

NEONATAL PALLIATIVE CARE IN AFGHANISTAN

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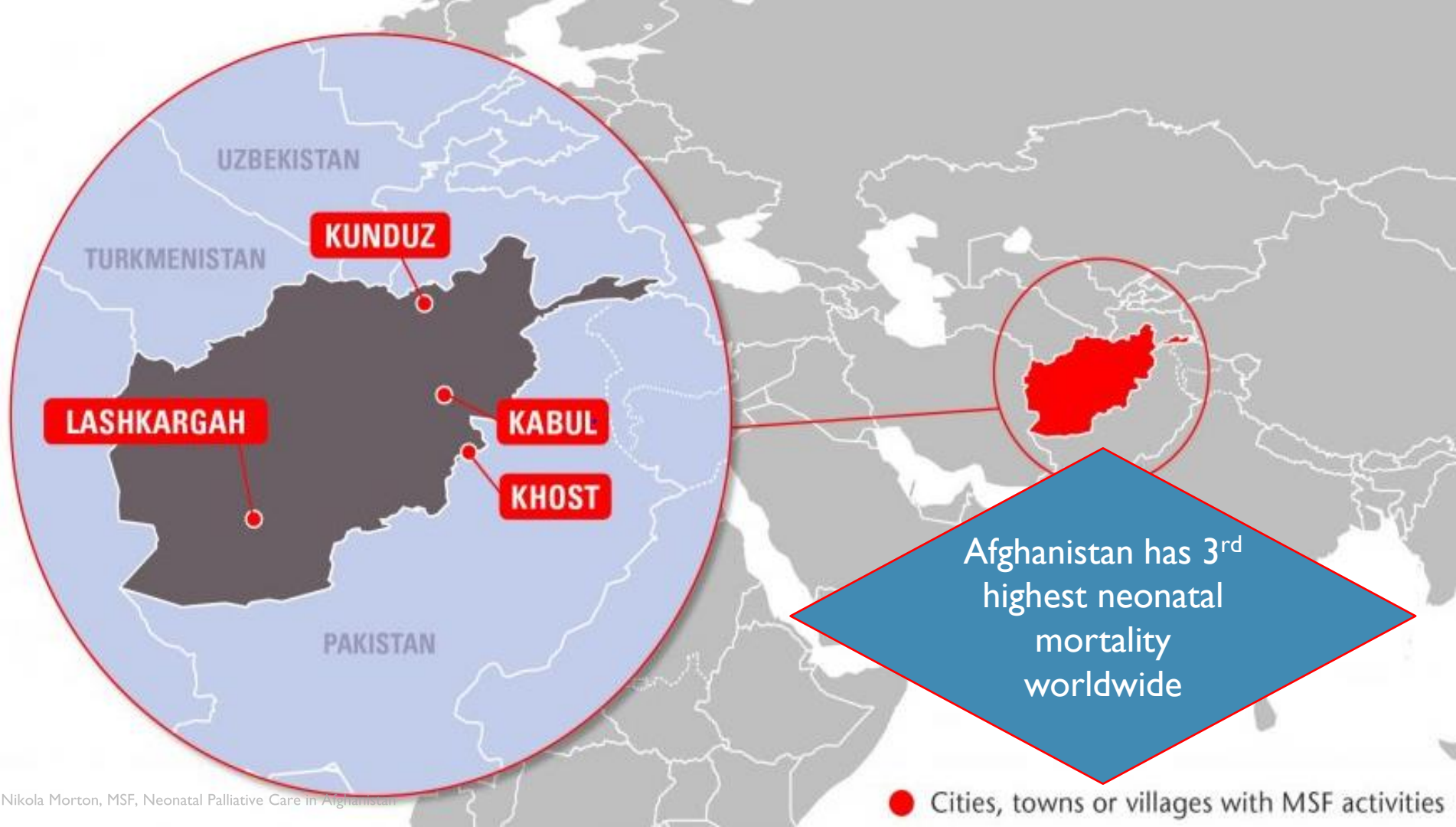
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WHAT IS PALLIATIVE CARE??

According to WHO

- An approach that improves the quality of life of **patients** and **their families** facing the problems associated with life-threatening illness
- The prevention and relief of **suffering** including:
 - Early identification of suffering
 - Rapid assessment and treatment of pain & suffering
 - Consideration of physical, psychosocial and/or spiritual problems

~2.6 million
neonatal deaths
each year
worldwide



Afghanistan has 3rd
highest neonatal
mortality
worldwide

● Cities, towns or villages with MSF activities

DASHT-E-BARCHI PROJECT, KABUL



THE NEONATAL UNIT

- Extremely busy maternity, with 1200 -1500 deliveries per month!
- 20 bed neonatal unit + 5 bed KMC unit
- In 2018: 1355 neonatal admissions with overall mortality rate 4.8% (with mortality rate of 16.8% in <1500g)
- Intermediate level care
- Limited referral options for higher level of care available

BARRIERS TO PALLIATIVE CARE

New in Afghanistan

Legal issue?

Cultural and religious
barriers

INITIAL STEPS

Staff sensitization

Engaging key stakeholders

Development of protocols

Training



PALLIATIVE CARE FRAMEWORK

Making the decision

- Discuss with medical and nursing team:
 - Discuss condition and prognosis of the baby
 - Clearly document all decisions and treatment plan in the patient file (including any decision not to resuscitate)
- Discuss with parents and caregivers:
 - Use an honest, open approach
 - Try to discuss in a quiet, private space
 - Use simple terms

Provide comfort

- Maintain warmth and provide skin-to-skin care
 - Avoid unnecessary and painful procedures
 - Stop monitoring vital signs
 - Stop curative treatments (such as antibiotics, caffeine, IV fluids)
 - Stop oxygen therapy as this can prolong the dying process
- Consider a staged approach if caregivers are not willing to accept stopping all curative treatments at initial discussion*

Treat symptoms

- Treat pain and distress:
 - Sucrose, Paracetamol, or Morphine as required
- Treat seizures:
 - Anti-epileptic medications as per protocol
 - Oral route preferable
- If baby displays signs of hunger, can give oral feeds with caution
- Eye and mouth care to keep clean and moist
- Regular turning/positioning to prevent pressure areas

Provide emotional support

- Ensure medical team available for further discussions with family as required
- If possible, parents should be able to choose where the baby dies (home or hospital)
- Try to offer privacy in a separate area of the hospital
- Allow parents to hold and touch their baby if they wish to do so
- Depending on the context, involve community or religious leaders for support



SHIFT IN FOCUS FROM CURATIVE CARE TO COMFORT CARE



COMMUNICATION

Focus on content:

1. Diagnosis
2. Short-term survival
3. Long-term survival
4. Long-term impairment or illness
5. Burden of treatment

Communication
with clinical team
& caretakers



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The Palliative Care Committee:

1. Oversight of palliative care cases:
 - support for clinical decisions
 - caretaker counselling
2. Championing palliative care in the project

SYSTEMATIC PROVISION OF NEONATAL PALLIATIVE CARE

Medical assessments of babies

Communication within the clinical team (nursing/medical)

Communication within Palliative Care committee

Communication with parents

Decision taken

Ongoing support provided



**ONGOING
CHALLENGES!!**



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"This is an issue that affects literally every one on the planet. We would all like our lives, and the lives of those we love, to end peacefully and comfortably."

Archbishop Desmond Tutu