

HARRIET OKUMU'S JOURNEY WITH PREMATURE BIRTH

On November 17, the world paused to observe World Prematurity Day, an annual event that raises awareness about preterm birth and the challenges faced by the smallest and most vulnerable newborns. The theme for this year was "Give preterm babies a strong start for a hopeful future." Every year, about one in 10 babies worldwide arrives too soon, facing fragile beginnings that require specialised care. As we reflect on the significance of the day, **Jacky Achan** highlights Harriet Okumu's compelling journey, captured in her moving book, 'Hope for Premie Parents', which offers courage and comfort to families of premature babies.



Okumu and her daughter who was born prematurely

Seven days after discovering that she was pregnant, Harriet Okumu sat at her breakfast table in the US. It seemed like any ordinary morning until a sudden, sharp pain gripped her lower abdomen. She describes it as a wave that made her cry out in fear and agony. Her husband had left home to walk their older children to school and then proceed to theology class. She was alone except for her two-year-old daughter who sensed her distress. When the pain eased, Okumu stood up and went to use the toilet. Blood clots stared back at her. She

wondered in horror if she was seeing parts of her baby. She could not bring herself to flush because the idea that she might send her child down the sewer was too devastating to bear. Her little girl, trying to help, brought her the phone. Okumu managed to call a neighbour who quickly rushed over. Together, they contacted her husband. Within minutes, he arrived and rushed her to hospital. There, the medical team tested and examined her for hours. She feared the worst. She even wondered whether she had been pregnant at all or whether she had already lost the child without

knowing. Relief finally came when the doctor told her she was five weeks pregnant, but was experiencing a threatening miscarriage. The baby still had a heartbeat. The doctor ordered rest and advised her to follow up with an obstetrician. Okumu

HER STORY

For Okumu, the story of premature birth is deeply personal because she was born prematurely herself at 28 weeks and now her daughter was born at the same stage. Both were Thursday babies and both are fourth children in their families.

was grateful that her baby was still alive.

As the pregnancy progressed, she endured several frightening episodes of bleeding. One incident happened on Valentine's Day. She recalls how other wives were receiving flowers, while her husband was wheeling her into the emergency room. Despite repeated visits, doctors could not find a clear cause of the bleeding and continued to reassure her that all was well.

Then April 2020 arrived. The world was deep in the grip of the COVID pandemic and Okumu's life took an unexpected turn. She

went into labour at only 28 weeks and delivered a tiny baby girl weighing 1.3kg. She had been looking forward to reuniting with her quarantined husband, who had returned from Uganda and she had even imagined a maternity photoshoot. Instead, her day spiralled into a night of fear and urgency.

Okumu had felt contractions earlier, but dismissed them as false alarms. She could not believe she could be in labour at six months. Okumu bled to the point that her bathtub turned red. Her husband, still in COVID quarantine, was released by

house managers and rushed her to hospital.

Doctors confirmed full labour and told her that her baby's heart rate was dropping. Okumu needed an emergency caesarean section. They explained the risks of delivering so early. She had never undergone full anaesthesia before and was terrified, but accepted that it had to be done.

When she woke up, the first thing she asked about was the baby. They told her she had delivered a girl.

Her husband showed her a picture of their newborn, so tiny and fragile.

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She was covered in tubes and wires, lying in an incubator and fighting for her life.

Seeing her in the neonatal intensive care unit (NICU) was overwhelming. Okumu was struck by how small the baby was and by the frightening sight of machines keeping her alive. She felt anger at her own body for what she saw as a failure and at the doctors who had not been able to identify her complications earlier. But then she remembered her mother's stories.

Okumu herself had been born prematurely at 28 weeks, weighing only half a kilogramme. Her mother used to say she was the size of a rat and that she had been afraid to hold her. Now Okumu understood her mother in a new way and the memory brought comfort. If she had survived such a fragile beginning, then her daughter stood a chance too.

STATISTICS

According to a 2022 Uganda National Institute of Public Health (UNIPH) report, preterm birth is a major global and national concern. A premature birth occurs before 37 completed weeks of pregnancy.

Globally, about 15 million babies are born too soon every year and nearly one million die because of complications. Between 60 and 85% of preterm births occur in Africa and South Asia where healthcare systems face more challenges.

Survival for extremely preterm babies remains far lower in low income countries compared to wealthier nations. Many die because they lack basic care such as warmth, help with breastfeeding, infection control, and breathing support.

In Uganda, the number of preterm admissions has risen sharply. Between 2015 and 2019, the country's admissions climbed at an annual average of 45.6%. The central region saw the highest rates, with 12 admissions per 1,000 live



Harriet and her husband, Yudah Tadeo Okumu, with their four children, including Jessie (front, left), the youngest, born at 28 weeks. Read more about Harriet's premature birth journey in her book, 'Hope for Premie Parents', available in Ugandan and online bookstores

births, while the north and east recorded seven.

Preterm birth remains among the top three causes of newborn death. Yet one in four babies in Uganda is still delivered outside a health facility and only half of mothers who give birth in hospitals receive postnatal checks within two days.

The causes of preterm birth are varied. The UNIPH report observes that nearly half of all cases have no clear explanation. Known causes and risk factors include maternal infections such as untreated urinary tract infections and bacterial vaginosis, issues with the placenta, an incompetent cervix, hormonal problems, anaemia, diabetes, high blood pressure, and poor weight gain.

Behavioural and environmental factors include stress, smoking, alcohol or drug use, physically demanding work, late or inconsistent antenatal care, limited education, unemployment and poverty. Multiple pregnancies such

REACTIONS TO OKUMU'S BOOK

Dr Phillipa Musoke, professor emeritus of paediatrics and child health at Makerere University, says Okumu clearly describes the challenges linked to premature birth and the care required to keep these babies alive. She commends the simple language that helps mothers understand neonatal intensive care unit complexities and hopes the book will inspire communities to support premie mothers anywhere they live.

Dr Olive Kobusingye of Makerere University School of Public Health says if parents of a premature baby read only one book, it should be this one. She calls it a lifesaver for families who suddenly find themselves in a frightening situation. Kobusingye says the book is clear, compassionate and easy to understand and that the stories are powerful testimonies of triumph.

From the US, Dr Musa Yahaya, a Nigerian at the University of Wisconsin Milwaukee, describes the book as an excellent source of encouragement and insight for families.

Dr Anita Tumwebaze Muhumaza of Mulago Specialised Women and Neonatal Hospital believes it will inspire and educate many desperate mothers and families of preterm babies around the world.

as twins or triplets also carry higher risk.

A 2023 study at Soroti Regional Referral Hospital identified similar risk factors and emphasised the role of undernutrition, low

education, unemployment, irregular antenatal attendance, bleeding during pregnancy, and prolonged rupture of membranes. Soroti recorded preterm birth rates as high as 24.6%. The global perspective matches this picture.

The World Health Organisation notes that most preterm births begin spontaneously yet are worsened by stress, infections and limited access to healthcare. Often, however, there is no clear cause.

Researchers recommend that all pregnant women begin antenatal visits in the first trimester, attend monthly checkups, and undergo early screening for high-risk conditions.

Managing premature birth demands skilled care during delivery and specialised support in the days and weeks that follow because the lungs and immune systems of preterm babies are not fully developed. The UNIPH report highlights the urgent need for skilled delivery care and NICU admission for very low birth weight babies. Simple interventions can save lives. Kangaroo care, which involves direct skin to skin contact between the baby and a parent, stabilises temperature, heart rate, and breathing. It also strengthens bonding, encourages breastfeeding, reduces stress, helps babies gain weight, and protects against infection. Feeding support and protection from infection are also critical.

PREVENTION

Prevention strategies include early and regular antenatal care, screening for infections, managing chronic conditions, improving nutrition, spacing pregnancies, avoiding alcohol and smoking, monitoring multiple pregnancies closely, and teaching mothers to recognise warning signs.

OKUMU'S BOOK

Out of her own experience of pain, fear, and eventual healing came Okumu's book *Hope for Premie*

Parents. Written in clear, gentle language, the 80-page book blends real life stories, medical insight, and spiritual encouragement. It is both a memoir and a guide that helps parents navigate the unfamiliar world of preterm birth.

The book includes stories of other Ugandan mothers such as Isabelle Furaha, Allen Mbawonye, Habbibah Namwase, Vicky Acayo, and Dieulah Mbambu. Each story echoes the same journey of fear, resilience, and courage.

Okumu quotes the words of American doctor John D. Lantos, who wrote about the strange and unsettling nature of a NICU in his work *The Lazarus Case*. He wrote that the babies appear unimaginably small and seem almost part human and part machine because of the many tubes and devices that surround them. His words matched what Okumu saw and felt. She also includes the reassurance from Kelli Kelley, a premie mother and founder of the NICU Parent Network, who says that parents must know that their emotions are valid and that they will not be judged for them.

The book also features photographs of Okumu's daughter from birth to age four, as well as images of Ugandan mothers practising Kangaroo Care.

For Okumu, the story of premature birth is deeply personal because she was born prematurely herself at 28 weeks and now her daughter was born at the same stage. Both were Thursday babies and both are fourth children in their families. She says raising a premie fills a parent with wonder and gratitude, because every moment of good health feels like a gift and nothing can be taken for granted.

Today her daughter is a lively five-year-old. Through *Hope for Premie Parents*, Okumu transforms her family's trials into a message of courage for others. The book reminds parents that hope is real and attainable even in the darkest moments.



Okumu