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 linked RCM UK with midwifery 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 twin 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 Jo 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 midwifery-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 Jo. “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 moderate 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 other cultures and your own cultural expectations around timekeeping and dress code, for example, to make a successful partnership.

● Plan communication carefully. Cross-cultural language barriers, time difference and technology breakout can make communicating tough. Leave enough time to respond to 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.

GMTP TOP TIPS

● To enable, encourage and prepare to change your plans. Be aware of other cultures and your own cultural expectations around timekeeping and dress code, for example, to make a more productive partnership.

● Plan communication carefully. Cross-cultural language barriers, time difference and technology breakout can make communicating tough. Leave enough time to respond to 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.

FAST FACTS (WHO, 2013)

● 670 Number of maternal deaths in 2013

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

● 77% of births are attended by skilled health workers

● 35% of women receive at least four antenatal visits

● 25% of women receive at least four antenatal visits

● 70% of midwives in Cambodia are women of childbearing age (15-49)

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TWINNING

The RCM 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 has linked institutional and individual midwife-to-midwife twinning, both in person and virtually.

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 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 RCM 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 with England and I feel close and friendly with Nepal and Uganda. I meet Kiran Rajchacharya, 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 women 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.’
FAST FACTS (WHO, 2013)

- 21.75% of the population of Uganda are women of childbearing age (15-49)
- 35.02% of the population of Nepal are women of childbearing age (15-49)
- 55% of births are attended by skilled health workers
- 48% of women receive at least four antenatal visits
- 50% of women receive at least four antenatal visits
- 35% of births are attended by skilled health workers
- 36% of births are attended by skilled health workers
- 26.01% of births are attended by skilled health workers
- 50% of women receive at least four antenatal visits
- 44% of women receive at least four antenatal visits

**FAST FACTS**

- Number of maternal deaths in 2013
  - Nepal: 100
  - Uganda: 5900

**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 in 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

**UGANDA**

RCM director for Northern Ireland Brenda 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 RCM, with our counterparts in 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 we share support and enhance women’s birth experiences, wherever they are. We cannot put too high a price on that.’

Nicola Lovett, GMTP volunteer midwife: ‘I have renewed my faith in normal midwifery and my faith in women’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.’