

It was all in a Day's Work, or was it?

Monday, at the Kintambo Health Center, I made routine rounds to greet staff and take mental note of happenings. A pregnant woman lay alone in the labor room. Greeting her, I wondered who followed her progress. Mrs. Annie, the cleaning lady, busied herself in the delivery room following the delivery done in the night. Three mothers with newborns sat on beds in the post-partum room, chatting and drinking tea. The crowd collecting for clinic grew lively. Banana and bread vendors hawked their wares. A pair of ducks waddled under foot, vying for discarded morsels.



Concerned for the adequate monitoring of the lady in labor, I found the day nurse, Mr. Luzolo, in the chart room. We located the woman's chart amidst the clutter: Magdali, 16 years old, first pregnancy, presenting at 10 pm the previous evening in labor. Mr. Luzolo evaluated her and though active labor continued, she'd made little progress. Magdali moaned uncomfortably and asked for a drink. Was a family member nearby to help her? We looked in vain for the sister who'd come with her the night before so a student nurse brought her a coke – a beverage of choice in Kinshasa for a lady in labor.

Through the next hours, Magdali's contractions increased, and it came time to evaluate her progress again. Doctor Kumpenze came this time and a nurse and student doctor assisted Magdali to the delivery table. She'd made little, if any, progress. Using a fetoscope – a dependable and affordable technology in Congo – Dr. Kumpenza worried her baby's heart beat more slowly than it should. The team needed to operate.

We mobilized again to call relatives. Did a family member, or someone living nearby, have a cell phone? Magdali didn't think so. Where was the father of the baby? He crossed the river to Brazzaville several weeks ago. Who knew she was here? We could locate no one.

Momentum gathered around this very young mother. She needed to change the filthy caftan in which she'd labored through the night. Did she have a clean cloth? She'd brought nothing. Mrs. Annie delved into her pile of laundered things to find a gown. What about money to pay for anesthetic and medication for surgery? Magdali had none. Mr. Gules, the nurse anesthetist, rooted through the closet in the OR to find the necessary. Another nurse prepared the OR as Magdali's cries grew more distraught. The staff held counsel: should they take her to surgery without family consent? What if the outcome was poor? Yet the passing of time militated against life - both of mother and baby. A student nurse hunted a donated 'safe-birthing' kit. It contained the essentials for a newborn, including a tiny gown.

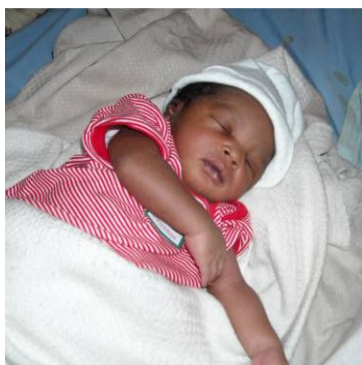
The surgery team dressed, prepped and moved the frightened Magdali onto the operating table. One last check yielded no family members. With Dr. Kumpenze gowned, gloved, and ready to begin, Mr. Gules took Magdali's head between his hands to pray for God's presence - to fill that OR, to grant wisdom, skill, safety, protection from infection, and life to mother and child. Magdali said her amen

in a loud voice. In the back of every one's mind loomed concern about our unborn patient's condition.

Anesthesia quickly did its work, and Dr. Kumpenze wasted no time. In a few short minutes, he hefted a strapping baby boy to the nurse, and the perfectly formed little one hollered lustily. He continued to cry as we suctioned, wiped, and weighed him. Since there was no family, Mrs. Annie waltzed into the OR and gathered the infant in her arms. Furrows turned to smiles, even as sweat dripped from brows, and Dr. Kumpenze finished his work. The team bandaged and cleaned the young mother. They moved her to post-partum, and the mothers there gracefully loaned sheets and a cloth to cover her as she had no one with her but her newborn son.

The team sighed as they returned to pick up in the OR. It was a very small probability that Magdali's family could/would pay the bill. The average salary for a nurse in Congo is around \$150/month and when a patient is unable to pay, it means no additional financial benefit at the end of the month. At a private hospital, Magdali would have been turned away. But, momentarily forgetting mediocre salaries, even choosing to contribute medicines, the staff's skills equaled the task and they'd not labored in vain. God answered prayer. Mother and baby lived. It was all in a day's work. Or was it?

In reality, this timely intervention, and the skills practiced by the Kintambo Health Center staff represent decades of investment by International Ministries' missionaries, Congolese partners, and those who have supported them in the mission to train, mentor, model, and raise a competent labor force to meet the health needs of Congo's people. Most of the Kintambo staff are graduates of the Baptist run medical programs in Vanga and Kimpese. Kintambo is one of eleven Baptist Hospitals in Congo, serving a population in an area larger than New York State, whose staff care for sick people, some of whom have walked two days to reach that source of medical care. Have you been part of that investment? Today, because of past investments by Christians like you, a very young mother and her baby live.



In the early 1960's, there were almost no Congolese health care workers. Now all eleven Baptist hospitals are staffed by Congolese. The vision, financial gifts, prayers, and selfless labor of missionaries, Congolese medical workers, and people like you have blended into an investment that saves lives daily. But the harvest is still plentiful, and the workers are so few. Hospitals function on tight budgets serving populations where few can pay the actual cost of care. The Baptist Community of Congo's #1 priority request is for a missionary doctor or surgeon to carry on training Congolese physicians and nurses because in many villages and cities in Congo, women like Magdali still die needlessly. Do you know anyone who might answer the call?

Will you support the work in Congo through your prayers and gifts given to International Ministries? Will you ask the Lord of the harvest to send workers into his harvest field? The benefits to God's kingdom will extend far beyond a day's work.

Katherine Niles
April 2009