

Supporting midwifery beyond our borders

After three years, the RCM's Global Midwifery Twinning Project has been completed. Here we take a look at what's been achieved.

THE RCM'S GLOBAL MIDWIFERY TWINNING Project (GMTP) ran from April 2012 to March 2015 and twinned RCM UK with midwives' associations in Cambodia, Nepal and Uganda. GMTP was funded by UKAID and managed by the Tropical Health and Education Trust. The RCM has a long history of engagement internationally, however, GMTP was the first time the RCM had sent its members overseas to undertake development work. The project helped the twinned associations to strengthen and develop, to understand how professional associations can support the lifetime health of women and address maternal and newborn mortality.

GMTP had three means of engagement with its twinned countries: sending midwife volunteers to undertake training and capacity development, running regular workshops in each country on topics identified by the local association, and offering support from the RCM, which included RCM country directors sharing their expertise. Over the three years, 67 midwife volunteers went on 75 placements. They worked with the midwifery associations, key stakeholders and practising midwives. RCM global professional advisor Joy Kemp explains: 'The feedback was that, for many of our volunteers, the experience had changed lives.'

Volunteers supported local midwives in understanding the importance of delivering quality midwifery care. As well as transferring skills and knowledge, they helped build individual leadership capacity and develop midwifery care pathways. They also helped education providers to improve teaching standards and to support

student midwives' learning. Key achievements include the development of five-year strategic plans, increased membership for all the associations, establishing a midwife-led birth centre in Nepal, a new midwifery masters curriculum in Uganda, and renewed vision and confidence among midwife leaders in Cambodia.

There were benefits for the UK too, as volunteers gained greater confidence in their own skills and knowledge. 'The volunteer midwives reflected that the experience reignited their passion for the profession, and showed them the value of a professional association,' says Joy. 'It can be easy to get demotivated as a midwife in the UK, but volunteers said they realised what a privilege it is to be a midwife and what amazing systems and structures support midwives in the UK.'

The success of the programme has produced strong relationships with the overseas midwifery associations, and the RCM is committed to continuing to support their twins. The RCM is also keen to undertake new global projects and is exploring possibilities.

For more information, visit rcm.org.uk/global

GMTP TOP TIPS

- Be flexible, responsive and prepared to change your plans. Be aware of others' cultures and your own cultural expectations around timekeeping and dress code, for example, to make a successful partnership.
- Plan communication carefully. Cultural or language barriers, time differences and technology breakdown can make communicating tough. Leave enough time to respond to make your partnership thrive.
- Make sure you understand the context in which your partnership takes place and work closely with other stakeholders to provide mutual support and collaborative working.

Cambodia

RCM director for England Jacque Gerrard on her twinning relationship with the Cambodian Midwives Association (CMA):

'Twinning with Cambodia had additional challenges to Nepal and Uganda, where health professionals are educated in English. In Cambodia, few midwives speak any English, even within the CMA leadership team, and translators were required for everything. Cambodia is also furthest away from the UK with a seven-hour time difference, so communication can be challenging. We had several Skype calls in our pyjamas! However, despite the challenges, our twinning relationship has been very positive.

'I travelled to Cambodia in July 2013 with Joy, and visited the Tuol Sleng and Killing Fields Genocide Museums. I was able to share, in a very small way, the horror of the Khmer Rouge years and understand better the uphill struggle that Cambodia has had in moving forward, as well as the sense of caution among its people that caused our project to have a slow start. Happily, the CMA has now embraced the concept of twinning and has almost doubled its membership since the start of the project and developed many new local links and partnerships.

'It was a pleasure to host the CMA's vice president Lida Oung and Thida Yeath, the lead midwife in the HR department of the Cambodian Ministry of Health, at the ICM congress in Prague in 2014 and then in the UK.

'We have set up a Cambodia England (CAMBENG) group within the RCM that meets regularly to enhance our twinning relationship and we communicate frequently via the GMTP Facebook page.

'A spin-off project has developed between the University of Salford and Kampot Regional Training Centre in Cambodia and it's been really exciting to see the first cohort of midwifery students visiting Cambodia for their electives. RCM England fully intends to sustain its twinning relationship with Cambodia and I'm really proud of what we have achieved so far.'

Chea Ath, CMA president: 'I feel warmly about our relationship



Left: CMA president Chea Ath. Right: Training for students and teachers on breech presentation

with England and I feel close and friendly with Nepal and Uganda. I meet Kiran Bajracharya, the president of the Midwifery Society of Nepal, at regional conferences and we share together – we feel like sisters. RCM staff have always encouraged me and given me feedback on my performance and ideas. RCM visits are helpful because RCM staff always talk, have good ideas, help me with many, many things, encourage me and I understand what we need and how to move forward. Now Joy and I are closely together, we stay together, and Kiran and Jacque, I always think about you, you stay with me in my mind, I don't forget you. I'm so proud when I talk to someone about working with the RCM and they don't understand how we can have such a great opportunity. I will contact the RCM when I have a problem by Skype or email because you are stronger than me and I need them every time. I will keep them in my mind.'

Clare Murphy, GMTP midwife volunteer: 'My experience as a volunteer has been life-changing; it will be hard to put into words what this opportunity has meant to me and the impact it will have on me as a woman and as a midwife. The experience of volunteering in Cambodia has taught me many things about myself: the resilience I have and the ability to adjust to a new environment and to embrace the opportunity this experience offered me. It has highlighted to me the skills I have after working as a midwife in the UK for over 25 years.'

TWINNING

The ICM promotes the concept of 'twinning' as a way to strengthen midwives' associations. It identifies six benefits of twinning:

- Capacity building
- Exchange of best practices
- Increased effectiveness
- Relationship building
- Networking
- Solidarity.

GMTP facilitated institutional and individual midwife-to-midwife twinning, both in person and virtually. Mentoring, information and technical exchanges, and training all took place within the twinning relationships.

FAST FACTS (WHO, 2013)

● Number of maternal deaths in 2013

670



27.6% of the population of Cambodia are women of childbearing age (15-49)



71% of births are attended by skilled health workers



59% of women receive at least four antenatal visits

Nepal

RCM director for Scotland Gillian Smith on her twinning relationship with the Midwifery Society of Nepal (MIDSON): 'It has

been hugely interesting linking Scotland with Nepal, a country that also has challenges around remote and rural services and transport infrastructure. Chief nurse to the Ministry of Health and Population Ishwori Devi Shrestha did laugh when I compared our Ben Nevis to their mountains and then I remembered they have Everest as a backdrop!

'I was very fortunate to visit Nepal in September 2013, when MIDSON held their first ever midwifery conference in Kathmandu. This was an amazing experience for me; to witness the enthusiasm of the delegates to learn and engage with others was unbelievable. We had midwives who had travelled on many occasions for more than 24 hours across very difficult terrain, swollen rivers, rope bridges, and were still full of energy to learn.

'In June 2014, it was a pleasure to host a return visit for Ishwori and Kiran Bajracharya here in Scotland. We visited some of the rural and urban areas, so they could compare the different care provision. Everywhere they went they were impressed with the Scottish Patient

Safety Programme and the 'run charts' – even taking photographs. Our volunteers have supported the opening of the birth centre at Tribhuvan University Hospital and had the honour of witnessing the first birth there. This is a great example of the impact of our midwife volunteers and I am very proud of all of them.'

Professor Kiran Bajracharya, MIDSON president: 'With the UK volunteer midwives, we have worked together, enjoyed together, and shared together among us the good things and the difficult things. We have learned how to work with women in providing respectful, woman-centred maternity care. We also learned many things through our reciprocal visit to the UK. Scotland is our twinned country and we learned so much from Gillian, and

from the different settings that we visited, such as hospitals and birth centres: how lucky the UK midwives are; they are so empowered. Nepal needs professional midwives so that no more mothers and babies will die because of the lack of skilled human resources.'

Susie McFadzen, GMTP volunteer midwife:

'I developed so much confidence through the teaching we did in Nepal. For the first time, I felt completely relaxed when lecturing the students. It has made me realise that teaching is something I'd like to consider in the future. Before this placement, I don't think I would have considered doing a masters degree, but it is now something that I could see happening in the future. I am more aware of my strengths and weaknesses and have learned that I need to take the initiative more and push myself when there is something I would like to do. Observing in the clinical areas re-evaluated how lucky women are in the UK to have such good health and maternity care and how fortunate UK midwives are to have such good working environments. It highlights the importance of the things we take for granted, such as evidence-based practice, clinical risk and clinical governance. This type of experience has given me a new sense of pride and passion for the work we do.'

NEPAL APPEAL

A catastrophic earthquake hit Nepal on 25 April. A second earthquake hit the area around Mount Everest on the 12 May. Across the country thousands of people have died, with many more injured.

The RCM has launched a fundraising appeal to help mothers and babies affected by the earthquake. We will support MIDSON and other agencies in their response to this disaster, including supporting outreach work providing crucial antenatal and postnatal care to temporary camps, and collecting funds to support mothers and babies in the future. The RCM will be collecting donations at forthcoming events. To donate directly, visit ow.ly/MNyt7

FAST FACTS (WHO, 2013)

- Number of maternal deaths in 2013

1100



26.01% of the population of Nepal are women of childbearing age (15-49)



36% of births are attended by skilled health workers



50% of women receive at least four antenatal visits

Uganda

RCM director for Northern Ireland Breedagh Hughes and RCM director for Wales Helen Rogers on their twinning relationship with the Uganda Private Midwives Association: 'The

trusts and health boards in Wales and Northern Ireland have a long history of supporting staff to work overseas but neither of us had been involved in volunteering before (as country directors), so GMTP was a new experience. Northern Ireland set up a Ugandan support group, bringing together GMTP volunteers and other health professionals involved in projects in Uganda. Both countries celebrated GMTP at IDM events, helping us to reach a wider audience and highlight key issues, including FGM, with our politicians. Wales is holding a global midwifery conference in 2015.

'We made our first trip to Uganda in the spring of 2013 and then Helen returned in 2014. It was a life-changing experience. One of our lasting memories will be of giving a talk at a workshop in the middle of a monsoon about how to organise and recruit members, with midwives who had travelled for days to be there. The project reminded all of us what it is that we are here for – women and their families. Through the project, we were able to connect with midwives who we had not previously met and thus widen our membership

engagement. Being a volunteer is not just about what we can take to another country, but also what we can bring back to our own. The knowledge, skills and expertise that we share support and enhance women's birth experiences, wherever they are. We cannot put too high a price on that.'

Mary Musoke, president of the Uganda Private Midwives Association (UPMA): 'I was really impressed working with the RCM. Yes, we had some challenges, but we also had lots of successes. Through GMTP we realised that we can't work in isolation and we managed to bring everyone on board to address midwifery education, regulation and association. The volunteer midwives who came from the UK are almost my sisters. We exchanged many things with them,

and our midwife members, who hosted volunteers, have improved their skills. The midwives from the RCM also learned from us. We still have many gaps and could benefit from learning more from each other.'

Nicola Lovett, GMTP volunteer midwife:

'I have renewed my faith in normal midwifery and my faith in woman's bodies to labour and how strong we can be. I learned that when no help is coming, the resuscitation steps do indeed work and that I needed faith in my own abilities. I have had to be confident in the theory, so that I could instruct midwives in Uganda to try different positions to aid labour. I knew this worked, but was safe in that knowledge within a UK environment, where help is close at hand. I have now reaffirmed that with effective midwifery support, women can achieve great things. I was privileged to witness some beautiful births and have learned a lot about patience and trusting my instincts.'

GMTP PHOTO COMPETITION AND CALENDARS

The RCM global team ran a photo competition for all those involved to celebrate the end of the project. Nearly 100 fantastic photos were submitted, and we are pleased to announce that the winner is Ann Walker, who visited Nepal in June 2014 (see page 62). In response to her win, Ann said: 'I can hardly believe it, but did feel that particular photo was very moving. I was so pleased to have captured both parents with their tiny babies, and it was so lovely that they are embracing kangaroo care with such obvious determination and care.' To celebrate the fantastic quality of the photos submitted, the GMTP team have put together a 2016 calendar featuring the best pictures. The calendar will be on sale for £5 (cash only) at forthcoming RCM events. For more information, visit rcm.org.uk/globalcalendar

Midwives / Summer 2015
GMTP



Above left: RCM staff and global twins in the UK. Above right: Kangaroo care in Nepal – the winning GMTP photo entry from Ann Walker. Left: MIDSON president Kiran Bajracharya



Above left: Ugandan mothers and babies at a clinic. Above right: UPMA president Mary Musoke. Left: Postnatal transport home