

“Midwifery in South Africa” with Jon Baines Tours by Cathy Warick CBE and General Secretary of the Royal College of Midwives.

‘Midwifery in South Africa’. I wonder what that conjures up in the minds of UK and Australian midwives. After two wonderful trips to the country with Jon Baines Tours it certainly conjures up particular words for me. Challenging, busy, awesome and committed are amongst them.

On this 12 day specialist study tour with Jon Baines Tours, our group of Midwives experienced the many faces of this beautiful and diverse land. We travelled from Johannesburg into the safari country of the Kruger National Park, along the world famous “Panorama Route’ and ended our tour in cosmopolitan Cape Town. Our journey was punctuated by a multitude of inspiring and informative visits and talks to a variety of different midwifery and childcare institutions, giving us a real insight into the social and professional issues surrounding midwifery and childcare in South Africa.



South Africa’s midwives really face similar challenges to midwives in the UK and Australia. How do we make services safer, how do we provide women with services they value, how do we provide quality care when resources are limited, how do we ensure a strong midwifery profession? The difference is that all of these challenges are far far bigger and far far more difficult to resolve than they are in our countries.

Bussi , the President of the South African Society of Midwives, gives an inspiring talk in which she outlines SOMSA’s struggle to ensure a properly educated and regulated midwifery profession. At the moment the training in South Africa prepares a nurse who can work in adult, child, mental health nursing or in midwifery. Although there are some nurses who go on to do an advanced midwifery course overall Bussi believes this system does not ensure adequate numbers of midwives with either the education, skills or indeed the commitment necessary to care for women. Hopefully, as globally the need for a strong midwifery profession is recognised by those aiming to improve the health of women and children, this will change.



Meanwhile services are varied. Preventative care is vital and in the rural area we saw a small clinic which is typical of many around the country. Even on a Sunday morning it was packed with families coming for vaccinations and treatment for minor illnesses. Such clinics play a vital role in the care of women in pregnancy and in the provision of advice on everything from nutrition to the prevention of malaria. Regular antenatal care is vital with deaths still high from hypertensive disorders of pregnancy, prematurity and poor growth.

Baragwanath Hospital sits on the outskirts of Soweto and is one of the biggest hospitals in the world. More women give birth there in a month than most UK or Australian hospitals care for in a year! On this visit we were astonished at the number of women midwives care for and at their relatively basic resources. What a brilliant job they do but it is sad that they have limited time for the emotional side of care. One to one care in labour is a pipe dream at the moment with four midwives managing a twenty bedded labour room. Safety has to be a priority and the midwives are much more experienced than we are at dealing with every conceivable emergency situation.



Resources are not always so constrained though. There is huge variation between the public and the private sector and between the different provinces. Private hospitals which exist in all the big cities are luxurious and we gasped at the facilities. Happily the midwives working in these units are as worried about intervention as we are and are keen to try to halt the spiralling caesarean section rate. Some public hospitals also have state of the art facilities. One such example was Mowbury Maternity Hospital in Cape Town. Their neonatal intensive care unit was impressive by any standards.

Overall the professional insights gained on this trip tend to leave midwives from the UK/Australia with a very strong sense of being 'lucky' in their own countries both in terms of the status of the midwifery profession and the resources they have at their disposal. It also however opens their eyes to the complexity of delivering high quality care in a very different environment and leaves them feeling great respect for what has been and is being achieved in South Africa.

Jon Baines Tours run bi-annual Midwifery and Child Care focused tours. The next tour departs in November to China and in April Cathy Warwick is leading the Midwifery and Childcare tour to India.