

Nurses battle fatigue in tide of Philippine typhoon births

November 21 2013, by Huw Griffith

Kyrie Boniface is only a few hours old and seven weeks early, born before dawn in an under-equipped and over-crowded hospital in the typhoon-ravaged Philippine city of Tacloban.

The nurses, who are working in 24-hour shifts, wrap him in plastic to keep him warm because they do not have an incubator.

His exhausted and emotional mother, 21-year-old Emily, lies on a bare mattress on the floor of the next room, watched over by her cousin.

"I am happy," she says, wiping away tears. "But it's difficult."

Nurse Jerbies Lames says Kyrie needs antibiotics to help him fight off a possible infection picked up during his complicated 4:00 am birth.

He can breathe for himself, but needs oxygen from a tall green cylinder that stands nearby, one of only a few dozen the neo-natal ward has access to.

"We borrow them from other wards, but they need them also," says Lames, who was rotated into the unit just days before Typhoon Haiyan struck, whipping up waves that swamped the city of 220,000 people.

The Eastern Visayas Regional Medical Center is the only [hospital](#) still taking patients in Tacloban.

Its buildings are intact, but the influx of people needing help is stretching its already-thin resources.

Breastfeeding mothers lie on mattresses squashed together on the floor, or sit fanning their [babies](#) with pieces of cardboard as they sleep fitfully in the heat.

Every bit of available space is pressed into use, with women and their children perched on bed frames that line the corridor.

Lames, whose calm professionalism belies his 24 years, is one of just four nurses looking after 36 newborns on the day AFP visits.

When their all-day shift is over, they will have 24 hours' rest before coming back on duty. It is a pattern they have repeated since the huge storm of November 8.

Three cots along from Kyrie, a young mother changes the nappy of a fragile-looking little girl.

The scrap of paper above her head gives her family name as Uotuhan. She too was born at just 32 weeks and faces a fight for survival.

Her anxious mother wraps a single blanket around her and strokes her tiny cheek.

Babies died from treatable conditions

Things have improved at the hospital since the early days after the typhoon.

In the immediate aftermath some babies died from conditions that are normally treatable, such as hypothermia and hypoglycaemia, Lames says,

often because nurses were unable to examine them properly at night because there was no power for lights.

Aid groups have delivered supplies, including generators, and a team of medics from Spain is working in the hospital.

"We are thankful because now we have some stocks of medicine.

"But we are the only hospital accepting patients, so it makes it difficult to anticipate how long it will last," Lames says.

Along the corridor, the children's general intensive care unit is crowded with babies and infants.

Two-month old Princess Balisal was admitted with vomiting. She is settled enough now for her mother to feed her a yellow solution from a small syringe.

Nearby, Cynthia Pontejos fans her two-year-old son, Kim, with a flattened cookie box. They were brought in by an ambulance overnight because he was having an asthma attack.

"The nebulisers that we depend on were washed away by the flood," she says.

Kim and his older brother were both born in a private hospital. Now the family lives in a garage, their home washed away by the surging seawater.

Cynthia, 28, is sanguine about her family's fate.

"We have no home, no clothes, no money, and I have no idea how to start again. But I still feel grateful," she says. "We are all still alive."

Back on the neo-natal ward, Lames confers with a Spanish volunteer nurse, helping to coordinate the teams.

"We are encouraging the patients to breastfeed," he tells her. "Some of the first-time mothers needed a bit of help with proper positioning and attachment."

When he has finished talking to her, he checks his little charges again, making sure Kyrie's oxygen level is set correctly.

As he squeezes past a huddle of mothers clutching their babies, he smiles kindly at one and touches her arm.

Then he's off to fill in the notes he must keep updated until he hands over to the next 24-hour shift at 7:00 am.

Lames is philosophical about his long hours, the shortages and the cramped ward.

"It's not ideal," he shrugs. "But it's the only way we can help."

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