

Anaesthetic report Liberia April 2024:

Trainer: Dr Diane Watson, MCAI volunteer consultant obstetric anaesthetist UK

Anaesthetists are vital members of multidisciplinary teams in emergency obstetric care. As part of the task-sharing programme, anaesthetists were identified in the hospitals where obstetric clinicians are based in remote areas. These nurse anaesthetists have an onerous workload and often are the only anaesthetist in the hospital, especially overnight and at weekends or holidays.

At this time, 4 of these nurse anaesthetists are recognised as being affiliated with MCAI and receive a modest financial incentive every month (\$50). They are Ramsey B Zeon Jnr (Martha Tubman Memorial Hospital, Grand Gedeh), Targen Nuahn (FJ Grant Hospital, Sinoe), Moses Togbah (Fishtown Hospital River Gee) and Betty Saylee (Sinje CEmOC clinic Grand Cape Mount).

Professional development sessions via internet are provided once a week by a retired volunteer UK anaesthetist. However, the Liberian nurse anaesthetists are often unable to attend due to their overwhelming clinical commitments. The internet is also poor and intermittent in these remote areas, so it is not possible to have much interaction during these sessions. The material used for these sessions is e-mailed or sent via WhatsApp to each anaesthetist immediately after each session.

These sessions are also times when concerns are raised usually because of the severe morbidity or mortality of a patient.

These disasters relate to:

- 1 Delay in the transport of patients to hospital. A common reason for this is that nurses from a community health centre are unable to contact ambulance control.
- 2 Lack of equipment in ambulances, including essential drugs such as oxygen
- 3 Lack of essential anaesthetic and emergency drugs in the hospitals and delays to emergency surgery because relatives have to pay for and obtain these from the local private pharmacy which the family can rarely afford.
- 4 Lack of equipment, or non-functioning equipment in the operating theatre.
- 5 Lack of blood for emergency transfusion.

Despite the many constraints, these nurse anaesthetists are highly motivated, work well in multidisciplinary teams, and are skilled in resuscitating obstetric women and assisting in management of critically ill adults and children.

Most qualified nurse anaesthetists in Liberia leave the public sector to work in private hospitals, and some give up the profession altogether and find other work that is less onerous and pays more.

Background

An assessment of Anaesthesia Capacity in Liberia in 2019 using the World Federation of Societies of Anaesthesiologists (WFSA) Anaesthesia Facility Assessment Tool (AFAT) revealed critical gaps in anaesthesia and surgical capacity.

Physician anaesthesiologist and nurse anaesthetist densities were in Liberia 0.02 and 1.56 per 100, 000 population, respectively. The WFSA recommend 10 anaesthesiology doctors per 100 000 population, revealing that the number of anaesthetists in Liberia is critically low even if nurse anaesthetists are included, which is also the case in 69 other countries in Africa.

Emergency funds needed for nurse anaesthetists to work in partnership with obstetric clinicians.

Please click here for the [Concept note](#) MCAI submitted to MOH November 2020 for requesting the Emergency funding needed for nurse anaesthetists to work in partnership with obstetric task-sharing in Liberia.

Click here for [request for additional training](#) to obtain more nurse anaesthetists to work as part of task-sharing in rural hospitals sent in 2020 to the Ministry of health regarding nurse anaesthetists.

Reference

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