



testimony

little Wendy

Claire-Lise Judkins shares
her experiences of setting up
a midwifery unit in a mission
hospital in Madagascar

Little Wendy was brought to the Good News Hospital when she was three days old, weighing only 1kg. Her mum was known to us as she had delivered twins the year before in our hospital at 25 weeks gestation. Sadly, her twins had died shortly after birth and she had gone back to her village in Northern Madagascar. So here she was again, this time with another small baby in hand.

What had happened?

As we took care of little Wendy, her Mum started sharing her story. She got pregnant fairly soon after the first pregnancy but didn't get any antenatal care as her village is very remote. When she was on her own in the forest, gleaning for food, labour happened very quickly at around 29 weeks. The first baby came out and then she realised another one was inside! The second baby was then born.

Wendy's mum thought that her babies would once again die due to prematurity, so didn't make her way to us. The first twin did sadly die, but the second (little Wendy) was a fighter and kept going! So, after three days, her mum decided that she had better come and see us at the hospital. How did a little premature

baby survive for three days in the forest? I do not know other than by God's grace!

Wendy and her mum stayed at the Good News Hospital for six weeks before being discharged home when she reached 2kg. During that time, Wendy received basic, but essential neonatal care (oxygen, nasogastric tube feeding with breast milk, spoon feeding and of course, kangaroo care¹) and Wendy's mum got to rest and more importantly, hear the good news of Jesus and the hope he gives to all that come to him.

Wendy's story reflects the importance of having a maternity service in Mandritsara, Northern Madagascar. The Good News Hospital has been going since the mid-90s. It started as an outpatient clinic and gradually grew to a small hospital with a few beds. Then by integrating some surgery, grew into a large (actually the largest local) hospital serving an area equivalent to half the size of Wales!²

When I arrived in Mandritsara with my husband and two small children in May 2010, the maternity unit was not open. The building was there, the equipment was in storage, but the doors were locked as there were no midwives to run it. There was however, a huge

need for proper antenatal, labour, postnatal and neonatal care. Far too many women and babies were dying from complications of pregnancy and childbirth.

The first step was of course learning the language. Without language, communication is impossible, or very difficult using interpreters. Malagasy language (as well as Malagasy culture) arises from a mixture of influences from Indonesia, the Middle East and Africa. It is well known to have long words and lots of 'As' and 'Ns' (just take the example of its capital: *Antananarivo*, or the name for God: *Andriamanitra*).

We had an excellent language teacher called Bako, who helped us not only learn Malagasy, but also the local dialect, *Tsimihety*. Six months later, we were thrown into the deep end: my husband Peter working as a senior nurse on the medical and surgical ward, with myself starting at the antenatal clinic.

God's timing always being perfect, I was quickly joined by Laure-Anne, a French midwife who came for two years to help us with setting up a maternity ward and training staff. We had great fun establishing basic protocols (trying not to do it the NHS way, nor

the French way, but in an evidence-based way, and also in a taking-into-account-the-situation-in-a-low-resource-country way).

We opened the maternity ward in September 2011, having trained six healthcare assistants to work with us. They were all excellent; quick learners (as well as good language and culture teachers for us!); kind and compassionate; but above all, disciples of Jesus.

As the main aim of the hospital is to share the good news of Jesus Christ, it is essential for all staff to have a personal relationship with him and that they are able (and willing!) to share their faith with others. It hasn't always been easy (especially when the hospital was short-staffed, when the easy answer would have been to employ non-Christians), but in the long term, and in order to maintain the evangelistic aim of the hospital, it's been crucial. We are thankful for godly leaders who have managed to keep this vision going over the last 20+ years.

Running a maternity ward 24/7 with only two midwives was of course, challenging. The on calls were long and tiring, even if we both lived on site and could come home for some rest when things were quiet (or run back in case



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of an emergency: my personal best was a two-minute run for a shoulder dystocia!). Not only that, but the cases we came across were way beyond what we had ever encountered in Europe: ruptured uteruses, multiple births, breech babies, eclamptic fits etc. All those without the help of an obstetrician (though we had some amazing medical and surgical doctors)!

But God is good and never let us down. He always gave us the daily strength we needed, both physically and emotionally. He was faithful and kept us going and eventually he provided us with more midwives to join the team and share the load.

Recruiting midwives was indeed a challenge as the midwifery schools were all based in big cities, so most midwives (newly qualified or already established) weren't attracted by a rural hospital with limited water access and electricity and in the middle of nowhere (it takes about 24 hours by bush taxi to get from the capital to the hospital).

So, one solution was to train midwives ourselves. The nursing school was already established by then, so we then opened a midwifery branch. The first intake comprised

of four students (our very own HCAs). When I and my family left Mandritsara in August 2016, the maternity team comprised seven midwives and six HCAs. Praise God for his faithfulness in providing staff!

Between 40 and 50 women give birth at the Good News Hospital each month. Hundreds of women come for antenatal care, babies get vaccinated, compassion and love is shown, and above all, the good news of Jesus is shared on a daily basis through personal contact between carers, patients and their families, as well as through daily services on the wards.

Stories like those of little Wendy were typical of our experience in Mandritsara and serving God in this kind of context was pretty hard as we encountered real hardships and poverty, but what an amazing privilege we had to share real hope with those suffering. 🌻

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1. Kangaroo Care. [Wikipedia. bit.ly/2LtpNjo](https://en.wikipedia.org/wiki/Kangaroo_Care)
2. Friends of Mandritsara. mandritsara.org.uk