TOURING SRI LANKA: MIDWIFERY CPD 4 WAYS

by RUTH KING, ACM Midwifery Advisor

IN early 2019 I was approached by Jon Baines from Jon Baines Tours, asking whether I would be interested in being a Midwifery Leader for one of his upcoming tours. I was equal parts excited and daunted. Excited because I have always wanted to combine travel and midwifery and daunted as I would be following in the footsteps of renown midwifery leaders such as Nicky Leap and Cathy Warwick.

Taking a midwifery tour is a sensational way of undertaking professional development. It is something I have always wanted to do, but never really got around to organising. Combining CPD and travel may not be for everyone, but for those who do go, if they take some time to do a bit of preparation/research, engage in the experiences on offer and use these to reflect on the practice they observe or undertake themselves then there are multiple opportunities for professional growth. This is how my experience influenced my professional development and the CPD I could track 4 ways.

Jon Baines Tours combine a person's love of travel and exploration with work related professional development. The tours take individuals to countries across the globe to explore the local culture and learn about the health systems, typically with a focus on a specific profession – such as midwifery.

The Sri Lankan tour explored cultural and midwifery related aspects of Colombo, Habarana, Trincomalee, Kandy, Nuwara Eliya and their surrounding areas. An additional 4-day extension was also available to Galle.

CPD 1 – research/preparation

The first thing I did after accepting was to do a little happy dance. Then I let my family know and got on to getting prepared.

Nicky Leap played an important role here sharing her past experiences and some basic travel planning and documentation that she had formulated over the years she had been a tour leader. Taking her format, I was able to refine what I had discovered about Sri Lanka and develop it into a resource that I could refer to and that I could share with the midwives I would be travelling with.

As with most research these days, I primarily undertook mine online. My first port of call was to identify all of the places the tour was taking us, locate them online and understand what to expect. In my investigations I searched the Sri Lankan government's health information as well as World Health Organisation reports and research findings. Never having been to Sri Lanka before I thought it was also valuable to talk with people who had to gain a more personal view.

The result was a comprehensive set of tour notes covering a basic history of Sri Lanka including the role of culture & religion; the health care system with specifics on maternal health care; midwifery education and practice; and details on maternal data collection and health promotion initiatives such as immunisation. The research and write up had been a great way to get a handle on the basics of the health care system and I was really looking forward to finding out if what I had been able to research online was reflected in real life.

However, what it could not prepare me for was the cultural side of life in Sri Lanka. I had details on appropriate clothing (for culture, heat, humidity and bugs) and images that captured cities and countryside often displaying majestic and awe-inspiring scenery. But it is not until you actually arrive (for me at around midnight in a heavy downpour, with temperatures around 30 degrees/70% humidity) that you can truly appreciate the depth of culture and the dichotomy that is Sri Lanka.

In a nutshell Sri Lanka is stunning and diverse, busy but friendly. People are welcoming, helpful and keen to share their love of their country with you. Traffic whilst chaotic flows smoothly with no signs of the road rage we are increasingly experiencing in western cultures. Indeed, it was not uncommon for there to be 2 physical lanes on the road and 3-4 vehicles of all sizes and types navigating the space (as well as pedestrians). Rich and poor live and work side by side in direct contrast and yet seemingly symbiotically.

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Midwives in a community hospital in Sigiriya, Sri Lanka.

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Like so many countries, the divide between rich and poor was was visually evident with palatial houses or state of the art commercial buildings alongside apparently derelict buildings or basic housing partially built; more so in the heavily populated cities but also evident in more remote communities. Underpinning everything was an evident sense of pride in history, culture and community and a melding of east and west, old and new across infrastructure, religion, transport, health, education and government.

CPD 2 – The midwifery tour elements

The tour spanned 15 days and 14 nights, covered five different regions and included eight specific midwifery related visits across a variety of the health care settings. We were able to visit and observe midwifery and maternal and child health in action in a number of dedicated metro-based teaching hospitals. We discovered similarities (and differences) to western community-based midwifery by meeting Public Health Midwives (PHM) in a small community health centre and the exploration of the Somerset Tea Estate and co-located community. We began to understand the relationship between the traditional Ayurveda medicine and western medicine with visits to ancient Ayurveda plantations and more modern spice gardens as well as an Ayurveda hospital. At every visit we learnt more about the way the health system was structured and the role of the midwife in health care and the community.

We also found that many of the cultural experiences that did not specifically have a midwifery focus could also be linked back to our midwifery practice. We saw breastfeeding baby animals everywhere! We had to work together as a team to overcome challenges and support each other in climbing Sigiria (Lion Rock). And our visit to a local village highlighted the impact of socio-economic factors such as education, access to food (and quality of food), transport and housing on health and health care access.

As part of my role I undertook the role of scribe and at each visit I took copious notes - from questions asked, to general observations about people, buildings and equipment and services we could see. This information built upon the preparation and information I had shared with the midwives before we set foot in Sri Lanka – where online data reflected real life practices.

Whilst much of the basic pregnancy & postnatal care planned and delivered to women in Sri Lanka was similar to the schedule for the midwives on the tour, there were elements that were challenging. Midwives are not autonomous practitioners in Sri Lanka. Their role is highly respected but not yet recognised as the primary health practitioner with the skill in managing perinatal care. CTG's were often undertaken with women lying flat on a bed, no side tilt evident. Labour wards were 'almost' open spaces with typically 7 consecutive birth areas divided on the sides by a wall, but open to a general area unless a curtain was available (and then used). And women were not encouraged to mobilise in labour and birth and spent their time on a flat bed facing out to the open area. This last led to many discussions with the doctors and midwives who readily talked about the supporting evidence for mobilisation and even water use but highlighted restriction linked to what the health services have to offer and challenges related to cultural expectations.

CPD 3 – Reflections on practice

The notes that I took at each visit resulted in a 40-page resource. For me this was the ultimate reflective process as I transcribed my notes every night. When I came back to Australia I developed them into a more formal format following our journey around Sri Lanka and shared them with the midwives. Along the way all of the midwives also took pictures which we collated and together with the writing they create a visual story of our tour and a reminder of what we experienced.

On a daily basis and typically after each midwifery related visit we would all sit on the bus on the way to our next destination and talk about what we had seen, how it affected us and what we thought was most interesting or challenging. The more we understood about the structure of healthcare and the role of the midwife the more we reflected on the similarities and differences between our cultures and practices. I had thought that this journey would just be about learning about Sri Lankan midwifery but my fellow travellers also provided me an insight into the variances of midwifery from around Australia and the UK. Every element of our practice was explored from shift work to community settings, management and coordination to education tools, research and innovations to challenges and barriers. I believe we all came away from our journey as rich from the tours planned elements as from the learning from each other which was spontaneous and organic. And I now have a greater understanding of the challenges and rewards for midwives who work in rural and remote Australia and will use this in my work with ACM.

CPD 4 – Personal development

After accepting the role, the realisation of what was to come hit. Travel sickness and I have had a very close relationship since I was a child and I would be flying

Far above: CTG in use at Trincomalee Hospital. Above: Housing in Nuwara Eliya, Sri Lanka.

AND spending long hours in a bus travelling the roads of Sri Lanka! I would need to be creative in tackling and managing this challenge so as not to let it hinder my ability to fulfil my responsibilities.

In addition, I would be providing pastoral care to the midwives on the tour. I did not need to be an expert on Sri Lanka as we would have a local guide to assist us, but I would have responsibility for the health and wellbeing of other midwives from around the world. I have a (previous career) history of working in hospitality and when I became a midwife, I used those communication and service skills in my practice, working with teams, other professions and students as well as developing mentoring and teaching skills. My current role as the Midwifery Advisor for the Australian College of Midwives has provided me with so many opportunities to personally and professionally develop as well as expand my network, and yet nothing I have done before really comes close to leading a tour.

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My solution was to be prepared. I spent time talking with Jon about what was required and what he knew about Sri Lanka (as he always recons the locations he organises tours for). I got over being star struck and I contacted Nicky Leap who gave me some really fabulous tips and ideas. And then I got researching. I worked out how long I would be travelling and where to and then worked out what I might need – vaccinations, travel sickness preparations - the works. My research included reviewing the information about the midwives who would be joining me so that I could be across any personal, learning or health requirements they might have. This helped me to focus on some of the more specific cultural elements of the tour that would be of interest to those who had a love of plants and their uses in medicine.

And then on tour I used that preparation to work with the midwives to set group norms, understand expectations, provide personal support and facilitate engaging and valuable learning experiences (with important input and guidance from our fabulous tour leader, drivers and the people and organisations we engaged with along the way). I even managed to overcome travel sickness for the majority of the tour, only succumbing on our final day of travelling when we came down a mountain via very windy roads.

For me this tour was about facing my challenges head on and making the most of every moment. With the support and friendship of the midwives on tour I also managed to overcome my fear of the sea. Where I might previously not have snorkelled in anything deeper than shallow water, with 3 fellow travellers (2 with a similar fear) I was able to explore a breathtaking island and even swim with a shark!

Where to next

Leading the tour meant expanding my network and making connections in the Sri Lankan travel industry and so whilst I had never been to Sri Lanka before, it is now high on my list of places to go back to with my family.

My next tour with Jon Bains Travel will be to Bali after ICM Congress in June of this year, where I will be representing ACM. I am super excited as I've never been to ICM or Bali. The tour has a week planned to explore Indonesia and an optional extension to Java. I think organising the tour to commence after ICM wraps up is a stroke of genius as midwives from around the world will already have congregated at the starting point.

I am hoping to see some of my fellow Sri Lankan travellers again at ICM or as one of my travelling companions as we explore Indonesia and Java!

You can find out more about the tour, or lock in your place here: **https://www.jonbainestours.com.au/tours/medical-and-professional/midwifery-in-bali**

Sri Lanka

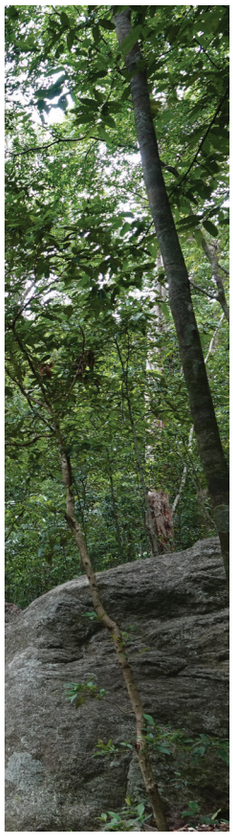
- An island in South Asia, located southwest of India
- A population reaching over 21 million with a birth rate around 15/1000 (roughy 300,000/year).
- A history of colonial rule (Portuguese, Dutch and British) until 1948.
- Buddhisim is the predominant religion. Hinduism, Muslim and Christianity are also represented.
- Over 72% of the population live in rural areas which results in challenges that must be addressed creatively for health care.
- Universale education access (all children over 5) implented and increased womens lieracy rates.

Healthcare

- Health care is free for all in the public system. Private hospitals & healthcare are gaining momentum (mainly for the wealthy).
- Ayurvedic Medicine is practiced alongside western

Midwifery

- All Midwife Training Programs are offered and funded by the Ministry of Health under the Para Medical Services.
- 18-month full-time programme with the graduate becoming a Public Health Midwife (PHM). The entry requirement is successful completion of grade 10 and



Left: Ancient Ayurveda Forest. Right: Ruth King with the group at Peradeniya Childrens Hospital.

the applicant must be a woman. Additional training occurs in the hospital setting.

- There are approximately 7000 PHM's in Sri Lanka – 1 midwife for every 3,000-6,000 women (birth to death in a community).
- All midwives wear a uniform similar to those seen in Australia pre 1980's.

Pregnancy

- Women access one of the 340 dedicated health units with over 70 hospitals with specialised emergency obstetric and neonatal care services. Plus another 500+ hospitals with general obstetric and neonatal care services and an additional 470+ primary health care units across the country.
- Maternal mortality rate (MMR) declined to 30/100,000 from 30/1,000 in the 1930's.
- Pregnancy, pre and postnatal care follows similar schedules to Australia.
- 99% breastfeeding rate.
- 99% of women will birth in a hospital with a skilled attendamt (up from 30% in 1940's). Homebirthing is no longer the norm.
- Statistics are captured in the national **Eligible Family Register** for prospective young couples; **Pregnancy Register;** and **Birth and Immunisation Registers.**
- LSCS rates are rising – currently around 32%.

Jon Baines Tours are not the only way to combine CPD and travel. There are a number of fabulous opportunities available to midwives (and other health professionals) with varying levels of engagement.

You can go it solo and book your own arrangements and take on observation only learning in places that you can readily gain access to; join a more organised tour with structured experiences such as Jon Baines land based tours or explore the cruise based tour options; or take your learning that step further and look to engage more closely with the local community and health services. Examples of immersive health programs include the 2h project (https://www.the2hproject.com/) a fabulous initiative by a SA Midwife, Kate Taylor, who has been inspiring me since I was a student, or Volunteers Abroad opportunities.

Whatever you decide don't forget to reflect on your experiences and how they compare to or may influence your practice, by tracking them in your professional portfolio.