UP CLOSE AND PERSONAL
with DR CARISSA ETIENNE

BENEFITS OF PLANNED HOMEBIRTH 10
SAVING BABIES’ LIVES 13
IMPOTENCE: MEN’S BIG CHALLENGE 18
Aims and Scope of this Journal

The aim of Rosies and Thorns is to provide you, the general public, with health information at your finger tips to empower you in making timely, important and informed health choices about the roses which make you blossom and the thorns which make you sick. This will be done by publishing articles relating to a range of themes within the context of physical, mental, spiritual, and environmental health education across all disciplines and settings. It will also publish articles within the context of patient/client and family rights, responsibilities and experiences; health professionals’ practice, roles and responsibilities, as well as their experiences; and health care ethics and policy.

Disclaimer

The information published in this journal are not prescriptions. Neither publisher nor authors are responsible for the final decisions you make concerning your health. You are.

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YOU ARE INVITED

Who - Childbearing women and men
What - Nurses and Midwives Day Panel Discussion
Why - Nurses and Midwives Empowering Families to Improve Maternal Health and Reduce Child Mortality
When - 7pm, May 13th, 2013
Where - Fort Young Hotel
Host - Dominica Nurses Association
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Editorial</td>
<td>3</td>
</tr>
<tr>
<td>Up Close and Personal with Dr Carissa Etienne</td>
<td>4</td>
</tr>
<tr>
<td>Congratulatory Messages</td>
<td>7</td>
</tr>
<tr>
<td>Records from the Health Ministry of the Great Physician</td>
<td>8</td>
</tr>
<tr>
<td>Universal Rights of Pregnant Women</td>
<td>9</td>
</tr>
<tr>
<td>Benefits of Planned Homebirth</td>
<td>10</td>
</tr>
<tr>
<td>Saving Babies’ Lives</td>
<td>13</td>
</tr>
<tr>
<td>How to Prevent Obesity in Infants and Children</td>
<td>15</td>
</tr>
<tr>
<td>The Longevity Story of Ma Topie</td>
<td>16</td>
</tr>
<tr>
<td>Impotence: Men’s Big Challenge</td>
<td>18</td>
</tr>
<tr>
<td>Nurses’ Code of Ethics</td>
<td>21</td>
</tr>
<tr>
<td>Preparing for Blood Glucose Testing</td>
<td>22</td>
</tr>
<tr>
<td>Can poor diet and early sex affect a girl’s health?</td>
<td>26</td>
</tr>
<tr>
<td>Nurse Injured by Electric Shock not yet Compensated</td>
<td>27</td>
</tr>
<tr>
<td>My Check up Diary</td>
<td>28</td>
</tr>
<tr>
<td>Getting the care that’s fair and square</td>
<td>30</td>
</tr>
<tr>
<td>Dear Uncle Bones</td>
<td>31</td>
</tr>
<tr>
<td>Health Quiz</td>
<td>32</td>
</tr>
</tbody>
</table>
Taking responsibility for your health should not be a slogan only. You should have the information in your heart and mind and finger tips so as to make timely and informed decisions when you need to.

Taking responsibility for your health means that you access health information and use it to make decisions and take actions which help you stay healthy, prevent disease, seek health care, get well again or manage chronic illnesses.

You are encouraged to use Rosies and Thorns daily as a personal, family, school and workplace information and health decision-making tool. Use it to teach your children and your students. Very importantly use it to complement the information given by your health care provider. It comes with sources to direct you where to get more information on what is presented or just to confirm the credibility of the information presented. You will also find on the inside back cover, guidelines on how you may contribute to future issues of Rosies and Thorns either as a health care provider or as a healthcare consumer.

Keep reading Rosies and Thorns which we hope will cater for your physical, mental, spiritual and environmental health education needs.

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**ABOUT THE EDITOR:**

Rosie Felix is a licensed Registered Nurse since 1988 and a Certified Midwife since 1996. She has accumulated a rich variety of clinical experiences in hospital and community nursing and midwifery. She performed in a middle management nursing position at the Princess Margaret Hospital from 2007 to 2008 and has been serving as president/vice president of the Dominica Nurses Association since 2005. She served as assistant treasurer on the Caribbean Nurses Organization board of directors from 2010 – 2012 and is now the interim public relations officer of the one-year-old Caribbean Regional Midwives Association. Mrs Felix holds a Masters Degree in Midwifery (with Merit) from the University of Sheffield and is currently a lecturer at the Dominica State College. She and her husband Randolph Felix are partners in this health publication.
“I am one who is always looking for excitement and a new challenge”. The words of Dr Carissa F Etienne, newly appointed Director General of the Pan American Health Organization (PAHO), as she spoke to me in a telephone interview. Dr Etienne now heads the organization, in which she was second in command between 2003 and 2008. Subsequently, and immediately before taking up her new post on February 1, 2013, she served as Assistant Director General of Health Systems and Services of the World Health Organization (WHO).

There was genuine excitement from Dr Etienne as she spoke about her new appointment. She described it as a major challenge and an awesome responsibility. But she is not daunted. She is of the firm view that her experiences, ranging from her clinical practice to the varied managerial positions that she has held over the years, have prepared her for an opportunity such as this one. And yet, notwithstanding her tremendous achievements, the high level of expectation and the potentially life-changing position which she currently holds, she remains simple and humble, with feet firmly rooted to the ground. “I am still the same person that you knew back then,” she said with a laugh.

In the 1980’s, she and her husband Willie, were “Mum” and “Dad” respectively, to several young people with whom they journeyed over a two year period. The Christ in Others Retreat (COR) was a watershed moment during which time they listened to the issues and concerns of the youth, providing them with moral and spiritual guidance. The experience, according to Dr Etienne, shaped her understanding of the issues faced by youth and communities. She appreciates the need for support systems for this vulnerable group. “I firmly believe that if there were more persons who were willing to journey with more young persons, our society would be better,” she says with conviction.

Dr Etienne has fond memories of growing up in Massacre, under the watchful eyes of her parents. They were disciplinarians and exercised a high level of control. The teenage Carissa did not always agree with her parents. Today, she is grateful for the protection and the lessons learnt.

The first of four daughters (one being adopted), Carissa never behaved like the first child. Housework was not foremost on her agenda; she was an avid reader, a quality which has served her well over the years, even during those wonderful but challenging times of child bearing and raising. Her three grown children were born to Joseph Willie Gregoire, her marital partner of thirty-six years – a major achievement in itself.

She credits the Marriage Encounter (ME) weekend experience for deepening her appreciation of the dynamics of communication and the skill of “listening to the whole person”. ME also contributed to the development of her public speaking skills.

The words of the Mighty Sparrow singing “school days were happy happy days!” seemed to come alive when Carissa spoke of her formal education. Her time at the University of the West Indies was “the most enjoyable time of my life”. It was a steep learning curve, ranging from academia to organizational skills, as time management, financial issues and course work demanded no less. Positive influence of professors, lecturers and teachers as well as colleagues, remain indelibly etched in her memory.
“The non communicable diseases are the leading causes of death, disability and morbidity in Dominica. You can make a few changes in your lifestyle, which can prolong your life… stop smoking, limit the drinking of alcohol, reduce fats, salt and sugars in your diet. Exercise regularly and see your health care provider regularly.”
Today she shares the philosophy of former Principal Mr S L Jolly that children should be challenged according to their abilities and that the education system should exercise a certain degree of flexibility to cater for children of varying abilities. Dr Etienne was a beneficiary of that philosophy. She was permitted to ‘skip’ a few grades resulting in an early and successful attempt at the then Common Entrance Exam.

By age 16, Carissa was out of the Convent High School (CHS). One year later she entered the hallowed portals of the Mona Campus, University of the West Indies, Jamaica, to pursue her childhood dream - a dream that she had, from as early as age seven. Her final year was completed at Cave Hill, Barbados and her internship was done in Trinidad. By the end of her medical program, she had in fact walked through the corridors of all three campuses of University of the West Indies.

“It was not easy being a young doctor in Dominica,” stated Dr Etienne. Her first engagement upon completion of her studies was at the Princess Margaret Hospital. She worked hard to overcome the stereotype in the medical field, one of them being that, doctors were male. She solicited and secured the co-operation of nurses. They bonded, developed solid relationships and worked as a team. Together they learnt from case studies and indeed they learnt from each other. “There are quite a few things that a young doctor can learn from nurses, if only he/she is prepared to listen,” she advises. Nurses Doctrove, St Clair, Nibbs, Felix and Sabaroche were among the stalwarts in these early days.

Dr Etienne counts herself blessed to have worked with Dr Gerald Grell during those formative years. He had tremendous influence on her clinical practice. Dr Grell was big on quality, individual patient care and on the training of nurses. He was keen on getting patients’ care right at all times. The young Dr Etienne repeatedly drank from his vast reservoir of knowledge and skill but then … all too soon … Dr Grell was required to move on, leaving a huge task to his young protégé. With no management training but her people skills and a natural flair for organizing she navigated the choppy waters of managing two medical wards and a private practice. To use a common phrase, the rest is history.

Dr. Etienne is a devout Catholic Christian. She satisfactorily performed the balancing act of pursuing a career and raising a family; she built her clinical practice on sound medical knowledge on the one hand and faith and prayer on the other. It was not uncommon for her to pray with her patients. She engaged active listening, was empathetic and never sought to rush her consultancies. She believed then and still does, in the holistic care of the patients.

The rise of Dr Etienne is the pride of Dominica. We wish her well in her continued quest to offer quality service and indeed, for excellence. We also listen as she speaks directly to all of us: “The non communicable diseases are the leading causes of death, disability and morbidity in Dominica. You can make a few changes in your lifestyle, which can prolong your life … stop smoking, limit the drinking of alcohol, reduce fats, salt and sugars in your diet. Exercise regularly and see your health care provider regularly.” These very words were probably said to Dominica when Dr Etienne was Director of Primary Health Care in the 1980’s. We could not have heard it from a better source!

Probiotics in breastmilk protect infants from infection. Choose breastfeeding and reduce need for medication.

ROSIES & THORNS, APRIL - JUNE, 2013
The Dominica Nurses Association congratulates Dr Carissa Etienne on her rise to the Director of Pan American Health Organization. You have made us proud not only in Dominica but in the entire Caribbean region and we are honoured to have you at the helm of health care. We are confident that with your level of expertise, competence and experience you will excel in this prestigious position. We pray that the Almighty Father will continue to guide you in every situation and decision.

The Caribbean Regional Midwives Association (CRMA) extends congratulations and best wishes to Dr Carissa Etienne, the Ministry of Health of Dominica, and the entire Dominican population on her appointment as Director of the Pan American Health Organization. We thank PAHO for its continued work with midwives to saves lives and look forward to your unique contribution to world health.

The Caribbean Nurses Organization extends heartfelt congratulations to Dr Carissa F Etienne and the entire Dominican population on the occasion of her appointment to the position of Director of the Pan American Health Organization on February 1, 2013. We wish her every success as a leader who will bring about needed change. A woman of excellence!
As Jesus came down the mountain, he was followed by large crowds. Suddenly a man with leprosy came and knelt in front of Jesus. He said, “Lord, you have the power to make me well, if only you want to.” Jesus put his hand on the man and said, “I want to! Now you are well.” At once the man’s leprosy disappeared. Jesus told him, “Don’t tell anyone about this, go and show the priest that you are well. Then take a gift to the temple just as Moses commanded, and everyone will know that you have been healed.”

Then Jesus went into the town of Capernaum; an army officer came up to him and said, “Lord, my servant is at home in such terrible pain that he can’t even move.” “I will go and heal him,” Jesus replied.

But the officer said, “Lord, I’m not good enough for you to come into my house. Just give the order, and my servant will get well. I have officers who give orders to me, and I have soldiers who take orders from me. I can say to one of them, ‘Go!’ and he goes. I can say to another, ‘Come!’ and he comes. I can say to my servant, ‘Do this!’ and he will do it.”

When Jesus heard this, he was so surprised that he turned and said to the crowd following him, “I tell you that in all of Israel I’ve never found anyone with this much faith! Many people will come from everywhere to enjoy the feast in the kingdom of heaven with Abraham, Isaac, and Jacob. But the ones who should have been in the kingdom will be thrown out into the dark. They will cry and grit their teeth in pain.”

Then Jesus said to the officer, “You may go home now. Your faith has made it happen.” Right then his servant was healed.

Then Jesus went to the home of Peter, where he found that Peter’s mother-in-law was sick in bed with fever. He took her by the hand, and the fever left her. Then she got up and served Jesus a meal.

That evening many people with demons in them were brought to Jesus. And with only a word he forced out the evil spirits and healed everyone who was sick. So God’s promise came true, just as the prophet Isaiah had said, “He healed our diseases and made us well.”

As Jesus came down the mountain, he was followed by large crowds. Suddenly a man with leprosy came and knelt in front of Jesus. He said, “Lord, you have the power to make me well, if only you want to.” Jesus put his hand on the man and said, “I want to! Now you are well.” At once the man’s leprosy disappeared. Jesus told him, “Don’t tell anyone about this, go and show the priest that you are well. Then take a gift to the temple just as Moses commanded, and everyone will know that you have been healed.”
Pregnant women need and deserve respectful maternity care. Disrespect and abuse during maternity care are a violation of women's basic human rights. Maternity care providers know these rights but unfortunately not all women and their families know them. In fact women in many countries report that they are forced to have an enema, artificial start of labor (induction of labor) or pain medication, among other procedures but feel powerless about refusing. Sad to say this happens in Dominica too. Some women who decline unnecessary interventions are threatened or quarreled with. It is for these reasons that the seven rights of pregnant women were put together by the White Ribbon Alliance, an international organization for safe motherhood care, and Respectful Maternity Care Partners in 2011. They are based on already established human rights.

**Article I**
Every woman has the right to be free from harm and ill treatment. No one should physically abuse you.

**Article II**
Every woman has the right to information, informed consent and refusal, and respect for her choices and preferences, including companionship during maternity care. No one should force you or do things to you without your knowledge and consent.

**Article III**
Every woman has the right to privacy and confidentiality. No one should expose you or your personal information.

**Article IV**
Every woman has the right to be treated with dignity and respect. No one should humiliate you or verbally abuse you.

**Article V**
Every woman has the right to equality, freedom from discrimination, and equal care. No one should discriminate you because of something they do not like about you.

**Article VI**
Every woman has the right to healthcare and to the highest attainable level of health. No one should prevent you from getting the maternity care you need.

**Article VII**
Every woman has the right to liberty, autonomy, self-determination and freedom from coercion. No one should detain you or your baby without legal authority.

If you are expecting a baby, you, as well as your partner or support person should know these rights. You all should guard them and immediately inform that care provider if you feel that he or she has violated your rights. You may also notify the Quality Control Department of your health institution if any of these rights have been violated. Additionally you should inform the regulatory/licensing or supervisory body of the health care provider.

For more information on respectful maternity care visit: [http://www.whiteribbonalliance.org/wra/assets/file/final_rmc_charter.pdf](http://www.whiteribbonalliance.org/wra/assets/file/final_rmc_charter.pdf)
After ten years of absolute medicalized hospital birth practice, I am encountering women who want homebirth. I therefore became curious about the subject and decided to research it. My reasons were to support childbearing women who want homebirth and educate those who are not aware of this birth option and its benefits.

Homebirth was the norm in the world since Bible days. It was conducted by traditional (untrained) midwives and later by both trained and untrained midwives; and doctors. As doctors decided to collaborate with midwives, medical care became available to all pregnant women. This resulted in the welcomed medical care of women with complicated pregnancies and saving many mothers and babies. It also resulted in the unwelcomed hospitalization and medicalization of birth of healthy women with normal uncomplicated pregnancies and disregard and disrespect for the wishes and right to choose of these women.

A team of three researchers comprising an obstetrician, a neonatologist, and a midwifery professor, explain that “it is in this way that doctors create and maintain their own patient population”. In disapproving of unnecessary medicalization of birth, the team explain that “Undue medicalization of birth causes anxiety and stress, thereby directly and indirectly creating problems in the dynamics of labor and delivery”. They highlight that “for women with a complicated pregnancy (the minority) there is no better place to give birth than a hospital. For healthy women with a normal pregnancy (the majority), hospitals can be very dangerous” (Reuwer et al 2009). In other words, hospital birth can cause problems for healthy women because of the unnecessary interventions in labor and birth which may cause complications that the woman and her baby would not have had if her birth was natural and took place at home. Similarly, out of hospital birth can be dangerous for women with complications since needed treatment or emergency hospital intervention are not available.

Benefits of planned homebirth are those positive or favorable experiences and outcomes resulting when a woman plans and has a homebirth. According to my study, women who enjoyed these benefits were healthy women with healthy pregnancies and no complications or health issues, women with one or more children and selected women having their first baby. These women
### Physical Benefits for Mothers

* normal/spontaneous vaginal births – more in homebirth  
* low use of medical intervention – zero or less in homebirth  
* low use of drugs for relief pain – zero or less in homebirth  
* Good outcome for women who have had previous births – equal or similar to hospital and birth centers  
* good outcome for women with their first babies – equal or similar to hospital and birth centers  
* short labor – equal or similar to hospital or birth center  
* low c-section rates – zero or less in homebirth  
* low rate of assisted birth – zero or less in homebirth  
* low rate of perineal injury – zero, equal or similar to hospital or birth centers  
* low episiotomy rates – zero or less in homebirth  
* low rates of post delivery hemorrhage – zero or less in homebirths  
* good coping experience – better in homebirths  
* low maternal injury and deaths – lower in homebirth center  
* use of upright position for birth – more in homebirth  
* good outcome for healthy women with no complications – equal or similar to hospital or birth center  
* low infection rates – zero or less in homebirth  
* good outcome for women with transport and hospital back up – equal or similar as birth center  
* good outcome with well trained midwives – equal and similar to hospital or birth centers  
* low rate of transfer to hospital of first time mothers – zero or less than birth center  
* cater for women's personal needs – better than hospital or birth centers

### Benefits for Babies

* good birth scores - equal or similar to hospitals and birth centers  
* low risk of death during labor – chances equal, similar or lower than in hospital or birth centers  
* risk for death of newborn – chances equal, similar or lower than in hospital or birth centers  
* chances for injury or death of baby before or during labor or after delivery is low, and equal or similar to hospital or birth centers  
* low risk of breathing in his/her feces in the lungs – chances are equal or less than in hospital or birth centers  
* low rates of referral and admission to the sick baby nursery – equal or similar as the hospital or birth center  
* baby get to be caught by mother - only in homebirth  
* baby get to be caught by father - more than in hospital or birth centers  
* family get to bond early - better than in hospital or birth centers  
* get to breastfeed within one hour of birth – equal or similar to hospital and birth centers  
* still breastfeeding only up to one week old – only in homebirths  
* still breastfeeding only up to six weeks old – only in homebirths  
* siblings are present at birth – only in homebirth

### Benefits for the Family

* more family support in homebirth  
* better relationship with midwives  
* earlier post natal visit from midwife  
* more support from midwives  
* more satisfaction with birth  
* more satisfaction with birth setting  
* more satisfaction with care during labor  
* equal or similar cost to hospital and birth center  
* more freedom, choice and autonomy  
* greater feeling of comfort and relaxation  
* trust and depend on home more  
* more satisfied with decision making  
* more control of labor and birth  
* more privacy  
* feels less threatened about baby's life  
* caters more for choices and beliefs  
* more knowledgeable and prepared for the birth process  
* more knowledgeable of technology use and abuse  
* mother gets to catch her baby  
* siblings get to be present  
* no interruption in family schedule to go to hospital  
* family gets to bond earlier
were considered low risk and were cared for by trained birth assistants who were mostly midwives. Benefits of homebirth were maximized when arrangements for quick transfer to hospital were made and carried out.

Serious complications of birth experienced by women having planned homebirth are mostly associated with women who have pregnancy complications, women who do not have transportation for emergency referral to hospital and women who are cared for by untrained birth attendants.

The research (a systematic review) was completed in December 2011. It found much evidence which points to avoidance of routine medical intervention and its complications as well as control over the birth and birth environment, as key reasons women want homebirth. The benefits and complications of homebirth compared to hospital and birth center births are presented so that childbearing women may be encouraged and empowered to make informed choices and decisions about their birth and birth setting, firstly because it is their right to choose and secondly since policy makers for too long remain both dominant and divided on the matter.

The table on page 11 highlights the benefits of homebirth for the mother, baby and the entire family. Terri Henry of Wotten Waven, identifies with some of these benefits of homebirth and describes her experience on her website: http://onelovelivity.com/childofnatureblog/celebrating-and-sharing-the-possibilities-of-perfect-birth/

As part of my dissemination plan, I made the following recommendations to the Ministry of Health. based on the conviction that they can be implemented in Dominica.

The first recommendation is to bring back homebirth in the primary health care system. The second is to educate additional Certified Nurse Midwives (CNM) or educate Direct Entry Midwives (DEM) who would primarily serve the homebirth needs of women. The third recommendation is to promote natural birth and discontinue routine medicalized birth for women seeking hospital or health centre births, and revise hospital and and maternal and child health manuals to reflect this.

Implementing these recommendations would provide another option for all birthing women, reduce birth complications resulting from unnecessary medical interventions, reduce and save human and economic resources overspent in hospital care, and save on hospital bills for women and their families.

Selected references:


For more information on homebirth visit: http://americanpregnancy.org/labornbirth/homebirth.html
http://www.homebirth.org.uk/

For the entire research document on Benefits of Planned Homebirth, contact the author at flavoredwithgfavor@gmail.com

Do you have diabetes and plan on becoming pregnant?

Well ensure normal blood sugar for about three months before you become pregnant and during pregnancy in order to reduce your chances of having an abnormal baby.
A neonatal resuscitation training workshop geared at reducing the death of babies in Dominica was held at the Princess Margaret Hospital for nurses, midwives and doctors from March 12 to 15, 2013. Neonatologist Dr Binta Lambert and her neonatal management team saw the need for the training in an attempt to equip practitioners with skills to help save the lives of babies who do not breathe at birth or who stop breathing anytime thereafter. “We identified first responders like midwives in the maternity ward, and nurses who work in the nursery, so they would better be able to initiate resuscitation as soon as the need arises,” Dr Lambert said.

In recent months the Ministry of Health as well as the public have been concerned about the rise in death rates of babies from birth to one month. One of the many causes of death of babies globally is asphyxia which is a condition in which the baby stops breathing and may die if nothing is done. The workshop addressed this problem through a number of topics and hands-on skills, which were facilitated by US neonatologists Dr Orna Rosen and Dr Robert Angert along with Dr Lambert herself.

The most common global causes of babies death according to the United States Agency for International Development (USAID) and Maternal and Child Health Integrated Program (MCHIP) as divided in the pie chart below are asphyxia, prematurity, infection and congenital problems (birth abnormalities). Premature babies are greatly affected by asphyxia and infection. The green piece of the pie is what the workshop addressed.
It is not the first time that health practitioners are being trained in neonatal resuscitation, but it is the first time they are being trained in such large numbers (90 in all; selected photos on page 13). They were trained and in some cases retrained to intubate and use the neopuff (special technique and piece of equipment to help babies breathe). Sr Joseph, the manager of the Nursery, said that they realized the need to update their skills and so they welcomed the initiative. Nurse Dumas, a nursery nurse and workshop participant, had this to say about the workshop, “It was informative, the facilitators were friendly and assisted me to use proper methods and skills of resuscitation. I did not know how to intubate, I now know and this will help me save babies’ life”. Nurse Dumas said that the workshop strengthened her skills and gave her more confidence.

Overall Dr Lambert was satisfied with the outcome of the workshop. She credited the sponsors saying: “The US always wants to help. So PAHO in partnership with the Albert Einstein College of Medicine, and the Montefiore Medical Center, through a global health grant partnered with the Ministry of Health to run it, and we are most thankful”.

Outside of the workshop but related to saving babies’ lives, let’s take a brief look at preventative measures which can prevent or reduce newborn infection and subsequent death. In 2011, USAID and MCHIP in a joint document made the following recommendations to reduce newborn infection. Not only birth practitioners but every child bearing woman and their partner or those who support them during labor and birth should inform themselves of these recommendations and insist on them.

Practices that reduce infection during labor include:

- Frequent hand washing and use of high level disinfected gloves
- Use of sterile instruments and surfaces where possible or ensure the “Six Cleans” (clean hands, clean perineum, nothing unclean into the vagina, clean delivery surface, clean cutting cord instrument, clean cord care)
- Minimization of vaginal examinations
- Prevention, prompt diagnosis and treatment of maternal infection

Practices to be avoided during labor

- Routine vaginal examinations at shift change
- Multiple vaginal examinations
- Vaginal examinations after rupture of membranes (bag of waters)
- Enemas (water in the anus to force passage of stools and increase contractions)

Hand washing remains the most effective way of reducing infections especially since most newborn infections are acquired in hospitals. All healthcare providers know this but not all practice it as frequently and as properly as they should. Dr Lambert endorses proper and frequent hand washing as a means of cutting down the number of newborn infections, irrespective of the wide use and benefits of antibiotics. The old addage ‘prevention is better than cure’ is always relevant.

But infection, asphyxia and prematurity are still not the only headaches of childbearing families and healthcare providers. Still births are cause for alarm too. One nurse who wished to remain anonymous had this to say about babies being born dead. “Some still births can be prevented if certain care providers would respond in a timely fashion when called to attend to a woman with difficulty in labor; they also discriminate between some women with high social status and those with so called lower status”. Another nurse quickly added that midwives need to advocate more for women in labor but it takes the entire team to save babies’ lives.
Obese or overweight children are sometimes described as ‘fat and nice and round’. These children may be brilliant and beautiful but they are malnourished. Overweight or obese children are at risk for heart disease, high blood pressure, pre-diabetes, bone and joint problems, stigmatization, low self esteem and bullying. They are also at risk of becoming obese adults with all the related complications.

Infants’ and children’s risks for overweight and obesity may be decreased if parents:

- maintain normal weight for height before pregnancy
- keep diabetes under control during pregnancy
- breastfeed babies completely for six months before introducing other foods
- avoid early weaning and formula feeding of babies
- avoid rapid weight gain of children in first year
- understand that overweight is unhealthy; it is a health risk
- ensure that children have healthy weight for age and sex (have your care provider explain your child’s growth chart to you)
- provide a balanced diet for children
- keep a small supply of foods rich in energy in the home
- make time to parent children confidently and authoritatively
- do not pressure children into overeating
- provide children with healthy low sugar snacks
- ensure that pre-school children have sufficient sleep
- provide for safe play of children in the home environment
- encourage active play and discourage TV watching for prolonged hours
- be aware and use appropriate safe space for children play and activity
- provide affordable lower energy foods for children such as fruits and vegetables
- encourage children to be part of school or community sports clubs or academies
- educate yourselves and get a proper income before starting your family

Proper nutrition and exercise are key to preventing obesity in children. Consider the above, most of which are research findings in the Journal of Child Health Care by Robinson et al (2012) and give your children the gift of healthy weight and good health.

For help to manage an obese or overweight child speak with your health care provider. For more information on obesity in children visit: http://www.cdc.gov/healthyyouth/obesity/facts.htm
“I was poor, poor, poor. I am not ashamed to say that.” Beldrina Euzebe, better known as Ma Topie, crossed her legs, sat tall in the chair, and then said, “You know what that means? I am happy. I am a Queen”.

Ma Topie lives in Balissierre, in La Plaine. She celebrated her 100th birthday last year. She said that she did nothing special for her 100th birthday but her children and grandchildren gave her a “happy, happy birthday.” She stated, “They organized a Mass and hundreds of people were in attendance. I don’t know, but they said my picture is everywhere, even with the Pope in Rome”.

Ma Topie still makes her coffee every morning and shares with a neighbour who comes to check on her daily. She also washes her light clothing. She says her children do not want her to wash but she insists on doing it, as she is still able to do so. She is very charitable and nothing she has is too big or too small to share. At the Mass celebrating her 100th birthday, she asked anyone in the congregation, including her children, to come forward so she could ask for their forgiveness, if she had wronged them in any way. No one came forward. “This is testimony of how I lived my life.” she said.

Ma Topie is a joyful and very spirited soul, full of laughter and love. She was born on June 15, 1912 in La Plaine and was named Beldrina Bougioneau. Her father was from Guadeloupe and her mother from La Plaine. Her parents died when she was still a child and she was raised by an aunt and older brother. As a young girl she was very happy, since her aunt and brother treated her as a queen. They devoted their lives to taking good care of her. She wanted for nothing.

According to Ma Topie, information from her aunt, indicated that she was baptized when she was just seven days old. She was very sick then and this may be partly the reason why she was so loved and treasured. At the age of twenty-one, Beldrina had her first boyfriend. Two years later, she gave birth to her first son. She had a second son at twenty-five. These two sons were born out of wedlock and she was assisted in caring for them by her brother. Sometime later, she met Mr. Topie Euzebe. Their married relationship brought forth eight children. Half of these children have since passed. Three sons and two daughters are still alive. “My sons are in Guadeloupe but do not know if I am alive, but my daughters are God-sent” said Ma Topie. She continues, “One daughter has a handicapped child and she does what she can, and the other daughter does what must be done”, says Ma Topie.
The centenarian apparently handled herself well in the outdoors. No man, she claims, could climb a breadfruit tree, carry bananas, or use a cutlass like her! Following her wedding, hard times hit. Her aunt and brother also died and so her support system was gone. Things became very difficult for the Euzebe family, having to care for ten children. Ma Topie recalls having to resort to cooking with water from the sea, as they could not afford to buy salt.

In 1957, Mr Topie died, leaving his wife to care for the eight young children, the youngest being only six months old. He left her two shillings. Her older sons were age twenty-three and twenty-one at the time. Since this could not suffice, Ma Topie went to work at the Agricultural Station in La Plaine. She still found it difficult to make ends meet and so she decided to devote herself to farming. Every so often, she would hire a truck to take her to the market to sell her produce. Slowly, she began to see her way.

Ma Topie loved dancing and she is a big fan of the Cavaliers Cricket Club. She has travelled with the club several times and to this day the members of the Club look out for her. She proudly showed off the new stove she received from the Club for Christmas 2012. She also highly appreciative of the men of the club, whom she said have never shown any disrespect to her in her years of travelling with and supporting them. She mourns the death of the deceased President, Mr Tom Lafond, who died in December 2012, as if he were one of her sons. A month before his passing he called and invited her to town to witness the West Indies team in action. She declined the offer telling him “I am too old for this now!” With tears in her eyes, she said regretfully, “Had I known this would be my last call from him and my last chance to see him, I would have gone”.

She likens her life to that of Job in the Bible. She first read the Book of Job when she was about forty and from that moment she identified with it: “The Lord giveth and the Lord taketh away, blessed be the name of the Lord” she exclaims. Her advice is that people should make God the centre of their lives, and give him credit for everything. She also urges people to pray constantly, have others pray, and be thankful. When asked for reasons for her longevity, she answered very decisively, “It has nothing to do with me, with what I ate or did. It is only because of God. I owe everything to him”.

Ma Topie never had another intimate relationship after her husband passed, having made a deliberate decision not to. She has had a hard life, yet her spirit was never broken and her soul remains intact: “If as we are speaking I die, or as you leave, you hear I die, do not cry. Tell them do not cry, for Ma Topie is happy. Ma Topie was ready.” What a Woman!
In recent times there have been several efforts by health educators and men’s organizations to encourage men to attend to their health. Many are taking the call seriously but some are not. The aim of this article is to educate men about impotence, what causes it and how it can be prevented and treated.

But before doing this Rosies and Thorns randomly sought out three men to find out if they knew what causes impotence. One of the three was not familiar with the term impotence but once it was explained he gave his opinion. All the men were over 40 years old and all wished to remain anonymous.

“Impotence is a health issue; stress, poor diet, and promiscuity, can all lead to it” said one man. He stated that aldomet (high blood pressure medicine) and prostate cancer also cause impotence. Another man said that he presumes that the production of the male hormone is affected by insufficient intake of protein which is necessary for muscle. “Health disorders like stress, and cancer of the prostate and testicles can also cause impotence” he said. The third man stated forcefully, “Men do not have proper physical structure, they are not working enough, that is why they have problem with erection. They also eat food that is not healthy and nourishing for the body.” He also explained that lack of sleep could be a cause.

According to Dr Stephen Leslie a medical author, “Impotence or Erectile dysfunction (ED) is the inability of a man to achieve and maintain an erection sufficient for mutually satisfactory intercourse with his partner”. This problem is a big challenge for men. It affects mostly those 40 years and over.

Unfortunately men suffering from impotence may be experiencing lesser quality of life as it relates to happiness, physical health, and physical and emotional satisfaction with sexual partners, says Dr Konstantinos Hatzimouratidis. In his research article in the American Journal of Men’s Health Dr Hatzimouratidis also reported that men who sexually abused women were 3.3 times more likely to experience impotence.

Researchers have divided causes of impotence in two groups; those that affect the body eg. diabetes, hypertension and obesity all of which are chronic non communicable diseases (CNCDs); and those that affect the mind like fear, anxiety, stress and depression. Diabetes, a hormone related disease, is the most common cause of impotence. In diabetic men nerves and blood vessels of the penis are damaged, making erection difficult or impossible.

Researchers Shamloul and Ghanem (2012) explain that lack of exercise cause impotence too. They also highlight cigarette smoking, alcohol misuse and illegal drug use as risk factors. Additionally, Tengs and Osgood (2001) have provided sound evidence to support that smoking is strongly linked with impotence.
**Treatment for Impotence:**

1. Psychosexual and couple therapy/counseling.

2. Lifestyle changes to include weight loss in obese men, no smoking and daily physical exercise.

3. Hormone supplement for men whose testes are not producing enough of male hormone.

4. Sex education to dismiss myths and clarify mis-information that may have been obtained during adolescence.

5. Drugs like viagra and cialis (ask your doctor if your heart is healthy enough to tolerate these drugs).

**Considerations:**

1. Researchers say that sexual enhancers such as viagra and cialis are strongly associated with satisfaction in men but they do not work for everyone.

2. Some sexual enhancers may do more harm than good. Ensure that they are FDA approved.

3. Impotence is a strong tell tale sign that a man may have disease of the vessels which supply blood and oxygen to the heart; it is highly recommended that affected men have their heart checked.

4. CNCDs such as diabetes, hypertension and obesity are major causes of impotence and should be prevented by all means.

5. Lifestyle behaviors such as smoking and harmful use of alcohol are strongly linked with impotence.

5. Regular physical exercise, low salt, balanced diet, no tobacco use, and limited alcohol use are key in preventing or managing CNCDs like diabetes, hypertension, and obesity which are all causes of impotence.

In conclusion men are encouraged to prevent or manage CNCDs. They are the biggest problems behind their big challenge. In so doing some of the major causes of impotence will be arrested. Visit your healthcare provider to get help to prevent or manage impotence.

For more information visit:

http://www.editorsweb.org/men/

Selected references:


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June 14 is World Blood Donor’s Day. I am Debra Phillip and I thank all the blood donors who saved my life in 2004.

Hooray to Blood Donors!

SUPPORT THE BAN ON SMOKING, ADVERTISING, PROMOTING AND SPONSORING OF TOBACCO!

World No Tobacco Day
May 31, 2013
Walden University partners with Caribbean Nurses Organization

In an effort to meet the professional development needs of nurses and health care professionals throughout the Caribbean, Walden University embarked on a partnership with the Caribbean Nurses Organization (CNO) in 2011. Two years later, Walden is proud to continue to serve and meet the needs of the Caribbean health community. Through this partnership, CNO members are eligible for a 20% tuition reduction on any Walden program, for the life of the program. Providing distance education to working adults for over 40 years, Walden is an accredited online university and the flagship online university in the Laureate International Universities network—a global network of more than 60 campus-based and online universities in 29 countries. Walden understands the needs of adult learners like you and is dedicated to helping you succeed with:

- Distinguished faculty members who are scholars and respected professionals.
- An online learning format that allows you to earn your degree while managing your work and family commitments.
- Comprehensive student support services, including technical help, financial aid, course registration, writing assistance, and tutoring.
- A high-quality curriculum that will enable you to learn new skills you can immediately apply within your organization.
- To learn more about any of Walden’s programs, or how YOU can take advantage of our 20% tuition reduction, visit us today at www.global.waldenu.edu
NURSES’ CODE OF ETHICS
What behavior to expect from nurses

“The ICN Code guides me how to behave and act towards my patients. It helps me to put myself in their shoes, to better understand their feelings”. These are the words of a young Staff Nurse, Donnah Laurent, who is based at the Princess Margaret Hospital. Nurse Laurent said that the code of ethics also helps her to be more responsible and accountable about the care she gives. “It helps me not to discriminate among people so I give care to everyone”. Do all nurses think and care like Nurse Donnah?

The public as well as senior and retired nurses are concerned that nursing is not like it used to be twenty to thirty years ago. As a result they wonder and ask what has changed. Many factors have indeed changed but one thing which has not changed is the fact that all nurses are taught the code of ethics, which is as necessary today as it was in 1953 when the International Council of Nurses (ICN) first developed it.

According to the ICN, “Nurses have four fundamental responsibilities: to promote health, to prevent illness, to restore health and to alleviate suffering.” In carrying out these responsibilities nurses are obliged to have respect for human rights, including cultural rights, the right to life and choice, and to dignity and respect. They are also expected to provide nursing care that is compassionate and that is respectful of and unrestricted by considerations of age, color creed, culture, disability or illness, gender, sexual orientation, nationality, politics, race or social status, just as Nurse Laurent said “It helps me not to discriminate”.

Every country has a local nursing body who protects the public interest by ensuring that nurses registered and licensed to practice are competent, fit and safe to deliver care. Such a nursing body also called the nursing regulatory body also protects the public by removing from its register or disciplining any nurse who is found guilty of misconduct, or other reason which prevents them from providing safe nursing care.

In Dominica the General Nursing Council (GNC) is that body. It too has outlined guidelines for nurses to follow locally. Its guidelines have been adapted from the United Kingdom Central Council Guidelines for professional nursing practice, but all reflect the international nurses code directly or indirectly.

If you experience the violation of your rights by nurses, remind them of the ICN code; you may also want to notify the Dominica Nursing Council in writing; it is their duty to protect you as healthcare consumers.

For more information on the ICN Code of Ethics visit: http://www.icn.ch/about-icn/code-of-ethics-for-nurses/

To contact the General Nursing Council of Dominica call 4404573 or email gncdominica@cwdom.dm
Many clients are unprepared when they come to a medical laboratory for glucose testing. As a result they have to leave the laboratory without having the test done. This causes inconveniences and loss of invaluable time and money.

This article will help you better prepare for glucose testing at the Princess Margaret Hospital Laboratory. There are six different blood glucose (sugar) tests, all of which require blood samples to be drawn by the phlebotomist (person drawing the blood). I will explain what each test is about and how to prepare for them.

**RBS (random blood sugar)**
This test measures the glucose level in the blood at any time. It therefore does not matter whether one fasts or not. In other words the client may have this test on an empty, half empty or full stomach.

**FBS (fasting blood sugar)**
This test measures the glucose level in the blood after the client has fasted, that is no eating or drinking from midnight. Some people refer to the period after fasting and before a health test as ‘on an empty stomach’. The blood is drawn in the morning.

**2hrpp (two hours post prandial)**
This test measures the glucose level in the blood after fasting and two hours after eating. An FBS is taken first, following which the client is asked to have breakfast. The phlebotomist draws the second blood sample 2 hours after the client has finished eating breakfast; the result of this second sample is called the 2hrpp.

**The O’Sullivan’s Test**
This test is done to screen for diabetes in pregnant women (gestational diabetes). An FBS is taken first (on an empty stomach) following which the phlebotomist asks the client to drink a 50 grams glucose solution. Some doctors do not require you to fast, in this case only one sample is drawn one hour after the glucose drink has been ingested.
The OGTT (Oral Glucose Tolerance Test)
This test measures the glucose level in the blood at half hour intervals after the client has drunk 75 grams of glucose water. An FBS sample is drawn first (on an empty stomach). The client then drinks 75 grams glucose water following which the phlebotomist draws blood from the client every half hour until 5 samples are drawn that is over 2½ hours. In total, the client receives 6 venepunctures or ‘pricks’.

The BSP (Blood Sugar Profile)
The client is usually admitted to hospital for a day if he or she is not already a patient to have this series of blood glucose tests. This test measures the glucose level in the blood from after fasting from midnight to after supper for an entire day. It begins with an FBS sample which is drawn first (on an empty stomach). The client then eats breakfast and the second sample is drawn 2 hours after the client has finished having breakfast. The third sample is drawn immediately before lunch and the fourth, hours after the client has finished eating lunch. The fifth sample is drawn immediately before the client eats supper and the sixth hours after the client has finished eating supper. In total, the client receives 6 venepunctures or ‘pricks’ in order to obtain 6 samples.

<table>
<thead>
<tr>
<th>Name of Test</th>
<th>Preparation</th>
<th>No. of Samples</th>
</tr>
</thead>
<tbody>
<tr>
<td>FBS</td>
<td>Fast from midnight</td>
<td>1</td>
</tr>
<tr>
<td>RBS</td>
<td>none</td>
<td>1</td>
</tr>
<tr>
<td>2hrpp</td>
<td>Fast from midnight and travel with breakfast; prepare to stay 2 hrs</td>
<td>2</td>
</tr>
<tr>
<td>OGTT</td>
<td>Fast from midnight; travel with glucose or $5 to purchase it from lab; and lime for flavor; prepare to stay at least 2½ hours;</td>
<td>6</td>
</tr>
<tr>
<td>O’Sullivan</td>
<td>Fast from midnight and travel with glucose or $5, and lime for flavor; some doctors do not require that you fast;</td>
<td>2</td>
</tr>
<tr>
<td>BSP</td>
<td>Fast from midnight and travel with breakfast; other meals will be provided; prepare to spend 8 am to about 8 pm at the hospital.</td>
<td>6</td>
</tr>
</tbody>
</table>

The names of the tests that your health care provider wants you to do are either ticked or written on the form which you must take to the laboratory. Be sure to look at the forms and ask your health care provider if you are to do any of the above mentioned tests so that you can prepare yourself properly. Be sure to pay for your tests ahead of coming to the laboratory.

If your partner controls what you do, who you see, who you talk to, what you read, where you go, and says he is only protecting you, you are either already a victim of domestic violence or you are well on your way to becoming one.

So run for your life!
World Health Day is observed on 7 April every year to mark the anniversary of the founding of the World Health Organization (WHO) in 1948. The theme for 2013 is high blood pressure. High blood pressure is a major public health concern in the world.

Many people have high blood pressure. Some of them say “I have pressure”. What they mean is that they are suffering from high blood pressure.

High blood pressure is an abnormal strong force placed on your blood vessels by your blood. A blood pressure machine is used to detect high blood pressure, which is also known as hypertension. High blood pressure may cause heart attacks, strokes and kidney failure. If you do not treat and control high blood pressure it can also cause blindness and heart failure. The chances of developing these complications are higher in people with other heart diseases such as diabetes.

According to the WHO, one in three adults worldwide has high blood pressure. Some people in their 20s and 30s suffer from high blood pressure; but more people in their 40s and over suffer with it. It is important to know that not only older adults can get a stroke from high blood pressure. Anyone with high blood pressure can get a stroke and be paralyzed or die.

The good news is that high blood pressure is preventable and treatable. According to WHO you should reduce your chances of getting high blood pressure by making lifestyle changes such as:

- reduce your salt intake
- eat a balanced diet
- avoid harmful use of alcohol
- take regular physical activity
- maintain a healthy body weight and
- avoid tobacco use

The World Health Organization’s big goal is to reduce heart attack and strokes associated with high blood pressure. Its 2013 campaign encourages you to:

- be aware of the causes and consequences of high blood pressure;
- take care of yourself to prevent high blood pressure;
- know how to prevent high blood pressure and its complications;
- check your blood pressure and follow the advice of health-care professionals;
- create enabling environments for healthy behaviors;

Celebrate world health, everyday by joining the campaign to prevent and treat high blood pressure. If you do you will reduce heart attacks and strokes for yourself, your family, your community, our world.

For more information visit: http://www.who.int/world-health-day/en/ and be sure to visit your health care provider to have your blood pressure checked.
World Immunization Week is observed all over the world during the week April 24 – 30, 2013. During the celebration the World Health Organization (WHO) promotes what it calls one of the world’s most powerful tools for health. It is “the use of vaccines to protect, or immunize, people of all ages against disease.”

According to the WHO “Immunization is one of the most successful and cost-effective health interventions and prevents between 2 and 3 million deaths every year.” Infants as well as senior citizens are immunized and protected against diseases such as diphtheria, measles, pertussis (whooping cough), pneumonia, polio, rotavirus diarrhea, rubella and tetanus.

Adolescents and adults also benefit from immunization. It protects them against life-threatening diseases such as influenza, meningitis, and cancers (cervical and liver cancers).

In Dominica over 95% of children are immunized. Thanks to the community midwives and nurses under the leadership of the Expanded Program of Immunization Manager and Senior Community Health Nurse, Mrs Florestine Lewis.

According to WHO, an estimated 22 million infants in the world are not fully immunized; more than 1.5 million children under the age of 5 years die as a result of lack of immunization.

“The ultimate goal of World Immunization Week is for more people and their communities to be protected from vaccine-preventable diseases.” So says WHO, who with the help of its partners want to: 

- convince people that immunization saves lives;  
- mobilize action to increase vaccination coverage with existing and newly available vaccines in underserved and marginalized communities; 
- reinforce political support for global immunization goals.

Protect your world – get vaccinated! This is the message WHO would like to convey this year. Selected vaccinations are available free of charge and by appointment with your district nurse. Some vaccines are also available at a cost from nurses and doctors in private practice.

For more information on World Immunization Week visit: http://www.who.int/mediacentre/events/annual/immunization_week/en/index.html

CLEAN HANDS SAVE LIVES.  
Remind your healthcare providers to wash their hands and wash yours too!
“Girls are eating too much fast foods and need to move away from that practice. We can do this by supporting our local fisheries and markets.” So says reigning Carnival Queen, Leslassa Armour-Shillingford when she was asked to identify health problems affecting girls her age. She is correct because fast foods are usually high in fats and calories and contribute to obesity, diabetes and high blood pressure among other diseases.

Leslassa’s concern is in keeping with that of the Caribbean Food and Nutrition Institute which has always recommended that teens eat a balanced diet and be physically active as a means of dealing with the problem. They suggest that teens have three regular meals a day and should eat foods from all the food groups. Food groups include staples, fruits, legumes and nuts, foods from animals, fats and oils and vegetables. Instead of eating fast foods when away from home the institute suggests that teens carry nutritious economical snacks such as milk, biscuits, fruits and sandwiches made with protein and vegetables.

Queen Leslassa is also concerned about girl’s sexual health. “Girls need to respect themselves and demand respect. It is important when you are dating to get to know the person before becoming intimate,” she said. Ms Armour-Shillingford must have been raised up the good old-fashioned way which was reflected when she reminded her peers, “It is not old fashioned to wait before taking part in a serious activity as sex.”

Unfortunately many girls do not wait, not realizing the health problems that could be caused long past their teen years. Leslassa is also aware of the problem of sexual abuse and encourages girls to talk about it in an effort to stop it.

Correct and delayed choices about sex can prevent teen problems such as sexually transmitted infections (STIs), unwanted pregnancies, single parenting, lost dreams and psychological trauma. Girls can also prevent future STI related problems such as infertility, abortions, premature births, and cancer of the cervix (the opening of the womb) by abstaining from sex during their teen years or protecting themselves from infections and pregnancy with the use of condoms if they so decide to have sex.

According to Medline Plus some of the biggest choices teenagers make are about their health. Leslassa believes that holistic education can help them make the correct choices. “Health issues are definitely part of my platform. Holistic Education for All incorporates health and the educating of people about the threats that exist but more importantly teaching them how to avoid these health issues.” These are the plans of the visionary Leslassa who hopes to engage in health education not only during her reign but in the future too.
Nurse Injured by Electric Shock
Not Yet Compensated

Nurse Cecilia Robin was injured by an electric shock while on duty at the Dialysis Unit of the Princess Margaret Hospital in May 2010. Since then she has suffered tremendously, not only physically but emotionally and financially, particularly since the government has failed to compensate her for this on the job injury.

Nurse Robin took the matter to court several months later only to find that the state applied to the courts to throw out her claim. The Attorney General acting on behalf of the state, applied to throw out the case on the basis that the hospital was carrying out renovation of the Dialysis Unit to improve health care for the public at the time the nurse was injured. He further explained that it was not fair for her to take legal action in light of the renovation work.

In 2012 the state’s application to strike out Nurse Robins claim was dismissed, on the premise that the renovation of the Dialysis Unit was not in direct execution of health care but was rather a facilitator of it.

Last March, the opportunity was again given to the state to settle the matter of compensation for Nurse Robin, but the state chose to go to trial.

“I am frustrated because they are dragging their feet,” said the hurting Nurse Robin. “Anyway, I have God on my side, so I am hopeful that if I am compensated soon enough I stand a chance of seeking help to prevent further deterioration of my condition”. Nurse Robin has been out of job and income as a direct result of her injury. She has also been in and out of hospital seeking pain relief in her affected arm.

As a health care provider Nurse Robin was gentle and compassionate; now a patient and a victim, she seeks compassion from the chief healthcare provider of the state, the government. If the matter is not settled soon, this May will be three years since Nurse Robin turned to the state and found that the wheels of justice turn slowly and painfully.
MY CHECK UP DIARY

Request the tests which pertain to you from your healthcare provider and record the date and results in the last column. Remember your health is your wealth!

<table>
<thead>
<tr>
<th>Test</th>
<th>What it is</th>
<th>Who should do it</th>
<th>Where to do it</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Random Blood Sugar (RBS)</td>
<td>the amount of sugar in the blood at anytime;</td>
<td>anyone, people with or at high risk for diabetes</td>
<td>health centre/doctor’s office</td>
<td>Date done:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Results:</td>
<td></td>
</tr>
<tr>
<td>Fasting Blood Sugar (PBS)</td>
<td>the amount of sugar in the blood after fasting for about 8 hours starting from midnight; usually done in diagnose and monitor people with diabetes;</td>
<td>anyone, people at high risk for diabetes</td>
<td>health centre/doctor’s office</td>
<td>Date done:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Results:</td>
<td></td>
</tr>
<tr>
<td>Blood Pressure (BP)</td>
<td>the force placed on your blood vessels by your circulating blood; usually tested to detect hypertension the cause of stroke and heart disease;</td>
<td>anyone, people at high risk for hypertension</td>
<td>health centre/doctor’s office</td>
<td>Date done:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Results:</td>
<td></td>
</tr>
<tr>
<td>Body Mass Index (BMI)</td>
<td>a test done using weight and height to estimate body fat; it is an objective measurement of obesity;</td>
<td>overweight people</td>
<td>health centre/doctor’s office</td>
<td>Date done:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Results:</td>
<td></td>
</tr>
<tr>
<td>Cholesterol</td>
<td>a waxy, fat like substance naturally found in the body; normally tested to detect risk for heart and circulation diseases;</td>
<td>20 years and over</td>
<td>health centre/doctor’s office</td>
<td>Date done:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Results:</td>
<td></td>
</tr>
<tr>
<td>Electrocardiogram (ECG)</td>
<td>a test done to see if the heart is working well</td>
<td>35 and over</td>
<td>doctor’s office</td>
<td>Date done:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Results:</td>
<td></td>
</tr>
<tr>
<td>Testicle Exam</td>
<td>self examination to check for lumps for testicular cancer</td>
<td>15 years and over</td>
<td>home</td>
<td>Date done:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Results:</td>
<td></td>
</tr>
<tr>
<td>Prostate-specific antigen (PSA)</td>
<td>a special fluid found in men to help their sperm swim freely; a PSA test is usually done to test for prostate cancer;</td>
<td>40 years and over</td>
<td>health centre/doctor’s office</td>
<td>Date done:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Results:</td>
<td></td>
</tr>
</tbody>
</table>

ROSIES & THORNS, APRIL - JUNE, 2013 28
<table>
<thead>
<tr>
<th>Test</th>
<th>What it is</th>
<th>Who should do it</th>
<th>Where to do it</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Exam</td>
<td>Self examination to detect changes in breast tissue or appearance</td>
<td>18 years and over</td>
<td>home</td>
<td></td>
</tr>
<tr>
<td>Papanicolaou (PAP Smear)</td>
<td>A test done using the mucus on a woman’s cervix (neck of the womb) to detect diseases including cancer</td>
<td>18 years and over</td>
<td>health center/doctor’s office</td>
<td></td>
</tr>
<tr>
<td>Human Immuno Virus (HIV) Elisa and Western Blot</td>
<td>Potent virus affecting the human immune system and which can lead to Acquired Immune Deficiency Syndrome (AIDS), it is commonly a sexually transmitted infection but can be spread by other means</td>
<td>anyone; people who have sex; pregnant women; sexually abused or raped victims</td>
<td>health center/HIV AIDS Prevention Unit/doctor’s office</td>
<td></td>
</tr>
<tr>
<td>Rapid Plasma Reagent (RPR)</td>
<td>A blood test to screen for syphilis, a potent sexually transmitted disease</td>
<td>anyone; people who have sex; pregnant women; sexually abused or raped victims</td>
<td>health center/doctor’s office</td>
<td></td>
</tr>
<tr>
<td>GC test</td>
<td>Test for the bacteria causing the STI gonorrhea;</td>
<td>the sexually active; the raped victim or sexually abused child</td>
<td>health center/doctor’s office</td>
<td></td>
</tr>
<tr>
<td>Mantoux or Tuberculosis skin test</td>
<td>A skin test to detect the Tuberculosis (TB) germ;</td>
<td>5 years and over</td>
<td>health center</td>
<td></td>
</tr>
<tr>
<td>Tonometry</td>
<td>A test done to check for signs of glaucoma, an eye disease that can lead to blindness</td>
<td>40 years and over</td>
<td>eye doctor</td>
<td></td>
</tr>
</tbody>
</table>
Getting the care that’s fair and square

If your health care provider gives you a diagnosis,
And uses big words like cirrhosis or coronary thrombosis;
Make sure you ask for an explanation to lighten your vocabulary crisis.

If your healthcare provider has the flu,
He or she should not care for you.
Or before you know it, you’ll be down with the flu too.

If your healthcare provider has not washed his or her hands,
He or she should not touch you whether you are woman or man.
Because this may just get you more sick and change your health plan.

If your healthcare provider has not asked your permission for a procedure,
Nor given you an explanation, say for antibiotics when you have no fever,
Politely demand these, because you’re not a simulator occupying hospital furniture.

If your health care provider violates your right to dignity and respectful care,
This may cause you psychological and emotional wear and tear;
So tell him or her and notify the boss, thereby guarding your right for care that’s fair.

If your health care provider denies you the right to informed choice,
This may be considered health care abuse, the form that silences your voice;
So stand up and speak up concerning what you shall pay for on that health care invoice.

And if your health care provider delivers care that is safe, effective, and ethical,
Flavored with compassion, empathy, gentleness, integrity, and advocacy that is impartial;
Please tell him or her so, for that’s your national, international and heavenly health care professional.

by Rosie B Felix
Dear Uncle Bones

How are you and Aunty Mags?

I am saddened but not surprised to hear that you and cousin Debbie have been diagnosed with diabetes. I am however very glad that you decided to have your blood sugar checked by your community nurse and so was able to catch the problem early.

I know that you have been educated on how to manage your diabetes already but I want to stress heavily on the importance of keeping your blood sugar at normal levels which is 60 – 110 mg/dl. First of all remember that both of Grandpa’s legs were amputated because of diabetes and Mama Dolly had eye and kidney problems for the same reason.

The problem is that when blood sugar is high it damages blood vessels and nerves especially in your eyes, heart, kidneys, penis and feet. You do not even feel that your blood sugar is high far less to feel it damaging your blood vessels and nerves. People mostly know that their blood sugar is high by doing a blood sugar test. Other than that they feel fine. Sometimes people collapse and become unconscious as a result of very high blood sugar or very low blood sugar. The longer your blood sugar remains high the more damage is being done. So please Uncle, control your blood sugar and keep it normal if you want to live long!

On a similar note please send me Debbie’s email address. I need to warn her about the serious problems diabetes can cause a woman and her unborn baby.

Finally tell Aunty Doedoe to send you a glucometer the next time she sends a barrel. Your community nurse can always teach you how to check your blood sugar yourself.

Lots of love to you and Aunty Mags.

Tootoophie
1. To prepare for an FBS test you should:
   a. Go to sleep at midnight then carry your breakfast to the lab.
   b. Have nothing to eat or drink from midnight and until the blood is drawn in the morning.
   c. Fast from midnight and then go to the lab with a box of glucose.
   d. Have breakfast and report to the lab 2 hours after.

2. A nurse is about to give you an injection you know nothing about. You should:
   a. Accept it because injections are good for pain.
   b. Ask him/her for an explanation.
   c. Report him to the matron.
   d. Accept it because the nurse always has good intentions.

3. RPR is a test done to screen for
   a. cancer
   b. syphilis
   c. blindness
   d. gonorrhea

4. Immunization protects people of all ages from many types of diseases. Which of the following diseases is prevented by immunization?
   a. appendicitis
   b. meningitis
   c. HIV AIDS
   d. diabetes

5. Complications of high blood pressure are all of the following except:
   a. stroke
   b. heart attack
   c. kidney failure
   d. tuberculosis

6. Which of the following statements is correct, if made to a woman in labor?
   a. Labor pains are normal, but I can give you pain medication if you like.
   b. You have no choice, the doctor has ordered it, you must have it or else ...
   c. Every woman must have an enema in labor; please don’t waste my time.
   d. Your boyfriend should be here to support you, not your mother-in-law.

7. Which of the following is an abnormal blood sugar result?
   a. 25 mg/dl
   b. 75mg/dl
   c. 100 mg/dl
   d. 110 mg/dl

8. Which of the following about diabetes is false?
   a. it runs in the family
   b. pregnant women can get it
   c. it affects unborn babies
   d. it causes broken bones which lead to amputation of lower limbs

9. Which of the following organizations is involved in promoting the Universal Rights of Pregnant Women?
   a. FDA
   b. DNA
   c. WRA
   d. CDC

10. Which of the following is not a cause of babies’ death?
    a. Prematurity
    b. Infections
    c. Asphyxia
    d. Fracture
Guidelines for Contributors

We welcome contributions from:

Healthcare Professionals/Other Health Workers/Students of Health Sciences: You are encouraged to be part of the health information for all campaign by using this medium; you may also write about your work and study experiences.

The General Public
You are encouraged to share health information or experiences; you may also ask questions any aspect of health and health care.

To submit an article:
Type it in size 12 font and in double space; then save it in both word and pdf documents and email it to rosiesandthorns@gmail.com

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Research may be original or reviews and should not exceed 1000 words. They should include introduction, aims and objectives, background, findings, discussion, and recommendations. Research articles must be broken down as simple as possible without unexplained technical jargon.

Non-Research Articles
These include but are not limited to health education, commentaries, reports, health events, health worker experience, and patient/client experience and should not exceed 500 words. Features are welcomed on health professionals/workers and centenarians and should not exceed 1000 words; creative writing, letters and questions on health matters are also welcomed.

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... they can fix your bones, but not your brains

wear your helmet
don’t be a death target!