

## SPECIAL INTEREST - PRINCIPAL INVESTIGATOR FOCUS

### Physician-Scientist Travels Around the World to Improve Obstetric Care

Developed countries have access to state-of-the-art equipment, techniques and medicine to assist pregnant women with their obstetric needs. However, the same cannot be said across the globe. As a result, obstetric care is often disparate and childbirth mortality rates are particularly high in developing nations.

Many volunteer organizations have developed outreach programs aimed to better these conditions by providing education and support to targeted nations. One such group is Kybele - a global, humanitarian organization dedicated to improving childbirth conditions worldwide through medical education partnerships.<sup>1</sup> Kybele assembles volunteer medical teams and disperses them in developing countries to share their expertise and knowledge with local obstetric and neonatal practitioners. Knowledge is shared through lectures and bedside training. Anesthesiologists, obstetricians, midwives and nurses volunteer their time and front expenses to join the effort.

Seattle Children's Physician-Scientist **Marge Sedensky**, principal investigator in the Center for Developmental Therapeutics, is an avid volunteer with Kybele and recently returned from a trip to Mongolia in June. Accompanying Dr. Sedensky on the trip was Physician-Scientist **Phil Morgan** in the Center for Developmental Therapeutics and Dr. **Jo Davies**, an associate professor at the University of Washington. Dr. Sedensky started her work with Kybele in 2004 traveling to Turkey and has volunteered ever since.

On a trip with Kybele to Croatia in 2005, Dr. Sedensky worked alongside Dr. **Dragica Kopic**. Dr. Sedensky recalls, "All caesarian sections in Croatia were performed under general anesthesia, when most people thought it safer to do spinal anesthesia which allowed the mother to be awake and hold the baby. It was a whole new idea to Croatian doctors on how a woman should be treated during labor." The conditions were suboptimal; women delivered in small stall-like rooms. The facilities lacked the resources for women to receive much privacy while giving birth. After a caesarian section, these new mothers were monitored infrequently. Seldom did a patient receive analgesia for labor pain itself. Conditions in Croatia have improved tremendously today due to Dr. Kopic's continued work



**Drs. Phil Morgan & Marge Sedensky,**  
Center for Developmental Therapeutics

in that region. "Now Dragica has even established childbirth classes where the men come and participate," Dr. Sedensky happily reported. "Croatian healthcare professionals now do more and more epidural anesthesia and administer pain relief. However, funding for these drugs is still an issue. With continued peace, conditions will improve."

On a previous trip to Ghana, Dr. Sedensky witnessed extremely difficult childbirth conditions. "The women in Ghana either have to bring their own cloth to the labor ward to lie on or they just lie on the bare floor," she said. "They lack even the simplest of resources to make the labor safe."

Among many areas that need improvement in Ghana, lack of proper training is a critical one. If a baby is born with a health issue, few resources may be devoted to it. The local midwives have no hands-on experience in taking care of the baby. Dr. Sedensky was part of a team of neonatologists who provided training on baby care – how to warm, mask and clean the newborn. "A lot of the efforts at first were to show the providers how to take care of a newborn. Half of the babies born in Ghana don't make it to six months of age. Unless the baby is born in perfect health, it probably won't make it. It is often unfortunately survival of the fittest."

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Additionally, a lack of basic infrastructure in Ghana limits its hospitals to provide better care. "If a mother needs an emergency caesarian section, the baby can die if there is no operating room available to do such a surgery. Ironically, there was a dedicated caesarian section room at this one hospital that they went to great lengths to build, but because of a lack of appropriate infrastructure, it was rendered unusable and sits empty." A lot more work is yet to be completed in Ghana and Kybele is devoting resources to that region annually to sustain the improvements.

Despite the lack of resources and infrastructure, Dr. Sedensky credits the local anesthesiologists, obstetricians, midwives and nurses for their creativity and the remarkable job they do with so little. "In Mongolia, they paint patients with antiseptic solution just like we do but then they will open their glove and put the tools inside the glove wrapper to keep them sterile

while they put the equipment down. In Brazil, they are really efficient and frugal as well. There, they recycle everything plastic including IV bags."

In October, Kybele will have its annual board meeting to decide on regions to target in the coming year. In order for a developing country to be chosen, it must have the resources to sustain the program and practices taught. Kybele may for example pick one hospital in the capital city and focus to develop it as "A Center of Excellence." These centers act as models to other hospitals in the region, helping implement similar practices elsewhere.

Dr. Sedensky encourages interested faculty and staff to learn more about the organization and to get involved, "funding is our biggest challenge; especially in this economy." For more information, please visit [Kybele's Web site](#). [Irn](#)

<sup>1</sup><http://www.kybeleworldwide.org>

### View from the Main Pediatric Hospital in Ulaan Baatar, Mongolia.



### Dish/Drink Ware and Utensils at Building 1

With the expansion to floors five and six in Building 1, Operations is in the process of replenishing inventories of plates, bowls, silverware, mugs and glasses to the floors. On some floors staff may see mugs and glasses with both the new Seattle Children's and older Seattle Children's Hospital Research Institute logos. Please note in an effort to be budget conscious, Operations is not replacing the glasses/mugs with the older logo, both will remain in circulation until further notice. Additionally, Operations received feedback that plates, bowls, silverware, mugs and glasses are disappearing from various staff lounges. If you use these supplies, please return them when no longer in use to the appropriate area within the staff lounge where they were obtained originally. This allows others to share in that community supply. Lastly, it is important to note that currently there are no resources in Fiscal Year 2010 to purchase additional plates, bowls, silverware, mugs or glasses, so your assistance with keeping these supplies in good shape is appreciated.

Questions/concerns? Please contact Research Operations Manager [Jena Lagasse](#).