



Who's listening?

International teams: practicing respectful knowledge sharing

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Objectives:

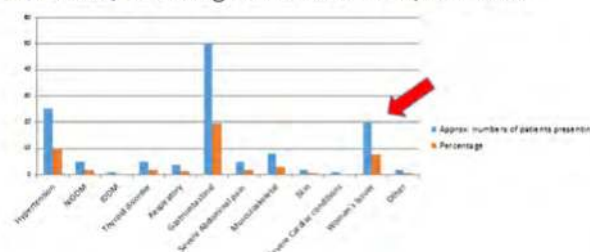
1. Discuss geopolitical, economic, socio-cultural, policy-related, analysis of power structures (drivers and barriers to promoting health equity, gender equity & respectful care in the region of interest);
2. Epidemiological community assessment (mortality, morbidity, risks, prevention & resilience factors);
3. Explain the historical context of previous agency work;
4. Identify the current key players, stakeholders;
5. Identify the current community desires.

Synthesis of Literature

Acknowledgement of each other's Contexts:

In Low-middle income countries midwives experience challenging shortages of equipment and staff (Bohren et al., 2015; Knight et al., 2013); Job dissatisfaction, low morale or motivation, significant desire to quit and inadequate training (Abuya et al., 2015; Bonenberger et al., 2014; Knight et al., 2013; Miller et al., 2003) in the Global South. Weak infrastructure discourages respectful care (Bohren et al., 2015). Disrespect & abuse is connected to higher MMR and NMR (Bonenberger et al., 2012; Knight, Self & Kennedy, 2013). In high-resource countries, midwives describe internal challenges providing care; adolescent pregnancy challenges personal morals or preferences.

2. Conditions Seen among 255 patients (incl. 5 mothers) in Mwanza, TZ during Health Outreach, Mar 2017

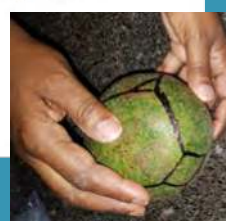


A Burundian "Ambulance" Family transported a laboring mother x 4 hours at night over mountainous terrain, using a cell phone flash light.

2. Community Assessment

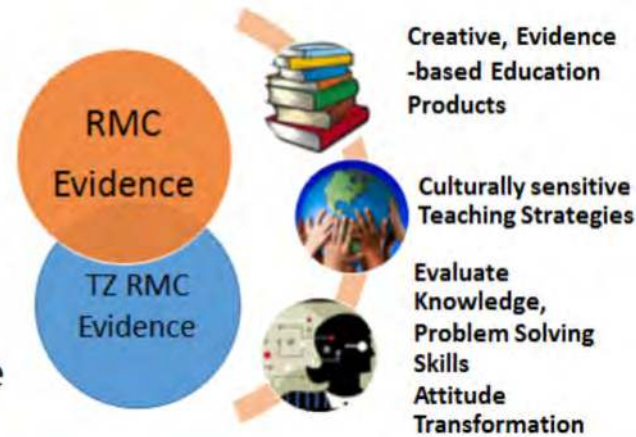


• Noting that the women had more "Respectful maternity care" when they birthed at the local CHC where continuity with midwives was possible.

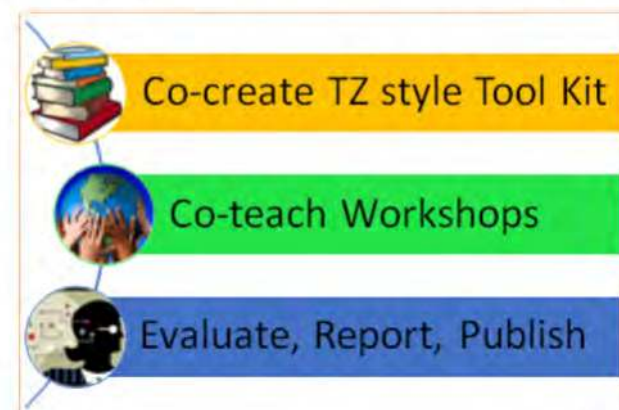


Goals for Knowledge Exchange

Lessons learned in Tanzania, Sharing knowledge about Respectful Maternity Care



Respectful Team Collaboration – Equal Partners



Decide on a frameworks for International Work

- International Education
- Global North student placement
- Global North & South Student Exchange
- Global North & South Faculty Exchange
- Curriculum Sharing between North & South (co-creation of knowledge)
- Service Provision (health care, education, products, technology development, equipment servicing)
- Donation and delivery of supplies, equipment, medication.
- Consultancy
- Knowledge delivery – one way
- Knowledge Sharing – respectful two way partnership

Listening... Co-creation of knowledge

Juba School of Nursing and Midwifery, South Sudan, August 2017



Project Design

Use every opportunity to listen to someone's story, to connect, to exchange knowledge



LEFT-Left to right, standing to sitting: Alix Baron RM (CAM) from BC, Jemelia Beda RM, Siama Abdalla RM & Joseph Deng SM from South Sudan, Emmanuel Jal (former Sudanese boy soldier, restaurateur, activist, inspirational speaker), Kelly Chisholm, Bev O'Brien, Karline Mitchell (CAM consultants) RIGHT-ICM Americas region meeting

Preparation for Respectful Knowledge Sharing:

Geopolitical, economic, socio-cultural, analysis of power structures (drivers and barriers to promoting health equity & respectful care)
Epidemiological community assessment (mortality, morbidity, risks, prevention & resilience factors)
Who has worked here before (Gov agencies, NGOs-local & international, UN agencies) and what worked/didn't work?
Who are the current key players, stakeholders?
Who has already asked for help to achieve their action plan?

Findings



"What I learned after attending the RMC workshop" (Tanzanian midwives)

- Mediation can help in releasing tension among stressed midwives
- D&A discourages mothers to deliver in health facilities
- How to use local curtains for maintaining privacy to mothers
- How to make an action plan
- Dignified care reduces MMR&MNR
- Alternative dispute resolutions
- The importance of being generous to my clients
- Alternative birthing positions
- Mothers are not dying due to maternal complications, they also die because of Disrespect & Abuse
- It is not good to punish a mother during childbirth
- Slapping a mother is a physical abuse
- Some nurses force mothers to purchase oxytocin
- When women attend [Maternity Open house] they will be aware of services that are provided in maternity wards
- I need to change my behavior and attitude in order to become a good midwife
- Midwives are facing varied challenges at work places yet they need to respect clients
- RMC need to be introduced and strengthened in rural areas
- RMC should be taught in nursing colleges
- Every midwife needs to be informed about RMC

I was surprised that...

- D&A also happens in developed countries
- Mothers are allowed to be accompanied by their relatives in labour rooms
- We need consent from mothers before the initiation of any medical procedure
- A mother is allowed to chose birth options

Way going forward...they promised

1. I will impart the skill to my co-workers through on job training.
2. I will cascade the knowledge to students at my health facility because there is a nursing college.
3. I will use polite language to calm, reassure a woman particularly during second stage of labour.
4. I will ask permission from health facility management to hold a ward meeting and inform my work mates on what I learnt.
5. I will introduce RMC at my health facility.
6. I will advise my fellow midwives to join the Tanzanian Midwives Association (TAMA)

Conclusion/Discussion



What learners need to become Global Citizens...Learning with from & about each other.

Ryerson MEP grads (Vincia Herbert RM & Feben Aseffa RM) to a South Sudanese senior midwifery student (Joseph Deng) at ICM 2017. My Immigration & Settlement Studies MA student advisee (Tanya Dargy) attended ICM. She was thrilled to meet midwives

Abbreviated Reference List

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Acknowledgements



Sudanese Midwife Educators at ICM in Toronto, June 2017 (from left to right) Principal Petronella Wawa RM, Siama Abdalla RM, Jemelia Beda RM

From left to right. Outgoing North American regional member Dr. Irene Delsa Torre CNM, Karline Wilson-Mitchell CAM President, Incoming North American & Caribbean Emmanuelle Herbert RM (CAM)

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