

## 2019 SEPTEMBER UPDATES FROM MINISTRY OF MERCY, NIGERIA Inc.

Warm greetings to you from all of us at Ministry of Mercy, Nigeria Inc. Welcome to the September edition of our updates. We believe you are enjoying the peace of the Lord which transcends all understanding. God continues to be faithful all the time. All the three arms of our mission (MoM Medical Center, MoM Orphanages and MoM Christian Academy) are witnesses of His faithfulness and love. Our update for the month reflects much of these. God bless you as you read through.

### MoM MEDICAL CENTER



As always, the month's update on our mission hospital is presented along the paths of the three main domains of the hospital's activities – General healthcare, Charity and the Gospel. We have the following few selected stories and relevant statistics:

## GENERAL HEALTHCARE.

### 1. Severely Malnourished Twin Orphans Get Help at MoM Medical.



Peter and Paul were brought to the MoM Medical Center orphanage in Lokoja on September 9, 2019, following the death of their mother 4 days earlier. They were delivered by Cesarean section in another hospital in Anyigba, 4 months earlier. Ever since their birth, their mother was said to have been unstable in her health till her death. During this period, these babies suffered maternal deprivation and had been fed on custard instead of milk because their mother was not stable enough to breast feed them. As a result of this, the babies became very malnourished and were brought to the orphanage sick with severe malnutrition, failure to thrive and candidiasis. At 4 months of age,

each of them weighed only 2.5kg (which is just 40% of their expected weight). They were taken to MoM Medical Center and admitted for stabilization and treatment. On hospital admission, the medical team left no stone unturned in reviving these kids. Immense supplemental nutrition played a chief role in their treatment plan. Treatment has been greatly successful. They have visibly improved in every aspect – physical appearance, social interaction, psychological development, social interaction and body weight. Weight gain is remarkable. Their weights have jumped from 2.4kg each to 4.8kg (for Peter) and 4.5kg (for Paul). Praise God for His goodness!

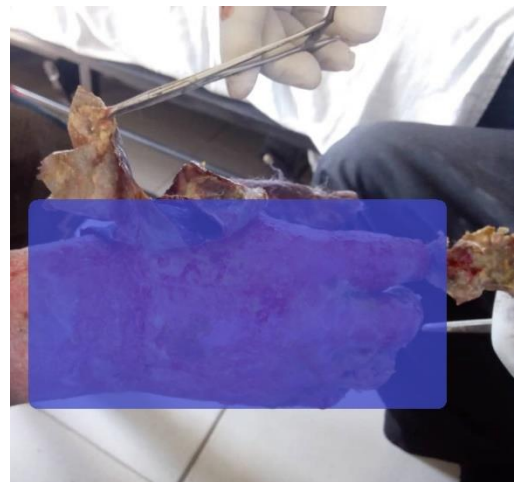


**2. Burns Injury from Road Traffic Accident:** A young woman was brought to MoM Medical



Center with severe burns to nearly the entire surface of her right hand (sparing only part of the palm), a portion of her left hand and part of her face, following a ghastly auto-accident with an associated inferno. She did not come to the hospital until after one month after the accident. She was rather taken to some “quack” outside the hospital setting for care. Unfortunately, inappropriate treatment was administered. Rather than heal, the injuries deteriorated greatly, leaving a completely dead, thick layer of tissue over the entire surface of the dorsum of the right hand. During treatment at MoM Medical, a

debridement (removal of dead tissue) had to be carried out to take off the dead layer, and to allow appropriate treatment of the viable underlying tissue. The dead layer came off almost like taking off a hand glove lubricated by pus. Infection festered beneath this layer of dead tissue, revealing a raw layer of flesh. A lot of work is required to care for this hand to prevent a number of possible complications that could follow, such as wide spread infection, contractures etc. With good care and prayers, we are hopeful of a good outcome. Please remember her in prayers.





3. **Surgical exploration for Chronic Abdominal Pain.** It can be recalled from our August report that Stephina, one of our MoM orphanage children, a seven-year-old girl has been troubled by recurrent severe abdominal pains for quite some time. During episodes, her normal life is completely disrupted. Various treatments have been given without success. After several days on admission in MoM Medical Center, she was recommended for referral to the country's national hospital by our pediatrician. She spent several days at the national hospital, undergone various investigations, including barium meal. A definitive diagnosis could not be pinned down still. The pains returned after a week. Further research by the team of doctors showed that similar cases around the world have a chance of obtaining relief after elective removal of the appendix and this was exactly what was done for the child. She had a successful surgery and recuperated well. However, shortly after discharge the pains returned again, and she was recommenced on anti-ulcer drugs with profound improvement. The pediatrician has described this case as a diagnostic dilemma and expressed concerns that she may grow up to continue having recurrent vague abdominal pains without any diagnosis. More prayers are needed for her as we trust God to complete her healing in Jesus name.
4. **Little Girl with Acute Abdomen Gradually Improving Post-Operatively.** Favor is a 6-year old girl who was brought in by the father in critical condition with abdominal swelling, fever and passage of bloody stools. The medical team admitted and resuscitated her extensively and did basic blood tests. After few days, a decision was made to do exploratory surgery to determine the cause of the problem and correct such. Specific abnormalities were not found during





surgery except for dilated bowel loops and healed scars in some parts of the intestine. The intestine was decompressed and the abdomen was washed with antibiotics. She is still on admission post-operative and making gradual recovery. We remain hopeful that she will make a complete recovery and return to her normal life. The post-operative is usually a tough period, and full of uncertainties sometimes.

5. **Head injury in a Baby.** A 3-month-old girl named Purity was said to have accidentally fallen the back of an older child, with resultant head impact on the ground. She was rushed to MoM Medical Center where resuscitation was carried out. An urgent medical brain imaging (with the aid of CT scan) was ordered. The scan revealed a mild, undisplaced skull fracture and little bleeding within the skull, but external to the sac covering the actual brain. She was immediately referred to a tertiary specialized center where further management was carried out. Thankfully, she did not need surgery.
6. **Breast Cancer Continues to Respond to Chemotherapy.** Sequel to earlier reports concerning the woman with breast cancer, she has continued to have her chemotherapy medications on schedule and has thus far been tolerating them with minimal side effects. The surgeon in charge has recommended that she would have to undergo mastectomy (surgical removal of the breast) now that the tumor is shrunk, however the woman is vehemently refusing surgical intervention despite extensive counselling. We are hopeful she has a rethink about it soonest because giving chemotherapy without removing the breast will eventually turn out to be an exercise in futility.

On the whole (for general healthcare), we had **404** clinic visits, **37** ward admissions, **63** people received immunization, **10** surgical procedures, **16** child deliveries, drugs dispensed to **148** patients, **499** laboratory tests done, **1** woman received contraception, **4** blood transfusions amongst others.

## CHARITY:

A lot of free medical services were given to several patients, some of whom could not have been able to afford it on their own. Free cesarean sections were a prominent among these. Few of these services are narrated below.

1. **Preterm birth due to Pre-Eclampsia.** A 30-year-old mother of four, and wife of a missionary in



her 5th pregnancy at 30-week gestation was discovered during one of her antenatal visits to have severe pre-eclampsia, with a blood pressure of 300/200mmHg! In Nigeria, after post-partum hemorrhage, pre-eclampsia is one of the leading causes of maternal deaths. But beyond the risk of maternal mortality, there is the problem of prematurity of the baby at birth because there is usually a need for early delivery to stop the progression of disease. This is because pre-eclampsia is perpetrated by the continued presence of the baby/placenta in the womb. When pre-eclampsia develops too early in a pregnant woman, her baby is likely to be delivered prematurely by doctors therapeutically. Delivery could

be by an emergency C-section or induction of labor. Fortunately for our patient, she didn't have to go through a C-section. One night she unexpectedly fell into labor and delivered a baby boy (This is one of nature's way of dealing with the problem: the baby is seen as a stressor and subsequently expelled). Post-delivery, she had a retained placenta (failure of the placenta to be expelled spontaneously or by traction from the midwife) which could make her bleed excessively. However, the doctor on duty swung into immediate action and performed maneuvers to manually remove the placenta. She did have some postpartum bleeding but all thanks to God, this was put under control. The birth weight was 1.9kg. This low birth weight is expected because of the prematurity. With good management in the hospital for 2 more weeks his weight rose to 2.5kg before our pediatrician discharged him. Child birth was free of charge like every other birth in MoM Medical Center.

2. **Baby Delivered in "A Pool of Pus", Survives with The Mother Despite All Odds.** A 20-year-old



Fulani lady who was unregistered for antenatal care came to MoM Medical Center in labor. Due to prevalent illiteracy and lackadaisical attitude to health, Fulani women almost never attend antenatal clinics nor deliver their babies in hospitals. So, seeing a Fulani woman in labor coming to the hospital raises a "red flag" to the health workers. When she was brought, she had been in labor for almost 2 days. When she was examined, she had copious, foul-

smelling discharge (significant of severe infection) and the labor was obstructed. Either of these two indicates potential jeopardy to the unborn baby. An emergency C-section was arranged. The baby was literally brought out in a pool of pus! The mother's womb was full of pus which the baby had aspirated into his lungs and stomach. The baby was delivered with severe birth asphyxiation, a condition in which a newborn is unable to initiate or sustain breathing which leads to profound damage to the brain and almost every vital organ. The baby was found to also have congenital pneumonia. These two conditions are deadly, and the two co-existing will make matters worse. He weighed 3.6kg at birth (about 8lbs) which is the reason he got stuck in the maternal pelvis and shortly after birth developed seizures. We did not have all the facilities required for his perfect care but neither could we refer them elsewhere because they are financially handicapped and with their low level of literacy, one could be sure that they would rather simply take the baby home and watch him die. With the due diligence and dedication of the medical team, both the baby and the mother survived. The baby later had mild jaundice which resolved spontaneously. Both mother and baby are alive and well. It was indeed a great victory. Praise the Lord. On the side of the mother, prolonged obstructed labor exposes the urinary bladder to excessive pressure from compression between baby's head and the mother's pubic bone, leading to a risk soft tissue death and subsequent sloughing off, leaving behind a defect called a vesico-vaginal fistula. To prevent this, the patient had to be observed in the hospital with a urinary catheter in place for 2 weeks. She recuperated well. She was discharged free of the feared complications. Thanks to God!

3. **Severe Birth Asphyxia.** Funso is a 36-year-old woman who has had a delay in childbirth with



her husband for 9 years. She booked for antenatal care at MoM Medical Centre. She had an uneventful pregnancy and spontaneously fell into labor. Labor progressed smoothly with no signs of fetal distress but the baby was born with severe asphyxiation. He was almost dead at birth but was aggressively and extensively resuscitated by the medical

team. His umbilical cord was noted to have degenerated before birth. He developed breathing difficulties shortly after and was placed on oxygen and several medications. As the pediatrician later pointed out, the baby's umbilical cord had twisted while in the womb and so he had been starved of oxygen and nutrients for a long time before birth which led to chronic asphyxiation. The prognosis (possible outcome) was really bad and the picture was looking hopeless. We continued to pray and care for the child in all ways medically at our disposal and God crowned our efforts with success. The baby started recovering and went on to regain all his normal functions. Glory to God! He has been discharged with the mother and is growing well. Birth weight is 2.9kg. Treatment for children of this age group is free of charge in MoM Medical Center.

4. **Twin Pregnancy with Potential Fatality Successfully Delivered by Surgery.** Rebecca was a 35-year-old mother of 4 who now had a 5th pregnancy with twins. She had not booked for antenatal care but only did an ultrasound scan when she perceived that her time for delivery was near. Unable to afford hospital bills, she opted for homebirth. However, things did not go as planned as she labored for almost a whole day without delivery. She presented to the hospital and it was found that the leading twin was breech (coming with the buttocks) while the second one was coming head-down. This is a particularly dangerous combination because the heads of the two babies has a high chance of getting locked together leading to the demise of both twins during labor. This complication is called locked twins syndrome and will require a C-section to deliver whether the babies were still alive or not. She had an emergency C-section and both twins were delivered in good condition.
5. **Two More Free Cesarean Sections Were Done:** 1. Severe pre-eclampsia and 2. Post-dated pregnancy with fetal macrosomia (4.5kg). Everyone of them came out safe and successful with live babies and mothers. Glory to God!



On the whole (for charity), **16** women had free child birth 4 of whom were cesarean sections, **122** free consultations (for children below 1 year, orphans, indigent patients and pregnant women), **08** free surgical procedures, free drugs dispensed to **140** people (pregnant women, children below 1 year and orphans), **83** free lab investigations (for orphans, children below 1 year and indigent patients).

## THE GOSPEL:

1. **Muslim Woman Receives Christ in the Hospital!** A middle-aged woman, mother of two (let's call her Ramat) was brought to MoM Medical Center through the emergency unit. She had just had her third child birth at home few hours earlier, but the baby died. Ramat had to be rushed to the hospital moribund on account of hypovolemic shock and puerperal sepsis with associated HIV infection. Drastic emergency measures were taken by the medical team on duty, and to the glory of God, this dying woman headed back to the land of the living until she was stabilized. Few days later when she was strong enough, the gospel of Christ was explained to her, she joyfully received the Lord! Isn't it great that her appointment with death was cancelled in order to give her a chance to gain eternal life? We believe that God is involved in this interruption of her journey into eternity at this time. We believe that God has positioned Christians medical mission organizations such as MoM Medical Center at the boundary between the living and the dead for such times as this. It's a joyful experience and testimony for Ramat, and an encouragement for us all who are trusting the Lord to save souls every day. Let's praise God for Ramat's salvation, and pray that she will be forever established in the house of the Lord.



The gospel continues to be preached to many souls in different forms: one-on-one or in groups during our morning devotional sessions in the hospital. Your prayers continue to be needful. ***Ephesians 6.18-19.***

May we continue to be fruitful in every aspect as a Christian medical center by the grace and mercy of God.

Blessings,

**Friday Odiba**

**On behalf of the MD,**

**MoM Medical Center Team**

## MoM ORPHANAGES.

The two locations of MoM orphanage – Otutulu village and Lokoja – keep receiving and caring for more and more orphans.

**Six New Arrivals in MoM Orphanage Homes.** 2 sets of twins and 2 single births came in September.

1. The story of the twin boys, Peter and Paul has already been shared under the general healthcare segment of the MoM Medical Center report above. Following the death of their mother they were brought to the orphanage severely malnourished. Subsequently taken to the MoM Medical Center for healthcare, successfully treated and discharged back to their new home in the orphanage in Lokoja. We pray for divine grace for physical and spiritual nourishment of these boys in their new environment at the orphanage.



2. Another set of twins (Ojoma Fidelia – 2.5kg and Ojonugwa Jennifer – 2.4kg) were brought to MoM orphanage Otutulu on September 4<sup>th</sup> 2019. Though twins, they were born on different days. Ojoma was born on September 1<sup>st</sup>, 11pm while her sister Ojonugwa was born the following day, 2<sup>nd</sup> September, 3pm (16 hours later). This is clearly a case of a retained second twin poorly managed. Unfortunately, their mother died from birth complications. She gave birth in a prayer house rather than a hospital. She was said to have needed medical attention after child delivery but this was ignored due to the doctrine of the prayer house! Ignorance is a major killer in this part of the world. We pray for divine intervention in this aspect.





3. Naomi Zegebe Daudu was born on 5<sup>th</sup> September 2019. She was said to have lost her mother at birth from severe post-partum hemorrhage, and was brought to MoM Orphanage at Otutulu. She hails from Idere village in Bassa Local Government Area of Kogi State. Her weight on arrival was 2.5kg.



4. Ohochepe Samson was born on September 7<sup>th</sup>, 2019. He was brought to MoM orphanage Otutulu from Olegede, Agatu Local Government of Benue State – another state in the country.



Mother had undergone a C-section in a hospital and was said to have died before recovery from anesthesia.

Please pray for these new arrivals that God Himself will be their keeper as they live with us.

Sincerely yours,

*Monday Alidu.*

## MoM CHRISTIAN ACADEMY

A few notable events took place at the academy this season.

**School Resumes for a New Academic Session.** On the 2<sup>nd</sup> of September, the MoM Christian Academy premises came alive again as pupils and students return to school after the long holiday to start the new



academic session. children successful from the previous promotion examination will be moving to new classes (some have graduated). Newly admitted children have also resumed school. New students continue to join the academy from both within and without the orphanage. A total of 74 children were admitted into the academy this new session. The high school (secondary school) took in 26 new students while the elementary school (primary school) took in 48 new pupils.



**Academic work has begun in earnest.**



**Pupils waiting for their meal during break**



The academic session comprises three terms: first term, second term and third term, with intervening periods of holidays. Each term lasts for 3 months. The first term is expected to end with an examination session by December 2019

We pray for a great academic session for these kids, free of hitches by the special grace of GOD.

Warm regards,

*Becky Attah*

## ***PRAYER REQUESTS***

1. Give thanks to God for every healing, every salvation and every act of love in ministry of Mercy. It is all because of His grace and mercies.
2. Pray for the new orphans that were received into the orphanage for the month of September, that God will grant all that is required to successfully raise them. Also ask God to comfort all the families who lost the mothers of these orphans.
3. Pray for the little girl Stephina, that God will totally heal her, and bring her pain to a final end.
4. Pray for the spread of the gospel Jesus Christ among our patients at the MoM Medical Center. A lot of non-Christians come to this hospital. May the Lord reveal Himself to them unto salvation in Jesus name.
5. Pray for more hands to join the work in the Ministry of Mercy as the work continues to enlarge and prosper.

*Thank you for your invaluable continuous partnership in prayers, thanksgiving and giving.*

**With Much Love from the MoM Team!**

[www.ministryofmercy.org](http://www.ministryofmercy.org)

**Ministry of Mercy..., *Love finds a way. 1 Cor. 13:7***



## ***DONATIONS***

*You are welcome to help more of these kind of people get help however you can: you can help a pregnant woman access a doctor for antenatal consultation and care, or help her give birth in expert medical hands, or help a sick child see a doctor, or any of these under listed services, for free or at an affordable subsidy through your donations as God will enable you. All donations are welcome.*

<b>Maternal Care</b>	<b>Full Cost Waiver in Naira</b>	<b>Full Cost Waiver in USD</b> Current exchange rate averages 362 naira per dollar, but may increase or decrease at any time.
Cesarean section	150,000 naira	\$416.00
Normal delivery	22,000 naira	\$61.00
Antenatal consultation	300 naira per visit	\$0.85
Routine antenatal drugs/medicines	Average 4,000 naira per pregnancy	Average \$11.00
Other Medical Services	Total in 2018: 2,300 naira	Average \$6.35
<b>Pediatrics care - Kids below 1 year and all Orphans</b>	<b>Full Cost Waiver in Naira</b>	<b>Full Cost Waiver in USD</b>
Clinic consultation	300 naira per visit	\$0.85
Ward Review	200 naira per review, average 2-7 reviews per hospital stay	\$0.55 per review
Lab tests	Average of 1500 naira per test, average 3-5 tests per patient	\$4.20
Drugs/medicines	600-5,000 naira per course	\$1.70-\$14.00
<b>Other Medical Services</b>	Total in 2018: 2,300 naira per patient	Average \$6.35
<b>Kids aged 1 – 5 years</b>	<b>Half Cost Waiver in Naira. The parents pay the other half.</b>	<b>Half Cost Waiver in USD</b>
Clinic consultation	150 naira per visit	\$0.40
Ward review	100 naira per review, average 2-7 reviews per hospital stay	\$0.30

Lab tests	Average 750 naira per test, average 3-5 tests per patient	\$2.10
Drugs/medicines	1,500-2,500 naira per course	\$4.14-\$6.91
<b>Other Medical Services</b>	Total in 2018 150 naira	\$0.41
<b>Widows and indigent patients</b>	<b>Cost Reduced According to the Patients' Needs</b>	<b>“Sliding Scale”</b>
All Medical Services	Total in 2018 > 93,760 naira	>\$259.00