


## When the Unthinkable Happens: Protecting Moms and Babies in the Hospital

### A Short storytelling based on the peer-reviewed paper:

Horn, C.,  [Bam, N.E.](#) & Matsipane, M.J. Exploring disaster preparedness in an obstetric unit in a district hospital in the Western Cape Province. *BMC Health Serv Res* 24, 654 (2024).

<https://doi.org/10.1186/s12913-024-11104-x>

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**Imagine** a hospital's maternity ward: new mothers are recovering, babies are nestled in cribs, and some, born too soon, are in incubators, fragile and dependent. Now, picture a sudden crisis, a fire, a flood, or a major power outage. What happens to these incredibly vulnerable patients and the dedicated nurses caring for them? Are they truly ready?

This vital research, from a Master's research study supervised, explored this exact question in a public hospital in South Africa, where most of the nation's

births occur. It uncovered a crucial reality: while our nurses are immensely dedicated and understand what a disaster is, they often feel profoundly unprepared to act effectively when one strikes in their obstetric unit.

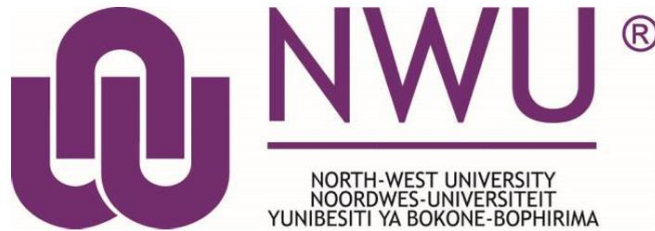
### Here's the heart of the story and why it matters so much:

- **Knowing, but not knowing how:** Nurses in the study could define what a disaster is, a fire, a flood, or an explosion. They even knew a "disaster plan" should exist to keep everyone safe. Yet, a surprising number admitted they didn't know where to find this plan, or what specific actions it required of them. This uncertainty left them feeling unready, with some rating their unit's preparedness as low as "one" out of ten.
- **The critical missing practice: Drills:** Can you imagine training for a fire drill but never actually practicing it? That's what many nurses reported: never participating in a disaster drill throughout their entire nursing careers. Without regular practice, it's incredibly difficult to feel confident about evacuating mothers, some in labour or pain, and fragile newborns, especially those dependent on life-sustaining machines.
- **Challenges beyond their control:** Nurses bravely spoke about the significant hurdles they face not enough staff to manage a sudden influx of patients, a shortage of essential equipment, and even cluttered hallways due to ongoing renovations, blocking critical escape routes. And a key challenge is that obstetric care, like a baby being born or a critically ill infant needing resuscitation, often cannot be paused, even in an emergency.
- **A clear path forward, from the frontlines:**

The good news is that these nurses, despite the challenges, have clear and powerful recommendations for improvement. They passionately advocate for:

- Making disaster plans clear, accessible, and visible to everyone





- Regular, mandatory training and drills – ideally at least twice a year – for all staff, across all shifts
- Involving everyone in creating these plans, from hospital leadership to every staff member on the ward, so everyone understands and owns their role
- Strong leadership and better communication systems during emergencies

This research isn't just a report; it's a powerful call to action for systemic change. It provides a roadmap for ensuring our dedicated nurses are empowered, our hospitals are truly ready, and our most vulnerable, mothers and babies, are as safe as they possibly can be, even when the unthinkable happens. It profoundly underscores that disaster preparedness is not merely an administrative task; it is a fundamental commitment to saving lives.

