

Steps on a Journey to Improving Midwifery Education in Liberia

Serving as a volunteer instructor with the Global Health Service Partnership meant calling on inner resources and professional support.



The author (center, last row) with student midwives in the Suakoko District, Liberia.

I did not hesitate to accept an invitation to serve as visiting midwifery faculty in Liberia with the Global Health Service Partnership (GHSP), a public-private collaboration with Seed Global Health, the Peace Corps, and the President's Emergency Plan for AIDS Relief. For me, it was a dream come true to be able to support the goal of strengthening health education and delivery in Africa.

My year of service as a GHSP volunteer, which began in July 2016, proved to be a transformational one; it gave me a candid understanding of what is required to practice as a competent and efficient professional midwife in a resource-limited country. This insight has inspired me to raise the collective awareness of our midwifery community for the need to strengthen midwifery education in resource-limited training institutions.

A Reservoir of Knowledge

As I boarded a plane for Monrovia, the capital of this small West African country, my feelings seesawed between confidence in my abilities as an educator and anxiety about what this would be like in a nation still recovering from 2 civil wars and, more recently, the Ebola crisis. The confidence I felt had grown organically over the past 4 decades. Being of African/Caribbean ancestry, I had consistently experienced international journeys since the impressionable age of 3, and my understanding of what it means to be culturally competent had similarly evolved. I also knew I would be able to teach the next generation of Liberian midwives by drawing on my reservoir of 22 years of knowledge as a health care professional, with 8 of those years practicing full scope midwifery in fast-paced settings.

Once I began my position, my anxiety proved to be equally warranted. Try to imagine: 1) becoming a professional midwife in a setting where neither you nor your instructor have access to current midwifery

training materials and resources; 2) learning from midwifery curriculum sequencing that does not fully support your ability to achieve clinical competency; and 3) having to learn in clinical settings that do not support evidence-based practice. I found these scenarios and more in my midwifery training setting. For example, my Liberian counterparts are forced to use textbooks that are literally decades old. Our school library had only 1 copy of *Varney's Midwifery* (and it was the first edition)! The school campus lacked wifi access, which presented an almost insurmountable barrier to accessing the online resources needed to teach evidence-based practice. Additionally, the dense midwifery curriculum made it extremely challenging for the administration to schedule classes and clinical time in a way that permits students to acquire clinical competency as well as maintain their health and well-being.

Professional Support

Although I often had to be creative and flexible in dealing with the challenges I encountered, the Global Health Service Partnership, fortunately, provided me with many valuable resources that helped me to be successful in the field. This included important pre-service training and orientation that Seed Global Health offered to prepare me for global clinical instruction. I was grateful for the professional support and resources, which certainly enhanced my work as a midwifery instructor. Further, in-country partnerships and collaboration with the Maternal Child Survival Program provided me with the opportunity to participate in workshops alongside Liberian educators to improve midwifery instruction in training institutions. I just hope that I made a substantial contribution in educating the next generation of professional midwives for Liberia.

In July, I boarded a plane for home. My heart felt burdened by the scope of challenges facing global midwifery. I wondered how the profession could thrive if we couldn't provide the highest quality of midwifery training we have to offer to the next generation.

Overcoming some of the challenges to providing high quality midwifery education in countries such as Liberia, I believe, requires establishing effective collaborations with local and global partners and optimizing current technology to break down the significant barriers associated with providing quality midwifery training. These, in my opinion, are the first necessary steps to ultimately supporting the commitment of the global health movement to eliminate the preventable maternal and newborn deaths, which plague many resource-limited, developing countries.

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