

VOLUNTARY AFTER-DUTY FOLLOW-UP CARE OF MALNOURISHED CHILDREN IN THE PORT ELIZABETH AREA*

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SUMMARY

The voluntary activities of a group of nursing staff is reported showing how they have materially assisted with the improvement of nutrition in the paediatric age group.

It is suggested that similar groups could be formed in other areas.

Two Bantu Sisters from the Livingstone Hospital in Port Elizabeth, the late Sister Mpondo and Sister Maqina, attended a midwifery refresher course at Baragwanath Hospital in 1968. During this course they were present at an inspiring lecture given by Mr E. A. Galli on nutritional advice to parents. On their return one of the sisters approached me, as head of the Department of Paediatrics, for advice on forming a home-visiting advisory group. I had long held the view that advice to mothers should be given by a member of the same national group, since they would understand customs and beliefs. I was therefore very enthusiastic and gave encouragement to the formation of such a group.

The two sisters persuaded many members of the nursing staff to join the group. A paediatrician was invited to act as advisor to the group, and through his efforts Mr Galli visited Port Elizabeth where he delivered further lectures to nurses and gave advice.

Unfortunately one of the founder members developed an acute illness and died, but the other member continued the good work. Home visiting in off-duty hours commenced in earnest in January 1969. The group called themselves the Phila Nutritional Advisory Team, and have a Bantu section and a Coloured/Asiatic section which visit in the separate areas.

Mr Galli, at the invitation of the paediatrician, visited Port Elizabeth also to advise the Phila Team and through his efforts two full-time nutritional educators (Nutritional Advisory Services) have been appointed in this area to serve the Bantu townships. These educators are assisting the Phila Team in their work. It is hoped that a nutritional educator will soon be appointed to serve the Coloured community.

The aim of this group of voluntary workers and nutritional advisers is to visit mothers in their homes and teach them how to feed their babies in order to prevent malnutrition, kwashiorkor and rickets.

Members of the group follow up mainly paediatric cases referred to them after discharge from hospital or those attending the outpatient department, who obviously need special observation. They also give demonstrations on the making of feeds, bathing of babies, advice and guidance on general hygiene and immunization. They also visit general clinics and antenatal clinics for talks with the mothers on nutritional problems.

All this work is done by the members during off-duty time, and meetings have been arranged at the hospital or

at one of the clinics where problems encountered during the visits are discussed. After full discussion of cases the aid of other organizations is sought, e.g. Child Welfare, Cripple Care or Social Welfare.

The Nutritional Advisory Services have helped by allowing one of their advisers to come to the hospital daily to talk to mothers in the Maternity Unit before discharge from hospital, to visit the 'drip room' (this room is used for outpatient treatment of gastro-enteritis) and talk to mothers there about feeding, and to give a daily demonstration on food and feeding in the Paediatric Outpatient Department. These nutritional advisers have also joined the home-visiting scheme. The team has arranged lectures by various people to increase their own knowledge about the subjects upon which they give advice.

The members of the Paediatric Department of the hospital feel that this group has already improved nutrition in this area. The main difficulty appears to arise from parents giving fictitious addresses, and the patients who are brought into hospital from country districts. These are often the most severe cases of malnutrition and cannot be traced for advice.

Below is a report of the group for 1970, also the proforma of their aims.

PHILA VOLUNTARY NUTRITIONAL ADVISORY GROUP

The above organization has had 10 meetings for the year ending 1970. Members of the team at these meetings had from time to time shared ideas of fighting difficulties or problems which they experienced on their visits to homes and these problems were referred to appropriate agencies.

This has formed a close understanding between the groups. The group consists of 30 members—25 Bantu and 5 Coloureds. So far the group has attended to 130 cases, of which 10 died, 1 is under care of foster-parents, 1 was referred to Cripple Care and 1 to the Mental Health Organization.

The main problem encountered by the group was that on their visits some mothers had given wrong addresses and remain unattended and our experience was that these cases were usually most in need of help.

M. P. Maquina
Senior Sister

NUTRITIONAL ADVISORY SERVICES — VISITS TO HOMES

Aims and Objectives

1. To prevent nutritional diseases.
2. To promote physical and mental health.
3. To promote parental care.

Procedure at Home

1. Obtain information about home conditions.
2. Ascertain how and with what children are fed.
3. Select cases which need regular visits.
4. Educate mothers (if possible fathers too) about the importance of immunization and advise them where and when this service is necessary.

* Date received: 4 March 1971.

5. Educate expectant mothers of all that is required of them for the betterment of their health and that of the expected babies.
6. Advise mothers of newly-born babies.
7. Try and give assistance with all problems brought to you by any member of the public.
8. Try to detect social problems and give advice. If they demand expert knowledge, refer them to appropriate agencies.
9. Demonstrations to mothers when the occasion demands.

Remember this:

Go in search of your people,
Love them,
Learn from them,
Plan with them,
Serve them,
Begin with what they know,
Build on what they have.

These activities of the nursing staff are reported because one feels they may stimulate other centres to form similar groups. The medical staff at the hospital have been greatly assisted in their fight against malnutrition due to faulty ideas about feeding by this group, and they also supply details about home background which can only be guessed at in an outpatient clinic.

In areas with adequate Child Welfare services, some of this work is done by the Public Health sisters in co-operation with a paediatric unit, but in areas where these services are poor, a voluntary service of this kind is a wonderful adjunct to hospital paediatrics.

It is unfortunate that the group can only cover Port Elizabeth and its immediate environs, because many of the most severe cases come from the farming areas outside our jurisdiction.

I wish to thank the Medical Superintendent of the Livingstone Hospital for permission to publish this report; and the Matron for her constant encouragement of the activities of this group.