



Teacher-Mom

inspired

Eastern Cape's first
Foetal Medicine candidate

DR NONTSIKELELO GUBU-NTABA

Subspecialist Award

Walter Sisulu University

Maternal-foetal Medicine

Seeing her mother teach her classmates at the St Joseph's Junior School in Mthatha, and then go on to secure a Bachelor of Education degree during her high school years, inspired Dr Nontsikelelo Gubu-Ntaba to enter academia.

The oldest of three children whose father was an agricultural inspector, she matriculated in 2000 before going on to study medicine. Seeing a close relative of hers succumb to AIDS in 1996 had a major impact on her career choice.

"I know it seems like every doctor says they wanted to help people, but that truly was the case with me. I find witnessing the joy of people interacting with healthcare professionals who have a positive impact on their lives and restoring hope, quite amazing. I remember being asked to write an essay at school on what we wanted to do with our lives. I'd already acquired a basic understanding of HIV and initially thought I'd like to work in that," she says.

Training to save mothers' lives

Today, Nontsikelelo is an Mthatha-based obstetrician/gynaecologist in the first of her Discovery Foundation-funded two-year Foetal Medicine subspecialty, training at Nkosi Albert Luthuli Academic Hospital in Durban.

When she returns from Durban to the Nelson Mandela Academic Hospital, where she's invested 14 years of her life and heads up the obstetrics and gynaecology department, Nontsikelelo will be the only public sector Foetal Medicine consultant in the Eastern Cape. She has ambitious plans to boost maternal care in the Oliver Tambo region, having already conducted multiple "fire drill" training sessions in Essential Steps in Managing Obstetric Emergencies.

This has resulted in a significant reduction in emergency cases presenting to her unit.

"More of the mothers or infants arriving have been resuscitated and stabilised, which frees up much-needed space in the ICU as they only require admission to the High Care ward. We can then treat the really urgent cases instead of being overwhelmed," she says. By teaching interns, medical officers and advanced midwives how to deal with obstetric emergencies, and to identify high-risk patients early in real life situations, she and her 10 obstetric/gynaecologists at the Nelson Mandela Academic Hospital have created more tertiary capacity.

They do weekly "fire drills" on how to handle the most serious cases at the three lesser-staffed district hospitals in their region and conduct twice-yearly intensive workshops. "What this means, is that we get to know the people, improve the quality of their resuscitation and even speak the same language on the referral forms. They also feel more comfortable in calling us for advice because we've developed relationships," she adds.

She wants to extend the training to paramedics who accompany women with birth complications in ambulances, for journeys of up to five hours from outlying rural districts hospitals and clinics.

Skills training outreach

Her research for her Foetal Medicine subspecialty at the Albert Luthuli Academic Hospital is on high-risk pregnancies involving identical twins. The Albert Luthuli Hospital Foetal Medicine Unit typically sees at least two such cases daily, reviewing them fortnightly for complications. The greatest risk period is between 14 and 26 weeks of pregnancy. "We see far fewer of these pregnancies at NMAH, where pre-eclampsia complications are the main challenge. I want to establish at what gestational age it's safer for us to allow such twins to be cared for by an obstetrician/gynaecologist," she explains.

She says things have improved at NMAH over the past two years.

"We still need more equipment and a dedicated obstetric and gynaecology theatre. At present we tend to share instruments and machines with other surgical disciplines. A hysteroscope and laparoscopic machine would also make a big difference. This all impacts on our ability to attract young specialists," she observes.

However, her qualification in Foetal Medicine will boost training at the NMAH/Walter Sisulu University medical campus and save significant cost on travel and accommodation for future generations, not to mention save more lives and avoid complications for her patients.

"We're getting much closer to a multi-disciplinary approach because we have a paediatric cardiologist and an adult cardiologist, an intensivist, a gynaecological oncologist and a general oncologist. I'll also be using the neonatal ICU. This team means, for example, that mothers and babies with cardiac conditions can be managed on-site without being referred out of the province."

Managing her domestic life

Nontsikelelo has a 10-year-old girl, a six-year-old boy, and a self-employed husband who is also studying. She left him behind at their Mthatha home, taking her children and nanny of six years to stay in a rented house in Durban. A marathon runner, Nontsikelelo, does eight to 10km runs three to four times a week and up to 18km on a weekend, if she is training for a full 42km marathon. "I also do weight training with the kids," she jokes.

Nontsikelelo says obstetrics has always been her primary interest. "When I got into obstetrics and gynaecology, I initially thought great, take care of the pregnant woman and send home a happy mom and baby. I think gynae caught me along the way, but doing Foetal Medicine is following my first love."



Considerable impact on care

The impact she expects to make at NMAH when she returns is significant. "I think I'll be able to improve both pre- and post-delivery care. Help my staff prepare for high-risk births, take care of the high-risk mothers better and enhance follow-ups, knowing what complications to look for. We can also train on-site instead of sending registrars away to other tertiary hospitals. That's a lot of financial relief and improved quality of care for our patients."