

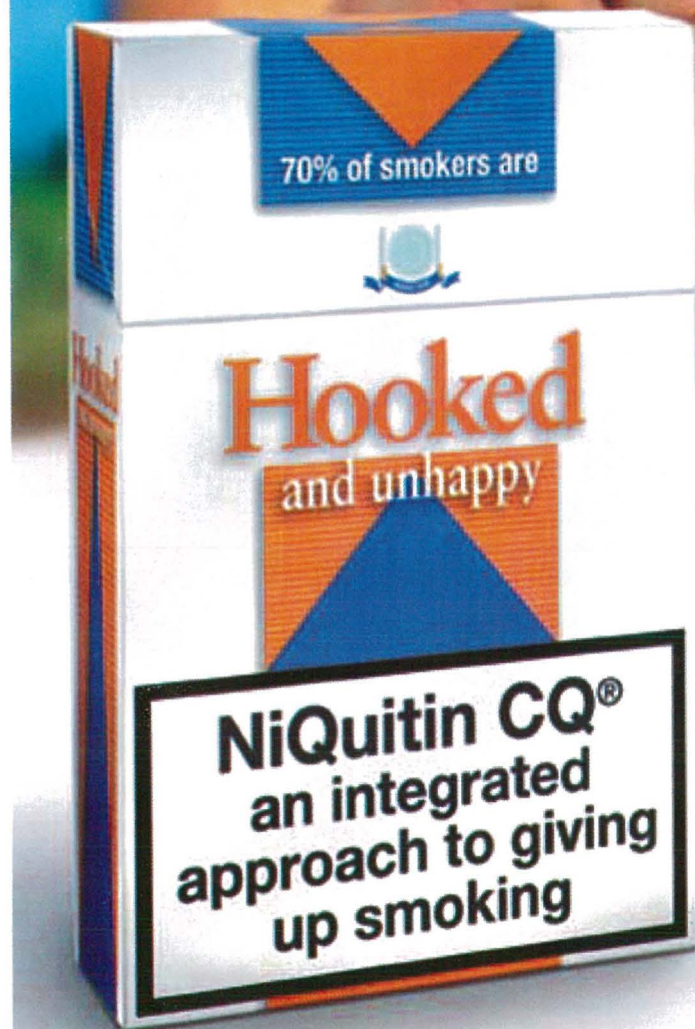
IL-MUSBIEH

MALTA NURSING AND MIDWIFERY JOURNAL

Over and Under-Nutrition in Hospital

- Rolling back HIV/AIDS in Africa
- Life-Long Learning Survey
- Verbal abuse of Children
- Teenage Pregnancy
- L-Istorja tal-Midwife
- Glaucoma

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Il-fehmiet li jidhru f'dan il-Ġurnal mhux neċessarjament li jirriflettu l-fehma jew il-policy ta' l-MUMN.

Il-bord editorjali jiggarantixxi id-dritt tar-riservatezza fuq l-indirizzi ta' kull min jirċievi dan il-Ġurnal.

Cirkulazzjoni: 2136 kopja

Dan il-Ġurnal jitqassam b'xejn lill-membri kollha u lill-entitajiet ohra, li l-bord editorjali flimkien mad-direzzjoni tal-MUMN jiddeċiedi fuqhom.

Kull bdil fl-indirizzi għandu jiġi kkomunikat mas-Segretarija mill-aktar fis possibli.

Set & Printed:



A&M Printing Ltd. - 2155 3217

Minn Studenti għal tal-post

Il-proċess ta' transizzjoni minn studenti tal-IHC għal Staff Nurse hu kkaratterizzat minn diffikultajiet u rebħiet fir-rwol ġdid tagħhom li mhum iex ftit u kultant emozzjonali sew. Il-bidu ta' kull student/a fl-IHC diġà jkun iebes għaliex qed tingħata l-impressjoni li mpjeg awtomatiku fil-qasam tas-saħħa mal-gvern mhux wieħed garantit.

Il-mixja fl-istudji tagħhom ġewwa l-IHC hija waħda twila u b'ċerta diffikultajiet li xi kultant iġegħlu lill-istudenti ma' jkomplux speċjalment jekk ġarrbu xi allegat inġustizzja. Bl-ebda mod m'aħna ngħidu li l-maġġoranza tat-Tutors ġewwa l-IHC ma jagħmlux l-almu kollu tagħhom, anzi nafu li huma ppressati b'volum kbir ta' xogħol u huma ddedikati mmens.

Anki l-eżamijiet ta' l-aħħar, speċjalment fil-prattika huma ta' xkiel speċjalment meta tisma għalfejn wehlu xi studenti. Anke hawn m'aħniex ngħidu li m'għandniex fiduċja f'xi bord tal-eżaminaturi iżda ta' min wieħed janalizza jekk l-eżaminaturi innifishom humiex standardizzati f'ċerti skills jew le.

Però l-aktar li rridu nitkellmu llum huwa bla dubju l-impatt tal-istudenti meta jgħaddu mill-eżamijiet u jiġu mpjegati mad-Dipartiment tas-Saħħa u l-Anzjani. (Sakemm ma jkunx hemm il-bżonn li l-MUMN tagħmel konferenza stampa fuq it-taraġ ta' Kastilja biex turi l-istampa vera ta' kemm hemm bżonn ta' Nurses fil-qasam tas-saħħa.)

L-istudenti jgħaddu minn *reality shock*-fenomenu fejn il-ħaddiema ġodda, meta jidhlu fid-dinja tax-xogħol, li ilhom jippreparaw għaliha għal ħafna snin, jaħsbu li huma ppreparati u f'daqqa waħda jindunaw li m'hum iex. Ta' min wieħed jinnota li l-fatt li l-istudenti bħalissa reġġu qed jaħdmu l-ġranet u l-iljieli b'rosters tan-nurses tal-post, dan minnu nnifsu huwa posittiv għaliex diġà jkunu ppreparati għal x'hiex se jidhlu fil-futur.

Diffikultajiet partikolari li jiffaċċjaw Nurses u Midwives ġodda huma per eżempju kif jikkomunikaw, il-kwalità tal-pazjent, l-istigma u attitudnijiet negattivi tal-istaff tal-post, staff li jirrezisti bidla u anke ż-żieda fir-responsabbiltà u akkontabbiltà. M'għandniex xi ngħidu, sodisfazzjon ikun jkun hemm żgur, għax anke l-fatt li l-'iebes' għadda u ġejt impjegat/a mal-gvern, dan fih innifsu huwa akkwist. Barra minn hekk hemm il-persuna innifisha li timmatura fix-xogħol tagħha u tiżviluppa dak li taf. Jekk wieħed ikollu karattru sod u ferrieħ jibda' jiġi apprezzat mill-kollegi tiegħu u forsi anke jirnexxielu jibdel ċertu attitudnijiet jew jinstiga armonija fil-post fejn jaħdem. L-akbar valur li wieħed jista' jhoss huwa bla dubju il-kuntatt mal-pazjent li huwa wieħed uniku, ta' sodisfazzjon kbir u għandu jkun iċ-ċentru ta' dak kollu li jsir fin-Nursing.

Ir-realtà hija li l-istudenti m'għadhomx 'fit-tajjar'-protetti, iżda 'wehedhom'. Ihossu li kollox qiegħed fuq spallejhom-issa huma 'in-charge'. Jekk xi haġa tmur hażina, il-problema mhux ta' ħaddieħor iżda tagħhom u dan f'dinja li aktar ma tmur aktar qed jiżdiedu l-kwistjonijiet legali u allura trid tevita l-iżbalji billi toqgħod b'sebgħa għajnejn il-ħin kollu.

Rigward komunikazzjoni, bla dubju, li tħabbar aħbar hażina ta' mewt jew marda terminali per eżempju, lill-pazjent jew qrabatu tagħmel impatt kbir għal min għadu jibda' fin-Nursing u Midwifery. Anke pazjenti li huma suwiċidali, dependenti jew morda serjament b'xi marda terminali joħolqu stress u diffikultajiet fuq Nurses u Midwives ġodda.

Ma nistgħux ma nsemmux lill-istaff tal-post li jirrezisti kull bidla instigata minn Nurses u Midwives ġodda u dan kultant b'mod ostili, u jirragunaw li l-affarijiet m'għandhomx isiru kif proposti iżda jsiru kif dejjem saru u jibqgħu isiru hekk. Dan m'għandux inaffar lil min għandu nitfa heġġa biex jieħu xi tip ta' inizzjattiva.

Forsi wasal iż-żmien wara kollox, biex wieħed janalizza kif nistgħu inħarrġu aħjar lill-istudenti, per eżempju fi skills prattiċi jew skills manijerjali u li huma ffukati fuq oqsma partikolari. Ta'min wieħed isemmi b'sodisfazzjoni li bis-saħħa tal-Practice Development Unit fi ħdan l-Isptar San Luqa, in-Nurses li għadhom kif laħqu qed isir ilhom *induction course* li żgur qed iħalli l-frott biex dak li jkun ma jieħux id-*doċċa* kiesħa'.

Dear Members

For the second consecutive year the Committee within the Union responsible for the issuing of our prestigious journal *Il-Musbieh* is publishing this periodical even during the month of September. Now *il-Musbieh* shall arrive in your households almost every four months. This means more involvement from the committee members and more work, which they are willing to perform for you to benefit and the benefit of our professions. You shall receive more information about professional issues and also about any developments from an industrial relations point of view. Thus the Union's commitment to be near you shall be enhanced, complimented with the new initiative taken by the MUMN Council to organise meetings at ward level to listen to your particular situations with the aim to facilitate your working environment.

Our Union is a very active Organisation and various activities are in the pipeline. To mention two, next year in March 2006 the 6th Regional Conference of the Commonwealth Nurses Federation shall be held. After the great success, with a high turn out of Maltese Nurses attending the Conference when held in Malta last year, I am optimistic that we turn up in numbers to attend the Conference next year in Warwickshire in the U.K. I shall be looking forward to share with you this great experience. Then in April 2006 the European Federation of Nurses (EFN) shall hold it's biennial Conference in our shores for the first time and MUMN was trusted with the organisation of this conference. High officials from Nurses organisations from the 25 E.U. Member states and 4 other Countries who have an agreement with the E.U. shall gather under one roof in our own Island to discuss the future of our professions. Students shall also be involvement during this conference.

MUMN is continuously gaining exposure and trust from our colleagues from World-wide Nursing and Midwifery Organisations. This trust was proofed last May when I was elected to the post of Member in the Board of Directors of the International Council of Nurses (ICN). The Board is composed of 14 elected members of whom 3 are nominated for the posts of 3 Vice Presidents and one elected President. The election is held every four years and all member organisations within ICN are entitled to vote, that is 129 countries. One of the main roles of ICN is to issue policies and guidelines to all affiliate organisations regarding professional issues. ICN issues position statements regarding the profession, conditions of work and to improve the quality of care and insist that these positions are respected by the respective governments.

On a national level MUMN is also on the move as discussions of the Health Reform are being attended and the Union position during these discussions was submitted. Regular discussions are also being held in conjunction with other Unions to conclude the General Agreement for Public Servants. I am very positive that discussions on this issue will be concluded in no due time. Last but not least the Sectoral agreement is also being negotiated with the ultimate aim of introducing some form of early retirement schemes.

I believe that you can easily agree with me that our Union is very active, all Union representatives are working hard and with dedication to improve your quality of life at your place of work. This can only be motivated by knowing that you are by our sides and if need be you are prepared to stand up and be counted.

Rudolph Cini
President

Hello my friends how are you? Another issue of Il-Musbieh and once again I take the opportunity to share a few thoughts and information with you.

Next year will be the 10th anniversary of the founding of MUMN. I can remember our first meeting at the church hall in Zabbar. The place was packed with people. I also remember the comments we read in the papers the next day, that "this union will be just like the ones before it, it will die before it is even born" and "nurses are not capable of holding their own union together for very long" Today when I look back, (and not without a smile of satisfaction), I think how wrong they were.

The new uniform has arrived, but until writing this article it has not yet been distributed, reason being that we have asked the Health Department to have it laboratory tested in order to avoid the problems we had with the previous uniform. On first inspection it looks good. Following our members' suggestions that the uniform should be comfortable and light, I think I can safely say that this time we are very close, but if there is room for improvement we ask you to let us know.

For nearly two months now we have been meeting with various sections in order to hear comments on your place of work. May I remind you also that the Group Committees in different hospitals are there at your disposal. You are encouraged to address any problems you may have with your respective managers first and if you are not satisfied contact us. MUMN is also there to improve harmony at your place of work.

We notice that the Authority for health and safety at the work place is more focused on the Construction and manufacturing Industries, with hardly any attention being given to hospitals. I can't see what is keeping the Health Department from issuing a call for application in order to employ an Occupational Health & Safety Nurse. The European Union gives this factor special attention, but it seems that here in Malta we are not of the same opinion! I sincerely hope that something will be done about this and soon as the MUMN does not intend to let this perpetuate any longer.

The Pandemic Flu is something we are hearing a lot about lately. Suffice it to say that the MUMN is quietly seeing to it that should the need arise, it's members are protected from every aspect. We don't make a habit of blowing our trumpet, but we do our job and we do it right, rest assured!

I think I've taken up enough of your time for today so I'll stop here! Thanks to the Il-Musbieh Group Committee we can now share our thoughts in a quarterly publication of our journal. Goodbye and good health,

Your friend

Colin Galea

General Secretary



TEENAGE PREGNANCY

ARE WE COPING?

Everyone is aware that the rate of teenage pregnancy is increasing on the double. Last year alone in Malta, we had 71 teenage mothers attending parent craft classes in hospital. Many teenage mothers do not attend these classes due to social stigma. I have no accurate percentage since some of them attend various institutions and there are also a few who slip through the system. The fact that children are having children carries with it multiple problems and this does not refer to obstetric problems only. The TIME magazine of December 2003, in the main article, deals with this issue very thoroughly. 'Children having Children - Teen pregnancy in America'.

Once a teenage female is pregnant, she is sure to become a social outcast. The major problem is how to tell her parents and guardians, from where she is going to get financial support not to mention emotional support.

Nowadays, the general feeling is that since the rate is growing it is more acceptable, but let us turn the coin on the other side and imagine our children in this situation. Will we be able to accept a teenage pregnancy if it was one of our children? It always comes as a shock when the baby you held in your arms fourteen years ago is now having a baby herself and the first reaction is

anger and denial. The feeling that the sacrifices, the teachings and the love that had been lavished on that child are now going all to waste surfaces and supersedes all other emotions. Then, acceptance will come. People on the Maltese islands are still known to have a culture of well knit supportive families, therefore the problems that the child has are somehow shared. However we cannot ignore our culture. Most parents/guardians' biggest worry is what will the neighbours and friends say! Little do they realise that this is a minimal problem near others yet to come. Nobody can lift the suffering, the low morale of so young a child when the realisation that her life is now going to have a drastic change hits her. No amount of explanation can help a probably very immature child face the facts.

From my personal experience, having a baby disrupts your



life, your daily routine. You feel there is **no I** anymore but the baby comes first. Being at such a tender age, body image comes first. Losing their figure for them is depressing. Teenage mothers never plan the pregnancy, therefore being so young it hits them harder than a couple who plan carefully for their baby. Although they may get help from their parents or guardians, one cannot ignore the fact that these young mothers need psychological support from professional bodies. In truth, the whole family, i.e. parents, siblings and the teen age mother and the partner/boyfriend need psychological support which can be organised by means of sessions with a psychologist. Unfortunately in our unit to date we have no such support. Young mothers with social problems are mostly referred to a psychiatrist who can in fact be detrimental to the mother's mental health. These young children need someone to listen to their problems, help them in decision making. These children are not mentally sick. They are children with problems. They do not need psychiatric treatment; they need an ear to **listen** to their innermost fears, problems and worries. They need someone to empathize, understand, give them information about what will actually happen; a very down to earth explanation.

Unfortunately, most professional bodies are more liable to talk

than to listen to what the child has to say. Personally, I believe that listening is an acquired skill which could be gained by experience and endurance.

Having a baby is a wonderful experience with all the disruption it carries in your life, one still considers it as wonderful and truly it is, however these young mothers tend to look at the whole experience as an extra burden when the baby comes and all the excitement of the perfect baby starts to wear off. Especially when all the help from relatives on the first few days starts disappearing after the first few months when the novelty of having a baby in the family is not a novelty anymore.

In spite of all this sudden change, both in their bodies and circumstances, I have seen these children becoming adults overnight. They seem to have skipped their teenage period with all the fun and teen problems it carries with it.

From January 2005, I have started working as a Deputy Midwifery Officer in Antenatal Ward. It was a big change after 16 years in Labour Ward but I do not regret it one bit. I have come to make more contact and establish a trustful relationship with teenage mothers and their families. I have achieved great listening skills. I have learned to understand these children, as after all, they are children, and look at their situation from a different mirror. I cannot say I am an expert on the material. I still have a lot to learn. Every teenage mother is an individual carrying culture, beliefs and character.

Looking at the economical side of view, strictly speaking, these children will become a burden to society, since they will need housing and financial support from the country, not to mention

that most of their partners are as young as themselves and cannot support their newly made family with a definite job. Their intended careers are practically out of the question if they do not get support from their families. Even if they do get support, it is very difficult to work and raise a child alone especially if the mother is still a child herself. The general feeling is that their whole future is ruined.

Then there is another issue which one must consider and that is the health and safety of the new baby. It is still very unclear to me how legally a child is considered so from newborn to 18 years of age and must remain under legal guardianship until the mentioned age, but then is responsible enough to decide for the baby that is still in utero. Unfortunately our legal system does not regard a baby that is still in utero as a human being, but as a fetus, therefore it has no rights whatsoever even if it has only a couple of days left to be born. So I ask "Where is the limit?" A teenage mother who is depressed and in a very awkward situation can easily harm herself thus harming her baby which is still inside her. So I ask our legal system, "What actions are being taken so as to stop this baby from harm? Or are we still considering that baby as a fetus therefore with no legal rights?"



There is so much to be done with these young mothers and their children. We have to remember that these children will be tomorrow's society. They can achieve what our children have achieved. Given the opportunity these unborn children have the same right as much as other children do.

There could be an organisation of support groups in which these mothers can attend before and after the baby. There could be proper shelters for teenagers who are unsupported. Good psychological care by means of sessions and contacts with a professional psychologist. The list is never ending but we will discuss this in next article.

I still believe that prevention is better than cure. Therefore are schools doing their part in sex education or is it still restricted in our schools. And what about us the parents? Are we fulfilling our duties by explaining clearly and in a way our children can understand, the impacts of having sex at such a tender age? Or are we hiding behind curtains hoping someone else will do it for us? If this is happening, it is no wonder we are having a high percentage of teenage pregnancy. I am not pointing my finger. I am a parent too and I know how hard and difficult it is for your children to listen to what you say, however I do point my finger at the whole faulty system. We are so full of academic teachings that we forget to prepare our children to face life as it really is with all its' inconveniences. We have to teach our children that they cannot sit on a soft cushion all their life.

Maria Cassar
Deputy Midwifery Officer
Antenatal Ward

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Sometimes, your patients' diet may not fully satisfy their daily calorific requirements. Nestlé Clinical Nutrition may help to supplement their diet by means of its gluten free high calorie supplements. The product range consists of Build-Up Instant Soups and Build-Up Instant Hot Chocolate. Thus, the Build-Up range can be taken as meal replacements or supplements to the diet. The Build-Up Instant Soups and Hot Chocolate have been proven to be the best tasting amongst leading supplement brands.

Build-Up Soups are a great tasting nutritious alternative to sweet supplements offering a high calorie intake in a low volume. Build-Up Instant Soups are available in 4 flavours (Chicken; Potato & Leek; Tomato; and Vegetable) and are prepared simply by adding boiling water. Each serving provides at least 200kcal, 8g protein and a third of the recommended daily allowance of 12 vitamins and 6 minerals. Build-Up Soups are also a source of fibre. In addition to being prepared as a soup, Build-Up Instant Soups can be added to savoury dishes, such as pasta, rice; or to most dishes requiring flavouring.

Build-Up Instant Hot Chocolate is a delicious nutrient-dense supplement, fortified with minerals and vitamins, and can serve as an occasional sweet treat. It is simply prepared by adding hot water. Each serving provides 203kcal, 6.3g protein and at least one sixth of the recommended daily allowance of vitamins and minerals, as well as fibre.

Build-Up nutritious soups and hot chocolate can be taken as part of the long-term management of chronic conditions such as:

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- oesophagus condition
- malabsorption syndrome
- irritable bowel syndrome
- coeliac disease
- Crohn's disease
- ulcerative colitis

Others

- osteoporosis
- rheumatoid arthritis
- gout
- cancer

Nutritious supplement drinks such as Build-Up Soups and Hot Chocolate may also be useful in cases of elderly who:

- live on their own
- lack appetite due to depression/loneliness or disease
- lack the physical ability to shop for and prepare food
- have a difficulty in chewing, swallowing, and feeding themselves
- do not eat enough
- often cannot be bothered to eat in the evening

The Build-Up range is equally suitable for patients or normal adults requiring a quick boost in calories, vitamins and minerals, where their diet or lifestyle demands are inadequate. Examples include convalescence, depression, eating disorders, and lifestyle changes.

Build-Up Soups and Hot Chocolate may also be taken by women who fail to gain enough weight during pregnancy, and by lactating mothers who are at risk of becoming underweight in order to produce an adequate supply of high-quality breast milk. Energy requirements increase by 300 kcal/day and 500 kcal/day for pregnancy and breast-feeding, respectively.

Build-Up supplements may be included as part of the patient's diet when they feel that they:

- need a boost
- cannot face food
- cannot be bothered to cook
- are tired
- can't eat anything due to hospital treatment

Build-Up can be taken as:

- a breakfast/lunch/dinner substitute
- on its own: mid-morning drink; evening relax; suppertime drink
- added on to normal meals

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An experience worth sharing



I just returned from the United States where I attended the 32nd Annual course organized by the Society of Gastroenterology Nurses and Associates held at Minneapolis, Minnesota. This is not the first time I attended similar Course/ Conferences but this has been an experience worth sharing. I keep thinking that these Courses and Conferences can't get any better – and they do!

The venue was perfect – Minneapolis the state of 10,000 lakes is lovely at this time of the year, where Reindeers and Moose run free by the Mississippi river banks. May is the time when although it is still a bit cold, you will not see much snow. The Convention Centre in the centre of Minneapolis is huge, and it literally swallowed the 1,200 delegates present without a clench. Out of these 1,200, only 10 were foreign to US grounds; 2 from UK, 1 Belgian, 2 Australians, 1 from Saudi Arabia, 2 Scots, a French and me from little Malta. I must say we were treated as VIPs there, and they could hardly believe we traveled such a long way for this Course. A Gala dinner was specially organized in our honor to 'thank us for honoring them with our presence'. I thought that this should have been the other-way-back, but anyway.

The educational, business, and social sessions covered all the five days from 7am till 5pm with little time left for any sight seeing. But the best was still to come. Sessions went on concurrently, and the material presented was of a very high standard. The exhibition of the latest in Endoscopy Technology was more than complimentary to the whole venue.

As habitually we say here in Malta, when in Rome go visit the Pope (if he's around anyway). How can I not have taken the opportunity, while being in Minnesota, not to go to Rochester where the Mayo Clinic is? I don't know about other specialties, but for us in Gastroenterology Nursing, Mayo is the Mecca, and now more than ever I can confirm this statement.

It is a bit difficult to explain Mayo – a Charitable, not-for-profit organization with a personnel compliment of 46,836; 511,000 patients annually and 2,253,513 outpatient visits annually. A chain of Hospitals span over 3 States – Rochester MN, Jacksonville in Florida and Scottsdale, Arizona. Mayo boasts the *Magnet Award*, an award granted to hospitals with the highest staff retention.

I spent two weeks visiting the 3 Mayo GI units – Saint Mary, Ganda, and Charston. Very busy units which between them perform over 150 endoscopic procedures daily. I had the opportunity to attend at procedures which you only read about in journals or text books. I have met many of the Physicians which are Gurus in the field of Gastroenterology, those that are regularly referenced in almost every article on GI material. I have had the chance to meet colleagues of mine in the medical field whom I must say are making us proud as Maltese with there contributions in the academic field and research – namely Professor Michael Camilleri, Dr. Gianrico Farrugia, and Dr. Robert Vassallo. I must admit I was caught by surprise when Dr. T. Wang (the Guru behind Photodynamic Therapy) asked me from where I

come and after telling him Malta, he said "O h, you come from Big Camilleri's small island". I had tried to make the most out of these two weeks at Mayo, gaining exposure to every section of every department. The staff was exceptionally nice and helpful; inviting me also to their staff meetings where I could see that certain problems and issues nurses face are universal. These nurses are currently discussing trans-cultural issues; financial implications from consumables; technology assessments; variance in disinfection practices and other issues, just like we are.

This experience, like others before it, has also helped me have a more open perspective over why and how my Nursing practice should develop next. Why I need not fear the continuous changes taking place within my specialty, why I should keep abreast of these developments and how to be more dynamic to keep to this pace. Such experiences must be the stimulus that keeps me

so 'young at heart' in my Nursing career as an endoscopy Nurse, though this is my 23rd year in Gastroenterology.

We should have more of our nurses share their experiences from abroad. And I challenge for their comments – were these much different from their experience locally; would they take and implement a change; would they go for such a venture; where are we better and where are we worse?

Joe Garzia Stafrace RN, CGN

*Endoscopy/ Day Surgery
Saint James Capua, Sliema*

jgs@waldonet.net.mt

(Picture) William and Charles sons of William Worrall Mayo – founders of the Mayo Clinic. A memorial in front of the Ganda building at Mayo Clinic in Rochester.

RAPPORT GRUPP PENSJONANTI MUMN

Nhar l-Erbgħa 27 ta' Mejju 2005, il-kumitat organizza hargħa kulturali ġewwa l-Birgu fejn żorna l-Mużew Marittimu u l-Palazz tal-Inkwiżitur. Konna numru sabiħ ta' membri li apprezzaw hafna din l-attività. Kulhadd innota kemm nitraskuraw u ma ninteressawx ruħna fl-affarijiet li għandna f' pajjiżna. Nixtiequ ngħidu prosit lill-gwida tal-Palazz tal-Inkwiżitur għax verament kien ippreparat sa l-anqas dettal dwar kull ma rajna. Il-membri apprezzaw ukoll il-mawra ġol-Mużew Marittimu għax kien ta' interess kbir. Wara morna għall-ikel fis-San Antonio Restaurant ġewwa Marsascala u kulhadd hareġ sodisfatt.

Hargħ' ohra ġiet organizzata u din id-darba għal Għawdex fejn nhar is-17 ta' Ġunju bdejna b'quddiesa fil-Knisja tal-Fontana u l-Kappillan Dun Ġorg Bezzina iċċelebra u għamel kelmtejn sbieħ hafna dwar in-nobbiltà tal-professjoni tan-Nurses. In-Nurse għandu jkun hanin u b'qalb tad-deheb fejn anke b'daħka l-pazjent jista' jhossu aħjar. Wara l-Kappillan laqqana fis-sala tal-parroċċa, qagħad jitkellem magħna u

ġejna servuti bil-kafè u pastizzi. Min hawn nixtiequ niringrazzjawh mill-ġdid.

Wara morna nżuru l-mużew tal-Katidral fejn konna ggwidati minn Monsinjur Gauci u spjegalna kollox sal-anqas dettal. Verament hemm x' tara f'dan il-mużew. Wara morna x-Xlendi għall-ikla fis-Sea Shells Restaurant u hawn ukoll kulhadd hareġ sodisfatt. Wara l-ikla morna Marsalforn u lura għal Malta għal xis-6pm.

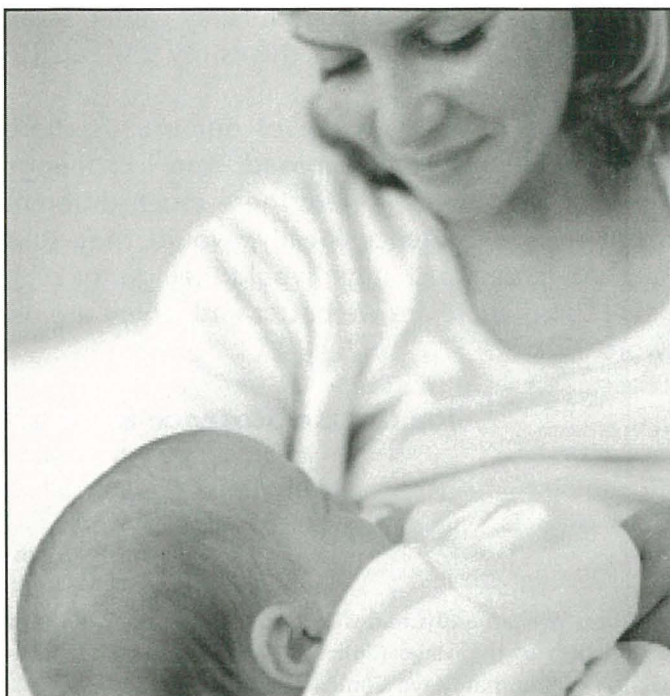
Nagħmel appell lill-membri sabiex jattendu iżjed għal dawn il-hargħiet għax issa n-numru tal-membership żdied mhux hażin.

Fil-25 ta' Lulju kellna stedina mill-Għaqda Pensjonanti Pulizija fl-okkażżjoni tal-Anniversarju f'għeluq il-25 sena tal-għaqda. Attendejna jien bħala Chairperson u l-kaxxier Frans Agius.

Inselli għall-membri kollha.

Paul Bezzina

*Chairperson
Grupp Pensjonanti MUMN*



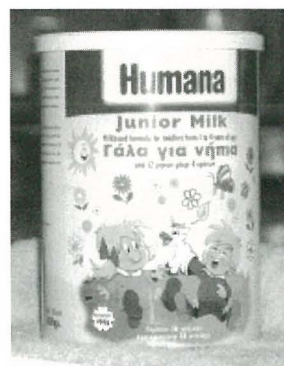
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The Implications of Over and Under-Nutrition In Hospital

The problems of excessive weight, at one extreme, and of underweight at the other (the two sides of the malnutrition coin), are becoming more and more common. We, as nurses, being at the patient's bedside for most of the time are the first to notice certain upcoming problems and are the first professionals to be addressed by the patients. We are also the patients' advocates and the patients' point of reference to and from other professionals.

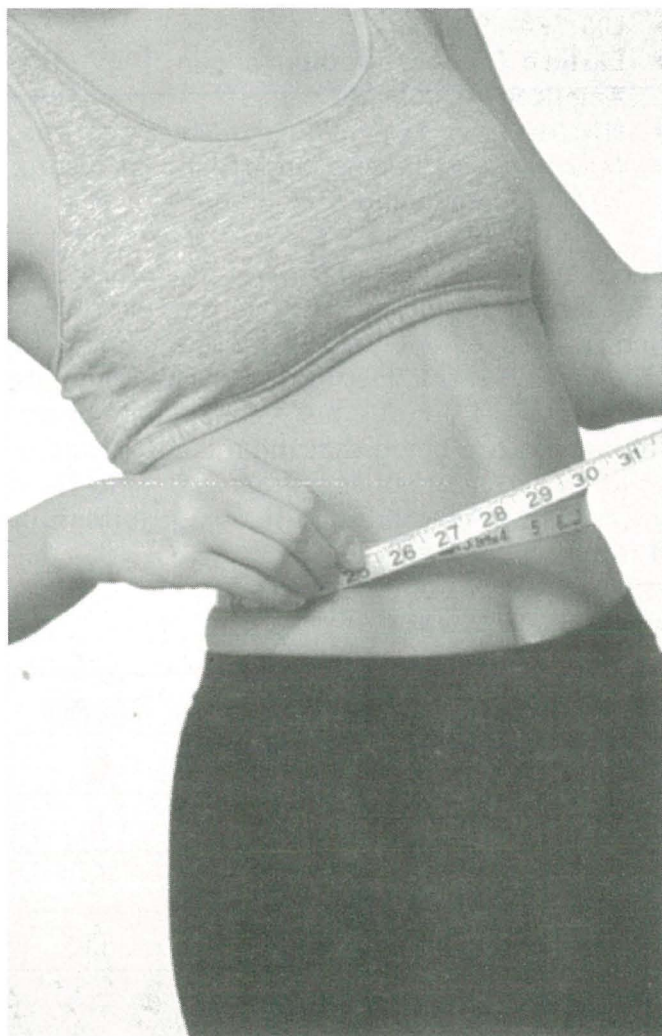
Definitions

First of all, how are under or over-nutrition measured and defined? Under-weight results when a person's calorific intake is lower than his/her metabolic demands for energy. Conversely over-weight results when a person's calorific intake exceeds his/her metabolic demands for energy. Nowadays the trend is to use the Body Mass Index (BMI) as an indicator. It is a ratio based on weight and height of a person, and is

calculated by dividing weight (in kilograms) by height squared (in metres). The ratio indicates the following:

These help the nurses to make a nursing diagnosis of a patient on his admission to hospital. When a patient is admitted to our hospital, the nurse is the first point of contact. If an elderly person is debilitated, with muscle wastage, shrunken eyes, dehydration and other signs of under-nutrition and dehydration, the nurse is the most adequate person to refer this to the doctors caring for the patient. This patient can be started on some kind of enteral nutrition by means of oral supplementation, or nasogastric tube feeding if necessary. An intravenous infusion may be necessary during the first days in hospital to restore the patient's hydration.

On the other side of the coin, a patient may be admitted obese or overweight. He may be diabetic or have a high cholesterol level. This



Body Mass Index		Description
Lower Limit (kg/m ²)	Higher Limit (kg/m ²)	
---	Up to 19	Underweight
20	25	Normal
25	30	Overweight
30	35	Obese
35 and over	---	Very obese

Table 1 – Body Mass Index.

patient should also be referred (with the patient’s consent) to a dietician (or a hospital nutritionist, if present) for weight reduction. This can take the form of a specific diet and/or of medication, such as is used to control raised blood cholesterol levels.

Under-Nutrition in hospital

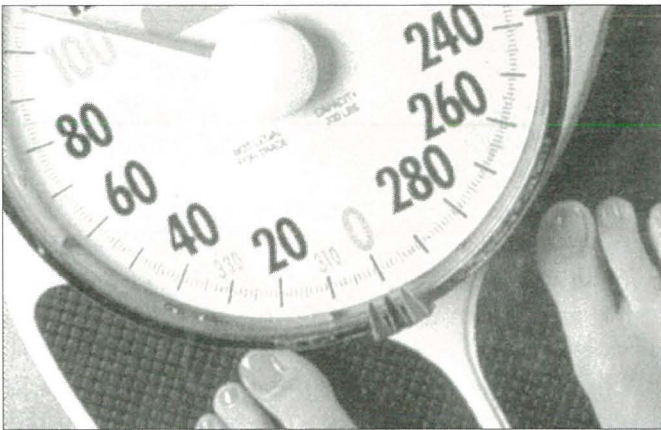
Surveys show a very high incidence of under-nutrition among adults in surgical wards in the U.K. (Hill *et al.*, 1977, cited in Lennard-Jones, 1992), Australia (Zader & Truswell, 1987, cited in Lennard-Jones, 1992) and America (Bistrian *et al.*, 1974, cited in Lennard-Jones, 1992). Under-nutrition in hospitalised patients is usually due to:

- Difficulties with chewing, swallowing, digesting food, pain, nausea and lack of appetite.
- Bleeding, diarrhoea, malabsorption disorders and other factors can accelerate nutrient loss.
- Fever, infection, surgery, trauma, burns and some medications and benign or malignant tumours increase the amount of nutrients needed by patients.
- Severe sepsis, inflammatory disease and surgery switch on inflammatory mediators whose job is to mobilise muscle tissue to provide amino acids for an effective acute-phase response.

Numerous research studies have also documented the inability of many health care providers to identify nutritional deficit vulnerability and early and advanced under-nutrition (Ennis *et al.*, 2001).

The consequences of malnutrition are:

- Reduced renal function
- Impaired wound healing
- Constipation, diarrhoea, pain
- Respiratory failure
- Skeletal muscle atrophy
- Increased length of stay
- Surgery stress, increased metabolic rate
- Reddish hair, atrophy of tongue papillae



Under-nutrition may be treated by enteral nutritional methods – oral supplementation, nasogastric or nasojejunal feeding, gastrostomy tube feeding (percutaneous endoscopic (P.E.G.) or surgical), or parenteral nutrition.

Over-Nutrition in Hospital

Experts agree obesity is rapidly rising in the Western World – at least 1/3 of Americans are obese. It is increasing in all ages, sexes, races with women and non-whites being the worst. Some percentages of obesity in people around the world (W.H.O., 2004) are:

- Western Europe: 10-25%
- U.S.: 20-30%
- Eastern Europe, Mediterranean, U.S. Afro-American Women: 40%
- Highest in the World: Melanesians, Micronesians, Polynesians (Island of Nauru: 70% or women and 65% of men).

The key to the problem lies in evermore-widespread sedentary lifestyle and diet over-rich in calories and fats, snacks, excessive TV viewing and short sleep duration. Children are not exempt. 1 out of every 4 children are obese, the main cause being that the metabolic rate of children 8-12 years of age, while watching TV, is lower than with children just doing nothing or resting.

The implications of obesity are:

- Insulin Resistance

Nutritional Status	Pre-menopause	Post-menopause
	Risk	Risk
Thin	1x	1x
Overweight	2x	5x
Obese	3x	12x

Table 2 – Increase in breast cancer risk due to obesity.

- Diabetes Type II
- Hypertension
- Dyslipidemia
- Coronary Heart Disease
- Gout
- Osteoarthritis
- Gall Bladder Disease & Stones
- Cancers of Bowel, Breast, GU Tract
- Skin Diseases (especially fungal diseases)
- Sleep Apnea with chronic hypoxia.

Above average body weight

Figure 1 – Increased risk of death from cancer and obesity.

Psychological & social issues related to obesity are:

- Low self-esteem
- Increase in depression
- Difficulties in getting and holding a job
- Tendency towards social isolation
- Decreased attractiveness for the opposite sex.

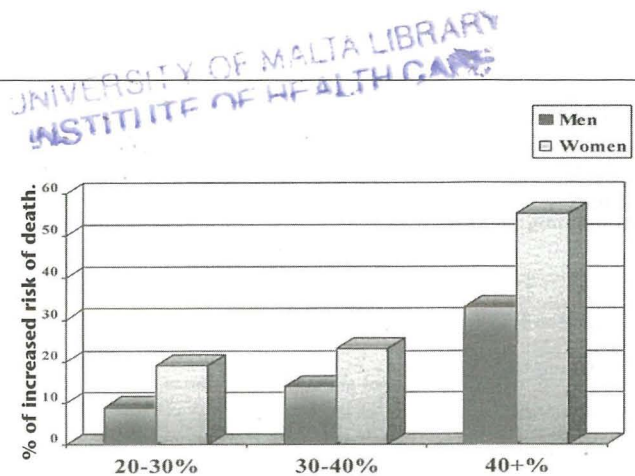


Figure 1 - Increased risk of death from cancer and obesity.

Implications for healthcare workers

Healthcare workers need to know how to recognise under and over-nutrition. The nurses' role is crucial in order to prevent the patients from suffering from the complications that may arise as a result of malnutrition (in its broad sense). Nurses act as catalysts that go between the patients and other healthcare workers. These, in turn, can do their utmost to treat the causative factors that precipitate malnutrition, ideally by formulating strategies that prevent the potential factors from becoming a reality. The government also has a role to play in this. Strategies can be formulated on an organisational or a national level, i.e. by companies, hospitals or entities, to prevent malnutrition. Schools are the first line of action towards preventing obesity. In the USA at present, former president Bill Clinton is one of the main participants in a campaign to fight childhood obesity. By educating our parents and their children we can fight the problem of malnutrition – incorrect nutrition within our Maltese population. We must create strategies to prevent under-nutrition, especially in our elderly population and find ways of diagnosing it as early as possible in our community setting. At the same time we must plan a strong framework that deals with this problem both in our hospitals and outside. We are the links and the key to all this! Let us put our efforts into this mission for our future and the future of our parents and offspring.

Reference List

- Lennard-Jones, J. E. (editor) (1992). **A Positive Approach to Nutrition as Treatment**. London: King's Fund Centre.
- W.H.O. (2004). Available at <http://www.who.int/en/>.

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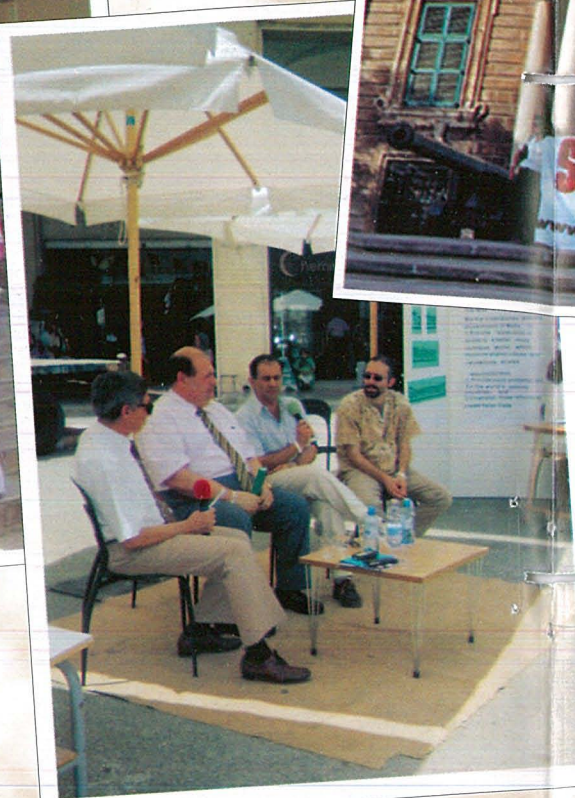
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Bottlenose Dolphin (*Tursiops truncatus*) / Id-Denfil geddumu qasir.
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This is Group 9 doing the EN-SN Conversion Course. We wish them all the luck to pass through their final exams.



MUMN took an active role on 1st July in the STOPoverty Campaign. In the photo Rudolph Cini, MUMN President, is taking part in a forum organised on the day to discuss issues related to the subject.



The Pensioner's Group Committee did it again! Another successful activity organised in Victoriosa where interesting places were visited including a nice appetitising restaurant!



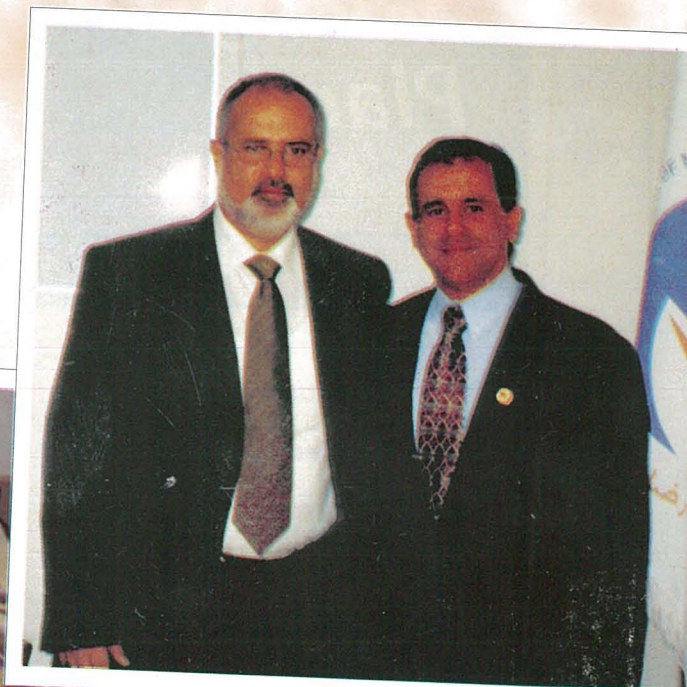
FOR.U.M. visited H.E. the President of Malta Dr. Edward Fenech Adami as an introductory meeting where the MCESD issue was raised.



As part of the ICN electoral campaign each of the 25 countries contesting the elections had to set up a table to window their country and organisation. The Maltese MUMN table was one of the most attended by the delegates during the ICN Congress.



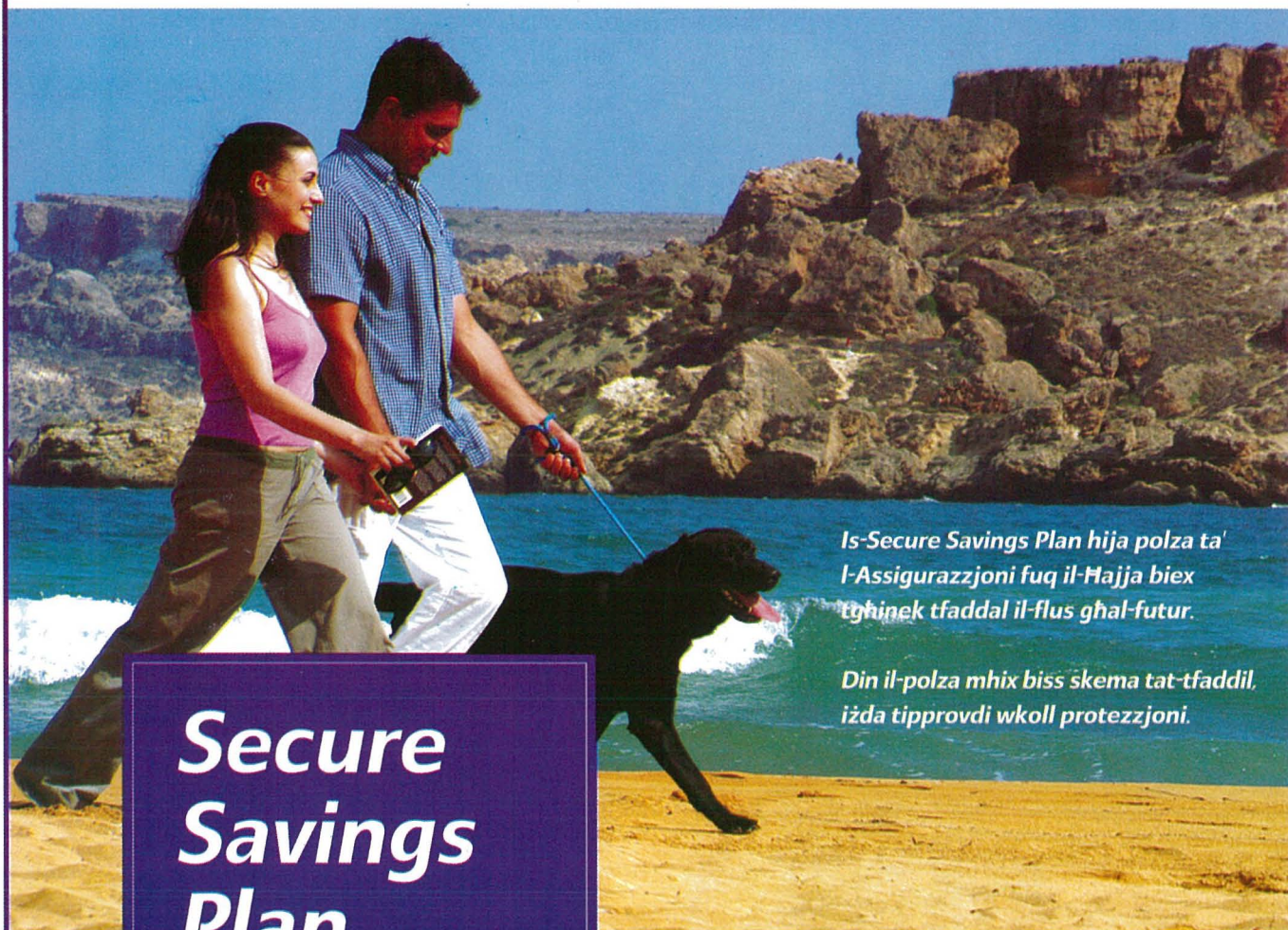
MUMN delegation attended the ICN Congress to take part in the elections for a post in the ICN Board of Directors and also to take the opportunity to meet other Nursing organisation leaders.



As part of the ICN electoral campaign MUMN President Rudolph Cini had the opportunity to meet a good number of Presidents of other Nursing organisation. In this photo he is seen with Mr. Elie el Araj, President of the Order of Nurses in Lebanon.



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Kif jista' jkolli flus mingħajr ma nirbaħ lotterija!

Lorna Pace – *Financial Planning Manager ma' Globe Financial Management Ltd*

Niltaqa' ma hafna nies u min jghidli li xtara karoza, min jghidli li jsiefer l hawn u l' hinn, min jirtira kmieni u elf haġa oħra. Imma x' jagħmlu dawn in-nies? Min fejn igibuhom il-flus? Jirbħu lotterija?

Li tirbaħ lotterija żgur li hija x-xewqa ta' kull wiehed u waħda minnha, iżda qatt immaginajt li bi ftit ħsieb tista' trebbaħ lotterija lilek innifsek? Is-soluzzjoni hija waħda biss, li tagħmel 'budget'. U tgħiduli, kif jista' jkun? Il-ħajja li ngħixu llum, ftit huma n-nies li jikrejw budget personali. Hafna nies waslu f'punt fejn jonfqu l-flus b'mod impulsiv mingħajr ma jaħsbu x'jistgħu jkun l-konsegwenzi. Biex inbiddu din l-użanza, hemm bżonn li individwu jsir iktar responsabbli kif jonfoq il-flus u l-unika soluzzjoni hi li tagħmel 'budget' personali.

Importanti, li tiehu nota ta' kull haġa li tonfoq u tagħmel statistika. It-tip ta' nfiq jistgħu jkun ikel, dawl u ilma, telefon, mobile, polza ta' l-assigurazzjoni tal-karoza, petrol jew diesel, rigali u affariet oħra. Ikkalkula kemm jiġu l-ispejjez fis-sena u oħroġ il-medja fix-xahar. Nassigurak, li ssib parti mid-dhul tiegħek li ma tafx fejn qiegħed imur. Din il-parti, mil-lum 'il quddiem, hija t-tfaddil tiegħek.

Imma ma nifqux hawn. Importanti wkoll il-mod kif inwarrbu din il-parti ta' flus kull xahar. Hemm

bżonn li naqsmuha f'żewġ partijiet. Tfaddil għal infiq fil-futur qarib, eżempju xiri ta' karoza, safra, kċina, etc. It-tfaddil l-ieġor ikun għal futur ġejjieni, eżempju, irtirar kmieni, żwieġ ta' tfal, etc. Fil-fatt jeżistu wkoll skemi kif wiehed jista' jaqla flus b'rata ta' imġha għolja minn fuq tfaddil għall-futur. Il-vantaġġ ukoll ta' dawn l-iskemi hu li wiehed jista' jfaddal ammont vera żgħir kull xahar.

Bis-saħħa tal-'budget' personali, inkunu nistgħu nibqgħu inżommu l-istil ta' ħajja li ngħixu, fil-waqt li jkollna moħħna mistrieħ li hemm flus taħt rasna. U meta jgħaddi ż-żmien, aħna stess nistgħu ngħidu li xtrajna karoza, sifirna, irtirajna kmieni etc. U dan kollu mingħajr ma nirbħu lotterija!

L-informazzjoni f'dan l-artiklu ma' jikkostitwix f'parir finanzjarju u l-qarrejja huma mhegga jfittxu parir skond il-htigijiet individwali. L-informazzjoni u opinjonijiet espressi f'dan l-artiklu huma bażati fuq fonti fdati min Globe Financial Management Ltd iżda ma jiggarantix li huwa akkurat jew komprensiv.

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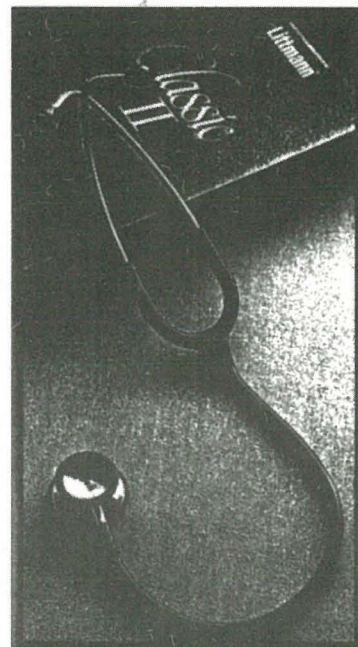
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Survey on Life-Long Learning Opportunities

MUMN EDUCATIONAL EXECUTIVE COMMITTEE

A survey was carried out in 2004 by the MUMN Educational Executive Committee to determine the interest of nurses in Life long learning amongst those working in the public sector. Within this context life long learning was understood as any continuing education course that the nurse undertook after completion of the Nursing course.

The survey was carried out in various hospitals of Malta and the response rate achieved is presented in Box 1. The respondents' years of experience varied from 6 months to 31 years or more with the majority of respondents (117) falling within the 16-25 year category.

FINDINGS

Percentage of Interest in Life Long Learning

There was a strong positive interest in Life-Long learning by the Nurses who were surveyed, reflected by a 94% positive answer and with only 4% stating that they were not interested in Life Long Learning. Of all the respondents 74% said they were aware of the courses offered by IHC while 23% said they were not aware of such opportunities.

Area	%
SLH	32
SVPR	24%
KGH	18%
GGH	13%
PHC	11%
MCH	2%

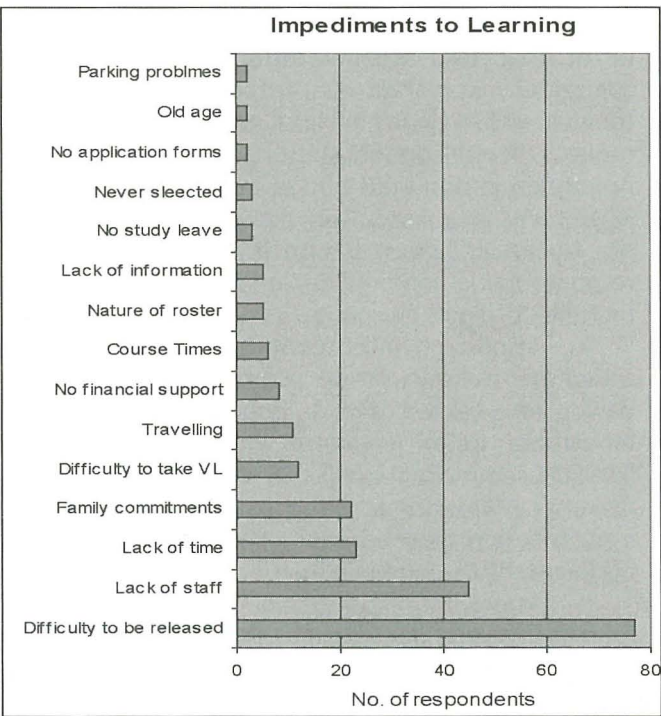
Box 1

Attendance to Courses and Conferences

Of those surveyed about 30% had attended University Courses while 57 % had attended a Post Registration Course. As regards to any form of Life Long Learning, 83 % stated that they had attended some form of learning activity during their career. Attendance to Conferences stood at 55%, of which 16% had attended four or more conferences. Of those who had not ever attended any Life Long Learning opportunity in Box 1. The respondents' years of experience varied from **6 months to 31 years or more** with the majority of respondents (117) falling within the 16-25 year category.

Difficulty to attend courses

One of the most significant findings of this study was related to the difficulties that staff find to attend courses and life-long learning activities. In fact 80% of the respondents stated that they find difficulty to attend for



such opportunities and the biggest reason was related to difficulty to be released from the ward and lack of staff. Figure 1 gives a breakdown of all the impediments related to attendance for learning opportunities.

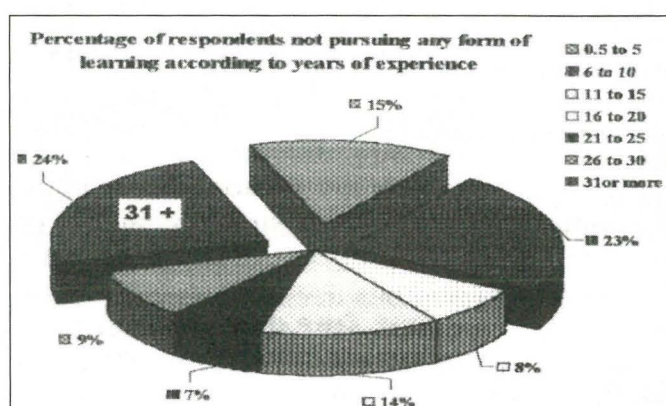
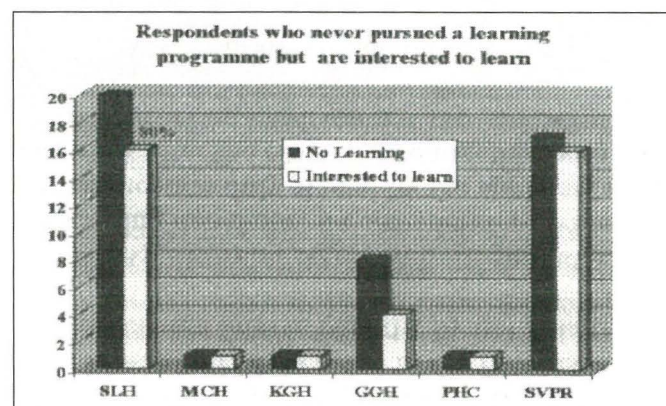
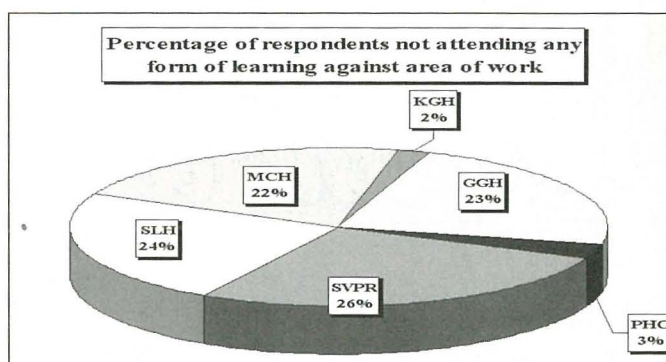
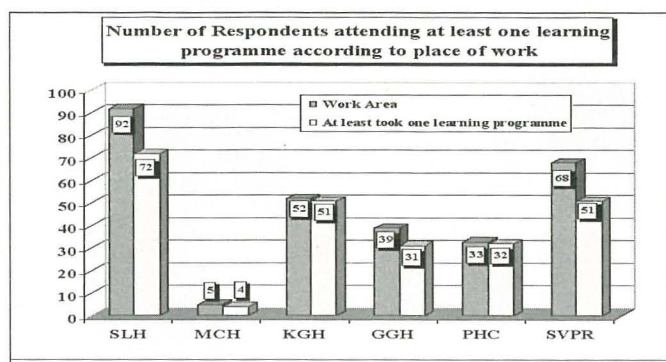
Future Learning Opportunities

When it comes to the preferred learning opportunities for the future, the respondents strongly identified the need for learning related to specialisation courses according to their area of work. There was also an interest in other In-Service training courses and Correspondence courses.

Discussion

The survey clearly demonstrates that there is a strong interest in nurses (94%) to continue to develop themselves and participate in Life Long Learning. However it is obvious that not all of those interested are finding the opportunity to do so as in fact only 57% of those surveyed had ever attended a Post-Registration course. This could be due to lack of awareness about the courses (24%) that could possibly be remedied by a stronger emphasis on promoting the courses available by IHC. However the main stumbling blocks seem to be the other impediments to learning with particular emphasis on the difficulty that staff find to release themselves from work to attend courses possibly due to lack of staff.

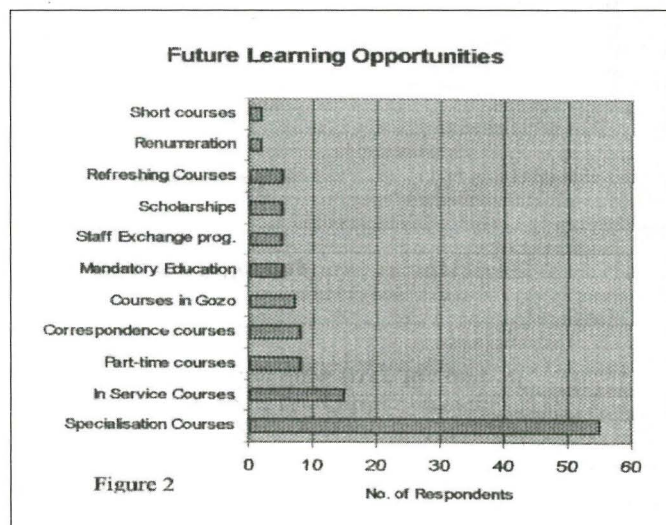
Attendance to Conferences is also still modest with a 55% of respondents stating that they have attended



at least one conference during their career. This could be due to family commitments, no study leave and no financial support (Figure 2). It has also been pointed out that future courses should focus on the specialisation of the area of work. This probably reflects the ever-growing knowledge in each field that requires constant updating in order to be effective and to feel professional in your approach towards work. Clearly more emphasis should be given to provide such specialised courses to staff according to their needs.

Conclusion

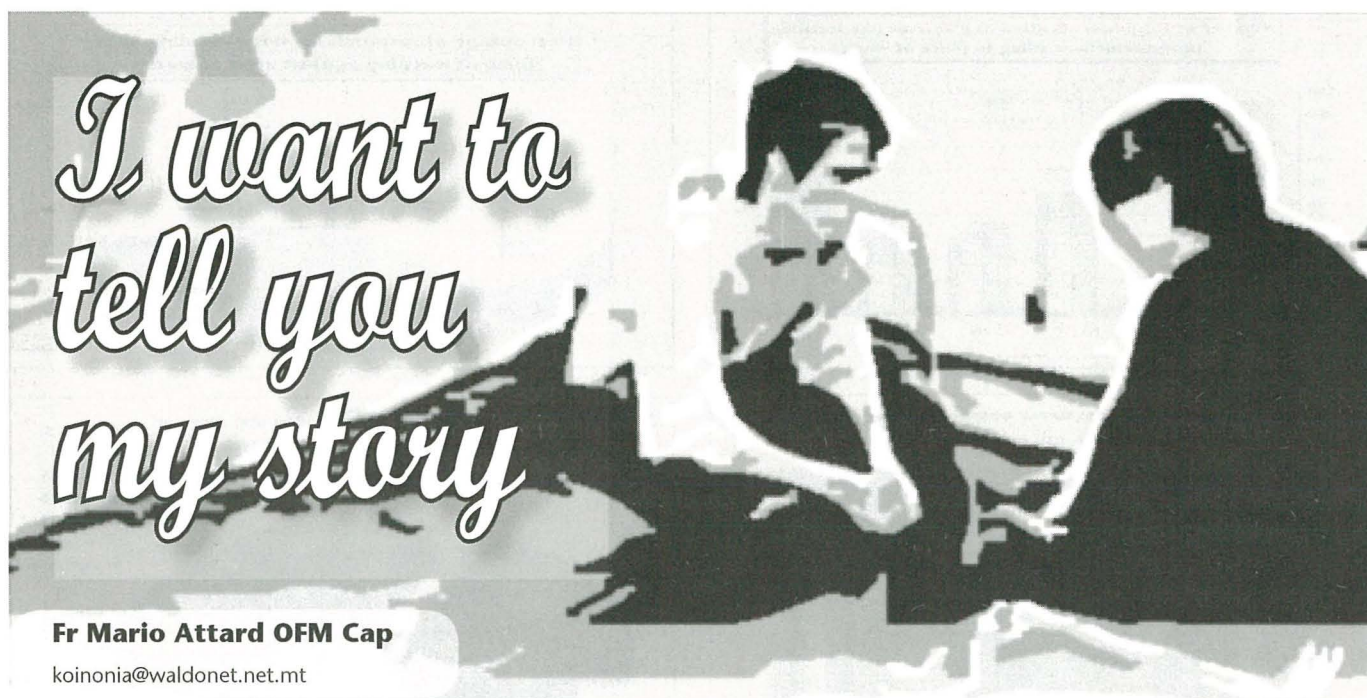
If we believe in Life Long learning and in the creation of a Learning Organisation within our hospitals, then more emphasis should be put on sorting out the problems that are still present within our hospitals. Viable solutions should be explored to ensure that staff feels that they have the opportunity to attend courses without being hindered, and that the required courses especially those related to specialization are made available. Remuneration through a Professional Development Allowance would also be useful to assist members of the staff to participate more in conferences and possibly even try their hand in presenting papers about any projects they may be involved in. However this requires that a mutual effort from staff and management be made so as to identify solutions for the problems especially those related to release of staff from duty. If we want to invest in our workforce and raise the professionalism of our staff then the management must be ready to create an incentive and accommodating environment at the work places of every nurse. Unfortunately the approach and the climate in our hospitals are far from other hospitals within the E.U. And if there is more communication the price should not be too heavy a burden while we will be investing in our future.



I would like to take this opportunity to thank all the nurses involved in the participation of this survey. The tedious work and the numerous meetings in order to derive as many conclusions as possible from the survey taking in perspective the different scenarios of each and every public hospital on the Maltese islands was not an easy task. Although the Maltese islands are considered to be a very small islands, one could see that attitudes and approach to life long learning differs from one hospital to another. I feel that all the members who participated should be named and these members are: Reginald Aquilina (Secretary), Tony Bugeja, Vincent Saliba, Helen Borg, Sharon Martinelli and Aaron Tonna. I would also like to thank my committee on the organisation of the two conferences, which were held last May on Cardiology services, and Orthopaedics services.

Paul Pace

*Chairperson of the MUMN
Education Executive Committee*



Everyone has got his and her own story to recount. A story is a life couched in a narrative genre. Thanks to a story, a person can unfold the meaning of the world he and she is living in. A person can easily find his and her own path in life through narrating his and her own personal story.

Patients are no exception. They tend to recount their stories too. In telling them, they become more in touch with the reality that lies within themselves. Even if certain situations seem insurmountable for them, yet through story telling, patients realise that their actual life circumstances appear less threatening and more easily to befriend with.

In order to be authentic and human, a story needs a teller and a listener. It creates an interpersonal community. Patients have their own way of telling their stories. Whatever their chosen style, their stories demand attentive listeners. Hospital staff is really in a privileged position to help patients vent out their emotions through the fabric of their stories. By being with them, a caring staff could afford permitting the person in question to be himself and herself in saying what he or she wants. This valuable accompaniment enables patients to see themselves in a new light. They start nurturing hope through their own story telling, with the result that they could better cope with the reality of their sickness which they face day after day.

A professional healthcare service always demands two fundamental attitudes: listening and don't moralise. Listening is fundamental. The patient would be very much encouraged and empowered to keep on recounting his and her own story, provided that he and she finds an attentive, empathic, uninterrupted and caring listener. Listening is essential because it shows that the listener is in touch with himself and herself as he and she is being influenced by the patient, and being in touch with himself and herself as listener and the patient simultaneously.

The second basic attitude is don't moralise, also known as "listening freedom". Each and every story is a gift in itself. The more a story is accepted the way it is recounted by the patient without being morally judged or interpreted, the more it can itself become a resource of healing and hope. May the listener be confident of the life transforming miracles a story telling can perform in a patient's as well as in his and her own life!

An empathic, continual and attentive listening makes of us, the hospital staff, real healers. The more we are willing to listen the more we are transfigured into hospitable and gentle healers who are ready to honour and respect their patients' dignity, precisely by treasuring and venerating their stories. In this way, our profession becomes an empowering resource of encouragement, accountability, reform, acceptance and hope.



Global Call to Action Against Poverty

Global Call to Action Against Poverty



Focusing on Goal 6 as entry to the other Goals

Goal 6 – rolling back HIV/AIDS – is urgent in Africa, home to 75% of the 42 million people living with HIV/AIDS worldwide. It is also a natural entry point to the other MDGs because of the profound interrelations between HIV/AIDS and the other 7 Goals. Moreover, it is an area in which everyone can make a difference. By working toward an AIDS-free generation, every individual can become involved in transforming the future of Africa.

Facts on HIV/AIDS in Africa

There are now 40 million people living with HIV in the world, and about 95% of them are in developing countries. 70% of all adults living with HIV are in Africa. Of all new infections in 2001, 68% were in Sub-Saharan Africa. Just 0.1% of the 28.5 million of people living with HIV/AIDS in Africa have access to HIV/AIDS drugs.

More than 11 million African children have been orphaned by HIV/AIDS, and the number will reach 40 million by 2010. A Harvard study estimated that AIDS has so far cost the world more than \$500 billion compared to the \$7-10 billion a year that is needed to combat it. The world spends \$2 billion in developing countries every year.

In Botswana life expectancy has fallen from 60.2 years to 44.4 years in 2000 largely due to HIV/AIDS. It is projected to drop to 36 years by 2005. In Botswana 38.8% of all adults are infected with HIV/AIDS.

The proportion of people living in poverty in Burkina Faso will increase from 45% to nearly 60% by 2010 as a result of HIV/AIDS. In Zimbabwe, it is estimated that communal agricultural output has decreased by 50% in a five-year period, largely due to HIV/AIDS. In Southern Africa one in four women aged 20 to 29 is HIV positive. Out of the 28 most infected countries only two countries are not African. Botswana,

Zimbabwe, Swaziland, Lesotho, Namibia, Zambia and South Africa now have a prevalence rate of over 20%. Zambia has lost 1,300 teachers due to AIDS in the first ten months of 1998, the equivalent of two-thirds of all new teachers trained annually.

Some good trends on HIV/AIDS

South Africa's large-scale prevention programme is showing results, recently 55% of sexually active teenage girls reported constant condom use during sex. In Uganda the rate of infected people has dropped dramatically. In 1990, 14% were infected; the proportion decreased to 8.3% at the end of 1999, and at the end of 2001 it was 5%.

Changes in age of sexual debut, changes in casual and commercial sex trends, and reduction in the number of sexual partners play key roles. In Ethiopia UNDP has initiated "community conversations" about HIV/AIDS, which contribute to changing the custom of having multiple sexual partners. Increasingly people are getting aware that casual sex with many different people is fuelling the epidemic.

21% of pregnant women younger than 20 in South Africa were infected with HIV in 1998. In 2001 the number was down to 15.4%. In Cote d'Ivoire only 20% of people in prostitution were using condoms in 1992. In 1998 the proportion was 78%. During the same period the HIV infection rate fell from 89% to 32% among this group.

Source: http://www.africa2015.org/poverty_hiv_aids.html

Some facts on Women, Girls and HIV/AIDS

Women now make up nearly half of the 37.2 million



adults (15 to 49) living with HIV worldwide

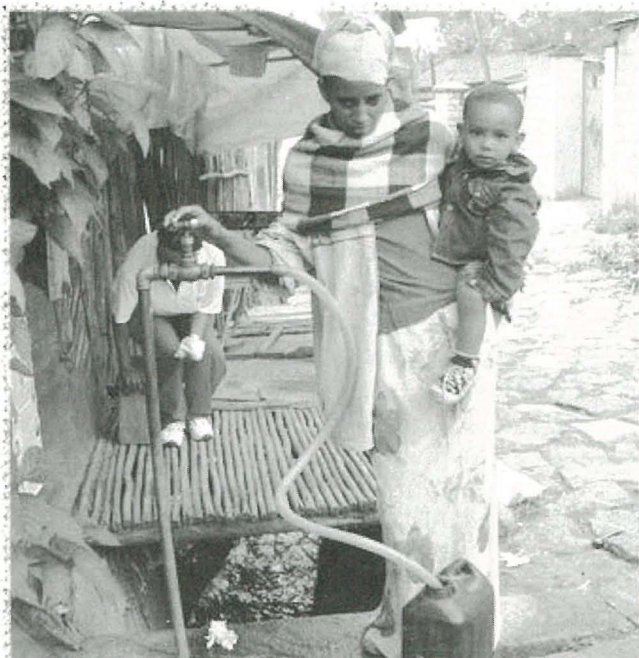
Generally, women lack complete control over their lives and are taught from early childhood to be obedient and submissive to males, particularly males who command power such as a father, uncle, elder brother or guardian. In sexual relations, a woman is expected to please her male partner, even at the expense of her own pleasure or well-being. Dominance of male interests and lack of self-assertiveness on the part of women puts them at risk. Women are taught never to refuse having sex with their husbands, regardless of the number of partners he may have or his non-willingness to use condoms, even if he is suspected of having HIV or another STD.

(Ministry of Health/Central Board of Health, Zambia, 1999: 14)

<http://www.developmenteducation.ie/issues/worldAids3.php>

Amnesty International (Malta Group); Ananda Marga Yoga Society; CAM – Ċentru Animazzjoni Missjunarja; Dar Nazareth; Diocesan Peace and Justice Commission; EAPN Malta; Fondazzjoni Ceratonia; Friends of the Earth (Malta); Grupp Katina Żgħażuġha – Gudja; GWU; I.D.E.A.L. International (Malta); Inizjamed; Integra Foundation; Jesuit Centre for Faith and Justice; Jesuit Community Birkirkara; Jesuit Refugee Service – Malta; Justice and Peace Group (Augustinian Malta Province); Kare4Kenya; Koperattiva Kummerċ Ġust; Kopin; KSU; Mission Fund; Moviment Graffiti; MUMN; MUT; National Platform of Maltese NGOs; Nature Trust; PULSE; Third World Group; Salesian Youth Centre, Sliema; Share Foundation; St Aloysius' College; Suret il-Bniedem; University Chaplaincy; USTA - University Student Teachers' Association (Malta); YMCA; Youth for Palermo; Żgħażaġh Azzjoni Kattolika; Żgħażaġh Haddiema Nsara; Żminijietna

Article prepared by
William Rech



Prayer to make poverty history

Christ our Lord,
your light shines into the shadows,
and shows us
where the obstacles to change lie.
We know that often
they are in our own hearts,
in the way we live,
and in our daily choices and actions.

We pray that we may accept
the light of your love
as a challenge to change
ourselves and our world.

We pray that, each day,
we make the choices and
take the actions
that will bring an end to poverty and hunger,
and lead us all
towards a fairer world.

Be with us, Lord,
as we face your challenge
and learn how to live
our lives in love.

Amen

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Ej Jew nieqfu ftit...

ATTITUDE

Michael is the kind of guy you love to hate. He is always in a good mood and always has something positive to say. When someone would ask him how he was doing, he would reply: "If I were any better, I would be twins!" He was a natural motivator. If an employee was having a bad day, Michael was there telling the employee how to look on the positive side of the situation.

Seeing this style really made me curious, so one day I went up to Michael and asked him, "I don't get it! You can't be a positive person all of the time. How do you do it?"

Michael replied, "Each morning I wake up and say to myself, Mike you have two choices today. You can choose to be in a good mood or you can choose to be in a bad mood. I choose to be in a good mood."

Each time something bad happens, I can choose to be a victim or I can choose to learn from it. I choose to learn from it. Every time someone comes to me complaining, I can choose to accept their complaining or I can point out the positive side of life. I choose the

positive side of life."

"Yeah, right, it's not that easy," I protested.

"Yes, it is" Michael said. "Life is all about choices. When you cut away all the junk, every situation is a choice."

You choose how you react to situations. You choose how people will affect your mood. The bottom line: It's your choice how you live life."

I reflected on what Michael said. Soon thereafter, I left the Tower Industry to start my own business.

We lost touch, but I often thought about him when I made a choice about life instead of reacting to it.

Several years later, I heard that Michael was involved in a serious accident, falling some 60 feet from a communications tower.

After 18 hours of surgery and weeks of intensive care, Michael was released from the hospital with rods placed in his back. I saw Michael about six months after the accident. When I asked him how he was, he replied: "If I were any better, I'd be twins. Wanna see my scars?" I declined to see his wounds, but did ask him what had gone through his mind as he4 accident took place.

"The first thing that went through my mind was the well-being of my son to be born daughter," Michael

replied. "Then, as I lay on the ground, I remembered that I had two choices, I could choose to live or I could choose to die. I chose to live"

"Weren't you scared? Did you lose consciousness?" I asked.

Michael continued, "... the paramedics were great. They kept telling me I was going to be fine. But when they wheeled me into the ER and I saw the expressions on the faces of the doctors and nurses, I got really scared. In their eyes, I read 'he's a dead man.' I knew I needed to take action."

"What did you do?" I asked

"Well, there was a big burly nurse shouting questions at me," said Michael. "She asked if I was allergic to anything".

"Yes, I replied. The doctors and nurses stopped working as they waited for my reply. I took a deep breath and yelled, "Gravity."

Over their laughter, I told them, 'I am choosing to live. Operate on me as if I am alive, not dead.'" Michael lived, not just due to the skill of his doctors, but also because of his amazing attitude.

I learned from him that every day we have the choice to live fully. Attitude, after all, is everything.

A Memo from God

To: YOU

Date: TODAY

From: THE BOSS

Subject: YOURSELF

Reference: LIFE

I am God. Today I will be handling all of your problems. Please remember that I do not need your help. If life happens to deliver a situation to you that you cannot handle, do not attempt to resolve it. Kindly put it in the SFGTD (something for God to do) box. All situations will be resolved, but in My time, not yours.

Once the matter is placed into the box, do not hold onto it be worrying about it. Instead focus on all the wonderful things that are present in your life now.

If you find yourself stuck in traffic, don't despair. There are people in this world for whom driving is an unheard of privilege. Should you have a bad day at

work, think of the man who has been out of work for years.

Should you despair over a relationship gone bad, think of the person who has never known what it's like to love and be loved in return.

Should you grieve the passing of another weekend, think of the woman in dire straits, working twelve hours a day, seven days a week to feed her children.

Should your car break down, leaving you miles away from assistance, think of the paraplegic who would love the opportunity to take that walk.

Should you find yourself at a loss and pondering what is life all about, asking what is my purpose? Be thankful. There are those who didn't live long enough to get the opportunity.

Should you find yourself the victim of other people's bitterness, ignorance, smallness or insecurities, remember, things could be worse.

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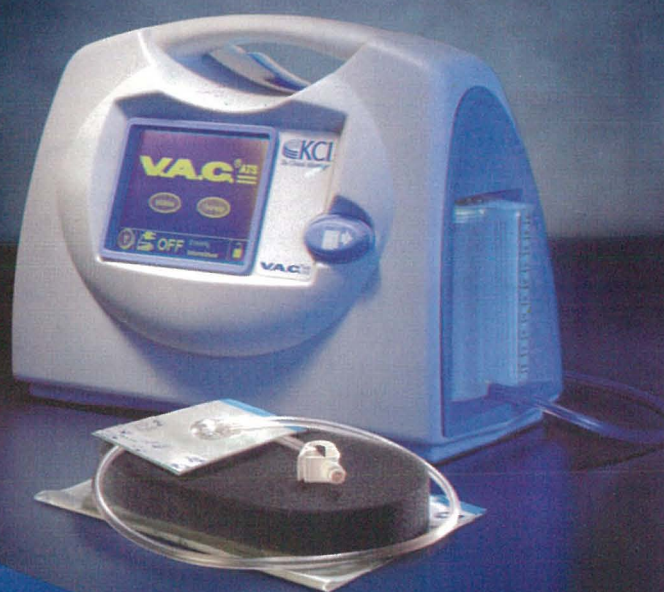


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Hażin X 2

Xi snin ilu, ftit Enrolled Nurses bdew kors għall-Staff Nurse. Kienet haġa tajba. Li ma kienx sew huwa li ftit Enrolled Nurses kienu jafu li harġet l-applikazzjoni. L-oħrajn saru jafu meta min kien applika beda l-proċeduri għall-kors. Lil min irnexxielu, nifrahlu. Li sar **hażin** huwa li l-awtorità ma ċċirkolatx sewwa l-applikazzjoni u b'hekk il-kumpliment ta' l-Enrolled Nurses ġew urtati u nħoloq diżgwi.

M'ilux beda l-conversion course. Grazi lil dawk konċernati fl-organizzazzjoni tiegħu, għax infetaħ bieb għal kulhadd. B'hekk qam interess fost l-Enrolled Nurses u kważi kulhadd ser isir Staff Nurse. Anzi sar titjib biex aktar Enrolled Nurses jersqu għal dan il-kors, billi sar tnaqqis sew fil-flus għall-applikazzjoni u anke fit-tul ta' żmien tal-kors.

Dan l-aħħar harġu applikazzjonijiet għal Deputy Nursing Officers minn Staff Nurses (ċirkolari 81/2003 megħmuża) speċificament għall-isptar ta l-anzjani (SVPR). Imma minn fost dawk magħżula xi whud thallew jaħdmu l-Isptar San Luqa. Dan meta ma nharġux applikazzjonijiet għal dan l-isptar! Għalhekk filwaqt li nifrah lil magħżulin, jiddispijaci li l-awtorità naqset ma l-Staff Nurses li m'applikawx għax ma ridux jitolqu mill-isptar Ġenerali. B'hekk sar **hażin** ieħor (times 2), u dawn in-Nurses qed iħossuhom frustrati.

B' nuqqasijiet bħal dawn li semmejt nara li aħna n-Nurses m'aħniex niġu stmati sewwa u b'hekk jonqos il-kuraġġ u l-motivazzjoni tal-impjegat lejn il-marid. Issa li għandna Direttur tar-Riżorsi Umani, nixtiequ jgħidli jekk b'affarijiet bħal dawn ir-riżors uman imurx għall-aħjar jew le.

Thomas Agius
Staff Nurse
DSU-SLH

DH Circular No 179/2003
DH 400/81/14

HEALTH DIVISION
15, Merchants Street
Valletta

28th July 2003

Medical/Physician Superintendents
Heads of Branches

The subjoined MPO Circular No. 81/2003 dated 25th July 2003 is to be brought to the attention of all concerned.

You are also kindly requested to comply with the directives of OPM Circular No 2/94 by ensuring that the employees falling under your charge confirm that they have seen the undermentioned Circular by signing a copy. A copy should be displayed on the Notice Board held for the purpose in your Hospital/Section. You will be held responsible personally for failure in this regard.

E. D'AGOSTINO
Director Finance & Administration
OPM/MPO/180/94

MPO Circular No. 81/2003
MANAGEMENT & PERSONNEL OFFICE
Office of the Prime Minister
Auberge de Castille
Valletta CMR 02

25 July 2003

To: Permanent Secretaries
Directors General
Directors
Heads of Parastatal Organisations

POSTS OF DEPUTY NURSING OFFICER IN THE DEPARTMENT FOR THE ELDERLY AND COMMUNITY SERVICES

1. The Public Service Commission invites applications from serving Public Officers in the grade of Staff Nurse for the posts of Deputy Nursing Officer in the Department for the Elderly and Community Services. Public Officers on secondment or on loan to Parastatal Organisations may also apply.
2. The post of Deputy Nursing Officer carries a salary of Lm5,551 per annum, rising by annual increments of Lm192 up to a maximum of Lm6,703.
- 2.1. The appointee will be entitled to such other benefits and subject to such other conditions and obligations as may be stipulated in any pertinent agreement between the Government and the competent Union.
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IL-PUERPERAL SEPSIS

Sa qabel kienet skoperta t-teorija tal-mikrobu fl-1890, il-kuncett aetjoloġiku fil-bidu tad-dsatax il sekl u kien li l-puerperal sepsis kienet ikkaġunata minħabba l-'miasmata' fl-arja permezz ta' emanazzjoni minn sorsi mhux umani-allura Mal aria (arja hażina).

Fl-1804 Dr.F.Butigieg ta' pariri biex l-arja fid-'delivery room' ma tkunx la kiesha hafna u l-anqas sħuna żzejjed, bil-purtieri ta' madwar is-sodda imħollija miftuħa (sakemm it-twieqi jinżammu magħluqin). Il-midwives kellhom iżommu d-dwiefer tagħhom qsar, ineħħu ċ-crieket kollha qabel il-ħlas u jużaw butir jew lubrikant ieħor għall-eżamijiet vaginali.

Fl-1843 'Il Filocamo' idduskuta l-epidemoloġija tal-puerperal fever, innota l-epidemija tal-marda iżda m'għamilx konnessjoni max-xogħol mediku jew attendenti paramediċi.

Professor S.L.Pisani

Fl-1883 il-Professor S.L.Pisani ta struzzjonijiet biex il-midwives jagħmlu eżamijiet vaginali mill-inqas. It-twieqi kellhom jithallew miftuħa, sabiex ma jibqa' l-ebda rieħa tinten fil-kamra. Ħmieġ tal-omm kellu jitneħħa barra l-kamra immedjatament. Bħal f'regolamenti oħrajn kellu jintuża ż-żejt jew lubrikant ieħor għall-eżamijiet vaginali.



Dr.G.F.Inglott

Fl-1890 Dr.G.F.Inglott reġa' avża dwar l-użu tal-vasellina antisettika meta ssir il-'podalic version'. Huwa ordna wkoll l-irrigazzjoni antiseptika tal-utru wara dawn il-proċeduri.

Professor G.B.Schembri

L-istess fl-1896, il-Professor G.B.Schembri emfasizza l-użu tal-vażellina antisettika mill-midwives waqt l-eżami vaginali.



Numru ta' regolamenti oħrajn (Midwifery Regulations) biex jiġu osservati mill-midwives kienu ppublikati fl-1899 l-istess taħt il-Professor Pisani bħala C.G.M.O u Prof Schembri bħala Senior Obstetrician-Gynaecologist. Dawn ir-regolamenti kienu jispeċifikaw l-istrumenti li l-midwife kienet obbligata għor magħha meta tattendi mara fil-ħlas u kien hemm regoli oħrajn li jikkonċernaw l-indafa u d-disinfazzjoni (5% Boracic acid jew Condyl's fluid) tal-kamra tal-ħlas, tal-pazjenta u l-midwife innifisha. Il-midwife reġgħet kienet avzata biex tuża mill-anqas il-'vaginal touch' u biex ma tippruvax tkabbar (dilatation) il-ftuħ tal-vulva b'mod artifiċjali. L-emfasi kien anke sar fuq l-importanza li tara li l-guf kien f'kontrazzjoni kompleta wara l-ħlas. Il-midwife kellha wkoll, malajr kemm jista' jkun tinvista l-pazjenta kuljum għall-ewwel tmien tijiem wara l-ħlas biex tkun tista ssegwi l-progress kliniku tal-puerperjum tal-pazjenta, tieħu t-temperatura tal-omm u biex issejjaħ tabib f'każ

CONDY

Dan hu disinfezzant debbuli ucoll; imma għandu tajjeb li ma hux velenus u li hu tajjeb hafna biex ineħħi l-intiena. Hu liquidu ahmar carg, u meta jithallat ma' l-ilma (daks cuċċarina ma xi 20 ukija ilma) jagħmel solzzjoni rosa, u li actar ma sservi biex tid-disinfetta, actar tieħu culur ahmar mahmuġ.

ta' 'lochia' suspettuża. Rigward it-tarbija tat-twelid, il-midwife kienet obligata li taħsilha tebqet għajnejha bil-'boracic acid lotion' u tispjega lil omm l-importanza li tibgħat għal tabib mill-ewwel jekk għajnejn it-tarbija kienu jidhru ħomor jew kellihom irritazzjoni.

Klawsoli dettaljati u komprensivi dwar linji gwida tal-prattika tal-midwifery reġgħu ħargu mit-Tieni liġi Sanitarja li rċievew l-kunsens tal-Gvernatur f' Mejju 1901. Minhabba din il-liġi, mara kellha tikseb liċenzja mill-Kap tal-Gvern qabel tkun intitolata biex tipprattika bħala midwife; u bħala prerekwizit kellha jkollha d-diploma minn skola tal-midwifery rikonnoxxuta. Il-midwife ma setgħetx tuża strumenti tal-kirurgija u lanqas ma setgħet tagħmel l-ebda manuvru bl-idejn fuq it-tarbija waqt li din tkun għada fil-għuf tal-omm. F'każ li l-omm kienet tiżviluppa 'puerperal fever', il-midwife kellha tirraporta dan l-inċident lid-District Medical Officer u tastjeni milli tipprattika għal ħames t'ijiem ta' wara, filwaqt li f'dan il-perjodu hi, flimkien mal-istrumenti tagħha u fwejjigħa, kellha tiġi ddisinfettata (iffumigata) kif ordnat mis-Supretendent tas-Saħħa Pubblika ġewwa Lażżarett. Fil-fatt bejn l-1908 u l-1910, 36 midwife attendiet għal disinfezzjoni, minn total ta' 49 każ ta' puerperal sepsis. Dawn il-klawsoli legali, b'xi modifikazzjonijiet, baqgħu obligatorji sas-sittinijiet.

Dawn ir-regolamenti pero' ma kienux ipprattikati kullimkien u fl-1903 l-Uffiċjal Mediku li kien jiehdu ħsieb l-Isptar t' Għawdex irrimarka li nisa puerperali fl-isptar kienu qed jattenduhom nurses ġenerali li kienu jiehdu ħsieb pazjenti oħra, minnflok il-midwife.

Bejn l-1901 u 1910 żewġ każi minn total ta' 54 akkużi

tad-Dipartiment tas-Saħħa, kienu li ma rrapurtawx biex jiġu ddisinfettati wara li attendew każi ta' puerperium. Fl-1908 żewġ midwives mit-Tieni Distrett Sanitarju rrapurtawhom li kienu qed iġorru x-xirja magħhom waqt il-ħlas. Id-Dipartiment tas-Saħħa avża li din il-prattika trid tinqatgħa.

Din il-vigilanza kollha niżlet ferm l-inċidenza u l-mortalita' mill-puerperal sepsis fejn ir-rata tal-mewt bejn l-1895 sal-1899 kienet 2.49 mwiet għal kull elf twelid. Din niżlet sostanzjalment bejn l-1904 u l-1908 b' 0.76 mewt għal kull elf twelid. Sal-ewwel Gwerra Dinjija (1915-1919) l-inċidenza tal-puerperal sepsis kompliet taqa' sforz għall-miżuri permezz ta' kontroll leġislattiv, iżda minhabba l-faqar u standards baxxi fil-prattika tal-midwifery fid-djar, reġa' kien hawn żieda fl-inċidenza tal-puerperal sepsis.

Fl-1937 ir-rata tal-mewt minhabba l-puerperal sepsis irrangat iżda kien il-bogħod minn dak mixtieq. L-użu ta' 'sterile gloves' kienet għada mhux obligatorja u ħafna 'vaginal examinations' li kienu jsiru mill-midwives tad-distrett kienu jsiru mingħajr ingwanti (Fil-fatt bdew jintużaw fl-1951 għall-ħlasijiet fid-djar). Perjodikament kull minn kellu kuntatt ma każi ta' maternita' kien jiġi investigat għal-streptococcus haemolyticus jew għal xi griżmejn minfuhin u jekk jinstab li kellihom hekk ma kienux jithallew jaħdmu. Il-protocols preventivi tal-istess sena jistabbilixxu li kull każ li jkollha d-deni jew 'septic discharge' kienet tiġi trasferita ġewwa Lażżarett. Il-patelli kienu jiġu nnumerati u jintużaw mill-istess każ biss. Beda' jintuża id-Dettol u kontra l-prattika domiciljari l- 'sterile gloves' għall-'vaginal examinations' bdew jintużaw.

IS-SODDA TAL-ĦLAS

Din għandha tneun actarx jiebja u l-friex tagħha għandu jitkiegħed chif seirin ingħidu. Fuk il-mitrah tinfirex incirata cbira li tghatti actar minn nofs il mitrah min-naha tas-sakajn, u fuk l-incirata jinfirex lizar. Sewwa l-incirata chemm il-lizar għandhom jinthemzu tajjeb mad-dawra collha tal-mitrah. Fuk il-lizar titkiegħed incirata oħra, u fuk din lizar iehor, imma daun ma għandhom bzonn jinthemzu, u it-tnejn jitnehhew mita l-mara tispicċa. hecc din jibkagħalha taħtha l-ewwel lizar bl-incirata taħtuni ma jithammeg xejn. Wara il-ħlas għandhom jitkiegħdu bcejjeċ tat-tajjar, jew lozor mitwijn għal erbgha taħt makghad il-mara, biex is-sodda chemm jista' icun ma tithammigx.

INJEZZIONI VAGINALI

Din issir bis-siringa ta' Higginson; biss il bocchin tal-ghadam jitnehha u jitkieghed f-locu iehor tal vulcanit jew tal-hgieg, twil daks sitt pulzieri, li jispiċċa daksxejn minfuh, u icollu l-biċċa tal-ponta mtakkba b-hafna tokob. Fl-ponta nett ta' dan il bocchin ma ghandux icun hemm tokba, ghax inchella l-liquidu jista' jibka' diehel gewwa l-utru u jaghmel il-hsara. Kabel ma wiehed ihaddem din is-siringa ghandu jippompia ftit mishun minn gewwa fiha, sewwa biex li-strument ma jibkax chiesah, chemm ucoll biex incunu sguri li ma tcunx diehla l-aria minn xi imchien. Biex issir din is-siringa wiehed ghandu jahseb kabel xejn ghal dan li gej:

Il-marida tokghod fuk darha f-xifer is-sodda, u b-padella tahta biex l-ilma ma jixteridx. Ir-rcuptejn jintneu u il-bucchin tas-siringa wara li icun midluk bi ftit vasellina jitghadda minn taht ir-rcoppa (l-ictar wahda lejn xifer is-sodda), ghal gewwa l-vagina. Il marida tista' z-zomm b-idha din il-parti ta' l-istrument, u l-infermiera wara li tcun giebet il-friscatur bis-soluzzioni, li icollha tcun injettata, fuk siggu jew fuk is-sodda stess, tibda thaddem il-pompa tas-siringa, billi taghfas il-basla bil mod, ittiha zmien targa tintela u tcompli hecc sachemm it-temm is-soluzzioni collha. Meta tohrog il-bocchin, ghandha z-zommu bil-ponta l-fuk biex l-ilma li icun fadal gewwa t-tubu ma jixxerridx.

Id-docchi jew injezzionijet vaginali, jistghu icunu semplici jew medicati. Ghal l-indafa biss, ilma fietel (70 sa 85 grad) jew shun (85 sa 100 grad), inchella xi disinfezzant hafif bhal Condyl, cuccarina ghal cull terz. Is-soluzzionijet medicati ghandhom jidhlu biss meta jordnahom it-tabib, li jati ucoll l-ordni chif ghandhom isiru.

Mehuda mill-ktieb "IL-CTIEB TA L'INFERMIER" ta' J.S. Galizia - 1904

Fl-erbghinijiet l-inċidenza tal-puerperium reggħet niżlet sforz it-taħriġ adekwat għall-midwives. Sa nofs is-seklu għoxrin il-maġġoranza tal-ħlasijiet baqgħu jsiru fid-djar bis-supervizzjoni tal-midwife u kienu l-ftit ħafna li kienu

jixtru fl-isptarijiet. Wara nofs il-ħamsinijiet, pero' kien hemm mixja progressiva lejn ħlasijiet fl-isptarijiet fejn komplet twaqqa l-inċidenza b'mod b'saħħtu.

Ikompil f' ħarġa oħra...



Lifestyle & Wellness

Verbal Abuse of Children



Benj Vardigan

You've no doubt heard the adage, "Sticks and stones may break my bones, but names will never hurt me." Well, it's not true. Name-calling hurts --especially when the person doing it is a parent, a teacher, or a coach.

Hollering and flashing your temper might strike you as a natural and effective form of discipline if you were brought up with it. But for children it may cause emotional trauma that results in long-lasting harm.

Among other things, verbal abuse can undermine your child's self-esteem, damage his ability to trust and form relationships, and chip away at his academic and social skills.

What is verbal abuse?

You may be verbally abusing your child if you are doing any of the following:

- Name-calling, belittling, swearing, insulting. ("You are stupid." "You're a rotten kid.") Indirect criticism, such as disparaging your child to your spouse, also hurts. Just because you're not berating your child directly doesn't mean he doesn't hear it and feel the sting.
 - Rejecting or threatening with abandonment. ("I wish you'd never been born." "I should put you up for adoption.") This kind of verbal abuse creates a sense that your child doesn't belong -- and isn't wanted -- in the family.
 - Threatening bodily harm. Studies have linked verbal aggression and physical aggression: A 1989 Harvard study found, for example, that "parents who yell frequently are the ones most likely to hit frequently, and vice versa." Even if you don't act on violent threats, they may make your child fear you and distrust you.
 - Scapegoating or blaming. ("You're the reason this family is such a mess." "If I didn't have to take care of you, I could have a better life."
- "If you weren't so clumsy, your sister wouldn't have gotten hurt.") Your child will think he's a bad person who deserves to be unhappy.
- Using sarcasm. Making a mocking remark, such as "Now that was smart" when he spills grape juice on the rug, might seem like a way to avoid direct criticism, but your child is perceptive enough to understand that you're demeaning him.
 - Berating your spouse. A 1998 study at the University of Maryland, Baltimore County, determined that children who see their parents verbally abusing each other are more likely to be depressed or anxious, and to experience more interpersonal problems of their own. Interestingly, the study also found that verbal aggression between parents was more traumatic to children than physical violence between parents.

How common is verbal abuse?

Reports are mixed. A 1991 study at the University of New Hampshire found that 63 percent of more than 3,000 American parents surveyed reported one or more cases of verbal aggression toward children in their homes.

However, a 1997 Child Protective Services study determined that only 6 percent of all child abuse cases involved "emotional maltreatment" (of which verbal abuse is the most common form). The fact that signs of verbal abuse are harder to recognise and prove than signs of physical abuse may account for the seemingly low number of "official" verbal abuse cases.

What are signs that a child is suffering from verbal abuse?

- Negative self-image. This is the most common and pervasive effect of verbal abuse. Your child may say things like, "I'm stupid," or, "Nobody likes me." Or he may simply seem withdrawn, sullen, or depressed, all of which can be signs of a poor self-image. In defining emotional abuse, the National Committee for the Prevention of Child Abuse says that it "attacks a child's ... sense of self-worth."
- Self-destructive acts. "Cutting" (using razor blades or knives to cut his own skin) and all forms of self-injury signal a problem, as do other reckless activities that put your child in danger.
- Antisocial behaviour. The New Hampshire study found that verbally abused children demonstrated higher rates of physical aggression, delinquency, and interpersonal problems. Your child may hit other children, frequently quarrel with his classmates, or be cruel to (or even torture) animals.
- Delayed development. The slowdown may appear in your child's physical, social, academic, or emotional development. He may have difficulty making friends, fall behind in school, or engage in regressive acts such as rocking, bed-wetting, and thumb sucking.

Does verbal abuse do any long-term harm?

Yes. Research shows that abused children are more likely to:

- become victims of abuse later in life
- become abusive themselves
- become depressed and self-destructive later in life

Why can't I seem to control my temper?

Most parents at some time find themselves feeling frustrated and angry with their children. This is normal. Occasionally they say things they regret -- to their children, their spouses, or their friends. This, too, is normal. But if you find that you are routinely having angry outbursts or that whenever you're frustrated you lash out at those around you in the ways described above -- then you need to get help. (Please keep in mind that if you feel overwhelmed by your anger, you may want to consider getting help from a counsellor, psychotherapist, or mental

health professional trained in anger management.) Meanwhile, here are some ways to begin helping yourself.

To start getting a handle on your outbursts, try to understand the reasons behind your behaviour. The following are some of the more common explanations for verbally abusive behaviour:

- a failure to understand that there are other ways to discipline and communicate with your child
- the belief that verbal abuse is necessary as a form of "tough love"
- an inability to control strong emotions
- a history of verbal abuse by parents, teachers, and other adults

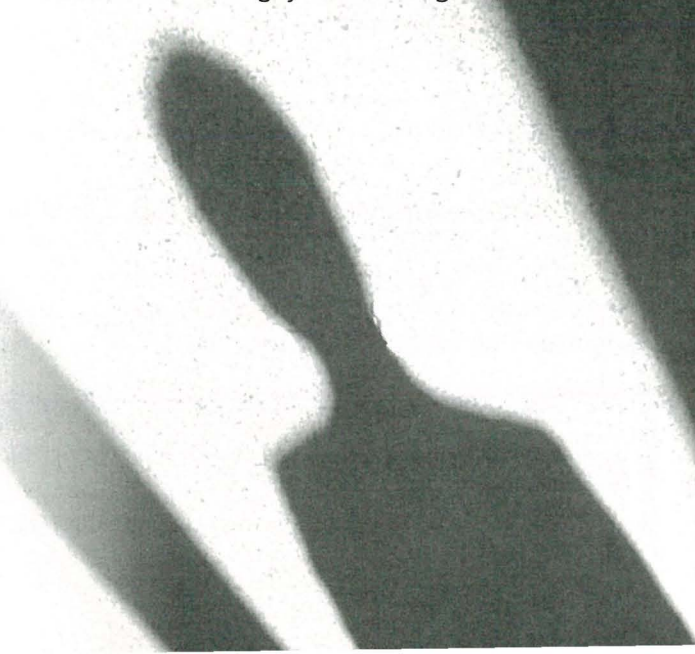
What can I do to avoid verbally abusing my child?

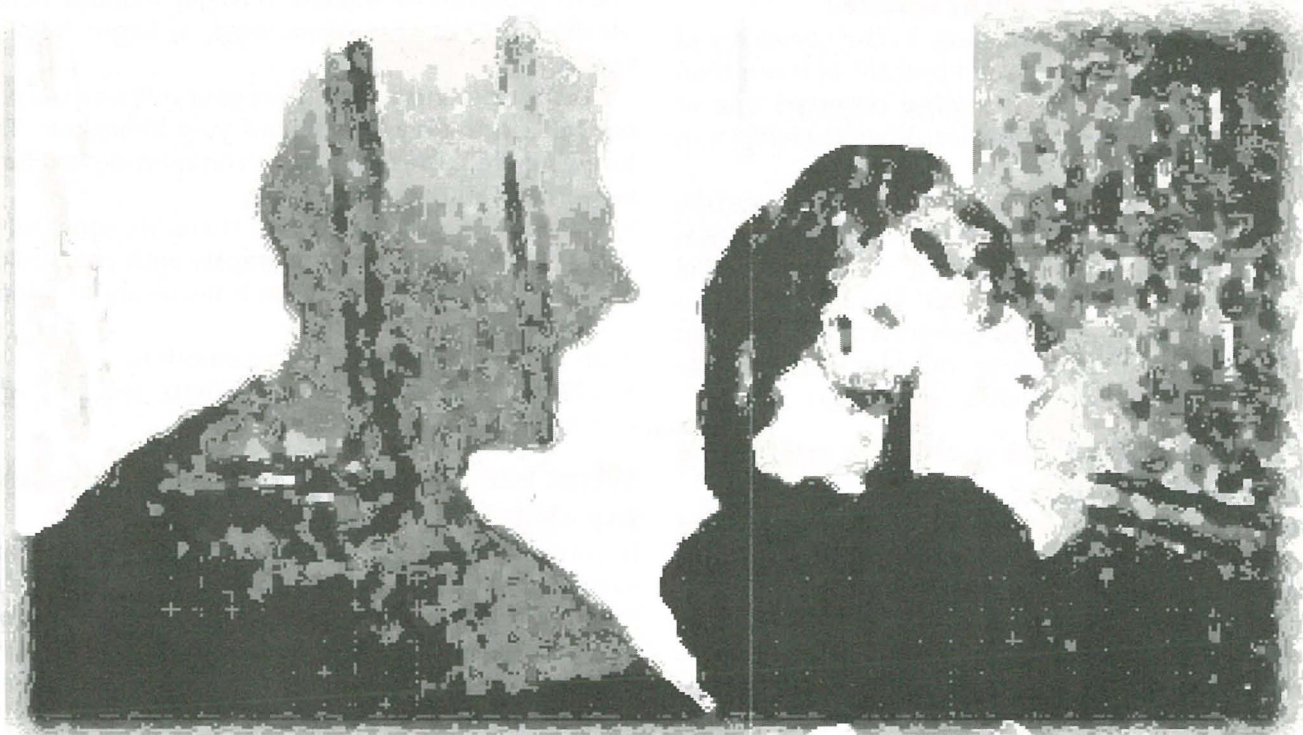
In moments of stress and anger, try to refrain from saying anything mean or sarcastic to your child. Remember, you're his main and most important role model. If you tend to fall apart, lose your cool, and act abusively at challenging times, you'll likely raise a child who does the same.

Here are some ways you can calm yourself down:

- Take a "time-out." This method works as well for adults as it does for kids. If your child can be left alone, go to another room. If he's too young for that, try walking to the other end of the room. Then take a few slow, deep breaths, seeking to let go of the situation emotionally. Wait five minutes (or more if you need it) before talking to your child.
- Share your feelings of resentment or anger with your spouse or a friend. Be sure to do this in private, where your child won't hear you and feel wounded by your words.
- Try to deal only with the present rather than letting all the stressful incidents that have "piled up" overcome your emotions.

In addition, the American Academy of Paediatrics recommends using what it calls the **RETHINK** method to bring your feelings under control.





RETHINK stands for:

- **Recognise** your feelings.
- **Empathise** with your child.
- **Think** of the situation differently. (Try using humour.)
- **Hear** what your child is saying.
- **Integrate** your love with your angry thoughts.
- **Notice** your body's reactions to feeling anger and to calming down.
- **Keep** your attention on the present problem.

A 1999 study at Colorado State University found that parents who participated in a six-week workshop based on this method became more effective at managing their anger.

© **Benj Vardigan** is a senior editor for Consumer Health Interactive and the winner of an Outstanding Young Journalist award from the Northern California chapter of the Society of Professional Journalists.

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Our reviewers are members of Consumer Health Interactive's medical advisory board.

First published November 17, 1999 Last updated May 10, 2004
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What can I do to prevent someone else from verbally abusing my child or another child?

Always be aware of other influences on your child. Just because you have your temper under control doesn't mean that all the other adults in your child's life do. Teachers, coaches, babysitters, siblings, older siblings of friends, and even other children's parents can harm your child by demeaning or humiliating him. Make a point of asking your child about his relationships with other adults. Of course, he might not tell you if someone is verbally abusing him - he might not even realise it. So you'll want to be on the lookout for signs of emotional turmoil: Nightmares, bed-wetting, school phobia, and other signs of excessive anxiety may be part of the "code" you'll have to crack in order to figure out what's troubling your child.

If you feel that another adult is abusing your child or his or her own child, you can call the Support Line **179**, for advice. The Child Protection Services (CPS) within Appogg on telephone **22959000** will deal with this matter were professionals will evaluate the report, and if they deem it necessary, they will send someone out to talk with the alleged abuser. The support Line will keep your report confidential, although you can make an anonymous report if you prefer. (But keep in mind that bogus anonymous reports are, unfortunately, quite common.)

Sometimes a family counsellor or psychologist can assess your child for signs of verbal abuse. If you think the abuse is occurring at school, be sure to take your child to be evaluated by someone independent of the school. Oftentimes your family doctor or paediatrician can help you with a referral. Do whatever is necessary to get your child away from the abuser -- if a P.E. coach is taunting him; for example, ask that he be placed in a different class. And be sure to make your concerns known to the principal, director, league officials, and so on.

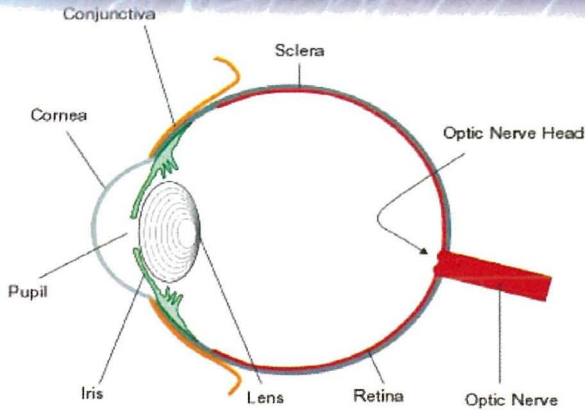
The Editorial Board

GLAUCOMA

Glaucoma Screening Nurses

What is Glaucoma?

Glaucoma is the name given to a group of conditions in which the optic nerve suffers a characteristic form of damage at the back of the eye. The optic nerve damage causes patchy loss of vision. The loss of vision in glaucoma is permanent, but with early treatment, the damage to vision can be minimised.



What causes Glaucoma?

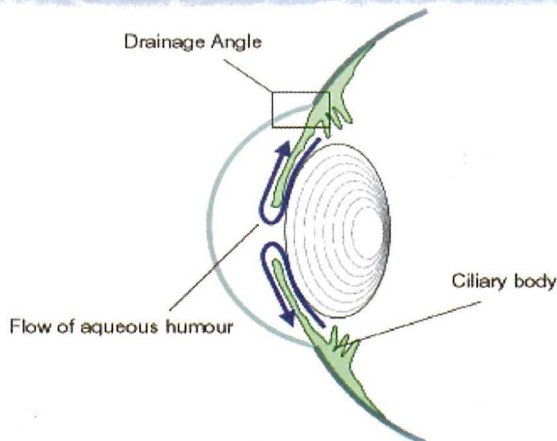
In the normal eye, aqueous humour is produced behind the iris by the ciliary body. It flows through the pupil and drains away at the angle between the cornea and the iris.

In Glaucoma, the flow of fluid out of the eye becomes restricted and the pressure within the eye rises. This pressure causes damage to the optic nerve.

In some cases of glaucoma, the pressure is not high. In these cases, it is thought that the poor blood supply or weakness in the optic nerve structure may make the nerve susceptible to damage by normal pressure, the so-called normal Tension Glaucoma.

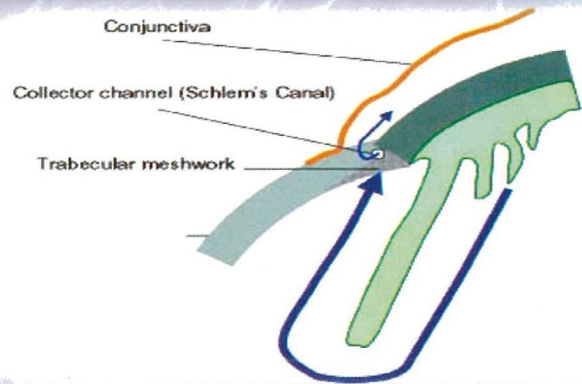
Can Glaucoma be treated?

The loss of vision in glaucoma is permanent, but with early treatment the damage to vision can be minimized. With proper treatment, further loss of vision in most clients can be prevented or slowed down.



families, close relatives of clients diagnosed as having glaucoma should have regular glaucoma screening every 2 years once they reach 35 years of age or earlier if they are subject to other risk factors.

- Diabetes – People with diabetes may have an increased risk in developing glaucoma.
- Short sight (myopia) – People with a high degree of short sightedness are more at risk to develop glaucoma.

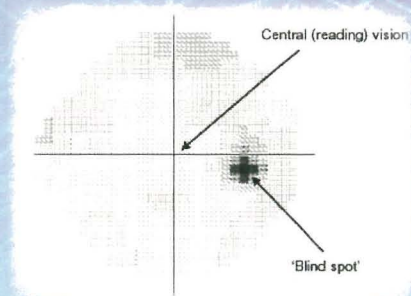


Detecting Glaucoma

Sometimes glaucoma is not detected until it has got to an advanced stage. People with glaucoma wrongly assume that the reduction in their vision is simply due to age. Glaucoma Screening is a good opportunity to check for any signs of glaucoma.

Tests carried out in Glaucoma Screening.

- Visual Acuity - In this test the clients' eyes are checked.
- Visual Fields (Perimetry) – With this test, any defect in the optic nerve can be assessed.
- Tonometry – Tonometry is the measure of the intra-ocular pressure (IOP) This is done by a non-contact tonometer (air puff). If after these tests any abnormality is detected, clients are referred to the ophthalmologist.



Treatment of Glaucoma

Most clients with glaucoma require treatment. The aim of the treatment is to lower the pressure of the eye. Initial treatment is usually with eye drops. These are sufficient to keep the pressure down and prevent optic nerve damage. However in some clients, eye drops are not sufficient to control the eye pressure and so other treatments such as laser therapy and surgery are appropriate.

Glaucoma Screening tests are offered at most Health Centres. The Glaucoma Screening Nurses carry out these screening tests by appointment.

The Glaucoma Screening Nurses wrote this article. For further information contact: francis.ripard@gov.mt

Who is at Risk?

- Family history of Glaucoma – Glaucoma tends to run in



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