

**Name:** Brydon Williams

**Date of visit:** 25/20/08-8/11/08

**Personal background:** I am a clinical community Midwife, working from Nevill Hall Hospital. My expertise lies in the area of low risk pregnancies and deliveries. The teaching aspects of my role have always interested me, particularly antenatal education. I have also helped with the in-service training in obstetric emergencies.

Having travelled previously in Africa, I have always had an interest in the country. The Link provided me with the opportunity to see more of Africa and to use my midwifery skills in a developing country.

**Role in the link:**

-To form part of the team facilitating a 5 day teaching course for Midwives and Clinical Nurses in Hawassa Hospital.

-To support Melrose East in training Health Extension Workers in clean, safe delivery techniques, in YiggaCheffe Health Centre.

**Personal objectives of visit:**

As a newcomer to the link and to Ethiopia I hoped to-

-Observe and understand the ways in which The Link works.

-To understand better the culture and healthcare system in Ethiopia.

-To contribute, in some small part, to improving the maternal and neonatal care in Ethiopia through skills training with health professionals.

-To broaden my own horizons and challenge some of my comfortable, middle class perceptions of the world.

- To find some answers to eradicating world poverty!

**Activities undertaken to meet the objectives:**

Together with Carole Garrick and Jane Herve, my first week in Awassa was spent teaching on a 5 day course for 23 Midwives and Clinical Nurses. (For more detailed description and evaluation of the course see Course Evaluation report). We were based in Hawassa Hospital in a comfortable well equipped conference room. With a little juggling of dodgy plugs and electrical leads we were able to use laptop and power point and a DVD player to aid our teaching. The course had been designed and used last year and included sessions on normal labour, use of partographs, malpresentations, shoulder dystocia, breech delivery, neonatal resuscitation, care of the critically ill patient, PPH, Pre-eclampsia, HIV and teaching. Although the participants had some understanding of English, we were mindful that a lot of information could be lost in translation so we designed our sessions to include visual aids, role play and

practical demonstrations as well as probably 75% workshop activity. It was important to have 3 midwives (plus the support of the Hawassa midwifery tutors, Meselech and Tigist) to facilitate the small group work and monitor the understanding of the participants. We drew on the expertise of Link workers Paul Clyburn (anaesthetist) and Peter Dale (paediatrician) to help with teaching care of the critically ill patient and neonatal resuscitation, as well as Drs Ifru and Millia from Hawassa hospital to teach Pre-eclampsia and PPH.

The Ethiopian Government is investing money in the training of Healthcare extension workers who will be trained for one year in preventative strategies and basic first aid and problem recognition in the remote village setting. Their duties will include attending home deliveries and encouraging women to travel to health centres to deliver. It will fall to the midwives and clinical nurses in the health centre to provide practical training to the HEWs. For this reason we tried to encourage the students throughout the course to think of their own teaching strategies, provide them with a little theory of teaching (taught by Robyn Phillips) and some practical examples of teaching techniques. The 3 of us spent several 'blue peter' type hours searching Awassa stationers for sticky back plastic (to no avail) and cutting out cardboard doll and pelvis for them to take home to use for demonstration of malpresentation and normal labour.

Initially the participants were a little shy, but quite quickly lost their inhibitions and entered into discussions and activities with gusto. I realized quite quickly that while they had good theoretical knowledge but seemed glad to be reminded of the mechanisms of normal and abnormal labour, and have a chance to practice manoeuvres. I was very struck by their diligence and their thirst for new understanding. Individual accounts of the many obstetric emergencies they had been faced with, the isolation in which most of them work and the responsibility placed on, for the most part newly qualified and young, shoulders was for me very moving. I felt a real sense of their personal desperation to improve the lot of childbearing women in Africa.

We used a pre and post course test to evaluate the participants' knowledge base and a questionnaire to assess individual evaluations. Interpretation of the results was a little difficult because of a few controversial questions included in the test and the students' interpretation of our questions. However overall it seemed there was a significant improvement in their knowledge and very positive feedback from the students about the course as a whole. One of the most significant achievements of the course for me was providing the opportunity for those 23 midwives to meet and share their skills and stories and perhaps return to their places of work feeling more confident and less isolated, able to pass new skills on to others.

We had taken with us neonatal resuscitation bags which the participants were delighted to receive.

It was fascinating to move on in the second week to a health centre in YigraCheffe and experience the environment first hand, in which the midwives we had been teaching, work in. Melrose and I did a day of work with a group of Health Extension workers (HEWs) and a few Traditional Birth Attendants (TBAs), in the health centre. Conditions weren't ideal as the room was cramped and seating limited. Language was more of a problem. The HEWs come from remote villages. The midwife (Debrework) working in

YirgaCheffe was on the Hawassa course the week before and Melrose had met and taught him the year before. Debrework did a lot of the teaching in Amharic, with us there to offer support and answer questions. On previous visits the Link had left demonstration models, dolls and pelvis' and Melrose had with her laminated prompt cards and a pair of tracksuit bottoms with a vagina sewn in! With a lot of hilarity and some excellent acting we tried to demonstrate some basic safe clean delivery practices.

AS the role of the HEWs is relatively new it is difficult to gauge the level of the participants' knowledge and their experience in obstetrics. I was worried about teaching relatively untrained people to birth babies, but also knew that until it is easier and more acceptable for women to come to health centres, HEWs will be the only people with any training involved in their care. Although we didn't formally evaluate the day we got the impression that the participants really appreciated the chance to broaden their knowledge. Many of them asked that we continue teaching the next day.

It was wonderful for me to see one of the midwives I had taught the week before in Hawassa putting his teaching into practice. The Ethiopian Government plans are for HEWs to spend a further month in a health centre for practical training under the supervision of the midwife and clinical nurse. To see Debrework teaching HEWs confidently was the perfect example of our visits aims being met.

#### **Additional unplanned activities.**

It was interesting observing Melrose Review the midwifery aspects of the health centre in relation to recommendations made on previous visits. Her assessment was generally positive.

I was once again moved by the lack of equipment, facilities. Equipment donated by the Link was much appreciated and stored carefully. An effort was made to show Clinic staff what had been brought in order for it to be used wisely.

Melrose and I were lucky enough to be present at a birth. It was maybe a little daunting for Debrework to have us both present. Again we were able to reinforce some of our teaching by encouraging mobility and a more upright position during birth as well as supporting Debrework in his decision not to perform an episiotomy if mum and baby were doing well.

It was encouraging to see on our visit to Yigrecheffe that Partographs were being used. However of the 15 or so filed 13 of them commenced when the woman was 8 cm or more dilated. This is a reflection of the stage at which most women arrive at the health centre. I did wonder whether, perhaps, it also indicates that observation of mum and fetus in earlier labour is not given very high priority and whether it's something we could emphasize in future courses.

In Alaba health centre Melrose was able to do an ad hoc doll and pelvis training session on Kiwi extraction, with the midwife and 3 Clinical nurse students, when we discovered the suction was broken on the metal ventouse but Kiwis were available in the store cupboard.

Throughout the visit I also sat in on several Link meetings.

-From a meeting with regional health Officials I gained insight into Ethiopian Health systems and the governments future strategies.

-Meeting a DIFID official raised the question as to whether pouring money in at government level ever benefits the people at the bottom of the system. It makes the work of smaller organizations like the Link seem vital in getting practical help at ground level.

-A meeting with a representative from Venture Strategies opened my eyes to other organizations working to reduce maternal mortality on a practical level. Venture Strategies are an organization that lobbies donors, in this case to support a Misoprostol distribution and training programme. This is a drug that can relatively cheaply and safely reduce the incidence of post partum haemorrhage. Their sticking point at the moment is getting the Ethiopian Government to register the drug

-Meeting a Midwife involved with curriculum development I learnt again of the frustrations of introducing a new curriculum and the difficulty of dividing funds between midwifery and HEW training.

Meeting with a Safe hands worker and seeing their locally manufactured motorbike ambulance was interesting. It illustrated an alternative way to solve emergency transport problems.

From all of these meetings I came away with the impression that the Link are trying to work alongside the Ethiopians through their existing systems but meeting the health needs of people at the grassroots level. I got the sense that The Link is genuinely respected and responds well to Ethiopian needs and requests if and when possible.

### **Key Impressions**

My tour of the Hawassa Hospital, in particular the Children's ward, evoked very deep and sudden emotions. Seeing very sick children with few facilities or finances to treat them adequately was heart rending. It is so different seeing the desperation of the parents' first hand that I've seen so many times before on the television. The other Link members were wonderfully supportive. I realized that my emotions, beyond a certain point, were actually quite self indulgent and that I did have the power in the tiniest of ways to perhaps make a difference somewhere in the vastness of the problem.

I will always have a lasting image (particularly at Christmas) of a slow procession of stretcher bearers making their way into YigreCheffe Health Centre carrying a labouring woman. They had carried her for 5kms. It certainly inspired me as I packed bags in Morrison's to raise funds for the Motor Bike Ambulances.

I won't ever forget the birth I attended. Despite the absence of many of the things we take for granted in the U.K., the act of birth is always special. The cultural differences were fascinating.

The warmth of the Ethiopians and their respect and politeness was colossal. They were always so keen to learn and I think genuinely keen that the Link continues the bond that has so obviously been forged over the years.

### **Future Work plans**

I would love to return in the future to witness the evolution of the Ethiopian Health system .

The Midwifery course runs well and would be well worth repeating in future years.

The Ethiopians asked for support in the training of HEWs. This would be a vast task, but something to consider. If we continued teaching the Hews as we did this year I think two days training would be of benefit maybe including more about recognition of the stages of labour and obstructed labour.

On a smaller scale perhaps encouraging the use of emergency equipment lists and supplies for labour wards in the health centre would improve emergency care. On a future visit supplying baby towels and some sort of emergency neonatal resuscitation mat would be worth considering.

### **Personal benefits**

My preparation to teach in Ethiopia has definitely enhanced my own confidence in handling of emergency situations.

It was a brilliant opportunity to get some teaching practice. The challenge of teaching people from a different culture and language highlighted the need to build in on-going assessment of students understanding of the subject as well as the need to provide very clear visual demonstration of the subject being taught. These skills I hope can be transferred to teaching situations in the U.K.

The trip provided me with the opportunity to look at my own work life from a distance and with a new perspective. I am guilty of moaning about the extremes of risk management in the NHS but having witnessed a health care system with no structured accountability or governance now feel blessed to be working within such a thorough system.

I still have no answers to reducing world poverty but I came home very sure of the old adage that every little helps and that face to face engagement of two cultures gives understanding and produces results.

### **Work Benefits**

I have returned with renewed belief that the principle of free healthcare for all is well worth fighting for and that we should be proud of the NHS.

Having witnessed a delivery with little available equipment I am very appreciative of the facilities we have at our disposal and am also very mindful of not wasting or abusing the vast supplies we do have.

The Link is definitely something Gwent and the trust can be very proud of. The individuals I travelled with were without exception hard working, thoughtful and selfless people from whom I learnt a great deal. The ways in which the experience enhanced my work life are hard to express and quantify but I have no doubt that I return to my work place not only a more experienced teacher but also more determined than ever to continue working towards an ever better maternity service. We have no right to offer anything but the best considering the advantages we have.