born before their developing organs are mature enough to allow normal postnatal survival.

What Causes Premature births?

Preterm birth occurs for various reasons although some occur spontaneously.

Weakness of the neck of the womb (Cervical incompetence): A medical condition in which a pregnant woman's cervix begins to dilate (widen) or efface (thin) before her pregnancy has reached full term.

Cervical cerclage also known as cervical stitch is a surgery done to keep the cervix closed as a way of preventing preterm delivery

Multiple pregnancies (statistically, 54% of twins were delivered preterm as opposed to 9.6% of singleton births, triplets, and other multiple births are even more endangered)

Infections and chronic conditions such as gestational diabetes and high blood pressure (preeclampsia)

Editor's Note – COVID 19 UPDATE, NISA ONLINE CONSULTATION, AND CORPORATE SOCIAL RESPONSIBILITY

The past couple of months have been a very disorienting one for most of us. This pandemic is unlike anything we have experienced before; the stress of striking a balance between staying safe to ensure we do not contract the disease and working under new conditions. Phew! That's a lot but we all seem to be gradually getting a hang of it although so many people seem to be getting bored with this new normal and are starting to relax, we encourage you not to as the virus is very much still deadly and seem not to be bored with us yet.

At Nisa, we have put quality measures in place to ensure the safety of our staff, patients and clients. A mandatory risk profiling is done for everyone coming into our premises, compulsory use of face masks, regular wiping of all surfaces and also enforcing social distancing. All these are being done to ensure your safety while at Nisa.

As one of the measures of social distancing, I want to introduce you to a new service called 'TeleNisa'- it is an online platform through which you can book an appointment to consult via audio or video with any of our doctors from the comfort of your home or office. To book an appointment, kindly visit www.nisa.com.ng, it is very user-friendly.

Also as part of our Corporate Social Responsibility (CSR), the hospital donated some Ventilators and Personal Protective Equipment (PPE), cartons of facemasks, gloves and sanitizers to the Federal Ministry of Health through the minister of state FCT to help in the fight against Covid-19.

I hope you enjoy this newsletter and the others after it. Till I come your way next time.

P.S: Please follow us on all our social media handles (Instagram, Facebook, LinkedIn, Twitter) -@nisapremierhosp

FIBROIDS!

What the heck?

Most women at the mention of the word 'tumour' immediately have tremors running down their spines - the good news is that not all tumours are malignant; fibroid is one of them.

Fibroid is a benign growth in a woman's uterus; it may be asymptomatic although some people experience pain in the abdomen, lower back or pelvis. Others have heavy and painful menstrual bleeding and prolonged or irregular periods. A fibroid could be as big as a baby or as small as a guinea-corn; they affect about 77% of women of reproductive age and are statistically more common in black women than in caucasians.

There are various types of fibroids and they are classified based on their location in relation to the walls of the uterus.

For instance, when it grows and remains confined within the uterine wall, it is called intramural. Those that grow just beneath the thin layer of the uterus are called submucosal fibroids.

Subserosal fibroids grow outside the walls of the uterus and pedunculated fibroids are subserosal tumours attached to the uterine wall by a stalk-like growth outside the uterus.

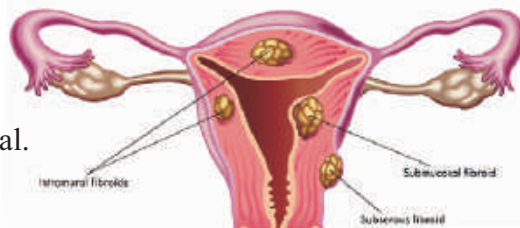
Fibroids have occasionally been linked to infertility; they also have been associated with miscarriages in pregnancy, abnormal positioning of the foetus, preterm delivery and sometimes even necessitating caesarian delivery. The cause of fibroids is unknown but it is related to a high level of hormones (Estrogen and Progesterone) and therefore can be treated by the administration of some anti-hormone drugs but they are an ineffective treatment modality as fibroids can regrow when there is a discontinuation in drug use.

At Nisa Premier Hospital, Keyhole Myomectomy and Hysterectomy are surgical treatment options available for our patients. These surgeries are performed with minimal invasions – a tiny cut (0.5-1.5cm) that leaves very little scars and reduced post-operative pain.

A newly introduced non-surgical minimally invasive procedure called Uterine Fibroid Embolisation is another option although the choice of treatment is usually determined by age, location, size of the fibroid, and the choice to retain fecundity.

KEYHOLE MYOMECTOMY

This is the surgical removal of fibroids without taking out the healthy tissue of the uterus. It is a treatment choice for women who still have childbearing potentials and want to retain their fertility. Research shows that the chance of restoration of fertility increases after this surgery.



The surgery is usually done to alleviate the symptoms and other effects associated with having fibroids. Most of the time, the symptoms caused by fibroid are well contained with myomectomy.

This may include a normal menstrual cycle and the ability to become pregnant.

Statistics reveal that some women who have had a myomectomy may have a reoccurrence and require a second surgery after a few years because the uterus was not removed.

KEYHOLE HYSTERECTOMY

Hysterectomy is the surgical removal of the uterus; it could be total or partial. This procedure totally rules out the reoccurrence of fibroids and cervical cancer. For women who are done with childbearing, hysterectomy is a permanent solution for fibroids causing pain and severe bleeding.

Hysterectomies can be carried out in various ways: Abdominal Hysterectomy, Total Laparoscopic Hysterectomy, Vaginal Hysterectomy, Laparoscopic Supracervical Hysterectomy and Laparoscopic-Assisted Vaginal Hysterectomy (LAVH).

When your procedure is done at Nisa Premier Hospital, the decision to choose the procedure that best suits you is made easier by our team of compassionate gynaecologists, they will walk you through your symptoms, medical history and the choice to have

children in the future or not. The type of hysterectomy to be performed is dependent on the reason for the surgery as well as the condition of the patient.

UTERINE FIBROID EMBOLIZATION (UFE)

This is a kind of minimally invasive procedure for the treatment of fibroids. It requires only a tiny nick in the skin, performed while the patient is conscious but sedated (drowsy and feeling no pain). UFE is performed by an Interventional Radiologist, a physician who is specially trained to perform this and other minimally invasive procedures. A small nick is made in the skin, groin or wrist and a catheter is inserted into an artery. The catheter is then guided through the artery to the uterus, the progress of the procedure is monitored using a moving X-ray.

An embolic material is injected into the artery that supplies blood to the fibroid tumor; this cuts off the blood flow/oxygen supply to the tumors and thus causes them to shrink. The artery on the other side of the uterus is then treated.

UFE usually requires a hospital stay of one night, painkilling medications and drugs that control swelling are prescribed. Many women resume light activities a few days after the procedure and return to their normal activities within 7-10 days.

Our treatments are research-based and individualised for every woman.

Premature Births:

Why are some babies born too soon?

...Continued from front page

Social vices such as smoking, alcohol consumption, and drug abuse

Genetic Influence

Previous preterm babies

Intimate partner violence (a 2004 systematic review shows that preterm birth and other adverse outcomes including death are higher among abused pregnant women than non-abused women)

Just because a baby is born too soon does not mean they have been born to die, adequate and proper healthcare is available for preterm babies.

The Neonatal Intensive Care Unit (NICU) at Nisa Premier Hospital provides the highest level of care for our preterm babies and fully equipped with modern equipment (Incubator, ventilator, C-pap), in-house, round-the-clock neonatologists and neonatal nurses to ensure your baby gets all the care it needs to make a full recovery.



The chairman of the Nisa Board of Directors, Dr. Shamsuddeen Usman accompanied by Dr. Peter Nmadu, Dr. Ibrahim Wada, Mrs. Rabi Wada, and Dr. Monday Solomon donated ventilators, PPEs, protective goggles, cartons of facemasks, hand gloves and sanitizers to the FCT Minister of State, Dr. Ramatu Tijjani Aliyu.

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