



Global Placement Report 2014

This is the ninth year of the University of British Columbia Midwifery Program in Uganda. By now we have expanded our work in several regional referral hospitals and the national referral hospital in Kampala. We have closely aligned our program with the Uganda Ministry of Health goals, and offer continuing education for midwives and other maternity health care providers. We also train trainers who can continue the work in their health care settings as well as serving as national trainers for other midwifery projects. This year we had a large group in Uganda: four instructors (three midwives and one family doctor) and eleven students. We worked in four hospitals, one in Kampala and three regional referral hospitals.

Contributing to Midwifery education

Part of our responsibilities while in Uganda are to offer midwifery skills workshops as requested by local medical and midwifery managers and by the Ministry of Health. This year, we carried out 7 days of continuing education in three formal workshops in public referral hospitals, (Masaka, Kabale and Kampala) together with our four Ugandan trainers. Some of the midwife participants came from rural health care centers where they had to take more responsibility for childbirth attendance due to shortage of doctors, and difficulties with prompt or effective referrals. Topics including management of post-partum haemorrhage, breech delivery, neonatal resuscitation, shoulder dystocia and a workshop from the 'White Ribbon' campaign on 'Respectful Childbirth.'

This year we began to work with the Masaka Nursing and Midwifery School. Our students taught some topics to their students and entered into mutually beneficial dialogue about ways to care for pregnancy and birthing mothers. Students and instructor Angela carried out numerous informal midwifery updates with Ugandan students in Mbale Hospital, and in Kabale, one on one bedside teaching was done. Our students enjoyed sharing knowledge with Ugandan students who have few opportunities for simulated learning experiences. Donated resuscitation dolls and bags and masks were useful on all three sites and left with our local trainers.

The Global Placement Sites

Angela Spencer and Grace Brinkman worked at a new site for us: Naguru hospital, also called the China Uganda Friendship Hospital with two groups of students for a short period. The only negative aspect was a lack of accommodation nearby. We may wait until a staff hostel is built that will allow walking to the site.

The second site was Mbale Regional Referral Hospital located near the Kenya border. This is the major referral center for the southeast Uganda area, and one of the busiest in Uganda. During the month of May, three of our students supervised by Angela Spencer assisted over 150 women deliver their babies. Their midwifery skills in auscultation, palpation, VEs, delivering babies, IVs, suturing perineums, resuscitating





mothers and babies have immeasurably improved giving the students greater confidence. They attended twins, triplets, breeches, retained placentas, PPHs with blood transfusions, ruptured uteri, retained twins, obstructed labours, diagnosis of malaria in pregnancy and treatment, testing and treatment of HIV.

The third site, the Kabale Regional Referral Hospital was a few kilometers from the Rwanda border. It was our second year to provide a continuing education workshop and our first year to have students on the wards. The same types of complex deliveries and challenges were experienced, and many mothers travelled in long distances from the mountainous areas in the area. Grace Brinkman was the instructor for two students there.

The site that I worked in with Dr. Mickey Rostoker was Masaka Hospital, known for being the first area in Uganda to experience HIV/AIDS. Our six students who spent several weeks there had countless mothers to examine, monitor and attend in sub-optimal conditions. One night they attended deliveries in the dark, aided by small headlamps and lights on mobile phones. We worked to

improve the wards over the last two years, with the re-covering of maternity beds, building steps to get onto the beds, and building of wooden stools for the midwives to sit on for suturing. Masaka is unique among the regional referral hospitals in which we work as it had a functioning neonatal unit. Most newborns survive, even though they may be two months preterm, or have been born with difficulties breathing. Through our sewing and knitting donors we have been able to provide the neonatal unit with many blankets and hats for the sick newborns.

Global Placement Program contribution to International Confederation of Midwives Conference, Prague

UBC Midwifery, through our 'Students for Global Citizenship' fund, sponsored one of our Ugandan trainers as a delegate and speaker at the international Confederation of Midwives (ICM) conference in Prague. Prossy Musoke, our Ugandan trainer and Dr. Mickey Rostoker presented a paper on 'Task Shifting in post-abortion care' at the ICM in June. Our colleague in Nepal, Rashmi P. was also sponsored and enjoyed meeting midwifery colleagues from around the world.

Donations

We could not be nearly as helpful if we did not have many kind and generous donors. We received bag and mask for resuscitation of babies together with teaching dolls; vacuum set for assisted birth, and many bags of blankets, hats and knotted dolls to give as gifts to the hundreds of mothers we attend. As well, monetary donations helped us to re-cover delivery beds, build small stools and provide educational sessions.

Finally, I will conclude with one of our student's comments:

'...a placement in Uganda, despite its heartache and complications, is a beautiful blend of art and science, of abstraction and pragmatics, of balancing knowledge of the most up-to-date health care research and WHO objectives with the realities of low-resources health care settings.'

Prepared by: Cathy Ellis, Sept 24, 2014

